



## **Advice to the Northern Territory Ombudsman and Commonwealth Government Ombudsman on Aboriginal Interpreting Services**

September 2016

### **Background**

The Northern Territory (NT) Ombudsman has asked for urgent input on the adequacy of Aboriginal interpreting services. The Commonwealth Ombudsman is also currently conducting an investigation into interpreters which is a follow up to its 2011 report entitled *Talking Language: indigenous language interpreters and government communication*.

The focus areas are:

1. The current issues/gaps issues faced by individuals, agencies, departments, third party contractors and Indigenous interpreter services and how to overcome these; and
2. Opportunities to enhance and improve the provision and accessibility of Indigenous interpreter services.

The Central Australian Aboriginal Congress (Congress) is the largest Aboriginal community-controlled health organisation (ACCHO) in the Northern Territory, providing comprehensive, culturally-appropriate primary health care services to Aboriginal people living in and nearby Alice Springs as well as to six remote communities in Central Australia.

Over half of clients who use Congress services speak an Aboriginal language as their main language. These include Arrernte, Anmatjere, Luritja, Pitjantjatjara and Warlpiri. Accurate interpretation is essential to primary care service provision and there is a need for accessible, high-quality interpreting services.

### **Issues faced by Congress**

#### *Timely access*

Congress staff report there are a number of barriers to using interpreting services. A key barrier is that interpreters provided by the NT Government must be booked well in advance (two weeks) while many of Congress' clients are 'walk-ins' and do not make appointments. Due to the unpredictability of presentations, interpreters are often needed on the spot and often cannot be planned for in advance. Immediate interpreter services are not available unless in an emergency.

#### *Availability of interpreters in a number of languages and sign language*

Given the range of different languages spoken by Congress clients, it is also difficult to find the right interpreter. There are also limited options when a preferred interpreter is not available. Congress staff have also identified a need for interpreters who are skilled in local Indigenous-specific sign languages, which are used as an auxiliary to spoken languages or complete communication systems in lieu of spoken language (differentiated from the Australian Sign Language for the deaf, AUSLAN).

## **Central Australian Aboriginal Congress Aboriginal Corporation**

ABN 76 210 591 710 | ICN 7823

PO Box 1604, Alice Springs NT 0871

**Head Office**  
14 Leichhardt Tce  
P 08 8951 4401  
F 08 8959 4717

**Main Clinic Service**  
25 Gap Rd  
P 08 8951 4444  
F 08 8952 3397

**Alukura Women's  
Health Service**  
Percy Ct  
P 08 8953 2727  
F 08 8953 4435

**Ingkintja Male  
Health Service**  
19 Gap Rd  
P 08 8958 4567  
F 08 8951 4493

**Child & Family  
Service**  
21 Gap Rd  
P 08 8951 4444  
F 08 8952 3397

**Social & Emotional  
Wellbeing Service**  
14 Leichhardt Tce  
P 08 8959 4750  
F 08 8959 4765

**Remote Health  
Services (remote  
clinics)**  
P 08 8951 4400

**Education &  
Training Service**  
P 08 8951 4400

**Aboriginal health  
in Aboriginal hands.**

### *Reliability*

Reliability is also an issue. Different Congress services have experienced interpreters not showing up for appointments and not communicating about cancelling. This has led to a lack of confidence in the interpreting services. Conversely, a client did not show up when a booking was made.

### *Interpreting medical language*

An additional challenge is also that medical language is not readily translated into Aboriginal languages and involves a secondary step that simplifies medical concepts and terms into language that can be translated.

### *Aged care*

There are forty residents in residential care with dementia and limited English. Interpreters are not routinely used in care and staff try to get by in day-to-day management. Residents would ideally benefit from language workers who could communicate with them, particularly on a social level.

### *Access is inequitable across NT services.*

NT Government offers on-site interpreting, at a minimum of 2 hours at \$140 and \$70 per hour thereafter. Travel and accommodation fees also apply. Telephone interpreting is charged at a minimum of 30 minutes at \$35 and \$70 per hour thereafter.

Except in emergencies, booking requests must be made at least two weeks before the appointment.

According to the Alice Springs Hospital website, hospital-based services have access to a 24 Hour on-call service and regular rostered interpreter services, which is not the case for Congress and other primary health care providers. It is understood however that there are issues with some hospital services also being required to book in advance and that the interpreter services are stretched.

### *The Australian Government's interpreting service does not include Aboriginal languages.*

The National Translation and Interpreting Service provides immediate, pre-booked and phone interpreting either free or at cost depending on the service and organisation requiring the service. It is free to all GPs throughout Australia and covers more than 150 languages and is so comprehensive, reliable and high quality that it is utilised from other countries. In spite of this none of the languages of Australia's first peoples are included which is just another, ongoing injustice that Aboriginal people experience.

Although it is argued that Aboriginal interpreting has dedicated funding the reality on the ground in primary health care is that this is completely inaccessible and telephone interpreting, while not always ideal, would be invaluable in many situations. It is ironic that someone who speaks English as a second language could come to Congress and interpreters could be accessed free of charge over the phone but not for any of the Australian Aboriginal languages. This needs to be rectified as there are many people around the country who could provide telephone interpreting in all of the major languages.

### *Filling the gap – planned Congress interpreter services*

Accurate interpretation is essential to primary health care service provision and there is a real need for this service. Over half of Congress clients speak an Aboriginal language as their main language.

Congress clinical staff just “make do” and may use local staff with language skills e.g. Aboriginal Liaison Officers (ALO). Finding the right staff member on the spot can also be time consuming. Staff often manage if clients have some English.

Due to poor access to interpreter services in Central Australia, Congress is planning for two interpreter positions at an approximate cost of \$240 000. The interpreters will be required to be accredited under the National Accreditation Authority for Translators and Interpreters.

This will come at an opportunity cost for other services and an additional cost burden for providing basic primary care services for the most vulnerable populations.

### **Opportunities to enhance and improve the provision and accessibility of Indigenous interpreter services**

Improving access to interpreter services for Congress clients involves:

1. The NT Government allowing primary health care services to access on call and rostered Aboriginal interpreting services at no charge, if these services are readily available.
2. Alternatively, in the absence of an adequate interpreting service, separate funding is provided for additional interpreting services in Aboriginal Community Controlled Health services.
3. Given the ongoing challenges with interpreter services in Central Australia, consider the development of a strategy to up-skill and formalise the role of language-speaking ALO/AHWs to be able to interpret in certain clinical scenarios.
4. Additionally, provide Aboriginal language interpreting services in all of the major Aboriginal languages through the National Translation and Interpreting Service.