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ABSTRACT

A report on the language services and language education needs of women in Australia, particularly those whose native language is other than English, is presented. First, it reviews the need for language services such as translation and interpreting in the large, diverse, and growing population of women of non-English-speaking backgrounds. Priority groups in this population are then discussed. These include recent arrivals, the elderly and aging, industrial workers, refugees and humanitarians immigrants, and culturally distinctive migrants such as those in whose culture women have a very traditional role. Special considerations in assessing and serving the needs of women clients are also examined, including costs, cultural factors, and special areas of need such as health care and family-related services. Administrative and ethical issues in the provision of language services are outlined, and professional and funding issues are also noted. The report concludes with a review of relevant literature, both general surveys and information relating specifically to health issues and legal interpreting. Recommendations for both policy and action are made throughout the report. A substantial bibliography, demographic data, reports of consultations held in the process of researching the report, and objectives of the project are appended. (MSE) (Adjunct ERIC Clearinghouse on Literacy Education)

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# Women and language services

How can we tell you...

...how will we know?

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Commonwealth-State  
Council on Non-English-Speaking Background  
Women's Issues

L 800 797

*The Commonwealth/State Council  
on Non-English-Speaking Background  
Women's Issues*

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# **How Can We Tell You... ...How Will We Know?**

**Women and Language Services**

*Andrea McRobbie and James Jupp*

**October 1992**

**Australian Government Publishing Service, Canberra**

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## **Commonwealth-State Council on Non-English-Speaking Background Women's Issues**

The Commonwealth-State Council on Non-English-Speaking Background Women's Issues was established in July 1989, as the result of an initiative funded under the National Agenda for a Multicultural Australia. It first met on 8 December 1989, with an initial term of two years.

The first 19-member Council included eight NESB community representatives, eight State and Territory government representatives and three Commonwealth representatives. The members are listed below. The Council was initially established to replace a ministerial advisory body, and to provide a mechanism for community consultation as part of its policy co-ordination and development role. The terms of reference of the Council are listed in Appendix 3.

Four areas were identified as priority issues to be considered by the first Council. These were health, employment, language services and multiculturalism and the law. This report is the result of a consultancy commissioned by the Council to research the language needs of NESB women.

On 8 March 1992, the then Prime Minister Hawke announced that the Council's term would be extended for another two years, until mid 1994. A second Council was elected and held its inaugural meeting on 30 July 1992.

### **Membership of the First Council**

#### **Community Representatives**

Draga Port, Tas.  
Vanda Podravac, ACT  
Debbie Georgopoulos, NSW  
Cristina Ross, WA  
Raquel Aldunate, Qld  
Margaret Orwin, NT  
Gabrielle Robb, Vic.  
Irene Pnevmatikos, SA

#### **State-Territory Government Representatives**

Rosa Droescher / Jane Woodruff, NSW  
Ros Hunt / Lilliana D'Ambrosia / Anna Fratta, Vic.  
Jenny Medwell, NT  
Karen Dennien / Cora Gatabonton, Qld  
Liz Kentwell / Patti Kendal, ACT  
Dr Peta Colebatch, Tas.  
Susan Brunner / Crista Christaki, SA  
Edwina Spence, WA

#### **Commonwealth Representatives**

Helen L'Orange, Office of the Status of Women (Chair)  
Dr June Verrier, Office of Multicultural Affairs  
Sue Ingram / Ann Smith, Department of Immigration, Local Government and Ethnic Affairs.

#### **Secretariat**

Marina Farnan / Robyn Lloyd / Elizabeth James, Office of the Status of Women

## **Membership of Steering Committee for the Consultancy Project**

In 1991, the Council established the Language Services Steering Committee to examine and report upon the impact on women of the provision of Commonwealth, State and Territory interpreting services.

The Steering Committee employed Ms Andrea McRobbie and Dr James Jupp of the Centre for Immigration and Multicultural Studies at the Australian National University to undertake research on these issues.

At various times the Steering Committee's membership consisted of:

Department of Immigration, Local Government and Ethnic Affairs (Chair):

Ms Ann Smith  
assisted by Ms Joanna Boileau.

Office of Multicultural Affairs:

Dr June Verrier  
Ms Megan Cook  
Ms Margaret Pender

Community Member:

Ms Draga Port (Tasmania)  
Ms Vanda Podravac (ACT)

Victorian Government:

Ms Anna Fratta  
Ms Roslyn Johnson

Secretariat:

Ms Elizabeth James  
Ms Eveline Goy.

### **The Authors**

Andrea McRobbie works at the Centre for Immigration and Multicultural Studies at the Australian National University. She has been involved in research on immigrant settlement issues since 1985. She has previously worked in the area of community information and welfare in Melbourne and Canberra.

James Jupp is Director of the Centre for Immigration and Multicultural Studies and chaired the Review of Migrant and Multicultural Programs and Services in 1986. He was editor of the bicentennial encyclopedia, *The Australian People*, and has written extensively on immigration and related topics.

### **Acknowledgements**

This paper was developed with the valuable assistance of members of the Commonwealth/State Council on NESB Women's Issues, and in particular the members of the Steering Group on Language Services. The assistance of staff of the Office of the Status of Women in arranging consultations and development of draft material is also much appreciated.

The consultants would like to stress their gratitude to all those consulted during the project, including State women's advisers, State ethnic affairs bodies and the many non-government groups involved. Further significant contributions were made by Jean Shannon, Mirela Uljar, Behnaz Neswadarani, Nada Roude, Sisomar Srey, Sule Of, Hasan Osman, Bianca Baldassi, Norma Huerta, Blija Ly, Ann Scott, Aurora Foster, Demi Robinson and staff of the Townsville Migrant Resource Centre. The consultants also wish to thank Jo Baker for her assistance in typing and editing the manuscript.

## **Abstract**

Commonwealth, State and Territory governments are committed to removing barriers to equitable access to services caused by lack of proficiency in English. All services in the past were developed within a monolingual English context, which was not officially modified until some years after many hundreds of thousands of non-English speaking immigrants had settled in Australia. Educational services for adults and children have been developed to teach English, but these have not effectively created a public which is fully fluent in English for all purposes. Available statistics suggest that women are likely to be less fluent than men in English and to be less formally educated. This is particularly true of the large numbers arriving in the 1950s and 1960s who are now becoming elderly and thus likely to need some public services more than in the past. Altogether, more than 250 000 women are likely to need interpreting or translating services, particularly in specialised areas such as medicine and the law. About 100 000 of these will pass the age of 65 during the current decade.

According to the main deliverer of such services, the Commonwealth Department of Immigration, Local Government and Ethnic Affairs (DILGEA), most users of interpreting services are women. Therefore, in the view of the Commonwealth-State Council on Non-English Speaking Women's Issues, language services should reflect the particular needs of women. Translating needs are distributed equally between men and women. Most language groups in

Australia are gender balanced, although some East European groups have a male majority and some from Southeast Asia have a female preponderance. However, another relevant factor is that most cultures impose taboos and inhibitions on the discussion of some subjects between strangers of the opposite sex and this makes it imperative that women interpreters should be readily available. Figures for qualified interpreters and translators derived from the National Accreditation Authority for Translators and Interpreters (NAATI) suggest that a majority are female. However, there are gender imbalances in some important languages, such as Arabic, Turkish and Vietnamese. Many women are less qualified than men in the minor languages, whereas women dominate at the higher levels in French and German, suggesting that they are not centrally engaged in community language services as these two languages are not widely used for interpreting.

At present, at least nine different language services structures exist in Australia. In 1990, the Commonwealth Government proposed the establishment of a national language services organisation to rationalise this situation, and a Commonwealth/State Steering Group was set up to explore options for the structure, administration and composition of the proposed Bureau. However, the Bureau has not been established because of insufficient State and Community support. Specialist services in legal and medical areas exist in New South Wales and Victoria, where about 80% of the likely clientele for language services live. The most fully developed services are provided through DILGEA and the Department of Social Security (DSS),

which both use telephone interpreters, and State services. In some States, there are virtually no locally provided services, with consequent reliance on the Commonwealth. The Commonwealth has introduced cost recovery in the form of the 'agency user pays' principle which is partly designed to secure recompense from State and Commonwealth users. Charges are also imposed on State services and on translations not directly relevant to immigrant settlement. There is considerable concern that charges might be extended to individuals and that NESB women will then be unduly disadvantaged. In the view of DILGEA, cost recovery is aimed at government departments and authorities to ensure that they share the costs of providing the services and it is not intended that charges be passed on to individuals. However, one State feels that the question of Commonwealth and State responsibility in this area has not been resolved.

Discussions with various language groups revealed that the need for women interpreters is greatest in the health field, especially as regards reproductive issues. Most frequent complaints were about lack of confidentiality, poor translations of official documents, delays in securing services and the need to use amateur translators. Some professionals were reluctant to secure language services, although the public hospital systems were usually more sympathetic. Those using newer or minor languages had considerable difficulties, while those using long-established languages, such as Italian, had fewer complaints. The main problem in remote areas (for example, in North Queensland) was the lack of knowledge of services

among service providers and clients. There were problems in securing service outside normal working hours, which was particularly serious in cases of domestic violence. Women were not anxious to train for language services despite acknowledging their importance and the need for more women interpreters. Lack of education, of confidence or of financial incentives were the major reasons for this reluctance. Many women still use family and friends as interpreters, and some preferred this as they trusted such people despite their lack of professional qualifications. They did not, however, favour using children, especially in medical cases.

Women need language services in areas such as health, child care, domestic violence, sexual assault, family law, pregnancy, contraceptive and abortion counselling, and ageing. As the gap between life expectancy for men and women is six years in Australia, the ageing of migrant populations will increase the numbers of women requiring age-related services. Many of these, especially from Southern and Eastern Europe have never acquired English proficiency. In recent years, more people are using Asian languages and these are likely to become more relevant to reproductive and child-related problems and family law, while European languages will remain important in the health area. While the great majority of Non-English-Speaking Background (NESB) women are concentrated in the relatively well-serviced areas of Sydney and Melbourne, there are communities scattered around Australia which are currently only serviced through the telephone service of the Translating and Interpreting Service (TIS).

Currently about \$30m per annum is spent on language services, although some of that is recoverable through charges. DILGEA is keen to see greater co-operation between language service agencies to achieve more efficient, readily accessible services at reasonable cost to users. Recruitment and training policy should aim to create a more professional approach to careers in language services. Professionals need training in the use of interpreters and it is suggested that this is more important than the now traditional emphasis on second-language acquisition or cultural sensitisation. Better incentives are needed to attract women.

## Abbreviations and glossary

ABS	Australian Bureau of Statistics	CES	Commonwealth Employment Service
ACTU	Australian Council of Trade Unions	CMP	Child Migrant (English as a Second Language) Program
AIMA	Australian Institute of Multicultural Affairs	DEET	Department of Employment, Education and Training
AMEP	Adult Migrant English (previously Education) Program	DHHCS	Department of Health, Housing and Community Services
ANESBWA	Association of Non-English Speaking Background Women of Australia	DIEA	Department of Immigration and Ethnic Affairs
ATSIC	Aboriginal and Torres Strait Islander Commission	DILGEA	Department of Immigration, Local Government and Ethnic Affairs (formerly DIEA)
AUSIT	Australian Institute for Interpreters and Translators	DSS	Department of Social Security
		EACs	Ethnic Affairs Commissions
		ECCs	Ethnic Communities' Councils
		EEO	Equal Employment Opportunity
		EMC	Ecumenical Migration Centre
		ESL	English as a Second Language
		FECCA	Federation of Ethnic Communities' Councils of Australia
		LSTF	Language Services Task Force
		MRC	Migrant Resource Centre
		NAATI	National Accreditation Authority for Translators and Interpreters

NES	Non-English-speaking	TAFE	Technical and Further Education
NESB	Non-English-speaking Background	TIS	Translating and Interpreting Service (formerly Telephone Interpreter Service)
NLLIA	National Languages and Literacy Institute of Australia (a public company established to develop the study of languages, literacy and language services. Formerly the National Languages Institute of Australia.)	UNSW	University of New South Wales
NPL	National Policy on Languages	VEAC	Victorian Ethnic Affairs Commission
NOOSR	National Office of Overseas Skills Recognition (an agency established to improve and supervise the recognition of qualifications gained outside Australia. It replaces the Council on Overseas Professional Qualifications)		Agency user pays the practice of charging fees for services arranged by an agency without passing those fees on to the final client
NTIS	Northern Territory Interpreting and Translation Service		Bilingual workers persons employed because of ability to communicate in one or more languages other than English
NWHP	<i>National Women's Health Policy</i> produced by the Department of Community Services and Health in 1989.		Cost recovery balancing the cost of delivery of a service by charges to the user
OMA	Office of Multicultural Affairs		English proficiency self-assessed in the Australian Census for those using another language as speaking English: Very Well; Well; Not Well; Not at All
OSW	Office of the Status of Women		
OWA	Office of Women's Affairs		Interpreter a person qualified and accredited as competent to interpret between two or more parties speaking different languages
ROMAMPAS	Review of Migrant and Multicultural Programs and Services		

Language aides

persons employed to assist  
with groups unable to  
speak English (for example,  
in schools)

National Language Policy

a Commonwealth policy  
developed to improve  
Australian understanding  
and knowledge of  
languages

NESB Women's Health Strategy

produced by the  
Commonwealth-State  
Council on Non-English-  
Speaking Background  
Women's Issues in 1991

Professionals

people qualified and  
engaged in occupations  
requiring post-secondary  
level study

Translator

a person qualified and  
accredited to translate  
written material from one  
language into another

User pays

the practice of charging  
fees to the user of a service  
(See 'Agency user pays')

## Summary of recommendations

### Basic requirements for language services

With the objectives of ensuring a minimal level of language service provision to NESB women and of developing a range of flexible and accessible language services which will cater effectively to the areas of most importance to NESB women:

1. Council recommends that interpreting policy should reflect the particular needs of NESB women, given that they are recognised as the main users of interpreting services (p. 29);
2. Council recommends that women who are clients of government services should be offered the choice of a female interpreter (p. 43);<sup>1</sup>
3. Council recommends that in any restructuring of language services, community consultative committees and processes should primarily address women's needs, preferably through ensuring that at least half the members of any such committee are women (p. 90);<sup>2</sup>
4. Council considers that the provision of all languages Australia-wide through TIS 24 hours a day on 008 numbers is a bare minimum standard of service to be achieved and that the principle that no charge to individual callers from the public should be made for TIS other than a local charge should be maintained (p. 64);
5. Council recommends that no interpreting or translating service should be withheld or differentially charged for on the basis that the client has been resident in Australia for any particular period of time, provided the call is not of a commercial nature (p. 86);
6. Council recommends that, where the Government arranges for translation of information of general or specific interest to women, it should be held responsible for ensuring that both the English language and other language versions have a clear meaning and are readily understandable by the target group. All written materials should, wherever possible, be tested on clients of average literacy to ensure that the level of language used is appropriate (p. 44);
7. Council recommends that the Attorneys-General should amend current legislation to include the services of a competent, preferably female and accredited, interpreter for women in cases of domestic violence, sexual assault and family breakdown in all Australian court systems as a matter of urgency (p. 45);
8. Council recommends that all providers of interpreting and translating services should keep statistical records of the gender and language or birth-place of clients and interpreter staff, while respecting the Privacy Act (p. 39);

<sup>1</sup>OMA does not believe that it will be possible to implement this recommendation to an absolute degree, but supports the underlying principle and its fulfilment as far as possible.

<sup>2</sup>As above.

9. Council recommends that the guidelines of funding programs which cater for women's services should require that agencies submitting for funding develop a strategy for delivering language services. The cost of language services should be built into all program budgets and include the cost of interpreting and of keeping statistical records, based on gender and language, of their client group as an integral component of program costs (p. 86);

10. Council recommends that DILGEA and other State agencies which levy charges should evaluate whether charging agencies for interpreting and translating services reduces or distorts demand (p. 74).

### **Professional standing and training for interpreters and translators**

With the objective of raising the level of proficiency of interpreters and translators and the availability of courses in minor languages:

11. Council recommends that all tertiary institutions and funding bodies responsible for language services should be aware of the gender imbalance in the numbers of NAATI-registered interpreters and consequently adopt recruitment and training strategies to train sufficient numbers of women interpreters (p. 55);

12. Council recommends that DEET should take the initiative in providing specific funds to the tertiary and TAFE system to support courses in minor languages and redress gender imbalance in course enrolments (p. 75);

13. Council recommends that TAFE should offer training programs to upgrade the skills of bilingual workers (p. 76);

14. Council recommends that part of the training of interpreters and translators should address the issue of balancing community or family obligations and the need to ensure neutrality and confidentiality (p. 43);

15. Council recommends that all translators, interpreters and ethnic service deliverers receive training in cross-cultural awareness as a basic requirement (p. 45);

16. Council recommends that every interpreting course should include a segment dealing with sensitive areas such as birth control counselling, domestic violence and family law, covering relevant issues and terminology (p. 48);

17. Council recommends that there should be women-only classes in interpreting and translating for women fluent in Arabic, Turkish and Vietnamese, to redress the deficit of women interpreters and translators in these languages (p. 55);

18. Council recommends that Ministers for Ethnic Affairs agree to a national uniform code of ethics for interpreters and translators (p. 60);

19. Council considers that all interpreters and translators should be registered members of a national professional body which subscribes to the national code of ethics (p. 60);

20. Council considers that some mechanism of complaint should be established such that interpreters and translators who are consistently in

breach of the national code of ethics can be deprived of their contracts after due process (p. 79);

21. Council recommends that there should be greater recognition in ethical codes that some areas are particularly sensitive for women and that relationships between a male interpreter and female client will vary from one culture to another (p. 79);

22. Council recommends that scholarships be made available for women to train as interpreters and translators, particularly in languages where there is a shortage of female interpreters such as Arabic, Turkish and Vietnamese (p. 81);

23. Council recommends that funding systems for language teaching should not discourage or restrict professional language service training in languages widely used in Australia in favour of languages used in international commerce (p. 82);

24. Council recommends that NAATI report in its Annual Report on the numbers of interpreters and translators accredited at each level, their gender and language groups, and on specialist accreditation in areas of central concern such as law and health (p. 53);

25. Council considers that Government should support the concept of permanent employment for interpreters and translators incorporating well-developed career structures and equal employment opportunities (p. 82);

26. Council considers that Government should consult with the relevant professional body to develop a national

uniform award for interpreters and translators taking into account levels of proficiency, expertise and training and the need to work outside normal hours (p. 71);

27. Council recommends that the Departments of Health, Housing and Community Services and Attorney-General's produce and distribute glossaries of special health and legal terminology in a variety of languages for use by interpreters and translators, in consultation with the Office of Multicultural Affairs (OMA) (p. 48).

### **Special needs for special groups**

With the objective of promoting the recognition that certain groups have special needs in relation to language services:

28. Council recommends that State and Territory Education Authorities should ensure that parents are advised of the availability of interpreting and other support services for parent-teacher consultations through the school system (p. 45).

29. Council recommends that the provision of special training to women interpreters to work with torture and trauma centres and women's refuges should be a high priority for all Governments (p. 37);

30. Council recommends that familiarity with TIS should be built into remote area services provided by Governments and the rate of remote area usage should be monitored centrally on a regional and gender basis by TIS (p. 52);

31. Council recommends that all services for the elderly, whether residential or home-based, should develop language service strategies (p. 48).

### **Specialist interpreting services**

With the objective of promoting increased use of specialist interpreters:

32. Council considers that Governments should support the recruitment and training of specialist health and legal interpreters and translators in all States and Territories. Key areas are reproductive issues, care of children and the elderly, and family law (p. 46);

33. Council supports the recommendations of the National NESB Women's Health Strategy relating to the provision of specialist health care interpreter services for women, and the publicising of such services (p. 27);

34. Council considers that both initial training courses and refresher courses for professionals providing services to NESB clients should include compulsory units in how to work with interpreters and translators (p. 62);

35. Council recommends that all health professionals should be trained to recognise that NESB women have the right to expect an interpreter and to be advised of the availability of this service (p. 47);

36. Council considers that the Acts in Victoria and Tasmania requiring police to use interpreters, especially in cases involving domestic violence, set an example which should be adopted in all States and Territories (p. 62);

37. Council considers that the use of health interpreter services should be eligible for the Medicare rebate, as previously recommended in the Women's Health Strategy (p. 46);

38. Council recommends that all trade unions should be encouraged, in consultation with the ACTU, to include the provision of interpreting and translating services within awards where appropriate and to use such services themselves in communication with their members (p. 37).

### **Monitoring and evaluation**

With the objective of encouraging proper monitoring and evaluation of language services:

39. Council recommends that Government departments should develop and report on a language services strategy within their mainstream reporting mechanisms through their Annual Reports and the Women's Budget Statement (p. 84);

40. Council considers that the Australian Bureau of Statistics (ABS) decisions about which language groups to include in its census data collection should be made as late as possible in the process so that information collected is an accurate reflection of the current status of use of language groups within the community (p. 83);

41. Council recognises that the need for language services is not necessarily homogeneous throughout the NESB community and considers that there is an urgent requirement for research to differentiate needs within different categories (p. 34);

42. Council recommends that the use of translated leaflets to communicate information on Government services, rights and responsibilities should be evaluated, including the range of languages used (p. 70);

43. Council recommends that agencies providing extensive interpreting and translating services should use community-based radio programs to inform the public about the availability of these services, and should consider making a small payment to program organisers for doing so (p. 70);

44. Council recommends that further research should be carried out focusing on current community attitudes towards women in ethnic communities, and the interpreting and translating needs of these women (p. 94);

45. Council recommends that by the year 2000 qualified translators and interpreters should be registered, and only the services of these professionals should be used (p. 92);

46. Council recommends that the second Commonwealth-State Council on Non-English Speaking Background Women's Issues monitor and review the actions and performance of all departments and agencies affected by the above recommendations at the end of the first twelve months of its term of appointment.

## Chapter 1

# The language needs of women of non-English-speaking background

## Introduction

The 1991 *National Agenda for Women Implementation Report* describes a key objective as 'the promotion of an environment in which Non-English-Speaking Background (NESB) women can enjoy the same status in Australian society as other Australian women, including an equitable share in community resources and equal access to programs and services' (OSW, 1991b:75). While noting that 'proficiency in English can be a barrier as can different cultural roles and expectations', the Report makes only a passing reference to interpreting and none to translating. It promises for the Telephone Interpreter Service that 'in 1991-92, appropriate numbers of female interpreters will be employed to ensure that female callers who need access to a female interpreter can obtain this service' (*op.cit.*:78). This promise reiterates one made by the Department of Immigration, Local Government and Ethnic Affairs (DILGEA) in its contribution to the *Women's Budget Statement* for 1991-92 (OSW, 1991a: 239).

The DILGEA contribution to the *Women's Budget Statement* also draws attention to the heavy use of interpreting services by women. The basic assumption of the following analysis is that women are at the core of providing interpreting services and participate equally with men in the demand for

translation. This argument is based on the DILGEA contribution in which 'it is estimated that women account for over half of the approximately 300 000 users of the Telephone Interpreter Service and up to 50 per cent of all translations of personal documents. About 60 per cent of the service "providers", i.e. staff and contract interpreters and translators, are women' (p. 238). DILGEA goes on to refer to continuing negotiations with the States for a national languages service organisation which 'should result in better use of existing resources and would also benefit users, including NESB women, by extending services, filling service gaps and improving services in specialised areas such as health and the law'. The only other department to make a significant reference to language services for women in the Budget Statement was the Department of Social Security (DSS) which submitted that 'through measures such as the Multilingual Telephone Information Program and the Migrant Liaison Officer Program, the Department seeks to ensure that clients are not disadvantaged in their access to social security information and entitlements' (p. 301).

So, it is official policy at the Commonwealth level to facilitate NESB women's access to services by providing interpreting and translating. It is the perception of the major provider of such language services, DILGEA, that clients and providers are more likely to be female than male.

This report addresses the language service needs of women from a non-English-speaking background who have migrated to Australia in recent decades, or who are descended from migrant families.

Aboriginal and Torres Strait Islander women, while sharing a non-English-speaking background with many migrants, have quite separate and distinct needs for language services. The Aboriginal and Torres Strait Islander Commission (ATSIC) addresses these needs and the Commonwealth-State Council on Non-English-Speaking Background Women's Issues supports the initiatives of ATSIC in this regard.

## **Background**

For over 150 years, Australian society was officially conceived of as monolingual in English. All laws and regulations were promulgated in English and all parliamentary debate was conducted in English. This required that all holders of elected or appointed office be fluent in English. Consequently, the education system (which trained people for public office, among other functions) had the prime objective of teaching literacy in English. Major exceptions were provided by the Lutheran school systems of South Australia. However, they were prohibited from teaching in German during the First World War and never effectively reverted to that language as a principal medium of instruction. The consequence of this public approach to language was to eliminate half the Aboriginal languages which had been spoken in 1788 and cause the disappearance of many other languages in quite wide use, such as Irish, German,

Chinese, Welsh and Melanesian Pidgin (which developed in Queensland among Pacific Islander labourers who had no common tongue) (Clyne, 1991).

Eliminating languages other than English was seen as a necessary part of nation building, making the knowledge of the English-speaking world accessible to Australians but cutting them off from other intellectual or linguistic resources. Educational systems followed British precedent in teaching French and Latin, although there were few native speakers of French in Australia. German learning was seriously inhibited by the restrictions already mentioned. The assumption was created that everyone would eventually use English and that all services would be delivered by English-speakers to those who understood them. Some pragmatic concessions were made, including the use of Chinese interpreters in Victorian courts following the gold rushes of the 1850s. The measure of assimilation into Australian life was seen as a mastery of English and an abandoning of any other medium of communication. Because of these attitudes, the knowledge and use of other languages was not effectively measured in the Australian Census until 1976, although a question on English proficiency was asked in 1933 in response to the observation that significant numbers of Southern Europeans had been settling in Queensland over the previous 20 years.

By 1976 the use of languages other than English was quite widespread, resulting from mass European immigration since 1947. The Census showed that 12.3% of those over five years old claimed that they 'regularly

used' a non-English language. This was not the same question which was asked in 1986 and 1991, which required an indication of the language 'used in the home'. In 1986, some 2 158 518 (or 15.5% of those over five years) provided an answer. Such an answer assumed only one language was being used, which is not necessarily the case. It did not effectively account for the possibility that many children used English outside the home in preference to their parents' language. A further question was asked on English proficiency: a question which had also been asked in 1933. In no recent Australian Census has there been a question on literacy, although such information was regularly provided for assisted immigrants until late in the last century. It has been assumed that 'all' Australians are literate, although this does not mean literate in English. As recent research has shown, this is not true.

Against this background of assumptions of monolingual literacy, providing information to Australians has become increasingly problematic. It is often asserted that citizens should be informed about their rights and duties, although in contrast to many other societies, there is no requirement that voters should be literate. In granting Australian citizenship, it has always been assumed that candidates had a working knowledge of English, although this has now been relaxed, especially for the elderly. It cannot be presupposed that all those granted citizenship are fluent in English, even if official naturalisation policy certainly assumed that was the case until little more than ten years ago. The model of a participatory democracy is flawed in practice if citizens cannot access

information to which they are entitled. The model of a service delivery society is also flawed if such access is inhibited by monolingual information delivery. Consequently, the largest item in settlement expenditures for many years has been teaching English, mainly under the Adult Migrant English (previously Education) Program (AMEP) and the Child Migrant (English as a Second Language) Program (CMP), which are administered by DILGEA and the Department of Employment, Education and Training (DEET) respectively.

Teaching English to immigrants (other than through the normal school systems) began in Australia in 1947. Greater resources were allocated after the Galbally Report of 1978 which stressed that many new settlers were still unable to speak, read or write in English. Galbally also recognised that information would need to be delivered in languages other than English, even if English language teaching resources were greatly increased. As a consequence of the 1978 report, a full scale inquiry into the information needs of migrants was prepared in 1980 (WD Scott, 1980).

Prior to the 1980s, it would be fair to characterise language policy as pragmatic and expedient, with short-term perspectives. The first experience of Australian authorities had been with the Displaced Persons intake of 1947 to 1952. As few spoke languages which had any previous Australian presence, the *lingua franca* in the settlement camps was German. This had also been the language used for communicating with Jewish refugees arriving in 1938 and 1939. Users of other languages were gradually recruited as

interpreters and translators, eventually creating the system of bilingual information officers used by the Department of Immigration for new arrivals, especially those passing through the settlement centres. Some of these centres remained open through the 1980s for refugees.

Public policy was, however, reluctant to acknowledge that such bilingual communication was anything but a temporary expedient. Strong moral pressure was exerted on migrants to learn English. Citizenship was denied to them until they had done so. Settlement information was usually presented in English and there were restrictions on the amount of 'foreign languages' which could be used in print or radio media. Private agencies, especially the banks and some commercial radio stations, were already using the major languages by the early 1950s, in contrast to public agencies who refused to do so as a matter of policy. Print media in European languages became effective at the same time, but this was also commercial in its financial basis.

By 1976, some 1 432 832 Australians had been born overseas in a non-English-speaking country. While many were fluent in English, it is probable that the majority were not, especially as recruitment policy in the previous two decades had aimed at bringing in industrial workers from Southern Europe. While some NESB ethnic groups had a male majority (as had normally been the case before 1945), public policy aimed at gender balance. The object of migrant recruitment was to increase the population as well as to create a larger workforce. It is normal in less developed societies for female

education to lag behind that for males. This tendency is well borne out in figures for English proficiency and school leaving age for arrivals from Southern and Eastern Europe. The education of many had been disrupted during the war and this had probably affected women more than men, as the latter often acquired some literacy in the armed forces. By the 1976 Census, it was accepted that female migrants were less likely to be proficient in English and were less educated. It was assumed that they were more likely to be illiterate than men. A high proportion were employed in manufacturing jobs which did not require English proficiency as a condition of employment, in contrast to the concentration of Australian-born and English-speaking women in clerical positions.

Official attitudes towards English proficiency were counter-productive for the first 30 years after the post-War migration programs began. Learning English was seen as a moral obligation for the migrant. Frequently, arguments were put forward in public discussion which favoured banning non-English use in public or making the learning of English compulsory before arrival. Gradually such attitudes were abandoned. Political parties began using major languages in electoral propaganda by the mid-1950s and one of the main functions of their 'New Australian' ancillaries was the translation and distribution of such material. Some trade unions began to follow suit by the mid-1960s. Most importantly, the print and radio media continued to expand on a commercial basis, with restrictions on the use of other languages being lifted by the late 1950s. Educational systems began developing English as a Second Language (ESL)

techniques, although few were committed to 'community' languages until the mid-1970s. This slow and reluctant movement towards multilingual communication must be underlined. It was not simply a lack of resources which inhibited non-English information, although that was true in the 1940s and 1950s. There was a deliberate and conscious belief that migrants should and must acquire English proficiency and that the responsibility to do so was largely with them despite the limited provision of English language courses and tutors (many of whom were monolingual under the 'direct method' of teaching favoured by the profession).

By 1976, these attitudes were changing, especially in South Australia and Victoria. The official endorsement of multiculturalism by Labor and Liberal governments reduced the widespread hostility toward other languages which had characterised Australians in the past. The political parties accepted that many Australian citizens still preferred to communicate in their mother tongues. Official media policy recognised the desirability of non-English programs on radio and (after 1980) on television. While these were usually justified in terms of communicating official information useful for settlers, it was also increasingly acknowledged that other cultures had validity and were best expressed in other languages. The major shift in attitudes took place between 1973 and 1980, although it was slower in those States which had few NESB immigrants, such as Tasmania or Queensland. At the same time, there was a shift in the sources of immigrants from Europe toward Asia. This recreated some but not all of the problems of the

1940s and 1950s in bringing into Australia large numbers of languages not already established by previous immigrants. As previously with Europeans, many recent immigrants came from societies where education for males was given more priority than for females. Most refugees suffered from similar educational disruption to many of their Displaced Person European predecessors, although the educational level of non-refugee Asians was often higher than that of their Southern European antecedents.

### **Early official reports on language needs**

Two major problems inhibited the development of interpreting and translating programs for women. One was the ingrained attitudes outlined above which put the prime responsibility for communicating upon the immigrant, who was expected to learn English using the limited facilities available through AMEP and ESL services. The other was a reluctance to acknowledge that women might have differing needs from men. Thus to advocate language services specifically for women was to go against entrenched beliefs and practices. The first major survey of interpreting and translating needs by the Department of Immigration in 1971-2, did not seek responses from migrants but from service deliverers and did not seek or record any information that might have distinguished between men and women (except for items relating to baby health centres and school health programs) (Department of Immigration, Survey Section, 1973).

This important early survey treated

immigrants without regard to gender, making distinctions on the basis of language requirements only. It is, despite this, a professional and valuable survey which is worth summarising, if only because many of the problems uncovered are still prominent now, nearly 20 years later. The survey found 'that deficiencies in existing provisions in the community at large are fairly widespread and that special action to alleviate the position is required' (p. 1). At this stage, the Department of Immigration had by far the greatest responsibility for translating and interpreting. It was employing bilingual social workers and had just begun to operate the Telephone Interpreter Service (TIS), which was confined to Sydney and Melbourne. It was responsible, with education authorities, for teaching English but monopolised such teaching for adult migrants under the *Immigration (Education) Act 1971*.

The report noted that 'the welfare of some immigrants was being adversely and materially affected as a result of communication problems' (p. 4). Of the 2183 respondents, 73.5% reported having regular contact with non-English speakers, a product of the methodology which only questioned those believed to operate in areas of migrant concentration. Contact ranged from 100% in educational guidance to 52.8% in school-parent contact. Health, another area of concern for women, showed a level of 80.3% contact with NES clients. It must be remembered that at this stage virtually all NES migrants were from Europe. Of clients not speaking English, 16.3% could not be attended to because of lack of English and there was difficulty in securing interpreters in 69.7% of such cases.

Health providers were unable to deal with patients because of the lack of interpreters in 8.8% of cases for general practitioners, 13.7% for public hospitals, 14.3% for baby health centres, 17.9% for medical and hospital benefits and 18% for psychiatric centres. Areas of most relevance to women in which providers felt that accurate communication was essential included gynaecology and obstetrics, psychiatric states, pre-natal care, baby feeding, nutrition and mothercraft and parental consent to examination of children. School counselling was inhibited by the lack of communication in general, especially in such areas as interviewing over behavioural problems, progress at school and transfers. At this stage, the area of family law had yet to be expanded and was not given by respondents as an area of importance in legal proceedings.

The States in which the greatest problems were met were Victoria, Western Australia and New South Wales, where more than 60% reported difficulty in dealing with clients from non-English language groups. The languages presenting most difficulty overall were 'Yugoslav', Turkish, Greek, Italian, Spanish, Finnish and 'Lebanese'. In the Northern Territory, Chinese was significant. With the exception of Finnish, it is probable that the same languages would still be nominated as requiring interpreting today, although other languages such as Vietnamese would now be added to the list and the various Chinese languages would be much more central. Of continuing relevance was the finding that 'persons undertaking interpreting were often temperamentally and in other ways unsuited to the nature of the role required by the respondent, and it was

often stated that in addition to linguistic competence, competence in the subject matter of the area was also important' (p. 25). At this stage there was no National Accreditation Authority for Translators and Interpreters (NAATI) to seek uniform standards and ethical codes. NAATI was not established until 1977.

By 1971-2, the Department of Immigration was maintaining a translation unit. This was set up in 1959 and was extended in 1963 to undertake translating for all Commonwealth government departments. The service was provided free to immigrants for translating documents directly related to settlement. Charges were normally made for other purposes. The 1971-72 survey found that 26.2% of respondents sometimes needed documents translated, ranging from 41.5% in finance and insurance, down to 14.3% in transport. Difficulty in securing such translations was recorded by 77.2%, ranging from 100% in local government and transport, down to 54.8% in employment. The only nominated documents of special interest to women included instructions and advice to mothers (baby health centres), pamphlets for parents (school health services) and marriage certificates (legal officers). The greatest difficulty in securing translations were in 'Yugoslav', Turkish and Greek and the greatest number of problems was recorded in Victoria.

The bulk of the Report consists of detailed analysis by delivery function and the word 'women' does not seem to occur anywhere (neither does the word 'men'). Looking only at those areas where women might be assumed to have a particular interest, the oft-

repeated story of unskilled hospital staff being used for medical interpreting is fully endorsed. Only 13 out of 85 medical practitioners used paid interpreters. Of the 'casual helpers' used, there was a variety of backgrounds including 'office workers, semi-skilled and unskilled workers, shop-keepers and business people, professional persons, and housewives' (p. 49). About three-quarters of public hospitals provided interpreters but they could neither do so regularly nor cover a wide range of languages. They therefore called for assistance from 'clerical, typing, reception or other administrative staff or domestic or other service or semi-skilled workers' (p. 51). There were particularly acute problems in dealing with psychiatric cases. Baby health centres regularly had difficulty in servicing clients and in translating documents, which were normally referred to an outside agency or to relatives or friends of clients.

The 1971-2 report is of interest as it details the situation after a major wave of NES immigration comparable to (although larger than) that from Asia after 1975. Obviously, public agencies had not been prepared in advance nor were the English teaching services making much impact on Southern European or Middle Eastern immigrants. The report is of historic interest in that it makes no reference to gender issues, nor to subsequent problems associated with family law or domestic violence which had not reached the political or legislative agenda. The problems it raises were consistently addressed over the next decade and were given added significance by the Galbally Report of 1978. Important subsequent developments include:

- the nationalisation of TIS;
- the development of grants-in-aid and migrant resource centres (MRCs);
- the creation of NAATI;
- the spread of ethnic broadcasting;
- the entry of State governments into the area of multilingual information;
- the development of specialist health and legal interpreting; and
- the recognition of women as a 'target group' in the delivery of services to immigrants.

If parts of the 1971-2 report still sound familiar it is a measure of the priorities in resource allocation of successive governments, which have normally allocated up to ten times as much to English-teaching as to language services for immigrants.

The most influential report on settlement needs was undoubtedly that presented by its chairman Frank Galbally to Prime Minister Malcolm Fraser in April 1978 (Galbally, 1978). This was wide ranging and it set priorities for the next ten years. Many of its provisions, such as grants-in-aid, ethnic-specific workers and Migrant Resource Centres are still in place. Printed in ten languages, it was among the first Commonwealth publications to depart from the monolingual use of English. Unlike most previous reports it recognised 'women' as a 'special group' (section 8, p. 97) and referred to them in 16 paragraphs. It posited a conflict between home and work, especially for women 'brought up to accept a traditional view of their place in society'. It acknowledged the importance of health issues 'particularly with childbirth and family planning where traditional attitudes are strong' and made special mention of the psychological impact of isolation and

lack of English. It argued that 'programs and services must be designed and put into effect in a manner which recognises the particular disadvantages of migrant women and meets their special needs for information, communication and access to services'.

Among Galbally's recommendations of relevance to language services for women were:

Recommendation 12. All Commonwealth departments and authorities should identify positions where a significant proportion of the working time could be spent dealing with clients who speak a language other than English; and these positions should be staffed by officers proficient in the designated community language who would receive a language allowance.

Recommendation 13. As a trial, a special intensive English course (maximum six months) should be introduced for people who have qualified overseas in professional and sub-professional occupations which have substantial public contact, but whose limited command of English is an obstacle to the recognition of their qualifications and their employment in this country in the occupations for which they are qualified. Course members should receive an appropriate living allowance equivalent to the unemployment benefit.

Recommendation 14. Professionals, including those studying and those currently in practices in areas with large migrant clienteles, should receive assistance in obtaining, or upgrading, language skills and understanding cultural differences.

Recommendation 15. The Telephone Interpreter Service should be extended to Hobart and Canberra during 1978-79, Newcastle, Whyalla and Geelong during 1979-80, and Darwin and Latrobe Valley during 1980-81.

Recommendation 16. The Telephone Interpreter Service and the translation unit should be combined into one unit within the Department of Immigration and Ethnic Affairs and the translation function of the translation units in New South Wales and Victoria be extended to those other areas where TIS operates.

Recommendation 17. The Commonwealth should introduce a new program to share equally with the States the cost of providing additional State-operated translation and interpreter services to meet their needs in areas of prime State responsibility and an extra \$1.5m should be allocated for this purpose over the next three years. In the first year the Commonwealth should provide 100 per cent of the funds and thereafter funding should be equally shared with the States.

Recommendation 18. The Department of Immigration and Ethnic Affairs should commission an extensive survey of the information most needed by migrants, the forms in which it is most accessible to them, what use they make of the media and their attitudes towards different methods of receiving information. The DIEA should also be responsible for ensuring that all Commonwealth agencies through their ethnic liaison officers are aware of and where

appropriate make use of the results of the information survey.

Recommendation 21. Unions and small employers and others responsible for the well-being of workers should be permitted to apply to the Departments of Employment and Industrial Relations and Productivity for approval of essential material on safety etc. to be translated and printed using government facilities at nominal cost to the applicant.

Recommendation 22. The Commonwealth Department of Health should be responsible for: (a) the development of information on all aspects of health care, including preventive care, in the main community languages and its distribution to all organisations which play a part in spreading information, (b) the development, with the producers of ethnic radio programs, of short information segments on health care to be broadcast on ethnic radio in community languages.

Recommendation 39. Additional funds of \$0.7m should be provided under the Commonwealth's community health program to employ ethnic health workers over the next three years on a range of special services for migrants. In the first year the Commonwealth should contribute 100 per cent of the funds and thereafter funding should be under the usual cost-sharing arrangements with the States.

Recommendation 40. The current child-care policy should be reviewed and the Government should give priority to funding child-care

facilities at places of work, jointly managed by the employers and the employees or unions. The employer should meet part or all of the capital cost with the Commonwealth providing assistance for equipment and recurrent costs.

Recommendation 41. The community development officers proposed, in conjunction with the Office of Child Care, should advise on the need for and assist in the development of appropriate child-care services in areas where there are large numbers of working mothers.

Recommendation 42. An extra \$0.4m should be provided through the Office of Child Care to enable the ethnic communities to employ up to 25 ethnic children's services workers over the next three years. In the first year the Commonwealth should provide 100 per cent of the funds and thereafter funding should be under the usual cost-sharing arrangements with the States.

Recommendation 43. The implementation of the general recommendations of the Report, which have been framed in recognition of the special problems of migrant women, should take particular account of their needs.

It is worth noting that only in Recommendation 43 was there specific mention of gender issues. This recommendation was adopted by Galbally after pressure from the Office of Women's Affairs and after an OWA representative was placed on the Galbally Implementation Task Force to ensure that it was implemented (Sawer, 1990). How-

ever, there was continuing doubt about its effectiveness in influencing Commonwealth Departments. In particular some departments did not collect data on immigrant women and could not, therefore, monitor the impact of their policies.

The Galbally Report was followed by a series of implementation and evaluation exercises. In 1979, the *Galbally Information Kit* (DIEA, 1979a) reported on the implementation of Recommendation 43 that:

'recommendations of particular importance to migrant women have been identified as those concerning child care, the home tutor scheme, the initial settlement program, the on-going migrant education program, the functions of the migrant resource centres, grants-in-aid and project funding ...

... particular attention has been paid to the language and learning needs of women in orientation material ...

... The further development of ethnic media as a channel of information for migrants is expected to be one of the priority areas in the Ethnic Liaison Officers' Scheme during the coming year. Electronic media have been shown to be one of the better means of information dissemination to migrant women and the aim will be to find ways of maximising effective use of such media.'

At this stage, then, there seems to have been little official recognition of the possibility that women might have differing information needs from men, except for an assumption that women

were more 'traditional' and 'isolated', an observation based on experience with Southern European immigrants of the preceding two decades.

### **The last decade**

Since adopting the Galbally Report there has been a heightened consciousness of the communication problems of immigrants and of the special needs of women. This reflects the increasing variety of immigrant intake caused by the ending of the White Australia Policy and the strength of the women's movement. The first major survey of information needs (WD Scott, 1980) claimed to have surveyed a representative and balanced sample of 2200 from nine ethnic backgrounds. It took gender into account as one of eight variables and used a questionnaire translated into 12 languages administered by bilingual interviewers. The report found that neither gender nor ethnicity was identified as having any significant effect on need type or intensity, once allowance had been made for the effect of an individual's education level or English ability. Nor were gender or ethnicity relevant to the choice of information channel. The central relevant finding was that 'there were only minor differences between men and women in their overall needs frequency. The difference was not statistically significant (4.2.6). The most important information needs were in health and employment. Group discussions suggested that women's needs lean towards 'the family and home environment, men's towards outside work'.

The WD Scott survey gave little support to the notion that women might

have specific communication and information needs. It did, however, argue that government agencies 'suffer from language and communication barriers, that non-government professionals on a face-to-face basis were important, and that close friends and relatives were important but not effective as a sole source' mainly because they are often poorly informed. The migrant's own language was rarely used except with close friends and relatives (5.3.21). Ethnic radio was the most widely used source of information by non-English-speakers, other than personal contacts. Some major differences emerged in the use of mainstream community facilities (such as clubs, hotels or sports grounds) where 'women with poor English were far less likely to use Australian facilities than their male counterparts' and 'visiting patterns for schools were higher for women than for men'. Literacy levels in own-language varied most markedly for Lebanese, while English literacy levels varied most for Lebanese, Turks and Italians. 'The serious effects of these differences are much more disabling for women in the less established groups such as the Lebanese and Turks', the report concluded (8.2.17). However, it did not mention that this was not the case for the Vietnamese, who had also recently arrived.

Overall, the WD Scott report was influential in setting guidelines for future translating, interpreting and information policy. It concluded that the quality of official translated material was poor, in terms of accuracy, comprehensibility, crude verbatim translation and lack of consumer review. Translations were seen as crucial for hospital signs, medical

prescriptions and basic government forms. The availability of interpreters was inadequate, especially in courts and hospitals. Bilingual staff were an important resource. Some areas of difficulty which were highlighted included: the need for more specialised interpreters and bilinguals in government departments; better remunerated and recognised interpreting skills; lack of co-ordination and fragmentation of multilingual resources; and the need to base information on client's own language to assist in community development (3.2.162).

The report concludes with a section on 'differences between men and women', indicating an awareness of the debate about inferior language and educational capacity among mainly Southern European and Middle Eastern respondents. A 'slight' preference for health information distinguished women from men, while child care problems were raised in group discussions. Family demands might have impeded the learning of English. There was, however, a recognition that educational levels varied greatly among some ethnic groups — the proportion of Lebanese women with no education was 22% as against only 3% for men. Greek and Vietnamese women, in contrast, had a slightly higher level of literacy than men from the same ethnic group. But 'for all groups, the education levels achieved by women were much lower than by men, particularly at tertiary levels' (8.2.14).

The report's failure to find statistically significant differences between men and women once other variables are accounted for is a common consequence of regression analysis which seeks to discount the impact of vari-

ables. Fortunately the report concludes on a reasonable note by indicating that, while men and women may be the same (other things being equal) certain matters (especially educational level) were not equal. 'While we say there was no intrinsic difference between the sexes brought out in the survey, women were found generally to have reached lower education levels than men, and to be less able to speak English well. These two factors, English ability and education level, were found to have an overriding effect on any individual's level of need and ability to use sources, and women tend to be more disadvantaged than men in this regard' (3.2.193). In other words, women from the groups chosen (Argentines, Chileans, Greeks, Dutch, Italians, Lebanese, Maltese, Turks, Vietnamese and Yugoslavs) did have much greater need of interpreters and translators than men (in 1981), even if the survey design could not establish that they had different information needs in general. Later research suggests that women do have different needs in the health area especially but the 1981 survey did not establish this. While undoubtedly of great value in pointing to weaknesses in providing information, the report might also have inhibited further research and provision specifically to women.

In 1982, there was a major evaluation of the Galbally proposals (AIMA, 1982) which produced a further 89 recommendations to add to Galbally's original 57. Few of these relate either to women or to interpreting and translating. Six of the full report's 326 pages are specifically devoted to women, who appear within a broader chapter titled 'Special Needs', along with the aged, children and the handicapped. The

same chapter includes a section on Health which makes passing references to issues of importance to women, such as multilingual pamphlets on pregnancy or family planning, but does not address women's health in general. It is noted that implementation of Galbally Recommendation 43 had been delegated to the Office of Women's Affairs and a new Co-ordinator of Migrant Women's Affairs within DIEA. It was argued that 'general progress in respect to Recommendation 43 was reported as satisfactory' although many government departments had been reluctant to report on progress (a problem general to Galbally implementation).

However, it was noted that 'progress has been uneven and limited' and the recommendation had not been seriously addressed by the interdepartmental Galbally Implementation Task Force despite several conferences having been held on the matter. One such conference, on migrant women's language needs in May 1979, gave rise to the report *Language for Living* (DIEA, 1979). Special acknowledgement was made of how important health issues for women were, noting that the Department of Health had produced a number of leaflets in community languages. It was also acknowledged that community consultations for the evaluation had identified family conflict and migrant women in industry as increasingly urgent issues.

The Australian Institute of Multicultural Affairs (AIMA) evaluation and AIMA itself were severely criticised by Liz Fell in a paper prepared for the review of AIMA in 1983 (Fell, 1983).

Her criticism centres on the claims:

- that AIMA had not developed a conceptual approach which distinguished gender issues;
- that it did not conduct work specific to women even when requested to do so by the Department of Immigration;
- that it had not effectively evaluated the implementation of Recommendation 43; and
- that it had suppressed research on the inadequacy of child care for immigrant mothers.

She concluded that 'AIMA's token gestures towards migrant women show a lack of critical concern. There are many signs that migrant women are receiving a second-class service. If the AIMA recommendations remain in place they are likely to maintain, if not actually perpetuate, existing structures of disadvantage'. The critique was not concerned with the provision of translating and interpreting services but with more basic issues such as the concentration of migrant women in manufacturing, the lack of child care and the treatment of women as a special minority rather than as constituting half the immigrant population.

The last major review of settlement policy in the decade was the Review of Migrant and Multicultural Programs and Services (ROMAMPAS) (Jupp, 1986). This followed in the tradition of giving no special treatment to women but did have a greater emphasis on language services than had so far been the case. Women were still linked with

the aged, youth and refugees as potentially disadvantaged (3.41 - 3.47). The concentration of women in manufacturing industry was noted and it was claimed that 'more women than men from Southern European countries have left school earlier and have no qualifications'. Of 32 recommendations, none deals specifically with women. However, Recommendation 13 was that 'all Federal Government agencies administering human services programs should develop language services policies as an element of their access and equity planning, with costs to be absorbed within program and administrative appropriations'. The Department of Social Security (DSS), and later the Department of Health, Housing and Community Services (DHHCS), have moved in this direction.

Chapter eleven of the ROMAMPAS report 'Don't Settle for Less' (Jupp, 1986) was devoted to language services. It points out that, despite expanded services since the early 1970s, language services 'are still generally perceived as a "special" provision, an "add-on", and not as an integral part of the basic service'. A distinction was made between language services as a 'welfare' issue and as an 'equity' issue. It was stressed that full participation in legal proceedings might require interpreters and that 'without the provision of comprehensive and professional language services, all other measures to encourage access and equity ... are rendered doubtful' (11.7). Most of this section of the report was taken up with administrative and funding suggestions for improving and co-ordinating language services, an approach which has become more important since with the proliferation of various provisions. Victoria had

a translating service and a similar approach was being explored by Western Australia. Health interpreter systems were also being developed, especially in New South Wales. The committee considered that 'the proposal to fund on-site interpreters for the private health sector but also for elements of the private legal and welfare sectors warrants investigation under the Cost-Sharing Program' (11.49). As in previous reports there was no acknowledgment that women might have specific interpreting or translating needs.

Despite some acceptance that women constituted a distinct sub-category of immigrants, there was limited concentration on women's issues until the mid 1980s. The concept of 'double disadvantage' (gender plus NESB) began to take hold. This largely reflected pressures upon government rather than abstract bureaucratic policy development. These pressures included initiatives under the International Women's Year (1975) and the international conference at Nairobi a decade later. The Federation of Ethnic Communities' Councils of Australia (FECCA) became more actively interested in women's issues by 1984 and received a grant from the Office of Status of Women (OSW) in 1986 to appoint a women's officer. The main result of her work was the creation of the Association of Non-English Speaking Background Women of Australia (ANESBWA) at the end of 1986. FECCA also developed a women's policy and a women's network. As a result of these developments the ANESBWA was commissioned by the Office of Multicultural Affairs (OSW) to produce a paper on migrant women's issues in

1989 as part of the development of the National Agenda for a Multicultural Australia (Eliadis *et al.*, 1988).

It is worth analysing the FECCA and ANESBWA policy statements to understand how unofficial pressure groups arising from the ethnic women's constituency saw language services issues. FECCA's policy on women in 1988 stressed double disadvantage on the grounds of gender and ethnicity. 'For significant numbers their inadequate knowledge of the English language, coupled with an absence of information in their own languages, is the single most important cause of disadvantage and isolation' (Women 1.3). 'Ethnic women have the right to free and full access to knowledge on their rights and entitlements as members of the Australian community' (2.3). Key areas of interest nominated by FECCA included employment, training and retraining, housing, education and information, health, care of the ageing, child care and immigration. Further development was necessary for specialised services which provide crisis, health, legal and other forms of support. Services developed specially for women 'must allow for information to be available in an appropriate form and in major community languages used by ethnic women' (3.3). Health services should include ethnic women in their targeting, e.g., by advertising in community languages in the ethnic and mainstream media. Government services and programs should be staffed by persons who are able to work effectively in cross-cultural situations. This may involve: sensitizing existing staff; employing more bilingual staff; effective use of accredited interpreters; and providing bridging courses for persons who

already possess linguistic skills and a proven ability to deal effectively with cross-cultural issues' (FECCA, 1988). While the FECCA policy on women thus gave significance to the need for language services for women, its policy on languages did not make any distinctions based on gender. Nor, surprisingly, did its health policy, except to delegate to ANESBWA the pursuit of 'issues relating to the national policy on women's health' (Health 4.1.4).

The ANESBWA policy option paper for OMA (Eliadis *et al.*, 1989) was based on wide consultations with NESB women and with government agencies. Among ten 'needs which transcended most issues' were: multilingual information, interpreter services and bilingual and bicultural workers (p.12). The paper noted that lack of information on services, programs and policies made them inaccessible and presented a major barrier to NESB women participating fully in society. A suggested solution included 'reviewing existing services for cultural and linguistic sensitivity; and identifying persons with bilingual/bicultural skills in Government agencies ... developing and providing in accessible locations information which is specifically aimed at the needs of women from NESBs by facilitating and supporting women from NESBs as translators and interpreters; involving women from NESBs in the dissemination of information; identifying and promoting accessible locations for women from NESBs; and organising special information forums for women from NESBs' (p. 39).

The most important recent public policy document of relevance is the *National NESB Women's Health Strategy* (Alcorso and Schofield, 1991).

Among its recommendations are Recommendation 14 which endorses the National Women's Health Policy and Recommendation 6.1.19 'for the provision of: additional health care interpreter services and telephone interpreter services, including 008 telephone numbers, together with training to enable appropriate responses to issues such as domestic violence and sexual assault'. Recommendation 15 outlines basic requirements for restructuring language services in Australia, making health interpreters available as a right to NESB women with low English proficiency, providing telephone and on-site interpreting services free of charge to women of NESB for health-related purposes and other specified purposes. Recommendation 16 supports publicising the rights to language provision; Recommendation 17 recommends that health interpreter services be funded through Medicare by December 1993; and Recommendation 20 calls for an increase in the number of community language speakers in health services. Recommendation 21 (ii) advocates 'a multilingual health and health services information strategy', Recommendation 21(vi) supports 'the employment and targeting of bilingual/bicultural health care professionals'; and Recommendation 21(vii) supports 'ethnic access/liaison officers'.

**33. Council supports the recommendations of the National NESB Women's Health Strategy relating to the provision of specialist health care interpreter services for women, and the publicising of such services.\***

\* See summary of recommendations on p. 7.

## **Summary: the development of thinking on the communication and information needs of immigrant women**

Not until the late 1970s was there any serious attempt to distinguish immigrants by gender in terms of specific needs.

At least until the mid 1980s, women of non-English speaking background were grouped with the aged, children, the disabled or refugees as a 'disadvantaged minority' possibly requiring 'special' services.

Only from the mid 1980s did an effective NESB women's voice emerge to urge specific services and approaches.

Only in the past few years have interpreting and translating needs begun to emerge as requiring a gender approach in some respects.

The progression outlined above reflects the emergence of a coherent and organised NESB women's constituency which influences the broader women's movement, the ethnic communities' movement and the official women's bureaux and (partly through these larger influences) has an impact upon official policy. This progression does not necessarily reflect the greater urgency of current problems compared with those of the past. It cannot,

therefore, be assumed that the need for interpreting and translating is only confined to women arriving as immigrants in recent years.

## **Characteristics of NESB women**

An outstanding feature of the official literature surveyed above is that women of non-English speaking background appear as 'doubly marginal'. They are added-on to accounts of NESB needs and services, often along with the elderly, youth, the disabled, refugees and residents of remote areas. They are added-on to accounts of women, often with less space and attention than Aborigines, whom they outnumber by at least ten-to-one. This creates the false impression of women as a 'minority', a term currently used in a most confusing way by some sociologists to embrace groups who constitute a clear majority of the population in numerical terms. While many NESB ethnic groups do have a male majority (as in most other comparable societies and historic situations), it is often slight and, sometimes (as with Filipino women and Thais), is the reverse. For the whole of Asia and the Middle East there is complete parity in numbers between males and females, although this varies between birth-places and age groups. Moreover, with the ageing of many settler groups arriving in the 1940s and 1950s, the gender balance tends to become reversed, as women normally outlive men in developed societies. It will be suggested that in many areas of interpreting, both the deliverers and the recipients of services are more likely to be women than men. To be perverse, it might make more sense to see inter-

preting (although not translating) as a service to NESB women, with NESB men 'added-on' as a 'minority'! Such a reversal of traditional perceptions would challenge the attitude that services for women are additional, when in many respects they are central.

**1. Council recommends that interpreting policy should reflect the particular needs of NESB women, given that they are recognised as the main users of interpreting services.**

The sex ratio (men to each hundred women) for major NESB birthplace groups in 1986 can be seen in Table 1. Birthplace groups of smaller numbers, which have mainly arrived in the past ten years and might be assumed to have a greater need for language services, can be seen in Table 2. Further data on sex ratios may be found in the detailed tables in Appendix 1.

These tables do not take account of the persistence of some small and now rapidly ageing ethnic groups from Eastern Europe, who were recruited to Australia mainly in the 1950s and were never replenished by further immigration. These include Ukraine (10 461), Latvia (10 784), Lithuania (5358), Estonia (3888) and Bulgaria (1737). Some other birthplaces from which migrants are no longer being recruited but which may have significant language difficulties include Iraq (mainly Assyrians) and some of the smaller Latin American states. Among the most rapidly increasing birthplace groups since 1986 which should be included are Fiji, Tonga, Poland, China, Hong Kong, Taiwan, the Philippines, Thailand, Iran, Vietnam, Leba-

non and El Salvador. A small NESB population which is often overlooked consists of the Christmas and Cocos Islanders who have been resettled in Western Australia and who are Australian citizens. They mainly speak Chinese and/or Malay.

The 1986 Census shows the major languages used 'in the home' by more than 5000 women each to be as shown below in Table 3.

Among important languages omitted from this Table are: Farsi (Dari/Persian), which was not listed in the 1986 Census at all; Lao (3046 female speakers) and Khmer (4119), which are widely used in translated material; and languages of increased use since 1986 such as Hindi (4221), Korean (3849), Romanian (1934), Tamil (2165), Thai (2419) and Tongan (2230). It is probable that most of these languages will appear in the 1991 Census as used by 10 000 people in their homes. Also omitted is the indigenous language of Timor, Tetum (291) which, despite its small recorded numbers, was being widely used in the TIS in the late 1980s. Indigenous African languages, including Amharic, Somali and Swahili were used by only 2012 people in 1986, but have increased since then.

There is a potential demand for over 30 languages in regular use, apart from smaller languages which might be called upon from time to time. Most public agencies now regularly translate into between nine and 15 languages. As the Table suggests, it is often assumed that some languages are used by those already proficient in English. These include German, Dutch, French and Maltese as well as the languages of South Asia, such as

**Table 1**  
**Major NES Birthplace Groups 1986:**  
**Total Population, Sex Ratios and Major Languages**

	<b>Sex Ratio by Birthplace</b> <b>1986, %</b>
<b>Birthplace</b>	
Hungary	127
Vietnam	124
Czechoslovakia	119
Austria	119
Yugoslavia	119
Spain	118
Italy	117
Malta	115
Netherlands	115
Lebanon	113
Poland	113
Turkey	110
Indonesia	107
Greece	106
Cyprus	105
Egypt	105
France	104
Hong Kong	101
Malaysia	99
India	99
Germany	99
Chile	98
Sri Lanka	98
China	96
Singapore	88
Other USSR	76
Philippines	44

Source: 1986 Census of Population and Housing

the languages of South Asia, such as Hindi, Tamil, Sinhalese, Bengali or Urdu. The sex balance figures for birthplace suggest that women are at least as likely as men to require translation and interpreting in this range of languages. When allocating resources, it should be a prime objective to provide swift and effective translating and interpreting in the 30 languages listed above as a minimum, which would require targeted recruitment in some

instances where demand exceeds supply. It should be noted that the Census does not distinguish between some languages within a broader group, nor for dialects which might be difficult to understand for majority language users. The most important variety occurs among Chinese languages. The category 'Yugoslav' defies analysis as it is the chosen response of so many immigrants from Yugoslavia. Whether that will be the case in the

**Table 2**  
**Small, Newly Arriving Groups**  
**Sex Ratio 1986**

Birthplace	Sex Ratio by Birthplace 1986, %
Romania	130
Iran	114
Portugal	111
El Salvador	106
Laos	105
Timor	104
Cambodia	101
Argentina	100
Tonga	99
Uruguay	96
Korea	95
Western Samoa	94
Fiji	93
Japan	85
Thailand	66
Peru	65

Source: 1986 Census of Population and Housing

1991 Census is impossible to say. It seems probable that most 'Yugoslav' speakers can be reached in Croatian, Serbian or Macedonian. Respondents claiming to speak Serbo-Croat (the official language of former Yugoslavia) have been grouped with Serbian speakers; in Table 3, although some might think of themselves as Croatian.

The Census gives no information on literacy but does attempt to assess the degree of English-language proficiency of respondents. This is on a subjective basis and does not distinguish between facility in spoken and written English nor in English levels required for particular tasks. Table 1.3 in the *National Non-English Speaking Background Women's Health Strategy*,

shows only 194 903 women speaking English 'poorly' or 2.7% of the population over five years of age. This pertains to the languages of South Asia, such as Hindi, Tamil, Sinhalese, Bengali or Urdu. The sex balance figures for birthplace suggest that women are at least as likely as men to require translation and interpreting in this range of languages. When allocating resources, it should be a prime objective to provide swift and effective translating and interpreting in the 30 languages listed above as a minimum, which would require targeted recruitment in some instances where demand exceeds supply. It should be noted that the Census does not distinguish between some languages within a broader group, nor for dialects which might be

**Table 3**  
**Major languages used 'in the home' by**  
**more than 5000 women, 1986**

**Birthplace**

Italian	199 024
Greek	131 894
Chinese languages	65 570
German*	56 592
Arabic	50 877
Spanish	34 915
Polish	33 532
'Yugoslav'	32 524
Dutch*	32 033
Maltese*	28 175
French*	26 636
Vietnamese	25 250
Croatian	24 008
Macedonian	21 042
Aboriginal languages*	18 559
Filipino language*	16 315
Hungarian*	15 436
Turkish	15 086
Russian	11 818
Portuguese	9 808
Indonesian/Malay*	8 779
Serbian/S. Cr.	8 255
Ukrainian*	7 511
Japanese*	5 819

\* These languages are rarely used for translating official information.  
Source: *About Migrant Women: Statistical Profile 1986*

difficult to understand for majority language users. The most important variety occurs among Chinese languages. The category 'Yugoslav' defies analysis as it is the chosen response of so many immigrants from the former Yugoslavia. Whether that will be the case in the 1991 Census is impossible to say. It seems probable that most 'Yugoslav' speakers can be reached in Croatian, Serbian or Macedonian. Respondents claiming to speak Serbo-Croat have been grouped with Serbian

speakers in Table 3, although some would be Croatians.

The Census gives no information on literacy but does attempt to assess the degree of English-language proficiency of respondents. This is on a subjective basis and does not distinguish between facility in spoken and written English nor in English levels required for particular tasks. Table 1.3 in the *National Non-English Speaking Background Women's Health Strategy*,

shows only 194 903 women speaking English 'poorly' or 2.7% of the population over five years of age. This percentage varied between 3.9% in Victoria down to only 0.9% in Queensland and Tasmania. Some 79% of the total lived in New South Wales and Victoria. However, the source does not comment on the validity of the combined category 'not well' or 'not at all' other than to say that 'this figure should be seen as a minimum estimate of poor English speakers only' (p.4). Moreover, it is only a figure for ability to speak, not to read or write English. Figures in the same source show that 13.8% of women over five years of age use a language other than English at home and that nearly 20% of capital city dwellers are in this category. On this limited basis, and taking into account the arrival of many more NESB immigrants since 1986, it is probable that over 500 000 women need some assistance with translating and interpreting when dealing with official agencies, the

law or public services. One important area for further research, possibly on the basis of sampling as well as through official figures for TIS or other interpreting usage, is the validation of the above estimate and its relation to the likely demand for languages. Such demand has shifted rapidly since 1975 towards new languages. But the overall demand may still be for Southern and East European languages as it has been for 30 years. It would be most unfortunate if policy were posited on a declining need in some languages when that may not be the case.

Major birthplace groups with low levels of English proficiency ('not well' or 'not at all') in 1986 included for women only: Hungary 14.8%, Poland 22.9%, Cyprus 33.1%, Greece 41.5%, Italy 34.1%, Yugoslavia 28.5%, Egypt 14.2%, Lebanon 32%, Turkey 43.4%, Central and South America 25.9%, China 52.4%, Hong Kong 16.7%, Vietnam 48.2%. These figures suggest

**Table 4**  
**Percentage of women over 65 and leaving school at 13 or less (including never attending) for selected birthplaces**

Birthplace	% over 65	% early leavers
Greece	45.6	8.6
Italy	39.4	15.1
Other Southern European	24.8	5.3
Yugoslavia	19.6	7.2
Malta	16.4	9.1
Lebanon	13.3	4.2
Central/Sth America	10.5	4.7
Poland	10.2	21.4
Netherlands	7.3	15.7
Egypt	6.4	15.2
China	6.2	22.4
Hungary	6.1	25.6
Other North European	6	22.6
Austria	2.2	19.9

Source: *About Migrant Women 1986*

the continuing problem of poor English among long-established settlers from Southern Europe and the Middle East.

Two other relevant characteristics from the Census include age distribution and level of education. While there is some controversy over the extent to which English proficiency declines with age, it is undeniable that the elderly are likely to call on more public services than the young and fit. It is also highly probable that those leaving school early will have lower levels of English proficiency than those better qualified if their native tongue is not English. Relevant data by birthplace for women is as in Diagram 4 below.

This data strongly suggests that educational weaknesses are heavily concentrated among Southern European women, especially Greeks. Poor schooling is not usually combined with high age levels except for Italians and Poles. But other Southern Europeans are now moving into the post-working age groups and will constitute large numbers with poor schooling and high age levels in the coming decade. Most Asians, in contrast, are relatively well-educated and young, except for those from China who also have exceptionally high levels of those unable to speak English at all. It is interesting to note that some birthplace groups of women with poor English, such as Turks or Vietnamese, have relatively high school-leaving ages. The available limited data does not establish that women coming from Islamic countries are likely to have left school particularly early, although many of them are not Muslims. The great bulk of educational disadvantage is still located among Southern European women. On present intake indications this cohort

will age over the next twenty years without being replenished from overseas, whereas intakes from Asia and the Middle East are less likely to be poorly educated and will not enter the post-working age groups in large numbers until much later. Thus an interpreting need will continue for Southern European women for many years even although virtually none are now arriving in Australia.

**41. Council recognises that the need for language services is not necessarily homogeneous throughout the NESB community and considers that there is an urgent requirement for research to differentiate needs within different categories.**

## Chapter 2

# Women and priority groups

## Priority groups

The available data suggest a number of overlapping priority groups. While not all individuals in need of language services necessarily fall into any of these groups, they are useful in helping to target need. Many Census measures can be applied, although there is no such data on refugees, who must be identified from intake figures provided regularly by DILGEA through the Bureau of Immigration Research 'updates'. Nor are all language groups identified in the 1986 Census, although the 1991 Census may remedy this defect. Both Censuses go beyond their predecessors in providing information on birthplace, language, religion, ancestry (1986 only) and parentage. These can be correlated in such a way as to give useful data on a wide range of ethnicities. The relevant priority groups include: recent arrivals, the elderly, industrial workers, refugees and immigrants living in remote areas.

## Recent arrivals

Current DILGEA policy, following the recommendations of the FitzGerald Report of 1988, focusses services on recent arrivals. This has been particularly relevant in redirecting adult and DEET-administered child migrant English teaching, although it has not been effectively extended to translating and interpreting. The official expectation is that agencies other than

DILGEA (both Commonwealth and States) will service the needs of other NESB Australians. One of the contradictions of this approach in practice is that, while it has led to the expansion of language services by DSS and DHHCS and some State Ethnic Affairs Commissions (EACs), DILGEA is proposing to co-ordinate these services through a national language services program. This has led to some confusion which is surveyed later in this report. Some newly arrived groups have been surveyed in *Settlement Needs of Small Newly Arrived Ethnic Groups* (Jupp *et al.*, 1991). They cover a variety of languages but, like other immigrant groups, are characterised by a broad balance between males and females. Among the larger such groups are Vietnamese and Poles, while smaller groups include Tongans, Romanians, Salvadorans, Laotians, Khmer, Timorese, Soviet Jews, Portuguese and Fijians. Between the Censuses of 1986 and 1991, major new arrivals recorded as permanent settlers have included by birthplace those shown in Figure 5.

The major languages relevant to these groups include Chinese (Cantonese, Hakka, Mandarin), Spanish, Vietnamese, Polish, Russian, Arabic, Farsi, Korean, Portuguese, Tongan, Samoan, Hindi, Fijian, Romanian, Turkish, Khmer, Lao, Hmong, Thai, Filipino/Tagalog, Tamil and Tetum. Many of these have little presence in educational institutions or in the provision of language services.

**Table 5**  
**Major arrivals 1986-1990 by NES Birthplace**

Birthplace	Arrivals
Egypt	4 200
Portual	4 500
Germany	5 250
Korea	6 410
Vietnam	10 430
India	11 710
Malaysia	24 290
Mauritius	4 290
Turkey	4 640
Indonesian	5 300
Poland	6 820
Sri Lanka	10 880
Lebanon	12 130
Hongkong	24 330
USSR	3 280
Cambodia	4 380
El Salvador	5 154
Chile	6 090
Singapore	7 120
Yugoslavia	10 880
China/Taiwan	19 970
Philippines	32 120

Source: Australian Immigration Consolidated Statistics No. 16

### The elderly and ageing

Too much emphasis on recent arrivals obscures the large numbers who are not proficient in English but who have lived in Australia for many years. The two most important such groups include the elderly and ageing and industrial workers. These are drawn to a large extent from Southern and East European settlers of the 1950s and 1960s, although many industrial workers are also drawn from more recent arrivals from Southeast Asia and Latin America. There is considerable literature on ethnic ageing which

emphasises the low levels of English and high levels of women among the aged. Rowland's recent study *Pioneers Again: Immigrants and Ageing in Australia* (1991: 23), shows that by 2001 the largest gross numbers of NESB immigrants over 65 will be from those born in Italy, Greece, Yugoslavia, Germany, Netherlands, Poland, India, Malta, Indochina, Lebanon, USSR/ Ukraine, Egypt, Hungary, China, Cyprus, the Baltic States and Austria. Most important languages in this area include Polish, Russian, Italian, Greek, Dutch, Chinese, Spanish, Maltese, Hungarian and the languages of Yugoslavia.

## Industrial workers

Most of these languages are also relevant to the needs of women workers in manufacturing, although Vietnamese, Khmer and Lao should also be added for them. The concentration of NESB women in manufacturing distinguishes them clearly from Australian-born and English-speaking women. In 1986, the overall proportion of women workers classified as 'labourers and related' was only 5.4% as compared with 13.5% as clerks and 5.1% as professionals. But for some birthplaces the percentage of labourers was twice or more the national female average. These included Greece (14.4%), Malta (12.3%), Yugoslavia (17.5%), Central and South America (12.6%), Philippines (10.3%) and Vietnam (11.7%). In August 1990, women born in NES countries made up 12.8% of the female workforce but made up more than twice that proportion (29%) of women engaged in manufacturing. These women are much more likely to suffer industrial injury and much less likely to need English for their employment than do other Australian women, whether migrants or native-born. Their interpreting and translating needs may well be different in some respects, for example in the areas of workers' compensation and industrial health and safety.

**38. Council recommends that all trade unions should be encouraged, in consultation with the ACTU, to include the provision of interpreting and translating services within awards where appropriate and to use such services themselves in communication with their members.**

## Refugees and humanitarian migrants

Another grouping, which overlaps with those above, includes refugees and humanitarian migrants. These are also found strongly concentrated in industry and among the unemployed. Most are young. The particular problems of refugee women have been explored by Eileen Pittaway in *Refugee Women — Still at Risk in Australia* (Pittaway, 1991). These include the after-effects of torture and trauma which often has a component of severe sexual assault, especially for those from Latin America. Pittaway's study shows that of refugee and humanitarian entrants between July 1987 and December 1989, 42% of Indochinese, 42% of East Europeans, 53% of Latin Americans, 44% from the Middle East, and 38% of others were women, making a total of 44% (*op.cit.* Table 3.1). The most important languages for recent refugees include Spanish, Arabic, Vietnamese, Lao, Khmer, Chinese, Polish, Russian, Romanian, Hmong, Kurdish, Farsi/Dari, Tamil, Tetum and some minor East African languages (in small numbers).

**29. Council recommends that the provision of special training to women interpreters to work with torture and trauma centres and women's refuges should be a high priority for all Governments.**

## Migrants in rural and remote areas

The female NESB population is now widely dispersed over Australia for two reasons — marriage to Australians and

refugee placement. This phenomenon is numerically most important for Filipino women but also includes Thais, Vietnamese and some Latin Americans and Southeast Asians. Another reason for dispersal in the past was the creation of small agricultural settlements of mainly Southern European origin, especially in north Queensland, the Murray/Murrumbidgee irrigation districts and parts of Victoria and Western Australia. While many of these are now inhabited primarily by Australian-born descendants, it is characteristic of rural areas that lack of English persists through life. Widely dispersed women have little access to formal interpreting and translating services except through TIS. They are too limited in numbers to form effective communities, except in some remote large towns such as Darwin, Mt Isa, Port Hedland, Townsville or Cairns (see Recommendation 21).

### **Culturally distinctive migrants**

A number of women need to be recognised in terms of their cultural distinctiveness. Some elements of culture may lead to a more traditional view of gender roles and issues than in contemporary society, and therefore women from such cultures require additional sensitivity when dealing with personal information or in specific situations, for example when imparting information on health and childbirth. Some other groups, for example, aged women of non-English-speaking background, will also need to be approached with cultural sensitivity.

There are many ways of categorising NESB women which might help to bring out special needs but those listed above are probably the most important. As a generalisation, the levels of English are likely to be lowest for refugees and humanitarian immigrants, for manufacturing workers, and for the elderly from Southern and Eastern Europe. It would be quite incorrect, however, to classify women in 'continental' terms (as Europeans, Asians or Latin Americans for example) without taking social and economic factors into account. A language services delivery strategy must focus on areas of greatest need. There are unlikely to be enough resources in this area to provide a perfect service for everyone who needs it. The most important priority is for language service agencies to have the capacity to deal with all language service needs. Otherwise interpreting and translating must be targeted at those who need it most. These include many who have been settled in Australia for many years.

### **Women as clients**

Few interpreting and translating services keep records of users based on gender. As in other areas the available data is insufficient to assess in detail the clientele for services. While it would not be burdensome or intrusive to have a simple 'M/F' tick box for user analysis, this is rarely done. The first DILGEA Access and Equity Report of 1988 identified one of its seven broad objectives as 'to develop cross-cultural communication and awareness skills of staff, including an awareness of cross-cultural gender differences and the special needs of some migrant

women'. Another objective was 'to develop and implement an appropriate language services policy'. However, the language service policy elaborated in the report did not mention women at all. The only priority target group specifically mentioned was 'recent arrivals'. Although DILGEA has nominated women (with unemployed youth and refugees) as a priority group, its annual reports make no reference to them in connection with language services, concentrating instead on their role in the AMEP, where they now constitute a majority of students.

**8. Council recommends that all providers of interpreting and translating services should keep statistical records of the gender and language or birthplace of clients and interpreter staff, while respecting the Privacy Act.**

## Needs Assessment

Assessing need is one of the more difficult aspects of evaluating the delivery of services. At a basic level it can be measured by service delivery response to effective demand. Thus, if TIS cannot be accessed because of a backlog of calls or a shortage of relevant interpreters, it is reasonable to argue that a need is not being met although it could be met with the allocation of greater resources. A major limitation on this straightforward approach in recent years has been the argument that budgetary allocations are predetermined and that services must do 'more with less' or, in economic terms, become more efficient and cost-effective. This can lead to questioning the value of the service provided and to calls for its limitation or for the introduction of charges

which will impose a 'market discipline' on users such that they will not use a service without considering the costs and benefits to themselves. From this perspective, the TIS is a likely candidate for such analysis. It provides a service which is free to the immediate user and which is open-ended in meeting the demands of new and existing community languages, without imposing any restrictions on the user in terms of length of residence (or even of birth) in Australia. It cannot be stressed too strongly that a service such as TIS is absolutely central to the whole field of language services because of its adaptability over geographic space. This is particularly vital for women in isolated areas, for users of small, minority languages, for the aged and disabled or for otherwise housebound women. Thus any attempt to impose charges or to limit the concept of 'need' for TIS is likely to impact on precisely those women who need the service most. The basic questions to be asked in evaluating TIS must be:

- are all clients being serviced quickly and accurately through the service;
- what improvements to the service would make it more effective; and only then
- how much would such improvements cost?

A different but related issue is whether agencies using TIS other than its provider, DILGEA, should pay DILGEA for that use without passing the cost on to the individual client (which current policy rightly prohibits). This argument does not deny an individual 'need' for TIS, but argues that meeting such needs is the responsibility of the

relevant Commonwealth or State agency whose function is to deal with the particular service. As the greatest use of TIS over many years has been for health inquiries, this focusses attention on the State-provided hospital systems. The 1986 Review of Migrant and Multicultural Programs and Services (ROMOMPAS) (Jupp, 1986) recommended (in Recommendation 16) that 'the Federal Government should progressively institute agency-user-pay arrangements with State government users of TIS'. In support of this recommendation, ROMAMPAS (11.44/45) argued that some States (notably Queensland) were heavy users of TIS. The target was thus 'large-scale State users'. However, 'as precipitate introduction could discourage service providers from using interpreters, we suggest that the pace of introduction be carefully planned. We see agency user pays applying systematically to State agencies making substantial use of TIS on-site interpreters'. Thus the argument was not that a need did not exist, but that it should be met by a wider range of funding. Unfortunately, the introduction of 'agency user pays' has had some of the consequences foreseen by ROMAMPAS, namely a reluctance on the part of some agencies to add the costs of interpreting to their budgets.

Beyond assessing need simply in terms of effective demand, much program evaluation is influenced by two differing (and in some respects opposite) philosophies. One argues that there will always be an 'untapped need' for servicing the disadvantaged and that it is the responsibility of agencies to attempt to assess that need and to publicise available services to make them accessible to those who might otherwise not know about them. The

other argues that 'if it ain't broke, don't fix it'. In other words, the measurement of needs must be confined to effective demand as that is the only valid basis for its determination. The latter position is sometimes sharpened by arguing that if there were a charge for services this would be a useful instrument in measuring demand. This is a difficult argument to sustain when services are targeted on the disadvantaged who are least likely to be able to afford their market price. Nevertheless, it is often used in formulating policy. Imposing a 'price' is seen as limiting 'overservicing' or the artificial creation of a new demand. A price may also be charged where the service provided is seen partly as revenue-raising in intent, for example, as in the charge levied by DILGEA for translating documents not directly related to immediate settlement needs.

The particular constituency being discussed here, namely women of non-English-speaking background (and normally with poor English proficiency), seem relatively unlikely to make excessive demands on public services. Most consultations suggest that they have a limited knowledge of such services and that such knowledge is most likely to come either through word of mouth, or through specially appointed ethnic welfare workers (including MRCs) or because the need to raise income when unemployed, or to attend to serious health problems, drives them to the employment service or the public hospitals. There is, unfortunately, no major and persuasive literature on the take-up of public services by NESB immigrants. They are more likely to use public hospitals than English-speaking or Australian-born residents; more likely to be registered as unemployed (31% of the

unemployed for 25% of the labour force are immigrants); and probably more likely to use the industrial injury compensation systems. However, these are all easily explained in terms of the greater sensitivity of public hospitals to interpreting needs, the higher levels of unemployment for NESB new arrivals and the greater concentration of NESB immigrants in manufacturing industry.

It seems plausible that NESB women do not attempt to access all those services for which they are eligible and that an unmet demand exists for interpreting and translating information. This has been the assumption of most previous studies and there seems little reason to dispute it, although some further research would help to clarify the issue. While many European arrivals in the past came from societies which provided a better network of welfare services than did Australia, this is less true of more recent arrivals. The concept of the 'welfare state' is unknown or inadequately developed for most Asian, Middle Eastern, Latin American and Pacific Island societies. These have depended on family support networks or on religious charity. Those most likely to mention the weakness of Australian welfare have recently arrived from Poland and the Soviet Union. Immigrants from Vietnam or Lebanon are either unaware that a wide range of services exists, or are surprised to learn of them or have difficulty of access due to language problems and the lack of interpreters or translators.

The assumption of 'unmet need' ideally requires empirical verification, but the argument will proceed on the basis that it is likely to exist when it comes to providing language services for

women. NESB women are likely to have left school earlier than NESB men, are less likely to understand English than any other major category of Australians, are more likely to be inhibited in approaching authority and less likely to be informed about available services than most other Australians. This does not, of course, apply to all NESB women. Filipino women are much more likely to have a tertiary education in the English language than any other large ethnic category in Australia (including the native-born but excepting Americans and Canadians). Women in Sydney, Melbourne or Adelaide have far more on-site facilities for interpretation, translation and information than women in Hobart, Brisbane or Ballarat. Muslim women are much more likely to have inhibitions about using some public services than others but some are also likely to work in industrial conditions which are more stressful and injurious than those experienced by many other Australian women.

## Differing needs

The need for interpreting and translating services may not be evenly spread through the NESB population as between genders, ethnic groups, age groups or socio-economic levels. One major piece of further research which is strongly recommended, would attempt to differentiate needs within such sub-categories. This is not possible within the limited scope of this report, although some suggestions can be made based largely on consultations undertaken for this report with client groups. Obviously health considerations differ considerably between men and women, a point already made at length in the *National NESB Wom-*

*en's Health Strategy*. This arises not simply because of the differing physical nature of men and women but because all cultures have created taboos and inhibitions based on such differences. It is in this area that cultural sensitivity often becomes more important than simple linguistic facilitation.

An important difference was revealed in consultations between the demand for interpreters and translators. Interpreters were of particular importance for the less educated and for new arrivals unfamiliar with English. Many of those long resident in Australia with poor English were of industrial working-class background. However, a major demand for translators came from middle-class recent arrivals, many of whom were relatively fluent in spoken English. Those with educational qualifications needed them translated. Those with recourse to the family court needed translations of marriage certificates and other legal documents. While it might be assumed that those with high educational levels will not need interpreters, it cannot be assumed that they will not need translators.

### **Cultural factors**

While all societies differentiate between men and women in a variety of ways, some are more likely to expect strictly defined roles, taboos and inhibitions than others. Some religions have more restrictive attitudes than others. The difficulty and danger in using 'cultural factors' to determine service delivery is twofold: that service deliverers will impose their own values on others; and that uninformed or sentimental beliefs will be attributed to immigrants who

do not subscribe to them. Nevertheless, some understanding of cultural factors is essential for interpreters, especially when dealing with medical or legal issues. It should always be borne in mind that most recent immigrants do not come from 'traditional' or 'rural' backgrounds but are frequently well educated and from modern cities. Nor are they necessarily from the majority culture in their country of origin. For example, virtually no immigrants from Iraq are Muslims nor are most immigrants from India Hindus.

To understand the 'culture' of various ethnic groups or individuals it is necessary to know:

- what is their country of origin;
- what is their religion;
- what is their educational level;
- are they of rural/provincial or of urban/metropolitan background;
- to what extent have they assimilated 'Australian' norms; and
- to what extent is their 'culture' well defined?

Religious background is of prime importance, as it is through religion that most definition of female roles and expectations has historically occurred. In most situations it will not be reasonable to expect a high level of understanding of cultural factors, which are varied. However, such an understanding should at least be one of the aims of interpreter training.

Services using interpreters need to be aware of potential pitfalls and prob-

lems. For example, for strict Muslim women it is not permissible to be alone with an unrelated man. Thus, all women assumed to be Muslims must be asked whether they share this taboo and should be accommodated if they do by providing a woman interpreter as a matter of course. Most women from rural backgrounds, of whatever culture, are more comfortable discussing gynaecological or childbirth issues with a woman. Indeed, this should be assumed to be a universal attitude unless the client clearly states otherwise. As a general rule, all medical interviews, especially those requiring the exposure of the body, should be conducted by, or in the presence of, a woman interpreter. This may be essential for the early treatment of conditions which would not be otherwise discovered.

**2. Council recommends that women who are clients of government services should be offered the choice of a female interpreter.**

In legal matters, most NTSB immigrants come from systems which differ substantially from the Australian, which is one of the few in the English Common Law tradition. Europeans are used to a system based on prior investigation and codified law. Thus, someone arrested in Australia may well feel that they are already seen as guilty and may not understand their rights to defence. Even such a simple procedure as finger-printing may be seen as a measure of guilt. Refugees, in particular, are used to systems in which it is best to abandon hope altogether once arrested. Interpreters need to be especially sensitive in dealing with women from Latin America, Indochina, Afghanistan, East Africa or Sri Lanka

who may need legal interpreting.

Apart from European legal codes, more recent immigrants may be influenced by legal codes from outside the Western Christian tradition. There are distinctive legal philosophies for Muslims, Sikhs and Hindus, particularly in areas affecting property and family relationships. Most major religions prohibit or discourage the use of birth control devices but adherence to these prohibitions varies greatly, being closely related to levels of education. The obligations of fathers, brothers and uncles towards their female relatives may be strongly defined and be different from local practice.

A central problem in interpreting is the possible clash between group or familial obligations and the need to ensure neutrality and confidentiality. In many cultures the rigid division between personal and official obligations inherent in Western bureaucratic theory does not normally hold nor is it understood. Part of an interpreter's training must necessarily address this problem. Relatives may feel a strong obligation to pass on information to others which they have learned during their interpreting. This is not simply a matter of gossip or untrustworthiness but of social expectations. The client needs to be protected against this danger, which many are well aware of. Equally, those using interpreters need to understand that the interpreter may be subject to clashing expectations.

**14. Council recommends that part of the training of interpreters and translators should address the issue of balancing community or family obligations and the need to ensure neutrality and confidentiality.**

These problems do not arise in the same way when dealing with translated material. Here the major cultural issue is the extent to which likely clients will understand the language of the translation. In some languages, there have historically been two levels — a popular and an educated. The difference between the two was a burning issue in Greek politics and education for most of this century. The same is true to an even greater extent of the gap between classical, literary and popular usage in many Asian languages. A well-educated translator may be at the disadvantage of not using the right vocabulary for the less-educated clients who may need the information most. Thus, all translated information should, wherever possible, be tested on potential clients of average literacy and rewritten if necessary in response to their levels of comprehension. This would be more productive if the original text in English had already been tested for comprehension, which is rarely the case. In some languages this is not simply a matter of 'writing down' to the client, but of using quite different terms and grammar. All translators, as part of their training, need to be weaned away from literary formulations and towards 'newspaper' levels of language. One problem for older groups is the 'tainting' of language through colloquial English, such that many poorly educated NESB women speak a kind of 'argot' or 'pidgin' which needs special skills in translation.

**6. Council recommends that, where the Government arranges for translation of information of general or specific interest to women, it should be held responsible for ensuring that**

**both the English language and other language versions have a clear meaning and are readily understandable by the target group. All written materials should, wherever possible, be tested on clients of average literacy to ensure that the level of language used is appropriate.**

A cultural problem likely to affect both interpreters and translators is the deferential use of language when addressing different audiences. There may be different formulations for addressing women by men, or the elderly by the young and *vice versa*, or the poorly educated by the well educated. This is particularly likely to be the case with the developed Asian languages influenced from Chinese or Indian traditions. The job of the interpreter is to facilitate communication and understanding for the client, not to dominate or patronise her. Many cultural and linguistic traditions make this difficult to achieve. The client may also feel deferential towards the interpreter and this may inhibit the free exchange of information. In many cultures, respectful forms of address are obligatory between the young and their elders, a tradition which is almost absent from normal Australian practice today.

Many of the cultural traditions likely to be met run counter to much egalitarian, feminist or democratic thinking. Service providers who often subscribe to such thinking may face a dilemma between their own views and those of their clients. The apparent 'subjugation' of women in some cultures may be seen by many of them as 'protection', especially in the hostile environment perceived by newly arrived immigrants. Culture clash is likely between

service providers, interpreters and clients. While the customer is not necessarily always right, relationships should proceed as although she were. It is the client who might have breast cancer, or a still birth, or loss of children and property, not the service deliverer, interpreter or translator.

Cultural factors need to be understood at a general level but should not be seen as equally applicable to all from a particular background. With some exceptions among refugees and family reunion immigrants, most NESB migrants since 1975 have been as well educated as the Australian average and subscribe to many of the same values and attitudes as other Australians. As in all modern cultures, individuals will define their situation as they think fit although within a context of attitudes and beliefs. It is important to expect cultural difference but not to impose external values on the client. This must be a basic requirement in the training of all interpreters, translators and ethnic-specific service deliverers.

**15. Council recommends that all translators, interpreters and ethnic service deliverers receive training in cross-cultural awareness as a basic requirement.**

The best advice on cultural influences on interpreting is given in a recent Western Australian/NAATI publication:

The professional who has the opportunity to deal with members of other cultures is strongly advised to seek information about specific cultures from libraries, university departments of anthropology, migrant or cultural advisers in government

departments, and, of course, in direct contact with individuals from those cultures. (Roberts-Smith *et al.* 1990: 16)

## Special areas of need

Women are more likely to need advice and assistance in health, child care, domestic violence and reproductive issues. As women normally live longer than men in Australia, they form a high proportion of the 'old old' (aged over 75) or the 'frail aged'. The current gap between male and female life expectation at birth is six years. The role usually ascribed to mothers also means that schooling may be of greater concern than for men. There is, then, a need for interpreting and translating services which are specialised in these areas or at least able to cope with the relevant terminology and practice. The development of family law makes it more important that women have access to court interpreters than before. Women do not figure significantly in criminal cases but, by definition, are likely to be equally involved in family law disputes with men.

**7. Council recommends that the Attorneys-General should amend current legislation to include the services of a competent, preferably female and accredited, interpreter for women in cases of domestic violence, sexual assault and family breakdown in all Australian court systems as a matter of urgency.**

**28. Council recommends that State and Territory Education Authorities should ensure that parents are advised of the availability of interpreting and other support services**

**for parent-teacher consultations through the school system.**

**32. Council considers that Governments should support the recruitment and training of specialist health and legal interpreters and translators in all States and Territories. Key areas are reproductive issues, care of children and the elderly, and family law.**

The language services required by women in health matters have already been well surveyed in the *National NESB Women's Health Strategy*. The inquiry found that 'the upgrading of language services for health was seen as a major priority issue', which was borne out by consultations undertaken for this report. Apart from New South Wales, Victoria and the ACT, interpreters were not usually specialised in health issues. Health interpreter services were normally limited to business hours, some interpreters were not generally competent and many health workers were unaware of language services or were not skilled in using them. Female interpreters were lacking in areas such as domestic violence, sexual assault, family planning and maternity services. There were serious problems, especially in translating, because of differences between dialect and standard language. On this basis, the review recommended that there should be additional health care interpreter services and specialised training on issues such as domestic violence and sexual assault.

The Strategy supported providing health interpreters as a right to NESB women with low English proficiency in certain situations, including obstetric and maternity care, accident, violence

and emergency, cancer, pediatrics, mental health and terminal illness. Female interpreters would be available as a right in mental health, reproductive and violence cases, and appropriate training for female interpreters should be undertaken. TIS should be redeveloped to allow specialist panels of health interpreters linked through all States. This health interpreter service would be monitored through DILGEA and State governments and have a complaints and evaluation mechanism. The service would be underpinned by a publicity campaign involving public agencies and medical associations with the incentive that loud-speaker phones for interpreting would become a tax-deductible item for doctors. The increased cost of ensuring the right to a health interpreter would be funded through Medicare by the end of 1993. It was also recommended that efforts should be made to increase the number of bilingual health workers by promoting the learning of community languages for those in the public health services. A register of bilingual health professionals would be kept on a regional basis.

**37. Council considers that the use of health interpreter services should be eligible for the Medicare rebate, as previously recommended in the Women's Health Strategy.**

Many of the problems raised in consultations for this report as well as those for the Strategy would be met if interpreting services were more available; if professionals were aware of the problems of dealing with patients not proficient in English; and if health interpreting services on the New South Wales model were developed. All health professionals should be trained to recognise that NESB women have

the right to expect an interpreter and should be advised of the availability of interpreters as their right to be informed.

**35. Council recommends that all health professionals should be trained to recognise that NESB women have the right to expect an interpreter and to be advised of the availability of this service.**

It is absolutely essential to enrol the support of the medical and nursing professions behind the extension of interpreting services. As these often constitute as useful an adjunct to medical attention as radiology or physiotherapy, there are strong practical and ethical arguments for using interpreters which many health professionals should recognise. The suggestion that Medicare funds should be used to provide incentives for using interpreters is sound and should be adopted. Any reorganisation of interpreting on national lines must ensure that specialist health interpreters are available nationally and not just in those States which provide them as part of their health services.

The special needs of aged NESB women arise from their increasing numbers and the fact that they come predominantly from language groups which were not given effective English teaching in Australia. These often had high proportions who had never been formally educated or who had their education disrupted by war. Virtually all NESB migrants arriving between 1947 and 1970 are likely to fall into the triple disadvantage of being poorly educated, being inadequately taught English and suffering wartime educational disruption. Major relevant lan-

guage groups are the Baltic languages, Polish, Russian, Hungarian and some Croatian and Serbian speakers. Within ten years they will have been joined by large numbers of Italian and then Greek speakers and more Serbs and Croats. A particularly high proportion are likely to be in Victoria and South Australia which received more European migrants than New South Wales in the two post-War decades. Already by 1986, there were in Australia 14 100 German- and Dutch-born women aged over 65 years, 25 000 women from Greece, Italy and Malta, and 12 000 from Poland and Yugoslavia — a total of 51 000 without the lesser numbers from other parts of Europe (Rowland, 1991). Of these, 67.4% of Greek, Italian and Maltese women aged between 65 and 74 spoke English 'not well' or 'not at all', as did 42.7% of Polish and Yugoslav women 65-74 years old and 73.3% over 75 years old. Rowland's study concludes that 'the question of language regression seems to be far less important than the finding that a high proportion of settlers who migrated to Australia in their later years have never become fluent in English' (p. 27). It should be noted that AMEP classes will now not normally take students aged over 54 and Rowland's belief that elderly NESB immigrants should try to learn English seems 'utopian' for most of them. In 1983, AIMA estimated that there would be 90 000 Italian-born aged over 65 by 2001, 44 000 Greeks, 40 000 Yugoslavs and 25 000 Poles. These are all groups with a relatively low level of English competence among women.

As the aged are disproportionate users of health and welfare services, it had already become clear as a result of AIMA's studies of the early 1980s that

a major problem was developing and would escalate to the end of the century. A greater emphasis was placed on ethnic-specific residential care and a number of appropriate nursing homes have now opened with funding support from the DHHCS. However, most elderly people do not live in sheltered residences and current public policy favours this independence. This means that all services aimed at the elderly will need interpreters in the major European languages at least for the next ten to 20 years, when the demand will start shifting towards those from Asia. There seems to be an inescapable need for effective language services for elderly women. It is regrettable that the most recent study of this growing entity urges that they become more self-sufficient through learning English (Rowland, 1991). If taken seriously this approach could inhibit the necessary provision of effective language services for those who have left the workforce. There will be at least 100 000 NESB women in this category in the current decade.

**31. Council recommends that all services for the elderly, whether residential or home-based, should develop language service strategies.**

There are a number of sensitive areas where women would undoubtedly prefer interpreting to be done through another woman. These include pregnancy, birth control and abortion counselling; domestic violence and crisis services; and family law. All official policy should attempt to ensure that women interpreters are not merely available in such cases but have had

some training in the necessary background and expertise. Every interpreting course should include a segment dealing with such areas and the appropriate issues and terminology. Glossaries of relevant terms should be produced in a variety of languages for both interpreting and translating purposes, on the model created for medical terms by the Department of Social Security in Victoria in the early 1980s. These should ideally be produced by the relevant authority, such as Attorney-General's for family law, or health departments for reproductive issues. They should be made available as a service to all professionals at a charge no greater than cost-recovery and should also be used in interpreting and translating courses. Other professional trainers should be advised of the existence of such guides, which should be as nationally uniform as feasible, taking some legal differences between States into account. There is no plausible reason, after 40 years of multilingual Australia, why this has not yet been done (except on a spasmodic and unco-ordinated basis). Lack of unified responsibility in many areas should be overcome by an initiative from an appropriate agency, such as the OSW or the OMA, in consultation with appropriate departments and professional bodies.

**16. Council recommends that every interpreting course should include a segment dealing with sensitive areas such as birth control counselling, domestic violence and family law, covering relevant issues and terminology.**

**27. Council recommends that the Departments of Health, Housing and**

**Community Services and Attorney-General's produce and distribute glossaries of special health and legal terminology in a variety of languages for use by interpreters and translators, in consultation with the Office of Multicultural Affairs (OMA).**

## Numbers and geographical distribution

With some important exceptions, such as Filipino women, the numbers of NESB immigrant women are about half the total number of NESB immigrants and they are geographically distributed in the same way as the total number of NESB immigrants. As data from the 1991 Census is not yet available, there is inadequate information on the distribution of new arrivals other than that available from 1986. Some linguistic groups, especially Koreans and Iranians, have increased rapidly since 1986 while there has been a continuing expansion of Spanish-speakers, especially from El Salvador. Numbers of Pacific Islanders such as Tongans and Samoans have also increased but are difficult to estimate because of a relatively high level of illegal overstayers and considerable movement between Australia and the homelands. It is reasonable to assume that speakers of Tongan, Samoan and Fiji Hindi have increased considerably since 1986. Conversely, the numbers of speakers of most East European languages have probably declined, with the exception of those who speak Russian and Polish, whose numbers have been increased by recent refugee arrivals. Other European languages likely to show increases between 1986 and 1991 include Croatian, Serbian,

Macedonian and Portuguese. By far the largest increases are likely to be in various Chinese languages as immigration from China, Hong Kong, Malaysia, Singapore and Vietnam has continued at a high level. Family reunion may have increased the numbers of monoglot speakers from some languages which are normally spoken by those bilingual in English, such as the Filipino and Indian languages. Figures relating to the use of TIS are of interest here, as they show changes made since 1986. They are, however, only indicative, as some language groups may have a greater need for TIS information services than others. A definitive tabulation must await the release of 1991 Census figures.

These figures suggest a fairly constant demand for at least a dozen languages. Shifts due to immigration only appear slowly. While there has been a decline in demand for Greek, as might be expected from the long residence of Greeks and the paucity of new arrivals, this has not been so marked for Italian nor for the languages of Yugoslavia. One clear message from the TIS figures is that assumptions about declining demand should not be made from immigration figures alone. On the other hand, assumptions about increasing demand (for example, for Cantonese, Mandarin or Arabic) are more soundly based. The number of recorded TIS calls has increased from 336 650 to 362 235 in the period under review above, falling in 1989-90 by about 3500. The demand is fairly steady although there has been a decline for some European languages and an increase for some Asian languages. As a baseline, the TIS figures should be taken as indicating the greatest probable need for the supply

**Table 6**  
**Major Languages Used in TIS by % of Total Calls (Other than English)**

Language	1985-6		1986-7		1987-8	1988-9	1989-90
	%		%		%	%	%
Spanish	12.9	12.6	14.2	16	15.7		
Vietnamese#	14.1	12.8	14.2	13.8	13.8		
Cantonese*	5.1*		3.6		4.3	4.8	6.5
Polish	6.2		5.7		5.7	5.2	5.3
Mandarin*	*		^		1.6	2.4	4.7
Turkish	4.4	4		4		4.5	4.5
Greek	7.1	6.1	5.7	4.7	4.5		
Italian	5.2	4.9	4.2	4.3	4.2		
Arabic	2.4	2.7	3.1	3.2	3.4		
Serbian	4.8	3.8	3.1	3.2	3.1		
Croatian	2.4	2.6	2.6	2.6	2.6		
Russian	^		^		^	^	1.6
Japanese	^		^		1.5	1.8	1.6
Khmer#	1.6	1.6	^		^	1.5	
Macedonian	1.7	1.6	^		^	^	
Portuguese	1.8	1.9	2.1	1.8	^		
Hungarian	^		^		^	1.8	^

\* languages of China, not separately enumerated until 1986-7

# languages of Indochina

^ not available from published source

Source: DILGEA Annual Reports

of interpreters and of translated information. However, the distribution of languages across States is not uniform and some groups may be less willing to use the telephone than others. It was found in the consultations in North Queensland that many of the rural group of Hmong near Innisfail did not have telephones. It should be noted that the majority of TIS calls come from women.

The geographical spread of language groups corresponds fairly closely to that for birthplaces, as does spread for males and females. One large exceptional group, the Filipino women,

requires special analysis. In this context, the two most important features of the Philippine-born is that 69% were female in 1986; and that only 24% used English in the home. While English is the second language of the Philippines, it seems probable that some Filipino women at least require an interpreter from time to time. In 1986, 5.5% of the Philippines-born spoke English poorly (Not Well/Not at All), a similar figure to that of 1981. The figure for the small number of women aged over 60 was 29%. While most Filipino women are to be found in Sydney or Melbourne, many are located in more remote places than is

normal for NESB immigrants. These included (in 1986), 907 in the Northern Territory, 150 in Townsville, 145 in Mount Isa, 136 in Cairns, 103 in Roebourne (WA), 100 in West Pilbara (WA), 79 in Exmouth (WA) and 47 in Weipa (Qld). Some at least of these are out of reach of most NESB-oriented services normally available in metropolitan locations. Special attention should be paid to the adequacy of language services for such a widely scattered clientele and one which has increased rapidly since 1986.

Apart from the anomalous situation of Filipino women, most other NESB women are to be found in the major cities, especially in industrial suburbs. In Sydney, the local government areas in which over 35% of the population normally use a language other than English include Fairfield, Auburn, Canterbury, Burwood, Ashfield, Marrickville, Botany, Strathfield, Concord and Rockdale. These are well served with Migrant Resource Centres, grant-in-aid workers and other agencies oriented towards NESB clients. Some local councils, such as Fairfield and Canterbury, also provide services which are sensitive to an NESB clientele, although others, such as Auburn, do not. In Melbourne, concentrations of NESB are, likewise, fairly well served. Areas where more than 35% of the population normally use a language other than English at home include Sunshine, Keilor, Whittlesea, Brunswick, Coburg, Northcote, Richmond, Oakleigh, Fitzroy, Collingwood, Melbourne City, Altona, Broadmeadows and Preston. Councils such as Northcote and Brunswick are well-known for their responsiveness to an NESB clientele. In other cities, concentrations are less dense and numerous. In Adelaide, only two small

municipalities, Hindmarsh and Thebarton, have a concentration of more than 35% of the population using non-English languages. In Perth, there is no similar municipality. In Brisbane there are two comparable concentrations, around Darra and West End, but these do not form the basis of distinct local governments (Jupp and McRobbie, 1989).

For the large number of NESB women who live in these areas of ethnic concentration, there is good availability of services, although they are not necessarily perfect. There is also, of course, considerable pressure upon such services because of the large numbers of potential clients involved. Most of the areas of NESB concentration are also attracting new arrivals, who may require services based on new languages. Thus the concentrations of Vietnamese, Chinese and Khmer in areas like Richmond and Springvale in Melbourne or Fairfield and Marrickville in Sydney, are moving into areas where services were originally developed in response to Southern European needs. Any allocation of funds for language services must take into account that the potential need is highly concentrated and is mainly in Sydney and Melbourne. However, some more middle-class migrants, such as Koreans, Tamils or Iranians have moved to areas which have not been responsive to NESB clients to the same degree as the more traditional areas of immigrant settlement.

The more intractable problem of reaching relatively isolated NESB women is of importance to Filipino women, who fortunately often have a high level of English competence. Other rural and provincial birthplace groups of significance included (1986 total for males and females of over 150):

**Italian-born:** Griffith (2195), Lismore (378), Leeton (372), Broken Hill (173), Coff's Harbour (168), Orange (151); Mildura Shire (773), Rodney Shire (583), Wangaratta (482), Myrteford (398), Swan Hill (393), Cobram (341), Mildura City (294), Oxley Shire (238), Traralgon (209), Wonthaggi (198), Narracan (190); Hinchinbrook Shire (1176), Maroochy (1038), Burdekin (890), Johnstone (717), Mulgrave Shire (564), Stanthorpe (532), Atherton (255), Cardwell (207), Bundaberg (187), Mackay (168); Mt Gambier (283), Pt Pirie (249), Whyalla (223), Murray Bridge (190); Bunbury (473), Geraldton (222), Manjimup (176), Albany (169); Northern Territory (1301).

**Greek-born:** Mildura City & Shire (249); Renmark (316), Coober Pedy (169), Berri (156), Barmera (154), Whyalla (152); Northern Territory (744).

**Yugoslavia-born:** Albury (212); Wodonga (409), Mildura Shire (179); Maroochy (167), Cairns (156); Whyalla (284), Port Lincoln (179), Coober Pedy (167); Port Hedland (239), East Pilbara (224), Roebourne (218), Carnarvon (154); Northern Territory (329).

**Poland-born:** Maitland (215); Moe (160); Bunbury (152).

**Vietnam-born:** Northern Territory (148).

Source: *Birthplace, Language, Religion: 1971-86*.

There are identifiable groups of NESB origin people living in a wide variety of small provincial or remote centres. The great majority of these are from Italy. Most of their communities are ageing and declining, although they may

contain significant numbers of women with poor English, as a survey of North Queensland suggested in 1984 (Smith *et al.*, 1985). Most such communities are balanced between males and females, with the exception of Coober Pedy and some of the Pilbara mining locations. There are arguments for basing some women interpreters in such regional locations, particularly in the Pilbara, the Murray and Murrumbidgee irrigation areas and north Queensland. The most useful allocation of resources would probably combine the work of interpreting with that of a grant-in-aid or community development worker. The long established Italian communities undoubtedly worked out communication strategies of their own some years ago. As they age, however, they are likely to make more demands on public services which would best be handled through professionally qualified interpreters. This might frequently have to be handled through TIS rather than on-site. It is particularly important to ensure that public services in such rural and remote areas are fully aware of the interpreting services to which they have access, and the use of translated information which will normally be produced in the metropolitan centres.

**30. Council recommends that familiarity with TIS should be built into remote area services provided by Governments and the rate of remote area usage should be monitored centrally on a regional and gender basis by TIS.**

## Women as providers of interpreting and translating services

As women require or prefer women interpreters, it is obviously necessary that enough such interpreters be available. This is particularly important for languages such as Arabic or Turkish where it must be assumed that religious factors underpin any preference for dealing through women only. In general, those interpreters or translators accredited by NAATI have a female preponderance but this varies between language groups. No available figures exist for others who are not NAATI accredited. NAATI accreditation does not guarantee that a person is actively engaged in interpreting and translating among immigrant communities. Indeed, the large numbers accredited at relatively high levels in French or German suggest that many language teachers are acquiring NAATI accreditation as part of their professional development rather than because they intend actively to become interpreters. Moreover, for on-site interpreting it is highly desirable for a female interpreter to be available within reasonable geographical distance. Thus it is necessary to analyse NAATI data in terms of the number of females accredited, the languages in which they are accredited and the areas in which they live. NAATI does not officially distinguish between males and females in its published listings, but most are distinguishable by 'Mr', 'Mrs', 'Miss' or 'Ms'. Others, such as

'doctors', 'reverends' or other titles can be assumed to be predominantly male but are separately listed here. The level of doctorates is particularly high among Central and East Europeans and most of these are men.

It would be desirable if NAATI could clearly indicate which interpreters are male and which female and attempt to show whether they are actively employed in their profession.

**24. Council recommends that NAATI report in its Annual Report on the numbers of interpreters and translators accredited at each level, their gender and language groups, and on specialist accreditation in areas of central concern such as law and health.**

The following Tables indicate the numbers of women accredited interpreters and translators by language and by region, together with an indication of the availability of women interpreters in minority languages.

Table 7 suggests that the apparent female majority among accredited interpreters and translators at or above NAATI level 3 is partly explained by the large component fluent in French and German, rather than by female majorities in most 'community languages'. While some interpreting may well be needed in French and German, it is unlikely to be central to the needs of NESB women. Of concern is the deficit of women among some major language groups, especially Arabic, Maltese, Turkish and Vietnamese. As Arabic and Turkish are the two most important languages of Islamic

**Table 7**

**NAATI accredited interpreters/translators by language, gender and level; 1990-91. (\* Females over 50%).**

Language	Male	Female	Dr's, etc.
<b>Level Five:</b>			
French*	-	3	-
German*	-	2	-
Spanish*	-	3	-
<b>TOTAL*</b>	-	<b>8</b>	-
<b>Level Four:</b>			
Afrikaans*	-	1	-
Arabic	5	-	1
Cantonese	1	-	-
Dutch*	-	1	-
Farsi(Persian)	1	-	-
French*	5	11	2
German*	4	13	1
Greek	1	1	-
Italian	5	5	3
Japanese*	2	5	1
Mandarin	5	3	-
Russian*	-	2	-
Spanish*	3	10	-
<b>TOTAL*</b>	<b>37</b>	<b>52</b>	<b>8</b>
<b>Level Three:</b>			
Arabic	58	21	2
Bulgarian	1	-	1
Cantonese*	22	32	1
Croatian*	31	41	2
Czech	3	5	2
Dutch	8	9	4
Farsi (Persian)	13	9	3
French*	45	111	12
German*	84	136	13
Greek	74	65	-
Hungarian	12	7	7
Indonesian	15	12	6
Italian*	85	148	15
Japanese*	18	44	4
Khmer	4	-	-
Korean	21	11	2
Lao*	3	5	-
Macedonian	14	15	1
Malay	4	1	3
Maltese	13	1	1
Mandarin	93	73	8
Polish*	37	58	9
Portuguesc*	12	18	3
Romanian*	9	12	2
Russian	27	22	4
Serbian*	32	49	2
Slovak*	1	3	-
Spanish*	60	140	8
Thai*	7	9	1
Turkish	59	36	-
Ukrainfan	1	-	-
Vietnamese	85	38	7
<b>TOTAL*</b>	<b>951</b>	<b>1131</b>	<b>123</b>
TOTAL less French and German	822	884	98

**Note:** Figures in this Table do not necessarily refer to separate individuals. In some cases, the same person may be accredited in several languages or as both an interpreter and translator.  
Source: calculated from NAATI National Directory 1990-91

women in Australia, their expressed preference for female interpreters is not likely to be transformed into an effective right unless the deficit is met. There seems to be a strong case for actively encouraging women-only classes for those fluent in these languages, although the demand will no doubt be less for Maltese (many of whom are fluent in English) than for the other three (where English proficiency is low).

**11. Council recommends that all tertiary institutions and funding bodies responsible for language services should be aware of the gender imbalance in the numbers of NAATI-registered interpreters and consequently adopt recruitment and training strategies to train sufficient numbers of women interpreters.**

**17. Council recommends that there should be women-only classes in interpreting and translating for women fluent in Arabic, Turkish and Vietnamese, to redress the deficit of women interpreters and translators in these languages.**

What is not revealed by the above table is the fact that in many situations no woman professional interpreter is likely to be available. There were no women accredited to Level 3 in a number of major languages; as indicated in Table 8.

While there may be no significant demand for some of these major languages in areas like Tasmania or the Northern Territory, some gaps are worth noting. The assertion that women 'have a right to a woman interpreter', as argued by the NESB women's health strategy, cannot be effectively implemented on-site while these gaps remain. The problem is, of course, most acute in the lesser States and Territories. It is also acute for the minor languages (or 'rare' languages as NAATI defines them in a listing of 51 which includes Aboriginal groups). Few of these have accredited interpreters or translators at Level 3, while most only have them at the basic language aide Level 1 or as recognised interpreters and translators without NAATI accreditation.

**Table 8**  
Areas without NAATI Level 3 accredited women

	NSW	Vic.	Qld	SA	WA	Tas	NT	ACT
Khmer	x	x	x	x	x	x	x	x
Maltese		x	x	x	x		x	x
Arabic			x	x	x	x	x	x
Thai			x	x	x	x	x	
Hungarian			x		x	x	x	x
Korean		x	x	x			x	x
Indonesian				x		x		x
Farsi		x					x	
Cantonese						x	x	
Greek					x			

In Australia as a whole there were accredited women, usually at the lowest level, or recognised only, in the following languages listed in Table 9.

**Table 9**  
**Accredited women at Levels 1 or 2 or Recognised**

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**European languages:**

Albanian 1, Armenian 4, Finnish 2, Slovene 2, Yiddish 2.

**Middle East languages:**

Assyrian 1, Hebrew 3

**Southeast Asian languages:**

Burmese 2, Cebuano 1, Tetum 1, Filipino/Tagalog 13

**Indian languages:**

Dari 1, Hindi 2, Punjabi 2, Tamil 4, Urdu 1

**Chinese languages:**

Hakka 3, Hokkien 1, Teo Chiew 1

**Other languages:** Tongan 1

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Languages in which there is a deficit of qualified or recognised women include: Assyrian (1 out of 11) and Urdu (1 out of 8).

Languages which had qualified or recognised men but no women include: Estonian, Hakka, Konkani, Latvian, Pushto. There appears to be a severe shortage of women interpreters for the languages of Islamic Afghanistan and Pakistan. In contrast, the great majority of those fluent in Filipino/Tagalog and Cebuano are women.

These figures suggest that there is a long way to go before all NESB women can exercise a 'right' to an interpreter

except through TIS. While some interpreting may be done competently and professionally by those at Level 1 or without formal NAATI accreditation, this is likely to be less satisfactory in health and law matters than for more general purposes. Because of the need to pass through the NAATI levels, the longer-established European languages are well represented at Level 3 and above, while the newer Asian or other minor languages are concentrated at Levels 1 and 2 or the basic level of recognition. The NAATI accreditation levels are currently under review. However, at present NAATI describes these levels as follows:

**Recognition** does not have equivalent status with accreditation, nor does it specify a level of proficiency since it does not involve any form of assessment... Recognition is now granted only in rare languages for which NAATI is unlikely to offer accreditation tests.

**Level 1** is an elementary level. At this level persons are accredited NOT as interpreters and translators but as 'language aides'. This level is appropriate for persons who are capable of using a minimal knowledge of a language for the purpose of simple communication. This capacity may be a useful adjunct in performing their principal duties.

**Level 2** represents a level of ability for the ordinary purposes of general business, conversation, reading and writing. This level is generally suitable for those who use a second language as an important part of their principal duties.

**Level 3** is the first professional level for those who undertake the general

purpose tasks of interpreting and translating in a wide range of subjects.

**Level 4** is the advanced professional level for specialist translating and interpreting. Interpreters working at this level are expected to be capable of both simultaneous and consecutive interpreting at meetings and conferences.

**Level 5** is only attained by a select group of interpreters and translators who have proven extensive experience and demonstrated leadership in the field.

There is a substantial concentration in the 'newer' languages at these lower levels and a high proportion of women. At Level 2 there were 36 women qualified in Arabic in New South Wales, as against 65 men, but 61 women quali-

fied in Cantonese as against only 29 men. In Victoria there were 20 women qualified at Level 2 in Khmer, compared with 21 men and eight in Lao compared with six men. In Turkish there were 44 qualified women in Victoria and 39 men, while in New South Wales there were 30 women and 33 men. For Vietnamese at Level 2, the New South Wales figures were 51 women to 56 men while for Victoria they were 49 women to 61 men. Thus while there are still male imbalances in Arabic and Vietnamese, the overall picture at this lower level is more encouraging than for Level 3 and above. It seems highly desirable that women qualified at Level 2 should be encouraged to continue their studies as a necessary contribution to filling existing gaps for women interpreters for new arrivals from Asia and the Middle East who do not use European languages.

## Chapter 3

# Provision of language services

## Consultations for this report

### Focussed discussion groups

Discussions with groups of women who were potential or established users of interpreter and translator services were held in Melbourne, Sydney and North Queensland. Full reports on these focussed discussion groups appear in Appendix 2, and a summary of issues and problems raised appears below. It should be noted that while the consultants made every effort to discover whether services referred to were Commonwealth, State, or private, in some cases the women themselves were uncertain about the affiliation of the interpreters they used. In the following reports of consultations, comments relate to accredited interpreters unless otherwise stated. In addition, the women's perceptions of their rights in relation to language services may not have been correct. As a result, it is almost certain that in some cases complaints were wrongly ascribed to particular organisations.

### Availability of services

There are difficulties in obtaining help in newer and minor languages. Most respondents knew of TIS and many had used it. However, some found the system slow and complicated, espe-

cially where prior appointments were needed. It was not always appropriate for health purposes as there could be a long waiting period for appointments in minor languages. Interpreters were not usually available at night. Interpreters were not often available for dealing with schools, unless there was a large number of children from a particular language background when teacher's aides might be available. The elderly often needed interpreters. There were frequent delays in translating important documents, sometimes for as long as four months. Knowledge of language services was inadequate in remote areas.

### Specialist interpreting

The lack of trained health interpreters in some languages could lead to serious errors. In general, the public hospital system was more responsive than private practitioners. It was felt that specialist handbooks could be prepared for medical terminology. Specialist interpreting was particularly important in medical and legal cases.

### Use of unregistered or unqualified people

Many women used children or relatives as interpreters and some were reluctant to use professionals for fear of lack of confidentiality. The use of children was not always appropriate and, in some language groups, children were not effectively bilingual. It was noted that grant-in-aid workers

were frequently used rather than professionals. Many agencies preferred grant-in-aid workers, as they did not charge for their services. This was particularly true of the Queensland police, especially in domestic violence situations. In remoter areas it was common to use unqualified people without payment.

### ***Need for female interpreters***

Female interpreters were essential in health matters. It was desirable to have women doctors from the relevant language background if possible. Many legal matters, particularly relating to family law, were best discussed through a female interpreter.

### ***Standards and ethics***

Some court interpreters intervened unduly in proceedings, rather than simply interpreting between client, lawyers and judges. Privately engaged legal interpreters often charged high fees. Lack of punctuality was a problem with interpreters, as was availability outside normal working hours. Lack of confidentiality was also a problem, especially in smaller communities. Translating standards were often poor, leading to mistakes in official documents such as birth certificates.

### ***Barriers to obtaining interpreting qualifications***

Poor English or lack of general education were seen as obstacles to gaining qualifications. Some felt that providing

better English classes would solve many problems, especially for the elderly. For some women, the absence of single-sex classes was a barrier for religious reasons. Family responsibilities prevented many women from enrolling in courses. Most respondents felt that interpreting and translating were honourable and desirable professions but that they did not have the time or the capacity to undertake intensive training.

### ***Discussions with service providers and relevant organisations***

Consultations were carried out with a wide range of service providers, professionals, ethnic and women's organisations and relevant government advisors in a number of States. Both agencies which used and agencies which provided language services were included in consultations, in most cases at the same meetings. Many issues were raised in discussions, including those which had also been raised by the target group consultations. These included issues of interpreter and translator competence, ethics and training, availability of services, including the use of unqualified or unregistered people, the need for training of professionals, the effect of cost recovery or 'user pays', and the proposed language services organisation. Each of these broad headings is dealt with in more detail below.

### **Competence, ethics and training**

In general, most service providers and organisations considered that the competence and ethics of interpreters were of a good standard, although the need for specialist knowledge in the medical, legal and domestic violence areas was strongly stressed in all discussions. It was felt that in some cases the use of unqualified or unregistered people or indeed relations with language skills in these areas was necessary because of their trusted status or relevant experience, but that these people were often least able to cope with the specialist terminology required. However, in other cases, the ethics and competence of interpreters were considered to have been of an inadequate standard. Cases which were raised in relation to this included problems of insufficient confidentiality and inadequate knowledge of legal and medical terms which had in some cases extremely bad consequences for the clients. While some service providers felt that these problems could only be overcome by more appropriate training, others questioned the need for greater 'professional neutrality' and saw a need for the recognition of the place of unqualified or unregistered people with specialist knowledge of and a commitment to women's issues and services. The need for codes of ethics and training to include proper mention of women's issues, in particular the recognition of situations in which a woman interpreter should be provided if at all possible, was stressed by many of those consulted, and it was felt that such codes should be developed with wide community consultation.

**18. Council recommends that Ministers for Ethnic Affairs agree to a national uniform code of ethics for interpreters and translators.**

**19. Council considers that all interpreters and translators should be registered members of a national professional body which subscribes to the national code of ethics.**

In relation to training, many of those consulted believed that insufficient priority was given to encouraging women to undertake training. This was especially so for those from newly arrived groups. The needs of women with limited English or education were not considered to be sufficiently addressed, nor were the needs of country and otherwise isolated women. Again, the need for specialist terminology for both registered and unregistered interpreters was stressed in relation to training, as was the need for adequate coverage of issues of ethics and confidentiality. In addition, it was felt that there were inadequate incentives for interpreters to upgrade their skill level, especially as many qualified interpreters were unable to obtain full-time employment. Some of those consulted felt that priority in employment should be given to those speaking newer languages, even if they were not able to be accredited at Level 3.

### **Availability of services**

In relation to availability of interpreting services, many service providers were deeply dissatisfied with current services. The most commonly mentioned problems included getting interpreters in newer languages, obtaining women interpreters, accessing out-of-hours

services, and getting the same interpreter consistently throughout a case. Translation services were seen as taking an inordinately long time, especially in relatively simple cases, and mistakes were said to be fairly common. Again, obtaining translations in the newer languages was said to be particularly difficult. Crisis service workers strongly stressed the need for greater availability of women interpreters, especially outside regular working hours. The lack of three-way telephones in hospitals, police stations, crisis services and other key points was also raised as an issue which needed addressing.

### ***Use of unqualified people***

The reliance of service providers and professionals on unqualified people, particularly out-of-hours, was raised by those consulted on many occasions, with the majority considering them adequate in skills and often more reliable, available and committed to the client. As mentioned above, it was felt that specialist and upgrading training should be available to these people where appropriate, as the majority of these were women, often with many other responsibilities either at their normal workplace or in the home, or both. It was felt that such reliance was inevitable, especially in rural areas, and that proper recognition of the role and training and support needs of unqualified people was necessary.

It was stressed, however, that using family members had many problems, for both client and service provider, and that the overriding principle should be that the client should be able to reject an unacceptable inter-

preter and to make a choice based on knowledge of the availability of services. It was also felt by many that intolerable burdens were often placed on women workers in welfare or refuge services, forcing them to act as interpreters despite the fact that this could undermine their relations with sections of their community. The special burdens of having to deal with situations for which they were not trained, or even emotionally supported, such as torture or psychiatric-related matters, were strongly stressed.

### ***Training of professionals***

It was stressed at all meetings with service providers and other organisations that considerably more effort needs to be put into training professionals in using interpreter and translator services. While it was acknowledged that some professionals had undertaken such training, it was felt that difficulties still arose from lack of cross-cultural understanding, cultural insensitivity or lack of experience to support such training. The particular needs of police were stressed in a number of discussions, as were the needs of legal and health professionals. It was also felt that many 'counter' officers in government departments were unfamiliar with the range of interpreter services available, and did not know how to use them effectively. It was felt by some that relying on unqualified or unregistered people was an outcome of this lack of experience. The need to educate such professionals on the special needs of women clients was also stressed, with lack of sensitivity to gender issues and cultural differences in women's roles cited as being widespread among professionals of all types.

**34. Council considers that both initial training courses and refresher courses for professionals providing services to NESB clients should include compulsory units in how to work with interpreters and translators.**

**36. Council considers that the Acts in Victoria and Tasmania requiring police to use interpreters, especially in cases involving domestic violence, set an example which should be adopted in all States and Territories.**

### *The effects of cost recovery*

Understanding of the spirit and practice of cost recovery varied considerably among those consulted. While it was generally understood that the person of NESB should not be personally responsible for payment, there was considerable confusion about which agency was likely to be responsible. In many cases, agency representatives were worried by their inability to use interpreting services as much as they felt was necessary, because their budgets were unlikely to cover such use. It was felt that many services were thereby suffering effective cutbacks in services, especially in relation to services for newly arrived groups and those who were not in the initial stage of settlement. A considerable increase in reliance on unqualified or unregistered people was seen as a direct outcome of cost recovery. It should be noted, however, that in principle cost recovery was seen as an inevitable although undesirable development in an Australia-wide atmosphere of restraint and 'sharing the burden'. Some State government representatives were concerned at the possible effects on

smaller States of the Commonwealth's commitment to cost recovery, and were strongly of the view that providing specialist language services should be viewed as a settlement service and therefore a Commonwealth responsibility.

### *The proposed language services organisation*

The then proposed language services organisation received mixed responses. A majority of those consulted perceived it in a positive light, with a potential outcome of greater service efficiency and choice, while retaining the specialist knowledge of experienced interpreters in a number of fields. The exception was State government representatives, who saw the proposal as a retrograde step, especially in States with established specialist services.

## **Adequacy of services**

### **Existing provision at Commonwealth and State levels**

Existing interpreting and translating services are under continuous review, as are now the structure and functions of NAATI. What is relevant to this inquiry is the extent to which services are likely to reach NESB women effectively. The available literature suggests that this has never been evaluated in such terms, nor is it clear that the present negotiations and evaluations take into account the probability that those women needing the services

most are the least likely to know about them. The major consultancy commissioned by the Language Services Task Force through the Bureau of Immigration Research in 1990-91 (unpublished) does not distinguish between men and women in its questionnaire responses. Most debate on language services in the bureaucratic arena is focussed on costs and eliminating duplication, rather than on client needs. However, it is obviously desirable that available funds and services should be used as efficiently as possible. There is little point in advocating the 'right' of all women to appropriate interpreting or translating of 'all' relevant material, if funds are being wasted or misapplied. At the same time, it is important to understand the issues surrounding the cost recovery approach, as NESB women are among those least likely to be able to afford charges for interpreting and translating services, while public and private service provision agencies are currently faced with restricted or declining funds.

Language services in Australia originated at the Commonwealth level when part-time interpreters in post-War displaced persons camps were employed. These were drawn from the camp inmates who enjoyed some small privileges and payments but did not constitute a salaried or professional workforce. Such a workforce was not developed until the institutionalisation of the Bilingual Information Officer system within DILGEA in 1979 in response to the Galbally Report of the previous year. These officers (29 full-time and 68 part-time in 1986) have among their duties 'information provision, bilingual assistance to teachers within the AMEP, interpreting and

translating, development of material and clerical duties' (Jupp, 1986: 440). These officers were of most value while a system of hostels or migrant centres was in place. As this system winds down their functions are no longer as significant. It is unlikely that the system will be expanded.

At the centre of DILGEA's language services is the former Telephone Interpreter Service, now renamed the Translating and Interpreting Service (TIS) following the amalgamation of DILGEA's translating and interpreting services. Its official aims were 'to provide interpreting over the telephone to persons with English language difficulties in situations where their access to services is involved and to the providers of those services (excluding commercial and social situations). Where telephone interpreting is impractical on-site interpreters can be arranged. In addition, TIS provides a multilingual information and referral service' (Jupp, 1986: 496). The origins of TIS were of direct relevance to women, as they arose from a voluntary response to the death of a woman who was unable to seek help because she could not speak English. This led the then Liberal Government to institute the system in 1972. This origin in a medical crisis continues to be relevant, with medical issues being the largest single item of inquiry throughout the history of the service. TIS is a remarkable organisational achievement by world standards and is of particular importance to isolated or house-bound women. As a general principle, the service cost is limited to a local call charge since the introduction of a 008 number. However, the principle that agencies using TIS as part of their normal language service should pay

the Commonwealth, has now been introduced. This applies especially to State services such as hospitals or police in States without their own language services.

**4. Council considers that the provision of all languages Australia-wide through TIS 24 hours a day on 008 numbers is a bare minimum standard of service to be achieved and that the principle that no charge to individual callers from the public should be made for TIS other than a local charge should be maintained.**

The other significant DILGEA service was provided through Translation Units, which were closely associated with TIS and have now been amalgamated into the new Translating and Interpreting Service. These were formally established in 1959, although translations of relevant documents had been provided on an unorganised basis since 1947. From 1959 the service undertook to translate all documents relevant to settlement, while in 1963 this was extended to provide translating services for all Commonwealth departments. The principle that settlement-related documents should be translated free has been maintained, but fees are charged for all other translations and they are paid by either the user or the agency.

DILGEA's own assessment of its role in language services is contained in its Access and Equity statements of 1987-90 and 1991-94 (OMA, 1991). 'Barriers' noted in the 1987 plan were 'the poor quality of information material' and 'the limited availability of information material in languages other than English'. It aimed to 'implement a Language Service Policy for better

communication with clients'. Among interpreter and translation service initiatives which DILGEA claimed had been implemented by 1990 were the increased use of on-site interpreting, greater publicity for TIS, the introduction of dual handsets in DILGEA offices and the introduction of more cost-effective word processing units for translation.

A requirement that senior officers identify interpreting and translation priorities in the estimates process was not implemented. Commenced but not fully implemented initiatives included training interpreting staff in departmental policy and procedures, and educating staff in the recognition of communication difficulties and the use of interpreters. There was no specific mention of women and language services, although the statement noted that identifying 'priority target groups which may be particularly disadvantaged and require more specialised attention (such as recently arrived groups)' is to be implemented through settlement plans which 'are either complete or at an advanced stage'.

For the future, DILGEA spelled out further initiatives for the period ending in 1994. Some of these repeated goals set in 1987 but carried over into the new period. Responses to the Minister's round of consultations in 1991 revealed some relevant problems requiring solution. These included:

- DILGEA staff do not use TIS or bilingual staff as often as they might;
- jargon is still used in place of plain English in information material;

- information is not translated into an adequate number of languages;
- information is often outdated by the time it is translated;
- there is a lack of information about the preferred language of clients, which is often assumed to be basic English;
- 'it has become clear that communication is a major barrier in providing quality services for clients'.
- community languages in rural and isolated areas;
- implement the Department's *Women's Issues Plan* ;
- provide training on working with interpreters to other agencies and to final year university students in medicine and law faculties;
- program managers to identify interpreting and translating priorities in budget estimates. (OMA, 1991)

Among strategies proposed for 1991-94 are:

- review and produce an annual report on the Language Services Policy;
- commission a survey on perceptions by female clients of barriers to DILGEA's services;
- collect client data at the counter on service required, ethnicity, language and gender;
- measure the effectiveness of TIS/Translations service;
- maintain a national register of current staff language skills;
- develop a plain English policy for the Department;
- design and display posters advertising TIS at DILGEA counters;
- train interpreting staff in Departmental policy and procedures;
- use computer and other technology to deliver information sessions in

Employing interpreters and translators through TIS and the Translation Units, put DILGEA at the centre of official language services. Other services were provided by private agencies, such as the banks, from the mid 1950s. Private services now almost invariably charge fees at commercial rates. The role of the States in providing language services was limited prior to the cost-sharing program of 1979. Bilingual teacher aides were used in schools in the major areas of immigrant settlement but many State agencies simply used Commonwealth facilities such as TIS. Following the Galbally Report of 1978 and its evaluation by AIMA in 1982, the Commonwealth agreed to match State expenditures on a three-year basis, with a view to their development of effective language services. This was a reducing commitment with the objective of encouraging and assisting States (including the Northern Territory) 'to set up their own language services in areas of prime State responsibility'. In 1989 the Commonwealth announced that it intended to withdraw from the cost-sharing arrangements over a four-year period. The program summary for 1986 stated

that 'implicitly, the program extends only to those State responsibilities involving delivery of human services to immigrants. As the program has developed, funding has largely been directed to services in the areas of health, justice and general settlement and welfare. Funding has been refused for proposals not directed to permanent residents (e.g., tourism) and for proposals involving language services for employees of State authorities' (Jupp, 1986: 503).

The other area of Commonwealth-State co-operation and joint funding is the support for NAATI. NAATI was established in 1977 and was reorganised as an independent body (now a public company) in 1983. It is jointly funded by the Commonwealth and States and Territories, who are represented on its management. NAATI also receives examination fees for its accreditation function. The aims of NAATI are 'to establish professional standards for interpreters and translators, to develop the means by which practitioners can be accredited at various levels, and to develop and implement a national system of registration and licensing' (NAATI, 1990: i). The largest single contribution to NAATI comes from the budget of DILGEA (\$318 000 in 1989-90). Its headquarters are located in Canberra but not within the DILGEA offices.

This Commonwealth input into language services follows from the exercise of Commonwealth power over immigration and is centred on DILGEA. However, other Commonwealth agencies now have an interest in this area. The DSS has developed a network of interpreting, translating and telephone information services.

The DSS Multilingual Telephone Information service uses sixteen major languages (Arabic, Chinese, Croatian, Filipino, Greek, Italian, Khmer, Macedonian, Maltese, Polish, Portuguese, Serbian, Spanish, Tetum, Turkish and Vietnamese) with TIS acting as a supplement for less commonly used languages. Direct service is provided through DSS offices in New South Wales, Victoria, South Australia and Queensland, while elsewhere DILGEA, or private agencies, are used. In New South Wales and the ACT, 29 DSS regional offices provide on-site interpreter services in 18 languages additional to the telephone provision in Cantonese, Korean, Lao and Russian on a rostered basis, although only Vietnamese is available in Canberra. The DSS spent about \$3m on this service in 1989-90 and demand for it is expanding steadily. As with other similar services, most employees are on part-time contracts. More recently the DHHCS has launched a communication strategy to reach its clients. Both DSS and DHHCS have a large female clientele.

The other Commonwealth Department of relevance to the provision of language services is DEET through its carriage of the Australian Language and Literacy Policy (ALLP). This superseded the National Policy on Languages (NPL). The autonomous National Languages Institute of Australia was set up in Melbourne under the NPL, and after the ALLP was released by the Government in September 1991 it became the National Languages and Literacy Institute of Australia (NLLIA), reflecting its enhanced funding and broader brief. In June 1991 the then National Languages Institute of Australia conducted a discussion seminar

on 'Interpreting, Translating and Language Policy' in accordance with the NPL principle requiring 'equitable and widespread language services'. While the Institute does not provide language services, it must be considered as a possible participant in any reorganisation of services. It claims that 'interpreting and translating is an important resource in a multicultural society and the development of the profession is an important issue for both the NLLIA and Australian policy in general' (*NLLIA Newsletter*, September 1991).

Four Commonwealth Departments are involved, in varying degrees, in language services either directly or through autonomous agencies such as NAATI or the NLLIA. There is more variety at the State level. The Commonwealth Task Force on Language Services estimates that there are nine distinct language services operating in the public sector in Australia. In New South Wales, the Language Services Division of the Ethnic Affairs Commission employs 18 full-time and 400 contracted interpreting and translating staff at a cost of \$3m in 1989-90. This operates a translation service on a 'user pays' basis. The NSW Health Translation Service was established in 1980 and claims to be 'the only one of its kind in Australia'. It has printed and distributed over three million leaflets and provides more than 300 translated publications, including pamphlets on women's health, children's health and information on school screening. Translations are in 17 languages (including Armenian and Portuguese) and some publications are also available in Indonesian, Japanese, Korean, Filipino, Thai and Tongan. The service cost \$5m in 1989-90.

In Victoria, the Office of Ethnic Affairs Language Services consists of General, Legal, Education and Health Interpreting Services and a Translation Service. These services are now consolidated and cost about \$4.5m altogether in 1989-90. The General Interpreting Service was established in 1989 and covers 63 languages. A major client is Community Services Victoria, especially in the areas of maternal and child care. The Legal Interpreting Service is mainly used by the Legal Aid Commission, Victoria Police and Attorney General's. Demand has expanded since 1989 under the Crimes (Family Violence) Act (*VEAC Annual Report 1990*).

The *Ethnic Policies and Programmes Analysis* report, issued by the Victorian Government in June 1991, identifies the range of interpreting and translating services used by many departments. These include translated publications from such areas as Planning and Housing, Health, Labour, Agriculture, Education, Arts, Attorney General, Community Services and Conservation and Environment. Interpreters were provided through Health, Labour, Consumer Affairs, Corrections, Education, Attorney General and Community Services.

In other States, services are less developed and there is less demand. The largest commitment is in South Australia through the Office of Multicultural and Ethnic Affairs. The Office spent \$1.7m on language services in 1989-90 but is self-funding through cost recovery. In Queensland, the new Bureau of Ethnic Affairs provides for translation only. Queensland has never seriously developed

language services in the past and its public hospital system has been a major user of TIS. The ACT has a Migrant Service Unit within its Department of Health, as does Western Australia. The ACT health interpreting unit is supported by the Commonwealth DHHS. Plans for a centralised interpreting and translating service developed in Western Australia in 1985 do not seem to have come to fruition. In the Northern Territory there is an Interpreting and Translation Service (NTITS) which operates mainly within the education system. There are no State language services in Tasmania.

In addition to the services outlined above, many Commonwealth, State and local government agencies translate information material on a spasmodic basis to meet particular needs or in response to policy initiatives or occasional funding. In the ACT, for example, pamphlets on supported accommodation, including women's refuges, were translated into eight languages in 1990 after trialling with the service providers and communities concerned. In New South Wales, the Women's Coordination Unit of the Premier's Department has, since 1984, published translated information on domestic violence and, in 1986, on women and tranquillisers.

The complexity and unevenness of provision had prompted the Commonwealth initiative in proposing a national language services organisation. A similar proposal came from Victoria in 1986 under which 'the State would provide all on-site interpreting services for State and local government and voluntary community service organisations, translate publicity material for State and local governments, and

possibly provide translation services to Commonwealth departments. The Federal Government would provide all telephone interpreting and information, liaise with the State on the provision of on-site interpreters in areas covered by the State, provide an after-hours booking service through TIS, and translate immigrants' documents' (Jupp, 1986: 248). This proposal was not implemented, nor would it have been applicable in most other States without their agreement to a greatly expanded role and expenditure.

The Commonwealth proposals were put to the States but gained inadequate support to achieve implementation. A consultancy with Peat Marwick was completed and recommendations based on its unpublished report was developed. The basic Commonwealth argument was that 'variety has created service gaps, overloads and duplication of administrative costs'. This has confused the clientele and encouraged wasteful competition between agencies in the use of interpreters and translators. The Commonwealth suggested three possible models:

- continuing present arrangements but setting national standards, rates, research and promotion through an autonomous agency;
- setting up a joint Commonwealth-States organisation for delivering services either through a distinct agency or through resource agreements;
- creating tied grants to the States who would retain control over service delivery on the existing model of AMEP.

The advantages seen by the Commonwealth include ending wasteful duplication and competition, creating a computer booking service, creating flexibility in providing accredited or specialist interpreters, improving career opportunities and variety, using national resources, diversifying into other and commercial language services, and upgrading the language services profession. It suggested that payments from some clients could cross-subsidise services to others.

Some of the respondents were perfectly satisfied with the services available, especially in hospitals in Melbourne and Sydney. There is no doubt that the adequacy of language service provision is at a much higher level than when many migrants were arriving in the 1950s and 1960s. The major problems today are likely to be faced by those living away from the two major metropolises and those from newly developing language groups. One advantage of the better established communities (which are mainly from Europe but include the Cantonese-speaking Chinese) is that they have second and later generations who are often perfectly bilingual. In some cases, these have entered the professions, especially in the larger cities. Many are service providers or are involved in voluntary ethnic-specific or MRC work. There is clearly a growing reserve of people who, although not necessarily trained interpreters and translators, can fill many of the gaps in an emergency. Thus, while the numbers of non-English-speakers are still concentrated among the middle-aged and elderly from Europe, the basic problem of effecting any communication at all may be borne by others. Here again, there are many well-educated and

bilingual migrants arriving from Asia and Africa. The TIS figures suggest that some new groups, most notably from Indochina and Latin America, have more severe language problems than others. There may well be quite enough bilingual speakers of Indian or Filipino languages already in the professions in Australia. Equally, there may be insufficient Vietnamese, Arabic, Turkish or Spanish speakers. Respondents' complaints about services must always take into account that while the general services may be adequate, the language-specific services may not be. Data on service provision is often of little use unless it includes details of language spoken and proficiency in English.

## Access to information about services

Ever since the beginning of NESB mass migration in 1947, Australian authorities have been concerned with communicating information about services, rights and responsibilities. There is a wide variety of information now available, much of it translated. One of the important functions of migrant resource centres and ethnic-specific grant-in-aid workers is to distribute this information and most of their offices have a range of materials. The details of TIS are printed at the front of telephone books in 23 languages (English, Arabic, Chinese, Croatian, Czech, Greek, Hungarian, Indonesian, Italian, Khmer, Korean, Lao, Macedonian, Farsi, Polish, Portuguese, Romanian, Serbian, Spanish, Tagalog, Thai, Turkish and Vietnamese

in 1990). The only major languages used in TIS which were not included in 1990 were Japanese and Russian. Yet, in one of the consultations undertaken for this report (with Arabic-speaking women), there were still several who did not know that TIS existed. It is not known whether using translated leaflets has been evaluated recently, nor exactly how the languages used are arrived at. Most information about services still seems to be gathered by word of mouth within community networks and is not necessarily reliable. An advertising campaign has recently been conducted by the DSS on SBS television in major languages.

**42. Council recommends that the use of translated leaflets to communicate information on Government services, rights and responsibilities should be evaluated, including the range of languages used.**

There are several major problems in providing information about service availability. There is a multiplicity of services at the Commonwealth, State and often local government level, apart from those provided by private agencies which receive some public funds. Much of the language of officialdom is opaque and does not translate well. Administrative changes are frequent, so that printed material quickly becomes out-of-date. These problems are probably more acute than the often-quoted remark that some migrants are illiterate in their own languages and cannot read printed material. It is unlikely that this is often the case for recent arrivals, except for some refugee groups and some family reunion migrants.

By far the best agency for spreading

information in languages other than English has been community-based radio programs. These are particularly important for small language groups of recent arrival (Jupp *et al.*, 1991). There are few languages spoken by more than 500 women throughout Australia which do not have a radio program somewhere. These are not necessarily accessible to those in remote areas, but they are few. As those listening to such programs are likely to be women and, by definition, understand the language being used, this avenue of information seems important. However, it is desirable that agencies providing extensive interpreting and translating services should repeat the message about their availability and should make a small payment to program organisers for doing so. Such messages, confined to a basic fact and a telephone number, should feature in all publicly-funded broadcasts in languages other than English.

**43. Council recommends that agencies providing extensive interpreting and translating services should use community-based radio programs to inform the public about the availability of these services, and should consider making a small payment to program organisers for doing so.**

## After-hours service

Many of the consultations stressed the need for after-hours, on-site interpreting. This is particularly essential in medical cases, where the onset of conditions is unpredictable. Domestic violence normally peaks at weekends or in the late evening, often being

related to alcohol intake which also rises at such times. Rape crises also tend to peak at similar times. Many crises affecting women take place at night, at the weekends and around the home. They need personal intervention by an interpreter as it is often impractical to use telephone interpreting in such conditions. TIS is available 24 hours a day by switching from the smaller centres to Sydney and Melbourne. Frequently nothing is readily provided on-site as interpreters are not available or are reluctant to attend. Police or medical workers are the most likely to ring such services at these times, but may be reluctant to do so if a high cost is involved which needs clearance. This is one of several problems created by the principle of 'agency user pays' surveyed below.

As grasp of English is likely to diminish rapidly in such crisis conditions, it is extremely important that the provision of after-hours interpreters should be improved. This would require a rostering system and overtime payments, comparable with those available for police, nurses, fire officers or ambulance drivers. Their terms are all laid down in awards which take into account the likelihood of being called out in crisis situations outside normal working hours. As part of the increasingly professional nature of language services, it is highly desirable that similar award terms, based on the examples given above, should be negotiated. This will not necessarily solve all problems, especially for lesser languages or remote locations. More probably it will ensure that those called to emergencies will be informed about the availability of language services and be able to use them. It would be undesirable for such an

emergency provision to be costed fully to agencies, as this would inhibit its use. It should, more appropriately, be seen in the same light as other emergency services. Without some financial incentive to interpreters, most of whom are on part-time contracts, it is difficult to see how the problem of after-hours service can be tackled. Yet it is essential to provide such service, especially for women.

**26. Council considers that Government should consult with the relevant professional body to develop a national uniform award for interpreters and translators taking into account levels of proficiency, expertise and training and the need to work outside normal hours.**

## **Cost recovery in principle and practice**

The principle of cost recovery has been developed in recent years for many public services which were once supplied free of charge to the user. It has always applied to public utilities such as gas, electricity, water, telephones and public transport. Some services have been subsidised to reduce their cost to all or some consumers, including the widespread Australian practice of supplying subsidised services to remote areas. Supplying subsidised services for medical or welfare purposes has been widespread, especially for the aged and for ex-service persons. Public education was also without direct charge for many years except for some marginal sporting and equipment

fees. Recently, fees have been payable in higher education to be derived from subsequent income or for 'recreational' studies in TAFE or university extension. In language policy, the major services without direct charge to the user have traditionally been teaching English to adult and child migrants, providing translated material on public services, translating documents essential to immigrant settlement, telephone interpreting through TIS, and interpreting in some medical and legal situations. Some free language services (usually interpreting) have been supplied without charge by grant-in-aid or migrant resource centre workers, who are paid from public funds. Other services, such as translating of non-essential texts, have always been charged for.

The cost recovery principle often includes a prohibition on subsidising from public funds or from other activities within the same area (cross-subsidisation). Its upholders argue that services which have no cost are not appreciated nor can they be effectively measured in terms of demand or protected against 'over-servicing' or unnecessary use. On one level, the argument is a moral one, based on the proposition that users should make a choice between alternatives involving some personal cost or sacrifice. At another level, the argument is more pragmatic and centres on the so-called 'fiscal crisis of the state' or the inability to continue providing services indefinitely to those who will not or cannot pay for them. This view is usually supported by economic arguments which hold that the public service sector is not productive and thus detracts from investment in wealth-producing activity.

The principal argument against cost recovery in language services is that the potential user either will not or cannot pay. The potential user will not, therefore, use the service which will be unable to sustain itself on fees and will disappear. This argument does not apply in all cases. For example, if a lawyer or other professional can add interpreting and translating costs to a fee for services which bring profit to the client, there is no particular reason why that should not be done. If, however, the client is unable to use a right to legal service (including language services) because of lack of funds, the legal systems of Australia, through legal aid, recognise that some subsidised assistance is necessary for the exercise of a right to equity before the law. If a client using a public hospital cannot explain the nature of her illness to that hospital, then equity requires that she should be financially assisted to do so by providing an interpreter. If an immigrant cannot speak English on arrival, public policy for over 40 years has accepted that English should be taught to that immigrant free of charge. This is accepted on the same basis as English skills are taught in the public school systems free of charge and for the same reason, namely that economic and social integration in Australia depends largely on being literate in English.

The principle of cost recovery can be implemented on a capacity basis, namely that the user pays if able to do so. This requires an income or asset test, similar to that currently imposed on recipients of unemployment benefit. As the users of language services, by definition, are deficient in English, such a test would require interpreting

or translating at some stage to make it effective in any case. As those deficient in English have high rates of unemployment and relatively low incomes, public policy has generally continued to deny the validity of the cost recovery principle. This is not, however, true for services in New South Wales and South Australia nor need it always remain true at the Commonwealth or any other level.

The most plausible arguments for cost recovery when applied to services which were previously free of direct charge, are:

- that the user can afford to pay — which requires a means or income test;
- that the service is too expensive for government to continue it without payment — which is based on a hierarchy of priorities;
- that the service is not essential and that users should be forced to choose whether they want to use it or not.

All of these approaches involve moral and ideological values which cannot be resolved in the abstract.

There are other relevant arguments, however, which should not be overlooked. These include:

- that governments are committed to principles of access and equity which require language services for their implementation. Thus there is a policy commitment in one area which cannot be implemented without free services in another;
- that social harmony requires that those who cannot use English should be assisted in their dealings

with public agencies to prevent them becoming alienated and hostile to the social and political system:

- that immigrant settlement is posited on universalised intake which necessarily requires language services for many new arrivals;
- that vital medical, self-protection and legal rights cannot be guaranteed without language services;
- that the disadvantaged are assisted from public funds in many respects, and language services are another example of this long-established practice.

Some of these arguments derive from the principle that, in a social democracy, authority has a duty to ensure that all citizens and legal permanent residents must be able to exercise their rights equally with others regardless of gender, class, age, language, race, religion or ethnicity. This is not a view that ideological advocates of cost recovery find convincing, but it has been the basis for much public policy in Australia for most of this century. It is accepted in varying degrees by all current Australian governments.

There is, then, no universally agreed basis on which the principle of cost recovery can be assessed. In practice, it is applied differently in different situations by different authorities. For the purposes of this argument, NESB women with English so deficient as to require intervention, are among the least capable of paying for services of any large section of society other than single parents, the severely disabled and Aborigines. They are strongly represented among the elderly, manual industrial workers, the poorly educated, the unemployed and refugees.

The extension of cost recovery principles would not be in their general interest even if it meant that more funds were available for better services. In the present state of the debate, however, cost recovery is much more likely to be the basis for constricting services within current budgets.

The second basis for cost recovery is what has become known as 'agency user pays'. This is an accounting practice, now widespread throughout the public services, whereby transfers of resources which once went uncosted are now charged on departmental or sectional budgets. This makes it easier to cost such exchanges than was previously the case although it increases the burden of accountability in doing so. Thus, departments will now be charged for published material which they once received as a matter of course, including census information. Agencies which once freely used interpreting and translating services provided through DILGEA will now be charged for such services. DILGEA will thus be able to practise 'cost recovery' and to offset expenditure items by income.

All 'agency user' transfers in the public sector involve, of course, taxpayer-produced revenue, and do not necessarily save any of this. They are justified in terms of greater efficiency through accountability.

There is no serious objection to costing transfers comparable with objections which can legitimately be raised against charging individual users. This is now normal accounting practice in most large-scale organisations. However, some aspects of 'agency user pays' are causing concern and need to be reassessed. There is some confusion about the principle that neither indi-

vidual nor 'community organisations' should be charged for services. Although DILGEA has publicly advertised the fact that no individual will be charged for services which were hitherto free, it is also clear that community-based organisations are not charged. On the other hand, some police forces, most notably in North Queensland, are not sure against whose budget such charges might be drawn. The most serious problem perceived by service deliverers is that agencies previously familiar with free interpreting will be reluctant to add such costs to their budgets and will no longer call on paid professional assistance. The situation could rapidly revert to that of 20 years ago if this reluctance became widespread, with cleaners or clerical staff being brought in to interpret without charge or with relatives or children forced to accompany clients. One central issue which needs to be evaluated (especially by DILGEA but also by those State agencies which make charges) is whether charging agencies for interpreting and translating reduces or distorts demand. Such an evaluation would need to take demand from women centrally into account. In theory, 'agency user pays' obliges service organisations to incorporate language service costs into their normal budgets. In practice, this may not be happening.

**10. Council recommends that DILGEA and other State agencies which levy charges should evaluate whether charging agencies for interpreting and translating services reduces or distorts demand.**

## Chapter 4

# Professional and funding issues

## Professional issues

### Training of interpreters and translators

Interpreters and translators are trained mainly through the TAFE and the former Colleges of Advanced Education systems. Some may already have been trained outside Australia. The availability of training courses in Australia is limited by effective demand, given that most institutions are now unable to gain funding for courses which are seen as 'under-subscribed'. This penalises the lesser and more recently established languages, which are likely to produce few students, and the smaller population centres. As with language learning in general, there is little cohesion or planning across Australia nor is there any agency equipped to implement such planning. The National Language and Literacy Policy white paper of 1991, *Australia's Language*, nominates fourteen priority languages on which Commonwealth support will focus. These are Aboriginal languages, Arabic, Chinese, French, German, Indonesian, Italian, Japanese, Korean, Greek, Russian, Spanish, Thai and Vietnamese. These exclude some of the major languages used in TIS such as Polish, Turkish, Serbian, Croatian and Khmer. The ALLP is already being implemented with the support of the States and Territories. Under this collaborative effort to improve national proficiency in languages other than English, the

Commonwealth will provide to each State and Territory Government, or non-government education system, an annual grant of \$300 for each year 12 student who completed in the preceding school year one of up to eight priority languages identified from the list of fourteen. A ceiling of 25 per cent of year 12 enrolments applies. The State and Territory school systems are free to apply this funding to any language-related activity in their schools. Nevertheless, there is still the risk that institutions will tend to favour those languages seen by the Commonwealth as a priority. Tertiary education feeds into the staffing and recruitment of many interpreting and translating courses. This will make it more difficult than at present to maintain viable courses in many community languages. DEET should take the initiative in providing specific funds to the tertiary and TAFE system to support courses in minor languages and to redress gender imbalance in course enrolments.

**12. Council recommends that DEET should take the initiative in providing specific funds to the tertiary and TAFE system to support courses in minor languages and redress gender imbalance in course enrolments.**

Between 1980 and 1990, NAATI approved a range of interpreting and translating courses and these form the major part of those available (NAATI, 1990). Languages studied included Spanish, Italian, Chinese (Mandarin,

Cantonese, Hakka), Greek, Polish, Macedonian, Arabic, Serbian, Croatian, Turkish, Vietnamese, Khmer, Farsi, Korean, Lao, German, Portuguese, Malay, Tagalog, Indonesian, Aboriginal languages, Japanese, French and Russian. These were distributed over 23 institutions (including secondary schools) in all States and Territories except Tasmania. But this distribution was irregular. The highest levels (3 and 4) in Japanese were only available in Queensland, reflecting commercial rather than community targets. Level 3 in major community languages was available in New South Wales, Victoria, South Australia and Western Australia only. As in many other relevant respects, only these four States can provide a reasonable basis for training in major languages of community use.

Although the main thrust of public policy has been towards improving the formal qualification of interpreters and translators, many transactions are still undertaken by 'informal' interpreters. These do not necessarily have any qualifications other than knowledge of two languages. However, given the paucity of resources for teaching all but a handful of languages outside Sydney, Melbourne and Adelaide, it is inevitable that these intermediaries will fulfil a useful function for many years. While no statistics exist for them, observation suggests that the great majority are women and that many women prefer to deal with them because they are personally acquainted. In some language groups these 'informals' may be well educated but they may not have access to training courses because they do not exist nearby.

**13. Council recommends that TAFE should offer training programs to upgrade the skills of bilingual workers.**

Training this large number of useful intermediaries could best be undertaken through migrant resource centres or other focal points familiar to the NESB clientele. Such training would not be in formal language skills, as teachers would not be available. They could, however, be in techniques and terminology and in familiarising 'informal' interpreters with likely situations and the services available for coping with them. MRC, grant-in-aid or bilingual information officers might all have a role in such practical training. This would, of course, need to be funded, supervised and evaluated through DILGEA, NAATI or the proposed national language services organisation. If such basic training is not undertaken it is probable that two classes of interpreters will be sustained. One will be NAATI qualified, found mainly in the major cities and paid official rates. The other will be untrained, found in smaller languages or outside the metropolis and unpaid. Such a division means that an equitable level of service will remain a utopian aspiration for many women.

### Codes of ethics

A frequent concern of women consulted was that confidentiality would be breached. This could have disastrous social consequences in a small community, leading in extreme cases to violence or even death. At least one court interpreter has been murdered in

recent years in a case which is regularly quoted among practitioners. More importantly, many women will not discuss sensitive matters if they feel there is a probability of information reaching their relatives or acquaintances. As many language groups form effective sub-cultural social networks, this fear is well founded. Another problem quoted is the possibility that the interpreter will take a leading role in the discussion such as to distort messages passing between professional and client. This may be more serious when a male interpreter attempts to dominate a female client or reinterprets messages for a male professional. It is also possible that a well-educated and 'emancipated' woman interpreter may reinterpret messages from a more 'traditional' woman client. The central ethical issues are that interpreters must remain a channel for communication rather than taking an active role for themselves and must treat the client with strict neutrality even if related or personally known to her.

NAATI has endorsed a code of ethics and ethical issues are discussed in some training courses. Developing such a code is not part of NAATI's function but rather of the new Australian Institute for Interpreters and Translators (AUSIT, established in 1987), whose code 'supported by NAATI, represents a national code of ethics and should be recognised by all practising interpreters and translators' (NAATI, 1989b: 1). The recommended code is remarkable for not mentioning women's needs, a fault which should be rapidly rectified. While many ethical issues are the same for both sexes, the nature of social relationships is such that ethical questions are almost invariably gender specific in important

respects. Whole theological, philosophical and ethical systems have been constructed by the major religions which assume different relevance for men and women. This is true for the separation of ritual roles in many immigrant groups (see Recommendation 21).

The AUSIT code of ethics (NAATI, 1989b) says of confidentiality that 'a member shall not disclose information obtained from a client which he or she knows or ought to know is confidential to such client except with such client's permission or upon being required to do so by any person legally entitled to require such information and must then use the utmost discretion' (p. 3). This is basically sound, although it avoids the reality that a DILGEA compliance officer has the legal right to seek information which might otherwise be deemed confidential, such as the working, visa or marital status of a temporary resident. The same could apply to interpreters and translators who are full-time DILGEA employees. However, these are inhibited by another part of the code where a possible conflict of interest related to their employment might arise. The code does not approach the degree of confidentiality required of practising lawyers, priests or journalists even if these are occasionally challenged in court. The code of the International Association of Conference Interpreters does commit its members to 'complete professional secrecy ... with regard to anyone or anything learned while a member is acting in a professional capacity at a private meeting'.

A further concern of women is that in medical and legal areas, interpreters and translators are not necessarily

technically competent. Several instances of this were quoted to the authors. The AUSIT code requires that members shall 'refuse work if they believe it to be beyond their technical knowledge of their capacity or their recognised linguistic capacity'. It seems that this is often not the case in practice, nor could it be at present owing to lack of medically or legally qualified interpreters in many languages. Frequent complaints of unpunctuality suggest that the code stipulation in this area is not being met. This might also be due to a shortage of qualified interpreters, given the length of time often taken in travelling across a large city.

Most ethical breaches are only arbitrable within AUSIT itself in the case of a dispute between members over unfair competition and practices. There is no sanction nor any appeal mechanism for clients. Thus, while members are bound to confidentiality and impartiality, there is no recourse for clients if these obligations are breached. Only if a member is convicted in court 'of infamous conduct in a professional respect as defined in the courts of law or convicted of a felony or other crime punishable by imprisonment' is he or she liable to penalty, and then to one imposed from outside the profession. Generally, the national and State codes of ethics developed by the profession in Australia have two objectives: to maintain the reputation of the profession; and to inhibit its members from unfair competition with each other. Only the first protects clients but is not justiciable between them and the profession. Given the vulnerable social situation and poor education of many

NESB women clients, it is unlikely that they would institute court proceedings against an incompetent or indiscreet interpreter or translator. Nor would the courts necessarily see that profession in the same terms which they frequently apply to doctors or lawyers.

The ethical codes taught in major training courses do not refer to gender considerations either. They stress confidentiality, punctuality and impartiality. The University of New South Wales (UNSW) Institute of Languages stipulates that 'the interpreter is under the most unqualified obligation never to divulge any secret ...' This is a stronger prohibition than in the AUSIT code quoted above and a comparison with doctors and lawyers is made specifically (NAATI, 1989b: 14). It is acknowledged that there may be a clash of interest if the interpreter is employed by a public agency. A useful suggestion from UNSW is that translators will find value in 'comic papers and cartoons, as well as novels in which some characters at least use bad grammar, speak dialects and even have to be reported phonetically'. This is not strictly an ethical proposition, except that it generally assists in servicing clients more effectively, which is an ethical obligation. Interpreters and translators are, under this code, obliged to take on work even where they disapprove of its tenor because 'they have no responsibility whatsoever for the substance of the speeches which he/she interprets' (p. 17).

There is little difference in codes developed for DILGEA's Translating and Interpreting Services or by the New South Wales Ethnic Affairs Commission. Neither of these mention gender

considerations and both stress confidentiality and professional competence. TIS interpreters are bound to complete confidence which, as argued above, may be incompatible with government employment. New South Wales (which is not responsible for immigration control, unlike DILGEA) binds its interpreters to 'strict professional secrecy at all times. They shall not disclose any personal or other information acquired in the course of their professional duties'. The Victorian Ethnic Affairs Commission Legal Interpreter Service limits interpreting to NAATI accredited languages unless unavoidable. Strict confidence is expected and 'personal preferences, religious or political opinions, or national or cultural considerations' shall not interfere with performance.

While these various codes do deal with the major ethical and performance issues raised in the consultations, they do not provide any mechanism for regulation or appeal involving clients. This reflects the rather marginal nature of the profession. There is often little financial incentive to remain in it. There would be a distinct disincentive if legal recourse were encouraged from clients as can be done for doctors and lawyers who are usually well insured against such a prospect.

Nevertheless, the frequency of complaints about confidentiality, unpunctuality, poor language skills and lack of specialist knowledge, suggests that much remains to be done. There needs to be greater recognition in ethical codes that some areas are particularly sensitive for women and that relationships between a female client and a male interpreter will vary from one culture to another

and need to be equalised as far as possible. There also needs to be some mechanism for complaint such that consistently defaulting interpreters and translators can be deprived of contracts after due process. The major support for an ethical code comes not from its verbal formulation but from raising the overall status of the profession.

**20. Council considers that some mechanism of complaint should be established such that interpreters and translators who are consistently in breach of the national code of ethics can be deprived of their contracts after due process.**

**21. Council recommends that there should be greater recognition in ethical codes that some areas are particularly sensitive for women and that relationships between a male interpreter and female client will vary from one culture to another.**

## **Recruitment and training of interpreters and translators**

As previously argued, a majority of interpreters and translators accredited by NAATI are women. This is not true for all languages and is less true if those fluent in French and German are excluded. Nevertheless, the educational profile of language learning in Australia suggests that women are more drawn to this area of study than men. The difficulty is not that women are reluctant to acquire language skills, although this may be true for some cultural groups. It is rather that,

having acquired such skills they cannot use them within a permanent and secure career. The status of language skills has been low in Australia until recently for a number of reasons:

- the long monocultural tradition of Australia has tended to lead to contempt or indifference towards other languages, especially as English is the premier language in international communication at present;
- the geographical isolation of Australia has meant that many native-born Australians have little direct experience of other languages nor any real need to learn them for everyday life (in contrast to the situation over much of Europe and Asia);
- the development of language services as relevant to migrant settlement has led to them being seen as transitory until sufficient English is acquired;
- the proliferation of languages used in Australia has fragmented the potential market for using skills;
- the lack of commercial potential for many 'community languages' confines their users to public sector service providers;
- the concentration of women at lower levels of qualification creates a 'female under-class';
- the continuing reluctance of authorities and professionals to use language services inhibits their further development as a career;

- budgetary restraints on providing services limit the possibility of establishing more full-time salaried professionals in the public sector;
- the central role of DILGEA limits the mainstreaming of language services throughout the Commonwealth and State sectors as a matter of course, although it does create a central resource.

This combination of factors means that the typical woman interpreter or translator in Australia can only function on a part-time basis on demand and she must look elsewhere for her main career. In some less used languages this situation may be so discouraging that qualified candidates may not even present themselves for NAATI qualification because the fees are not likely to be offset against any significant income. The time and effort spent in training courses may not seem worth the effort in terms of eventual remuneration. However, such courses are often taken by professional service deliverers. Many ethnic-specific or migrant resource centre workers are also qualified interpreters and translators and are frequently called upon as such. However, these occupations (which are predominantly female) are also based on short-term contracts and uncertain funding. The only important incentive to language proficiency which accompanies a permanent position is often the language proficiency awards payable at Commonwealth and State levels to public servants who require such proficiency as part of their occupation. However, these allowances are not great and are limited in their applicability. Some such public servants may have their

course fees reimbursed on successful completion.

There seems little prospect of creating a permanent career in language services for more than 12 to 15 languages in Australia. Consequently, there is little demand for professional training in other languages, and interpreting and translating courses in them are not viable. Little attempt is made to select and train speakers of particular languages, nor does any mechanism exist for doing so. While many English-speaking Australians are put (perhaps painfully) through courses in Japanese, Chinese or Arabic, native-speakers of these languages are frequently unemployed. Despite Australia's adoption of the ALLP, most qualifications must be gained through individual initiative by using whatever courses are made available, usually through the TAFE system. No system of scholarships exists, such as might be used to attract more women into courses in Arabic, Turkish or Vietnamese. Distance learning is sometimes available at university level (for example, for Slav languages) but this does not extend to interpreting and translating courses. The consultations associated with this report found little enthusiasm among women for entering the languages services profession, unless they were employed in the welfare or educational fields already and saw interpreting and translating as a useful additional skill.

**22. Council recommends that scholarships be made available for women to train as interpreters and translators, particularly in languages where there is a shortage of female interpreters such as Arabic, Turkish and Vietnamese.**

One advantage of a national language services organisation might be that it would address the mismatch between supply and demand and the uncertain and ultimately frustrating career experience of all those using language skills in their professions (including print and electronic journalists, teachers, creative artists as well as interpreters and translators). At present there is little cross-subsidisation between languages of 'commercial' or of 'community' orientation (a distinction which is sometimes made and sometimes denied in the National Policy on Languages). There is almost no prospect of additional funding or institutional support for less commonly used languages unless they happen to fall within the interests of an individual teacher. Fortunately, some newly arriving communities, such as Iranians, include high proportions who are well educated and bilingual already. Others, such as Tongans or Khmer, do not. Thus, the officially endorsed view that language services are an essential component in access and equity cannot be effectively implemented except through the national service available through TIS.

Among some possible options to address mismatch and lack of suitably qualified interpreters and translators might be:

- a national policy on the provision of interpreting and translating services using the tertiary and TAFE sectors through funding arrangements which allocate resources to specific institutions for teaching skills in specific languages;
- the creation of a language services profession by identifying public

service positions more clearly and by improving the existing conditions not only for contracted workers but also for ethnic-specific or MRC workers;

- the recruitment of female trainees in specific languages by advertisement within appropriate ethnic media and with the co-operation of appropriate ethnic community organisations;
- the provision of allowances or scholarships in deficit languages or specifically for women to facilitate enrolment in tertiary and TAFE courses;
- the provision in Sydney and Melbourne of women-only classes in Arabic, Turkish and Vietnamese;
- cross-subsidisation within existing language services such that commercial fees can be used to support community language provision;
- the strengthening or introduction of requirements that professional women interpreters must be used in specified medical and legal situations as a legally enforceable right.

**25. Council considers that Government should support the concept of permanent employment for interpreters and translators incorporating well-developed career structures and equal employment opportunities.**

While there will always be specific languages which are not used sufficiently to warrant full-time professional employment, there should

already be such employment in a range of about 20 languages in New South Wales and Victoria. Flexibility demands that contract work should continue and that the pool of contractors should be expanded and modified as demand shifts. This requires that training courses be available and accessible and that there should be a reasonable expectation of remunerative and predictable subsequent employment. Service providers must face the reality that professionalising language services will cost more than at present and that such costs cannot reasonably be recovered from NESB persons if they are to be adequately serviced in emergency situations. An important contribution to professionalising language services would be the much greater use of such services in business, commerce, tourism and international negotiation. This would shift the emphasis away from its current immigrant welfare focus and would generate greater revenue from the private sector. However, unless the generated revenue was redistributed through a co-ordinated service, this might also shift the emphasis away from some of the most widely used Australian community languages. Interpreting and translating should be integrated within the proposed language priorities advocated by DEET through the ALLP. That policy should be reassessed in terms other than commercial demand and with a greater emphasis on language services than at present.

**23. Council recommends that funding systems for language teaching should not discourage or restrict professional language service training in languages widely used in Australia in favour of languages used in international commerce.**

## Consistent statistics

Most official reports since Galbally have deplored the inconsistent use of statistics relating to ethnicity. There have been several attempts by agencies such as OMA to design standard data and to encourage departments to use it. There are a number of basic problems, of which the indifference or hostility of officials is not the least. Prior to 1986 there was no reliable Census data on language use although there was subjective and self-assessed information on levels of English competence. Obviously this information is of prime importance in designing a language services strategy. Client-oriented agencies vary greatly in the amount of information they require. Many do not even collect the basic fact of birthplace, few collect information on language use and none (as far as can be ascertained) collect information on ancestry and descent. This is despite the fact that Equal Employment Opportunity (EEO) and Access and Equity strategies require data on those of NESB I and II (born in a non-English speaking country or with one or both parents so born). Even the definition of NESB is not always uniform, with some agencies including those people who came to Australia before the age of five with NESB II on the grounds that all their education has been in English.

There is agreement on the English-speaking countries of birth (United Kingdom, United States, Canada, Ireland, South Africa, New Zealand) which are now usually called the 'Main' English-speaking countries to acknowledge that many immigrants from

elsewhere (such as India, Sri Lanka, Singapore or the Philippines) also have English as a mother tongue. The ABS Australian Standard Classification of Countries for Social Statistics (ASCCSS) is based on the concept of geographic proximity. It groups neighbouring countries into broad geographic areas on the basis of their similarity in terms of social, cultural, economic and political characteristics. In this classification, used by DILGEA since July 1990, the term 'Asia' is no longer used, and the region is subdivided into Southeast Asia, Northeast Asia and Southern Asia. The Middle East is no longer included with Asia, but is grouped with North Africa.

**40. Council considers that the Australian Bureau of Statistics (ABS) decisions about which language groups to include in its census data collection should be made as late as possible in the process so that information collected is an accurate reflection of the current status of use of language groups within the community.**

It is essential that all Commonwealth, State and other public agencies collect uniform data which will act as a guide in developing language strategies as well as ethnic-specific services. Indeed, it is amazing that after 40 years of mass NESB immigration, this is still a major administrative weakness. The basic information on which to build settlement and language policy includes: gender, birthplace, mother (or regularly used) tongue, proficiency in English (if NESB) and preferably birthplace of parents. It would be desirable to include religion (which is an optional Census question) as some religions form the explicit basis of an

ethnic group and most religions have attitudes of relevance on many gender issues. However, such a question might be considered unduly intrusive. None of these questions need take much time, effort or expense and all are regularly asked in the Census. The only one which might require some further consultation is on language, where alternatives include mother tongue (first learned language) or language used in the home. English proficiency should include proficiency in speaking, reading and writing (which goes beyond the Census question) and need only be asked of NESB clients. Similar data should be kept on employees as a method of monitoring EEO and placing counter staff.

No reasonable objections have ever been publicly raised to using these categories for staff and clients in any official report over the past ten years. Cost arguments are based on the proposition that forms and data processing systems have already been put in place and need modifying. Yet the reasons for defective systems being put in place in defiance of official policy are rarely given. All States and Territories now recognise the NESB category and offer language services either directly or through DILGEA. All States and Territories also accept EEO and Access and Equity principles although not always giving them the same priority. Census guideline publications now fully define geographical areas and explain the difficulties inherent in language questions. The last two Censuses are among the best in the world in giving relevant information. Thus there is little more that needs to be said. All official agencies and all recipients of government funding oriented towards client servicing

must be instructed to collect consistent data on gender, ethnic background and ethnicity as a matter of course. They should be publicly and severely criticised by monitoring agencies if they do not. Language strategies without language data will be defective and poorly targeted even if they depend on the five-yearly Census. There is, for example, a considerable difference between the languages most commonly used in Australia according to the 1986 Census and the most commonly used languages on TIS. The TIS figures would be of even greater use if they distinguished between male and female clients. The argument for language and gender data is not simply one for collecting more useless and unprocessed information. There cannot be a sensitive interpreting and translating strategy within current limited budgets without such data.

**39. Council recommends that Government departments should develop and report on a language services strategy within their mainstream reporting mechanisms through their Annual Reports and the Women's Budget Statement.**

## Resource allocation

While it is not always possible to determine the exact costs of using interpreters and translators, it would appear from publicly available figures that this is certainly much less than the costs of teaching English to immigrants. In 1987-88, DILGEA spent \$304 695 on NAATI. This figure rose to \$334 572 in 1988-89 but was only \$318 000 in 1989-90. In 1987-88

DILGEA spent \$3 008 560 on language services (offset against income), compared with \$3 624 202 in 1988-89. In addition, \$1 090 359 was transferred to States and Territories for translator and interpreter services in 1987-88, \$834 766 in 1988-89 and \$769 000 in 1989-90. Receipts from translations rose from \$109 000 in 1987-88 to \$370 000 in 1989-90. Altogether, DILGEA expenditure in the past four years has attributed about \$5m per annum to language services in a total settlement budget which reached \$124m by 1989-90. To this should be added over \$4m in salaries which are not directly attributed to language services in DILGEA published accounts. In the financial year 1989-90, DILGEA employed 121 staff directly in language services and about 3000 contracted interpreters and translators. With a total expenditure of about \$9.5m in 1989-90, this represented less than 8% of the Department's total settlement budget.

Until recently, no other Commonwealth department offered a range of language services although some regularly translated information material. The cost of this translation service is not usually available as a distinct budget item. Recently both DSS and DHHCS have developed language and communication strategies. The Ministerial Committee on the Provision of Language Services estimates that DSS expenditure on its own languages services in 1989-90 was about \$3m with an expected increase in demand of 15%. DSS employed 55 part-time interpreters and over 900 contracted staff (of whom many would also be contracted to other providers). Its translating staff included 100 contracted staff. DSS also operates a

bilingual information telephone service with an 008 number, which operates during normal working hours, and a separate on-site interpreting service.

At the State level, the main costs of language services are normally borne by the Ethnic Affairs Commissions (or equivalents). As at the Commonwealth level, other agencies frequently translate information and the costs of this may not be directly attributed to 'language services' but rather be seen as part of the informational responsibility of the agency. By the nature of State services, rather more resources have probably been targeted towards women than is normal for the Commonwealth, particularly in the health, education and domestic violence areas. In 1984-85, the Victorian Ethnic Affairs Commission (VEAC) spent \$45 992 on NAATI, \$161 378 on the Legal Interpreting Service, \$94 979 on the Translation Unit, or \$302 349 from a total budget of \$4 061 658. By 1989-90, expenditure had increased substantially. The Translation Unit spent \$459 981, NAATI's costs were \$84 874, the Legal Interpreting Service's had increased to \$650 000, new Language Services expenses were \$919 908, and the Language Services Steering Committee cost \$76 836 per annum. These items totalled \$2 198 715 in a total expenditure of \$5 731 273 (all figures come from *VEAC Annual Reports*). In 1989-90 the total State sector expenditure on Language Services amounted to \$4.5m. This included the costs of the interpreting services in education and health.

In New South Wales, the larger part of interpreting and translating costs is borne by the Department of Health, at \$5m for 1989-90 for the Health Care

Interpreter and Translation Service. The Languages Services Division of the NSW Ethnic Affairs Commission cost about \$3m, employing 20 administrative/clerical staff, 18 full-time interpreters and over 400 contractors and casual staff. Providing on-site and telephone health interpreters was also undertaken by the ACT Board of Health.

Elsewhere, there are very few language services provided by State governments in Western Australia and Tasmania and all costs in those States are borne by DILGEA on a cost-sharing basis, other than those for a small unit within the Western Australian Department of Health. In Queensland, the new Bureau of Ethnic Affairs provides only translation services at a cost of \$124 000 with approximately \$18 000 recovered through charges. In South Australia, the Office of Multicultural and Ethnic Affairs provides interpreting and translating services on a self-funding basis with an initial outlay of \$1.66m in 1989-90. Its service employs 16 full-time and 215 contracted translators and interpreters. The Northern Territory spent \$300 000 on language services in 1989-90, mainly in the school system.

The Language Services Task Force estimated gross costs of language services in 1989-90 at \$30m of which the Commonwealth provided 43% through DILGEA and DSS, New South Wales 27%, Victoria 23% and South Australia 5%. While it is not always possible to delineate functions clearly, it is worth noting that the largest item of expenditure in New South Wales is on health and that the largest number of TIS calls (at 18.8%) is on medical issues. The cost recovery principle is widely used in State services and

'agency user pays' is used by the Commonwealth which also charges States for the use of Commonwealth services. While it is not possible to apportion costs between males and females, it seems probable, given the expenditure on health and education services, that women benefit from at least half of the expenditure of \$30m. Despite evaluation findings by Peat Marwick in 1990 which argue against some overlapping and duplication in services, these expenditures are not massive considering the numbers serviced and the potential clientele of about 500 000 likely to need basic language services. On the basis estimated above, each one of this core constituency notionally costs little more than \$1 per week to service at present levels of competence and reach.

**5. Council recommends that no interpreting or translating service should be withheld or differentially charged for on the basis that the client has been resident in Australia for any particular period of time, provided the call is not of a commercial nature.**

**9. Council recommends that the guidelines of funding programs which cater for women's services should require that agencies submitting for funding develop a strategy for delivering language services. The cost of language services should be built into all program budgets and include the cost of interpreting and of keeping statistical records, based on gender and language, of their client group as an integral component of program costs.**

## Organisation of existing services

The most recent official statement of Commonwealth policy towards language services stresses their essential contribution to a national policy on language and literacy. *Australia's Language: the Australian Language and Literacy Policy* states that: 'Language and literacy services provided through interpreters and translators, the print and electronic media and libraries, are essential components of the A(ustralian) L(anguage) and L(iteracy)P(olicy). In consultation with relevant interest groups, the Commonwealth (through DILGEA) and State and Territory governments, are currently developing an operational model for a national language services organisation. Governments are also collaborating to develop national registration for interpreters and translators. The need for a national training strategy for these professionals is acknowledged. The Commonwealth, in consultation with the States and Territories, will examine training needs and possible strategies' (p. 20).

The improvement and extension of interpreting services will benefit women to a major extent. The improved co-ordination proposed by the Commonwealth government could be of considerable benefit in providing languages services to smaller States and Territories and in the less widely used languages. There remains an important need for specialist legal and medical interpreting and this is currently being met by New South Wales and Victoria at the State level. There is little doubt that a large backlog of non-

English speakers exists among women who first settled in Australia in the 1950s and 1960s and who are, consequently, heavily concentrated among the ageing.

At present, related agencies such as the National Office for Overseas Skills Recognition (NOOSR) and the NLLIA both come within the province of DEET. It could be argued that NAATI, which is essentially a professional examining body, might equally be located under the wing of that Department. This might have the consequence of broadening official perception of language services beyond that of immigrant settlement. It would certainly enhance the role of language services as translators and interpreters for commercial, diplomatic and tourist purposes if they were separated from DILGEA. The proposed Commonwealth role for TAFE, which is one of the major educators of interpreters and translators, would strengthen such a transfer. Against this, it could be argued that DILGEA is at the core of language services at present and has developed an expertise over the years through TIS which should not be discounted or dissipated. Nor would transfer at the national level to DEET necessarily make a set of national language services and training institutions more acceptable to those States which have already developed such institutions.

The arguments for a co-ordinated national service are essentially that:

- service development has been uneven as between States;
- there is considerable duplication, with consequent confusion;

- money wasted on duplication might be better spent on improved services;
- centralised booking and computer services would better use the existing pool of interpreters and translators;
- services could be made available across Australia, with particular benefit to smaller language groups and the geographically isolated;
- professionalisation and careers would be greatly improved within a national service;
- extension into commercial (and thus more profitable) services could be used to subsidise services to the needy; and
- interpreting and translating would benefit overall and become recognised as important services not simply confined to immigrant settlement.

On the face of it, these arguments are strong. Any improvement both in delivery and in service conditions would benefit women more than men on current indications, especially in interpreting. Reasonable caution exists in New South Wales and Victoria which have already developed services of their own, especially in such areas as health and law where national services have not developed to anything like the same extent. These two States between them include nearly two-thirds of all speakers of languages other than English and almost 80 per cent of women who cannot speak English well or at all. It is reasonable to be cautious about the settlement

emphasis of DILGEA which, in the past, has seen language services and English education in 'survival' terms rather than as central to access and equity in a multicultural society. It is also reasonable to be cautious about the capacity of DEET to take over language services when it is embroiled in controversy about its own handling of the NLP and its tendency to see languages in commercial rather than community service terms.

It is not a central concern of this study exactly how language services should be organised in the future. However, it is inescapable that such services are needed by NESB women and will continue to be needed for the foreseeable future. Future arrangements, if they are to change, must take account of certain realities which the consultations undertaken for this report revealed, namely:

- NESB women, especially the newly arrived, cannot be expected to familiarise themselves with elaborate bureaucratic structures of service delivery but must have access to readily accessible services when these are needed;
- in an emergency, NESB women outside the major cities (and essentially outside Sydney, Melbourne and Adelaide) normally have access only to TIS;
- speakers of minor and recently established languages will often find TIS to be their only accessible resource;
- health issues are of prime importance to women and they need specialist interpreters and transla-

tors who might be better trained with State-provided services than by the Commonwealth which does not directly administer such services;

- legal processes equally require specialist services which are best developed within State legal systems;
- State agencies are often closer to the NESB constituency than is the Commonwealth;
- language services are not only needed by newly arrived 'migrants' but, in many situations, may be needed just as much by the elderly and the long-established who are not being serviced by DILGEA but by other Commonwealth and State agencies;
- the case for special recognition of women's needs does not seem to be influencing current discussion of administrative rearrangements to the extent that is desirable;
- NESB women are unlikely to be able to afford to pay for professional interpreting and translating services, especially at the rates needed to professionalise the service;
- the current levels of remuneration, security and job satisfaction in language services are not such as to constitute a career path for women, who are consequently used as a cheap resource.

Any administrative rearrangements which take these factors fully into account should be supported, without regard to bureaucratic self-interest or

purely funding considerations. In the long-term it would be highly desirable for all language-related services to be brought within a common framework which would include AMEP, Child ESL, language services, the ALLP, NAATI, NOOSR, TIS and the State services.

## Client consultation

At least since the Galbally Report of 1978, it has been acknowledged that client consultation has an important role in developing services for NESB Australians. Among the arguments for this approach are that:

- greater expertise exists among the client groups than among the mainstream in areas such as cultural factors, collective experience or varieties of language;
- effective links with the clientele require using channels provided through ethnic community organisations;
- many clients prefer to be serviced by those of their own cultural background;
- knowledge of service problems and issues is likely to be enhanced by reference to the experiences of clients;
- improvements in providing services are more likely to follow if clients' experiences are tapped.

There is a school of public administration which is critical of the dangers of being 'client driven'. This has had little direct influence on services for NESB Australians. Successive governments

have been committed to regular consultation and have subsidised representative agencies like the Federation of Ethnic Communities Councils of Australia (FECCA) and the Ethnic Communities Councils (ECCs) to participate in such consultations. Major inquiries, such as those by Galbally or ROMAMPAS (Jupp, 1986), have solicited representations from a wide range of ethno-specific organisations or have conducted public hearings. In some cases interpreters have assisted such hearings as a means of reaching those unable to participate in consultative processes requiring a knowledge of English at a high level. During 1991, widespread public consultations were held by the Minister for Immigration for the first time. The major criticism of such consultation is not that it is limited in scope but that it does not lead to measurable outcomes.

Consultations take several forms — in most, male-dominated organisations have been influential. It should be urged that all group consultations on language services must include a range of female-only situations. This would avoid the undoubted dominance of males in most formal organisations and their tendency to dominate in mixed groups. Totally or predominantly female organisations, such as the Association of Non-English-Speaking Background Women of Australia (ANESBWA), OSW, the Commonwealth-State Council on NESB Women's Issues or the National Council of Women, should always be consulted at length on interpreting needs. It is particularly important to move away from the concept that language services are 'migrant' or even 'multicultural' and thus only of con-

cern to NESB Australians and to ethnic organisations. Representative bodies concerned with women's health have a major role, as have those concerned with domestic violence, school systems, family law, EEO and female workforce issues. It should be a prime function of ANESBWA and the Commonwealth-State Council on NESB Women's Issues to ensure that all such agencies keep language services on their agenda and make appropriate representations through the channels open to them. It is of particular importance that women activists ensure that these issues appear on trade union agendas, as NESB women are strongly represented in industrial occupations.

At a formal level, any representative bodies set up to administer or consult over language services, must contain a high proportion of NESB women, preferably at a level of half the members or above. Proposed reorganisations will almost inevitably require that some such agency is established, as these have already existed for the NLP in the past. Indeed, no reorganisation of language services can reasonably dispense with a consultative body which represents clients and service providers, among both of whom women constitute at least half and arguably more than that.

**3. Council recommends that in any restructuring of language services, community consultative committees and processes should primarily address women's needs, preferably through ensuring that at least half the members of any such committee are women.**

However, most such consultative bodies are, by their nature, drawn from educated bilinguals in the professional middle-classes. As the bulk of those with inadequate English are found among the poorly educated working classes, the unemployed or the newly arrived, some effort must be made to ensure that they are also consulted. Thus, no major developments in language policy should be undertaken without using focussed discussion groups conducted in a single language. It is particularly important to test translated material on such groups before it is published and distributed (see Recommendation 6).

## Education of professionals

Language services are never likely to become professionalised and permanent unless other professionals take seriously the need to use interpreters and translators. This need is now well understood by public hospitals in metropolitan centres. It has been seriously analysed by the Commonwealth Attorney-General's Department in relation to court cases. Most Commonwealth and State departments are publicly committed to using language services, although field research is necessary to ascertain the extent to which this commitment has reached middle management and counter staff. The current evaluation of access and equity programs being conducted by the Commonwealth Department of Prime Minister and Cabinet should produce useful evidence in this regard.

In some police jurisdictions, officers carry an information card relating to TIS and printed in a variety of languages. This is not yet universal practice but should be commended through the Police Ministers' conference.

In the public sector, a decade of commitment to access and equity principles has influenced most service delivery systems, although unevenly. The situation in Sydney, Melbourne and Adelaide (which contain over 80% of the target clientele) is generally satisfactory, although threatened by numerical pressures and the variety of languages needed. However, in other States and in outlying areas of New South Wales and Victoria, sensitivity to language issues does not seem as entrenched. Nor are facilities for interpreting available other than through TIS. In the privately employed professions there seems less willingness to use language services. Several inquiries over the past decade have revealed private medical practitioners and hospital consultants as particularly reluctant. The same seems to be true of lawyers, although they will normally employ interpreters and translators at private rates if they can be sure of the costs being added to their fees. Some lawyers have built up a small clientele of their own interpreters and translators, who are not always satisfactory nor committed to strict professional ethics in terms of privacy. There is no obvious solution to this problem other than the registration of qualified language deliverers and the restriction of services to them. This would undoubtedly increase the income of the profession and increase the cost to users.

**45. Council recommends that by the year 2000 qualified translators and interpreters should be registered, and only the services of these professionals should be used.**

The ultimate solution to professional indifference and reluctance is long term. It requires a compulsory element of cross-language training for all professional workers, coupled with supervisory practices which enforce the use of interpreters and translators where requested by the person of NESB (see Recommendation 35). The problem of sensitising professionals was tackled by Galbally's Recommendation 14 in 1978 and has been repeated regularly ever since. Recommendation 14 was that 'professionals, including those studying and those currently in practices in areas with large migrant clienteles, should receive assistance in obtaining, or upgrading, language skills and understanding cultural differences'. An evaluation of the implementation of Recommendation 14 in 1981 found that most professional courses other than in South Australia or Victoria had paid little attention to the recommendation (Davis, 1982). There are grounds for arguing that this recommendation was misconceived in several ways. It concentrated on language skills and cultural sensitivity, rather than the use of interpreters. It is quite unrealistic to expect professionals to acquire a new language in mid-career and they could only upgrade their language skills if they had skills in relevant languages to start with, which is unusual for professionals unless they are from a non-English speaking background. The recommendation's emphasis on cultural sensitivity has

also been an obstacle to effective communication in some ways. It is not possible to know much about more than a small handful of 'cultures'. Unless a professional is dealing with a clientele drawn from a limited range of backgrounds (for example, Greek or Chinese clients), the more probable experience will be of dealing with clients from a multiplicity of origins.

Much 'multicultural' and 'cross-cultural' training is still haunted by Recommendation 14. It would be far preferable simply to instruct professionals in the practicalities of using interpreters (including TIS) and professional translators as a part of their basic training and skill upgrading. There would be far less resistance and a more immediately useful outcome than is likely to be gained from attempting to teach doctors, lawyers or dentists about the languages and backgrounds of clients whom they might never meet. Professional workers should know that many of their clients are unable to understand what they are trying to say or to answer their queries. Training in using language services then becomes a practically oriented method of improving skill rather than a vaguely conceived attempt to teach people things they may never need to know. This is not to argue that language upgrading and cross-cultural training do not have a role for some professionals in some situations, particularly in the major cities. It is more important that they be taught about the existence and use of language services. It would, of course, be highly desirable for professionals to be more broadly educated than many currently are, but this is a major educational issue outside the immediate scope of this inquiry.

With this criticism of previous approaches in mind, it is highly desirable that appropriate teaching and examining bodies be persuaded of the need to include some practical training in using language services, including basic information on the scope and limitations of such services. In particular, all professional workers with a large female clientele need to be taught about the greater likelihood of women being deficient in English or being poorly educated. Such training should include a degree of 'cultural sensitisation' in the probability that women from some cultures will be reluctant to discuss some topics through a male. This approach is more modest than the various short-term programs emanating from DEET (or its equivalent) from time to time. Such programs have met with resistance from teaching and examining bodies and from students and have tended to disappear when funding priorities are altered. There are, however, some general cross-cultural approaches now

being developed through such agencies as the National Centre for Cross-Cultural Curriculum and Staff Development founded at Flinders University in 1990. These concentrate on techniques and approaches rather than on knowledge of specific cultures. Such knowledge is best acquired in the field or from those who practice the cultures themselves. Some sensitisation programs are run by MRCs, using members with specific national backgrounds to talk with service deliverers. These are a much better model for alerting service deliverers and professionals in the field than anything they are likely to learn in formal classes in the tertiary sector, which are often abstracted from reality. It is important that interpreters and translators receive such an educational grounding which will assist them in understanding their clients and act as a bridge between them and the average monolingual, monocultural professional. These are unlikely to acquire another language or to spend much time learning about other cultures.

## Chapter 5

# Literature survey

The literature on translating and interpreting needs of NESB women is limited. There is a wider literature on the social and economic situation of NESB women which often indirectly indicates likely needs. There is also limited literature on cultural attitudes towards women among various ethnic groups resident in Australia. These are all relevant to the project but are so limited that primary fieldwork is necessary to fill in the gaps. For example, while many assumptions are made about 'patriarchal' or 'traditional' attitudes in certain ethnic groups, these are often based on outdated assumptions about the homeland culture. As one of the crucial areas in assessing the needs of women in this area is the tackling of 'sensitive' issues, this lack of soundly based sociological knowledge of current community attitudes is especially regrettable. As many immigrants are not typical of the population they have left behind, there is no substitute for an understanding based on the Australian situation. With rare exceptions this does not yet exist in the academic literature. There is a more extensive treatment of the socio-economic status of NESB women.

**44. Council recommends that further research should be carried out focusing on current community attitudes towards women in ethnic communities, and the interpreting and translating needs of these women.**

## General surveys of NESB women

Among relevant surveys are those which deal with NESB women as a general category and those which concentrate on specific ethnic categories. Few of these indicate interpreting and translating needs but they are often useful for assessing the social situation and probable needs of whichever category is being studied. As with the overall NESB category, there are considerable differences between groups of women and individuals. Most studies stress the greater concentration of NESB women in the manufacturing workforce, the likelihood of their isolation in the home through language difficulties, their lack of participation in 'mainstream' activities such as school committees and their role in culture and language maintenance. Much of the literature posits a 'double disadvantage', created by ethnicity and gender. It often does not go beyond a critical approach to suggesting concrete public policy proposals.

The OMA policy options paper *Issues for Non-English-Speaking Background Women in Multicultural Australia* (Eliadis *et al.*, 1988) is the most recent full treatment of the needs of NESB women. It claims that 'the specific needs and rights of women from NESBs have been largely marginalised'. It lists the 'needs which transcended most issues' as including multilingual information, interpreter

services and bilingual and bicultural workers. A survey of Commonwealth government departments found little recognition of the specific needs of NESB women except in the EEO area. DILGEA 'has one of the clearest positions on women from NESBs'. Among relevant priorities identified in the report were: bilingual child care workers; the dissemination of information in community languages; and the importance of interpreting services. Specific recommendations included: that women from NESBs participate in planning and delivering language programs in child care centres; providing multilingual (written and oral) information on occupational health and safety; providing multilingual information on welfare; encouraging women from NESBs to become interpreters and to foster gender and cultural awareness in all interpreters; and providing multilingual information on career counselling and rehabilitation in the workplace. The report concluded that information on services, programs and policies is usually inaccessible (e.g. language used etc.). Of direct relevance was the recommendation for 'developing and providing in accessible locations information which is specifically aimed at the needs of women from NESBs, which would include facilitating and supporting women from NESBs as translators and interpreters'. Recommendation 7.13 was that 'all information be provided in both written and oral form in all community languages by all government agencies'.

Earlier general reports had made similar points. *Immigrant Women's Issues* (DIEA, 1986) argued that 'access to good health care by immigrant women and their dependant children is

limited by their lack of English, lack of other community languages on the part of medical staff and lack of female professional interpreters' (2.40). 'Immigrant women often encounter difficulties in establishing their eligibility for pensions and benefits and have associated difficulties in pursuing their appeal rights through the Administrative Appeals Tribunal' (2.49). 'Few law professionals and law enforcers are bilingual ... or trained and skilled in using interpreters' (2.53). Interpreter services, it was agreed, 'are not a substitute for bilingual staff in the health and aged care system' (3.37).

## Health issues

In contrast to the lack of general and sociological studies of NESB women or specific ethnic groups, there has been considerable study of their health needs and problems. These have naturally included specific references to the needs of women. The major recent study, edited by Janice Reid and Peggy Trompf, is *The Health of Immigrant Australia: a Social Perspective* (1990). This highlights various problems relevant to this study. These include reluctance to use interpreters in workers' compensation cases, the overall need for specialist health interpreters and the refusal of some States to participate in recruiting ethnic health care workers or interpreters. This study notes the development of specialist services since the 1970s, but adds that 'continuous staff turnover in hospitals means that languages services may be in constant change ... It is clearly inefficient for a Vietnamese physiotherapist to be a full-time Vietnamese interpreter' although 'on the other hand, it is evident that even in

health-care settings where relatively well-developed interpreter services are available, domestic staff and gardeners continue to be used as interpreters' (p. 362). This source also addresses the question of whether interpreter services from a number of departments and agencies should be amalgamated (p. 368).

The Shergold and Nicolaou consultations of 1986 showed the high priority which health interpreting had assumed for NESB people. A study of young Islamic women in Sydney showed that 'dependency on interpreters deprived them of privacy'. Only a small number had used interpreters in pregnancy and baby care situations, while the rest 'were totally unaware of the services and had always depended on family and friends to act as interpreters' (p. 159). This group complained about a local public maternity hospital because of its lack of interpreters or bilingual staff and the embarrassment of using unskilled manual hospital staff for interpreters simply because they spoke Arabic.

## Legal interpreting

Ever since the Galbally Report of 1978 there has been pressure to introduce the right to an interpreter in court. This has been resisted by many in the legal and judicial professions. As a consequence of the adoption of the National Agenda for a Multicultural Australia, a report has been prepared by the Commonwealth Attorney-General's Department (*Access to Interpreters in the Australian Legal System*) (Commonwealth Attorney-General's Department, 1991). This study deals with the criminal justice system (where women

form only a small percentage of those involved) and such agencies as the Family Court and Administrative Review Tribunals (where women are likely to form a much higher proportion of plaintiffs or appellants). It does not specifically address gender issues, although data collected in the various Australian legal systems does allow a distinction to be made between male and female applicants for interpretation.

## Conclusion

There should be a basic recognition when providing interpreting services that women have more need of such services than men, that women use such services more than men, and that more women than men provide interpreting services. Thus, the idea of 'special needs' for women is somewhat inappropriate. Women form the mainstream clients and providers. They form a preponderant number in dealing with health issues. Thus, all public health strategies must recognise the central importance of language services for their clients. All services targeted women must have built-in language services as a matter of course. All interpreter training must incorporate ethical codes which recognise the sensitivities normally involved in dealing with women. Thus a basic re-orientation in thinking is desirable which puts women at the centre of interpreting policies and provision.

As a large part of the need for interpreting still rests among poorly educated and ageing Southern Europeans, a national interpreting strategy must take their needs into consideration. It is crucial that interpreting services not

focus attention only on new arrivals. This must be clearly and explicitly stated in any agreement which DILGEA might reach with other Commonwealth and State agencies. It would be quite inequitable for many thousands of long-settled women to be excluded from TIS or other interpreting services or to be differentially treated by them or differentially charged for their services should such charges be introduced. All public policy in this area must stress that interpreting is a service open to all who need it. This would include the small number of second-generation NESB not fully proficient in English. While the need for interpreting is overwhelmingly the product of post-War immigration, it cannot be set in the narrow time-frame currently adopted for 'settlement'.

Women are central users of interpreting services, and they should be equally entitled to services regardless of their date of arrival in Australia. They need such services more than men because their level of education and of English proficiency is lower. They also need such services because their use of health services is higher than for men. This should mean that women can have access to a woman interpreter on request and that such a request should not be regarded as exceptional. All interpreting services and all recruitment and training policy should aim at maximising the number of women employed as interpreters. It will not be possible to implement the principle that women should have women interpreters as a right unless this be done. It would be mistaken to believe that only women of a certain religious background, or from certain geographical areas, need such a right. There is no certain way of knowing

how important privacy and female intervention may be except through the wishes of the client herself. This implies that recruitment and training of interpreters should have a bias towards women, not on grounds of equal opportunity but because women clients should be able to exercise the right to a woman interpreter as a matter of course and can only expect to do so if a wide range of interpreters is available who are aware of the issues involved in interpreting for women. To implement such a right requires a planned recruitment of women interpreters, particularly in some identified languages or regions.

A central difficulty in using interpreters is perceived by clients as lack of reliability, trust and confidentiality. While this is not specifically a gender issue, it does have major implications for the female client. As many language groups are quite small, lack of confidentiality in health or legal matters may have serious personal consequences for a client such that some are reluctant to use interpreters at all and would prefer to rely on friends or relatives of a lower level of proficiency. Qualified interpreters must be properly trained in relevant ethics and they must also suffer a penalty equivalent to deregistration if they breach such ethics. Public agencies should be advised of such breaches and should be advised not to use the services of interpreters who have, after due process, been found guilty of such breaches. There may well be a cultural clash involved, with obligations to kin or to morality being seen as more important than obligations to the client or the using agency. However, this is an issue where 'Western' principles must necessarily operate if the system

is to retain its integrity. Clients drawn from a wide variety of cultures expect such neutral and impartial treatment. There may be ingrained attitudes within some cultures where there is a lack of trust when dealing through individuals who are not related or are unknown to the client. However, consultations undertaken for this report suggest that there is just as likely to be distrust towards relatives and friends when health or legal matters are involved.

The gender issues involved in translating are not as clear cut as for interpreting, where personal contact is involved. There is no particular reason why female translators should be used and those consulted for this report did not see any arguments as to why this should become the practice. The issues here centre on the kind of information which should be translated and the level of vocabulary and formulation to be used. A major cause of poor English for many older settlers is poor general education and this is more likely to affect women than men. Most official information is difficult to understand in English and may become impossible to understand if not carefully translated. A frequent complaint concerned the accuracy of translations, especially for personal documents such as qualifications or certificates. It is important that all translated material directed towards women, such as childbirth advice, should be tested on a female group before it is finalised. Such groups should be chosen from those of average education. It is particularly important to test such translations, as many terms have meanings or connotations which some women might find offensive or obscene.

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**Appendix 1**  
**Demographic data**

**Table A**  
**Major NES birthplace groups 1986: total population, sex ratios and major languages**

Birthplace	Population	Sex Ratio	Major Languages
Italy	261 881	117	Italian
Yugoslavia	150 102	119	Croatian, Serbian, Slovene, Macedonian
Greece	137 611	106	Greek
Germany	114 790	99	German
Netherlands	95 083	115	Dutch
Vietnam	83 028	124	Vietnamese, Chinese
Poland	67 691	113	Polish
Lebanon	56 332	113	Arabic
Malta	56 262	115	Maltese
India	47 818	99	English, Hindi, Tamil
Malaysia	47 784	99	Chinese, English
China	37 464	96	Chinese, Russian
Philippines	33 724	44	English, Filipino
Egypt	30 614	105	Arabic, Greek, Italian
Hong Kong	28 256	101	Chinese
Hungary	27 226	127	Hungarian
Turkey	24 524	110	Turkish
Cyprus	23 657	105	Greek, Turkish
Austria	22 651	119	German
Sri Lanka	22 561	98	English, Tamil, Sinhalese
Chile	18 752	98	Spanish
Czechoslovakia	17 868	119	Czech, Slovak
Indonesia	17 730	107	Indonesian, Dutch
Singapore	16 442	88	English, Chinese
Spain	16 263	118	Spanish
Other USSR	15 230	76	Russian
France	14 871	104	French

Source: 1986 Census of Population and Housing

**Table B**

**Small, newly arriving groups 1986: total population, sex ratios and major languages**

<b>Birthplace</b>	<b>Population</b>	<b>Sex Ratio</b>	<b>Major Languages</b>
Portugal	14 928	111	Portuguese
Fiji	14 787	93	English, Hindi, Fijian
Cambodia	13 234	101	Khmer, Chinese
Japan	11 239	85	Japanese
Uruguay	9 580	96	Spanish
Korea	9 275	95	Korean
Argentina	9 196	100	Spanish
Romania	8 119	130	Romanian, Hungarian
Iran	7 497	114	Farsi, Arabic
Laos	7 413	105	Lao, Hmong
Thailand	6 965	66	Thai, Chinese
Timor	6 571	104	Chinese, Tetum, Portuguese
Tonga	4 456	99	Tongan
Western Samoa	3 004	94	Samoaan
Peru	2 313	65	Spanish
El Salvador	2 107	106	Spanish

Source: as for Table A

## **Appendix 2**

### **Reports of discussions**

#### **Meeting with Iranian women, Mt Druitt, Sydney, 11 June 1991**

The meeting was arranged by Ms Behnaz Nesvadarani, who also acted as facilitator and interpreter. There were seven participants, most of whom spoke some English. They raised a number of issues relating to translating official documents, legal, health, and education interpreting and the role of community workers in interpreting.

The first matter to be raised was the long delay involved in translating official documents. Some simple items had taken as long as four months. There was also concern about inadequacy of translation of qualifications by DILGEEA and in one case, the incorrect translation of a birth certificate.

In relation to interpreting in schools, it was felt that some teachers lacked cross-cultural understanding but that in some cases, teachers had organised interpreters to discuss children's progress. One woman felt that there was a need for bilingual 'home teachers' to undertake home visits.

The area of legal interpreting was then raised. One woman had requested an interpreter in court and had been provided with a female interpreter who had intervened unduly in a family law dispute with opinions and unsolicited guidance. The client had felt that this reflected on the ethics and training of the interpreters, and now used rela-

tives where possible for interpreting. This particular woman was Assyrian by birth, but preferred to avail herself of Farsi interpreters because the Assyrian community was so small and 'too close together'.

The women were concerned that a private solicitor had been calling in private interpreters (male) who had charged very high fees. Another matter raised was that clients were now paying for interpreters in court when suing but not when defending.

Many of the women had used the TIS and had found it satisfactory, with no real difference in quality between the male and female interpreters provided. While generally happy with TIS, particularly as it was available 24 hours a day, they were concerned that so few Farsi interpreters were available.

The question of health interpreting was then raised, with all of the women stressing their need for women interpreters in health matters. None of the women had had problems in obtaining a woman interpreter in clinics or hospitals.

All of the women had used their children as interpreters, but felt that this was unfair, particularly as they were more likely to use their daughters on a regular basis. It was also felt that grant-in-aid workers were over-used for interpreting, particularly now when official agencies were reluctant to use formal interpreters for whom they had to pay, when they could impose upon 'free' grant-in-aid workers. It was strongly felt that the (female) grant-in-aid workers were used in cases of domestic violence, where friends and relatives could not be used, because of the strict confidentiality required.

Interpreting and translating was seen as a highly respected profession by the women, although it was pointed out that because the main incentive to enter the field was altruistic rather than income driven, the majority of the Farsi interpreters were women and the majority of translators were men. Women were considered to be more 'dedicated to helping'. The main factor inhibiting more women from becoming interpreters was seen as a lack of English skills. The need for more English classes was strongly stressed.

***Meeting with Muslim women,  
Lakemba, Sydney  
12 June 1991***

The meeting with nine Muslim women was organised by Ms Nada Roude, who also acted as facilitator and interpreter. Two refuge workers attended and the whole group varied in country of origin and mother tongue. The participants raised issues relating to health, costs of interpreting and translating, education and standards and ethics of interpreters/translators.

When asked about their use and knowledge of interpreting services, two participants had never heard of TIS and one had never used a formal interpreter, although she had used the grant-in-aid worker for interpreting. The DSS's Hotline had not been used by any of the women, but most knew of its existence. In general, most of the women had little knowledge of the availability of services. The cost of translations was seen as being high, with an example being given of DILGEA charging \$70 for the basic translation of a birth certificate. While the New South Wales EAC means

tested, there were long delays in obtaining translations from them.

In relation to health, the need for female interpreters for religious reasons was strongly stressed, and while it was felt that some agencies were sensitive to this, others were not. It was stressed that Islam prohibited many situations where a man and a woman could be alone and that 'Muslim women prefer not to be alone or to discuss their bodies with a man'.

It was mentioned that the Turkish women's refuge used interpreters regularly, and preferred a woman interpreter for refuge work, although on some occasions a male interpreter had been used satisfactorily. One interpreter had referred a woman to the Islamic Refuge, of which she had not heard.

The use by agencies of grant-in-aid workers as interpreters was raised and the New South Wales Department of Housing was mentioned as consistently preferring grant-in-aid workers for interviews rather than paying for professionals.

All of the women used family members extensively for translating, and many used small children, especially daughters, as interpreters. This was particularly the case in their contact with schools. Mothers did not attend school functions because they could not understand proceedings and felt that the schools unjustly criticised them for lack of interest and that their children were therefore upset by their non-attendance.

All of the women gained knowledge of services through grant-in-aid workers

and the Islamic Centre rather than through official advertising.

It was also felt that the burden on grant-in-aid workers was increased by the police relying on them in domestic violence cases. This was seen as making the worker's position politically difficult and as a way of avoiding cost.

The questions of standards of ethics were then raised. It was felt that interpreters should be neutral and objective. The poor standard of translations of important documents and information videos (e.g. for AIDS) was mentioned. There was a need for more women interpreters, as it was felt that more men were available than women. In this respect, the level of interpreter was not seen as relevant. It was generally felt that women were much more able to access services when female interpreters were available.

The main factor inhibiting women from becoming interpreters was the need to enrol in mixed classes.

The final matter mentioned was the need for information on the Commonwealth Government's New Start program to be translated into Arabic.

### ***Meeting with Cambodian women, Sefton, Sydney, 12 June 1991***

The meeting with 11 Cambodian women was arranged, facilitated and interpreted by Mrs Sisomar Srey. Only a few of the participants spoke any English. The women raised issues relating to health, the elderly, availability of interpreters in crisis services, general availability of interpreters and knowledge of services.

Many of the women had had experience in the public hospital system, with varying degrees of success in obtaining interpreter services. One woman had required a number of operations and had not always been able to get an interpreter. She had used her daughter on other occasions.

Some of the women were confused and worried by the fact that appointments had to be made for interpreters in the hospitals, and could not understand how they should know when they were going to need an interpreter. In some cases, the Khmer community had arranged for interpreters in hospitals, and in most cases the women were happy with them, while stressing the need for women interpreters in such cases. Many of the women had used their children as interpreters, even in complicated medical matters.

Only two of the women had used TIS, and one felt that the 'triangular situation' was very slow. The call, in her case, was made by an English speaker. It was known that the Commonwealth Employment Service (CES) had a Khmer interpreter, but he was available for only on one day a week in Bankstown and for two days in Fairfield.

The women found it difficult to get interpreters at night if there was a crisis. One woman also raised the problem of using inappropriate interpreters in cases of domestic violence. Grant-in-aid workers were preferred in such situations because their commitment to confidentiality was trusted above that of interpreters. While a police station had been very good in obtaining the services of a woman interpreter for an appointment to give

a statement, it was not easy to get the right person in a crisis.

In relation to standards and ethics, it was felt that the quality of Khmer interpreting was not high, particularly in the area of health. This increased patient anxiety. Where children were used for medical matters, they were often unaware of medical terminology. It was suggested that there was an immediate need for a Khmer guidebook to medical terminology. It was stressed that there 'should be a law' to ensure interpreter confidentiality.

The women recognised that governments were restricted in funds, but felt that there just were not enough Khmer interpreters, particularly court interpreters.

***Meeting with Turkish women,  
Lalor, Melbourne,  
2 July 1991***

The meeting with 22 women was organised and facilitated jointly by Ms Sule Of, Women's Group Co-ordinator, and Mr Hasan Osman, Community Worker (who attended at the group's request) to coincide with a regular women's craft and discussion morning. Although quite a few of the women spoke English fairly well or very well, a considerable number spoke little or no English. The participants raised issues in relation to health, the law and education, and interpreter availability, training and recruitment.

In general, the participants felt that the Turkish community was not as well resourced as some others in the provision of interpreting and translating services. The first specific issue to

be raised was health interpreting. The Health Interpreter Service had been used regularly by the participants, and the quality of interpreting was praised. There were only two Turkish interpreters, both of whom were women, and there were some problems with availability. It was stressed that women interpreters were necessary in the area of health, because of the difficulty of discussing women's health matters with men. This was a particular problem for those of the women who were practising Muslims. Women interpreters were generally available in the hospitals, but it was pointed out that there were none available at the Dental Hospital. Some problems had been experienced with the quality of interpreting at the Preston Community Hospital, which it was thought were caused because the interpreter was not a native speaker. The women felt that it would be preferable if a Turkish woman doctor were available in the area, so that they would not have to use interpreters at all for health matters. This had been a matter of continuing concern to the group, which had been trying for a number of years to have a woman doctor's qualifications recognised.

In relation to dealing with schools, some of the women had been able to use the services of a Turkish teaching aide where there was a considerable enrolment of children of Turkish background. However, those whose children attended schools where there were not many others of the same background had had no such resource. It was felt that to attend school and parent-teacher meetings without an interpreter was a waste of time. Many of the women were unable to read correspondence from schools.

Legal interpreting was seen to be another area of concern, with the general opinion expressed that discussion of family matters in a court situation was difficult enough without the added stress of a male interpreter. The quality of legal interpreting was also a matter for concern.

Many of the women had used TIS, although it was considered to be always busy and difficult to access. TIS had both male and female Turkish interpreters, and would provide a woman interpreter if sufficient notice were given. TIS was unsuitable for most medical interpreting for this reason, with a two-week delay in getting any interpreter for appointments common.

The women often used the male Community Worker (who is a recognised NAATI Level 2 interpreter and translator) for interpreting and translating, but would use friends or relatives in situations where no qualified person was available. Children were not normally used because they were not effectively bilingual.

In relation to recruiting and training interpreters and translators, the group raised a number of concerns. It was thought to be hard for working women or those with the responsibility for a young family to obtain the qualifications, and it was suggested that young single women should be encouraged to qualify. There were, however, very few courses available in Turkish. The need for interpreters to be native speakers was stressed. In general, the profession was respected and considered suitable for women.

### **Meeting with elderly Italian women, Northcote, Melbourne, 3 July 1991**

The meeting with 13 women was arranged, facilitated and interpreted by Mrs Bianca Baldassi to coincide with a regular social gathering of the Italian Elderly Citizens Club at the Northcote Town Hall. The women, of whom many spoke very little English, and five spoke none at all, raised issues relating to health interpreting and the availability of interpreters. Those who spoke English were keen to point out that they did not believe that they had suffered any loss of language skills with age.

The women had used a variety of interpreters in the public hospital system, and had never had any problem obtaining female interpreters, who they strongly preferred for explaining 'certain delicate matters'. It was pointed out, however, that many of the women used family members, especially female relatives, to interpret during appointments with specialists and at other times when interpreters were not available. Many had used their older children to interpret when dealing with schools, but had not felt comfortable using children to interpret when they were likely to be embarrassed. Some also used the Northcote City Council's female Italian-speaking community workers to assist with interpreting and translating on occasion.

The women felt that interpreting services had improved greatly over the years, and were happy that many doctors now spoke Italian, including

some of Anglo-Australian background. It was felt that some doctors still needed help in explaining medications and treatment to patients. Some women doctors had been particularly good, even bringing interpreters with them for home visits.

One woman was concerned that St Vincent's Hospital had refused to ring for an interpreter when she had needed one, and several others drew attention to delays in getting interpreters at the Eye and Ear Hospital.

The women had a high degree of respect for the profession of interpreter as a 'job which must be done properly' and felt that there should be many more women interpreters. Elderly women were believed to always need interpreters because they suffered more from problems associated with speaking a dialect rather than standard Italian, and from never having learned English.

The women felt strongly that Government offices should have permanent interpreters, and were concerned that some Government departments had not allowed them to use 'outside' interpreters, but had given them no reason.

At the end of the meeting the women were keen to stress, by humorous anecdote, that they had been able to cope in very difficult situations when they first arrived in Australia, despite language difficulties, and were happy that the problems they had faced were less likely to occur with new arrivals today.

### ***Discussion with elderly Latin American women, Fitzroy, Melbourne, 6 July 1991***

The meeting with 15 participants was organised and facilitated by Mrs Norma Huerta to coincide with a regular social meeting. Although a few of the women spoke English well, the majority spoke very little or no English. The women raised a range of issues, particularly in relation to the use of interpreters in the health area.

Most of the women had used government-provided interpreters, especially in the hospital and in dealings with the DSS. There had been women interpreters provided in about half of the cases. In only one case (in relation to a woman's health matter) had the provision of a male interpreter caused a problem. However, the women did complain of considerable delays in relation to TIS, with a ten- to 15-minute wait without connection and a 30-minute wait for an interpreter being a common experience.

The women raised a number of cases in which the provision of interpreters had been inappropriate or unsatisfactory. One of these involved an interpreter leaving in the middle of a medical interview, 'because it was taking too long', and another related to the provision of an interpreter in the wrong language. There were also problems with booked interpreters not being available. In general, the women felt that there were insufficient interpreters provided in hospitals and that provision for medical appointments should

take account of the fact that doctors often took longer than was expected. It was strongly felt that public hospitals, and in particular the Eye and Ear Hospital, should have permanent interpreters, as elderly patients could seldom properly express their needs. The hours of hospital interpreters currently ended at 4.00 pm, and they were therefore not available for emergencies. This was of particular concern to those women who were caring for small grandchildren.

The participants stressed the need for interpreters in cases of accident or crisis, and were of the view that their English capacity decreased markedly at such times. This could lead to patients being left waiting for long periods, and some had had experiences where the doctor could understand them but they could not understand the doctor. As well, it was felt that many doctors were not happy to use interpreters or resented what they saw as an intrusion into the doctor-patient relationship, and it was considered that there should be an effort made to sensitise doctors in relation to this and other issues of cultural difference.

In relation to the use of informal interpreters, most of the women used friends or relatives, especially sons and daughters, if no interpreter could be provided. This had led to a number of problems, with cases raised of lawyers, hospitals and doctors not accepting relatives as interpreters. Community workers were often used for interpreting, despite their lack of formal qualifications, because of their availability and commitment.

In relation to the quality of interpreting, the women felt that some legal interpreters were not of sufficient proficiency, and that legal interpreting required Level 3 accreditation. In addition, it was pointed out that many interpreters were unfamiliar with medical forms and strongly stressed that hospital interpreting should be viewed as a special skill requiring full-time employment. There was considered to be insufficient public information on interpreter qualifications and training standards. It was pointed out that the second generation had often lost effective Spanish skills and could not become good interpreters without further training.

The women felt that the elderly should not be prevented or discouraged from learning English, and the need for patience was stressed. Four of the participants had never attended English classes, and it was considered difficult to get a home tutor, given long delays in their allocation.

In relation to the DSS, there was considered to be too much demand on the available interpreters, and the problem of cuts to this service were of particular concern to the elderly because of their reliance on pensions and benefits.

**Meeting with Hmong women,  
Fitzroy, Melbourne,  
7 July 1991**

The meeting was arranged by Ms Bliia Ly to coincide with a regular meeting of mainly young mothers living in the Fitzroy Housing Commission flats. The

meeting was in the community room of the flats, and was attended by 12 women, most of whom spoke no English. Ms Ly acted as interpreter and facilitator. Those attending raised a number of issues relating to lack of sufficient interpreters, and problems relating to use of interpreters in the area of health, education and emergency services

The women were concerned at the lack of interpreters available in the Hmong language. They were strongly of the view that women interpreters were necessary for cultural reasons, and stated that in many cases they would use a friend as an interpreter if no woman interpreter was available. Many had experienced difficulties in the health area, with the comment that doctors were often unable to get interpreters when they needed them. Some women had not attended a doctor when they were sick because of this.

The women mentioned the problem of older women, who were looking after grandchildren during the day, and who had no English and little knowledge of services. These women had had problems with medical emergencies, especially with using the ambulance service. In general, they felt that there were great problems associated with getting interpreters after hours and on weekends.

In relation to their children, the women stated that while they sometimes received from school written material which had been translated, they had been unable to access interpreters for school meetings. They felt that this resulted in their feeling isolated from the school and prevented them from participating as they would have liked

in their children's education. The reduction in interpreter services to the local Baby Health Clinic was seen as making it difficult for women with small babies. This was particularly problematic for the Hmong, among whom children outnumber adults, because many of the women are of childbearing age.

The women felt that their need for better English language skills was paramount, and that while several of them would like to become interpreters themselves, they were constrained by the need to provide for their families, their lack of basic English and their lack of knowledge of how to become an interpreter. It was felt that many of the older women found it difficult to learn English at all, having never been to school.

### ***Meeting with Hmong and Lao women, Innisfail, Queensland, 4 October 1991***

The meeting with four Hmong and one Lao woman was organised by Ms Ann Scott of the Innisfail Community Advice and Information Centre and a Hmong interpreter was present. The Lao woman was an interpreter also, and discussion with her was left until the end of the meeting.

Three of the Hmong women currently attended English classes and only two had telephones at home. None of the Hmong women had used government or TIS interpreters. All of the women used friends or relatives when necessary for interpreting. Even when shopping they used a self-service supermarket so as not to have to use their limited English. Their impression was

that none of the ten Hmong women who attended English classes would reach more than a basic level of English. It was felt that the formal teaching of English should be accorded a higher priority in country areas, as opportunities to practise were limited in daily life.

With regard to their relations with local schools, they mentioned that they were sometimes able to use the two Hmong-speaking teacher aides as first contacts with teachers, especially one teacher whom they felt was quite approachable. Translation of written material from schools was seen as more difficult and beyond the competence of the teacher aides.

In health matters, the need for a woman interpreter was stressed for reasons of modesty and privacy. In the past all the women had used visitors to interpret when they were in 'maternity', sometimes having to wait for considerable time before being able to express their needs.

In an emergency situation, the women felt that they would be most likely to call their husband or friends, or if necessary use their children to interpret. None thought that they would be capable of using TIS although some had heard of it. It was pointed out that at that time they were not aware that there was any TIS-registered Hmong interpreter.

The problem of older women, who spoke no English at all, was then raised. It was felt that these women, who were often babysitting young children during the day, had the greatest need for interpreters. It was thought that some, but not many, of

these older women might be interested in learning English.

In general, the women stressed that face-to-face interpreting was always preferable to a telephone service, but they felt that they might use TIS if they could feel assured that a Hmong interpreter was available.

Finally in relation to translation, the need for translated information on registration with CES and DSS was stressed, and it was also felt that translated forms should be available in Hmong to make them easier to complete.

Discussion with the Lao interpreter then raised a number of issues of concern to the women of the Lao community, who had felt shy about attending the meeting and who had therefore not attended despite agreeing to do so. The main issues were seen to be the use of informal interpreters, to no good effect in some cases. One particular case was raised of a woman who had a relatively minor medical problem, was not able to understand the TIS system and for whom no provision for an interpreter had been made by the particular medical authorities. The result had been that a necessary operation had not been performed and the woman's medical condition had been deteriorating for some months.

The interpreter was also concerned that as an informal interpreter, who had been awaiting formal accreditation by NAATI for nearly twelve months, she was expected by government agencies (including DSS and the Housing Commission) to interpret in quite complex situations for no payment.

***Meeting with Filipino women,  
Cairns, Queensland,  
4 October 1991***

The meeting was arranged by Ms Aurora Foster of Cairns Family Care in response to interest within the Filipino women's community. Five women attended, all of whom spoke excellent English.

The women were keen to point out that while for them the use of English did not present any problems in daily life, there were some older women in the community whose English capacity was deteriorating with advancing years. The problems faced by most Filipino women related to Australian pronunciation and the cultural tendency of Filipino women to shyness and quickness of speech which sometimes made it difficult for Australians to understand them.

It was felt that there was still a need for Filipino women to have access to interpreters in complicated matters, especially in the health and legal areas.

***Meeting with group of mixed  
background, less than ten  
years residence, Townsville,  
7 October 1991***

The meeting with nine women was arranged by and held at the Townsville Migrant Resource Centre. Five of the women spoke Spanish and one acted as interpreter when necessary for those with little English. The others spoke Tamil, German, Thai and Farsi, with varying levels of English. The women raised issues relating to avail-

ability and competence of interpreters and translators, specialist interpreter needs and related language services needs.

All of the women were aware that interpreter services existed but many were unclear as to who provided them. Most had heard about services from compatriots or the MRC, and one woman noted that a book provided by an Australian Embassy overseas had mentioned the existence of MRCs but not of interpreting and translating services.

Many of the women were confused by the varying availability of interpreters in Government offices, and had had a number of problems caused by delays in getting an interpreter. They stressed that they were often anxious enough when dealing with official agencies, and that the lack of or delay in getting an interpreter was extremely upsetting for them. They were also concerned by the consequent need to tell the same story several times, with one woman stating that it was 'like telling a newspaper'. Many stressed their shyness, especially in relation to family matters, which were often compounded when they were forced to use a relative for interpreting.

In relation to interpreter and translator competence and ethics, several of the women recounted their experiences. In one case a male interpreter had misinterpreted a doctor's diagnosis (gout being translated as osteoporosis), a mistake which was fortunately recognised by the doctor. The same interpreter had also made offensive comments about the patient's ethnic group to the doctor allegedly saying, 'If you give the wrong treatment ... these

people will kill you'. In the case of this language group, such problems had occurred repeatedly, with the consequence that the group were extremely hesitant to use TIS.

Most of the Spanish-speaking women had also used informal interpreters and members of their families as interpreters and translators, and it was noted that a particularly helpful local doctor had a Spanish-speaking nurse, who he used if no formal interpreter was available. In urgent cases, the Spanish-speaking women were able to access (through a 24 hour medical centre) a Dutch woman doctor who spoke some Spanish. Relatives were considered to be less effective than other regularly used informal interpreters, who were highly respected for their commitment to the welfare of their communities. In general, however, all the women stressed the need for specialist training of interpreters in the medical and legal fields. It was felt that the need for more women interpreters was urgent, particularly in the area of medicine, and that a woman's right to request a female interpreter should be respected wherever possible.

In relation to rural isolation and ageing, the women felt that one answer was better access to English language classes. It was felt to be unfair that those who were older or of long residence should be restricted in their access to such courses, as these often had needs which were greater than younger and often more educated newly-arrived women.

**Meeting with group of mixed background, over 10 years residence, Townsville, 7 October 1991**

The meeting with three women, of Serbian, Mexican and Thai background, was arranged by the Migrant Resource Centre. All of the women spoke fair to excellent English.

The Thai woman was not confident of her ability to undertake complex matters in English, and felt that she would still require an interpreter or translator in such cases because of her limited ability. She had no experience of a trained interpreter, there having been none available locally in her language and in her early years in Australia she had been totally reliant on her husband or her single compatriot in the area. She saw the major need for women in her position as being for bridging courses.

The Mexican woman had an excellent command of English, having undertaken tertiary studies in Australia, and saw her major need as being in the area of first-language retention. The Serbian woman had had a number of problems associated with understanding written English, a problem which had recently been compounded when political events in her home country had isolated her from her usual community contacts. She had never had any early English language training, because her husband had always expected that they would return to Yugoslavia. Later, when she had tried to learn English she was restrained from undertaking formal classes because of her length of residence, and had been unable to access the Home Tutor Scheme, despite efforts which had continued for several years until the present.

## Appendix 3

### Terms of reference

#### 1. Commonwealth-State Council on NESB Women's Issues

- i) To provide a Commonwealth-State mechanism for the co-ordination and development of policies to meet the particular needs of NESB women in Australia.
- ii) To promote equitable access to government services by NESB women and more effective services and structures through identifying particular barriers and other problems and proposing specific strategies.
- iii) To advise Commonwealth, State and Territory governments on the concerns and needs of NESB women through the identification of specific priorities and the provision of reports on how such priorities should be effectively addressed.
- iv) To undertake or promote consultation and research relevant to the above objectives.
- v) To promote co-operation between all levels of government and with non-government bodies relevant to the above objectives.
- vi) To report annually:
  - to the Prime Minister through the Minister for Immigration, Local Government and Ethnic Affairs and the Minister Assisting the Prime Minister

for Multicultural Affairs and the Minister Assisting the Prime Minister for the Status of Women.

- to the Conference of Commonwealth-State/Territory Ministers for Immigration and Ethnic Affairs through the Minister for Immigration, Local Government and Ethnic Affairs and the Minister Assisting the Prime Minister for Multicultural Affairs.

#### 2. Consultancy project to develop a paper on the interpreting and translation needs of NESB women.

The consultants will draft an Issues Paper looking at women's interpreting and translation needs under the direction of the Commonwealth-State Council on Non-English Speaking Background Women's Issues.

The project will involve examining gender issues in interpreting services in relation to the needs of NESB women across Australia, looking at:

- States or Territories with developed services, and
- States or Territories with limited services.

The study should explore:

- NESB women clients' needs;
- their access to, and the availability of, appropriate quality services;
- related services delivery issues, e.g., training and information needs and procedures and access to, and the protection of, women interpreters; and

- development of options for information dissemination strategies.

From these studies, the consultant will:

- develop gender-oriented principles and practices for language services and support services;
- provide a set of recommendations from the Council for service providers, and for consideration in the development and co-ordination of services, e.g., in the establishment of the National Language Services Organisation.

The Consultant's drafts will be handed over to the Commonwealth-State Council on NESB Women's Issues for consideration and publication as a Council document. Proper acknowledgement will appear in the publication.



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