

An inquiry into access to  
Auslan Interpreters in  
Victorian Hospitals



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## Overview

Deaf Victoria is an advocacy and information organisation funded by the Department of Human Services to advocate and represent the Deaf and hard of hearing people in Victoria. Deaf Victoria advocates on behalf of Deaf and hard of hearing people in Victoria to:

- Increase access to services,
- Represent and provide leadership to the state government and disability groups on issues pertaining to Deaf and hard of hearing people.

Auslan interpreting at hospitals has been an issue for many Deaf people for a number of years now. There are some hospitals that will not book interpreters because of the cost involved whilst other hospitals can be quite responsive. It is not uncommon for the Deaf person to have no access to an interpreter at all and to have to rely on family members to interpret. Sometimes the only way to communicate is through writing notes; depending on the circumstances this is not always feasible. The lack of efficient communication for the deaf individual at medical appointments has the potential to put the deaf patient at risk through either misdiagnosis or misunderstanding post treatment requirements.

In the last few years Deaf Victoria has been in receipt of numerous complaints about the lack of or inconsistency in the provision of Auslan interpreting at public hospitals. These complaints have come from both individuals who are Deaf and also from their family members.

As the result of these complaints Deaf Victoria consulted widely with the Deaf community to identify issues in relation to the provision of Auslan interpreting in public hospitals. This report provides a comprehensive insight into the experience of Deaf patients in the Victorian hospital system in relation to:

- The provision of Auslan interpreters,
- The problems that were encountered and the impact these issues had on their individual outcomes,
- Real life experiences that led to positive outcomes
- Changes that are recommended to the system of booking and providing Auslan interpreters in Victorian public hospitals,
- The need for continuous professional development of Interpreters and hospital staff and procedural changes to deal with emergencies.

This paper is a call to action for those who influence, develop and carry out policies and procedures in relation to the provision of Auslan interpreters in Victorian hospitals, to ensure that the Healthcare rights of Deaf and hard of hearing Victorians are met in the most critical points in their healthcare.

## Legal framework for Auslan Interpreter Provision in Victorian hospitals.

The Department of Health supports the provision of interpreters through the *Language Services Policy*. The policy recognises that effective communication is essential to the delivery of high quality health services. This policy outlines the requirements to provide professional interpreting and translating services to facilitate communication for people who have low English language proficiency, including those who are Deaf and for whom Auslan is their primary mode of communication. The policy requires that the interpreters booked and provided must be NAATI Accredited Professional (Level 3) Interpreters.

A key requirement of the policy states that people who are not able to communicate through spoken English must have access to information in their preferred language at critical points in their health care including;

- When they need to be informed of their rights,
- When they need to give consent,
- When they need to be advised of critical information relating to their health and wellbeing and/or participate in decision making related to medical and other human services matters.

All Victorian hospitals are required to implement this policy via their in-house Interpreter booking service.

Further, the *Cultural Responsiveness Framework: Guidelines for Victorian Health Services* outlines six standards for culturally responsive healthcare. Standard three states:

***“Accredited Interpreters are provided to patients who require one”.***

In addition to this, the *Australian Charter of Healthcare Rights in Victoria* specifies communication as a key right, which must be supported by all Victorian public and private health services.

An email to Deaf Victoria from the Department of Health in 2011, noted that the Quality, Safety and Patient Experience branch of the Department of Health had investigated a small number of complaints in relation to Auslan Interpreter provision in hospitals and found that a critical issue in providing timely Auslan services is the demand and supply of Professional Accredited Auslan Interpreters in Victoria. Demand supersedes supply.

This report will show that the availability of Professional Accredited Auslan Interpreters is only one of a number of issues that need to be addressed.

## Methodology

For this study, information from the Deaf community and Interpreters data was collected in a variety of ways including:

- One on one interviews (Most data was collected in this way)
- Email accounts of issues that occurred in hospitals
- Two group discussions that involved one public forum for the Deaf community, interpreters and agencies, and another separate meeting with an Auslan specific interpreting agency.

Interviews were conducted on film and through taking notes while interviewing. Data recorded from these interviews were later written into case studies. Seventy two (72) people were involved in these interviews.

The hospitals that were identified in these interviews are represented in the chart in Appendix one.

An explanation of the current landscape of the Auslan Interpreting Industry is found in appendix four.

## Issues with Auslan Interpreter provision in Victorian Hospitals

### Communication Breakdowns due to lack of Auslan Interpreting support resulting in malpractice and poorer health outcomes

The non-provision of an Auslan interpreter for those who need them is a clear risk in the communication of the health issues and information to the Deaf patient. Non-provision of an Auslan interpreter places health care service in breach of the Australian Charter of Healthcare Rights. In Victoria this charter must be followed by all public and private hospitals. There is also the question of 'informed consent' and whether the clinicians can prove that the deaf patient has been fully informed.

Research from The Joint Commission into Improving Health Literacy to protect Patient Safety found that

*"If a patient does not understand the implications of her or his diagnosis and the importance of prevention and treatment plans, or cannot access health care services because of communication problems, an untoward event may occur. The same is true if the treating physician does not understand the patient or the cultural context within which the patient receives critical information."<sup>1</sup>*

In one of the cases in the sample interviewed, an interpreter had shown up to a post operation check up at a Victorian hospital. On meeting the patient, the interpreter asked for some background, as per usual practice, to prepare for the appointment. The patient stated that they had emergency surgery a week ago, however they had no idea what had happened. There was no interpreter provided at her presentation to the Emergency Department, before or after surgery, or on discharge. Once in the appointment, the patient told the doctor that she was not aware of what had happened to her, and the doctor had noted this in the file. No further action was taken about this issue. In this case, 'informed consent' did not occur.

In another case, a Deaf man presented at a Victorian hospital emergency department with a severe migraine. He was accompanied by his Deaf wife. On admission, he stated that he needed an Auslan interpreter. He was informed that he was not able to have one. The reason given was that there was uncertainty as to when the neurologist would arrive to see him. When the

<sup>1</sup> "What did the Doctor Say?" Improving Health Literacy to protect Patient Safety", The Joint Commissions, www.jointcommission.org, Illinois, USA, 2007

neurologist arrived, he had to communicate via pen and paper with the Deaf wife, and the Deaf wife in turn would sign to her husband.

The man was admitted for six days and asked for an interpreter each day and did not get access to one. Through this time, he was visited by doctors and nurses daily, asking what his pain scale was and other information. On the hospital's patient television, a message "do you need an interpreter?" with information about your rights to an interpreter was displayed with reference to Auslan interpreters being available. On discharge, the man noticed that in his file, the question "Do you require an Interpreter?" on the admission form was ticked no. Despite repeated requests, no interpreter was provided. The lack of an Auslan interpreter was a severe barrier in enabling the man to be fully informed in the decisions surrounding his healthcare. Despite very clear messages that interpreting services were available, this service was not forthcoming.

34.7% of the individuals in the sample interviewed indicated that the outcome of having no interpreting support, inadequate interpreting support or having to fight to get interpreting support was detrimental to their health. The wrong information can be received by the patient due to inadequate or no interpreting support. This has the potential to lead to longer recovery and high readmission rates.

Supporting this, the Agency for Healthcare Research and Quality has found in their report into improving patient safety systems for patients with limited English proficiency that:

- *Longer length of hospital stays for LEP patients when professional interpreters were not used at admissions and/or discharge.*
- *Greater risk of line infections, surgical infections, falls, and pressure ulcers due to LEP patients' longer hospital stays compared to English-speaking patients with the same clinical condition.*
- *Greater risk of surgical delays and readmission due to LEP patients' greater difficulty understanding instructions, including how to prepare for a procedure, manage their condition, and take their medications, as well as which symptoms should prompt a return to care or when to follow up.*

- *Greater chance of readmissions for certain chronic conditions among racial and ethnic minorities compared to their white counterparts. This difference may be caused by limited English proficiency, low literacy, or other communication barriers that make patients more likely to misunderstand discharge and medication instructions.<sup>2</sup>*

In one case in the sample interviewed, a woman having her first child had so much trouble getting access to interpreters, that she had her mother sleep over at the hospital with her so she would not miss out on what was happening. The distress this causes deaf patients cannot be underestimated.

One caseworker who had a deaf-blind client had organised with a Victorian hospital for her client to have surgery. She had prepared the hospital for some time beforehand about the importance of having an interpreter specialising in deaf-blind tactile interpreting organised for the time leading up to the patient being put under anaesthesia, and when they are woken up in recovery, as the hospital's preferred method of pen and paper or other assistance would not be appropriate in this instance. After the patient had had his surgery, the caseworker rang the hospital to enquire how it all went. The person she spoke to advised that the patient was left under anaesthesia for a while longer as they could not find a deaf-blind interpreter available and once they had found someone to communicate with the patient, they will bring him out of it.

The above examples of incidents that have occurred in Victorian hospitals have demonstrated a severe breakdown in communication, and the impact it has had on the patient's outcome. This is a major cause for concern.

<sup>2</sup> AHRQ, "Improving Patient Safety Systems for Patients with Limited English Proficiency- A Guide for Hospitals" September 2012, page 3

## Reliance on Alternative methods of communication resulting in malpractice and poorer health outcomes

In 62.5% of respondents, no Auslan interpreter was provided at all. In most of these cases, an adhoc way of communication was found, mainly pen and paper, guesswork, gesture, the use of family or friends and reliance on lip-reading.

Lip-reading is an imperfect science. It is not reliable, and it is very difficult to use any lip-reading skills that some Deaf people have when they are in pain or tired. It was a common complaint in this inquiry that many doctors and nurse found in the Emergency Departments in Victorian Hospitals now are from non-English speaking backgrounds and have strong accents. For a Deaf or hard of hearing person, many of these accents are near impossible to understand. Victorian Deaf Society has stated that

***“A speech reader must be attentive and watch the speaker closely - this becomes tiring. The speech reader needs to be prepared to guess, fill in the gaps and accept the fact that he/she is not going to be able to get every word. A speech reader should try not to be anxious in the listening situation.”***<sup>3</sup>

Across the entire sample interviewed, none of the conditions were ideal for lip-reading.

The use of pen and paper in many of the instances where an interpreter was not provided is also problematic as many Deaf Auslan users do not have the level of English literacy required to understand written English enough to make informed decisions about their health. Napier J and Kidd, M who conducted a similar research project on English literacy as a barrier to healthcare information for Deaf people in 2013 mirror this; they found

***“The average Deaf person generally experiences a lower level of English literacy, a smaller fund of healthcare knowledge, and fewer health education opportunities than his average hearing counterparts”***<sup>4</sup>

From their sample of 72 participants across Australia, they also found

***“Participants generally expressed limited confidence in being able to read written English notes (where they communicate with a hearing service provider in writing) or the many published and online resources and health campaigns that are assumed to be accessible by the general community. Only 9 of the 72 participants expressed confidence in their English literacy skills. Eleven participants qualified their English literacy skills, saying they could follow what they read but they commented on preferring text that was presented in bullet points or had accompanying images. Thirty-one participants specifically expressed more significant difficulties with English and in some cases being reliant on a friend or family member to assist them to understand written information.”***<sup>5</sup>

<sup>3</sup> Victorian Deaf Society (Vicdeaf) Information Sheet “Speechreading (Lipreading)-Visual Cues”, [www.vicdeaf.com.au](http://www.vicdeaf.com.au), 2010

<sup>4,5</sup> Napier J and Kidd, M “English Literacy as a barrier to health care information for deaf people who use Auslan” 2013 Australian Family Physician, Jugglish resources, [www.racgp.org.au](http://www.racgp.org.au)



The Joint Commissions report further states *"Hundreds of studies have revealed that the skills required to understand and use health care-related communication far exceed the abilities of the average person. The high rate of adverse events related to communication breakdowns, now widely recognized, is also widely believed to be unacceptable."*<sup>6</sup>

The combination of low English proficiency, coupled with the difficulty of health literacy for the average English speaking person is a dangerous ground for a Deaf person in hospital with no interpreting access.

In 27.7% of cases, there were complaints from people who gained access to an interpreter was that they were not able to have the interpreter for the whole time needed. There were a number of instances where a patient was called to the hospital for surgery at 7am and the interpreter was booked at 8 or 9am- even after the anaesthetist had come to consult with the patient. On one occasion, the Deaf person had asked the anaesthetist to come back to her when the interpreter arrived because she did not understand what had happened. After meeting again, this time with the assistance of the interpreter, the way the anaesthesia had to be performed was changed because of the patient's allergies. This information was not conveyed in the first instance when they met without the interpreter. The patient may have been at a huge risk if she had not insisted the anaesthetist return.

In 36.1% of the sample interviewed that eventually gained the support of an Auslan interpreter, they had to fight to get what they needed, and 45.8% ended up making a complaint. It also needs to be recognised that when a person is in pain, most of the time they are physically unable to put up any arguments.

An example of an extreme need to fight to get access comes from one story from the sample interviewed where a Deaf woman and her Deaf husband were preparing for the impending birth of their first child. The Deaf woman could speak and hear quite well with the assistance of a cochlear implant, however her husband was profoundly Deaf and used Auslan to communicate. The Deaf couple had advised the Hospital that they would need the assistance of an Auslan interpreter at the birth and this was noted in the file. On the day of the birth, the labour was very long and complicated lasting 42 hours. After 37 hours, the woman requested an interpreter as she was having trouble hearing and translating for her husband and was no longer aware of what was around her. She was told to "wait until you are pushing". A midwife came right up to her face to yell something and as the Deaf woman was trying to work out what she said, the midwife broke the woman's waters manually, giving her a huge fright and much to her distress. The Deaf husband ended up calling the interpreter himself because the hospital was still refusing to call. The interpreter had to volunteer and negotiate with the booking staff. In the end, the Deaf woman was only pushing for 30 minutes. On her second pregnancy, the woman was so distressed about going to the birth without being able to access interpreting support, she developed pre-natal depression, and still, the Hospital required a letter both an obstetrician and a psychologist, to enable her to have an interpreter at her second birth at the moment she asked for it. Many of these instances could be avoided if the right interpreting support was planned for and carried out once the patient had requested it.

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<sup>6</sup> "What did the Doctor Say?" Improving Health Literacy to protect Patient Safety The Joint Commissions, [www.jointcommission.org](http://www.jointcommission.org), Illinois, USA, 2007

## Skillset of inadequate Auslan Interpreters and family members resulting in miscommunication between practitioners and patients

One third of the sample was forced to rely on family and friends to interpret, and a large number of these family and friends were often Deaf themselves. There are a huge number of ethical risks in using family and friends to interpret, as often they may not be fluent in Auslan well enough to accurately translate the facts, particularly in relation to medical terminology. Auslan interpreters are trained for this role. A family or friends thoughts and feelings about the treatment of their loved ones can and will also highly influence the way they translate the information, and there is no way of knowing, from the clinicians perspective, if the information was shared to them impartially. The effect on the family member or friend can also often be traumatic, particularly in cases where their loved one is seriously ill.

Quan 2010, in his analysis of 35 cases of medical malpractice in the USA that directly relate to the lack of interpreting support states *"It is important to use a competent interpreter to ensure the communication between patients and providers is accurate and effective. The reasons for not using family members, friends and particularly minor children as interpreters are widely recognized. Federal and state regulations, quality assurance organizations and many contracts require that health care providers use competent interpreters for LEP patients"*<sup>7</sup>

In one case in the sample interviewed, an older Deaf man had brain surgery to remove a tumour. When the operation was finished, doctors had asked his Deaf wife to ask him a number of specific questions of which his answers were critical to test his memory and brain function. The wife was under extreme pressure to listen to exactly what the doctor wanted her to ask and ensure that she had asked the question properly.

Another case reported involved a Deaf mother, who had asked her hard of hearing sister to interpret at the birth of her child in a Victorian Hospital, due to the interpreters booked by the hospital being inadequate and breaching a number of ethics. They would not honour her requests for specific interpreters that she could work with at her birth. The birth was difficult with a number of complications, and the sister ended

up being very emotionally distressed by the turn of events. Again, many of these complications could be avoided with specific planning around interpreting support.

An 11 year old boy had to have emergency eye surgery at the a Victorian hospital and his mother was Deaf. The mother and father were no longer married and the father had another wife. The father and the wife had normal hearing. Even though the mother had made many requests for an interpreter, the requests were refused due to the father being able to hear and pass on messages to the mother. At one stage, the family was to meet with the eye specialist to discuss the health of the child, and the father was unable to attend the meeting. The meeting was attended by the Deaf mother and the fathers new wife, who was asked to interpret for the mother. The wife had no Auslan skills so the mother was humiliated and angered by this lack of respect for her communication needs.

In some of the worst cases, clinicians have used children to facilitate communication with their parents. One such case was an 18-month-old child who had spilt a hot cup of tea on his body and his Deaf parents called an ambulance by TTY. On arrival, the paramedics transported the baby and his mother to the a Victorian hospital, and asked the boys 11-year-old sister to come along to interpret for the mother. The 11-year-old girl was very distressed at the huge responsibility and also seeing her brother in such terrible pain. It was also 11pm at night and there was no attempt to book interpreters until days later when the child was transferred to the a Victorian hospital specialising in children, where interpreters were booked from there onwards.

<sup>7</sup> Kelvin Quan: The High Costs of Language Barriers in Medical Malpractice School of Public Health, University of California, Berkeley National Health Law Program 2010

## Auslan Interpreter Booking System Inconsistencies resulting in burnout of Auslan interpreters and breach of interpreter's ethics.

Often is the case that an interpreter that works for a hospital is booked in too many appointments in a small space of time. In one case, a Deaf woman with her child at the a Victorian hospital specialising in children reported that the interpreter was booked for three appointments between 2.30-4.30pm and her appointment was a big one that goes for a least an hour. The first person's appointment ran overtime so the interpreter was late. The interpreter rushed into the appointment, said that she had to leave on the dot of 4.30pm for another job, so the Deaf woman was left with the doctor and no interpreter.

Another common problem is the quality of interpreters in the health care system. In some cases, Auslan interpreters are employed directly by the hospital in an attempt to have an interpreter onsite. In the hospitals that employ interpreters directly, the contracted interpreter is called when a Deaf person presents to the hospital and if they are not available, then the contracted agency will be called. This is a risky practice as there is no regular monitoring or assessment of the employed interpreter's skills. The *Language Services Policy* states that a Professional Accredited interpreter must be used, specifically because Professional interpreters have the necessary skill set to deal with medical terminology and adapt to often challenging medical situations. Paraprofessional, or level two, interpreters are only supposed to be used if all other options to gain access to a Professional interpreter have been exhausted.

In the most part, Paraprofessional interpreters are employed by the hospitals directly. Hospitals generally pay contracted interpreters a cheaper rate per hour than they do with agencies who charge a higher rate, and although this may seem to be a cost effective measure, it puts the hospital at risk of providing a substandard, ethically questionable, service.

A trend that emerged across a large number of the sample was noted that hospitals that use interpreting services not specifying in Auslan are the ones that they had the most trouble with. Agencies such as Oncall Translators and Interpreting, Victorian Interpreters and Translator Services (VITS) and All Graduates provide interpreters for a whole range of languages, of which Auslan is a small portion of their business. Victorian public hospitals have access to a credit

line provided by the Victorian government for interpreting costs and use the agencies that are contracted by them to pay for interpreters.

At the time of the inquiry, the contracted agency of choice was an agency serving a whole range of languages. The policy of this agency was that the hospital must book the interpreter from the agency directly, and the Deaf person does not have the authority to negotiate with the agency about who will be sent to interpret for them. A number of times, Deaf people have tried to ring one of these agencies after being given inappropriate interpreters to let them know who their preferred interpreters are, or to inform them that they cannot work with certain interpreters, and the agencies have stated that they are unable to speak with them, and that they need to inform the hospital. It then becomes the responsibility of the interpreting booking officer at the hospital to name the preferred interpreter or unsuitable interpreters each time they book for the patient. This system is inefficient at best and opens to human error.

The Auslan interpreters interviewed in this sample have also mentioned that many Auslan interpreters will not register or work for agencies serving all languages because the inefficiency of the system is often frustrating. This limits the number of quality Auslan Interpreters registered with these agencies of choice for hospitals. In one case, an Auslan interpreter was booked by an all language agency for a hospital booking. The booking became urgent as the patient had to undergo further testing as they were suspected to have cancer. This meant that the one-hour booking had to be extended into a much longer appointment. The interpreter had to ring the agency, be placed in a queue on hold, explain the situation, and then hang up so they could call the hospital to verify. The agency then rang the interpreter back to say that an extra two hours had been approved. The interpreter ended up having to stay an extra four hours, and go through the phone call process again, because the appointment had turned critical. The interpreter ended up working for over five hours without a break, food or water causing her to faint at the appointment. In a best practice situation, after a period two hours, a relief interpreter should have been sent to take over in the appointment. It is due to conditions like these that often the most qualified professional interpreters will not work for these agencies.

## Ineffective Complaints Processes

The issue with making a complaint is often the complaints process is inaccessible. If the complaint is about not getting access to interpreters, you will most likely need an interpreter to make a complaint. Often complaints are made to the interpreting booking department of the hospital, they resolve the complaint the complainant, however the next person with the same problem will need to fight the same fight to change their situation.

Across the sample, four cases centred on a major maternity hospitals antenatal birthing classes. In all four cases, the couples wanted to attend birthing classes after hours and in all four cases they were refused on the basis of the cost of the Auslan interpreters after hours. All four couples had stated that they were unable to get time off work. The hospital offered a private class through the day and in all four cases, the couples felt that this was discriminatory as they wanted to be able to participate in the experience of the birthing classes with the rest of the expectant parents and this was refused. Only one of the cases successfully gained access to after hours classes. Each of the four couples had to fight the same fight individually. This demonstrates an ineffective complaints policy that does not change anything across the board.

In 31.9% of the sample interviewed, the hospital refused to provide interpreters. This is a most common occurrence in the Emergency Department, and when a patient has been admitted whilst the doctor is doing their rounds. It is in these situations that the need for an interpreter is at its highest. Many were told there was no one available. One patient was told that she could only have access to an Auslan interpreter once a month. Another was told that 'Auslan interpreters don't work on Fridays'. In both these cases, the

patients knew that this was not the case and were able to advocate to get access when they needed, however there are many Deaf people in Victoria that do not have the skills to advocate for themselves or are so conditioned to not having access that they will forgo interpreting support, even when it's needed.

In 2001, a Deaf woman in Gippsland requested access to an Auslan interpreter for her baby who needed a hearing test in a local hospital. The CEO declined the request for an interpreter stating that it was not a part of their "translating service policy" and they would only pay for spoken language interpreters. The Deaf lady had to negotiate and fight for 2-4 weeks to convince them to cover the cost of the Auslan interpreter and meanwhile the appointment was postponed indefinitely. Eventually the CEO relented and allowed the expense 'just this once' so her child could be seen by the hospital.

Another Deaf lady with multiple health problems had trouble with an unnamed hospital who would not book interpreters and her appointments were constantly being postponed and changed. She took her complaint to the Australian Human Rights Commission and a settlement was agreed on, however she had to sign a confidentiality agreement not to disclose the details of the agreement, hence the hospital being unnamed. She did not have any trouble getting interpreter access after this, however it is a shame that other Deaf patients need to fight the same fight to get equal access. Broader changes across the board will mean that these issues will be avoided in the future.

## Positive experiences with Auslan Interpreters in Victorian Hospital

There were some positive stories collated in the study to find examples of hospitals displaying best practice in access to Auslan interpreters as collated in Appendix three.

Some of the best hospital interpreter booking systems use Auslan interpreting services specifically specialising in Auslan- such as Sign Language Communications Victoria, Auslan Services or Echo Interpreting where the staff are skilled at matching the patient with the most appropriate interpreter for their language needs and take into account the preferred and unsuitable interpreters. They also notify the interpreter and patient by text message when the job is booked, who is booked in that appointment and where, so that the patient clearly knows that an interpreter has been booked for that appointment. This demonstrates best practice in interpreter bookings and should be rolled out across all hospitals.

A Deaf lady was having a baby and had all her appointments and birth at a smaller maternity hospital. At every appointment, there was an interpreter booked for her and the same interpreter at every appointment, which she felt was extremely important for consistency. Only once she was not provided with an interpreter and unfortunately it was at this appointment that there was a complication with the pregnancy. The interpreting booking office had rang their contracted provider, (which was an Auslan specific agency) and an interpreter was sent to the appointment within an hour. One of the things that impressed this patient was receiving a text message every time an interpreter was booked and this gave her the assurance that an interpreter will be at every appointment she attended.

Another efficient component of a hospital interpreter booking system is at a Victorian hospital specialising in children, where an alert is placed on the patients file notifying the clinic automatically that the patient requires an Auslan interpreter. One Deaf mother attended an appointment with the a Victorian hospital specialising in children with her daughter for an appointment and was pleasantly surprised when she had turned up and an interpreter was booked without her even asking for one. It was generally agreed across the sample that on the appointment letter, the question should be asked, "do you require an interpreter? If you do, please call...". Once this call is made, an alert should be placed on the patients file from then onwards.

One example highlighted with a fantastic education system was Bendigo Health. The Deaf Access worker for Bendigo is working in Bendigo Health and has regular professional development sessions with the Bendigo Health staff, particularly those concentrated in the emergency department. Staff are also required to document in the patient file each time they call an interpreter booking office. If the interpreting booking office has advised that there is no interpreter available, and they had to find other methods of communication, it is documented in the patient file to protect the hospital from any further dispute. Bendigo only has two local interpreters and the rest must travel from Melbourne. The maternity department of Bendigo health is particularly good, as two reports have stated that they had no problems. Most of the problems with Bendigo health stems from unexpected visits to emergency after hours, where interpreters are either not available or have to travel from Melbourne at a huge cost.

## Recommendations for change

### *1. Roll out The National Auslan Booking Service (NABS) to cover all medical services in Australia or, the use of Auslan- specific Interpreting Agencies for all Hospitals in Victoria*

From the results in this study, the first recommendation is to expand The National Auslan Booking Service (NABS) to include public hospital appointments.

NABS is a federal government funded system where the Deaf person themselves can book an interpreter themselves for a private medical appointment, such as a GP appointment and also for appointments in a private hospital. All responses from Deaf people going through private hospitals were all positive as Auslan interpreting access was taken care of by an organisation specialising in the needs of Deaf people in the health sector. Appropriate interpreters for each job were allocated each time, and for the right amount of time. Only one public health patient recorded fantastic access to Auslan interpreting access, because they were able to book through NABS as they were Aboriginal<sup>8</sup>. This demonstrates a system that is the ideal for all medical appointments. It is a system with an existing infrastructure that would work very well if it were simply expanded to include all medical appointments.

One scenario that has occurred over time is when a Deaf patient presents at their GP with an illness and an interpreter booked through NABS, and the GP has organised an ambulance to take the patient to hospital as they are seriously ill. Often once the interpreter has left the GP office, they are no longer paid by NABS and are not paid to go with the patient in the ambulance and assist at the hospital. Once the patient is in the Ambulance, it becomes the hospitals responsibility to book an interpreter for that patient. In many cases, the interpreter will volunteer to go with the patient. On arrival to the hospital, often the interpreter will have to argue with the hospital that they need to book an interpreter themselves. These scenarios would not be an issue if NABS was expanded to include all medical appointments, public or private and would reduce the stress and confusion for all involved.

At an absolute minimum, as a part of these best practice guidelines, Victorian Hospitals to consider using Auslan specific Interpreting services for all Auslan Interpreter bookings. This will reduce the reliance on hospital staff to ensure the interpreter is the right match for the patient when the Auslan specific Interpreter booking services are best skilled in identifying these needs. Auslan specific Interpreter booking services would benefit from working together to create a centralised database showing deaf clients preferred interpreters and unsuitable interpreters to enable Deaf people to state their preferences once and all interpreting agencies are informed.

The most important things in Auslan Interpreting in hospitals are the quality of the interpreting. It is important that the interpreter is the right match for the patient, and that there needs to be an alert on the patients file to ensure that the interpreter, and the right interpreter, is booked for all appointments. It is also important that the interpreter needs to know who the person is before they accept the job (i.e. the job might be a Deaf child, or more than one deaf person, or a deaf person with special needs) and equally important for the Deaf person to know whom their interpreter will be.

### *2. Compulsory and ongoing professional development around booking of interpreter services for all frontline medical staff and the development of best practice guidelines for interpreter booking procedures.*

There also needs to be compulsory professional development around Auslan Interpreter Booking processes in Victorian hospitals. Hospitals need to work collaboratively with deaf sector organisations such as Deaf Victoria to develop policies and processes on using Auslan Interpreters and deaf awareness training for the booking staff so that they know the processes of booking Auslan interpreters. There needs to be Best Practice guidelines for interpreter booking procedures that identifies key actions to take when a Deaf person presents at any Victorian hospital. Bendigo Health is leading the way in ensuring that all Emergency Department staff have regular training on Interpreter booking processes, Deaf awareness and an effective system that requires them to document all attempts to source Auslan interpreters in the patients file.

<sup>8</sup> Aboriginal and Torres Strait Islander Deaf people have access to NABS for all their medical interpreting needs, public or private.

### *3. Interpreting Agencies, ASLIA, and NAATI to develop continual professional development around medical interpreting, quality assurance and annual assessment of the skills of Auslan Interpreters.*

At present, there is no quality assurance of interpreter's skills and no assessment of this. This needs to happen for interpreters to maintain their qualifications and annually, in the same way as a performance appraisal. At the moment there is no specific medical training with all the different specialties. For this, Auslan specific Interpreter Booking agencies need to work with Australian Sign Language Interpreters Association Victoria (ASLIA Vic) and NAATI to ensure that regular monitoring and quality assessment of Auslan interpreter's skills happen at regular intervals.

Interpreter Booking Agencies who deliver Auslan Interpreting services for health services in Victoria need to work with ASLIA Vic to set up a series of ongoing professional development relating to Medical specific training to ensure that all interpreters working in medical areas are up to date with the appropriate skill sets.

### *4. Skype Interpreting on iPads to be used in emergencies in hospitals*

One of the most critical points for needing an Auslan Interpreter is in an emergency scenario. It is not always possible to source an Auslan interpreter immediately in an emergency situation; however it is recommended health services create guidelines and a commitment to use the new VITS and SLC Vic after-hours interpreting service and ensure that all staff are aware of how to use it. There is also potential for the use of offsite interpreters to be able to be dialled in on Skype on an iPad which is a cost effective and very portable way of accessing an Auslan Interpreter quickly in an emergency and the infrastructure is set up for this to happen. Sign Language Communications Victoria and Auslan Services both offer this service. Auslan interpreting on Skype is not the preferred method to rely upon in an emergency due to the 3D nature of the language; however it is a better alternative than no interpreter at all. There also needs to be training given to paramedics attending to Deaf patients in an ambulance to mention the need to book an Auslan interpreter when notifying the hospital of an impending arrival to ensure that the interpreter is booked at the earliest possible moment. Such procedural changes need to be implemented to ensure a smooth running system.

## Conclusion

In summary, the issue of Auslan Interpreting in Victorian hospitals is not consistent across the board and largely dependent on:

- The knowledge of frontline staff and in-house interpreter booking officers
- The knowledge of interpreter agencies used
- The quality of interpreters used in hospitals and
- The ability of the Deaf patients to advocate for themselves.

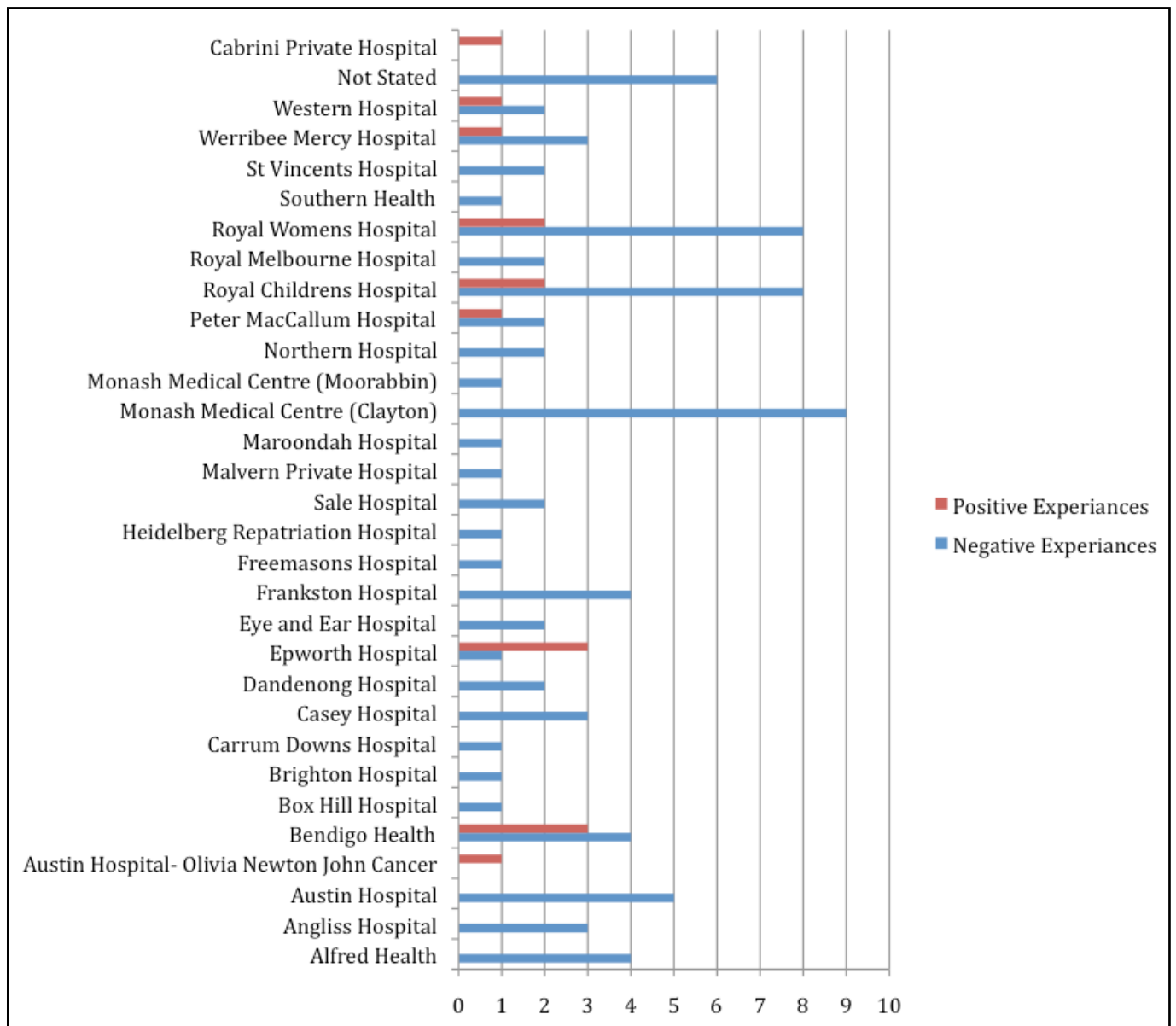
The Department of Health are aware of the importance of access to information in Auslan for Deaf patients and the *Language Services Policy, Cultural Responsiveness Framework: Guidelines for Victorian Health Services Policy* and the *Australian Charter of Human Rights in Victoria* is a testament to this. Victorian hospitals have a way to go to achieve these outcomes.

A strategic partnership with the Department of Health, Auslan Specific Interpreter Agencies, ASLIA Victoria and Deaf Victoria, will be ideal to work towards achieving the five recommendations on this report and developing key actions to ensure consistency of Auslan interpreter provision across all Victorian hospitals. This will ensure that the Department of Health delivers an outstanding example of best practice in delivering on the Australian Charter of Human Rights in Victoria.



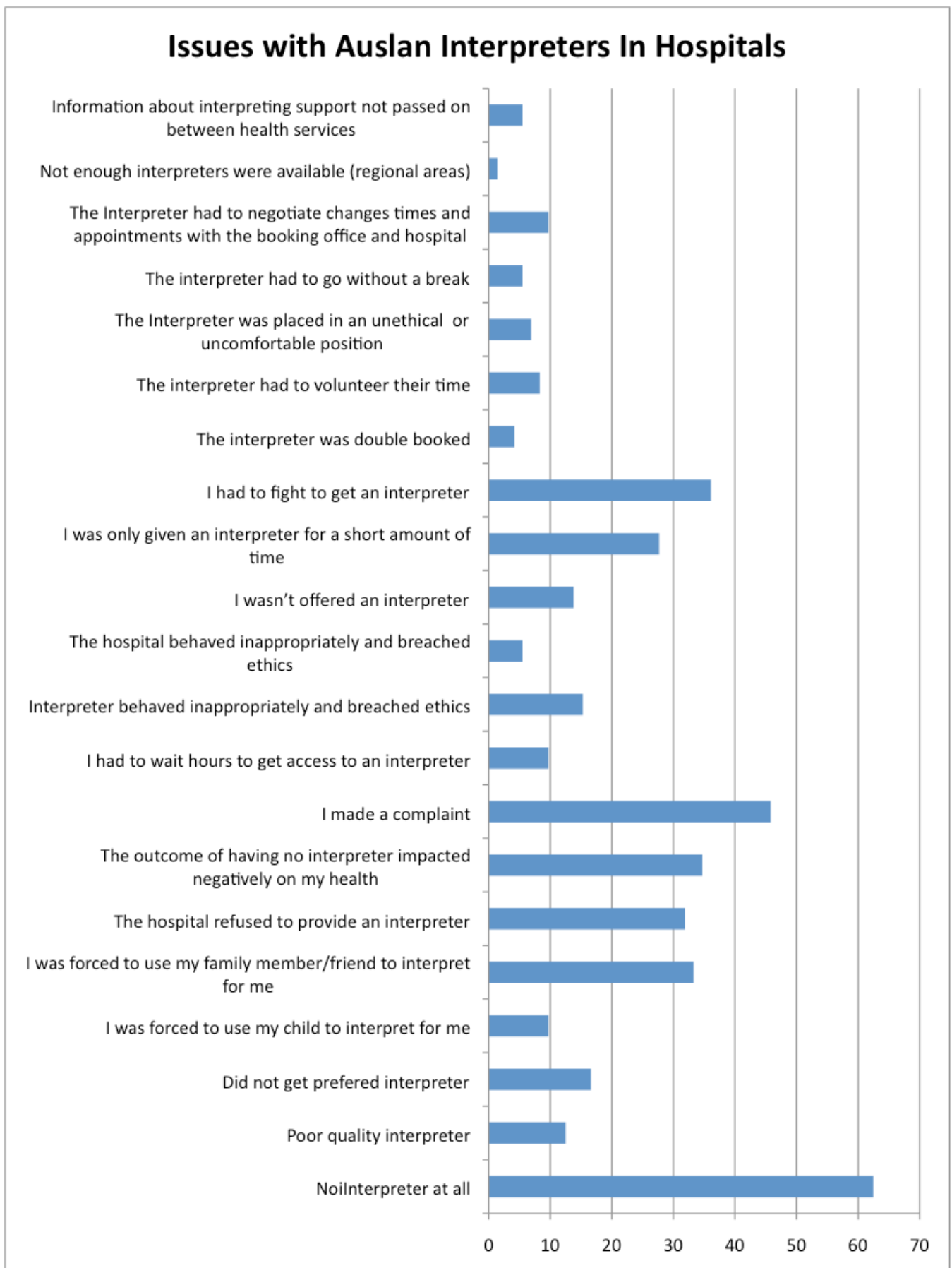
## Appendix One

Hospitals Identified across the sample interviewed and the number of incidents reported.



## Appendix Two

Issues identified across the sample, and the percentage of the sample experiencing the same issues



The above chart represents the diversity of issues that were identified by respondents in this consultation. In most cases respondents identified multiple factors.

Major findings include:

- 62.5% of respondents indicated there was no Auslan interpreter provided at all.
- In most cases patients had to communicate via pen and paper, gesture, guesswork or family assistance.
- Once a way of adhoc communication was found, the trends suggest that despite the muddled nature of communication no further action was taken to source an interpreter through other means for future appointments.
- Although 45.8% of respondents made a complaint, most reported that they faced similar problems at their next encounter with the hospital, or, the issue was solved for them, but others reported the same barrier
- Over one third of the sample had to fight for what they got.
- The quality of the Auslan interpreters available to the respondents were not up to standard and not appropriate for their needs.

## Appendix Three

Percentage of respondents who recorded a positive outcome



Major trends to note that came with the positive experiences were

- Most of these bookings were made with National Auslan Booking Service (NABS) because they took place in private hospitals or the respondent identifies as Aboriginal and/or Torres Strait Islander
- Those respondents that had a positive experience that did not book with NABS found that their hospital used an Auslan Specific booking agency to book their Auslan interpreters.

## Appendix Four

### The landscape of Auslan Interpreting agencies in Victoria.

There are several services that provide Auslan interpreting in Victoria. This appendix will focus on clarifying the different organisations and how they work:

#### All Language Agencies:

##### **Oncall Interpreting and Translating Agency (Oncall)**

Oncall provides interpreters and translators for over 130 languages, for both onsite interpreting and translating and telephone interpreting. Their provision of Auslan interpreting is a small part of their business. They have a large number of major clients, including a big number of health services that they provide all language interpreting for.

##### **Victorian Interpreter and Translating Service (VITS)**

VITS is a Victorian government owned business enterprise providing language services in over 110 languages, including translation services, video interpreting, onsite interpreting and telephone interpreting. Auslan is a small portion of their business, however they have recently entered an agreement with SLC Vic to provide after hours Auslan interpreting services for emergency situations and work closely with SLC Vic on the provision of Auslan interpreting. They are also now the chosen provider for the Department of Human Services Credit Line, which many hospitals use to book interpreters.

##### **All Graduates Interpreting Service (All Grads)**

Similar to both VITS and Oncall, All Grads also provide over 100 languages in their interpreting and translating services, and also provide training to the interpreters working with them. They also have a number of health services as their major clients.

In all these agencies that work with hospitals, the interpreter must be booked by the service requesting the interpreting support. Patients are unable to call the agencies themselves to request specific interpreters or make any requests for adjustments.

#### Auslan Specific Agencies:

##### **National Auslan Booking Service (NABS)**

NABS is a federal government booking service that provides Auslan interpreters for Deaf people all over Australia for private healthcare appointments. These include all health care services, excluding public hospitals and overnight stays in private hospitals. The bookings for the Auslan interpreter is booked and controlled by the patient, and the staff are all experienced in all matters relating to Auslan interpreting. Aboriginal and Torres Strait Islanders can access NABS for all public and private medical appointments.

NABS also provides some community and health provider education and training on how to navigate the interpreter booking system. It is a very efficient system, and most respondents in the sample were very impressed with the ease and efficiency of NABS services.

##### **Sign Language Communications Victoria (SLC Vic)**

SLC Vic is an Auslan interpreting agency that only provides Auslan interpreters and notetakers for deaf and hard of hearing people in Victoria. They are a part of a larger group of agencies- Sign Language Communications- providing the same services all around Australia. All the profits made go back into the Victorian Deaf Society (Vicdeaf) to assist with running services for Deaf and hard of hearing people. The staffs have the expertise needed to book and place the appropriate Auslan interpreter with individual client's needs. SLC Vic also provides a live captioning service, and Skype interpreting.

##### **Auslan Services**

Auslan Services is a leading provider of Auslan interpreters across Australia. They provide interpreters, note takers and Skype interpreting. The staff has the expertise to place the appropriate interpreter with the right client and is well known for their revalidation workshops and continuous professional development, and profits go to the Auslan Services Foundation which funds deaf community projects.

## **Echo Interpreting**

Echo Interpreting provides a personalised service of booking Auslan interpreters and notetakers for the Deaf and hard of hearing community. They have a commitment to ensuring that the right interpreter is allocated to the right job.

All the Auslan specific agencies all only employ professional or para-professional Auslan interpreters. All the Auslan specific agencies are flexible with working with patients that have special requests or needs when it comes to booking Auslan interpreters.

## **Other Agencies**

There are also two other agencies mentioned often in this report that don't provide Auslan interpreters as a service, but are membership and regulatory bodies for Auslan interpreters:

### **Australian Sign Language Interpreting Association Victoria (ASLIA Vic)**

ASLIA Vic is a professional body that represents the needs and interests of Auslan interpreters. ASLIA Vic promotes awareness and recognition of the rights and responsibilities of practitioners. They also provide regular training, information on recruitment, working conditions and other services within the industry; they also are involved in a number of projects promoting the work of Auslan interpreters, including the recently published report "Why Auslan Interpreting Matters" by the Auslan Interpreting Industry Forum of Victoria (AIIFV)

### **National Accreditation Authority for Translators and Interpreters Ltd (NAATI)**

NAATI is the national standards and accreditation body for translators and interpreters in Australia, for all languages. All interpreters must be accredited by NAATI to work as interpreters in Australia.

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