



**ethnic  
communities'  
council of  
victoria**

Language Services for  
New and Emerging Communities  
in Victoria



Produced with the assistance of Kylie Astall,  
The University of Melbourne, Victoria  
©ECCV, 2006.

Ethnic Communities' Council of Victoria Inc.  
Statewide Resources Centre  
150 Palmerston Street, Carlton VIC 3053  
T 03 9349 4122 F 03 9349 4967



## Table of Contents

Foreword	1
Note from the Executive Officer	2
Executive Summary	4
Introduction	5
Findings	8
1. Current language service provisions: Identifying the key players in language services policy	8
2. Language Services in Victoria's health system	11
3. Provision of language services in Victoria's legal system	16
4. Supply of language services to new and emerging communities in regional centres	20
Conclusion	21
Recommendations	22
References	24
Appendix	26



## Foreword

It is with great pleasure that Ethnic Communities' Council of Victoria (ECCV) launches the first of its new *Policy Discussion Papers*. Our first paper in the series is on the critical issue of language services for new and emerging communities in Victoria.

ECCV *Policy Discussion Papers* are short pieces by ECCV designed to stimulate policy thought and discussion and contribute to the development of cutting edge policy in the provision of services to culturally and linguistically diverse communities in Victoria.

Victoria is one of the world's most successful multicultural communities. Victorians come from over 200 countries, speak over 180 languages and follow over 100 religious faiths. Our social, economic and cultural strength is in our diversity. But we must never turn away from the challenge to make Victoria a great place to live for each and every member of our community, regardless of their ethnic, cultural or religious background.

Our new and emerging communities, particularly from the Horn of Africa and Middle East, are facing many hurdles as they seek to build better lives for themselves and their families here in Victoria. Our first policy paper considers the area of language service provision to new and emerging communities and suggests some options for better services in this area. We hope the paper builds on the existing body of knowledge and research in this area and offers some innovative solutions for government to build on our existing language service provision framework.

Yours sincerely

Phong Nguyen  
Chairperson



## Note from the Executive Officer



It is pleasing that the first edition of ECCV's new Policy Discussion Paper series is focused on language service provision for new and emerging communities in Victoria. Many members of these communities are refugees from war-torn areas in Africa and the Middle East. They have come to Australia to build new lives but often face difficulty with the English language in their new country. The services this report includes—health and legal services—are amongst the most significant areas members of new and emerging communities may have to negotiate as they begin their new lives in Australia. Many members of new and emerging communities face systemic disadvantage due to low incomes and unemployment and it is important government gets language service delivery right so people can begin to feel empowered in their dealings with government and society at large.

Several important reports and policy initiatives have come out since this report was finalised. The Victorian Office of Multicultural Affairs (VOMA) have released *The Numbers of Speakers of African Languages in Victoria* which has provided important data to guide service providers and government as they seek to fill the gaps in language service provision. The report provides an estimate of the number of speakers of African languages in Victoria which includes in descending order: Dinka (3500); Somali (2300); Sudanese Arabic (1900); Amharic (1200); Tigrinya (950); Nuer (700); Oromo (600) and Juba Arabic (500). That these eight languages come from the four African countries of Ethiopia, Eritrea, Somalia and Sudan shows the complexity and diversity of spoken languages in those countries. It also points to the challenge of finding suitably qualified interpreters for these new smaller communities. Like our paper, the VOMA report notes that it might be worth asking for international help from existing international programs to assist in training interpreters for these smaller communities.

The Victorian Transcultural Psychiatry Unit has also recently released some major new works in the area of mental health interpreter services. The associated research report makes a series of recommendations to government primarily around improved funding, better curriculum and increased training opportunities for mental health interpreters.

Finally and importantly the Victorian Government has launched the Interpreter Symbol and Victorian Interpreter Card. The symbol and card will help people from non-English speaking backgrounds who need language assistance when accessing government services. It's good to see the brochure explaining the new



system is provided in most of the new languages mentioned above. The symbol is a terrific initiative and ECCV is proud to be a partner with VOMA in rolling it out. Importantly though, informing consumers of interpreter services is only half the challenge. Having interpreters available in sufficient numbers to meet demand is the other part. VOMA has also played an important role in funding scholarships for interpreter training in new and emerging languages.

ECCV appreciates the \$3.1 million in extra spending on language services in the recent Victorian State Budget but there is still much more work to be done. For instance, the Department of Human Services (DHS) language services policy requires that all DHS programs must have adequate language services (translation and interpreting) in place for certain important client interactions. But the funding for hospitals to provide these services in metropolitan Melbourne remains significantly inadequate, with anecdotal estimates that DHS is only funding large health agencies in metropolitan Melbourne for significantly less than half of their actual language services budget. These agencies are then forced to draw down on already stretched general health budgets to provide interpreter services. Professor Megan-Jane Johnstone and Adjunct Professor Olga Kanitsaki of RMIT University found recently in a report that there continues to be disparities in the level of service provided to CALD clients in health settings and there is therefore subsequent serious risk. Clearly significantly increased interpreter funding in health services must be considered to overcome these problems. To fix this crisis we need a serious injection of around \$10 million in languages service funding into our Victorian health system. This report leaves aside the broader funding issues outlined above but does offer some solutions around policy initiatives for streamlining access to professional interpreters. However, securing adequate funding also remains a key priority for ECCV.

ECCV is indebted to the tremendous work of Kylie Astall, at the University of Melbourne, in researching and preparing this report. We hope this work adds to the collective body of work regarding language services provision in Victoria and can assist in guiding policy development to improve these services.

Yours sincerely

Peter van Vliet  
Executive Officer



## Executive Summary

While the provision of language services in Victoria is good in many areas, new and emerging communities present new challenges and much work remains to be done to provide adequate language services to these growing communities.

Although policies have been implemented by VOMA and the Victorian Government to address these needs, providing an adequate supply of interpreters and translators for new and emerging communities in the health, legal, regional and other settings remains a significant challenge. The provision of adequate funding for interpreters, particularly in health settings, also needs to be addressed.

This report presents some key findings regarding language services available to new and emerging communities in the health, legal and regional areas, identifies areas of unmet demand and outlines some key issues with language service provision in these areas. The report concludes with twelve recommendations to improve language services provision in Victoria.



## Introduction

This report explores the provision of language services under current Victorian Government policy specific to new and emerging communities. Victorians speak over 180 languages and dialects, ranging from well established languages such as Greek, Arabic and Italian to newer and emerging languages like Dinka and Oromo. One in five (one million) - Victorians use a language other than English in the home environment. In 2001 the Australian Bureau of Statistics census data indicated that 177,460 Victorians could not speak English well or at all<sup>1</sup>. This highlights Victoria's cultural diversity and the importance of decent language services to ensure access to government services and enhance the health and welfare of people with low levels of English proficiency.

A small and emerging community has been defined by the Department of Immigration and Multicultural Affairs as a community that has an Australia-wide population of fewer than 15,000 and of whom 30% or more have arrived in the past five years<sup>2</sup>. National small and emerging communities identified for 2005-06 are the Afghan, Eritrean, Ethiopian, Somali, Sudanese and Kurdish communities<sup>3</sup>. There are also new and emerging communities from Central and West Africa, including Liberia, Sierra Leone and Congo. Immigrants from these communities are ethnically, culturally and religiously diverse and typically consist of relatively small populations concentrated in metropolitan centres.

The Victorian Government's *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures* (2003) offers a useful reference to all government services in translation and interpreting procedures. At a departmental level, the Department of Human Services Language Services Policy states that culturally and linguistically diverse (CALD) individuals are entitled to professionally accredited language services to help break down language barriers and ensure that 'Victorians with a low level English proficiency can enjoy the same level of access to high quality services as the broader community'<sup>4</sup>. These policies are well articulated and documented and

---

<sup>1</sup> *Victorian Government Standards for Data Collection on Interpreting and Translating Services*, Victorian Office of Multicultural Affairs, Department for Victorian Communities.

<sup>2</sup> *Settlement Grants Program 2006-07 Victoria Settlement Profile*, Department of Immigration and Multicultural Affairs. [Hhttp://www.immi.gov.au/grants/sgp/needs/stlmtprflvic.pdf](http://www.immi.gov.au/grants/sgp/needs/stlmtprflvic.pdf)

<sup>3</sup> *Ibid*; P.3.

<sup>4</sup> *Language Services Policy*, Policy and Strategic Projects Division, Victorian Government Department of Human Services, Melbourne, Australia; March, 2005. P.iii.



represent a willingness on the part of the Victorian Government to recognise the intrinsic human right of citizens to access government services.

Multiple ethnic groups and languages are customary in many new and emerging community groups. The level of English literary proficiency of such groups is dependent on whether their country of origin is within the Anglophone-African sphere. In many situations, the existence or non-existence of English literacy is reflective of the country's common trade language and on the degree of formal education provided. Furthermore, literacy levels in the immigrant's first language may be low and this is often influenced by the official standing of their language in their country of origin.

Some arrivals speak a language that may been ignored or in some cases suppressed in their country of origin thus affecting their reading and writing ability due to a lack of appropriate language training. In other cases orthographic considerations add a further layer of complexity in that their ethnic dialect may not have an official written form.

These points complicate the provision of adequate language services in Victoria. In contrast to established CALD communities, small and emerging communities typically have an insufficient number of appropriately qualified bilingual community members and fewer informal support networks or other casual aids to assist in their settlement. This causes further social complications for new and emerging communities. These language barriers challenge their access to healthcare and legal services, settlement services, employment and education. A lack of adequate language service provision combined with a lack of informal support services like bilingual family members can exclude members of these communities from participating fully in the Victorian community.

The language services required for these communities are far greater than the current level of language services available. This is due to a combination of complex issues. New and emerging communities face a unique problem whereby language service agencies have difficulty in attaining professionally accredited interpreters and translators due to the small size of the communities in Australia, the lack of bilingual members in these communities, and the relevant National Accreditation Authority for Translators and Interpreters (NAATI) test not yet being available. Problems delivering language services are increased by social issues that affect a client's willingness to accept interpreting services. These issues include gender, religious and ethnic factors and a widespread fear regarding confidentiality in small communities. A further problem is that many CALD clients are not fully aware of the interpreter role which indicates a need to educate recently arrived migrants about the role of interpreters.



The Victorian Office of Multicultural Affairs (VOMA) has gone some way to addressing some of these issues through their interpreter scholarship program. VOMA has funded RMIT interpreter scholarships in new and emerging community languages like Khmer, Dari, Farsi, Amharic, Timorese Hakka, Somali, Dinka, Oromo and Tigrinya, and Sudanese Arabic, and is attempting to fund scholarships in Nuer, Pushto and Swahili.

The 2001 Australian census illustrated that 60,326 Victorians were born in North Africa and the Middle East and 35,486 Victorians were born in Sub-Saharan Africa, together reflecting 2.1% of Victoria's population<sup>5</sup>. It is noteworthy that some of Victoria's fastest growing language groups as recorded between the 1996 and 2001 census are new and emerging languages. The Victorian Office of Multicultural Affairs (VOMA) recorded a 111.1% growth rate in the Assyrian language (spoken in Iraq, Syria, Iran and Lebanon), 91.5% in Somali (Somalia, Ethiopia, Kenya and Djibouti), 80.9% in Oromo (Ethiopia), 80% in Shona (Zimbabwe and Zambia) and 57.8% in Pashto (Afghanistan and Pakistan)<sup>6</sup>. Since the 2001 census, over 6,000 immigrants from Sudan have settled in Victoria, indicating that the Victorian Sudanese community has grown by around five times in recent years<sup>7</sup>. This newly developing Sudanese community presents many challenges to Victorian language services as there are many different cultural, ethnic and language groups within this community. Providing adequate language services for the many different language groups remains a key challenge.

This report explores the provision of language services to new and emerging communities under current Victorian Government policy in healthcare, the legal system and briefly considers language and interpreter services available in regional Victoria. The crucial challenge for the provision of language services to new and emerging communities is adequate funding and adequate interpreter supply. This report explores these issues and suggests improvements to the current provision of language services in Victoria.

---

<sup>5</sup> See Appendix 1: 'Table 1-1 Australia: Birthplace (Region) by State: 2001 Census', *Australian Bureau of Statistics, Census for Population and Housing, Basic Community Profiles, Persons counted at Place of Enumeration.*, compiled by Victorian Office of Multicultural Affairs, Department for Victorian Communities. P. 3.

<sup>6</sup> See Appendix 2: *Chart 2.9 Fastest Growing Language Groups – Victoria: 1996 and 2001 Census* in appendix for further statistics.

<sup>7</sup> See Appendix 4: Nationality breakdown of Victoria's immigration intake 2005-06, *DiVersified: Victorian Multicultural and Settlement Services Newsletter*, Department of Immigration and Multicultural Affairs; Autumn 2006.



## Findings

### 1. Current language service provisions: Identifying the key players in language services policy

The term 'language services' generally refers to translation and interpreting services and covers all community languages including Auslan (Australian Sign Language). The State Government aims to provide equitable access to language services particularly through agencies like the Department of Human Services (DHS), the Department of Justice (DOJ) and Department of Employment, Education and Training (DEET)<sup>8</sup>.

The DHS Language Services Policy (2005) identifies the minimum requirements necessary to ensure people with limited English can access professional interpreting and translating services when significant decisions are being made and where essential information is being communicated<sup>9</sup>. In the majority of cases services are provided to Government departments and funded agencies on a fee-for-service ('user-pays') basis. Alternatively, government funded service providers may obtain interpreting services via single periodic contracts with a language service provider, part of a shared contractual arrangement coordinated by a department or by drawing on a direct allocation of service hours coordinated by a department. It is anticipated that in most cases the government service provider is the 'client', as the organisation responsible for booking and paying for the interpreter. Therefore, the 'real client' (the individual) may be totally unaware of the complex funding and purchasing arrangements surrounding language services<sup>10</sup>.

There main language service providers include: VITS Language Link, On Call Interpreting and Translating Agency, TIS Translation and Interpreting Service, and All Graduates: Interpreting and Translation. In the past, not-for-profit and public sector providers have dominated interpreting services for DHS and Victoria Police, however the private provider All Graduates is used by the Education and Justice departments.

---

<sup>8</sup> See Appendix 6: 'Share of Total Estimated Expenditure on Interpreting Services, 2000-01', *A Needs Analysis of Language Services: Executive Summary*, The Allen Consulting Group (Report to the Department of Premier and Cabinet, Victorian Office of Multicultural Affairs); February, 2002.

<sup>9</sup> See *Language Services Policy*, Policy and Strategic Projects Division, Victorian Government Department of Human Services, Melbourne, Australia; March, 2005.

<sup>10</sup> *A Needs Analysis of Language Services: Executive Summary*, The Allen Consulting Group (Report to the Department of Premier and Cabinet, Victorian Office of Multicultural Affairs); February, 2002.



Until recently VITS Language Link (Victorian Interpreting and Translating Service) provided language services on behalf of DHS through a number of program-specific 'credit-lines'<sup>11</sup>, although ONCALL Interpreters and Translators Agency have just replaced VITS Language Link by winning the most recent DHS tender. Credit lines tend to operate with monthly spending caps and are only available until funds for a particular month have been exhausted. This is problematic in emergency situations where credit has been depleted. In this respect clients can be unsure of service reliability and thus their dependence on the service may waver. Smaller service providers without significant language services budgets may look for cheap alternatives like bilingual workers or the client's friends or family.

An executive summary on 'A needs analysis of language services' conducted by the Allen Consulting Group estimated that government expenditure on interpreting services was \$12 million in the 2000-01 period<sup>12</sup>. However, the Allen Consulting Group identifies emerging languages as the primary area where demand is unmet.

Interpreting services such as TIS have measures in place to maximise access under the Government's *Charter of Public Service in a Culturally Diverse Society*. This includes increasing the provision of female interpreters and providing toll-free telephone numbers for better access in rural and remote areas. The provision of interpreters for new and emerging languages remains constrained by the lack of supply of interpreters and professional accreditation issues.

NAATI is the National Accreditation Authority for Translators and Interpreters and receives 25% of its funding from the State, Territory and Commonwealth Governments and raises 75% of its funding from the revenue made on test fees, services and products. According to Cynthia Toffoli-Zupan NAATI currently provides professional accreditation for 57 languages<sup>13</sup>, yet there are more than two hundred languages spoken in Victoria. While it remains unrealistic to expect professional accreditation in each language spoken by very small language communities in Victoria, the disparity between the number of languages spoken and the number of languages accredited demonstrates the extent of unmet demand in current language services provision. One of the primary explanations for the lack of interpreter testing

---

<sup>11</sup> For a breakdown of these credit lines refer to *Accessing Language Services: Information and Guidelines for DHS Community Service Organisations*, Department of Human Services; Updated October, 2005.

<sup>12</sup> *Accessing Language Services: Information and Guidelines for DHS Community Service Organisations*, Department of Human Services; Updated October, 2005. P.5.

<sup>13</sup> Toffoli-Zupan, Cynthia, (9 May 2006) Manager for NAATI, transcript held on file.



in many new and emerging languages is due to the difficulty NAATI faces in recruiting suitable panel members for a particular language. There is serious difficulty in acquiring competent examiners when there are often very few bilingual members of some new and emerging communities in Victoria. Typically, new and emerging communities may only have a few members who are bilingual. Given that the selection criteria for examiners is strict and examiners are required to have a degree and past experience working in the translation and interpreting (T&I) industry, selecting a competent panel to perform the role of assessing and accrediting interpreters and translators is complicated and challenging. While it may appear that NAATI is slow in responding to consumer demand, this reflects the difficulty experienced in acquiring competent examiners when often there are very few bilingual members of some new and emerging community in Victoria. This year, NAATI has appointed examiners in Oromo, Nuer, Dinka and Armenian and this is to be commended.

As mentioned earlier in this report, in recent years the Victorian Office of Multicultural Affairs (VOMA) has begun providing RMIT interpreting scholarships to individuals from new and emerging communities to increase the number and variety of interpreters and translators. Currently RMIT offers a Diploma in Interpreting that has been accredited by NAATI at a paraprofessional level. This represents a level of interpreting competence, appropriate for general conversations, often in the form of non-specialist dialogue. Although this level of accreditation is insufficient for the complex linguistic ability required to cover medical or legal terminology it certainly assists with regards to settlement issues and matters of daily living. RMIT also offers an Advanced Diploma of Translating and Interpreting which is approved by NAATI at the professional level.



## 2. Language Services in Victoria's health system

The Victorian Government and the Department of Human Services' commitment to providing equitable access to language services in the health sector is found in the *Health Services Act 1988*, which states:

*"s.9 The objectives of this Act are to make provision to ensure that – (e) users of health services are provided with sufficient information in appropriate forms and languages to make informed decisions about health care.<sup>14</sup>"*

These requirements are also outlined in the comprehensive Department of Human Services Language Services Policy (March 2005). However, the unique circumstances of new and emerging communities means that these laudable requirements are sometimes very hard to achieve.

Karella de Jongh is the Coordinator of Language Services at the Royal Women's Hospital and an acknowledged advocate for decent language services in Victoria's health system<sup>15</sup>. Through her experience with interpreters in the field, Ms de Jongh was able to explain the dilemmas associated with a lack of professionally accredited interpreters in emerging languages and the implications connected with the engagement of unqualified interpreters. Unqualified interpreters may include family, particularly children, and bilingual staff. Other issues that can affect the standard of languages services provision include gender factors, client refusal on the basis of confidentiality concerns and in the case of mental health, fear of stigmatisation.

Established CALD communities in metropolitan areas often have bilingual general practitioners who can assist with their health care. However, more recent migrants from new and emerging communities do not typically have this luxury. There have been initiatives set in place by proactive organizations such as Western Melbourne Division of General Practice who have collated a *Working together you and your doctor: doctors who speak your language* brochure, in order to better assist CALD people<sup>16</sup>. However new and emerging communities sourced mostly from humanitarian immigration intakes often do not have many members in skilled employment. South Sudanese people find it rare to be able to access an interpreter who

---

<sup>14</sup> *Health Services Act (1988)*, Department of Human Services, Victorian Consolidated Legislation. Act No. 49/1988; Version incorporating amendments as at 22December, 2005.

<sup>15</sup> De Jongh, Karella, (12 May 2006) Coordinator of Royal Women's Language Services, Royal Women's Hospital Language Services, transcript held on file with author. The views expressed by Karella de Jongh are personal views and not necessarily the views of Royal Women's Hospital.

<sup>16</sup> *Working together you and your doctor: Doctors who speak your language*, Western Melbourne Division of General Practice, <http://www.westerngp.com.au/H/>; brochure 2005.



can speak their native languages (Nuer, Dinka, Cholok and Bari). There are very few interpreters who speak these languages and they are in high demand and difficult to access. South Sudanese participants in the Centre for Culture Ethnicity and Health's (CEH) language service report said they were often provided with Arabic interpreters as a second option, however with their different dialects, many Sudanese cannot understand Arabic from Middle Eastern countries.

The key issues which Ms de Jongh highlighted involve the limited number of accredited interpreters in new and emerging languages, despite NAATI offering accreditation examination in many cases. Ms de Jongh notes the complexity of the situation through the difficulty NAATI faces in attaining a qualified panel to test particular languages. The very small number of bilingual community members in new and emerging language groups causes unfulfilled demand. There is a distinct lack of accredited interpreters in these areas and NAATI and organisations like RMIT who offer interpreting courses are delayed by not having a panel of examiners in a particular language. None the less Ms de Jongh recognises that NAATI, RMIT and VOMA have done considerable work in trying to fill interpreter courses in new and emerging languages. Some unaccredited interpreters in new and emerging languages may lack the desire to gain further professional accreditation as they may be already working in an area of significant consumer demand.

Cases of client refusal to accept the services of an interpreter do occur. These situations reflect client concerns or apprehension based on cultural, ethnic, religious or gender factors. A gender requirement for interpreters can further shrink the available pool of interpreters at any given time. Ms de Jongh commented that for various cultural, religious and other reasons many women preferred and felt more comfortable with or insisted on conversing with a female interpreter. When interpreters are not available clients can resort to the 24 hour telephone services in place at most hospitals. Telephone interpreter services are useful as they widen the pool of accessible interpreters to a national level. However not all clients may feel comfortable revealing their medical history and complaints or symptoms to a stranger via a telephone conversation. Telephone interpreter services may also not be as effective as interpreting services in person.

Professionally accredited interpreters who are employed by interpreting agencies are bound by a contractual code of ethics similar to that documented in *AUSIT Code of Ethics 1999*<sup>17</sup>. These codes address issues

---

<sup>17</sup> *AUSIT Code of Ethics for Interpreters and Translators*, January 1999, [Hwww.premiers.qld.gov.au/library/other/default/ethics\\_card.htm](http://www.premiers.qld.gov.au/library/other/default/ethics_card.htm)H.



concerning professional conduct, confidentiality, competence, impartiality and accuracy. However, when underqualified or non-qualified interpreters are engaged the quality of service and care is compromised. Unprofessional practices for unaccredited interpreters as outlined by Minas et al include:

- Not interpreting everything that is said
- Carrying on a side conversation with the client/carer or clinician during the interview and excluding the other party
- Speaking on behalf of the client/carer/guardian
- Answering the phone during an interview
- Demeaning behaviour or attitude towards the client<sup>18</sup>

Should an interpreter breach ethical codes it is not only problematic for the situation at hand, but in a small community this can be quickly communicated, and may deter needy community members from accessing language services in the future.

Statistics show that arrivals from non-English speaking (NES) countries have far lower rates of voluntary admission to health services compared to the Australian-born<sup>19</sup>. Further studies have shown that the length of stay in hospital for people born in NES countries is significantly longer than is the case with other people<sup>20</sup>. Inadequate communication with people of poor English proficiency limits their ability to access services and also has a profound impact on the quality of treatment they receive when they do access services.

Communication in any clinical relationship is of paramount importance. It is crucial in the process of diagnosis, treatment and patient reassurance. Where communication between clinician and client is inadequate, the probability of diagnostic and treatment errors is increased. A lack of communication heightens the chances of under-estimating, over-estimating or misdiagnosing psychopathology<sup>21</sup>.

In the *Language Services in Victoria's Health System* report produced by CEH, the findings identified the importance participants placed on

---

<sup>18</sup> Minas, Harry Stankovska, Malina Ziguras, Stephen, *Working with Interpreters: Guidelines for Mental Health Professionals*, Victorian Transcultural Psychiatry Unit, St. Vincent's Hospital, Fitzroy, Victoria; 2001. P19.

<sup>19</sup> Refer to Minas, Harry; Stankovska, Malina Ziguras, Stephen, *Working with Interpreters: Guidelines for Mental Health Professionals*, Victorian Transcultural Psychiatry Unit, St. Vincent's Hospital, Fitzroy, Victoria; 2001. P6.

<sup>20</sup> Minas et al; *ibid*, P6.

<sup>21</sup> Minas et al; *ibid*, P6.



“understanding the medical information being communicated”<sup>22</sup>. The findings also conveyed the participant’s anxiety with being unable to communicate effectively in a health setting as being detrimental to their health. Language services must be advertised to the targeted communities in order for the services to be more widely used and clients must be assured of confidentiality and professional interpreter conduct. The recent Victorian Government Interpreter Symbol and Card Initiative, which promotes the availability of interpreter services, is a welcome move in that regard.

In the research provided by Minas et al, they point out that an interpreter should extend the time required to conduct clinical tasks<sup>23</sup>. Accordingly, if interpreters are being used effectively consultation times for NESB people would normally be greater than for English speaking patients. However, Trauer detected a trend whereby the average consultation times were lower for NESB people compared to Australian-born people<sup>24</sup>. Certainly, this raises questions regarding the adequate use of interpreting in such settings. In the Royal Park Ethnic Health Audit some low English proficient patients reported that the only person they could communicate freely with was a cook or gardener who spoke their language and they felt that these staff had been more understanding and helpful than any of the mental health professionals<sup>25</sup>. Such communication deficiencies could easily result in misinterpretation, miscommunication, misdiagnosis and mistreatment.

Mental illness is stigmatised in many communities and in some ethnic communities this is particularly the case. Where there is a high degree of stigma, clients or their families may not want to be identified within their community as mentally ill. This often results in reluctance for a patient or carer to consent to the presence of an interpreter despite their poor English proficiency. Given the intimate size of some emerging African communities, a common fear may be that the patient knows the interpreter and consequently feels uncomfortable in having that person made aware of their medical condition.

The use of families and particularly children in the process of interpreting is fundamentally problematic and should be avoided. The role of a family member in the interpreting process poses concern for both the welfare of the patient and the future psychological interests of the family member. Even

---

<sup>22</sup> Brough, Cara, *Language Services in Victoria's Health System: Perspectives of Culturally and Linguistically Diverse Consumers*, Centre for Culture Ethnicity and Health, Melbourne, Victoria; 2006. P16.

<sup>23</sup> Minas et al, *Working with Interpreters: Guidelines for Mental Health Professionals*; op cit, P7.

<sup>24</sup> Minas et al; *ibid*, P7.

<sup>25</sup> Minas et al; *ibid*, P7.



though bilingual family members are sometimes available, given the clinical context, their participation should be avoided to prevent bias in interpreting and to ensure that important information is extracted from the patient. One health interpreter participant, in an important RMIT University report on cultural safety and competence in health and nursing, commented that there are sometimes "hidden agendas" with families which overlook medical concerns because of some cultural tendencies which may lead to the concealment of health problems<sup>26</sup>.

The responsibility laid on a young child to act as an interpreter in a health situation concerning their parent can not only cause emotional trauma for the child but can lead to the incorrect interpretation of information creating serious risk. Examples from participants in the RMIT study include a twelve year-old daughter interpreting her father's prostate problems, where she was exposed to the discussion of her father's prostate cancer, his private organs and his sexual life<sup>27</sup>. Young children frequent hospitals regularly with their parents to act as interpreting figures because appropriate language services are unavailable or difficult to access due to funding constraints. Many of these children have already been exposed to and suffered trauma in their country of origin. The use of children as interpreters is often made without considering the possible adverse psychological effects to the child concerned. This use of children as interpreters in health settings should be avoided at all costs unless there is no other choice. Unfortunately this may still be often the case. More interpreter funding is needed in health settings to avoid this scenario.

---

<sup>26</sup> Johnstone, Megan-Jane and Kanitsaki, Olga, *Cultural Safety and Cultural Competence in Health Care and Nursing: An Australian Study*, Division of Nursing and Midwifery, School of Health Sciences, RMIT University; December, 2005. P125.

<sup>27</sup> Ibid; P129.



### 3. Provision of language services in Victoria's legal system

While court interpreting rules are strict and guarantee the use of interpreters in a court setting, the supply of interpreters for community legal centres remains problematic. New and emerging communities may also have a distrust of legal systems that can also act as a barrier to the use of legal services.

The Department of Justice has been active this year in documenting its cultural diversity policies. It has recently released its Language Services Policy, which was developed with the assistance of VOMA. The policy outlines the Department's legal responsibilities to provide interpreters and translators and sets out minimum standards for such services. The Department has also released its Cultural Diversity Plan 2006-08 which aims to improve the access of multicultural communities to justice services.

The Foundation House annual report<sup>28</sup> found that many new migrants from war torn areas have a well-grounded suspicion of legal systems and institutions. Some communities are therefore apprehensive in voluntarily seeking legal services. Illiteracy and pre-settlement trauma are very complex issues and accentuate the cross-cultural barriers between new arrivals and legal service providers. Due to widespread illiteracy many Africans are unaware that community legal centres offer free services. New and emerging communities face serious difficulties in obtaining equitable access to justice and many of these difficulties can be attributed to language barriers. As with medical encounters, the issue of fear and potential embarrassment also emerges with legal issues. Again small communities are afraid of accepting interpreters should the interpreter be a member of his or her community, and in such cases the client may feel uncomfortable in discussing sensitive legal matters through such an interpreter.

Given the small nature of many new and emerging communities, in particular those emerging from the Horn of Africa, there is an innate client fear that interpreters or community workers who belong to the client's same ethnic community could spread information and/or rumours regarding personal information they have access to while working as interpreters in their community. Many clients are afraid of the shame and embarrassment that could potentially occur. This may have a persuasive impact on a client's decision not to seek interpreting services and legal aid.

---

<sup>28</sup> *The Victorian Foundation for survivors of torture Annual Report 2004/05*, Foundation House; [http://www.survivorsvic.org.au/about\\_intro.php](http://www.survivorsvic.org.au/about_intro.php)



Many Horn of Africa and Middle Eastern settlers in Australia are from refugee backgrounds and have been persecuted or witnessed persecution in their country of origin by legal systems that often pay lip service to proper legal processes. Unsurprisingly, this contributes to an instinctive distrust in the domestic legal system, which must be overcome before individuals will feel comfortable voluntarily accessing community legal centres and legal aid.

There is a general lack of awareness among new and emerging communities about the legal services that are available free of charge, which highlights the need for a concerted campaign to inform these communities of their legal rights and the services available. In Sally Aplin's *Analysis of the legal needs of Horn of African people in Melbourne*, she states that in order for community development to be effective, there should be an "acknowledgement that emerging communities are not always in a position to articulate their needs"<sup>29</sup>. While new and emerging communities are often ignorant of Victoria's legal system, they also remain apprehensive about engaging with the system.

With the current scarcity of interpreters and translators, interpreter supply continues to fall short of demand in emerging communities. Not dissimilar to Karella de Jongh's experience in the medical sector, the languages where demand far outweighs supply in the legal system are:

- Assyrian
- Burmese
- Sudanese Arabic
- Hmong
- Fanti
- Tetum
- Tigrinya
- Amharic
- Oromo

Awareness of legal entitlements and rights among new and emerging communities needs to be raised in order for a trusting relationship to develop between these communities and the legal system.

In the legal system courts require an oath from interpreters to 'truly and completely' interpret everything that is said before the witness is obliged to give their oath. The *Legal Profession Act 2004* and the *Evidence Act Victoria 1958*<sup>30</sup> both provide rules regarding confidentiality and accuracy by which an interpreter is bound in the court room. Similar codes of practice apply in Legal

---

<sup>29</sup> Aplin, Sally, *Analysis of the Legal Needs of Horn of Africa People in Melbourne*, Pro Bono Fellowship 2001; August, 2002. P13.

<sup>30</sup> Refer to the *Legal Profession Act 2004*, Version No. 002 – Act No. 99/2004 and *Evidence Act 1958*, Act No. 6246/1958.



Aid. A campaign aimed at new and emerging communities to promote the quality control and legal parameters interpreters are bound by in the legal system should be instituted. This would increase new and emerging community members' sense of confidence in approaching and dealing with the legal system and interpreters.

Through his research and experience, David Taylor from the Springvale Monash Legal Centre believes that the level of accountability regarding language services is higher in the legal system than it is in the health system in Victoria<sup>31</sup>. While DHS has published the Language Services Policy 2005, this only contains minimum standards which the health sector must adhere to. Generally the Language Services Policy 2005 serves mostly as a guide. The policy itself approves as a last resort the use of family members or friends as interpreters providing they are over 18 years of age<sup>32</sup>. With new and emerging communities there are often no professionally accredited interpreters available and any continuing use of family members as interpreters remains decidedly sub-standard.

In order to accommodate the requirements of the emerging Horn of Africa and Middle Eastern communities, consideration needs to be given to their everyday cultural patterns. Recurring problems with Horn of Africa clients may include a lack of punctuality or failure to attend appointments with legal advisors who have arranged to have interpreters present. Moreover, many clients tend to turn up at a time and/or day different to their assigned appointment. This frustrates service providers and can exhaust the limited resources of both community legal centres and language service providers as neither service can be simultaneously rescheduled easily. Suggestions mounted by researchers such as Aplin include cross-cultural training for legal staff and a recognition and accommodation of more flexible timeframes for service provision, including if possible block bookings so service providers are not left out of pocket if particular clients do not show up for their appointments.<sup>33</sup>

There is often a lack of adequate education for new and emerging communities about community legal centres and any associated language services. If community legal centres are going to be successful in reaching out to new and emerging communities such as the Horn of Africa and Middle Eastern communities, their services must be promoted to those communities in community languages.

---

<sup>31</sup> Taylor, David, (May 2, 2006) Springvale Monash Legal Centre, transcript held on file with author.

<sup>32</sup> *Language Services Policy*, Policy and Strategic Projects Division, Victorian Government Department of Human Services, Melbourne, Australia; March, 2005. P17.

<sup>33</sup> Aplin, Sally, Analysis of the Legal Needs of Horn of Africa People in Melbourne, Pro Bono Fellowship 2001; August, 2002. P28.



A fundamental barrier in the advancement of the use of legal services by new and emerging communities is the under supply of language services. In the courtroom the provision of language services occurs due to legal requirements. However, in community legal centres there continues to be a shortage of language services provision, which can be exacerbated by any cultural pattern involving a lack of punctuality. There is a need to educate new and emerging communities regarding legal processes. Several service providers have labelled small and emerging communities as 'priority clients' and as such legal services need to adapt to accommodate their needs.



#### 4. Supply of language services to new and emerging communities in regional centres

The Victorian Government's initiative to increase skilled migration to regional centres has increased the demand for settlement services in non-metropolitan Victoria. In general, rural communities are enthusiastic to engage migrants to boost the local population, stimulate the economy and to alleviate the demands of seasonal employment. However, for some rural communities this influx of immigrants is a new phenomenon and presents challenges<sup>34</sup>. Accordingly there are limited resources to accommodate for this new migration pattern. Although volunteer programs have been an admirable contribution to the settlement needs of these emerging communities, access to professional settlement services including language services remains crucial.

The Shepparton district hosts a significant proportion of regional Victorian immigrants. Sigrid van Fondern, Treasurer at the Ethnic Council of Shepparton and District, conveyed that the majority of local interpreters in emerging languages working in the region lack NAATI accreditation at professional level and tend to either have lower certification or no qualification at all<sup>35</sup>. According to van Fondern, the key new and emerging language groups who have settled in the district are Sudanese, Afghani and Congolese groups that are all identified as new and emerging communities in Victoria<sup>36</sup>. Van Fondern stated that some community groups have just one bilingual member who was able to speak on behalf of that community. In some situations, this presents recurring problems concerning confidentiality, privacy, cultural or gender issues as the interpreter may be from the same small community. Clients sometimes have little choice but to accept an under-qualified interpreter who may be known to the client or otherwise resort to telephone interpreting services which may not be as suitable. Where there are minimal or no qualifications, efforts to pursue quality control under a code of ethics and properly manage risk can be extremely difficult.

It is important to note service problems relate to the inadequate supply of interpreters and not necessarily policy issues. The availability of adequate interpreter services in regional centres is far from comprehensive and this needs to be addressed.

---

<sup>34</sup> *Settlement Information for Regional Victoria*, Victoria Settlement Profile, Department of Immigration and Multicultural Affairs  
<http://www.immi.gov.au/grants/sgp/needs/stlmntprflvic.pdf>

<sup>35</sup> van Fondern, Sigrid, (May 16, 2006) Senior Policy Officer and Project Worker, Ethnic Council of Shepparton and District, transcript held on file with author.

<sup>36</sup> van Fondern, Sigrid, (May 16, 2006) Senior Policy Officer and Project Worker, Ethnic Council of Shepparton and District, transcript held on file with author.



## Conclusion

This paper highlights the importance of language services provision, particularly in regard to the medical and legal professions. While government policies such as the DHS Language Services Policy (2005) appear laudable, considerable flaws remain in the current level of funding for language services provision due to significant unmet demand.

A key issue for language service provision revolves around the difficulty in facilitating an accreditation board that is efficient in addressing the emergence of new languages. While NAATI has done considerable work in seeking appropriate panels in order to assess an emerging language, given the significant necessity for interpreters in these new languages, NAATI may need to consider new arrangements to meet these objectives. This could include the introduction of international arrangements to assist in the assessment and examination of tests in a given language.

It is clear from the findings of this report that there is a very large gap in professionally accredited interpreters for new and emerging communities. In the absence of suitably qualified interpreters, hospital settings have been forced to resort to less adequate and unsatisfactory language services from under-qualified interpreters, bilingual staff and family or community members. Each of these alternatives presents risks in that non-qualified interpreters are not bound by the code of ethics obligating them to professional conduct, confidentiality, competence, impartiality and accuracy. Moreover, when family members act as an interpreting aid, further issues arise regarding incorrect interpretation and embarrassment, and risk to the client and family member is increased. The good work of VOMA, NAATI and RMIT in seeking to provide interpreters in new languages needs to continue unabated.

Correct communication in any clinical or legal situation is of paramount importance. In the medical setting, it is fundamental in the diagnosis, treatment and patient reassurance process. In the legal environment communication is instrumental in informing a client of their legal rights and providing them with satisfactory representation in court. At a time where Australia's new and emerging communities are arriving on humanitarian visas in significant numbers the need for the provision of adequate state wide language services has never been greater. This is a key challenge that governments must continue to address.



## Recommendations

1. DHS should significantly increase funding for the provision of professionally qualified interpreters in the health sector so its language services policy can be properly implemented.
2. DHS should examine reasons why interpreters are not being utilised or offered in some health environments and design and implement initiatives to reinforce the use of professional interpreters.
3. A strategy should be implemented by the peak language accreditation body, NAATI, to formulate better efficiency in accrediting new languages by drawing on international resources to form examination panels when there are insufficient personnel in Australia.
4. VOMA should continue to explore ways to increase the amount of interpreters through more scholarships, particularly for female interpreters to assist with cultural and religious gender stipulations.
5. DHS should increase the level of accountability and quality control in the health sector by:
  - Promoting awareness concerning complaint procedures;
  - Making complaint procedures culturally accessible and providing advocate support;
  - Creating awareness regarding client rights to free language services; and
  - Conducting regular state-wide reviews that monitor language and migration patterns and seek consumer perspectives.
6. DHS should increase the monitoring of interpreter utilisation in emergency and specialist departments, GP and in-patient services.
7. DHS should enforce compliance with the Victorian State Government policy regarding restrictions on the use of family members as interpreters wherever possible.
8. The Victorian Government and VOMA should further promote interpreter courses at universities and TAFE and provide ongoing support for the relevant bodies to implement and run courses in new and emerging languages.



9. DOJ and relevant private bodies should raise community awareness among new and emerging communities regarding the availability of legal and community legal services including:
  - instigating initiatives to increase the utilisation of language service provisions in the legal environment; and
  - reducing cultural distrust and apprehension towards domestic legal services among new and emerging communities.
10. DOJ should ensure recognition of a code of ethics that binds legal services so that new arrivals can be reassured of confidentiality and privacy.
11. Governments should develop strategies to increase the provision of language services in regional centres by offering scholarships to bilingual persons from new and emerging communities located in regional areas.
12. Governments should develop more translated material suitable for new and emerging communities and ensure it is widely available through websites and community media, and may also be used to assist health and legal professionals to communicate with clients in these areas.



## References

*2001 Census statistics on birthplace, language: Victoria Overview*, Australian Bureau Statistics, Victorian Office of Multicultural Affairs, Department of Victorian Communities, 2001.

*2001 Census Statistics: Victorian Major Geographical Divisions - Birthplace, Language, Age and Ancestry, No. 1-2*, Victorian Office of Multicultural Affairs, Department for Victorian Communities, 2001.

*A Fairer Victoria: Creating opportunity and addressing disadvantage*, Department of Premier and Cabinet, Melbourne, Victoria; 2005.

*A Needs Analysis of Language Services: Executive Summary*, The Allen Consulting Group (Report to the Department of Premier and Cabinet, Victorian Office of Multicultural Affairs); February, 2002.

*African Community: Ethiopia, Eritrea, Somalia and Sudan*, Migrant Resource Centre North East, Preston, Victoria; (date unknown).

*Accessing Language Services: Information and Guidelines for DHS Community Service Organisations*, Department of Human Services; Updated October, 2005.

Aplin, Sally, *Analysis of the Legal Needs of Horn of Africa People in Melbourne*, Pro Bono Fellowship 2001; August, 2002.

*AUSIT Code of Ethics for Interpreters and Translators*, January 1999, [www.premiers.qld.gov.au/library/other/default/ethics\\_card.htm](http://www.premiers.qld.gov.au/library/other/default/ethics_card.htm).

Brough, Cara, *Language Services in Victoria's Health System: Perspectives of Culturally and Linguistically Diverse Consumers*, Centre for Culture Ethnicity and Health, Melbourne, Victoria; 2006.

Dimitriadis, Liz, *A Fairer Victoria for CALD Communities: ECCV submission to the Victorian Government*, Ethnic Communities' Council of Victoria; July 23, 2005.

*DiVersified: Victorian Multicultural and Settlement Services Newsletter*, Department of Immigration and Multicultural Affairs; Autumn 2006.

*Evidence Act 1958*, Act No. 6246/1958; version incorporating amendments as at January 1, 2006.

*Health Services Act (1988)*, Department of Human Services, Victorian Consolidated Legislation. Act No. 49/1988; Version incorporating amendments as at December 22, 2005

*Identifying Interpreting and Translating Needs for Victoria: Report of the Inaugural Language Services Forum*, Settlement Planning and Information Unit, Department of Immigration and Multicultural Affairs, Victoria, Australia; March 20, 2001 & April 3, 2001.



Johnstone, Megan-Jane and Olga Kanitsaki, *Cultural Safety and Cultural Competence in Health Care and Nursing: An Australian Study*, Division of Nursing and Midwifery, School of Health Sciences, RMIT University; December, 2005.

Kinnaird, Salle, *Horn of African Men and Settlement Services in Carlton: Report of settlement needs and recommendations for service delivery*, South Central Region Migrant Resource Centre; October, 2005.

*Language Allowance Guidelines 2005-06*, Victorian Office of Multicultural Affairs, Department for Victorian Communities; 2005.

*Language Services Policy*, Policy and Strategic Projects Division, Victorian Government Department of Human Services, Melbourne, Australia; March, 2005.

*Late Arrivals: The needs of refugee young people who resettle in later adolescence*, Centre for Multicultural Youth Issues, Carlton, Victoria; 2006.

*Legal Profession Act 2004*, Version No. 002 – Act No. 99/2004; version incorporating amendments as at April 5, 2005.

Minas, Harry; Malina Stankovska; Stephen Ziguras, *Working with Interpreters: Guidelines for Mental Health Professionals*, Victorian Transcultural Psychiatry Unit, St. Vincent's Hospital, Fitzroy, Victoria; 2001.

*Multicultural Victoria Act 2004* (Act No. 100/2004); Legislative Assembly: Nov. 3, 2004; Legislative Council: December 7, 2004; Assented to December 14, 2004.

*The Numbers of Speakers of African Languages Emerging in Victoria*, Helen Borland and Charles Mphande, Victorian Office of Multicultural Affairs, Melbourne, Victoria; 2006.

*Settlement Grants Program 2006-07 Victoria Settlement Profile*, Victoria Settlement Profile, Department of Immigration and Multicultural Affairs  
<http://www.immi.gov.au/grants/sgp/needs/stlmntprflvic.pdf>

*Settlement Information for Regional Victoria*, Victoria Settlement Profile, Department of Immigration and Multicultural Affairs  
<http://www.immi.gov.au/grants/sgp/needs/stlmntprflvic.pdf>

*Victorian Government Standards for Data Collection on Interpreting and Translating Services*, Victorian Office for Multicultural Affairs, Department for Victorian Communities.  
<http://www.voma.vic.gov.au/web17/voma/dvcvoma.nsf/headingpagesdisplay/language+servicesstandards+and+guidelines>

*Working together you and your doctor: Doctors who speak your language*, Western Melbourne Division of General Practice,  
<http://www.westerngp.com.au/>; brochure 2005.



## Appendix

'Table 1-1 Australia: Birthplace (Region) by State: 2001 Census', *Australian Bureau of Statistics*, Census for Population and Housing, Basic Community Profiles, Persons counted at Place of Enumeration., compiled by Victorian Office of Multicultural Affairs, Department for Victorian Communities. P.3.

*Chart 2.9 Fastest Growing Language Groups – Victoria: 1996 and 2001 Census* in appendix for further statistics.

'IHSS Arrivals by Nationality to Victoria' in *DiVersified: Victoria Multicultural and Settlement Services Newsletter*, Department of Immigration and Multicultural Affairs; Autumn, 2006. P7.

*DiVersified: Victorian Multicultural and Settlement Services Newsletter*, Department of Immigration and Multicultural Affairs; Autumn, 2006.

'Provision of Interpreting Services', *A Needs Analysis of Language Services: Executive Summary*, The Allen Consulting Group; February, 2002.

'Share of Total Estimated Expenditure on Interpreting Services, 2000-01', *A Needs Analysis of Language Services: Executive Summary*, The Allen Consulting Group; February, 2002.

## Interviews

De Jongh, Karella (12 May 2006) Coordinator of Royal Women's Language Services, Royal Women's Hospital Language Services.

Taylor, David (2 May 2006) Springvale Monash Legal Centre.

Toffoli-Zupan, Cynthia (9 May 2006) Manager for NAATI, NAATI.

Van Fondern, Sigrid (16 May 2006), Treasurer, Ethnic Council of Shepparton and District.



[www.eccv.org.au](http://www.eccv.org.au)