**SUPPORTING INTERPRETERS**

**TO WORK EFFECTIVELY IN**

**THE DISABILITY SECTOR**

National Disability Services

May 2015 (NDS)

Developed for National Disability Services by DiverseWerks

**DiverseWerks**

Level 1, 93 Norton Street

Leichhardt, NSW 2040

02 8585 1313

[**www.culpergroup.com.au/what-we-do/diversewerks/**](http://www.culpergroup.com.au/what-we-do/diversewerks/)

**Contact**

**Dion Beverakis**

PCA Project Manager – NSW

02 9256 3164

0448 212 083

**dion.beverakis@nds.org.au**

**About National Disability Services**

**National Disability Services** is the peak body for non-government disability services. Its purpose is to promote quality service provision and life opportunities for people with disability. NDS’s Australia-wide membership includes more than 1000 non-government organisations, which support people with all forms of disability. NDS provides information and networking opportunities to its members and policy advice to state, territory and federal governments.

**Contents**

[1. Introduction 1](#_Toc411014606)

[2. Evidence base - Summary of issues 7](#_Toc411014612)

[3. Current ‘state of play’ 10](#_Toc411014613)

[4. Recommendations 42](#_Toc411014621)

[References 47](#_Toc411014622)

[Appendix 1 – Evidence base 48](#_Toc411014623)

Appendix 2 – Discussion questions 70

# Introduction

## Project background

The disability sector is currently undergoing immense structural change with the implementation of the National Disability Insurance Scheme (NDIS) across the country in numerous trial sites, and the move away from block to individualised funding. Disability support organisations are presently trying to both understand and embed truly person centred approaches into the way in which they provide services to individuals. In order to deliver high quality services to a range of consumers, an understanding of how to support people with disability from a culturally and linguistically diverse (CALD) background, and their family and carers, needs to be a major part of the equation.

DiverseWerks were therefore commissioned by National Disability Services (NDS) to conduct further research in this area. This project forms a part of the NDS’ People, Culture and Communication Project and is funded by NSW Family and Community Services (FaCS).

## Specific objectives of the project

As outlined in NDS’s brief, the specific objectives of the project were to:

* Understand current levels of knowledge among interpreters around disability awareness, understanding and use of disability language, and perceptions of disability;
* Explore issues that impact on how interpreters work with people with disability and disability service providers;
* Establish what the current offers are with regards to providing relevant training for interpreters in disability, including uptake of training opportunities and effectiveness of the training on offer;
* Explore relevant disability language that interpreters require to work effectively in a changing disability sector environment and how this may differ from previous information and training provided (e.g. impact of a rights-based and person-centred approach on commonly used disability language);
* Understand how the nature of conversations that occur between disability services and people with disability from CALD backgrounds and their family and carers may have changed, and ways that the interpreting sector can be kept abreast of these changes;
* Understand the challenges and opportunities in improving disability knowledge among interpreters;
* Understand the challenges and opportunities in accessing interpreters from emerging languages. This will include some examination of what difficulties exist in terms of accessing appropriate accreditation, for instance.
* Identify a range of strategic partnership opportunities for NDS to leverage so that cost-effective, sustainable strategies can be developed to improve disability awareness and knowledge of disability language among interpreters (e.g. training, resources and processes).

## Project methodology

There were two components to this project – the initial development of an evidence base, followed by a consultation phase with a range of stakeholders in the language services and disability sectors, and with people with disability from CALD backgrounds. More detail about each project phase is given below.

**Stage one - Development of an evidence base**

The aim of the evidence base was to provide some context to the project overall, while also allowing for greater understanding around work already undertaken that supports and enhances the way in which interpreters work with people with disability from CALD backgrounds.

Specifically, the evidence base sought to explore the following areas relevant to the overall project:

* Through data analysis, understand the nature and size of ‘the disability market’ for the interpreter sector overall, both in terms of more established and new / emerging language groups;
* Explore the range and types of issues that exist around interpreter service usage for people with disability from a CALD background (and their families and carers);
* Explore the current level of competence and capacity within the interpreter sector in working with CALD people with disability (and their families and carers) and what factors influence this;
* Explore what tools, strategies or resources are currently available to support interpreters to work with people with disability and families and carers from CALD backgrounds.

As well, a fairly significant objective of the evidence base was intended to highlight which issues needed to be explored in more detail in the stage two consultations.

The resulting evidence base can be found in full in Appendix 1 of this report. However a summary of the key issues that emerged and which inform the overall project can be found in Section 2 of this report.

To develop this evidence base, DiverseWerks conducted a review of research in a range of areas relevant to the project using the following academic databases - EBSCO, Proquest, Informit Online, ATSI-ROM, Scopus, Wiley, JSTOR, OvidSP, Oxford journals and Cambridge Journals. The types of search terms utilised included ‘disability’, ‘competence’, ‘training’, ‘CALD’ and ‘interpreter’, for example. Appendix 1 summarises the specific search terms used and the number of relevant articles which each search yielded. As well, an online scan of the types of tools and training available for the interpreter sector was also conducted.

What was apparent in the process of searching for relevant research was that while there was some research on the competency of interpreters in a range of sectors and settings (particularly health), there was little research available on the competence and capacity of the interpreter sector in working with people with disability. Similarly, while part of this search process also involved scoping what disability awareness training or strategies may have been developed specifically for interpreters, it was difficult to find any which had been developed for or utilised within the interpreter sector.

The evidence base document in Appendix 1 should therefore be viewed as a starting point for the issues salient to this project. The majority of opportunities to provide better support for interpreters working in the disability sector were apparent after the stage two consultations (see below).

**Stage two – Stakeholder consultations**

Stage two involved conducting a range of stakeholder consultations to explore in more detail the needs required to better support the interpreter sector in working effectively with people with disability and the wider disability sector. The following is a summary of the stakeholder groups / stakeholders consulted as a part of this second stage.

* **Accreditation and Industry Bodies**
* Australian Institute of Interpreters and Translators (AUSIT);
* Professionals Australia;
* National Accreditation Authority for Translators and Interpreters (NAATI).
* **Training Providers**
* Sydney Institute of Interpreting and Translating (SIIT);
* University of Western Sydney (UWS);
* Macquarie University;
* TAFE Sydney Institute (Petersham Campus);
* University of New South Wales (UNSW).
* **Experts in the Multicultural Sector**
* Settlement Services International (SSI);
* Multicultural Disability Advocacy Association (MDAA);
* Ethnic Childcare, Family and Community Services Co-operative (ECFCSC);
* Action on Disability within Ethnic Communities Inc. (ADEC).
* **People with disability and their families and carers from CALD backgrounds**
* People with disability who speak a language other than English (total of 5 interviews conducted, using a bilingual researcher where required);
* Carers / family members of a person with disability (a total of 2 interviews conducted, using a bilingual researcher where required)).
* **Language Service Providers**
* Translating and Interpreter Service (TIS);
* South East Sydney and South West Sydney Area - Health Language Services - Interpreting & Translating;
* Sydney West Area - Health Language Services - Interpreting & Translating;
* Victorian Interpreting and Translating Service (VITS);
* Department of Human Services (DHS) – Language Services Unit;
* On Call Interpreters and Translators;
* Polaron.
* **ADHC Funded NGOs**
* Royal Institute of the Deaf and Blind;
* FaCS;
* Macarthur Disability Services;
* A mini-group discussion with a total of 5 advocates from the Multicultural Disability Advocacy Association (MDAA).
* **Interpreters**
* A focus group with 12 interpreters was conducted, attracting a range of participants from both new and emerging and more established language groups. Interpreters part of this group were skilled in the following languages - Fillipino (Tagalog) (n=1); AUSLAN (n=1); Korean (n=5); Karen (n=1); Italian (n=1); Maltese (n=1); Spanish (n=1) and Arabic (n=1).
* The semi-structured interview guides used for these consultations can be found in Appendix 2.
* It is worth noting that this project did not include consulting specifically with the AUSLAN sector.

## Complementary projects

* Running parallel to this project is the study currently being conducted by futures Upfront, which examines the range of supports required for disability service providers to work more effectively with language service providers. As well, Northcott are also currently overseeing the *‘Diversity in Disability’* project, which seeks to develop a cultural competency model for the disability support sector.
* The anticipated outcomes of both of these projects are therefore relevant to this project. As such, we have taken these anticipated outcomes into account in the development of recommendations at the end of this report.

## A note on this report

This report is a summary and analysis of issues which emerged from both stages one and two of this project, namely the consultation stage.

The report is structured so that issues relevant to key stakeholder groups are analysed separately. As such, Section 3 describes the current ‘state of play’ as relevant to the interpreting sector, the disability sector and people with disability. While there are overlapping themes, we believe it is important to analyse issues separately to ensure a better understanding of behaviour and practice. As one of the purposes of the project is to ‘influence behaviour and improve work practices’, it is therefore essential to understand behaviour and practice before there is an attempt to improve or change it. The interplay between the interpreter and the disability sectors is extremely nuanced and at times conflicting, and this report also seeks to bring these nuances and contradictions to light.

People with disability also need to feel empowered by the knowledge that they have a right to use an interpreter if they so wish. Throughout the consultations and focus groups, it also became apparent that there are numerous systemic hurdles within the interpreting sector itself that need to be addressed in order for a sustainable approach to be effective. These challenges are also highlighted in this report, with a solution-based analysis of how the disability sector can attempt to contribute to overcoming such obstacles.

Section 3.4 then provides an analysis of broader sector issues impacting the way in which interpreters work with people with disability, their family and carers, namely the NDIS roll out and the impact of NDIS package cost allocation on the success and sustainability of an effective language service system in the disability sector.

Finally, Section 4 of this report offers a set of detailed recommendations to help improve and strengthen interactions and communication between interpreters, service providers and people with disability, their family and carers. This would ultimately enhance the interpreting and disability sectors to deliver meaningful multilingual communication in order for a person with a disability from a CALD background to make truly informed choices about the supports they want to receive, and the goals they wish to attain to improve their lives.

# Evidence base - Summary of issues

There were a number themes uncovered in the evidence base that were affirmed and expanded on in the consultation phase. In order to frame the current context, it is important to highlight the findings made in the evidence base relating to the ‘size of market’. The research on market size highlighted that there will be a growing demand for language services in the disability sector in light of the NDIS roll out. This data grounds the argument that there is a significant need for a ‘call to action’, and provides incentive for the disability sector to make the improvement of language services a top priority.

**Table 1: Estimate of number of people with disability in NSW from CALD backgrounds and with poor English – Summary by Age**

| Population Group | % of population (ABS Survey of Disability, Ageing and Carers 2012) | Total population – NSW(2011 ABS Census) | Estimate of CALD with a disability - NSW(Approx. 25% - NEDA[[1]](#footnote-1)) | Estimate of CALD with a disability and does not speak English very well or not at all(2011 ABS Census) |
| --- | --- | --- | --- | --- |
| 0 - 14 years |  | 1,332,510 |  | Approx. 10%133,251 |
| Profound to severe core activity limitation | 4% | 53,300 | 13,325 | 1,333 |
| Moderate or mild core activity limitation | 1.3% | 17,323 | 4,330 | 433 |
| Other disability | 1.6% | 21,320 | 5,330 | 533 |
| All w/ disability 0-14 yrs |  | **91,943** | **22,985** | **Approx. 2,299** |

|  | % of population (ABS Survey of Disability, Ageing and Carers 2012) | Total population – NSW(2011 ABS Census) | Estimate of CALD with a disability - NSW(Approx. 25% - NEDA[[2]](#footnote-2)) | Estimate of CALD with a disability and does not speak English very well or not at all(2011 ABS Census) |
| --- | --- | --- | --- | --- |
| 15- 64 years |  | 4,566,967 |  | Approx. 14%639,375 |
| Profound to severe core activity limitation | 3.6 | 164,411 | 41,103 |  |
| Moderate or mild core activity limitation | 6.9 | 315,121 | 78,780 |  |
| Other disability | 3.9 | 178,112 | 44,528 |  |
| All with disability 15 -64 years |  | **657,644** | **164,411** | **23,018** |
| All with disability 0-64 years |  | **749,587** | **187,396** | **25,316** |

Related findings from this evidence based included:

*The number of people with a disability requiring language services is a sizable market*

Based on data from the ABS’s 2011 Census, the ABS’s 2012 Survey of Disability, Ageing and Carers and data from NEDA (see Appendix 1) we have estimated that the number of people in NSW with a disability aged 0-65 years with poor English is 25,000. With the NDIS estimated to be fully rolled out in NSW by July 2018, this clearly represents a significant market for interpreters and emphasises the need to ensure this workforce has the skills to deliver interpreter services to the disability sector competently.

*Poor English language proficiency (ELP) data suggests that Chinese, Vietnamese, Arabic and Korean are likely to be high-demand languages for the interpreter sector in NSW* (see Appendix 1)

These are likely to be high-demand languages as these communities tend to have poorer English language competence compared to other language groups. As the number of Arabic-speakers with poor English language competence is also relatively sizable within NSW, this too will be a language where the interpreter sector should expect considerable demand. This too emphasises the need to ensure the interpreter workforce in these in-demand language groups is sufficiently adequate to service the needs of the disability sector.

Other notable themes uncovered in the evidence base, and explored further in the consultation phase include:

* There may be increasing demand for interpreter services among more recently-arrived migrants;
* There are a range of issues that people with disability, families and carers from CALD backgrounds have when working with interpreters;
* The language of the NDIS emphasises the need for a highly skilled interpreter workforce;
* Practical and logistical issues around interpreter usage required a better understanding via the consultation process of this research;
* There is a need to understand the role that professional associations for the interpreter sector can play in better supporting the interpreter sector to work with people with disability;
* Hearing the interpreter ‘voice’ on issues relating to their competency to work with people with disability / the disability sector, and what resources are needed, is critical.

# Current ‘state of play’

## Issues relevant to interpreters

### Current sector issues

In order to investigate the viability of opportunities available to build capacity and capability among interpreters working with people with disability, it is crucial to understand the sector itself. In this section of the report, numerous structural issues in the sector are identified as having the potential to pose challenges in creating a sustainable system that helps to support interpreters to work effectively with disability service providers and people with disability. Within this however, some strategies to overcome these challenges are also discussed.

“You have to understand how the sector works before you know how to fund it”(Stakeholder – Industry Body)

**Rates of pay and workplace issues**

* Threaded throughout many discussions with stakeholders was the issue of a relatively low average wage for interpreters working in the sector. An industry stakeholder mentioned *“the average wage for interpreters is said to be around $30,000 a year”*. The outcome of low remuneration has a significant impact on the ability for interpreters to invest their time and money into additional courses and other professional development opportunities. For most interpreters, the cost of training courses and workshops is largely (if not entirely) self-funded, and as a result, this issue has been raised as one of the prime disincentives for interpreters to invest in their own development.
* The interpreter most often shoulders the cost of transport to and from jobs. For interpreters who work as contractors, they do not receive any sick leave or other leave entitlements. As jobs are piecemeal, interpreters also tend to work across a wide range of different sectors including legal, immigration, health and social services. These issues impinge on the level of professional development that language service providers invest in an interpreter, and most often stakeholders in the consultations spoke of interpreters as simply being contractors moving between providers. As such, language services providers generally had no real incentive to invest time and money into training interpreters they contracted.
* The solitary nature of interpreting work can make it difficult for adequate debriefing opportunities in instances where interpreters have worked in a challenging situation, for example. Across the consultations, it was clear that rarely did language service providers provide debriefing opportunities for interpreters. For example, several stakeholders in the consultations commented that there had been occasions where interpreters had not coped with the difficulty of the subject matter and the complicated nature of some appointments involving health professionals, disability support workers and a person with disability. Having the option to debrief with another colleague or manager or even the disability worker would help to combat the stress associated with certain jobs.
* The entry point to interpreting as a profession can be markedly different and impact on the perceived professionalism of the sector. For example, some enter the sector as interpreting is the only job available to them to make ends meet. One stakeholder noted that he had seen some interpreters entering the sector *because of ”a lack of ability to get overseas qualifications recognised in Australia, and not necessary driven by wanting a career in interpreting”*. On the flip side of this, interpreters who attended the focus group for this project were clearly extremely passionate about interpreting as a career, and viewed it as a highly important work. This tension between more established and career driven interpreters and the increasing number of paraprofessionals entering the industry has clear implications on the perceived professionalism of interpreting as a career.
* As a result of the lack of incentives to stay in the sector due to relatively poor rates of pay, interpreters covering their own travel costs on a job and the potential for interpreters to feel isolated, a number of stakeholders consulted for this project spoke of qualified interpreters choosing to leave the industry. For example, one industry body stakeholder confirmed, *“that around 35% of interpreters reported that they wished to leave the sector for good”.* This also reaffirmed findings in the ‘evidence base’ (Appendix 1)

**Accreditation structure and professional associations**

The AUSIT website outlines the difference between the accreditation and professional associations in the interpreter sector:

*AUSIT, the Australian Institute of Interpreters and Translators Incorporated, is the national professional association for interpreters and translators.*

*NAATI, The National Accreditation Authority for Translators and Interpreters, is a national standards body owned by the Commonwealth, State and Territory Governments of Australia. NAATI tests and accredits translators and interpreters in Australia and overseas. It also approves tertiary-level courses in translation and interpreting which fulfil stringent criteria[[3]](#footnote-3)*.

**Current NAATI credential levels**

1. Conference Interpreter (Senior)
2. Conference Interpreter
3. Professional Interpreter
4. Paraprofessional Interpreter
5. Recognised Interpreter

Throughout consultations with interpreters, training providers and industry bodies, the conflicting role of NAATI and AUSIT was consistently raised. NAATI and AUSIT were either viewed as potential facilitators to leveraging opportunities to advance disability awareness and competency in the sector, or alternatively, roadblocks to achieving this outcome. An examination of the main challenges and opportunities presented by the main accreditation and professional associations consulted for this project are listed below;

**Table 3 – Opportunities and Challenges – Professional Associations and Accreditation**

| Accreditation Body | Opportunities | Challenges |
| --- | --- | --- |
| **NAATI** | * Every three years, interpreters must revalidate their credentials by obtaining professional development credit points throughout this period. Credit points are acquired when interpreters attend skills development courses, ethics workshops and language maintenance activities .The re-validation stage was noted by several stakeholders as being an optimal opportunity to bring in some type of disability awareness module to fulfil the ‘skills development’ or ‘ethics of the profession’ criteria – *“this could be some low hanging fruit”* (Stakeholder – Industry body). NAATI could then attribute an amount of credit points to that course which would form a part of the credit required to achieve revalidation.
 | * Although the revalidation stage was deemed as being an opportune time to potentially build disability awareness into the accreditation structure, the reality is that roughly 30% of interpreters who have gained accreditation actually seek revalidation three years later. This means there may be limitations in promoting some type of disability awareness training to this group of interpreters.
* The interpreter accreditation structure has been described by one language service provider stakeholder as *“being a roadblock. Its processes and ability to respond to industry needs are too slow”*. For example, one stakeholder stated they asked NAATI to begin looking into creating accreditation for Kurdish interpreters. NAATI responded by explaining that it would cost around $50,000 to establish an accreditation structure, and would therefore need approximately 60 Kurdish interpreters to apply to ‘break even’. This is an example of the inherent problem in the system of accreditation. While there is a need to provide opportunities for more languages to be accredited in order to foster higher standards and professionalism, there is nevertheless a lack of interpreters available in those languages in order for the costs to be recovered.
 |
| **AUSIT** | * Like NAATI, AUSIT is not a training provider, however, it regularly promotes professional development courses and events for interpreters on their website. The benefits of interpreters being an AUSIT member include receiving a discount on some training courses, other events and entry into various networking opportunities to link in with other interpreters and other industries. AUSIT represents an avenue through which interpreters could circumvent paying full fee for courses by using their discount to build their professional skills and capabilities.
* Networking opportunities between interpreters also help to encourage a feeling that they are representing their industry and also helps to combat the isolation that is also indicative of the nature of the work. As members of AUSIT, interpreters are given an opportunity to discuss and analyse the ‘Code of Ethics’ (as discussed in the evidence base in Appendix 1), and how it apples to real life scenarios in their daily work. The analysis of the Code of Ethics as it applies to real life scenarios involving clients with disability would be a potential opportunity to promote a deeper understanding of disability and rights based language.
 | * Although there are tangible opportunities that AUSIT could provide, the reality is that only 10% of interpreters are members of AUSIT. Membership has also halved over the course of the last few years according to professional association stakeholders consulted for this project. Community interpreters who work on a casual / part time basis are not usually members of AUSIT. Community interpreters also make up the majority of interpreters who would be working with disability workers, and people with disability. Some barriers to membership include the cost of membership. Even though the cost isn’t exorbitant, given the workplace issues and low rates of pay (as explained above), a simple membership fee is viewed as being too costly, with little pay off.
* As mentioned in the evidence base in Appendix 1, AUSIT developed the Code of Ethics and Code of Conduct as it applies to the interpreter sector. The Code was revised in December 2012. A significant issue with this Code is that there is no strict enforcement or oversight of it in the industry. For example, one stakeholder remarked that *“if there is a breach of the code, a complaint is made to the board of professional conduct. However the mechanisms aren’t strong, and they aren’t funded sufficiently. As a result, nothing happens. What does end up happening however is that the interpreter gets cast out. They stop being called for jobs, and at times they will not even know why”.* As the Code provides the corner stone of professional conduct in the industry, it is a concern that there are no robust quality assurance mechanisms and oversight in place to ensure that the interpreters are abiding by the Code.
 |

**Procurement**

Another systemic issue that poses a challenge to meaningful multilingual communication in the disability sector are current procurement processes. In some instances, language service providers are contracted to deliver services for various government departments (e.g. Department of Immigration and Border Protection utilise the Government-run Telephone Interpreter Service (TIS); The Department of Human Services utilise On Call, a major private provider in the Australian market). The majority of stakeholders consulted for this project remarked that the procurement process for language service provision was contributing to the driving down of wages for interpreters. This is because price was most often the only way one language service provider could differentiate itself from its competitors.

One industry stakeholder also remarked that there is generally no provision within government requests for tender that encourage language service providers to invest in professional development and training for interpreters who are contracted by the organisation. It is therefore worth noting that encouragement from government departments within the procurement process would also help create better foundations from which interpreters could be better supported in their work.

However, it is important at this point to mention a significant roadblock that inhibits language service providers from investing in the professional development of interpreters contracted by them – the *On Call Interpreters and Translators Agency PTY LTD v Commissioner of Taxation [2011] FCA 366* (i.e. the ‘On Call case’). More detail about this case and why it impacts so heavily on the professional development of interpreters is discussed below.

**Language service providers**

Many language service stakeholders referenced the ‘On Call case’ as one of the main reasons why providers did not run training courses or promote training to the contracted interpreters working for their agency. It is important to highlight that this case only applies to contracted interpreters and not full time staff. However, according to a range of stakeholders consulted for this project, contracted staff make up the bulk of interpreters working in the disability sector. Therefore this court case is highly relevant when discussing whether language service providers are best placed to promote disability awareness, skills, training and disability language among interpreters.

The ‘On Call Case’ concerned the matter of whether ‘interpreters and translators engaged by the tax payer, were employees within the ordinary meaning of the term or were independent contractors’[[4]](#footnote-4). The court held that:

*“In determining whether a person is an employee or an independent contractor it is necessary to make an objective assessment of the nature of the relationship that person has with the entity that takes the benefit of that person’s work and to look at the real substance of the relationship in question, taking into account not only the contractual terms agreed to but also the system operated under and the work practices which establish the ‘totality of the relationship’”.*

As the case ruled that the contractors in question were employees according to the definition of ‘employee’ outlined in the Superannuation Guarantee (Administration) Act 1992, On Call was found to be *‘liable to the superannuation guarantee charge in respect to those individuals’*[[5]](#footnote-5). This case had wider ramifications for how most other language service providers interacted with their contracted interpreter pool. One language provider stakeholder stated that:

*“…the on call case has really affected the way in which agencies approach providing professional development opportunities. Some have even stopped sending out information to contractors that could be construed as promoting training as they are worried that that may cross the line to that person being deemed an employee, and that they will take on the risk associated with this (such as being liable to pay superannuation)*”.

Throughout the consultations additional issues with regards to how language service providers operated were highlighted;

* Agency bookings systems generally did not include a ‘disability’ category. This means that if a disability support organisation engaged a language service provider to obtain an interpreter for an appointment, there was generally no standardised way to book an interpreter who had some experience with disability organisations and people with disability;
* Often the level of accreditation requested sought by a service provider (for example, a ‘professional interpreter’) could not be achieved, so ‘paraprofessional interpreter’ level staff were sent out to jobs instead. Therefore issues around ‘supply’ in the interpreter industry were not necessarily related to language availability, but the level of accreditation achieved by an interpreter;
* In terms of complaint mechanisms, some agencies have stronger systems than others, however one industry stakeholder observed that there is a general resignation that *“complaints will go nowhere”*;
* Another disincentive for language service providers to invest in contracted staff is the fact that their investment would be a possible advantage to their competitors. As mentioned earlier in this report, interpreters often moved between different agencies on a ‘job by job’ basis (for example, of the twelve interpreters a part of the focus group in this project’s consultation, all but one moved across multiple providers). This then means that language service providers have a further disincentive to provide specific training around disability awareness / knowledge.
* Therefore in ascertaining whether language service providers would be best placed to be a part of a strategy to promote disability training / disability awareness for interpreters, it is important to note that the On Call case is a large impediment to bringing these agencies on board. Some practical amendments that could take place may come in the form of changing the booking process and / or systems so that databases are better equipped to link interpreters with disability experience to disability related jobs. Again, there would have to be strong representative push from the disability sector to engage with language service providers to promote this change as a better way to deliver quality services.

**Specialised disability interpreting services and shifts in the language services sector**

One initiative that was posed to some stakeholders in the consultations was the creation of a specialised team of interpreters who had experience working with people with disability and disability support organisations, or a specialised ‘disability credential’ established as part of the NAATI testing structure.

At present, there is a push in the language services sector to review current credential structures and develop innovative ways to address some of the systemic issues currently impeding the industry (some of which have been highlighted earlier in this report). There has also been a recent push from government to look into reforming the language services sector as exhibited by a recent roundtable discussion held on 28 November 2014 initiated by Senator the Hon Concetta Fierravanti-Wells (Parliamentary Secretary to the Minister for Social Services)[[6]](#footnote-6).

Additionally, the *Improvements to NAATI Testing Project (INT)* has focused on developing a new testing model that also introduces a specialist level credential that does not currently exist. It has been envisaged that the specialist credential *“might be available only by completion of new specialists approved Courses which would probably be subject but not language-specific”*’[[7]](#footnote-7). It could be argued that some form of disability specialisation could potentially move into a proposed health specialisation, if this is deemed to be something that the interpreting and disability sectors need.

One stakeholder working in the language services sector responded to this notion by stating that currently there *“would not be enough numbers to make a new disability credential feasible as the market and the industry are not set up to support it”*. However, this stakeholder also remarked that they could see an opportunity in the long term for this idea if the new reforms to testing and accreditation are implemented. As the INT project is still very much ‘live’, there is a potential opportunity for the disability sector to connect with this project to ascertain whether some form of disability specialisation could be a part of the new reforms, or comprise a section of a larger speciality (such as a ‘health’ specialisation, for instance).

Other ideas that relate to the notion of developing specialist disability interpreters include:

* Commissioning an organisation that works with people with disability from CALD backgrounds to create a specialist pool of interpreters who are equipped with cultural competency skills and experience in the disability sector. For example, one stakeholder noted that if this were to happen, the designated organisation could have oversight over the interpreters who would be working full time, while also being responsible for their professional development;
* Conversely, the above idea was rebuffed by some stakeholders working in language services. They felt that qualified, accredited interpreters would be able to adapt to various settings, including disability settings, and as a result a specialised disability interpreter would not be needed. This friction between two schools of thought is also apparent in the approach to disability awareness and language training for interpreters as will be discussed below.

### Current professional development and training opportunities

**Different schools of thought and practical opportunities**

During consultations with stakeholders, there was a resounding ‘no’ to the question of whether there currently were any disability awareness and / or language training aimed at interpreters in the language services market at present (as was also noted in the evidence base - Appendix 1). The only disability awareness course a few stakeholders were aware of which specifically targeted individuals working in language services was a tailored professional development workshop aimed at both interpreters and disability support organisations run by the Victorian-based Action on Disability with Ethnic Communities (ADEC) called *‘Interpreting Within Disability Settings’*. A similar model could be created in NSW to benefit interpreters.

What was also apparent was the fragmented nature of the way in which interpreters are currently trained in NSW. One language service stakeholder provided a good summary of the challenges around this in NSW – “…*in terms of training, it is piecemeal. There are no minimum standards. Even different universities have different standards. What you end up with are different people in the industry with different skills”*.

The ad hoc nature of the training and education aspect of the industry was also identified by another industry stakeholder who affirmed that the current structure of training and professional development for interpreters in NSW *“…doesn’t allow for skills development. What is in place is ad hoc. Some go to uni, some go to TAFE and as a result, the market is not set up to deliver high quality interpreters to a new market (i.e. a Consumer driven disability sector).*

Therefore across the consultations, two schools of thought were clearly identified:

1. Some training providers and language service stakeholders believed that there was not a need to create disability awareness courses designed to target interpreters. Instead, the onus should be to ‘upskill’ interpreters in general. This argument centred around the fact that as interpreters work across so many sectors, it is impossible for them to be trained in every sector they may work in. Hence stakeholders with this view felt the focus should lie on educating interpreters on the techniques and skills needed to adapt to variant environments;
2. Alternatively, that there was an opportunity to include disability language and / or awareness training into existing structures, as it was deemed important for interpreters to be educated in the types of disability that they may encounter, and the specific techniques that may be employed in certain types of communication.

A number of examples were given as to what specific opportunities could be created to build on what is currently happening in the training sector to boost disability awareness and knowledge about appropriate language among interpreters. These examples are based on the two schools of thought identified above. It is also important to note that in particular TAFE and university stakeholders were very keen to try to integrate a disability module into their existing training as they could see the value of this not only for interpreters, but also the wider community.

**Summary of focus areas for further training of interpreters**

**1. Opportunities to build general skills that could improve multilingual communication outcomes in the disability sector**

* Develop and encourage the importance of interpreters taking ownership of their own professional development. This could take the form of targeted encouragement at the orientation stage of interpreting courses, for example.
* Encourage ‘interactional management skills’ as a vital part of an interpreter’s education. One university training provider consulted for the project explained that this is the cornerstone of their undergraduate course in interpreting where *“students base their decision-making on the particular setting that they are in and also continually manage the interaction. For example knowing when to interrupt, when to ask for additional information and how to manage the service provider and the client. All skills taught go beyond simple translation”.*
* To further develop the ability of interpreters to recognise a situation where there is more terminology in the English language than in their language of origin. This is of particular relevance to a disability setting where there may be a multitude of terms that are not easily translatable. Building the capacity for the interpreter to comprehend a message and render it accurately while also taking into account the context of the situation, is key to bridging this gap.

**2. Opportunities to include disability-specific training into existing educational structures**

* One stakeholder identified that for interpreters working in the field, the graduate certificate would be the most appropriate university course within which to include a module around disability awareness and appropriate disability language to use in interpreter settings.
* One training provider stated that the focus of specific disability awareness / language training should be on interpreters who are already working in the field as this specialisation would build on their existing skills and general knowledge.
* A common day of training was identified as another potential innovation to better support interpreters to work in a range of disability settings. This would involve getting disability support workers into a room with interpreters so as to help facilitate a ‘common language’ between the disability sector and the interpreter sector. This could also be an opportunity to build awareness in ‘rights based’ and ‘person centered’ language that is at the heart of any interaction that an interpreter would be involved in if working in the disability space. Most stakeholders in the training sector agreed that small community interpreting subjects would be the best space to introduce a ‘common day’ of training between the two sectors within a TAFE course for example.
* Internships as part of either an undergraduate or postgraduate degree were identified as an effective way to introduce interpreting students into the disability sector. Although internships were not currently offered in disability settings, there was certainly an interest from lecturers during the consultation process in introducing this option into the curriculum.
* Guest lecturers from other faculties addressing students studying interpreting was identified by a number of stakeholders in the tertiary sector as being an effective way to promote cross-sector awareness and understanding.
* There was consensus among training providers about the content of a disability awareness course and the need for it to include information regarding different types of disability, as well as best practice techniques for interpreters to modify their style and approach accordingly.

**Who should provide the training?**

Although there was willingness from most tertiary sector-based stakeholders to incorporate disability awareness training into their existing courses, there was also a strong sense from this sector (and other stakeholders too) that the impetus for training should be led by the disability sector itself.

Several training providers mentioned the success of the NSW Health Care Interpreter Service in developing an in-house training model for employees who are part of the service. This model was seen by these stakeholders as a best practice example of specific and practical training for interpreters. It was suggested by several stakeholders that a model based on this could be developed for the disability sector if indeed an overarching disability body took on this responsibility. Alternatively, it was also suggested that individual disability service providers could take on the responsibility of offering training for interpreters on relevant disability language and disability awareness, for example.

In order to overcome the fiscal hurdles of participating in this training for interpreters, it was suggested that there needs to be greater support and intervention from government to provide more government-supported places in higher education (e.g. partial or fully funded scholarships). An increase in scholarships and bursaries would create a much-needed incentive for both new and existing interpreters to either enter the industry, or build on their existing skills and knowledge. In Victoria, the RMIT Interpreter Scholarship Program was identified as a great initiative in creating incentive for interpreters to enter and stay in the sector. The scholarship program was funded by the Victorian Office of Multicultural Affairs and Citizenship.

In terms of marketing disability training courses and workshops, AUSIT has expressed a willingness to be a part of disseminating information to interpreters via their website.

**Multiple barriers for interpreters attending training that contributes to limited uptake**

Despite there being a variety of opportunities in building upon existing training structures, there still remain multiple challenges that impinge on the uptake of training opportunities for interpreters. Some of these challenges, in addition to those highlighted earlier in this report, include:

* How to attract interpreters to professional development / training courses who are in greatest need and where the training would be very valuable (for example, those who may be of a lower accreditation standard or those who need to develop more skills and knowledge, particularly in terms of interpreting for people with disability). One stakeholder mentioned that offering training out of work hours could help to attract participants as it would be less likely to cut into interpreter work time. Having credit points attributed to a workshop or course would also create incentive, and ensuring the cost of this training was not prohibitive was seen as essential;
* As has been reiterated earlier, the issue of low remuneration for interpreters was identified as the most significant barrier in attracting interpreters to participate in training sessions and / or courses. One training provider explained that a *“whole day course would really cut into their income and taking on potential jobs”;*
* While there is a strong willingness from tertiary institutions consulted for this project to include disability into their course modules, there are nevertheless restrictions on the amount of units able to be offered. One lecturer explained that if a disability awareness module was to be introduced into an undergraduate or postgraduate degree, it could come at the expense of another topic being taken out of the curriculum;
* Almost all training providers consulted mentioned that there must be some demand for a disability awareness course for it to be developed and promoted by training providers. Data around the number of people with disability who may require an interpreter, as mentioned earlier, certainly emphasises that particularly with the roll out of the NDIS and the increase in demand this may create for language services from people with disability, there will be an increase in demand for interpreters who can work in a range of disability settings. Therefore the disability sector must take seriously the need for CALD consumers to have the highest quality language service delivery. Within this, the disability sector must also start to have dialogue with training providers about the nature of disability awareness training required for the interpreter sector.

**Case Study 1 - ADEC Professional Development Workshop – Interpreting within a disability setting**

One collaborative professional development opportunity identified through the consultations which has specifically been designed for interpreters working in disability settings was ADEC’s *Interpreting within a disability setting* course. This course has run approximately six times over the last 18 months with a positive response from participants.

This course was established from a need identified by a range of disability organisations in Victoria about the sector *“seeming to be struggling”* in how they were working with and using interpreters. In order to enhance communication between people with disability and interpreters, these organisations approached ADEC to develop specialised training.

Some key features of this course include:

- The possibility of a collaborative style of delivery with both disability support workers and interpreters in the same room;

- Providing interpreters with a deeper understanding of disability concepts. It was acknowledged that in some languages, there is no direct translation of disability-specific terminology. In order to counteract this, the course focuses on supporting interpreters to understand key disability concepts and be able to articulate them effectively to the client;

- A broad coverage of topics including general understanding of cultural perspectives around disability; translation of key disability concepts; ethical discussion around interpreting in disability-related settings; confidentiality issues; ensuring interpreters are able to meet client needs; and working with people with disability and alternative communication devices;

- Each workshop to date has been tailored to the specific need of the audience or organisation requesting the training.

### Resources available to interpreters

Across the consultations, there was little awareness and knowledge of resources related to disability awareness / language which targeted interpreters working in disability-related settings. Interpreters and other stakeholders more broadly were able to identify a number of resources which could be amended or developed to apply to the disability sector and therefore better support interpreters in their work.

**Something ‘quick and easy’**

* A number of interpreters felt a ‘pocket book’ which included specific strategies to enhance communication with people with specific disabilities would be useful (autism, for example) for their sector. Given that the nature of their work requires them to travel between different jobs, a small book that is easily carried *“just in case you get called for a disability job”* would be the most effective format.
* There were also calls from several stakeholders for user-friendly and practical fact sheets for ‘how to work with interpreters in disability settings. These could be of use to not only interpreters, but service providers. For example,’10 point fact sheets’ have been developed by academics at UNSW for lawyers using interpreters, as well as interpreters who might work in a legal setting. The goal and focus of this fact sheet would be to give quick and easy tips on how to achieve the best communicative result for all parties involved. There was keen interest and willingness from a few stakeholders for something like this to be created for disability settings.

**Interpreting sector taking ownership over being part of the resource development process**

* The importance of the interpreter sector being active in the development of resources was identified as being integral to the sustainability and usability of the resources on the ground. One such example identified by a language services stakeholder was the development of resource booklets for the Victorian-based Centre for Culture, Ethnicity and Health (CEH). These booklets contain cultural and communicative advice and tips on the topics of aged care and sexual health. A team of approximately 135 people including interpreters, translators and community organisations worked collaboratively to produce the resources. As one stakeholder noted, buy-in from the interpreter sector was important as *“…the interpreter sector then felt like they owned it”*.
* This feeling of ‘ownership’, and collaboration with other sectors to create an important resource is also a step to create incentive for the sector to develop a stronger sense of professionalism and feel that their input is valuable. The collaborative approach to developing resources for the CEH also helped to create consistency around key concepts. As one stakeholder noted, *“the approach to development helped the sector as everyone has a different turn of phrase, and this was causing confusion. The resources helped to provide consistency”.* This could therefore highlight an equivalent opportunity in the NSW market whereby CALD-specific organisations, who hold a wealth of cultural competency skill and knowledge, could collaboratively work with the language services sector and the disability sector to develop something similar.

**Lack of marketing of existing resources**

An important component of resource development is the marketing aspect in order for resources to reach the audience that would be utilising them. It was clear from discussions with interpreters that many resources go un-utilised as they are not marketed effectively in the sector.

Therefore there needs to be an allocation of the development budget in marketing these resources (once developed). This is particularly pertinent due to the nature of the interpreter sector (e.g. often on short-term contracts, working in an ad-hoc way).

### Attitudinal perceptions and knowledge of disability

Some issues regarding how disability is perceived by interpreters have been discussed in the evidence base, but consultations have allowed for more detail to emerge. Understanding these issues helps develop potential ideas for content to include in any resource development.

**Cultural issues and stigma**

“... it is shameful to have a family member who is disabled. You hide it, you put the person away, you look after them but you don’t want anyone outside to know. For more established communities in Australia there has been a noticeable shift away from this mindset, but for new comers they think we are not going to talk about this as it is our shame, and we don’t want people to know” (Spanish Interpreter)

More experienced interpreters displayed more of a thorough understanding of how cultural stigma impinges on how members of their community view disability. However, there is an obvious discord between the wealth of cultural knowledge exhibited by more experienced and trained interpreters, and those who are not as accredited in their profession. One university lecturer explained that:

*“In the interpreter sector, there is only a small group who are highly qualified and trained. The majority who are not highly skilled sometime see themselves as members of a community, and not an interpreter. This can cause problems in relation to boundaries and ethics. In this situation, it is up to the English speaking professional to set the standards. Also, interpreters generally don’t have a good understanding regarding disability awareness”.*

Participants in the interpreter focus group agreed that ‘*there is a need for health professionals to recognise us as professionals’*, however with the mix of less experienced and more experienced interpreters attending various jobs in the disability and health sectors, the cultural competency of the sector in general is perceived as highly compromised. In some ways it is a vicious cycle – interpreters crave to be viewed as professionals, and yet more inexperienced interpreters or para-professionals are seen to be colouring the professional image of the sector for all interpreters.

Some of the more experienced interpreters, showed a clear awareness of the cultural issues associated with disability in their country of origin and community. Most noted that;

* There is a cultural stigma attached to disability. One interpreter mentioned that interpreters should also be trained in disability services on offer in order to help link clients to relevant services. Another interpreter affirmed this idea of the role of the interpreter as additionally encompassing a ‘community linker’ role. The interpreter from a Maltese community mentioned that she ‘*sees a lot of people with disability, but they do not come in to any services. I also do community work as well as interpreting, and I feel like I am a voice in the wilderness’.*
* Interpreters identified that in order to be truly client-centered, disability organisations need to understand the community that the client comes from, and invite them into the discussion. Cultural competency and community development are therefore seen by interpreters (and other stakeholders consulted in this project) as an integral part of effectively working with a CALD consumer, and linking them to services;
* Refugee / asylum seeker communities are currently at most risk of not being linked into disability support systems. A number of interpreters commented that there was a noticeable reticence from refugee or asylum seeker clients in engaging with an interpreter, most often due to confidentiality concerns. Interpreters mentioned that they explain the professional service that an interpreter brings to a communicative exchange in order to allay these fears;
* In terms of interpreters bringing their own prejudice and stigma associated with disability, a few language service providers noted that cultural competency training is essential in helping to eradicate these perceptions. Again, bringing prejudice into a discussion with a person with disability was identified as being a significant with interpreters who had achieved a lower level of accreditation, often due to their poorer knowledge of the application of the AUSIT ‘Code of Ethics’ to their daily work, for example.

**Techniques used when working with people with disability**

Throughout the consultation process, some techniques were identified by interpreters and training providers as being effective in delivering a positive result for a client.

Interpreters generally identified that there were many instances where there was no equivalent word or term in their language of origin. In this instance, interpreters would describe the concept to the client. However it is worth noting that there is some divide in the language service sector about how this should be done. Some interpreters explained that in lieu of an equivalent word, they would describe the concept themselves if they felt they understood the concept well enough. However other interpreters stressed the importance of first asking permission from the service provider before choosing to explain the concept to the consumer. As one stakeholder noted, the tension between different modes of interpreting *“…is a touchy topic in the sector … the best practice for an interpreter is to only interpret the words directly, and not add or explain anything of their own accord. Best practice would be to ask the professional to explain the word or phrase, and then interpret this explanation to the client’”.* Clearly however the consultations found that there was variation in interpreter behaviour in these types of situations.

Several interpreters identified a range of strategies which they used to assist in interactions with clients with disability. For example:

* Face to face interpreting was seen as more appropriate when interpreting for people with disability. Depending on the disability, it may be easier to point to a part of the body instead of the person attempting to communicate verbally;
* Different modes of interpreting could be utilised for different support needs. For example, with the permission of the professional, one interpreter adapted her techniques to communicate more effectively with a person with a cognitive impairment;
* Disability awareness was described by one stakeholder as understanding the overlay elements that could make communication difficult. These included the possibility of the person with disability repeating themselves throughout the appointment and the associated risks of working with a person with a cognitive impairment which includes the possibility of sensory overload and frustration.
* In terms of the appropriate mode of interpreting that interpreters should adopt when working with people with disability, a leading academic in language services consulted as a part of this project asserted that the *“…short consecutive / dialogue interpreting would be the best style of interpreting in this context. This is when the person talks, stops, continues, stops, and so on”*. A number of interpreters consulted in the focus group noted that this mode of interpreting was best used in disability contexts.
* In general, interpreters who attended the focus group seemed to have a high level of awareness around the various modes of interpreting that could be adapted, dependant on the needs of the client and the level of communicative impairment that a client might have. This awareness had been developed ‘on the job’ rather than via a specific disability awareness training course.

**Ways to encourage disability awareness and knowledge in practice**

In practice, there is a distinct lack of networking opportunities (either informal or formal) that provides interpreters with a chance to increase their level of disability awareness through discussion. Therefore interpreters were enormously supportive of the need for more networking opportunities for their sector around working in contexts where the client may have a disability. For example, one language service provider explained that in her agency, monthly networking discussion meetings were found to be highly effective in developing awareness of specific concepts, issues and language indicative of different sectors – *“…the discussions are held in a café after work and close to home … guest speakers from different settings attend and help facilitate discussion groups and impart knowledge”.* A networking group could include disability workers and be utilised more widely by language service providers to encourage discussion around disability, ethics, client issues in practice.

### Disability language, nature of conversations and how this applies to CALD clients and interpreters in a multilingual setting

The impending introduction of the NDIS across NSW brings with it the added importance of ensuring that consumers feel confident in navigating this disability support sector market. There is also a need in this new environment for disability workers to try to understand the implications of the changes and how their work will be affected. Some stakeholders conceded that a real understanding of a ‘person-centred’ ‘rights-based’ and ‘goal-orientated’ approach arose out of the third party verification process, whereby disability organisations are required to assess their current systems and procedures against NSW Disability Service Standards. According to some stakeholders, this need to assess an organisation’s work against the NSW Standards helped create a shift in disability language, particularly as organisations self-analysed their performance against benchmarks.

The emphasis on client choice and self-agency has been the distinguishing feature of the recent changes to disability services, particularly in the lead up to the NDIS being rolled out across NSW. An emphasis on client choice in conversations between disability workers and clients has its own set of issues when applied to CALD clients and carers. Certain issues that were raised by interpreters relating to this shift in disability language and approaches included:

* The fact that interpreters sometimes directed their conversation to family members or carers and not the consumer. This is problematic when trying to capture the client’s voice in their own decision making process, as the family members / carers are often in control of the communication with the interpreter and disability worker. Again, the onus is on the disability worker being skilled in redirecting the conversation to the client if they are able to communicate verbally;
* Dependant on the type of disability a person may have, the use of technology in conversing with clients was identified as playing a part in the shift towards more innovative communication approaches in the disability sector. For example, swiping on iPads to communicate has made communication easier for some clients. Using technology in this way may also contribute to the person with disability adopting more self-agency and confidence in making life choices. In these situations, interpreters could therefore be used as a quality check to ensure that the client from a CALD background also has information explained to them in their own language, and is able to possibly communicate back to the worker using technological aids.
* Some stakeholders reinforced the need for there to be better co-operation between the interpreter and the disability worker in appointments with a client. As one language services stakeholder noted, “…*every interpreter has a horror story about working with a disability worker, and every disability worker has a horror story about working with an interpreter. They are not seeing each other as partners”*. This has a great impact on the delivery of a truly person centred approach, as quality of communication is key to a consumer making informed choices.
* Methods to help ensure that person-centred language and approaches are conveyed effectively in an exchange using an interpreter may therefore include the following:
* Acknowledgement of the importance of briefing before an interpreting session. This was overwhelmingly mentioned by interpreters as being essential to achieving positive outcomes for a client. The benefits of this are that it would ensure that all parties involved (including the person with disability) in the exchange are clear about roles and responsibilities and what needs to be achieved, for example;
* One approach suggested by a number of interpreters included the introduction of a ‘buddy system’, where interpreters shadowed disability workers to understand disability language and the lived experience of people with disability;
* The importance of taking the time needed for a consumer to express their goals was also seen as essential to achieving a positive client outcome. For some people with disabilities affecting cognitive impairment or for those with an acquired brain injury, extra time may need to be built into the booking to ensure the client has fully understood the information presented to them, for example. However it is worth noting that there is considerable confusion in the disability sector at present as to who will be paying when an appointment requires extra time and goes on for longer than the allocated time the consumer’s support package allows for.

### New and emerging languages

The issue of increasing capacity and competency for interpreters in new and emerging languages in Australia is an ongoing challenge in the interpreter sector and one which was reiterated by several stakeholders in the consultations. Issues raised in relation to interpreters from new and emerging languages working in disability settings included:

* In some instances, interpreters being more aligned to their culture of origin, and letting cultural stigma and personal views infiltrate the exchange with a client;
* In disability settings a number of language service providers remarked that they had seen more complaints around non-adherence to the AUSIT Code of Ethics from this group than from interpreters in more established language groups in Australia. As mentioned earlier in this report, this is more than likely linked to the lack of training and accreditation that is available for this interpreter group;
* One disability stakeholder mentioned that clients from smaller communities in NSW will be more reluctant to use an interpreter due to a potential breach of confidentiality / privacy (i.e. there could be a higher chance that the interpreter may know the client).
* There are some initiatives in place which seek to tackle the issue of building the capacity of interpreters in new and emerging languages which emerged during the consultations and are important to mention and there may be an opportunity for the disability sector to contribute to these initiatives.
* One language service stakeholder also reiterated that for interpreters working in new and emerging language groups, they “*are literally just learning the ropes, and are not at a point where providing them with specialist disability training would be a good idea”*. Hence a focus on improving the quality of interpreting within this part of the language services sector, while also providing an incentive to do so, should be the prime focus for interpreters working in new and emerging language groups.
* A good example of a support which aimed to improve the quality of interpreting in new and emerging languages was developed by the Victorian St Vincent’s and Royal Women’s Hospitals (Language Services Departments). This ‘New and Emerging African Language Healthcare Interpreting Orientation Program’, developed in 2007 and funded by the Victorian Government Department of Human Service’s Statewide Quality Branch, aimed to improve the quality of communication in hospitals and achieve more positive health outcomes for clients. This orientation program targeted interpreters with a ‘recognition’ level of accreditation who worked in the health care system and spoke an African language. The hospital language services departments liaised with agency language service providers to invite un-credentialed interpreters to an information session regarding the program, and issued the participants with a payment for incentive’[[8]](#footnote-8). The program itself included a mix of general interpreter knowledge modules that included discussion around the AUSIT ‘Code of Ethics’, as well as more specialised health specific training.
* This model for targeting interpreters in new and emerging language groups could be innovative and beneficial for the disability sector in NSW as it:
* Tackles the problem of addressing a lack of basic knowledge of interpreting techniques, adherence to the ‘Code of Ethics’ and cultural issues apparent in this cohort by including basic themes in the introductory modules of the program;
* Introduces specialist health topics after the basic foundations of ethics and interpreting have been explored, yet does not go into too much detail around these specialist areas. This also takes into account the fact that this cohort of interpreters may not be at an adequate point in their profession to take in detailed specialist information;
* Includes a financial incentive for interpreters to attend an information session about the program. This tackles the issue of the need to create an incentive for interpreters in new and emerging languages to engage with professional development opportunities.
* While this initiative could be replicated for interpreters working in a disability setting, it is nevertheless important to highlight some of the practical challenges which may exist in implementing such a program. For example, health-specific interpreting services are already established to encourage the development of training and mentoring for interpreters in new and emerging languages, yet this is not the case in the disability sector. It would take more of a concerted effort on behalf of the disability sector to create a similar program around disability, as the infrastructure does not currently exist.
* While this initiative could be replicated for interpreters working in a disability setting, it is important to highlight some of the practical challenges which may exist in implementing such a program. For example, health-specific interpreting services are already established to encourage the development of training and mentoring for interpreters in new and emerging languages, yet this is not the case in the disability sector. It would take more of a concerted effort on behalf of the disability sector to create a similar program around disability, as the infrastructure does not currently exist.
* Other initiatives that the disability sector could link in with to help increase capacity and competency for interpreters in new and emerging languages include:
* The New and Emerging Languages project (NIP), administered by NAATI and funded by the Department of Human Services;
* Investigating the RMIT scholarship structure in order to collaborate with universities in Sydney to replicate a similar model. As mentioned earlier in Section 3.1.2, the RMIT scholarships were funded to deliver courses for aspiring interpreters from new and emerging languages. These scholarships were funded by the Victorian Office of Multicultural Affairs and Citizenship (OMAC), and would similarly need to obtain government support in NSW for something like this to be viable.

## Summary of implications - Interpreters

* Interpreter workplace issues place considerable barriers to professional development, the sustainability of the sector and the quality of service produced;
* There are opportunities for AUSIT and NAATI to be involved in improving the quality of interpreting in the disability sector;
* There are also considerable systemic challenges present in the disability sector;
* There is a significant lack of disability awareness training courses aimed at interpreters;
* There is a clear willingness on behalf of training providers to be involved in incorporating disability in their training;
* A collaborative approach to disability awareness training for interpreters is important. This could include the possibility of common day training workshops for disability workers and interpreters. The disability sector should strongly consider leading and driving this to create and prioritise additional training;
* There are considerable roadblocks to language service providers investing in the professional development of contracted interpreters ‘on their books’;
* There is currently momentum in the interpreter sector to review the existing credentialing system and there are opportunities present for the disability sector to engage in this process further;
* There is also interest in the creation of a specialised disability pool of interpreters, yet the capacity and demand for this must be considered further;
* There is an opportunity for a range of resources to be developed, with an emphasis on something practical for interpreters to foster uptake of use;
* The interpreting sector should be included in the development of any resources developed;
* The cultural stigma and prejudice in disability conversations need to be diffused by the encouragement of cultural competency training for both disability workers and interpreters;
* There are certainly opportunities present for the disability sector to contribute to the capacity and competence of interpreters from new and emerging languages;
* There is a need for greater collaboration between the disability and interpreter sectors, with both currently not seeing each other as ‘partners’.

## Issues relevant to disability service providers

As previously mentioned in this report, supporting interpreters to improve disability awareness and language is contingent on a complimentary system of training and awareness for disability workers on what the role of an interpreter is, and how to use an interpreter properly. For this project, including the voices of those working in the disability sector is therefore important in helping identify the range of supports which may need to be developed to improve interpreter usage overall.

### Service provider attitudes to interpreters

Consultations with disability workers unearthed some feelings of confusion regarding the role of the interpreter as well as uncertainty about which techniques to employ when managing a client interaction involving a client and interpreter. Some observations which emerged from the consultations are listed below.

Overall, the discussions with stakeholders clearly highlighted the need for resources which provided disability workers with more guidance as well as the possibility of developing overarching minimum standards to solidify the best approach to achieve the best consumer result.

* A few disability workers had experienced instances where an interpreter had become too personal with a client and therefore breached professional boundaries. In this situation, a disability manager reiterated the importance for the disability professional to manage the situation by reiterating boundaries or leading a pre-appointment brief with the client and interpreter to convey the agenda of the meeting, for example, thus enforcing clearer boundaries. For a less experienced interpreter, the onus of the disability professional leading the session and setting boundaries is more essential to a positive outcome for the appointment;
* As mentioned in the evidence base in Appendix 1, a few service providers commented on the unreliability of interpreters in attending bookings. This was reaffirmed by stakeholders in the disability sector who reiterated that there were times when interpreters did not come in for an assignment and therefore left the disability worker and client without an on-site interpreter for that session. Disability workers consulted for this project were either unaware of the range of feedback / complaint mechanisms available to them in these situations, or simply didn’t have time to lodge a complaint. In order to support the interpreter sector to improve quality among interpreters working in the disability space, it is important for the disability sector to be encouraged to provide feedback when there is an issue around interpreter reliability, or indeed any issue with regards to an interpreter;
* As stated above, there was an awareness from some in the disability sector that the responsibility of directing the appointment does primarily lie with the disability professional. This was more likely to be the case when disability workers were employed in organisations with clear policies and procedures to train their staff in the appropriate use of interpreters.

**Case Study 2 – Lack of knowledge around the disability worker’s role in a case conference using an interpreter**

The case conference consisted of a meeting involving a disability worker and their client as well a social worker, speech pathologist and two other health professionals. The onsite case conference was lengthy, and involved a range of parties with diverse views.

The disability worker in this instance took responsibility for leading the session. However this worker was not sure about how to allow for the interpreter to have breaks and there was no agreement about this prior to the meeting taking place. As such, the interpreter walked out of the case conference in protest citing that they were not able to cope with the complexity and duration of the interaction. The client was left without an interpreter, and the disability worker stated that she felt as though ‘she had failed, yet wasn’t sure what she could’ve done differently’.

In hindsight, the disability worker highlighted that having some guidance on minimum standards relating to using an interpreter in case conferences would have been beneficial in ascertaining what exactly had gone wrong in the session, and would give benchmarks on what have been done differently.

### Training on how to use interpreters and resources

Additional training and the development of more resources for the disability sector was identified as being essential to achieving a successful multilingual communicative exchange. One stakeholder from an interpreter accreditation body stated that *“to grow the capacity of interpreters is important, but educating disability service providers is a crucial part of that”*.

There were opportunities identified in the consultation phase that could move towards improving a ‘common understanding and language’ between the two sectors. These opportunities involved adapting or expanding general resources available to disability service providers to include information around using interpreters, and training on disability for interpreters.

Other ideas identified by service providers during the consultations included:

* Using the FaCS ‘Working Together’ website to embed strategies and fact sheets for staff using interpreters. Although this website is aimed at communication and training for FaCS staff, this avenue could also be a way for the interpreter sector to keep abreast of changes in the disability sector, while fostering a consolidated approach to communication. Interpreters or language service providers could gain limited access to the webinars, tools and other educative modules that are accessible on the website. This could also help the interpreter sector to connect with the initiatives and momentum currently in place in light of the NDIS roll out currently happening in NSW;
* One interpreter noted that within the health care interpreting service, interpreters provide small training sessions and modules to health professionals in how to use interpreters in health settings. This technique of the interpreter imparting knowledge of their role to other sectors was deemed as an effective way to facilitate a common understanding between parties;
* An interpreter also raised the importance of disability organisations encouraging workers to feel more comfortable in using interpreters through more support to use interpreters in their daily work and via the conduct of performance reviews with their managers. The interpreter also mentioned that she noticed a marked difference in skills within the immigration sector over time, where some immigration case managers improved their knowledge and skills through experience and learning the ‘dos and don’ts’ from their increased experience on the ground;
* The development of minimum standards was pinpointed as being important to give disability workers better direction on how to work with interpreters (as per case study 2 above). For example the standards could include baseline direction on key practical issues such as the standard amount of time that an interpreter can be used for, or the roles and responsibilities of an interpreter and disability professionals in a case conference’? A wider sector-based minimum standards / roles and responsibilities framework would also help to consolidate and streamline best practice within these two sectors.

## Summary of implications – Disability service providers

* There is significant confusion around the role of an interpreter and the disability worker’s responsibility to take ownership of the conversation;
* Disability workers feel more confident to take control of an appointment when there are clear organisational procedures and policies in place around the appropriate use of interpreters;
* There is a lack of knowledge from disability workers around minimum standards and benchmarks around using an interpreter to achieve a positive outcome for a client;
* The need to embed guidance around the appropriate use of an interpreter into current initiatives taking place in the disability sector related to the NDIS roll out must be considered.

## Issues relevant to people with disability

The consultations with people with disability from CALD backgrounds and their family members / carers were important as they provided a personal voice to a number of issues raised in the evidence base and the range of consultations conducted as a part of this project. These issues were enormously consistent with what the literature and some of the consultations highlighted – that people with disability are keen for respectful exchanges where they feel listened to, so that their views (and the views of any other parties) are clearly heard, irrespective of the circumstances.

A common theme was the importance of people with disability feeling a sense of trust between themselves and whoever was interpreting for them. While trust could be built up over time through using the same interpreter where possible, factors which eroded trust between the consumer and the interpreter included the person with disability feeling as though specific details were not being communicated by the interpreter. Time poor interpreters also heightened the feeling of a lack of trust between a consumer and the interpreter – as one Arabic-speaking consumer noted “*…interpreters are always rushing around … they don’t have time for you”.*

A sense of empathy from interpreters was seen as critical in helping solidify trust between the consumer and their interpreter – *“…they* *need to have compassion … the right attitude and the knowledge of what it feels like to be me”*. A few clients talked about appreciating an opportunity for the interpreter working with them, particularly in face to face situations, to spend a moment either before or after the session to understand the context of the situation a little better. This would help facilitate not only a sense of trust between parties in an exchange, but help give interpreters a sense of empathy. This need to better understand an interpreting context was also one emphasised in the evidence base as being beneficial for consumers (See Appendix 1). That is, allowing for, booking and paying for extra time with an interpreter before a session commenced was seen as critical to better understanding the needs of people with disability from CALD backgrounds.

Consumers reiterated the need for interpreters and service providers to be sensitive to confidentiality issues. This related to specific details about one’s disability, particularly as in communities where there were taboos associated with having a disability (a notion also reiterated by a number of service providers in the consultations). For the most part, consumers had not experienced any breaches of confidentiality through their interpreters. There was one consumer who felt that their workers compensation claim was made ‘public’ in their community after they had used an interpreter in a Centrelink interview. While it is difficult to know whether a breach occurred, this emphasises the high stakes of some of the interpreting scenarios consumers, interpreters (and service providers) find themselves in. The importance of keeping details confidential cannot be underestimated.

Another key theme which emerged from the interviews with consumers was that most users of interpreter services felt enormously grateful that interpreter services were available in the first place. This feeling of ‘gratefulness’ however could result in some instances where there was reluctance from the consumer’s perspective to make a complaint if not satisfied with the quality of the interpreting. As one consumer stated *“…I am peaceful and I don’t want to make trouble”*.

There was varied knowledge among consumers about whether feedback could be given or complaints made if they felt dissatisfied with the quality of an interpreter’s work or their general conduct. For example, one consumer was adamant about the need to lodge a complaint when not happy with the quality of interpreting, while other consumers had no idea how to go about this and were reluctant even to think about offering feedback. This highlights the importance of ensuring service providers inform consumers about the range of feedback mechanisms available to them, yet also for wider community information to be held so as to reach a consumer base not linked to a specific disability organization.

Finally, consumers were favourable about any training made available to interpreters to learn more about disability and become more ‘disability aware’ generally. This was felt to have a positive impact on the potential for interpreters to have empathy and help them understand that there was considerable variation in disabilities. As one consumer mentioned, even an interpreter being more knowledgeable about how to interact in a situation involving autism could subtly improve that consumer / interpreter / service provider interaction in important ways.

## Summary of implications – People with disability

* While many of the concerns and issues raised by consumers relate to their interactions with interpreters, much of the onus on ensuring trustworthy, empathetic and confidential exchanges between a consumers and interpreters lies with disability service providers. These issues therefore highlight the importance of the disability sector knowing how to work professionally with interpreters, while simultaneously managing the expectations of consumers using interpreters;
* There is also a need for disability service providers to ensure that consumers are clear about the range of feedback mechanisms available for consumers who are dissatisfied with the quality of an interpreter’s service. This should include informing consumers how to make a complaint, if required.

## Service big picture

### The role of NDIA / NDIS

Throughout the consultations, there was a considerable amount of confusion and lack of knowledge around how language services fit in to a consumer’s support package. Even though the NDIS is currently being trailed in several locations in NSW, disability service providers consulted for this project all expressed different opinions and levels of knowledge as to how language services fit into the Scheme. This may be due to a lack of adequate communication for disability service providers about changes to support packages, or that issues around the Scheme’s implementation are currently being ironed out via feedback in the trial sites.

Nevertheless, disability support personnel and industry stakeholders expressed a range of pertinent concerns and considerations that must be taken into account if the improvement of multilingual communication for CALD consumers with disability is going to be prioritised by the disability sector. These considerations are listed below.

* Most disability service providers, industry representatives and language services stakeholders expressed that the details of language service provision and purchasing arrangements must be clearly articulated in communications and updates from the NDIA;
* Most stakeholders expressed concern that if language services are not provided as an overlay service (i.e. are not offered in addition to core support services) then this may lead to the underutilisation of interpreters in the disability sector. For instance, this could lead the client to ‘save’ the money that they could use to employ an interpreter and instead bring in a family member to interpret and use that ‘saved’ money on other support services;
* Linking in with the need for disability workers to understand the role of an interpreter, is the concern that this lack of knowledge could lead some disability organisations to use an interpreter as a ‘salesperson’ of sorts. In the competitive and consumer-driven market that the NDIS will create when rolled out, one CALD expert noted that there was a risk that disability organisations could use interpreters to promote their services, therefore producing skewed interpreting interactions as a result. It was recommended that training for disability staff on the proper use of an interpreter is imperative in counteracting this potential issue;
* There were some opportunities pinpointed by industry representatives as to how a consumer-driven disability environment could improve quality in the interpreter section. Again, there was a distinct lack of knowledge from stakeholders regarding consumers potentially choosing interpreters of their own accord – (i.e. by utilising a list such as the individual interpreter list on the NAATI website, for example). Or if disability organisations still had control over booking interpreters using their own accounts with language service providers. It was noted that if consumers had the choice to pick which individual interpreter they used for appointments related to their support package, then this could potentially be an incentive for interpreters to invest in professional development related to disability. This may be a way that interpreters could therefore give themselves a competitive advantage and they may receive more work as a result. It was also identified in discussions with disability workers, clients and interpreters that clients will request the same interpreter if they consider them to be of a high quality.
* Overall, there could be great risks in not making the improvement of multilingual communication a priority within the disability sector and also within the NDIA. One industry stakeholder stated that the NDIA do have an *“opportunity to contribute to delivering language services in a new way”*. How language services are packaged in the NDIS will therefore affect the way in which language services are actually utilised on the ground.

# Recommendations

The following recommendations have been developed with the goal of creating a sustainable plan to improve the capacity for both the disability sector and interpreter sector to deliver meaningful multilingual communication for CALD consumers with disability. For the greatest impact and benefit, these recommendations need to be considered and adopted holistically.

The recommendations also aim to create momentum in institutionalising a new way of thinking – i.e. providing a blue print for a sustainable change management process to occur where the disability and interpreter sectors can intersect to deliver a truly person centered service. Although the focus of this project is on improving disability awareness and knowledge among interpreters, the recommendations also outline clear changes that need to occur within the disability sector itself. The success of creating a sustainable plan to improve the quality of multilingual communication in a disability setting is contingent on *both* sectors making improvements and modifications.

The recommendations have been themed under three categories, yet in order for the recommendations to be effective they need to be viewed as a whole. The recommendations go beyond merely suggesting a list of resources and training modules for uptake, but rather, an actionable strategy for improvement will be detailed below.

**Incentivise**

As outlined in the findings above, it is clear that change needs to occur to improve multilingual service delivery. In order for change to happen, it is important for there to be incentive for stakeholders to be invested in contributing to this change. Strategies and partnerships to help create incentive will be outlined in this section.

**Support**

As illustrated above, there are no shortage of opportunities to develop supports and resources for the interpreter and disability sectors, and it is clear that these supports are needed. However it is important that the supports are viewed as a holistic suite of opportunities that need to be employed for all parties involved including interpreters, disability support workers and disability organisations alike.

**Sustain**

Strategies to help create incentive, and tools to help support the interpreting and disability sectors will not be sustainable unless there are strong structural foundations in place to help provide the platform for additional resources to be created. The recommendations outlined in this section will ensure that supports aren’t piecemeal, with a focus on more big picture and longer term solutions.

Together, all recommendations will provide a holistic approach for improvement that stems from the findings outlined above. Where relevant, possibilities for strategic partnerships will also be clearly identified.

Incentivise

On the basis of the above findings, DiverseWerks recommends the following:

* That NDS take the lead on an advocacy approach which supports the ongoing improvement of multilingual communication for CALD consumers in a disability setting;
* That NDS strongly encourages its organisational members to invest in training their staff in the appropriate use of an interpreter in disability settings;
* Linking in with the above point, it is recommended that NDS investigates creating an endorsement system for disability organisations to attain points when staff in organisations have completed training in interpreter usage. This would create incentive for the sector to engage with training their staff, and would set them apart from other organisations in the market;
* That NDS collaborate with tertiary structures to seek funding for the development of additional scholarships for interpreters looking to start or continue their education in interpreter studies. For example, endeavouring to gain funding for increased scholarships from government departments akin to the RMIT interpreter scholarship model (see section 3.1.2 and 3.1.6);
* For NDS to take a leadership role in liaising with NAATI to begin a dialogue around NAATI attributing credit points to disability awareness courses (once they are developed), to fulfil the revalidation criteria for interpreters. This would create incentive for interpreters to build disability courses into the professional development component of the NAATI revalidation structure. (see section 3.1.1);
* For NDS to engage with key language service providers to imbed a more efficient way of booking interpreters for a disability market. This would include the possibility of identifying interpreters who have disability experience and knowledge and linking them to disability related jobs. This would help to create a ‘priority booking’ system that would create incentive for interpreters to increase their knowledge of working in disability settings if there is the possibility they could receive additional jobs as a result. (see section 3.1.1).

Support

* It is strongly recommended that NDS collaborates with tertiary, interpreter, CALD specific organisations, language service provider stakeholders to develop a suite of *resources* to foster the increased and effective use of interpreters in the disability sector, and disability awareness and language amongst interpreters. Key examples include, fact sheets, pocket book of glossaries and strategies (see section 3.1.3);
* That NDS promote and market the resources developed to the disability sector and interpreter sector via the following suggested channels:
* Collaborating with AUSIT to disseminate information to interpreters regarding training courses and events on their website. (see section 3.1.1);
* Engaging with language service providers for them to send out an email or an alternative form of communication (such as a newsletter) to all interpreters on their books to let them know of professional development opportunities in the disability setting (see section 3.1.1);
* To engage with FaCS to consider building in accessibility for interpreters or language service providers in the ‘working together’ website, or developing an avenue from existing communication websites available to staff around changes leading up to the NDIS. (see section 3.2.2);
* NDS website and any other networks.
* That NDS develop a minimum standards framework that brings together resources developed to provide benchmark standards for both sectors on the appropriate usage of interpreters in a disability setting;
* It is strongly recommended that NDS seeks to drive a collaborative approach to disability training for interpreters by linking with tertiary, training providers and CALD specific disability organisations to facilitate this. It would leverage off the openness displayed by education providers throughout the consultations in collaborating with the disability sector. Examples include, common days of training between disability workers and interpreters, short workshops, imbedding content into existing university certificates and TAFE courses, encouraging internships and a buddy system in house. (see sections 3.1.2 and 3.1.5);
* For NDS to lead and seek resources for a public education campaign targeting CALD people with disability around using interpreters. This campaign would need to be culturally appropriate and could include organising information sessions in the community. The output of which would be to encourage CALD consumer awareness and knowledge of their rights to use an interpreter and complaint mechanisms available to them. NDS could also link with existing initiatives such as ‘My Choice Matters’, to reach an existing client pool.

Sustain

* That NDS seeks opportunities to work and communicate with the NDIA to ensure that language service provisions are included in consumer support packages in a viable way (see section 3.4);
* That NDS seek to link the recommendations outlined from this project to other current CALD related projects in the disability space. This could include investigating whether the tools and incentives developed from the *‘Diversity in Disability’* Project could also include the appropriate use of interpreters and disability awareness for interpreters;
* That NDS engage with NAATI or relevant steering groups to investigate the possibility of the development of a specialised disability credential in the accreditation structure to encourage a way for interpreters to distinguish themselves as being disability competent. (see section 3.1.1);
* For NDS to investigate the possibility of linking with CALD specific / disability organisations to create a specialised disability interpreter service (see section 3.1.1);
* That NDS link to current initiatives that exist to promote the capacity of interpreters from new and emerging languages such as the ‘New Interpreters Project’ and investigate the viability of a model akin to the ‘New and Emerging African Language Healthcare Interpreting Orientation Program’. (see section 3.1.6).

# References

ATO Website, viewed 18 December 2014 <<http://law.ato.gov.au/atolaw/view.htm?DocID=LIT/ICD/VID409of2009/00001>>

AUSIT website. What Is the Difference Between AUSIT and NAATI? Viewed 16 December 2014, < <http://www.ausit.org/AUSIT/About/Our_Industry/AUSIT___NAATI/AUSIT/About/Our_Industry_-_Difference_between_AUSIT_and_NAATI.aspx?hkey=60c341f2-3724-4925-b919-c3f20a51cf2b>>

De Jongh, K & Bongiovanni, L, The New and Emerging African Language Healthcare Interpreting Orientation Program (2001), viewed 19 December 2014, <<http://www.health.vic.gov.au/__data/assets/pdf_file/0020/353081/hiop.pdf>>

Mallesons website, Federal Court Decision Highlights Confusion Surrounding Independent Contractor / employee Test, viewed 18 December 2014 < <http://www.mallesons.com/publications/marketAlerts/2011/Workplace_and_Employee_Relations_Update_June_2011/Pages/Federal_Court_decision_highlights_confusion_surrounding_independent_contractor_employeetest.aspx>>

NAATI, INT Project Discussion Paper (November 2014), viewed 18 December 2014 <<http://www.naati.com.au/PDF/INT/INT%20Project%20Discussion%20Paper%20-%20November%202013.pdf>>

Parliamentary Secretary to the Minister for Social Services website, Media Release, *Translating and Interpreting Sector Roundtable*, viewed 18 December 2014 <<http://concettafierravantiwells.dss.gov.au/media-releases/translating-and-interpreting-sector-roundtable>>

Appendix 1 - Evidence base

A1. Size of ‘the disability market’

An important starting point for this project is to understand the approximate ‘size of market’ for the interpreter sector in terms of the number of people with a disability who may require an interpreter. A number of sources have been used in order to develop this estimate, namely:

* The Australian Bureau of Statistics’ Survey of Disability, Ageing and Carers (2012);
* The Australian Bureau of Statistics’ Census of Population and Housing (2011);
* The National Ethnic Disability Alliance’s (NEDA) estimate that one in four people with a disability is from a CALD background[[9]](#footnote-9) (i.e. a first or second generation person from a non-English speaking backgrounds).

This data is summarised in Table 1 below.

**Table 1: Estimate of number of people with a disability in NSW from CALD backgrounds and with poor English – Summary by Age**

| Population Group | % of population (ABS Survey of Disability, Ageing and Carers 2012) | Total population – NSW(2011 ABS Census) | Estimate of CALD with a disability - NSW(Approx. 25% - NEDA[[10]](#footnote-10)) | Estimate of CALD with a disability and does not speak English very well or not at all(2011 ABS Census) |
| --- | --- | --- | --- | --- |
| 0 - 14 years |  | 1,332,510 |  | Approx. 10%133,251 |
| Profound to severe core activity limitation | 4% | 53,300 | 13,325 | 1,333 |
| Moderate or mild core activity limitation | 1.3% | 17,323 | 4,330 | 433 |
| Other disability | 1.6% | 21,320 | 5,330 | 533 |
| All w/ disability 0-14 yrs |  | **91,943** | **22,985** | **Approx. 2,299** |

| Population Group | % of population (ABS Survey of Disability, Ageing and Carers 2012) | Total population – NSW(2011 ABS Census) | Estimate of CALD with a disability - NSW(Approx. 25% - NEDA[[11]](#footnote-11)) | Estimate of CALD with a disability and does not speak English very well or not at all(2011 ABS Census) |
| --- | --- | --- | --- | --- |
| 15- 64 years |  | 4,566,967 |  | Approx. 14%639,375 |
| Profound to severe core activity limitation | 3.6 | 164,411 | 41,103 |  |
| Moderate or mild core activity limitation | 6.9 | 315,121 | 78,780 |  |
| Other disability | 3.9 | 178,112 | 44,528 |  |
| All with disability 15 -64 years |  | **657,644** | **164,411** | **23,018** |
| All with disability 0-64 years |  | **749,587** | **187,396** | **25,316** |

As shown in Table 1, according to the ABS’s 2012 Survey of Disability, Ageing and Carers, almost seven percent of the Australian population has some form of disability. Table 1 also estimates what number of people in NSW has a disability by applying these proportions to the NSW population (as captured in the 2011 ABS Census). By further applying NEDA’s estimate that one in four people with a disability is from a CALD background (i.e. both first or second generation), and then overlaying this with the proportion of people in NSW who speak English poorly (i.e. 10% for people 0-14 years in NSW and 14% for people 15-65 years) the data in Table 1 estimates that in NSW there are just over 25,000 people from CALD backgrounds with a disability who speak English poorly or not at all.

The language support needs of this group of people with a disability are likely to be considerable. With the NDIS rollout in NSW due to be completed by July 2018, this clearly represents a significant opportunity for the interpreter sector to leverage and places pressure on this industry to be equipped to do so competently.

As there is little data available to demonstrate the number of people with a disability in NSW from specific cultural and linguistic groups, an examination of data from the 2011 Census can nevertheless identify language groups where demand for interpreters is likely to be greatest. Table 2 shows what the top ten main languages other than English spoken at home are in NSW as well as what the level of English language proficiency is in each group.

**Table 2: Main language spoken at home and English language proficiency (NSW)**

| Ranking | NSWLanguage Spoken at Home  | Total | % of all LOTE | Cumulative LOTE | Total Poor ELP | Total % Poor ELP  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | *Total Chinese* | 295,080 | 16.1% | 16.1% | 77995 | 26.4% |
|  | Mandarin | 139,619 | 7.6% |  | 36578 | 26.2% |
|  | Cantonese | 136,180 | 7.4% |  | 36272 | 26.6% |
|  | Other Chinese | 19,281 | 1.0% |  | 5145 | 26.7% |
| 2 | Vietnamese | 87,429 | 4.8% | 20.8% | 29078 | 33.3% |
| 3 | Arabic | 184,101 | 10.0% | 30.8% | 28457 | 15.5% |
| 4 | Korean | 47,317 | 2.6% | 33.4% | 15780 | 33.3% |
| 5 | Greek | 86,522 | 4.7% | 38.1% | 13793 | 15.9% |
| 6 | Italian | 83,072 | 4.5% | 42.7% | 11073 | 13.3% |
| 7 | Spanish | 55,514 | 3.0% | 45.7% | 7168 | 12.9% |
| 8 | Macedonian | 29,440 | 1.6% | 47.3% | 5061 | 17.2% |
| 9 | Turkish | 22,252 | 1.2% | 48.5% | 4410 | 19.8% |
| 10 | Serbian | 22,236 | 1.2% | 49.7% | 4053 | 18.2% |

Source: Australian Bureau of Statistics, 2011 Census of Population and Housing

Clearly the potential need for interpreters is more of an issue among some of the larger Asian languages spoken in NSW, with about a third of both Vietnamese and Korean speakers having poor English language proficiency. Among people in NSW who speak Chinese (the most commonly spoken language other than English in NSW) a quarter of these individuals speak English poorly or not at all. Considering the number of people who speak Chinese in NSW, this too is a significant ‘in demand’ language group the interpreter sector must be mindful of in terms of working in the disability sector and therefore must be prioritised in terms of available practitioners.

Another important consideration when analysing the ‘size of market’ and where there may be potential demand for interpreters is to also examine data for people more recently arrived with poor English, particularly among humanitarian entrants.

Although people with a disability have traditionally been excluded from Australia’s migration program, in June 2010 the Joint Standing Committee on Migration tabled its report on the Inquiry into the Migration Treatment of Disability[[12]](#footnote-12). Based on the large number of submissions put forward to the Committee, this report challenged the cost-benefit analysis that formed a part of the health requirements for migrants to Australia, including a review of the ‘one fails, all fail’ criterion for permanent visas under Migration Regulations 1994. This report put forward the argument that the ‘one fails, all fail’ criterion was prejudiced against people with a disability (i.e. under the criterion all applicants for a visa, as well as any non-migrating dependants, must meet the health requirement). As such, in November 2012 the Australian Government responded[[13]](#footnote-13) by accepting this need to review the ‘one fails, all fail’ criterion, as well as supporting a number of other recommendations related to relaxing the health requirements of humanitarian entrants.

In terms of the impact of these changes, it is worth examining the languages spoken by humanitarian entrants to Australia (since this policy shift) with poor English language proficiency. While the Department of Immigration and Border Protection’s Settlement Reporting Facility[[14]](#footnote-14) provides up-to-date figures on the number of entrants under Australia’s refugee and humanitarian scheme by key variables (e.g. main language spoken, English language proficiency), the number of entrants under the scheme who have a disability is not publically available. Nevertheless a brief snapshot of some of the emerging language groups spoken by humanitarian entrants in NSW since November 2012 is useful to indicate where there may be an increase in demand for interpreters to work with people with a disability, their families and carers.

Table 3 below indicates which language groups are new and emerging in terms of humanitarian migration to NSW and therefore which language groups have the potential to pose challenges for the interpreter sector in terms of ensuring skilled interpreters are available to provide language support.

**Table 3: Humanitarian entrants to NSW by main language spoken – English language proficiency nil, poor or not stated**

|  Ranking |  Language | 01 Nov. 2012 – 01 Aug. 2014 |
| --- | --- | --- |
|   | **Total** | **11,631** |
| 1 | Arabic | 5,303 |
| 2 | Assyrian | 1,398 |
| 3 | Dari  | 809 |
| 4 | Burmese / Myanmar | 641 |
| 5 | Farsi (Persian)  | 458 |
| 6 | Nepali | 452 |
| 7 | Hazaragi | 405 |
| 8 | Swahili | 234 |
| 9 | Farsi (Afghanistan) | 219 |
| 10 | Persian  | 217 |
| 11 | Chin | 200 |
| 12 | Somali | 176 |
| 13 | Karen | 170 |
| 14 | Tamil | 168 |
| 15 | Chin Haka | 153 |
| 16 | Pashto | 136 |
| 17 | Chaldean Neo-Aramaic | 126 |
| 18 | Urdu  | 126 |
| 19 | Tigrinya  | 123 |
| 20 | Amharic | 117 |

Source: Department of Immigration and Border Protection’s Settlement Reporting Facility

Arabic is by far the most common language spoken by humanitarian entrants to NSW since November 2012. However there are a number of other languages and / or cultural groups where the interpreter sector may need to prepare itself for potential demand when the NDIS is eventually rolled out across the state, namely humanitarian entrants from:

* Iraq – This is likely to include individuals stating Assyrian and Chaldean Neo-Aramaic as their main language spoken;
* Afghanistan - This is likely to include individuals stating Dari, Farsi (Afghanistan), Hazaragi or Pashto as their main language spoken;
* Iran - This is likely to include individuals stating that Farsi (Iranian) or Persian is their main language spoken.

At present among the languages listed in Table 3, the National Accreditation Authority for Translators and Interpreters (NAATI) only offers ‘accreditation’ in Arabic and Farsi (i.e. ‘accreditation’ is the only credential officially accepted by employers for the profession of interpreting in Australia). All other languages can be provided for by people who seek language ‘recognition’, due to overall low levels of demand and no available accreditation (i.e. ‘recognition’ is an acknowledgement that at the time of the award, the practitioner had recent and regular experience as an interpreter but no specified level of proficiency. Recognition is only granted in languages of very low community demand where accreditation is not available). As such, most of the available interpreter provision in these new and emerging languages would be through ‘recognition’ rather than ‘accreditation’.

Recognition is considered by NAATI on application of an individual and involves:

* An assessment of English proficiency;
* Participation in a short online course, ‘Introduction to interpreting’;
* Work experience based on a letter from referees.

A major issue that this creates is the lack of a professional training framework that would deliver a greater depth of consideration of professional ethics, confidentiality and impartiality in the interpreting process. These are issues that clearly have a high level of relevance to disability and will be important to explore further in the stage two consultations with stakeholders in the interpreter sector.

**A2. Issues around interpreter service usage**

**A2.1 People with a disability, families & carers from a CALD background**

**Underutilisation and awareness of services**

Existing research in the area of interpreter usage among people from a CALD background often highlights the underutilisation of services generally (Kale and Syed, 2010; Phillips and Travaglia, 2011). For example, Renzaho’s (2008) Victorian research on the cultural competence of local health services found that one of the most significant reasons for the low utilisation of these services by people from CALD backgrounds with poor English was the general inadequacy of interpreter services available. While these pieces of research do not specifically examine interpreter service usage among people with a disability, it is likely that similar underutilisation issues also exist in the disability sector. As such, this will be further explored in our stage two consultations.

Underutilisation of interpreter services among people with a disability may also be linked to low awareness that an interpreter is an available option. Fryer et al (2013) conducted research with stroke patients from CALD backgrounds with limited English proficiency. In his work there was very low awareness among the 13 stroke patients who participated in the study that interpreters could be accessed at all and there was a strong perception that the use of interpreters needed to be organised at the discretion of the health professional rather than as a result of a patient’s demands. According to Fryer et al (2013) this tendency to revert to health professionals to ‘know best’ about whether interpreters are warranted during appointments positions them as experts, while diminishing the potential for stroke patients to have a choice about how they receive their care.

In some instances, not having access to an interpreter could have quite significant negative impacts on a person with a disability (e.g. no halal food being made available to a Muslim man in a care facility due to the service providers not seeking language assistance) (Human Rights and Equal Opportunity Commission, 2000).

A lack of awareness that interpreters are an available option at all reiterates the importance of marketing the availability of language services to people with a disability, families and carers from CALD backgrounds. A number of government and non-government agencies in other states have developed a range of resources which promote the availability of interpreters through the use of business-sized interpreter cards or visual signage indicating that interpreters can be arranged, for instance (Foundation House, 2013). Understanding to what extent people with a disability, families and carers from CALD backgrounds have seen the promotion of the availability interpreters within services will be worthwhile to explore further in the stage two consultations of this project.

Foundation House’s (2013) research on effectively engaging interpreters in Victorian health settings also found that the underutilisation of interpreter services generally might be due to people mistakenly believing their English is adequate for certain situations, resulting in them declining interpreter assistance. This highlights the need to ensure that service providers are aware of the tools available to assess English language proficiency (Foundation House, 2013). This will be worthwhile exploring further in stage two of this research.

**The importance of trust**

Another key issue which needs to be considered in terms of the potential underutilisation of interpreters and, if interpreters are used, how they work with people with a disability, families and their carers more generally was the issue of trust. Fryer et al. (2013) found in their research with stroke patients from CALD backgrounds that the perceived trustworthiness of working with a ‘third party’ was a key factor in determining whether an interpreter was desired by the client. In a number of instances, family and friends were preferred to act as interpreters. This is despite the problematic issues of varying language skill levels among family and friends and the undue hardship it could place on these individuals (e.g. missing out on school, being privy to information they may find emotionally challenging) (Kosny et al, 2014). Therefore understanding client needs relating to trust and how these issues are handled by both service providers and interpreters will be important to explore in the subsequent second stage of this project.

**Access and telephone interpreting**

Even where there is an intention to book an interpreter for a person with a disability, their family and carers, having access to the right interpreter at the right time was an issue mentioned by a number of staff members in the qualitative responses to a survey sent out to ADHC staff as a part of their 2011 Language Services Scoping Project. In NSW the Commonwealth-funded Telephone Interpreter Service (TIS) is often sought to provide interpreter services if access is critical but not able to be catered for face-to-face. However there has been some criticism about the lack of promotion of TIS and some evidence to suggest that there is low awareness of TIS as an available option within CALD communities (Human Rights and Equal Opportunity Commission, 2000; National Ethnic Disability Alliance, 2012).

Another issue when using telephone interpreter services is ensuring that the process works effectively. Foundation House’s 2013 research on effective interpreter utilisation in health settings highlights some of the challenges in using telephone interpreter services, such as the unavailability of speaker phones or poor quality speaker phones only being available; speaker phones being located in areas where confidentiality may be compromised and poor mobile reception so that calls ‘drop out’. Using technology such as dual handsets (i.e. service provider and client have their own handset) or wireless speaker telephones can help to better support quality telephone interpreting when this is the language support option available (Foundation House, 2013).

**Strategies to address concerns**

Foundation House’s (2013) research also suggests a number of strategies for addressing concerns that people from CALD backgrounds may have around the use of interpreters which are worth being mindful of for this project. While they relate to the use of interpreters in health settings specifically, they are nevertheless applicable to people with a disability, families and carers from CALD backgrounds who use interpreters. These strategies include (Foundation House, 2013):

* Reiterating to clients that accredited interpreters are bound by a Code of Ethics (developed by AUSIT and discussed in this evidence base);
* Ensuring that clients are aware that they can request an interpreter of a specific gender;
* Asking clients whether they have any cultural requirements when working with an interpreter (e.g. religious or political preferences);
* Generally checking with the client to see if any particular interpreters are preferred, or alternatively, inappropriate to use.

Other potential issues for people with a disability when using interpreters

In developing this evidence base, a number of other issues were identified from the perspective of people with a disability when working with interpreters. These are summarised below:

* The tendency for more limited experience with interpreters due to social isolation and the impact this may have on the interpreting session broadly (e.g. discomfort among those with language needs); (O’Connor *et al*, 2006; Kosny *et al*, 2014);
* A reluctance for newly arrived clients to disclose all the elements of their disability due to the fear of potentially being deported (Refugee Council of Australia, 2014);
* The impact of poor literacy on the interpreter session where written information also forms a part of the session (Diversitat, 2014). When the NDIS is rolled out across NSW, there will no doubt be a growing need for interpreters to be booked to help navigate the range of forms that will need to be filled. Diversitat’s recent disability findings report from the Barwon trial site highlights how challenging this can be for people with low literacy or poor English;
* Balancing building rapport and trust with unprofessional conduct. For example, some of the feedback gathered in ADHC’s 2011 qualitative survey of staff is critical of interpreters having a cup of tea with a client and their family before an interpreter session. Although it is not known how the client and their family reacted to this situation, it may well be that culturally this type of behaviour from an interpreter is entirely appropriate and is seen by the client / their family as a good way to build rapport and trust before their session. Stage two of this project, which involves consultations with clients, families and carers from CALD backgrounds, will provide an opportunity to understand where the balance in these scenarios lies in more detail;
* A lack of disability awareness among available interpreters and concerns about the accuracy of information (Chamba *et al*, 1999; Diversitat, 2014). There is also currently no easy way of identifying interpreters who have experience working in the disability sector;
* Concerns about confidentiality, particularly within smaller language groups (Diversitat, 2014).

The range of case studies in Diversitat’s recent Disability Findings Report (2014) from the Barwon NDIS trial site highlights just how difficult the NDIS will be to navigate and understand for people with a disability, families and carers from CALD backgrounds with poor English, particularly as core components of the NDIS are built on very specific language and terminology (e.g. ‘reasonable and necessary supports’). This places significant emphasis on the need for interpreters to be easily accessible and adequately skilled in using appropriate disability language so that important conversations and information is accurately relayed to people requiring language support.

However in this environment where it may be difficult for people with a disability from CALD backgrounds to understand the workings of the NDIS, it is also important to note that clients may prefer family and friends to act as interpreters, despite the well documented evidence that miscommunication is more likely when untrained interpreters are used (Gray *et al*., 2011; Fryer, *et al*., 2013; Kosny *et al*., 2014). Again, understanding the balance between meeting the needs of people with a disability, and ensuring that information is accurately relayed will be an issue explored further in stage two of this project.

**A2.2 Service provider issues**

**Factors influencing underutilisation**

As mentioned earlier in this evidence base, research on interpreter service usage suggests a general underutilisation of this language support by service providers. According to Vanstone (2012), there are a myriad of factors that influence this from a service provider’s perspective, including budgetary concerns or restrictions; not understanding the cultural needs of clients and a general lack of experience working with interpreters.

Adding further to this issue of underutilisation and also mentioned earlier, service providers can be faced with people with a disability who mistakenly believe their proficiency in English is adequate and therefore require no language support (Foundation House, 2013). It is therefore important that service providers have tools available to effectively assess the English language proficiency of clients (Foundation House, 2013). Examples include the Victorian Transcultural Psychiatry Unit’s English proficiency scale (Victorian Transcultural Psychiatry Unit, 2006 - p.14) and a tip sheet developed by the Queensland Government’s for health staff that includes cues to be aware of to help indicate a client’s English language proficiency (Queensland Government, 2007, p.5). The stage two consultations with disability service providers will provide an opportunity to understand to what extent this is an issue and what tools are utilised.

As well, Foundation House’s 2013 research on effectively engaging interpreters in health settings suggests that underutilisation of interpreters may be related to service providers having a poor understanding of the importance of the role of credentialed interpreters. A number of participants in their study who worked in the health sector believed that credentialed interpreters were commonly viewed as *“…providing an add-on or ancillary service rather than being regarded as integral members of the team delivering health care to clients of low English proficiency”* (Foundation House, 2013, p.65). It will therefore be important for the second stage consultations in this project to ascertain to what extent this issue exists specifically among disability service providers.

**Interpreters as a ‘barrier’**

The ADHC staff survey in 2011 also highlighted that service providers do have some concerns about the professional conduct of interpreters, with a number of comments from survey participants worried about some of the private conversations interpreters had with families during a session, for instance, as well as staff who suspected interpreters were incorporating their personal views in the session.

A number of staff who participated in this ADHC survey also expressed concern about the impact that using an interpreter could have on the ability for a service provider to build a relationship with a client or family from a CALD background. Kosny *et al* (2014) shared similar assertions in their recent research on using interpreters to assist with interviews with immigrant workers. They found that the conduct and demeanour of the interpreter employed in a session had a significant effect on the ease of communication in an interpreting session and *“…in general, we found interviews with interpreters to be socially awkward”* (p.840).

While this may be an issue, ensuring that service providers work closely with interpreters can help minimise the impact of the ‘awkwardness’ that Kosny *et al* (2014) describe. Luk (2008), in her paper on overcoming language barriers in psychiatric practice, asserts that a key mistake often made by service providers (namely clinicians) was a failure to work closely with the interpreter as a partner. This includes the clinician explaining the purpose of the session so that, for example, culturally relevant explanations can be given by the interpreter where relevant. Similarly, it is worthwhile for service providers to conduct a post-session discussion with interpreters so that problematic areas can be clarified or explained and cultural issues can be discussed (Luk, 2008).

**Practical challenges**

ADHC’s 2011 staff survey results also illuminated the practical challenges that service providers experienced when working with the interpreter sector. Issues such as a lack of availability or interpreters showing up late / not at all to booked sessions are no doubt frustrating for service providers (as well as clients) and can impact in the perceived professionalism of the interpreter sector and can potentially lead to a reluctance to further engage with interpreters. It is therefore important for this project to understand what options exist to ensure interpreters are better supported so that practical and logistical challenges are minimised (ADHC, 2011).

**A2.3 The interpreter sector**

**Interpreter competence / capacity**

This evidence base found little research conducted to date on the competence or capacity of interpreters to work in the disability sector. However there is some research on using interpreters in other settings (e.g. research and health-care settings) which highlights the variability of the quality of skills that exist in the sector among professional interpreters. Kosny *et al’s* (2014) recent research using interpreters to conduct interviews with immigrant workers found that even though professional interpreters were used to conduct the interviews:

*“…the skills and methods of interpretation varied widely among interpreters. All (14) interpreters had a different approach to interpretation. Some, for example, took copious notes during the interview whereas others took none at all. Some interpreters spoke to the participant; others spoke to the interviewer. Some interpreters were very friendly; others were formal and detached. The English-language proficiency of the interpreters varied as well. Some spoke English fluently, whereas others made language errors … and did not understand some of the questions asked” (p.839).*

Kosny *et al* (2014) concluded that this variability in competence and approach impacted significantly on the development of rapport between all parties. If similar variability is present in the NSW interpreter sector, it therefore impacts on the extent to which people with a disability, families and carers who require interpreters are able to communicate both clearly and effectively.

It will therefore be important to explore the extent to which variability is believed to exist among a range of stakeholders being consulted in stage two of this research and, if relevant, what support or training is required to minimise this.

**The importance of adequate briefing / time**

A significant issue which emerged in the research was the positive impact that having adequate time to speak with service providers and people with a disability, both before / after an interpreting session, could have on facilitating effective communication (National Ethnic Disability Alliance, May 2004; Luk, 2008; Higgins *et al*, 2009; Banerjee and Guiberson, 2012). For example, Luk (2008) asserts that an interpreter who has not been properly briefed and may be unfamiliar with mental health issues among refugees or the goals of an *interview “…may omit, add or change information of statements made by patients in order to make sensible, coherent statements”* (p.533). This may serve to deprive a clinician (in this instance) of important mental status findings (Luk, 2008).

Allowing for, booking and paying for extra time with an interpreter before the session commenced was seen as being critical to better understanding the needs of people with a disability from CALD backgrounds. Banerjee and Guiberson (2012) also highlight that the briefing prior to an interpreting session is useful to clarify with the client the type of interpretation that is preferred (e.g. simultaneous interpreting; consecutive interpreting; summary interpreting). It is also important that clients with a disability are made aware of briefings being an option, as the NDIS model is built on providing the person with a disability with the funding allowing for the purchase of the supports they desire, which includes interpreters.

Feedback gathered in ADHC’s 2011 qualitative survey attests to this need for adequate briefing and debriefing time, as it was felt to not only improve the quality of the interpreting session, but helped people with a disability and service providers feel more comfortable and listened to.

It will be worthwhile therefore looking at the prevalence and practicalities around booking interpreters for briefing times (before or after an interpreting session) from the perspective of the interpreter, the service provider and (importantly) the person with a disability, their families and carers as there are no doubt concerns about the added costs involved and who will pay for this (i.e. service providers as a part of the organisation meeting customer service needs vs. clients as a part of their individual package).

**Interpreter Code of Ethics**

The national professional association for interpreters and translators in Australia is the Australian Institute of Interpreters and Translators (AUSIT). AUSIT works closely with NAATI to set, maintain and monitor standards in the interpreting profession in Australia and has developed a Code of Ethics and Code of Conduct. Revised in December 2012, the Code of Ethics in particular sets out nine general principles for interpreters and how they should be applied:

1. Professional conduct;
2. Confidentiality;
3. Competence;
4. Impartiality;
5. Accuracy;
6. Clarity of role boundaries;
7. Maintaining professional relationships;
8. Professional development;
9. Professional solidarity.

Of relevance to this project in particular are principles 1 -7 which relate to the nature of services being provided to people with a disability, families and carers from a CALD background. As stage two of this project involves consultation with training organisations and accreditation / industry bodies, in addition to the interpreter sector, it will be important to ascertain awareness of this Code among these groups in terms of perceived meaning of the code, and particularly how it applies within a disability context.

**Workforce issues**

When considering the support requirements for interpreters to more effectively work with the disability sector, it is also of relevance to take into account workforce issues and the availability of accredited practitioners.

In Foundation House’s 2013 research on promoting the engagement of interpreters in health settings, a number of service providers in Victoria commented on the shortage of credentialed interpreters available to them (and to other service providers) particularly in new and emerging language groups. This shortage was also believed to exist within more established language groups where experienced interpreters were retiring and not necessarily being replaced (e.g. Italian, Greek, Macedonian and Polish) (Foundation House, 2013).

This issue of demand for interpreters outweighing supply was reiterated in some 2012 research conducted by Professionals Australia (formerly known as The Association of Professional Engineers, Scientists and Managers Australia, APESMA), the union representing the interpreter sector. The Professionals Australia research also found that there are significant issues around staff retention in the interpreter sector which could impact on the long term viability of the workforce and therefore their availability to service providers. This research cited a number of reasons why interpreters were leaving the sector, including (APESMA, 2012):

* Poor remuneration;
* Interpreting work often being casual in nature;
* Poor job security;
* Interpreters being frustrated with an inability to recoup costs for training and professional development courses.

With this context in mind, within the consultation sessions with interpreters during stage two of this project, it will therefore be worth exploring what the impact of these workforce issues may be on interpreters seeking to ‘upskill’ in particular. For example, the cost of gaining additional skills might be seen to outweigh the benefit in terms of earning capacity.

**A3. Other issues to explore with the interpreter sector**

Other issues identified in this evidence base and which should be explored further in the stage two consultation phase of this project include:

* The extent to which the interpreter sector desires additional training or support to work more effectively with the disability sector. Work by Taylor-Ritzler *et al* (2008) with researchers employed in the disability sector found that forty percent reported a need for cultural competence training for their staff or themselves;
* Where interpreters currently go to for information on how to improve their language or practice. For instance, ADHC’s 2011 qualitative survey with staff found that some staff were concerned with the lack of understanding interpreters had about certain conditions clients had, as well as appropriate disability language;
* Understand the impact of telephone interpreting on how competently interpreters feel they can do their job (as well as the impact of this method in facilitating effective communication for people with a disability from CALD backgrounds). Research conducted by Lee (2007) found that Korean telephone interpreters in Australia felt they offered their services quite differently over the telephone than when working face-to-face. A number of participant’s in Lee’s research felt telephone interpreting required them to also ‘manage the communication’ which inevitably led to less smooth interactions;
* Specifically, understanding the extent to which interpreters operating through the Commonwealth’s TIS are given disability awareness training and what the needs are in this area. This is important to consider separately in light of TIS’s wide reach and accessibility for disability service providers in NSW. While this may be the predominant provider for phone-based interpreting in NSW for the vast majority of disability service providers, where possible, this project should also explore alternatives to this model. As such, part of the project will be to scan the supply side of the interpreting industry in NSW.

**A4. Resources currently available to support interpreters**

This evidence base also seeks to scope the range of resources, tools or strategies currently available to the interpreter sector to help ensure they work effectively within a disability context. As mentioned earlier in this evidence base, the search process to develop this evidence base uncovered few training resources around disability awareness or competency which had been developed specifically for the interpreter sector. It is therefore important to view the resources mentioned in this section of the evidence base as a starting point. Stage two of this project will provide an opportunity to qualitatively explore with a range of stakeholders what resources, tools or strategies are available for the interpreter sector to utilise and which are seen as useful and relevant when working with people with a disability.

**AUSIT and NAATI**

While the AUSIT and NAATI websites provide a summary of the professional development opportunities for practitioners available (e.g. medical interpreting seminar, workshops relating to ethical dilemmas in interpreting) they do not contain any information on training or professional development available to more competently work in the disability sector. As stage two of this project will involve consultation with both AUSIT and NAATI, it will be useful to scope in the subsequent consultations whether there is any disability-specific training on offer for interpreters seeking these skills.

Considering the likely pressure on demand that the NDIS will place on the interpreter sector, a potential gap in training offered would represent an opportunity for bodies like AUSIT and NAATI (as well as other training organisations) and will be important to address in this project’s consultations with industry bodies working with and representing interpreters.

**Other resources, tools and strategies identified**

Examples of some of the resources, tools and strategies identified in this evidence base which the interpreter sector could use to work more effectively with people with a disability, families and carers from CALD backgrounds are:

* Adopting more flexible approaches to the interpreter session which are heavily led by the needs of the client. Fryer *et al* (2013) offer the example of the ‘teach-back’ method where the interpreter asks the client at regular junctures to explain back to them information provided. This helps ensure that the client fully understands what information is being relayed to them;
* Guidelines and handbooks designed to assist interpreters to work in quite specific settings, such as The Victorian Transcultural Psychiatry Unit’s *Guidelines for Interpreting in Psychiatric Settings* (2006);
* Disability term fact sheets developed by the Multicultural Disability Advocacy Association (MDAA). These fact sheets list 44 terms and ideas about disability in both plain English and in one of 14 languages to help people better understand their meaning and to ensure that disability is not referred to in negative ways;
* Pictorial cue cards developed in other languages to assist workers in aged care settings communicate with CALD clients, particularly for clients with dementia (e.g. The Centre for Cultural Diversity in Ageing);
* Various disability awareness courses run by a range of organisations, mostly larger disability peak bodies, in NSW. While none specifically deal with disability from a CALD perspective, they nevertheless give an overview of key concepts in developing disability awareness, particularly around respectful and appropriate communication. Among those identified include:
	+ The NSW Ombudsman – Run a one-day disability awareness course[[15]](#footnote-15) for individuals working with people with a disability. The course covers general disability awareness, the legal and policy framework for working with people with a disability as well as tips on appropriate communication. The course, run by a person with a disability, is offered on an ad-hoc basis.
	+ ParaQuad – Run the ‘It’s Your Business - Disability Awareness Workshop’ for businesses and individuals who work in roles where they may assist a person with a physical disability. Although the course is marketed on the ParaQuad website as highly recommended for *“front of house, retail, hospitality, medical and customer service staff”*[[16]](#footnote-16) the content of the course is nevertheless relevant for interpreters and includes disability awareness and general etiquette, information on social inclusion and person centred approaches as well as communication approaches.
	+ People With Disability – Also offer a disability awareness and competency course[[17]](#footnote-17) comprised of core and optional supplementary modules. The core modules deal with issues which would be relevant for the interpreter sector, such as definitions of disability, myths and facts related to disability and respectful language and communication. Supplementary modules can be customised for different service providers to help participants familiarise themselves with potential situations specific to their role.

As a part of developing this evidence base, a few other disability peak bodies were contacted to see whether they offered training around working with people with a disability (e.g. NSW Council for Intellectual Disability; Spinal Cord Injuries Australia). While training was available, it was only on offer for internally and not something these organisations marketed externally.

Leotta’s (2013) work in the disability sector also discusses the potential to develop systems that allow service providers to more easily connect with interpreters who have expertise working in the disability sector (e.g. a database of skilled practitioners) or the support and development of a system in the non-government sector similar to the NSW Government’s Community Language Allowance Scheme (CLAS). While these strategies are yet to be put into place in NSW, they emphasise the potential to develop an interpreter sector in NSW which has the supports and infrastructure in place to more effectively engage with people with a disability, families and carers from CALD backgrounds.

It will be important for this project to understand, particularly from the interpreter sector, the perceived usefulness and value of these existing and potential resources in an NDIS context, as well as understanding what other tools are available, where the current gaps are in terms of disability awareness resources and what opportunities there are to develop quite specific materials that help support interpreters to work more competently in the disability sector.

**Benefits of disability awareness training**

As mentioned previously, this evidence base was only able to find a small pool of resources and tools which could be used to support interpreters to work more competently in the disability sector. It is however worth acknowledging that there is research to support the positive impact that disability awareness programs could have on service providers and how they engaged with people with a disability.

For example, Henczel and O’Brien (2011), who evaluated a disability awareness scheme for library staff in regional Victoria, found staff who participated in a two-and-a-half-day training session felt much more confident about working with people with a disability. This increased feeling of confidence was also found in McMurray and Beebee’s (2007) evaluation of learning disability training among hospital staff. Even when disability awareness training is offered as an online module, there is evidence to suggest that disability awareness could nevertheless still increase (Forrest, 2007).

More broadly, in terms of the factors that affect attitude change towards people with a disability, Murfitt (2006) concludes that positive attitudes towards people with a disability are more likely to develop when an awareness program involves interactions between people with disabilities and there is equal status in the relationship between the person with a disability and the person without a disability.

References

Ageing, Disability and Home Care (ADHC) (November 2011). Language Services Scoping Project – Qualitative survey results summary.

Australian Bureau of Statistics (2011). *Census of Population and Housing.*

Australian Bureau of Statistics (2012). *Survey of Disability, Ageing and Carers*.

Australian Institute of Interpreters and Translators (AUSIT) Code of Ethics and Code of Conduct, viewed 04 August 2014, <<http://www.ausit.org/AUSIT/About/Ethics___Conduct/Code_of_Ethics/AUSIT/About/Code_of_Ethics.aspx?hkey=fe40bef6-0e08-4958-a59d-87f3729517b3>>.

Banerjee, R., and Guiberson M. (2012) Evaluating young children from culturally and linguistically diverse backgrounds for special education services. *Young Exceptional Children*. 15:33 pp. 33-45.

Centre for Cultural Diversity in Ageing, Multilingual resources – Communication cards, viewed 04 August 2014, <http://www.culturaldiversity.com.au/resources/multilingual-resources/communication-cards>.

Chamba, R., Ahmad, W., Hirst, M., Lawton, D., & Beresford, D. (1999). One the edge: Minority ethnic families caring for a severely disabled child. Bristol: Policy Press.

Community Relations Commission of NSW, Community Language Allowance Scheme (CLAS), viewed 04 August 2014, <<http://www.crc.nsw.gov.au/services/clas>>.

Department of Immigration and Border Protection’s Settlement Reporting Facility, <<http://www.immi.gov.au/settlement/srf/>>.

Diversitat Disability Findings Report (August 2014). Provided by NDS 22 August 2014.

Forrest, M. (2007). Disability awareness training for library staff: Evaluating an online module. *Library Review*, 56(8) pp. 707-715.

Foundation House (2013). Promoting the engagement of interpreters in Victorian health settings. The Victorian Foundation for Survivors of Torture: Brunswick.

Fryer, C.E., Mackintosh, S.F., Stanley, M.J., and Crichton, J. (2013). ‘I understand all the things’: How older people with limited English proficiency decide their need for a professional interpreter during health care after stroke. *Ethnicity and Health*, 18:6 pp. 610-625.

Gray, B., Hilder, J., and Donaldson H. (2011). Why do we not use trained interpreters for all patients with limited English proficiency?’ Is there a place for using family members? *Australian Journal of Primary Health*. 17(3) pp. 240-249.

Henczel S., and O’Brien K. (2011). Developing good hearts: The Disability Awareness Training Scheme for Geelong regional libraries staff. *Aplis.* 24(2) pp. 67-73.

Higgins, A., Lalor, J., Sheerin, F., Alexander, J., Nicholl, H., Lawler, D., Keenan, P., Tuohy, T., and Kavanagh, R. (2009). ‘Women with disabilities: Barriers and facilitators to accessing services during pregnancy, childbirth and early motherhood’. Begley, C. (ed.). Trinity College Dublin - School of Nursing and Midwifery, Dublin: Ireland.

Human Rights and Equal Opportunity Commission (HEREOC), 2000. On the sidelines: Disability and people from non-English speaking background communities, viewed 04 August 2014, <https://www.humanrights.gov.au/publications/sidelines-disability-and-people-non-english-speaking-background-communities-2000>.

Kale, E. and H.R. Syed. (2010). Language barriers and the use of interpreters in public health services: A questionnaire-based survey. *Patient Education and Counselling*. 81(2) pp. 187-191.

Kosny, A., MacEachen, E., Lifshen, M., and Smith, P. (2014). Another person in the room: Using interpreters during interviews with immigrant workers. *Qualitative Health Research*. 24(6) pp. 837-845.

Lee, J. (2007). Telephone interpreting - seen from the interpreter’s perspective. *Interpreting*. 9:2 pp. 231-252.

Leotta, G. (August 2013). Cultural competency scoping project: Final report. Sydney: Family and Community Services: Ageing, Disability and Home Care.

Lightfoot E., and Williams O. (2009). The intersection of disability, diversity, and domestic violence: Results of national focus groups. *Journal of Aggression, Maltreatment and Trauma*, 18:2 pp. 133-152.

Luk, S. (2008). Overcoming language barriers in psychiatric practice: Culturally sensitive and effective use of interpreters. *Journal of Immigrant and Refugee Studies*, 6:4 pp. 545-566.

McMurray A., and Beebee J. (2007). Learning disability awareness training for hospital staff. *Learning Disability Practice*. 10:3 pp. 10-14.

Multicultural Disability Advocacy Association (MDAA) Disability term fact sheets, viewed 04 August 2014, <<http://www.mdaa.org.au/resources/disability-terms-fact-sheets>>.

Murfitt, K. (2006). Attitude change in employment of people who have a disability. Deakin University, School of Psychology. Melbourne. Australia.

National Accreditation Authority for Translators and Interpreters (July 2013). Ethics of interpreting and translating: A guide to obtaining NAATI credentials (Booklet E). Canberra.

National Ethnic Disability Alliance (May 2004). Health and disability: A short paper from the National Ethnic Disability Alliance on the needs of people with disability from culturally diverse backgrounds, viewed 04 August 2014, <<https://www.humanrights.gov.au/sites/.../disability.../health/NESB.doc>>.

National Ethnic Disability Alliance, (2012). Perspectives of people with disability from non-English speaking backgrounds living in Australia. Prepared for the Australian Department of Families, Housing, Community Services and Indigenous Affairs.

National Ethnic Disability Alliance (2014), *Datacube,* <<http://public.tableausoftware.com/profile/#!/vizhome/Datacube2014/Introduction>>.

National Ethnic Disability Alliance (NEDA). One Million People Fact Sheet, viewed 17 September 2014, <http://www.neda.org.au/index.php/reports/item/one-million-people-fact-sheet>.

O’Connor, J., Barry, U., & Murphy, S. (2006) Exploring the research and policy gaps: A review on women and disability. National Disability Authority: Dublin.

ParaQuad website, viewed 17 September 2014, <http://www.paraquad.org.au/education-and-training/disability-awareness-workshop>.

People With Disability website, viewed 17 September 2014, <http://www.pwd.org.au/what-we-do/training-services.html>.

Queensland Government, Queensland Health. (2007). *Working with interpreters guidelines*.

Phillips, C.B., and Travaglia, J. (2011) Low levels of uptake for free interpreters by Australian doctors in private practice: Secondary analysis of national data. *Australian Health Review* (35) pp. 475-479.

Refugee Council of Australia (8 May, 2014). National settlement policy network teleconference: Supporting humanitarian entrants with disabilities. Viewed 11 August 2014, <<http://www.refugeecouncil.org.au/r/spn/140508-SPN.pdf>>.

Renzaho, A. (2008). Re-visioning cultural competence in community health services in Victoria. *Australian Health Review*. 32(2) pp. 223-235.

Taylor-Ritzler, T, Balcaza, F., Suarez-Balcazar, Y., Garcia-Iriarte, E. (2008). Conducting disability research with people from diverse ethnic groups: Challenges and opportunities. *Journal of Rehabilitation* 74(1) pp. 4-11.

The Association of Professional Engineers, Scientists and Managers Australia. (2012). Lost in translation: Barriers to building a sustainable Australian translating and interpreting industry. Melbourne, Victoria.

The Parliament of the Commonwealth of Australia. (November, 2012). *Australian Government response to the Joint Standing Committee on Migration report: Enabling Australia – Inquiry into the Migration Treatment of Disability,* viewed 17 September 2014, <http://www.aph.gov.au/parliamentary\_business/committees/house\_of\_representatives\_committees?url=mig/disability/government\_response.pdf>.

The Parliament of the Commonwealth of Australia. (June, 2010). *Enabling Australia: Inquiry into the Migration Treatment of Disability,* viewed 17 September 2014, *<*<http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=mig/disability/report.htm>>.

Vanstone, R. (April, 2012). Exploring barriers and facilitators to the use of qualified interpreters in health. Foundation House, Melbourne.

Victorian Transcultural Psychiatry Unit. (2006). Guidelines for working effectively with interpreters in mental health settings. Fitzroy, Victoria. viewed 04 August 2014, <www.vtmh.org.au/docs/interpreter/VTPU\_GuidelinesBooklet.pdf>.

Summary of search terms and results

| Search terms | Number of results (Peer reviewed journals only) |
| --- | --- |
| Disability + multicultural + interpreter | 389 |
| Disability + interpreter + competence | 730 |
| Disability + interpreter + awareness | 2 |
| Disability + interpreter + training | 5 |
| Disability + interpreter + resources | 4 |
| Disability + interpreter + tools + CALD | 9 |
| Disability + interpreter + support + CALD | 20 |
| Disability + competence + “interpreter service” | 0 |
| Disability + interpreter + attitudes | 2 |
| Disability + interpreter + professionalism | 125 |
| Disability + interpreter + knowledge | 7 |
| Disability + interpreter + discrimination | 11 |
| Disability + CALD + discrimination | 41 |

Appendix 2 – Discussion questions

**NDS Interpreter project discussion guide**

**Industry bodies, training providers and Experts in multicultural sector**

1. **Introduction & context (5-10 minutes)**
* Thank for time and explain purpose of research. Also explain our project focuses on supports for interpreter sector in NSW, so all questions refer to NSW-based experiences
	+ A separate piece of work is being conducted with service providers
* Explain that honest input appreciated. No right / wrong. All input confidential - no names used in reporting; aggregated results etc.
* We hope to feed back a summary of research results next year
* Explain recording (if relevant). Any questions?
* Explore role of stakeholder and the organisation they’re a part of – Nature of role; what their org’s area of work is; nature of work / contact with interpreter sector; breadth of the interpreter community they work with.
1. **Current disability attitudes, awareness and knowledge (10 – 15 mins)**
* How would you describe the general level of disability awareness within the interpreter sector? Why do you say that? Explore:
	+ Where have you observed higher awareness / lower awareness? What’s driven this?
	+ Has this shifted over time at all? If so, explore perceptions for how/why.
* What are some of the attitudes towards disability you’ve encountered in your work with the interpreter sector?
	+ What do you think drives / shapes these attitudes? Discuss.
* To what extent is the interpreter community aware of appropriate disability language? Discuss stakeholder’s experiences with regards to this - seek examples.
	+ (If relevant and known) - Where has awareness of appropriate disability language among interpreters come from? Who has driven awareness of this in the interpreter sector?
* Overall, how would you describe the level of competence the interpreter sector currently has to work with people with a disability, their family and carers? In your experience…
	+ What are some of the interpreter sector’s strengths / weaknesses with regards to working with the disability sector?
	+ How does this differ by different variables? (E.g. location, language, cultural background, gender, experience of interpreter, level of training / support received, personal characteristics etc.)
	+ Overall, what do you think is driving interpreter competence? (Probe: Experience with disability; experience of interpreter; cultural background / language; level of training / support etc.).
	+ Explore how they believe competence may differ (if at all) within new and emerging language groups.
* How would you describe the current capacity for the interpreter sector to improve its competency to work in the disability sector?
* Overall, how would you describe the level of competence the disability sector currently has to work with the interpreter sector? have you considered how to address this for this or other sectors?
* Have you considered the impact of the changes occurring in the disability sector, with regard to the NDIS and person centred approaches, on the interpreter sector? Explore further... planning for, meeting demand, recruitment, training needs?
1. **Supports / training / tools available to improve interpreter competence and capacity (10 – 15 mins)**
* For industry and training providers only - Explore the role of the AUSIT Code of Ethics and the impact of this on how interpreters work with clients with a disability, their family and carers.
* Ask all - What supports are you aware of (or do you currently offer) for the interpreter sector to ensure they have greater competence and capacity to work with people with a disability, their families and carers? Explore specifically:
	+ Past, present and potential / future supports they’re aware of/offer?
	+ Training they’re aware of that’s on offer to the interpreter sector? Seek further detail on past / present / future offers – Who’s offered it; What this consists of; topics covered; length of training / frequency; cost; compulsory vs not; who delivered it; how promoted; feedback from interpreter sector on perceived usefulness; general uptake and what’s driven this? Etc.
* What other supports / training / tools / strategies have you seen that have sought to increase the competence / capacity for interpreters to more effectively work in the disability sector? Probe: In other states? Internationally? Explore fully.
* What changes (if any) have you observed in the types of supports / training / tools available to support the interpreter sector to work more effectively and competently with disability? Explore:
	+ Any perceived shifts in language (e.g. person centred)?
	+ Techniques used?
* What are some of the general challenges / issues to be mindful of with regards to supporting the interpreter community to work more competently with people with a disability, their family and carers?
	+ Explore specific challenges they believe might exist for interpreters working in new and emerging language groups
	+ Changes occurring in disability sector.
1. **Opportunities and strategies for the interpreter sector (10 mins)**
* Overall, what do you believe should happen to help increase the competence and capacity of the interpreter sector to work more effectively with people with a disability, their family and carers? Explore…
	+ Nature of support needed? What areas should we focus on?
	+ What training could be conducted and by whom?
	+ Nature of resources that would benefit / be most accessible for interpreters eg e-learning?
	+ What issues they believe need to be addressed? What types of messages / learnings should be communicated?
* How do we ensure this is cost effective and sustainable?
* How do we ensure interpreters are ‘on board’? Is it about disability awareness generally or about addressing perceptions of disability / human rights-based approaches more broadly?
* Where are the needs greatest – where should we prioritise our efforts, particularly in terms of established and new / emerging languages?
* Which organisations are critical to align with so the interpreter sector as a whole is more supported?
* To finish up, imagine we’ve developed a model which fully supports the interpreter sector in NSW to work effectively and competently with the disability sector. What would this look like?
* Any other comments?
* Thank and close.

**People with disability, their families and carers from CALD backgrounds**

1. **Introduction (5 - 10minutes)**
* Thank for time and explain purpose of research
	+ Our project focuses on looking at how we can better support interpreters to work more effectively with people with disability, families and carers who might need an interpreter. Therefore it’s important to hear your perspectives to feed into this.
	+ A separate piece of work is being conducted with service providers and what type of support they need.
* Explain that honest input is appreciated. No right / wrong answers. All input is confidential - no names used in reporting; aggregated results etc.
* We hope to feed back a summary of research results next year
* Explain recording (if relevant). Any questions?
* Explore nature of contact participant/s have with disability service providers (what type; how frequent; who with) and who’s involved in these interactions (i.e. just the person with disability or family / carers too)?
1. **Context – Broad experience with interpreter services (10 mins)**
* Explore extent to which interpreters needed / wanted in interactions with disability service providers.
	+ Do they know they can request an interpreter? How / when was this information provided ie when meeting with new provider, through written provider information, from advocate, on ADHC website, told by word of mouth, etc?
	+ How do they make these needs / wants known – What was the response from disability service provider? Who do they organise this with? Who does the booking? How do they find this process overall?
	+ Extent to which needs / wants are met – When you’d like an interpreter, how often do you get one? What are the factors that seem to influence this? Do you get a choice in what type of interpreter you’re given (e.g. someone who you’ve worked with before, male / female etc.)
	+ If needs haven’t been met, what occurs / course of action (e.g. wait until one’s available; use family member; just go without).
* Discuss the types of interpreters they’ve used in interactions with disability service providers, how frequently they’re used and which they prefer and why? Are there some which are preferred for certain types of interactions vs others? Explore:
	+ Face to face, professionally trained / accredited interpreters?
	+ Face to face interpreters who aren’t professionally trained (e.g. community leaders; family / friend / carer)?
	+ Telephone interpreters (via TIS)?
	+ Bilingual / bicultural staff?
* How do you know if the interpreter employed to work with you is “professionally trained” – Do service providers tell you if this is the case? Is this something you’re aware of generally or that you look for? Why / why not? Would you like to know this / do you care about this – why do you say that?
* How have you found the process of using an interpreter for conversations with disability service providers? Did staff know what to do? Were you involved in briefing the interpreter? Did staff talk to you or to the interpreter?
* Was this a positive experience? Did the conversation achieve outcomes?
* How have you found these types of interactions overall?
1. **Specific experiences with interpreter services (10 – 15 minutes)**

We’ve talked a little about your broad experiences and preferences with regards to interpreters. Now we’d like to look at some of your experiences in more detail.

* Thinking about all of your experiences with interpreters, describe a really good experience you’ve had? (If they have difficulty thinking of one, then ask – what would make an experience with an interpreter really positive?) Explore in detail. Probe:
	+ What is it about that interaction that’s made it a really good experience? What sets it apart from other experiences with interpreter/s you’ve had?
	+ Skills of interpreter? Interpreter’s attitude? How the session was run? Specific knowledge the interpreter had? Something else?
	+ How has the whole experience made you (or your family / carers, if relevant) feel?
* What’s a less positive experience you’ve had with an interpreter? (If they have difficulty thinking of one, then ask – what would make it a bad experience?) Explore in detail.
* Overall, when you’re working through an interpreter, what’s important to you in terms of how they work? Explore what the participant’s preferences are for a really positive session where they feel listened to, and where they feel their feelings are properly represented. Probe:
	+ How they speak to you / family / carer?
	+ How they treat you / family / carer? (E.g. ignoring the person with a disability; Only talking to the service provider, family member / carer; Not treating you with respect; Discriminated against; ‘talk down’ to you etc.)
	+ Professionalism?
	+ Level of experience generally? Level of experience with disability?
	+ Briefing time before / after the session?
1. **Disability attitudes, awareness and knowledge (10 mins)**
* How would you describe the general level of awareness about disability among the different interpreters you’ve used? Explore for differences by type of interpreter, type of service provider?
* What are some of the attitudes towards disability you’ve encountered when you’ve used interpreters?
* What do the interpreters you’ve used need to know about working with people with a disability and their family / carers?
	+ How can they improve? What do they need to do differently?
	+ What are some of the messages we need to tell them?
* How do we make sure that people with a disability, their family and carers who use interpreters:
	+ Feel listened to?
	+ Feel respected?
* Any other comments?

**NDS Interpreter project discussion guide**

**Focus groups with interpreters, employers & ADHC-funded NGOs**

1. **Introduction & context (10 – 15 minutes)**
* Thank for time and explain purpose of research. Also explain our project focuses on supports for the interpreter sector in NSW, so all questions refer to NSW-based experiences
	+ While we are speaking to service providers too (one focus group), a separate piece of work is being conducted with a much larger group of service providers
* Explain that honest input appreciated – it’s not a test. We’d really like to know more about how your sector works. All input is confidential - no names used in reporting; aggregated results etc.
* We hope to feed back a summary of research results next year
* Explain recording (if relevant). Any questions?
* Go around the room and explore:
	+ **Among interpreters:** Language/s you work in; how long for; type of services offered (phone, face to face etc); Whether full time role or part-time/casual; Who employed by; Types of settings they generally work in; What motivates them to work in the industry?
	+ **Among employers:** Size of interpreter pool; Where they recruit their interpreters from; Languages they cater for and which are easier / harder to cater for (and why); Accreditation requirements for employees; What industries they predominantly offer their services to?
	+ **Among ADHC-funded NGOs:** Nature of services they offer people with a disability; CALD mix of clients they currently work with and extent to which interpreters are called in for people with a disability, family and their carers; Which languages most typically required and who they book interpreters with?
1. **Current disability attitudes, awareness and knowledge (15 – 20 mins)**

**Ask interpreters only**:

* In your experience as an interpreter, how much experience would you say you’ve had working with people with a disability, their family and carers?
* Have you had any training in this area and if so by whom?
* How would you describe your overall level of … when working as an interpreter?
	+ disability awareness?
	+ Appropriate terminology
* Probe: High? Medium? Low? What makes you say that? (Note: We’re looking for what interpreters think might make them ‘disability aware’). Have you changed at all with regards to this? Explore how.
	+ Explore perceptions and attitudes towards disability within interpreter sector as a whole and within their language group.
* To what extent do you work differently when you’re working with a client, family member or carer with a disability compared to other interpreting scenarios? Explore fully. Probe: Your approach? Communication strategies? How you interpret?
	+ Explore perceptions of disability within interpreter sector as a whole and within their language group.
* What are the language ‘dos’ and ‘don’ts’ when working as an interpreter for people with a disability, family and carers? (i.e. What language should you use vs. should never use). Where have you gained this knowledge (Probe: On the job; Specific training – explore).
	+ To what extent do you think this is known in the interpreter sector as a whole?
	+ Within your language group?
* What level of experience do you have (if any) working with disability organisations / workers.

If any mention, then probe further - How did you find this? How well prepared were they to work with interpreters (e.g. did they adequately brief you? Did they speak to you instead of the person?)

* So overall, how well prepared / trained / competent do you feel to work with people with a disability, their family and carers? Why?
	+ What about the interpreter sector as a whole? Other interpreters in your language group? Why do you say that?
* What about the disability sector – how well prepared / trained / competent do you think they are in: (see below). Why do you say that?
	+ Working with people with a disability, families and carers who need an interpreter?
	+ Working with interpreters like yourself?

**Ask employers / ADHC-funded NGOs only:**

* When working with a client with a disability, their family and carers, how would you describe the interpreter sector’s general level of disability awareness? Why do you say that? Explore:
	+ Where have you observed higher awareness / lower awareness? What do you think’s driven this?
	+ Has this shifted over time at all? If so, explore perceptions for how.
* What are some of the attitudes towards disability you’ve encountered among the interpreters you’ve worked with?
	+ What do you think drives / shapes these attitudes?
	+ Have you seen any changes in these types of attitudes among the interpreters you’ve worked with (e.g. Greater awareness of human rights and anti-discrimination?)
* To what extent is the interpreter community aware of appropriate disability language and terminology? Discuss stakeholder’s experiences with regards to this - seek examples.
	+ (If relevant and known) - Where has awareness of appropriate language among interpreters come from? Who has driven awareness of this in the interpreter sector? What training/resources do you know of if any?
	+ **For employers only:** Is this something you look for when recruiting? When booking an interpreter into a specific job? Is this included in profile / information kept about interpreter skills?
	+ **For ADHC-funded NGOs only:** Is this something you ask for when booking an interpreter? Can you ask for this?
* Overall, how would you describe the level of competence the interpreter sector currently has to work with people with a disability, their family and carers? In your experience…
	+ What are some of the interpreter sector’s strengths / weaknesses with regards to working with the disability sector?
	+ How does this differ by different variables? (E.g. location, language, experience of interpreter, level of training / support received, personal characteristics, attitudes, etc.)
	+ Overall, what do you think is driving interpreter competence? (Probe: Experience with disability; experience of interpreter; cultural background / language; level of training / support, rights-based approaches, etc.).
	+ Explore how they believe competence may differ (if at all) within new and emerging language groups.
* How would you describe the current capacity for the interpreter sector to improve its competency to work in the disability sector?
* Have you considered the impact of the changes occurring in the disability sector, with regard to the NDIS, and the potential this has to increase demand for interpreters? Explore.
* **For ADHC-funded NGOs only:** How would you describe the current capacity for the disability sector to improve its competency to work with the interpreter sector? How would you assess your skills to work effectively with interpreters as an organisation?

**For ADHC-funded NGOs only:** Have you received support or resources from interpreter sector about how to book interpreters, good practice when using interpreters, etc? Was this useful? Would this be useful?

* **For employers only:** Have you provided support and/or resources to the disability (or other) sector about how to book interpreters, good practice when using interpreters, etc? Was this well-received?
* Have you ever had an issue or complaint about the perceived competence of an interpreter to work with a client with a disability (and their family, carer/s, if relevant)? Explore in detail:
	+ What was the issue or nature of the complaint?
	+ Who was the complaint made by and how?
	+ How did you handle this – course of action?
	+ How did you communicate this action/outcome to the client (if applicable)?
	+ What was the impact on the client (if known)?
	+ Did this have an impact, change or improve practice?
1. **Supports / training / tools available to improve interpreter competence and capacity (15 – 20 mins)**

**Ask interpreters and employers only:**

* To what extent is adhering to the AUSIT Code of Ethics something you think about when you’re working as an interpreter / in your practice? Explore the role this plays in everyday interpreter practice.
	+ To what extent is this something you / your organisation refers to / thinks about when working with a client with a disability, their family or carers? Explore.

**Ask all:**

* What supports are you aware of (or do you currently offer) for the interpreter sector to ensure they have greater competence and capacity to work with people with a disability, their families and carers? Explore specifically:
	+ Past, present and potential / future supports they’re aware of (or that you’ve used)?
	+ Training they’re aware of that’s on offer to the interpreter sector? Seek further detail on past / present / future offers – Who’s offered it; What this consists of; topics covered; length of training / frequency; cost; compulsory vs not; who delivered it; how promoted; feedback from interpreter sector on perceived usefulness; general uptake and what’s driven this? Etc.
* What other supports / training / tools / strategies have you seen that have sought to increase the competence / capacity for interpreters to more effectively work in the disability sector? Probe: In other states? Internationally? In other industries? Among your peers? Explore fully.
* **Particularly for ADHC-funded NGOs, but ask all:** What supports / tools / strategies / training have you seen (not necessarily designed for the interpreter sector) which deals with increasing disability awareness, knowledge and general competence that’s been great? Seek further detail about this – Who for? Who developed? Where? Possibility of access to this information?
* Explore awareness of tools / training currently available which the interpreter sector can use, and whether they perceive the interpreter sector are aware of them, use them etc. For example (use these plus any other good ones which come up in the other consultations)
	+ Disability awareness courses run by range of disability service providers
	+ Victorian Transcultural Psychiatry Unit’s 2006 *Guidelines for interpreting in Psychiatric Settings*
	+ MDAA fact sheets
		- Have you used these in practice? Training? To what extent do you think they’re useful / helpful? Why do you say that?
		- Are they still current?
* What changes (if any) have you observed in the types of supports / training / tools available to support the interpreter sector to work more effectively and competently with disability? Explore:
	+ Any perceived shifts in language (e.g. person-centred)?
	+ Techniques used?
* What are some of the general challenges / issues to be mindful of with regards to supporting the interpreter community to work more competently with people with a disability, their family and carers?
	+ Explore specific challenges they believe might exist for interpreters working in new and emerging language groups.
* Have you considered the impact of the changes occurring in the disability sector, with regard to the NDIS and person-centred approaches, on the type of training / support / resources for the interpreter sector? (Explore further- choice and control, PWD informed of changes, conversations driven by PWD, not organisations)

**For ADHC-funded NGOs only:**

* What role can organisations like yours play in supporting interpreters to be better skilled at working with people with a disability, family and carers from a CALD background? Explore fully.
1. **Opportunities and strategies for the interpreter sector (15 mins)**
* Overall, what do you believe should happen to help increase the competence and capacity of the interpreter sector to work more effectively with people with a disability, their family and carers? Explore…
	+ Nature of support needed? What areas should we focus on?
	+ What issues they believe need to be addressed? What types of messages / learnings should be communicated?
	+ How can support for the disability sector to work with interpreters complement this? Whose role?
* How do we ensure this is cost effective and sustainable?
* How do we ensure:
	+ Interpreters are ‘on board’?
	+ Employers take this seriously? Make it a priority?
* Where are the needs greatest – where should we prioritise our efforts, particularly in terms of established and new / emerging languages?
* Which organisations are critical to align with so the interpreter sector as a whole is more supported?
	+ Who should take carriage of this and why?
* To finish up, imagine we’ve developed a model which fully supports the interpreter sector in NSW to work effectively and competently with the disability sector. What would this look like?

1. *Ibid.* [↑](#footnote-ref-1)
2. http://www.neda.org.au/index.php/reports/item/one-million-people-fact-sheet [↑](#footnote-ref-2)
3. <http://www.ausit.org/AUSIT/About/Our_Industry/AUSIT___NAATI/AUSIT/About/Our_Industry_-_Difference_between_AUSIT_and_NAATI.aspx?hkey=60c341f2-3724-4925-b919-c3f20a51cf2b> [↑](#footnote-ref-3)
4. <http://law.ato.gov.au/atolaw/view.htm?DocID=LIT/ICD/VID409of2009/00001> [↑](#footnote-ref-4)
5. <http://www.mallesons.com/publications/marketAlerts/2011/Workplace_and_Employee_Relations_Update_June_2011/Pages/Federal_Court_decision_highlights_confusion_surrounding_independent_contractor_employeetest.aspx> [↑](#footnote-ref-5)
6. <http://concettafierravantiwells.dss.gov.au/media-releases/translating-and-interpreting-sector-roundtable> [↑](#footnote-ref-6)
7. <http://www.naati.com.au/PDF/INT/INT%20Project%20Discussion%20Paper%20-%20November%202013.pdf> [↑](#footnote-ref-7)
8. <http://www.health.vic.gov.au/__data/assets/pdf_file/0020/353081/hiop.pdf> [↑](#footnote-ref-8)
9. http://www.neda.org.au/index.php/reports/item/one-million-people-fact-sheet [↑](#footnote-ref-9)
10. *Ibid.* [↑](#footnote-ref-10)
11. http://www.neda.org.au/index.php/reports/item/one-million-people-fact-sheet [↑](#footnote-ref-11)
12. <http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=mig/disability/report.htm> [↑](#footnote-ref-12)
13. <http://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=mig/disability/government_response.pdf> [↑](#footnote-ref-13)
14. <http://www.immi.gov.au/settlement/srf/> [↑](#footnote-ref-14)
15. https://www.ombo.nsw.gov.au/training-workshops-and-events/our-workshops/access-and-equity-training/disability-awareness-training [↑](#footnote-ref-15)
16. http://www.paraquad.org.au/education-and-training/disability-awareness-workshop/ [↑](#footnote-ref-16)
17. http://www.pwd.org.au/what-we-do/training-services.html [↑](#footnote-ref-17)