Interpreter Access Issues for People of Refugee Backgrounds in Victoria

June 2023
Prepared by the Victorian Refugee Health Network
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About the Victorian Refugee Health Network

The Victorian Refugee Health Network (The Network) was established in June 2007 with the aim to ensure that all Victorians of refugee background, including those seeking asylum, have timely access to appropriate services and other resources required to build and maintain health and wellbeing. The network does this by facilitating greater coordination and collaboration amongst health and community services to provide more accessible and appropriate health services for people of refugee backgrounds. The network harnesses the expertise from the health sector and the community to identify and respond to systemic issues and provide credible, trusted advice towards policy and service development.

The Network reports regularly to the Department of Health in Victoria providing advice on the most significant issues that are impacting refugee and asylum seeker health and wellbeing at the current time. More information about the Network may be found on our website: www.refugeehealthnetwork.org.au

Overview

The majority of newly arrived people from refugee backgrounds do not speak English or do not speak English well[1], yet research shows that credentialed interpreters are only engaged for a small percentage of consultations in primary care[2].

This report provides a summary of the responses received from the Network's survey and consultation with health and community services around interpreter access issues for clients from refugee and asylum seeker backgrounds. Responses from the survey have outlined there are current challenges in accessing interpreters and certain language groups that have limited interpreters available.

[1] Data extracted from Settlement Data provided by the Department of Home Affairs, April 2023.
[2] Bayram et al (2016) Consultation conducted in languages other than English in Australian general practice, Australian Family Physician, vol 45, no (1-2).

The Survey

The Network conducted a brief survey that was distributed to subscribed members with 119 responses from people who work across health, settlement, housing, legal and asylum seeker agencies. Respondents of this survey included 63% of people who work in Metropolitan Melbourne and 37% who work in rural and regional areas.

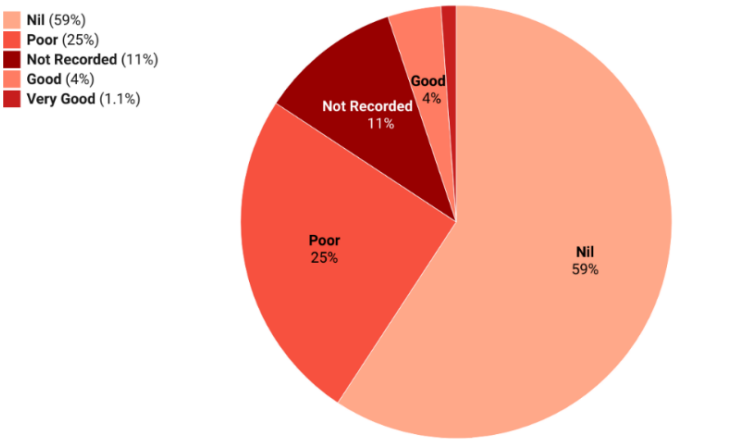
The Network received numerous case study examples that have outlined the impact that interpreter shortages have had on health care access and health service provision for people of refugee backgrounds. Case studies demonstrated there is not an adequate number of interpreters available across language groups. This has resulted in medical appointments being cancelled, delays in health care access and/or health assessments being undertaken without an interpreter, and using family or community members to translate, going against professional and best practice standards. The Network welcomes this opportunity to provide feedback on these survey results to help identify language groups to be considered for the Interpreter Scholarship Program.

Language Groups

According to data obtained through a settlement data request from the Department of Home Affairs, 59% of people who have arrived in Australia in the past 10 years and currently reside in Victoria have 'Nil' recorded in regard to their English proficiency.

English Proficiency of people in Victoria with visa subclass (200 series & 866) who have arrived in Australia in the past 10 years

Humanitarian settlers with a Date of Arrival between 01/01/2013 and 31/03/2023 are currently recorded as residing in Victoria as at 04/05/2023



** SDB data is compiled from a number of sources including Department of Home Affairs, other Commonwealth agencies and service providers.*

Chart: Victorian Refugee Health Network • Source: Settlement Data Request- Department of Home Affairs • Created with Datawrapper

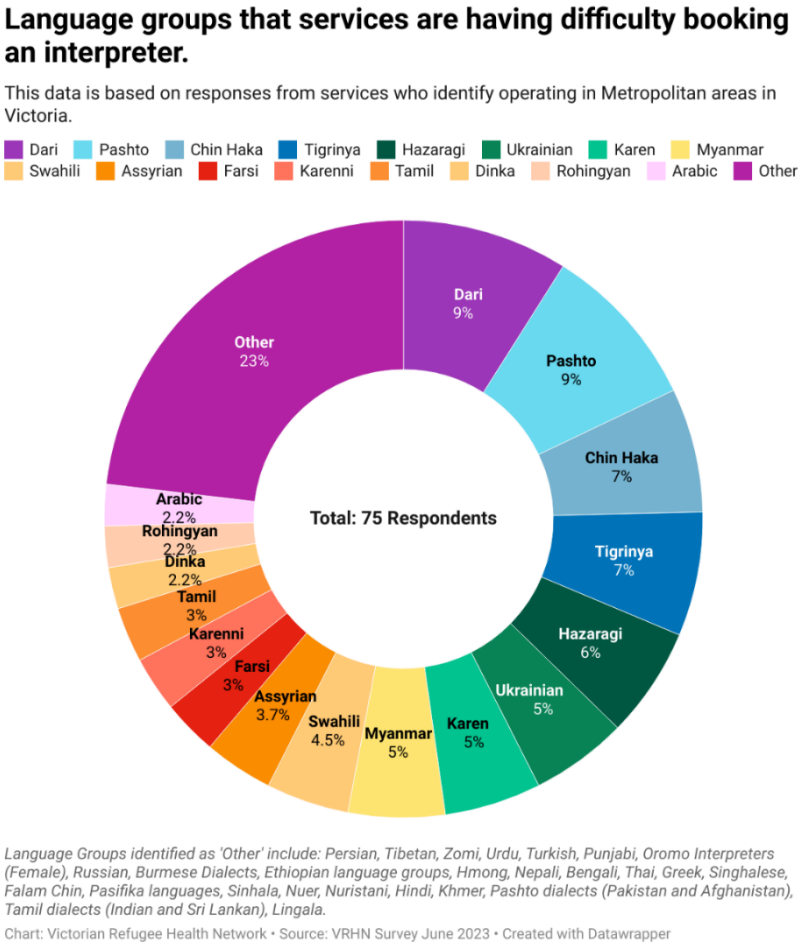
Further to this, according to a recent report by the Department of Family, Fairness and Housing (DFFH): Zomi, Karen, Burmese (and related languages), Chin Haka, Rohingya, Khmer, Assyrian Neo-Aramaic, Tibetan, Hazaragi, Dan (Gio-Dan), Kirundi, Dari, Kurdish, Uygur and Turkish were identified within the 'top 30 community language communities with the highest levels of low English proficiency'[3].

These language groups identified are most common for people of refugee backgrounds and have also been mentioned in the survey results from services operating in both metro and rural and regional areas.

[3] Mapping languages spoken in Victoria: Metropolitan Melbourne https://www.dffh.vic.gov.au/mapping-languages-spoken-victoria

Metropolitan areas

Health care providers have a professional obligation to understand their patients' needs and patients have the right to fully understand the information provided by healthcare workers. For people who have low English proficiency, working with a credentialed interpreter is the best way to ensure this. Below is a chart that shows the responses from 75 respondents who have indicated that their service operates in a metropolitan area. Results from this question indicate the language groups that the respondents have been having difficulty booking an interpreter for.

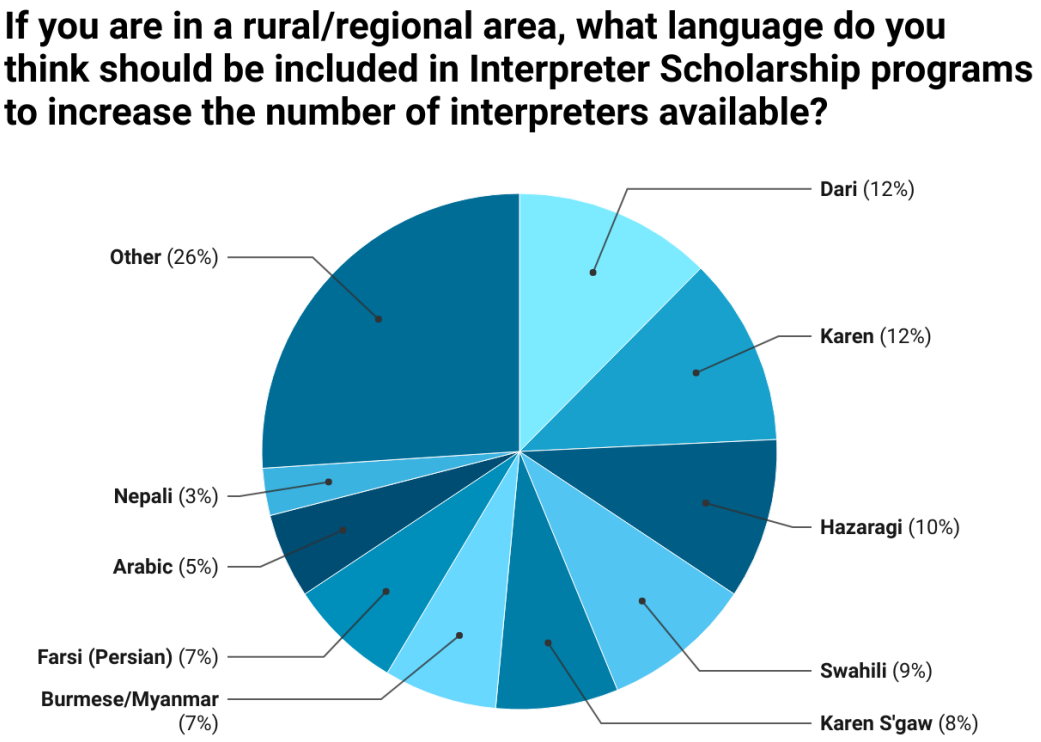


According to the language groups that were identified by DFFH[4] as needing more certified interpreters for 2023, Pashto, Hazaragi, Karen, Burmese, Swahili, Rohingya and Assyrian were included and similarly identified in the top 15 language groups from this survey. The languages that were not part of the Interpreter Scholarship Program in 2023 and were identified in the top 15 of this survey includes Dari, Chin Haka, Tigrinya, Ukrainian, Farsi, Karenni, Dinka and Tamil.

[4] **2023 Interpreter Scholarship Program** https://www.vic.gov.au/interpreter-scholarships

Rural/Regional areas

Below is a chart that shows the responses from 44 respondents who have indicated that their service operates in a rural or regional area. Results from this question indicate the language groups that the respondents believe should be included in Interpreter Scholarship programs to increase the number of interpreters available.



As outlined in this table; Dari, Karen, Hazaragi, Swahili, Karen S'gaw, Burmese/Myanmar and Farsi (Persian) were identified as the top 7 languages to be considered for Interpreter Scholarship programs across rural/regional areas. For further breakdown of the language groups according to each rural and regional areas in Victoria please see the charts below.

Language Groups Selected by services operating in rural/regional areas.

VRHN Survey Results- June 2023.

Dari	21
Karen	20
Hazaragi	17
Swahili	16
Karen S'gaw	13
Burmese/Myanmar	12
Farsi (Persian)	12
Arabic	9
Nepali	5
Karenni	3
Malayam	3
Pashto	3
Kinyarwanda	2
Kirundi	2
French	2
Hindi	2
Rohingyan	2
Dinka	2
Tamil	2
Chin Haka	2

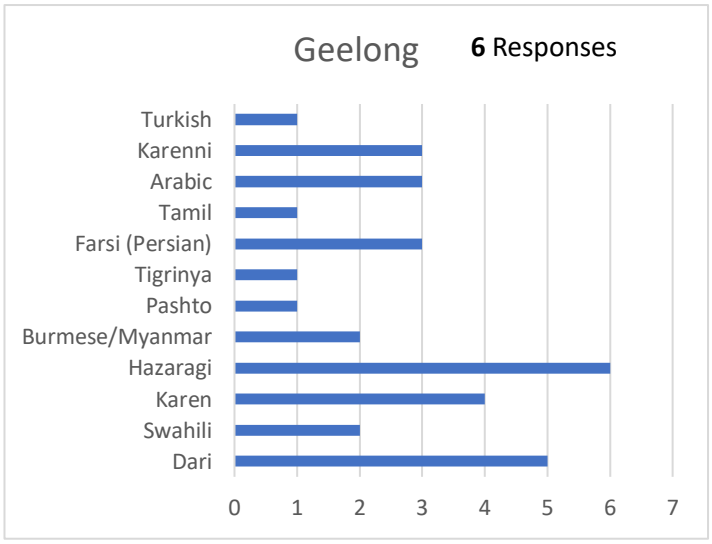
Additional 17 rows not shown.

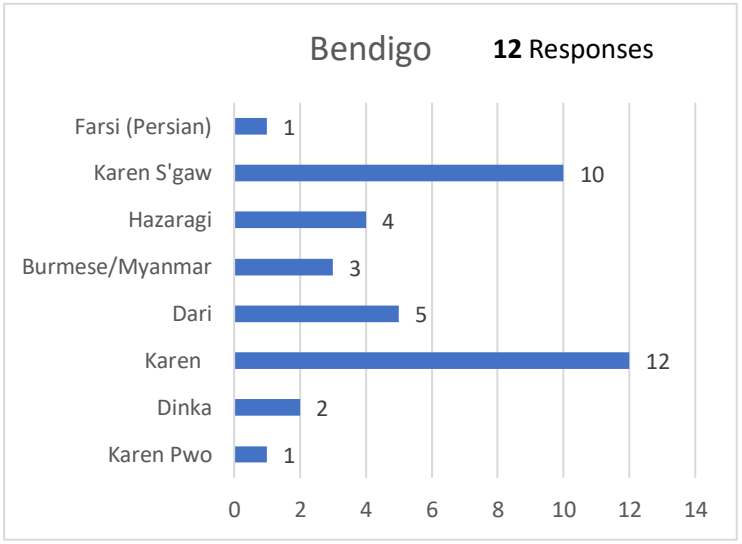
These are results from 44 respondents who indicated that their service operates in rural/regional areas. Please note these results allowed for multiple selections of language groups.

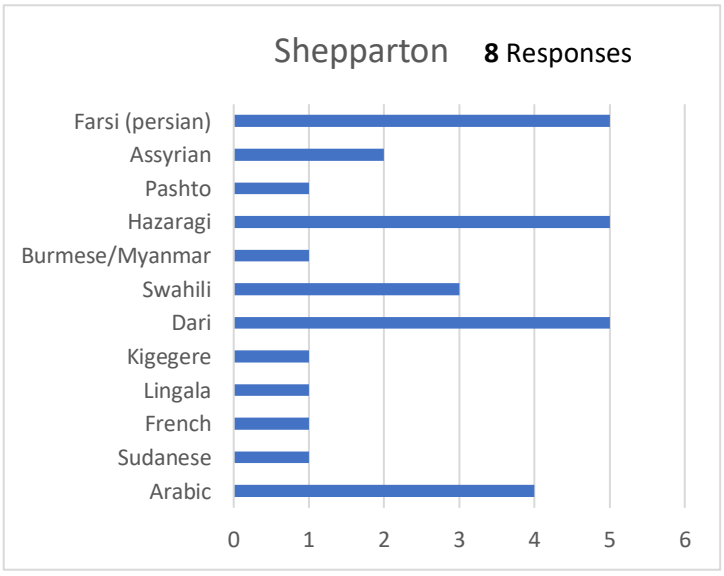
Source: Victorian Refugee Health Network • Created with Datawrapper

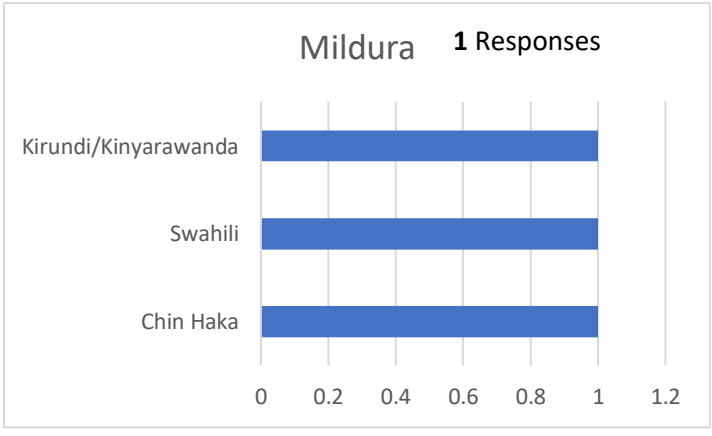
Further to this, according to a recent report by the Department of Family, Fairness and Housing (DFFH): Karen, Rohingya, Burmese, Kirundi, Hazaragi, Assyrian, Swahili, Pashto, Persian, African Languages, and Arabic were identified within the 'top 30 community language communities with the highest levels of low English proficiency'[5]. These language groups identified are most common for people of refugee backgrounds and have also been mentioned in the survey results from services operating in rural and regional areas.

Please see below for a further breakdown of languages according to each rural or regional area as identified by survey respondents. These results are based on each respondents answer to which language groups should be included in Interpreter Scholarship programs to increase the number of interpreters available according to their respective region their service operates in.

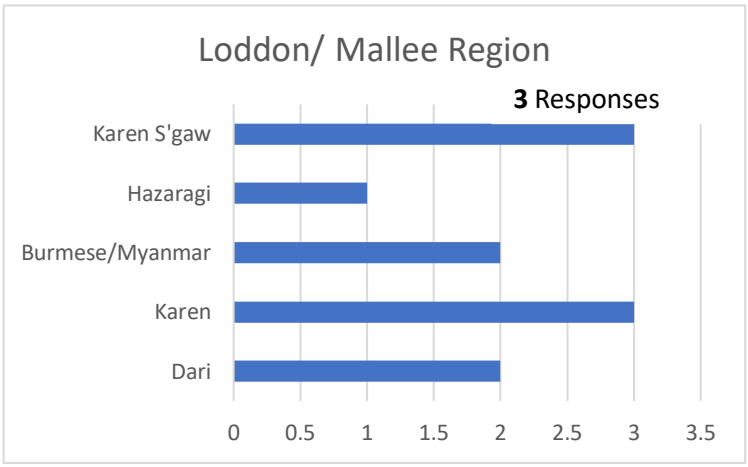


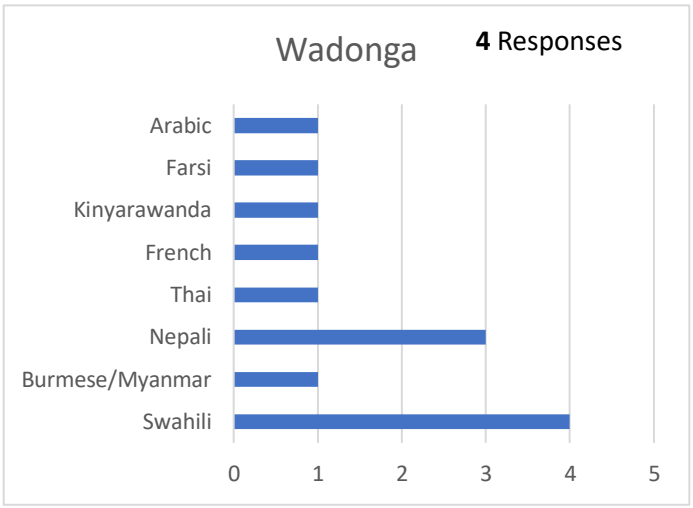


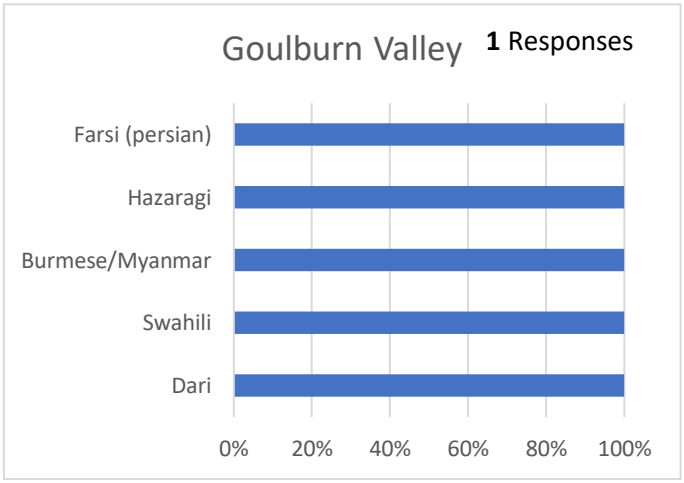


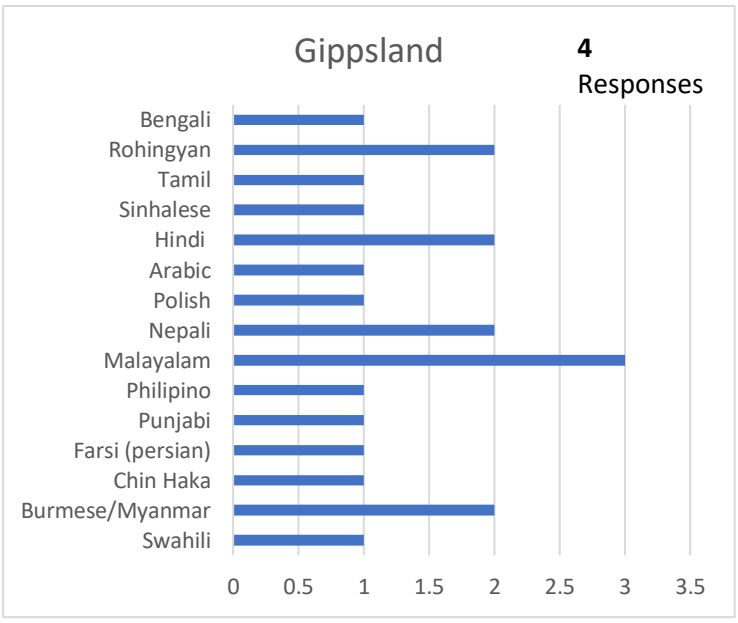


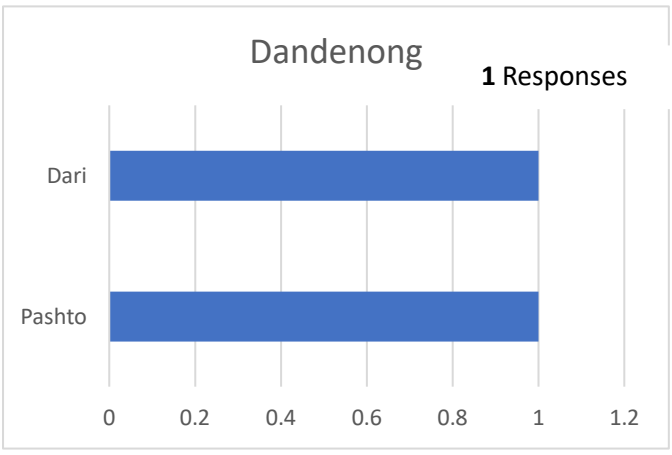
[5] Mapping languages spoken in Victoria: regional Victoria https://www.dffh.vic.gov.au/mapping-languages-spoken-victoria

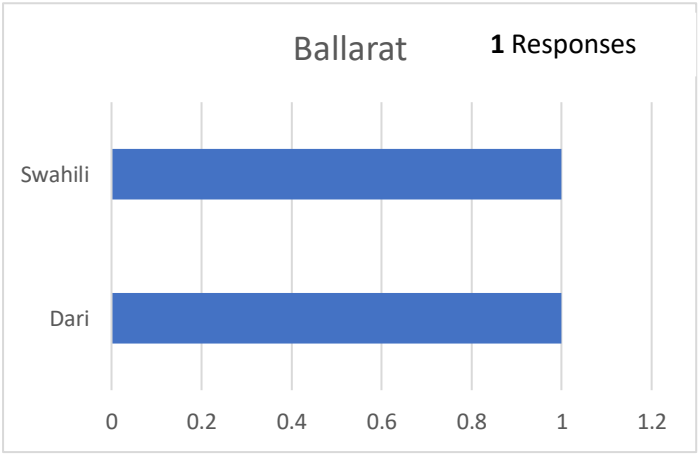

Loddon/ Mallee Region
3 Responses
Karen S'gaw
Hazaragi
Burmese/Myanmar
Karen
Dari
0
0.5
1
1.5
2
2.5
3
3.5

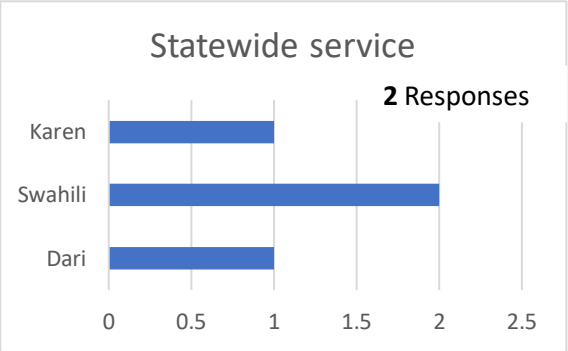

Wadonga
4 Responses
Arabic
Farsi
Kinyarawanda
French
Thai
Nepali
Burmese/Myanmar
Swahili
0
1
2
3
4
5


Goulburn Valley
1 Responses
Farsi (persian)
Hazaragi
Burmese/Myanmar
Swahili
Dari
0%
20%
40%
60%
80%
100%


Gippsland
4 Responses
Bengali
Rohingyan
Tamil
Sinhalese
Hindi
Arabic
Polish
Nepali
Malayalam
Philipino
Punjabi
Farsi (persian)
Chin Haka
Burmese/Myanmar
Swahili
0
0.5
1
1.5
2
2.5
3
3.5


Dandenong
1 Responses
Dari
Pashto
0
0.2
0.4
0.6
0.8
1
1.2


Ballarat
1 Responses
Swahili
Dari
0
0.2
0.4
0.6
0.8
1
1.2



Please note these results provide an indication of the language groups identified based on the sample size in the survey and not an exhaustive representation of the views for each region. The Network has also presented these results to the VRHN Rural/Regional working group[6] to confirm these charts provide an accurate overview of the language groups required in each region.

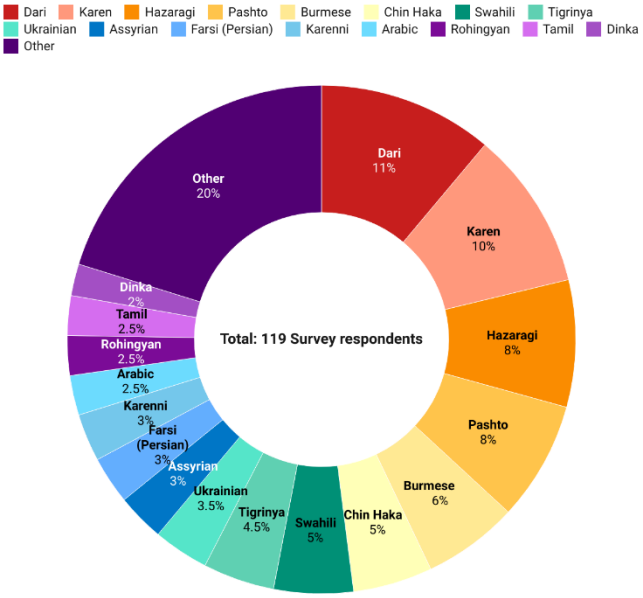
Health service provision can often depend on the presence of on-site interpreters so it is important that more interpreters in these language groups can access Interpreter Scholarship Programs to bridge this gap.

The chart to the right highlights the results from all 119 respondents who have indicated the language groups that the respondents have been having difficulty booking an interpreter for. Language groups in the 'Other' category can be seen at the bottom of the chart.

The results from the survey also indicate the need for additional language groups to be considered for scholarship programs due to the low number or no practicing interpreters recorded in Victoria[7]. These language groups include Chichewa, Karenni, Bengali/Bangla and Lingala (Ngala)[8].

Language groups that services are having difficulty booking an interpreter.

This data is based on responses from services who identify operating in both Metropolitan and rural/regional areas in Victoria.



Language Groups identified as 'Other' include: Ethiopian, Malayalam, Bengali, Kinyarawanda, Nepali, Punjabi, Tibetan, Turkish, Urdu, Zomi, Burmese Dialects, Falam Chin, Greek, Hindi, Hmong, Khmer, Kirundi, Lingala, Nuer, Nuristani, Oromo Interpreters (Female), Pacifika languages, Russian, Singhalese, Sinhala, Somali, Tamil dialects (Indian and Sri Lankan), Thai.

Chart: Victorian Refugee Health Network • Source: VRHN Survey June 2023 • Created with Datawrapper

[6] The Network runs a Rural/Regional Working group three times a year to discuss the most prevalent issues in each region to discuss and present at the Networks Statewide Meeting. https://refugeehealthnetwork.org.au/wp-content/uploads/Statewide-Meeting-Powerpoint-March-2023-Final.pdf

[7] NAATI Certification Report – Victoria June 2023

[8] Language Groups Selected by services operating in rural/regional areas. VRHN Survey Results- June 2023 https://datawrapper.dwcdn.net/Hgvzr/2/

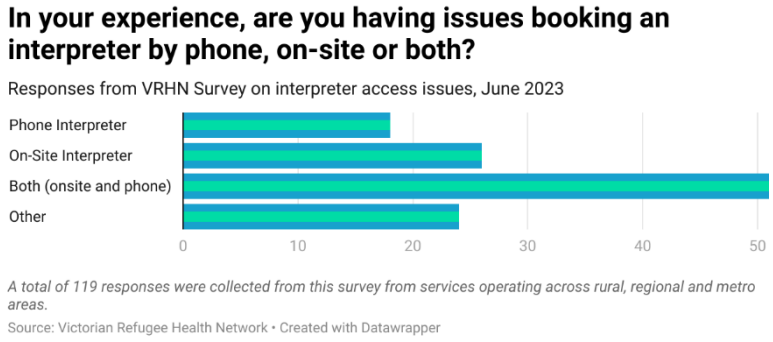
Impacts that Interpreter access issues have on healthcare provision.

Feedback from the survey highlighted a diverse range of impacts associated with not being able to book an interpreter including using family or community members to interpret at medical appointments. There are ethical, quality and safety issues associated with using family, friends, and non-credentialed staff who speak languages other than English to conduct clinical consultations.

"It is essential that we provide reliable interpretation services to bridge language gaps and ensure accurate transmission of medical information..." (Health Service Provider, VRHN Survey Response 2023)

The Network have received numerous case study examples that have outlined the impact that interpreter shortages have had on health care access and health service provision for people of refugee backgrounds. Responses from the survey have outlined there are current challenges in accessing interpreters, certain language groups that have limited interpreters available and reports that health care professionals are reluctant to use interpreters.

"Client with hearing impairment – appointment was cancelled 3 times this year due to inability to get face to face interpreter. Clients from Dari and Dinka speaking background have no face-to-face interpreters available. This also impacts on information sessions and access to groups i.e., art therapy groups due to lack of face-to-face interpreters." (Mental Health Service Provider, VRHN Survey Response 2023)



When respondents to the survey were asked if they were having issues booking an interpreter by phone, on-site or both, 43% of respondents from metro, rural and regional areas indicated both. Of the 119 responses, 22% of respondents indicated it was difficult booking an on-site interpreter and 15% had trouble booking a phone interpreter.

There were 20% of respondents answered 'other' with some stating they were not having issues or that there were "often problems if preference is for female interpreter".

"An older woman from refugee background was coming for her first ever cervical screening having to ask sexual health questions. A male over 50s was allocated, not suitable." (Health Service Provider, VRHN Survey Response 2023)

Understanding the breakdown of gender of accredited interpreters is important to understand, as gender preference is a significant determinant of appropriate health care provision. The Network have received numerous reports regarding female interpreters not being available for important heath appointments that have been preferred by the client.

Not securing the gender preference of the interpreter has significant cultural, social and health impacts on receiving suitable and culturally safe healthcare information. Ensuring women are supported and incentivised to access interpreting courses is crucial to adequately resource the industry and meet the needs of the population.

Conclusion and Recommendations

With a high number of people settling in Victoria, it is important that the number of interpreters are also increasing to meet the needs of the local population. In consideration of language groups for the interpreter scholarship program, the Network hopes the results from this survey can provide some guidance on language needs across Victoria.

The Network would also like to note the following recommendations for consideration.

- Currently TIS National has certain eligibility criteria to become a practicing interpreter including being an Australian resident or citizen. What this means is that people who speak certain languages that are of high priority and are on temporary visas such as people who are seeking asylum are not able to fill this gap in the industry.
- It is important to consider the breakdown of gender of those who are NAATI accredited as gender preference is a significant determinant of appropriate health care provision. The Network has received numerous reports regarding female interpreters not being available for important heath appointments as preferred by the female client. Not securing the gender preference of the interpreter has significant cultural, social and health impacts on receiving suitable and culturally safe healthcare information. The Network recommends that women are supported and incentivised to access interpreting courses to adequately resource the industry.
- Reports have been made to the Network highlighting concerns over interpreters leaving the industry with burnt out and experience of vicarious trauma. This has been primarily related to the fact that interpreters work as sub-contractors to an industry that doesn't provide formal supervision or debriefing mechanisms. Embedding courses and formalised structures to support interpreters in the profession is strongly encouraged.
- The Network understands that currently, the one-year diploma for Interpreting at RMIT is based in Melbourne and has been valuable to help people financially with access to this course. However, the distance and cost of travel has been a reported barrier for people who live and work in rural and regional areas to attend despite the interest in this profession. Additionally, in consideration of supporting women to enter the profession, the Network recommends that consideration is made to provide various options to support women accessing this course.