Aboriginal Teleinterpreting and Translation Services: Scoping Research and Capacity Development in the Aboriginal Health workforce and Aboriginal Interpreter Service workforce in the Northern Territory (FIRST DRAFT)

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FIRST DRAFT

AIMS
The aims of this paper are:

1. to raise research and policy questions at national, state and territory levels about the current circumstances of and future directions for Aboriginal interpreting and translating services in the NT, and elsewhere in Australia.
2. to identify education and training strategies to build capacity in the Aboriginal Health workforce and Aboriginal Interpreter Service (AIS) workforce in the NT to improve communication between health staff and indigenous clients.
3. to identify employment pathways for Aboriginal interpreters and translators, through the development of VET competencies and through the effective use of communication technologies.
4. to invite funding and in-kind partnerships to support a collaborative action research project to trial and evaluate education and training strategies, communication protocols and technologies for AIS tele-interpreting and translating purposes, in a limited number of urban, rural and remote locations of health service delivery to Aboriginal clients and communities in the NT.

BACKGROUND
In North and Central Australia, health staff typically cannot speak or understand the languages spoken by the majority of Aboriginal patients and their supporting kin. The patients and their families often sustain a lifestyle and ways of understanding their bodies, health, disease and treatment that are still strongly determined by traditional philosophies and cultural practice (see, for example, Devitt and McMasters 1998; Devanesen and Maher 2003). Even when Aboriginal people speak English, or Aboriginal English as a first language, serious communication difficulties may occur as a result of the complex sociolinguistic, cultural and political factors, which influence communication between different cultural groups (Cooke 1996a, 1996b). Yet it is well documented that patients’ ability to make informed decisions about their health care, and to commit to treatment regimes, is much more likely if communication between patient and practitioner is effective (Ong el al. 1995).

Sharing the True Stories, a longitudinal study (2001-2005) funded by the Cooperative Research Centre for Aboriginal Health, in association with Charles Darwin University, the NT Department of Health and Community services and in-kind partnerships and industry grants, focused on identifying and addressing barriers to effective communication between Aboriginal client groups and health staff in renal and hospital services in the Northern Territory (NT). Stage 1 of the study found that lack of shared understanding and miscommunication between health staff and Yolngu
patients, a subset of Aboriginal patients accessing renal and hospital services in Darwin, seriously limited the patients’ capacity to make informed choices about their health care (Lowell et al. 2005, Cass et al. 2002).

Stage 2 of the project (Coulehan et al. 2005) implemented and evaluated strategies to improve communication between health staff and Indigenous clients in renal and hospital services in Darwin and in a number of remote communities in Arnhem Land. Research transfer included institutionalising the use of Aboriginal interpreters in pre-admission clinics at the hospital, and introducing sessions on effective use of Aboriginal interpreters into staff induction and professional development schedules at renal unit and hospital. Dissemination of research findings and project resources has been achieved at conferences and forums in territory, state, national and international contexts as well as through small focus groups held in the five major communities in Arnhemland. Project outcomes include the collaborative development and evaluation of a whole new suite of educational resources in CD, DVD and illustrated text formats that variously target health staff, Yolngu client and community groups, and wider cross-cultural audiences, and the official launch of Aboriginal Interpreter Service guidelines and project website (CDU 2004a).

The long-term project increased awareness of and raised expectations about use of Aboriginal interpreters among participating health staff and Aboriginal client groups. Health policy-makers, middle managers within the health-system, and the wider community were engaged via official launches, publicity and Yolngu ceremony, highlighting the need for policy makers and service providers to ‘get serious’ about improving communication in Aboriginal health (CDU 2004b). The project coincided with NT Renal Services roll out of the option for Aboriginal patients and their supporting ‘buddy’, or family member, to train in self-care home haemodialysis, thereby enabling patients and family members to return home. Project participants, including Aboriginal interpreters, facilitated community consultations and contributed to the development of the self care training program. At the official opening of a self-care haemodialysis facility in a remote community in Arnhem Land, a national first, project participants launched ‘the dialysis machine story’, a DVD in Yolngu language describing the haemodialysis process and the functions of the haemodialysis machine. (CDU 2005).

In research transfer activities, project participants highlighted that awareness of and demand for Aboriginal interpreters was increasing among general practitioners working in Arnhemland communities as well as among specialists working in outreach program. However, local community clinics and Aboriginal controlled medical services across the NT lack capacity to take full advantage of Aboriginal interpreters and translators. Although the inclusion of Aboriginal interpreters is increasingly being recognised as an essential component in the delivery of effective medical and allied health services across the NT, significant limitations in uptake and effective use of Aboriginal interpreters have been recorded within the scope of the research project, including problems with timely access to Aboriginal interpreters across a range of languages and with adequate experience in health interpreting. There was also evident need for medical practitioners and allied health staff to have

more opportunities to be educated in effective use of Aboriginal interpreters (Coulehan et al. 2005).

**ABORIGINAL INTERPRETER SERVICE: TRAINING & ACCREDITATION**

In a ministerial statement delivered in the NT Legislative Assembly, the Minister for Local Government, Housing and Sport, which includes the Aboriginal Interpreter Service portfolio, stated that:

In the Northern Territory, 70% of indigenous Territorians speak a language other than English at home. With indigenous Territorians making up around 30% of the population, this means that around one in five Territorians are automatically and significantly disadvantaged in their dealings with the health system. I do not need to remind the Assembly that indigenous health outcomes are the worst in the Territory and, indeed, Australia-wide (McAdam 2005:1).

I think we need to use another quote here, one which explains how communicating in one's second or third language has negative consequences. Yes that point is also important but here the main points to be made are the demographics and political recognition of extent of disadvantage.

The Aboriginal Interpreter Service (AIS) was established in September 2001, following a Territory and Australian government agreement in July 2000 to fund AIS on a 50:50 basis. Since then, the funding agreement has been re-negotiated in 2003 and renewed in 2005 with the Commonwealth Attorney-General’s Department administering the AIS grant. Commonwealth funding extends until 30 June 2006 with no guarantee of future funding. Minister McAdam (2005:2) identified characteristics of and challenges to AIS including that women interpreters comprise approximately two-thirds of the AIS workforce, and legal interpreting accounts for a quarter of AIS work. What is the relevance of this? There is increasing demand to develop specialist linguistic databases, including legal and medical terminologies, who is driving this and why are they needed? While education and training to promote effective use of interpreters in urban-based services requires consolidation, initiatives and resources are being developed for community health centres where there has been a low uptake of interpreting services. what are these initiatives? need ref By comparison, legal interpreting is happening regularly in circuit courts and bush sittings in the NT (McAdam 2005: 2). The Minister also argued that there is a need to provide further training and career development for the 80% of AIS interpreters, who are accredited at the paraprofessional level for the National Accreditation Authority for Translators and Interpreters (NAATI), because casual employment at the paraprofessional level ‘does not allow for recognition of different skill levels and does not provide an incentive for further training and accreditation’ (McAdam 2005:3).

Re: Queries in red. All relate to characteristics/challenges identified by McAdam and need more unpacking from AIS perspective and consideration as to relevance to our scoping paper. Will need to talk further with TM.

A report on the feasibility of NAATI accreditation at professional level for AIS interpreters by Michael Cooke (2004:1) noted that no interpreter of an Aboriginal language had been tested or accredited above the NAATI paraprofessional level; there were no NAATI tests for Aboriginal languages beyond that level; yet NAATI accreditation at the professional level is the general national standard for court
interpreting. NAATI accreditation at paraprofessional level represents competence in interpreting in ‘non-specialised dialogues’ and where ‘specialised terminology or more sophisticated conceptual information is not required’ (NAATI 2000:76). By implication, NAATI accreditation at paraprofessional level is not recommended for interpreting in many medical contexts (Cooke 2004:1). Cooke noted that AIS interpreters accredited by NAATI at paraprofessional level demonstrate a range of competencies, and a number of individual interpreters with significant experience are interpreting beyond paraprofessional level, although they are not currently accredited or employed at a professional level. He concluded that there is potential to identify AIS interpreters for intensive training leading to NAATI examination for professional accreditation (2004:2).

Research findings from Stage 2 concur with Cooke’s report to the extent that a small group of Yolngu interpreters working intensively with an interpreter mentor-trainer at Royal Darwin hospital and the Nightcliff renal unit, and with the advantage of health education strategies and resources developed within the project, made observable gains in confidence and competence in health interpreting. One method to generalise these gains for Aboriginal interpreters is for education and training providers, or approved consultants, to collaboratively design and deliver short courses on biomedical health concepts in different languages coupled with on-site placements for Aboriginal interpreters accompanied by a mentor in various health contexts (hospital, renal unit, community clinics). This strategy will build the capacity of Aboriginal interpreters to practice and be accredited at the NAATI professional level and provide role models for best practice nationally. The longer-term approach is for education and training providers to gear up the existing Diploma, or as Cooke (2004:2) suggests, customise the Advanced Diploma in Interpreting.

ABORIGINAL INTERPRETER SERVICE: CAREER PATHWAYS

It is often difficult for AIS to match an interpreter with the right combination of attributes including language, gender, accreditation, and location to interpreting tasks in a timely fashion (Commonwealth Attorney General’s Department, 2003:26). Currently, the majority of AIS work is on-site interpreting carried out by interpreters who are rostered to work in a particular location on a casual basis. The rostering system varies from location to location but is predominately organised on a rotation basis. The casual and rotational nature of employment inhibits interpreters from developing specialist knowledge and expertise in particular fields and does not foster career pathways. There is little opportunity to match interpreters with particular skills and experience with interpreting tasks under the current employment structure, which can impact on the quality of service provided. Check this paragraph with TM

In cases where an interpreter is not available in the immediate location, arrangements are made for one to travel, often by air travel to the task site, for example urban hospital and court, bush sitting or community clinic. Travel arrangements typically involve considerable social cost to interpreters and financial cost to AIS and client service requesting the interpreter. There are a number of registered interpreters who are resident in rural and remote locations who are not currently employed on a regular basis and who have limited access to on-going training. With the introduction or extension of effective training programs and communication and information
technologies, this larger pool of Aboriginal interpreters will become more available to and more effectively deployed by AIS and client services.

**TELE-INTERPRETING SERVICES**

AIS has been offering a small scale teleinterpreting service, primarily in legal and medical contexts, but it has limited capacity to develop this service to meet the growing demand. There is an urgent need to improve timely access to experienced AIS interpreters, as well as for interpreters employed by AIS to obtain regular work in their chosen place of residence, whether in urban, rural or remote locations. Advances in communication and information technologies present new means, more opportunities and expanded range for Aboriginal interpreting and translating services.

Potential advantages of tele-interpreting services include timely access to Aboriginal interpreters in a wide range of Aboriginal languages across geographical locations. While AIS administrative functions are centred in Darwin and Alice Springs, decentralisation initiatives including developing demand and supply outside of the urban areas and establishing an effective tele-interpreting system across rural, remote and urban locations, will increase employment opportunities for Aboriginal interpreters and translators. At present, urban services particularly hospitals, courts and correctional services are major clients of AIS, thereby providing employment opportunities for Aboriginal interpreters and translators in town or willing to travel to urban centres on short notice. Many more registered interpreters living in remote communities lack employment opportunities, as they do not want to uproot themselves and their families and move to urban centres and are unable to disengage from family and community responsibilities at short notice. Within the framework of an expanded teleinterpreting service, there is potential to recruit and retain more Aboriginal men into the AIS workforce as accredited interpreters and translators, and to reduce the economic and social costs of bringing interpreters, often by air-travel, to client services requiring their skills.

Experience has demonstrated in the Commonwealth Translating and Interpreting Service (TIS) that maintenance of a full after hours service comes at a high cost but that otherwise, ‘telephone interpreting is more cost-efficient than on-site interpreting—although of course not an adequate substitute’ (Page 2001:4). Need to provide some stats from TIS that support this quote and also to demonstrate that TIS provision of teleinterpreting and translating tasks in Languages Other Than English (LOTE) is predominantly in languages of migrant rather than of indigenous Australians. Also that TIS predominantly provides teleinterpreting and e-translation services, with on-site interpreting in the minority of logged TIS tasks.

A recent review of NAATI Test Administrative Processes (Cook and Dixon 2005:6) noted that the interpreting test process is typically in audio-tape to audio-tape circumstances, the rationale being that the benefits gained by standardisation of voices and test conditions outweighs the lack of non-verbal cues, such as the facial expressions and body language of interlocutors. The Reviewers concluded that NAATI’s current model for standardised testing of interpreting is the best currently available, however with advances in interactive video technologies, ‘a future model for interpreting tests could combine the desired standardisation of voice facility with an opportunity for candidates to access the non-verbal factors of interlocutors, thus
rendering the test a more authentic instrument’ (Cook and Dixon 2005:6). (why is the above information here need to link it somehow to the use of ICT or delete) Need to link to trialling technologies not only in service delivery but also in training and examination for accreditation process. Discussion of ICT could be flagged here before being discussed in more detail in next section.

By contrast, the testing of AIS registered Aboriginal interpreters and translators for NAATI accreditation purposes has typically been in face to face contexts in round table or classroom settings designed to approximate real-life scenarios and dialogues. Training has been directed predominantly towards on-site interpreting. To date, there has been little or no research into the education, training and accreditation processes and resources required to develop the capacity of AIS in tele-interpreting and what telecommunication protocols, scenarios and technologies are most culturally appropriate and cost-effective. Research is required to provide AIS and client services with evidence on which to base decisions about capacity development in their respective workplaces and workforces in order to effectively use advances in communication and information technologies in distance mode as well as on-site delivery of Aboriginal interpreting and translating services.

CONNECTING HEALTH NETWORKS: STRATEGIES & FUNDING
Significant research and development is currently happening in regard to improving communication and information flow in health service systems in the NT, which is building capacity among participating medical practitioners and health staff to effectively use communication and information protocols and technologies. The Broadband For Health Programme (BFHP), a $35 million Australian Government program, is providing broadband Internet access to GPs and Aboriginal Community Controlled Health Services (ACCHS) nationwide.² BFHP is a key component of the HealthConnect Implementation Strategy.³

HealthConnect, a national change management strategy, involves the Australian Government and State and Territory governments in working partnership with service providers, industry and consumers to improve safety and quality in health care, including improving availability of information; new methods of providing health care including coordinated care pathways and health call centres; and increased consumer autonomy resulting from being better informed and involved in decisions about their health (Commonwealth of Australia 2005:5).

Within the BFHP and HealthConnect framework, the Australian Department of Health and Ageing and Territory Health Services (THS) have been collaborating to resource the uptake of broadband Internet applications by the Top End and Central Australian Divisions of General Practice and Primary Health Care NT (GPPHCNT) and Aboriginal Medical Services and Aboriginal Coordinated Health Care Services within the Aboriginal Medical Alliance NT (AMSANT). Practitioners and allied health staff are gearing up to take advantage of fast, secure communication and information flow, for example on patient discharge information and including by


means of Voice over Internet Protocol (VoIP). Technology trials in the NT have also evaluated Voice over Satellite.⁴

Elsewhere in Australia, BFHP funding and HealthConnect Strategy, have been shaping communication and information exchange initiatives, for example in the Eastern Goldfields Regional Reference Site, which covers rural, remote and urban contexts in Western Australia where advanced broadband arrangements, including an Internet Protocol (IP) Virtual Practice Network (VPN) providing ‘secure connectivity for phone, data, and video applications’ are being trialled.⁵

In the NT, BFHP and HealthConnect funding and strategy frameworks, in partnership with DHCS, GPHCNT and AMSANT, have real potential to improve communication and information exchange between health staff and Aboriginal client and community groups. Unfortunately, AIS and Aboriginal interpreters and translators remain outside of the loop, and the potential for AIS to further develop Aboriginal interpreting and translation services for health purposes, including by means of advances in communication and information technologies, remains largely un-resourced and under-developed.

Nationally, the AMA’s Position Statement (2005:2) notes that ‘Aboriginal peoples and Torres Strait Islanders have the poorest health of any group living in this country’ and that ‘“hard to reach” populations are often blamed when conventional public health programs fail to improve their health status. Rather, they are often “locked out” of meaningful participation in more appropriate program design and development’. The AMA advocates ‘that all government and private health providers have: a policy on recruitment and retention of Aboriginal and Torres Strait Islander staff; a Charter setting out the level of service an Aboriginal or Torres Strait Islander will receive…; a system to provide interpretation and cultural support where necessary; [and] a cultural awareness and training programme to ensure all staff understand and implement the Charter commitments’.

Arguably AIS is a leading model in Aboriginal interpreting and translation services within Australia. In the NT, AIS is becoming an essential component to the provision of medical and allied health services, a communication ‘life line’ to Aboriginal patients and supporting family members, and an employer of Aboriginal interpreters and translators in urban, rural and remote locations across the NT. Yet AIS is largely ‘locked out’ of policies, strategies and funding arrangements, and advances in technology applications, that are currently improving communication and information flow in health services delivery in the NT and elsewhere in Australia.

**RESEARCH & CAPACITY BUILDING**

Research is needed to trial and evaluate what education and training strategies, communication protocols and technologies, and resource commitment would be

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required to develop the capacity of the Aboriginal Health workforce and the Aboriginal Interpreter workforce to effectively communicate and exchange information, in order to improve the safety and quality of health services delivery to Aboriginal client and community groups across the NT. It is proposed that, in a limited number of service locations and language group contexts, an audit of existing capacity is undertaken with a view to identify, trial and evaluate strategies to develop capacity of workforces to effectively deliver and uptake Aboriginal interpreting and translation services, including the use of advances in communication and information technologies.

**EXPRESSIONS OF INTEREST**
Expressions of interest in and feedback on this draft paper are invited from Aboriginal and Torres Strait Islander organisations, national state and territory governments, medical and allied health institutions and professional associations, relevant education and training providers and accreditation authority, interpreting and translation services, cooperative research centres and research institutions, communication and information industries, non-government organisations and other interested parties.

Draft paper prepared by Dr Kerin Coulehan on behalf of working party scoping research, including Adjunct Associate Professor Isaac Brown and Associate Professor Michael Christie (Charles Darwin University) and representatives of the NT Department of Health & Community Services, Aboriginal Interpreter Services including Aboriginal interpreters and translators, relevant education and training providers and consultants in inter-cultural communication.

This preliminary draft is made available for limited circulation for feedback purposes, and is not for citation.

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