Brief: Expanding the eligibility for the Free Interpreting Service to allied health practitioners

30 July 2021

Recommendations: That you:

Note the findings of the literature review that examined the current practices surrounding the engagement of interpreters by allied health professionals working with people from migrant and refugee backgrounds.
Note the findings of the survey of allied health practitioners on the use of interpreting services in allied health practice.
Note the findings of the scoping review of Primary Health Networks funding for allied health practitioners to access interpreting services.
Recommend the expansion of the eligibility for the Free Interpreting Service to allied health practitioners, noting that this would support quality and safety in health care benefitting both allied health practitioner and migrant and refugee communities across Australia.
Consider utilising the Australian Health Protection Principal Committee's approved list of allied health professions (Appendix I) to determine access in the private setting.
Support the development and delivery of professionally accredited online training for allied health practitioners on identifying the need for, engaging, and working with interpreters.

Key considerations

There is a robust body of evidence globally to support the proposition that interpreters enable allied health practitioners to provide higher quality health care to people from culturally and linguistically diverse backgrounds.

Furthermore, allied health practitioners are extremely likely to encounter people from culturally and linguistically backgrounds who require linguistically concordant and culturally responsive health, disability and aged care. This may take place in a variety of settings that need to be equally recognised as spaces that require an interpreter, whether they are engaged in person or by phone.

The survey of allied health practitioners demonstrates that over 20% of practitioners required an interpreter in the past 12 months but could not engage one. The largest barriers identified to engaging an interpreter were lack of knowledge of interpreting services, prohibitive costs, and the complexities associated with engaging interpreters.

Over half of practitioners engaged support for interpretation on at least one occasion in the past 12 months. However, a quarter of the engaged interpretation support was not by an interpreter but by personally involved individuals (family/friend) provided by the client or by colleagues with bilingual skills.

There is a strong case both for the provision of interpreting services to allied health practitioners (through the Free Interpreting Service) and the development and delivery of professionally accredited training for allied health practitioners on the role of interpreters, when and how to engage them, and how to work effectively in an interpreted consultation.

Background

The Free Interpreting Service (FIS) aims to provide equitable access to key services, which are not government funded, for people with limited or no English language proficiency.

The following health practitioners can access FIS to provide services to anyone in Australia who has a Medicare card:

- Medical practitioners (general practitioners and approved medical specialists): when delivering Medicare-rebateable services in private practice. Reception and other practice support staff can also access the service when working with the registered medical practitioner.
- Pharmacies: to provide community pharmacy services.

Allied health practitioners are currently not eligible for FIS.

Several initiatives, predominantly facilitated by Primary Health Networks, have attempted to bridge the gaps in access to interpreting services for allied health practitioners working with people with limited or no English language proficiency.

The Australian Government's *Investing in Refugees, Investing in Australia* review (2019) emphasises that engaging interpreters for best-practice healthcare leads to better settlement outcomes, promoting linguistically and culturally appropriate care for allied health practitioners such as psychologists and dietitians.[i] Noting that good health is vital to economic participation, the review recommends "ensuring that refugees have good access to appropriately funded primary health care and (as necessary) torture and trauma counselling, supported by the provision of interpreters services for all allied health services." [ii]

LITERATURE REVIEW: ENGAGEMENT OF INTERPRETERS IN ALLIED HEALTH

This literature review was undertaken by the Migrant and Refugee Health Partnership (auspiced by Migration Council Australia) to examine the research on the engagement of interpreters in allied health globally as well as in Australia (noting there is a scarcity of academic research on the subject nationally). There are some examples from overseas health care contexts that are similar to the Australian system (e.g. New Zealand, Switzerland) or involve people from migrant and refugee communities that are also prevalent in Australia (e.g. Syrian refugee populations) which can inform the Australian allied health practice. It has also been considered that the definition of an 'allied health professional' may vary between countries. For this reason, research has been included on the basis of the allied health professions specified.

The evidence consistently suggests that the engagement of interpreters, at every stage of a person's interaction with health services, will enable the allied health professional to provide informed, accurate, and culturally responsive health care. This evidence also supports the need for easily accessible and free interpreting services for an increasing list of community languages, in order to break down the existing barriers to health care for people from migrant and refugee backgrounds.

Allied health professions and engagement with migrant and refugee communities

People from migrant and refugee backgrounds may have health conditions that require the assistance of specific allied health professionals. This is especially important for refugees and humanitarian entrants, who may have experienced significant trauma that requires complex and ongoing health

care. For example, allied health professionals in the mental health sector are required to provide trauma-informed care for refugees and asylum seekers. Similarly, physiotherapists and occupational therapists encounter refugees and asylum seekers with injuries from conflict, disaster, or conditions left untreated due to previously poor health care infrastructure. The following examples are supported by literature reviews, but they are applicable to other allied health professions providing equally important services, including exercise physiologists, audiologists, orthotists and prosthetists, genetic counsellors.

Mental health (psychologists, social workers, mental health OTs, music and arts therapists)

Gartley et al (2017) examined the impact of interpreter engagement on the therapeutic relationship, or alliance, between all parties to a mental health consultation. This 2017 study of mental health workers providing services to refugee persons in South Australia found that having an interpreter present in sessions was seen as vital for effective communication and the maintenance of a strong therapeutic alliance.[iii] The mental health social workers and clinical psychologists included in the study identified that clients were more comfortable disclosing sensitive information when the same interpreter was engaged consistently across sessions. The authors noted that interpreters played an important role as cultural brokers in interactions between clients and mental health workers. Participants in the study highlighted that the initial connection between the client and interpreter provided a useful foundation upon which the mental health worker could build trust and rapport.

Physiotherapy and occupational therapy

Physiotherapists and Occupational Therapists require patients to complete highly structured assessments involving walking, getting out of bed, climbing stairs, and other daily activities. They also require detailed information on the person's home situation, entering into the person's private sphere in order to determine whether they are able to safely manage their condition or whether they require home assistance.[iv]

Yoshikawa et al (2020) examined the implications of discordant conversations between physiotherapists and people from culturally and linguistically diverse backgrounds. They found that the therapeutic alliance, which relies upon clear communication of pain, mobility needs, and treatment plans, was severely impacted when there was language discordance and therefore a breach of communication and trust between the physiotherapist and the person.[v] They also emphasised the importance of the physiotherapist developing a sociocultural awareness in order to mitigate miscommunication and enhance the person's autonomy in pain management.

Speech pathology

Speech pathologists are often required to observe patients coughing, eating, swallowing, or speaking as a part of their assessment. Interpreters can assist in gaining consent for these observations, and for physical examinations of the patient while they perform these tasks.[vi]

In a systematic review of ten studies on speech pathologist and professional interpreter interactions, Huang et al. (2019) highlighted that speech pathologists will need to work more often and closely with professional interpreters to overcome language barriers and provide appropriate services to adults from culturally and linguistically diverse backgrounds with acquired communication disorders.[vii] The authors argued that due to global migration and an increase in ageing populations, the number of persons from migrant backgrounds with communication disorders seen by speech pathologists is likely to rise. The review found that speech pathologists commonly reported difficulties with accessing

professional interpreters as well as concern regarding the limited time to brief and prepare materials with professional interpreters.

Dietetics

Dietitians often require patients to answer questions about their daily habits in the process of assessment, whether in closed questions (do you cook for yourself?) or open questions (how can your family support you to manage your diabetes?).[viii]

One study of dietitians working with migrant persons in the Netherlands found that the use of trained professional interpreters positively impacted patient satisfaction, quality of care and health outcomes.[ix] Language discordance between dietitians and patients were found to hinder information retrieval, patient education (such as explanation of the relationship between diabetes and nutrition) and discussion of treatment options.

Podiatry

A study of Farsi-speaking podiatric patients in the United States reported that the engagement of a professional interpreter for persons with limited English proficiency was associated with improved pain management outcomes and increased adherence to treatment plans.[x]

Freyne et al's (2018) study in the Australian context further states that, "Podiatrists assess patient's feet, and podiatry assessments typically include some treatment (e.g., lancing a wound or debriding) that requires use of instruments such as scalpels and as such is more invasive than other discipline assessments. Thus, including the ability to gain consent from patients for podiatry input and being able to explain each stage of the podiatry assessment and intervention process to the patient were important factors." [xi]

Allied health professionals in a hospital setting

Some Australian studies do examine the role of interpreters in a clinical team in a hospital setting, which often includes allied health professionals alongside medical practitioners, nursing staff, clinical specialists, and hospital administrators. In these settings, the needs assessment and engagement of an interpreter is often integrated into the systems of the hospital and therefore not the sole responsibility of the allied health professional, however, their interactions with the person will be impacted by the decision to engage or not engage an interpreter. In many cases, an interpreter is engaged in short sessions in order to convey a large amount of information at once. This may occur upon admission for the initial clinical assessment, after a batch of results have been received and can be summarised for the person, or within the process of discharge. [xii]

The process of discharge is often a large part of an allied health professional's interaction with the person. Instructions for continued home care or referrals to allied health services take place in discharge, and often require a teach-back method to be applied to ascertain that the person is aware of the actions they need to take in future. When a person requires an interpreter and does not receive one for the discharge session, they have poorer health outcomes and a higher rate of readmission due to relapse or lack of understanding of their condition.[xiii]

Freyne et al (2018) reported on the delay in assessment for patients in Australian acute hospital settings where the patient was from a culturally and linguistically diverse background and an interpreter was not immediately available. [xiv] "Delays in assessments can place patients at risk of dehydration, choking, falls, wound infection, and poor quality of life. For example, dysphagia is

common after stroke, and early identification is important because of potential aspiration risk and to determine patients' suitability for oral feeding."[xv]

Populations at risk

The literature review identified that specific populations at risk can benefit from the engagement of interpreters in allied health care settings, particularly in paediatric and geriatric cases.

Paediatric care

Ng et al. (2021) performed a systematic review of 15 articles on allied health services provided to families of children from culturally and linguistically diverse backgrounds with chronic health conditions, and reported a number of benefits arising from the involvement of interpreters.[xvi] They found that the engagement of interpreters helped reshape caregivers' understanding of health practices by conveying new information, as instructed by the allied health worker. The authors also identified that in the absence of an interpreter, unplanned informal conversations regarding instructions and explanations could lead to miscommunication. Countries where data were collected involved Australia, Brazil, Canada, Hong Kong, Hungary, Ireland, Italy, the Netherlands, New Zealand, South Africa, Turkey, the United Kingdom, and the United States.

Aged care

Older migrants and refugees may be more in need of an interpreter in health care scenarios. They may be reluctant to learn the host country language, may have fewer educational or occupational opportunities to practice, or may lose their acquired language proficiency as they age.[xvii] Wand et al (2020) identify this as a major reason for many Australian health care practitioners allowing older people to engage family members in their interactions, which presents the issue of accuracy and confidentiality, as well as the potential for a caregiver to take advantage of a vulnerable person to influence their health care decisions.

Similarly, in the case of older persons from culturally and linguistically diverse backgrounds who require mental health care, an interpreter can be a valuable ally in determining their level of cognisance and competence to make decision about their medical needs. Wand et al (2020) explain: "Some cognitive screening tests […] are available in a number of languages. However, in order for tests to be validated for a particular language and culture, there should be a process of translation and back translation to ensure cultural appropriateness, accuracy, and that there is equivalence in content, meaning, concepts, criterion, and technically with the original version."[xviii]

SURVEY OF ALLIED HEALTH PRACTITIONERS: USE OF INTERPRETING SERVICES IN ALLIED HEALTH PRACTICE

The survey was undertaken jointly by Allied Health Professions Australia and the Migrant and Refugee Health Partnership (auspiced by Migration Council Australia) over a period of four weeks. Participants were recruited through Allied Health Professions Australia's online network of members.

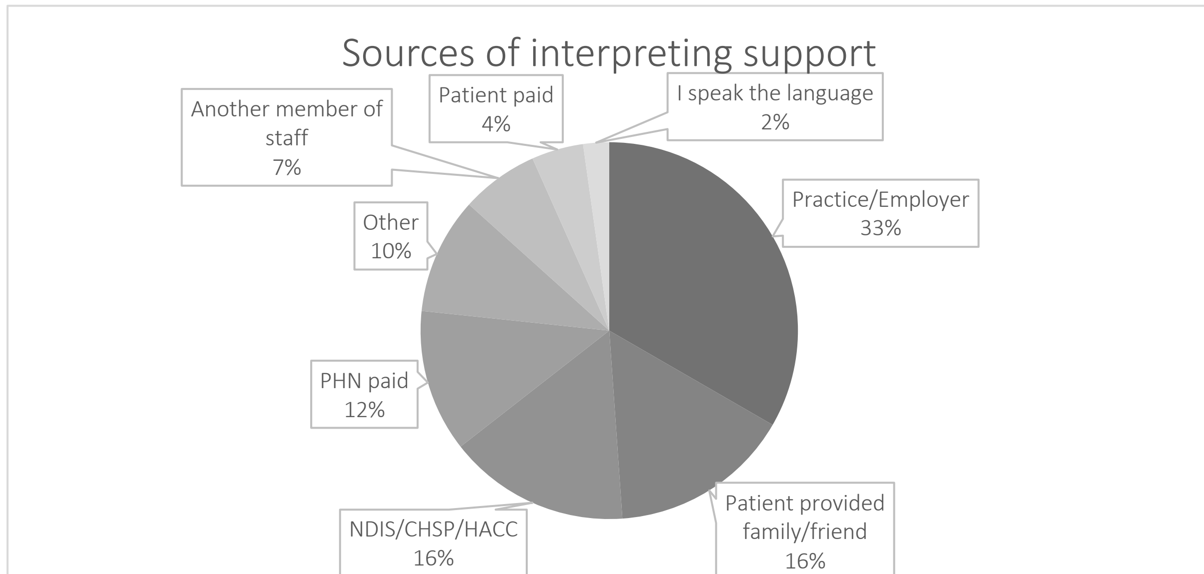
The survey demonstrates that interpreter engagement is not an easy or affordable option for many allied health professionals. Personally involved individuals (such as patients' family or friends) and colleagues with bilingual skills are relied upon as a result, which compromises the integrity of the consultation. Allied health professionals who had access to interpreting services funded by their PHNs or employers were more likely to engage an interpreter.

Allied health practitioners who engaged interpreters in the past 12 months

Of the 132 individuals surveyed, 57% engaged support for interpretation on at least one occasion in the past 12 months.

Of those respondents, 63% engaged support 1-10 times; 18% engaged support 11-20 times; and 18% engaged support 21+ times.

Each respondent was given the opportunity to select multiple options on how these services were provided. 90 responses were received.



The most common source of interpreter funding was Practice/Employer. However, 16% of instances of support were by the client's family or friend, and a further 9% of instances utilised staff with bilingual skills. This means that a quarter (25%) of all interpreting services provided to patients in this survey were not by an interpreter.

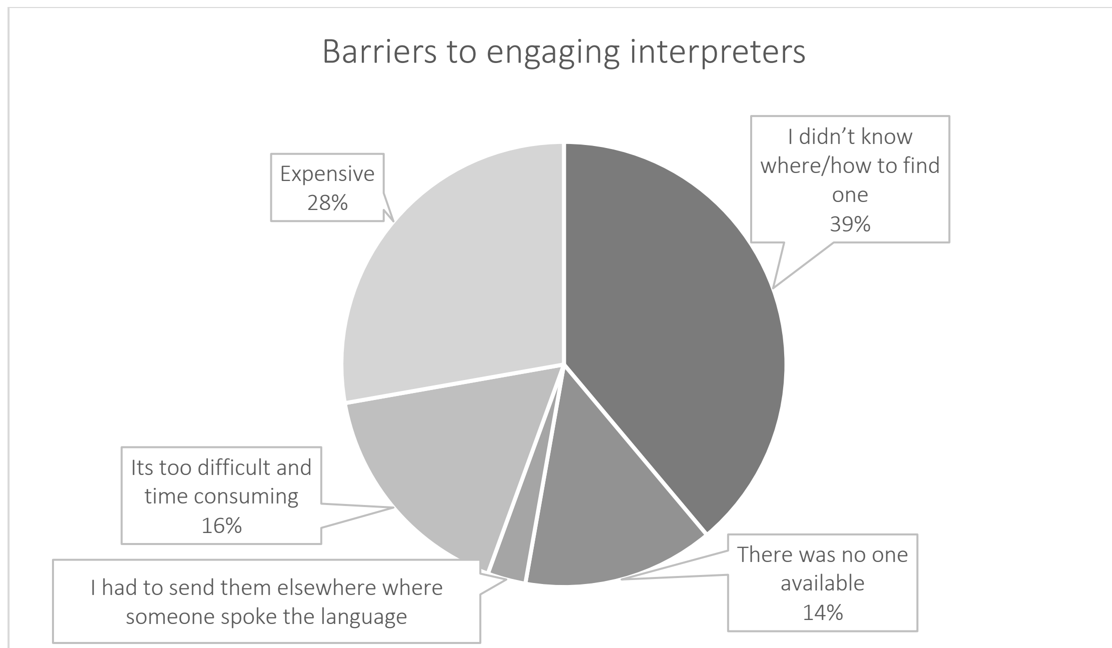
Respondents who engaged interpreters 21+ times—and were therefore more familiar with the need and the process—were more likely to use PHN funding, Practice/Employer funding, or NDIS and other Commonwealth or State funded support schemes. None of them reported engaging family/friends or other colleagues.

Two thirds of those who engaged family/friend (67%) were in the cohort who engaged an interpreter between 1-10 times.

Allied health practitioners who required but could not engage interpreters in the past 12 months

Of the 132 individuals surveyed, 22% needed an interpreter but could not engage one.

Each respondent was given the opportunity to select multiple options on the barriers to engaging an interpreter. 36 responses were received.



The largest barrier cited to accessing an interpreter was lack of knowledge, with 48% of the cohort including that as one of their responses. 28% noted that the interpreting service they had access to was too expensive.

"We don't have a funding model or any access to an interpreter. We tell the patient to bring a family member."

"I don't accept referrals which may require and interpreter."

"The only time my clients can afford these services are with a funding source such as NDIS."

"We have no funding. If a family needs an interpreter, we send them elsewhere unless they're willing to pay for the interpreter out of pocket."

"We need funded access like doctors do. Our patients are treated like second class citizens."

Some raised concerns that the lack of interpreting services would impact the quality of their consultations.

"Challenging to provide effective care to clients requiring an interpreter and hard to assess their understanding. Less effective outcomes due to language barrier."

"Ineffective therapy service, i.e. not following best practice."

"Difficulty for CALD family to access services. It's hard to work in collaboration with the parents without interpreters."

"It is difficult and often inappropriate to use family as interpreters as the nature of my questions are often sensitive. As a result, people do not receive the same standard of care that people who do not need a translator do."

"Often communicating with patient family to get information, rather than through an interpreter."

Allied health practitioners who did not engage interpreters in the past 12 months

Of the 132 individuals surveyed, 20% did not need to engage an interpreter in the past 12 months.

Their feedback still reflected the need for interpreting services.

"There should be an immediate access option for allied health professionals to access them - like a portal or similar. The process in the past (12 months +) has been very cumbersome. Have had interpreters engaged through aged care facilities I work at and that has worked well - took the engagement process off my hands."

"Working in private practice means there is no access to interpreters unless the client is willing to pay for it."

Their comments also reflected the uncertainty the profession has in accessing interpreting services.

"Don't even know how to access one."

Other feedback

Some survey respondents (primarily those who did not engage interpreters) expressed attitudes that conveyed a misunderstanding of the interpreting profession and how to work with patient in an interpreter-assisted consultation.

"Interpreters are more trouble than help. This is especially so if they're family."

"The idea of an interpreter misrepresenting or miscommunicating something the patient has said and it having health or legal effects down the road is somewhat concerning- where do osteos stand from a legal standpoint in this situation? How can any misunderstandings or miscommunications be mitigated?"

"Not comfortable using an interpreter, as I cannot be assured that the patient has understood to give informed consent."

"This does not happen enough in private practice - we are not trained to do this at universities nor in business."

SCOPING REVIEW: PRIMARY HEALTH NETWORKS FUNDING FOR ALLIED HEALTH PRACTITIONERS TO ACCESS INTERPRETING SERVICES

The scoping review was undertaken by the Migrant and Refugee Health Partnership (auspiced by Migration Council Australia). Through outreach to all 31 Primary Health Networks (PHNs) and an examination of their publicly available information, only 5 PHNs were identified as currently providing interpreter services to allied health practitioners. One more PHN identified that mental health professionals and psychologists had a specific stream of interpreter funding for culturally and linguistically diverse communities that was not available to all allied health practitioners. These PHNs were located in Queensland, South Australia, and NSW. Three PHNs provided detailed information and feedback on their interpreting services.

These PHNs identified the top professions that utilise the interpreting services:

- Mental health, psychology (mentioned by all relevant PHNs)
- Optometry
- Physiotherapy
- Dietetics
- Social workers

They identified the benefits of funding interpreting services for Allied Health professionals:

- The provision of interpreters is underpinned by the Australian Charter of Healthcare Rights and allows allied health practitioners to adhere to their codes of conduct.
- Allied health consumers can see a private provider, rather than wait for a public appointment.
- Program evaluations and anecdotal feedback from providers and patients have been positive.

The respondents also identified some issues with their programs:

- Some underutilisation of funding, due to the lack of knowledge of PHN funding and the lack of understanding of the importance of engaging interpreters.
- One PHN identified that the allocation of funds was only possible due to a time-limited COVID-19 funding boost.
- Allied health practices are limited in how much they can charge in interpreter services per month, which especially has an impact on clients with several appointments in a short period of time.

Several PHNs responded to the request for information to confirm that they did not provide interpreting services to allied health practitioners. However, they also expressed interest in opening up a funding stream to enable allied health practitioners to access interpreting services. Some identified that it was a serious issue for their jurisdictions, and some individuals from culturally and linguistically diverse backgrounds only had interpreters provided on an ad-hoc basis. They also expressed concern that some individuals were able to access interpreters through other programs (such as Aged Care or NDIS packages) but others were not eligible, leaving a gap in services for the population.

Appendix I: AHPPC approved list of allied health professions list in view of essential service provision during the COVID-19 pandemic

Speech Pathologist
Sonographer
Social worker
Rehabilitation Counsellor
Radiation Therapist
Radiographer
Psychologist
Prosthetist / Orthotist
Podiatrist
Physiotherapist
Pharmacist
Music Therapist
Osteopath
Orthoptist
Optometrist
Occupational Therapist
Genetic Counsellor
Exercise Physiologist
Dietitian
Counsellor (university-qualified)
Chiropractor
Audiologist
Art therapist / Creative art therapist

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