

Interpreter System

What's the problem?

The interpreter system in Queensland, and across Australia, is in critical need of reform and regulation. There are multiple inter-related concerns impacting this workforce and the community members they serve including:

- inefficient and deficient engagement of interpreters and translators across many government agencies and service providers
- a lack of industry oversight including accountability and reporting from language service providers
- inadequate and unregulated rates of pay which do not acknowledge qualifications and casualisation of the workforce
- unregulated workplace health and safety
- booking systems which provide inadequate information to interpreters and fail to provided what is needed for interpreters to enact their role
- no professional supervision requirements leaving interpreters working on highly emotional assignments at risk of vicarious trauma.

All of these matters combined are putting this industry at risk of closure. The risks and potential harm to the safety, education, health and well-being of Queenslanders and the broader impacts on social and economic outcomes is huge. Results of recent research explaining the health, social and economic outcomes that are already being seen as a result of the failures of the current system is below.

There is a trend of low engagement of the available interpreters in healthcare settings.

Two primary causes of low use of interpreters

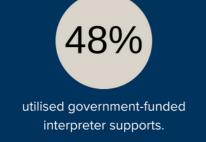
perceptions that the use of interpreters leads to more labour for the practitioners lack of awareness of these services Untrained staff, family members and relatives are very often leaned on to provide these services, despite no formal training in interpreting skills, ethics, accuracy, impartiality and confidentiality. This engagement of untrained interpreters compromises the quality of the health care received and violates the patient's right to access and participate in their own healthcare.

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The patients reported that when someone they know (family members for example) are interpreting, it is an extra layer of advocacy when dealing with the health system where they otherwise are at risk of falling through the cracks (White, J et. al, 2019).

Research on the impact of language barriers in healthcare have shown that this correlates with lower satisfaction with care in the US, adverse obstetric outcomes in the UK and adverse health outcomes in Holland (Hughson. J., 2018). Under-utilisation of interpreter services in obstetric care is evidenced in research, such as Australian research of the use of interpreters for Afghan refugees living in Australia throughout antenatal visits, labour and childbirth (Hughson. J., 2018). J., 2018). Healthcare workers reported that interpreters are not always available and the quality is not guaranteed (Hughson, 2018).

A study of healthcare providers for refugee women who require interpreter assistance reported only



The AUSIT Code of Ethics and Code of Conduct and the ASLIA Code of Ethics and Guidelines for Professional Conduct, include qualities of confidentiality, competency, accuracy and clarity of role boundaries (AUSIT, 2012, ASLIA, 2007). The complexity of the language used in medical settings is not always known by bilingual individuals who are engaged as interpreters and have no qualifications or limited experience in this specialised field. When unqualified workers are fulfilling the role of an interpreter, there are potentially life-impacting consequences.

(Khatri & Assefa, 2022)

CASE STUDY

QHealth provides interpreters doing so for pre-booked appointments, however for on-demand circumstances, this is not occurring regularly, particularly at the switchboard. Migrants remain unable to communicate with the switchboard via interpreters. Settlement Service Case workers have attempted to assist many clients to request interpreters at the PA, Mater, Ipswich and Logan Hospital switchboards. Switchboard operators consistently report not having an available interpreting service client code. Some outpatient clinics have interpreting service client codes and a smaller number of those engage interpreters for unscheduled incoming calls. Migrants are therefore unable to self-advocate with hospitals, unless they have enough English to navigate the switchboard and then reach an outpatient clinic with capability to engage interpreters. – Provided by SSI, Logan

It is known that Language Services Providers are engaging non-certified interpreters for health and legal assignments. Currently, there is no entity that exists where this conduct can be reported and investigated. Government agencies engaging these service providers seem unaware they are paying for a particular quality of service and receiving sub-par service. Nor do they seem aware of the risks involved in engaging non-certified interpreters.

An investigation on the requirements for interpreters whose services are used in legal and court settings found that the education process is not vigorous or holistic enough. It is important in a court setting that the interpreting services provided are competent, and extrapolating to medical settings, this same logic can be applied. The institutions that train these interpreters, and the types of assessments completed, need to reflect and compensate for the real-life scenarios and terminology that may occur (Stern & Liu, 2019). Without adequate training, interpreters will be unable to provide effective services and are more likely to adversely impact those who speak languages other than English access to the justice and healthcare systems.

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CASE STUDY

A 27-year-old male from Uganda who arrived in Australia on a Humanitarian visa 200 reported an incident which occurred during a roadside Alcohol and Drug test. The man reported that he struggled to comprehend the instructions provided during the test. Despite attempting the breathalyser test three times, he was unsuccessful in providing an adequate sample. Consequently, the police asked him to follow them to the station for another attempt, which also proved unsuccessful. The client was charged with failing to provide a breath sample during a Random Breath Test (RBT). He firmly maintained his innocence, asserting that his failure was solely due to a lack of understanding of the instructions issued in English. the Queensland Police and Responsibilities Act 2000, Section 433(1), addresses the Right to an Interpreter. According to this section, if a police officer reasonably suspects that a person is unable to speak English fluently due to inadequate knowledge of the language or a physical disability, they must arrange for an interpreter to be present before commencing questioning or investigation. Adhering to legal provisions, such as those outlined in the Police Powers and Responsibilities Act 2000, Section 433, is essential to guarantee fair treatment and access to justice for individuals from diverse linguistic backgrounds. – Provided by SSI, Logan.

The many challenges with the current systems in place for interpreters are also affecting the public's trust in interpreters. This in turn is impacting the likelihood of the public to engage interpreters and has impacted outcomes in the areas of domestic and family violence and child safety (Rusho, D & Cho, H., 2023).

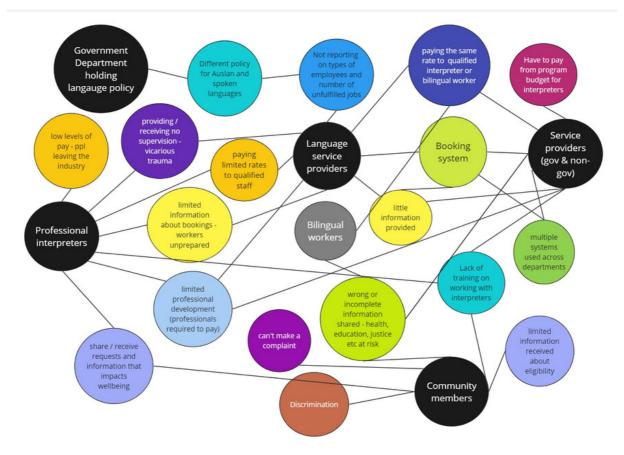
In research conducted on use of interpreters in police interviews, robust evidence was gathered which demonstrated the significant difference in outcomes when engaging bilingual workers, and those who are TAFE-trained as opposed to university-trained (Hale, S, Goodman-Delahunty, J & Martschuk, N, 2019). They found that "Trained interpreters performed consistently better than untrained bilinguals on all seven assessed criteria" (Hale, S, Goodman-Delahunty, J & Martschuk, N, 2019). They found that "Trained interpreters performed consistently better than untrained bilinguals on all seven assessed criteria" (Hale, S, Goodman-Delahunty, J & Martschuk, N, 2019). This research demonstrates the importance of engaging certified, professional interpreters to reduce errors in the justice and legal process. Unfortunately, due to the lack of reporting requirements for language service providers and the current rates of pay in place, many untrained bilingual staff are engaged in circumstances where negative outcomes can occur due to the lack of training, such as those investigated in the above research.

What's the ask?

To improve industry retention and bolster the workforce, and safeguard the rights, safety and well-being of language communities in Australia, there are a number of changes that are needed.

- Implementation of a mechanism to hold agencies to account for their adherence to interpreter engagement policies across all government agencies and service providers, to hold these agencies to account
- Requiring language service providers to pay qualified interpreters fees and establish working conditions that sufficiently recognises their skills and expertise and to provide supervision to their employees who support clients in many potentially traumatic situations
- Requirements for qualified interpreters to be engaged for jobs which have health and legal ramifications for the person who requires interpreting assistance
- Implementation of improved booking systems for interpreters so that adequate information is provided to interpreters prior to them arriving at jobs that may involve sensitive or specialist knowledge.





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