Review of Auslan interpreting service use in primary care

Final report

Australian Government Department of Health and Aged Care

15 December 2023

AHA Australian Healthcare Associates
Australia's largest health & human services consulting firm

Suggested citation: Australian Healthcare Associates (AHA) (2023), *Review of Auslan interpreting service use in primary care: Final report*, report to the Australian Government Department of Health and Aged Care, AHA.

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Acknowledgement of Country

In the spirit of respect and reconciliation, Australian Healthcare Associates acknowledges the traditional custodians of Country, the Aboriginal and Torres Strait Islander peoples, and their continuing connection to land, waters, sea, and community.

Australian Healthcare Associates is located on the lands of the Kulin Nation.
We pay respect to Elders past and present.

Acknowledgements

We would like to thank the Auslan users, interpreters, primary care providers, and representatives of the interpreting industry and Deaf and health sectors who contributed to this review. We truly appreciate how generous they were with their time and how open they were about their experiences of Auslan interpreting in the primary care setting.

Acknowledgement of Deaf people and community

This report discusses disability policy and services as key mechanisms through which Auslan interpreting services are accessed in primary care. We recognise that deafness is not widely accepted as a disability by the Deaf community, and we respect their identity as a culturally and linguistically diverse group.

Abbreviations

Term	Definition
AHA	Australian Healthcare Associates
Ahpra	Australian Health Practitioner Regulation Authority
ASLIA	Australian Sign Language Interpreters' Association
Auslan	Australian sign language
CALD	culturally and linguistically diverse
CPD	continuing professional development
the department	Australian Government Department of Health and Aged Care
DSS	Australian Government Department of Social Services
GP	general practitioner
NAATI	National Accreditation Authority for Translators and Interpreters
NABS	National Auslan Interpreter Booking and Payment Service
NCSL	non-conventional sign language
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NRS	National Relay Service
NSLP	National Sign Language Program
PHNs	Primary Health Networks
the royal commission	Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

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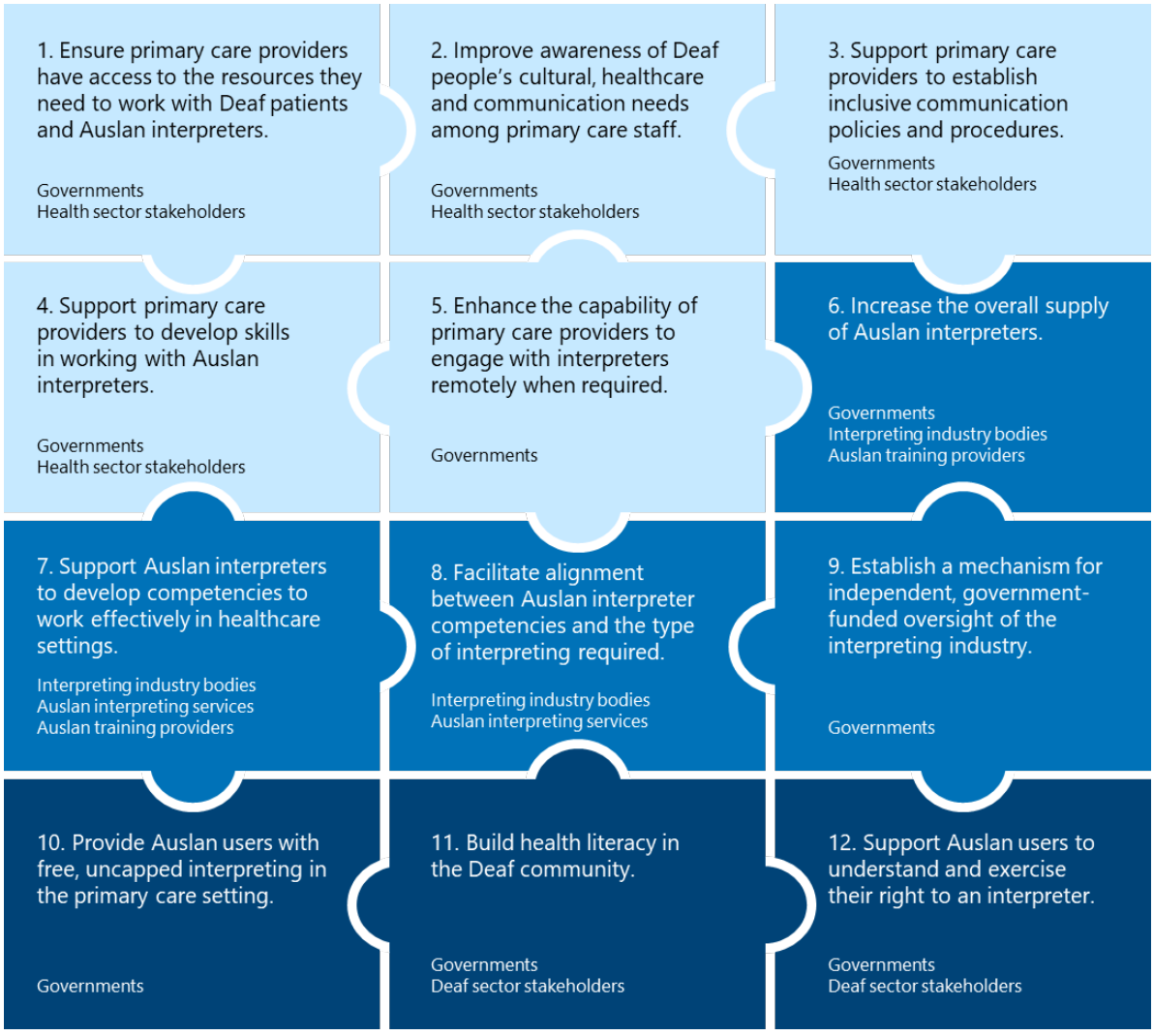
Summary

Auslan is a visual, signed language that was developed by and for the Australian Deaf community. People who use Auslan as their primary or preferred language are not necessarily fluent in English. As such, a professional interpreter is often required to ensure that Auslan users and English speakers understand each other. This is especially critical when misunderstandings have potentially serious consequences, such as in primary care settings which are the front line of Australia's healthcare system.

In January 2023, Australian Healthcare Associates (AHA) was engaged to review the current use of – and barriers and enablers to accessing – Auslan interpreters in primary care settings. We found that although Auslan users have the right to an interpreter, and health professionals have a moral and ethical obligation to support their access to one, the use of Auslan interpreters in practice is suboptimal at best. This is due to a range of complex and multi-layered factors within 3 domains: the primary care setting, the interpreting industry, and the broader policy and system landscape. Figure 1 shows our recommendations for improvement in each of these domains (signified by light, medium, and dark blue respectively), and the stakeholder groups responsible for their implementation.

Figure 1: Recommendations to improve access to Auslan interpreters in primary care



Long description for Figure 1.

These recommendations were informed by a scan of available Auslan interpreting service websites, review of peer-reviewed and grey literature, and consultation with representatives of the Deaf and health sectors and interpreting industry, as well as individual primary care providers, Auslan interpreters, and Auslan users. Key findings are summarised below.

Challenges within the primary care setting

Primary care providers want to know more about working with Auslan users and interpreters. Although a range of relevant resources is available (including information, practice tools, and training), their existence is not widely known. Moreover, gaps in content and format mean that existing resources do not fully address primary care providers' knowledge and skill gaps, as highlighted below.

Most primary care providers have limited experience working with Auslan users, and limited knowledge of their culture and healthcare needs. They may make inaccurate assumptions about Auslan users' cognitive capacity, and about the appropriateness or effectiveness of different communication strategies (thus underestimating the importance of an interpreter). This can lead to culturally inappropriate and ineffective health care.

Few primary care providers have procedures in place that ensure patients' communication needs – including access to an interpreter – are consistently identified and met. Instead, the burden is on individual staff and patients to figure things out on an ad hoc basis, which can be confusing, stressful, and result in no or multiple interpreters being booked. Despite Auslan interpreter booking and payment processes being quite different in primary care than in other healthcare settings, no up-to-date information is available to help providers to understand what to do.

Even assuming an interpreter is booked, effective communication is not guaranteed. Some primary care providers do not understand the interpreter's role or how to work with them during an appointment. For example, they may talk to the interpreter rather than the Auslan user, expect the interpreter to provide opinions, or assume the interpreter will provide ad hoc training on their role or working with Auslan users. This can contribute to ineffective health care by reducing consultation time and hampering rapport between the patient and the health professional.

Auslan interpreting can be provided in person (i.e. the Auslan user, interpreter, and primary care provider are in the same room) or via video (i.e. the Auslan user and primary care provider are in the same room, but the interpreter is online). Most Auslan users prefer the former, but video interpreting is becoming increasingly acceptable (particularly when an in-person interpreter is not available). However, it is not always accessible in primary care due to a lack of internet connectivity, appropriate hardware, and knowledge of how to work with interpreters via video. Further, Auslan users are unable to access primary care via telehealth as 3-way video connections are not supported by existing systems.

Challenges within the interpreting industry

One of the most significant barriers to accessing Auslan interpreters in primary care settings is simply that there are insufficient interpreters to meet demand. This can mean that interpreters need to be booked weeks in advance, which is often not practical in primary care, or that Auslan users are unable to access their interpreter of choice. Choice of interpreter is of critical importance to Auslan users, and without it they are forced to make difficult decisions about whether to navigate their primary care appointment with an interpreter that does not meet their needs or no interpreter at all, or forego the appointment altogether.

Workforce shortages are driven by difficulties with both recruitment and retention. Interpreting is a highly skilled and demanding job, that requires many years of training and experience but is not necessarily met with a commensurate level of respect or remuneration. Further, interpreters work predominantly as independent contractors. This provides flexibility, but insecure work and a lack of entitlements and support can hasten some interpreters' exit from the industry.

Overall workforce shortages may be particularly pronounced in primary care, as not all interpreters have the knowledge and skills required to work in this setting. "Medically-competent" interpreters can contribute to improved patient satisfaction and outcomes, but there are limited supports or incentives for interpreters to upskill in healthcare interpreting. In addition, it is not easy for Auslan users or primary care providers to identify interpreters who have completed healthcare-related training and professional development, nor for interpreters to determine whether a particular interpreting job is suited to their skills and experience.

The interpreting industry is self-regulated, potentially putting both Auslan interpreters and their clients at risk. Auslan users and primary care providers who have a poor interpreting experience have few reporting options available and none that support appropriate investigation and resolution. Meanwhile, there are limited protections for Auslan interpreters, and they face variable and often limited access to support. A lack of industry standards may also exacerbate workforce shortages in high-risk settings such as healthcare, with no consistent approach to triaging booking requests and ensuring timely access to a suitable interpreter.

Challenges within the policy and system landscape

Funding arrangements for Auslan interpreters in primary care settings are relatively complex. This results in inequities in access to interpreters both between the Deaf community and other culturally and linguistically diverse groups, and within the Deaf community itself. While spoken language interpreting is provided for free, and on demand, in general practitioner (GP) clinics, pharmacies, and some allied health settings, free Auslan interpreting is only available to people aged over 65. Younger Auslan users must pay an average of $245 for an in-person interpreter to attend their primary care appointment, either out of their own pocket or through their National Disability Insurance Scheme (NDIS) package.

The NDIS is generally seen to have had a positive impact on Auslan users' access to interpreters. However, not all Auslan users choose to participate in the NDIS, and those that do face a challenging application process, a finite amount of interpreter funding, and difficult decisions about when and where to use interpreters in order to ration their allocated funds.

Finally, findings of this review highlight a lack of health information available to Auslan users. They may have limited access to formal education in Auslan and to opportunities for incidental learning about interacting with the health system, and health information and health promotion initiatives are not always available in Auslan. As such, Auslan users face unique barriers to understanding their rights and healthcare needs, and to accessing and engaging with appropriate services, including interpreters.

1 Background

The Australian Deaf community is a culturally and linguistically diverse (CALD) group with values, behaviours, and traditions that are distinct from those of the hearing community. It also has its own language; Auslan (short for Australian sign language). Auslan is an entirely visual, signed language with its own grammar, syntax and terminology.

Auslan is a natural language that developed organically over time, and continues to evolve to meet users' needs, preferences, and contexts. There are different dialects in different parts of Australia, and modified versions of Auslan to meet the needs of deafblind people.[a] These modifications include visual frame signing, which uses a limited signing space and close physical proximity to be visible to someone with a limited visual field; tracking, which is visual frame signing but where the deafblind person has a very narrow field of vision and may hold the interpreter's wrists; and tactile hand-over-hand signing.

People who use Auslan as their primary or preferred method of communication may have learned English as a second language and are not necessarily fluent. For some people in some settings, it may be appropriate for Auslan users and English speakers to communicate with each other through written notes or lipreading,[1–12] or through informal interpreters (e.g. family and friends). However, these strategies come with a high degree of difficulty and potential for misunderstanding. Thus, where the consequences of poor communication are potentially serious, such as in healthcare settings, the use of a professional interpreter is important for the following reasons:

- As a visual language, Auslan has no written equivalent. This means that people who learned Auslan as their first language must process information in their second language in order to read and write.
- Lipreading is inherently difficult even for native English speakers due to words and phrases having shared lip patterns; it is estimated that only 30% to 40% of spoken English can be accurately lipread.[13] As a result, lipreaders rely heavily on guesswork to fill gaps.
- Informal interpreters may lack the skills needed to interpret complex health information and the objectivity to do so without bias. They may also be at higher risk of experiencing vicarious trauma due to their personal relationship with the Auslan user. Note it is *never* acceptable for hearing children to act as informal interpreters for Deaf parents in a healthcare setting.[1–3,14,15]

In a healthcare context, access to a professional interpreter is not only a legal right under the *Disability Discrimination Act 1992*, but is recognised as "critical in establishing trustful and clinically effective relationships and ensuring access to information and appropriate services".[16(p186)] This is particularly pertinent in primary care settings, where GPs, pharmacists, and

[a] It is also worth noting that while Auslan is the primary sign language of the Australian Deaf community, it is not the only one. A range of other sign languages are also in use, including Indigenous, migrant, conventional and non-conventional sign languages and signed English.

allied health professionals are often people's first point of contact with the healthcare system and are key facilitators of health promotion, preventive care and early intervention.[17] They deliver the vast majority of health care in Australia, and play a critical role in managing chronic disease, which is responsible for the majority of the overall burden of disease.[18]

Primary care is widely regarded as key to an efficient, effective and equitable healthcare system.[19–21,b] However, without access to professional interpreters, Auslan users face inequitable access to, and poor experiences of, primary care services. This, in turn, contributes to their collectively poor health literacy and health outcomes.[5,15,22,23]

Terminology

The **Deaf** community is a heterogeneous group that includes people who are culturally Deaf or Deafblind (with a capital D, typically, those who were born deaf or became so early in life); people who are deaf or deafblind (with a lowercase d) but do not identify as culturally Deaf; and people who are hard of hearing.

Throughout this report we use the term **Auslan user** to refer to anyone whose primary or preferred method of communication is Auslan, regardless of their level or type of deafness.

There are 2 main types of interpreters that work with Auslan users: hearing interpreters who transfer meaning between spoken English and Auslan, and **Deaf interpreters** who work in tandem with hearing interpreters to facilitate effective communication with people with unique needs. We use **professional interpreter** or **Auslan interpreter** to refer to hearing and Deaf interpreters who hold one or more credentials awarded by the National Accreditation Authority for Translators and Interpreters (NAATI; see section 4.1). We use **spoken language interpreter** (or interpreting) when discussing the transfer of meaning between spoken English and another spoken language.

We use the term **primary care provider** to refer to anyone working in primary care, including health professionals, practice managers, and reception staff. See Appendix A for a full list of professions in scope for this review.

We use the term **patient** to refer to anyone receiving healthcare in a primary care setting. This includes clients, consumers and depending on context, may also extend to families and carers.[24]

[b] The widely used Quadruple Aim framework states that high-performing health systems are associated with reduced *healthcare costs,* enhanced *patient* and *provider* experiences, improved *population health*.[51] More recently, *health equity* has been added to these dimensions to form the Quintuple Aim framework.[52]

1.1 About this review

This project was commissioned by the Australian Government Department of Health and Aged Care (the department) in response to work done by the Deaf community to highlight "systemic failures" in the provision of communication supports, including interpreters, to Auslan users in hospital and other healthcare settings.[25]

The project focused on primary care because the Australian Government is responsible for this setting, while states and territories are responsible for the management of public hospitals. We acknowledge that the barriers to accessing Auslan interpreters are not limited to primary care settings; some findings of this review may be applicable to hospital and other healthcare settings.

The review was undertaken by Australian Healthcare Associates between January and December 2023, with the objectives of:

- reviewing the current use of Auslan interpreting services in primary care settings
- identifying enablers and barriers to the provision and use of these services
- providing recommendations to improve access to Auslan interpreting services
- developing resources to promote available Auslan interpreting services to primary care providers.

The review was guided by 18 evaluation questions across 4 domains, as follows.

Service characteristics

1. Who is eligible to access existing Auslan services when using a primary care provider?
2. What is the process for organising an interpreter?
3. Who pays for Auslan services and how much is being spent for these services in primary care settings?
4. What are the population demographics of the individuals who have used services (e.g. region, age)?
5. What is the frequency of use and cost of different modes of appointment?

Experiences of Deaf people

6. How and when do people inform a primary care professional that they need an Auslan interpreter?
7. Which interpreter services are used?
8. Are there particular characteristics that make a "good" or "bad" interpreting service?
9. What is the preferred mode of appointment?
10. How long do Deaf people wait to have an Auslan interpreter attend their primary care appointments?
11. What changes would Deaf people like to see to have appropriate access to Auslan services in primary care?

Experiences of healthcare professionals

12. What is the level of awareness of existing Auslan services among health professionals?
13. What attitudes do health professionals hold in relation to Auslan services and using qualified interpreters?
14. What practice-level enablers are in place to support use of Auslan services where required?
15. What does and does not work well in arranging Auslan services?
16. What would enable greater use of Auslan services in primary care?

Experiences of interpreters

17. What does and does not work well in providing Auslan services in primary care?
18. What would enable greater provision of Auslan services in primary care?

1.2 About this report

This report begins with an overview of the data collection activities undertaken over the course of this review (section 2). We then provide recommendations to improve access to Auslan services in primary care, define the stakeholders who will play a role in their implementation, and list the actions for which they are responsible (section 3).

In section 4 we summarise the Auslan interpreting service landscape, providing context to our findings in relation to primary care (section 5), interpreting industry (section 6), and systemic (section 7) factors that affect Auslan users' access to interpreters in primary care. Unless otherwise specified, each finding is supported by multiple data sources. For each finding we provide an overview of key messages and a sample quote from our consultations and the published literature. The evidence underpinning each finding is further detailed in corresponding sections of:

- Attachment 1: Literature review findings
- Attachment 2: Stakeholder consultation findings.

2 Activities undertaken

This review was informed by 3 interrelated data collection activities: an environmental scan, a desktop review and stakeholder consultations.

2.1 Environmental scan

Timing: February and March

Through a Google search and review of the NDIS provider finder tool we identified 16 Auslan interpreting services that are available in primary care settings and were therefore in scope for this review. We scanned each interpreting service's website to develop a profile of the regions and clients they serve, the number of interpreters they contract, the interpreting modalities they provide, their booking processes and fees, and any resources they have developed to raise awareness of the service – and how to use it effectively – among primary care professionals.[c]

2.2 Literature review

Timing: February to October | For more information: Attachment 1

We searched Google and Google Scholar for peer-reviewed and grey literature relating to barriers and enablers to accessing or using sign language interpreters in primary care, and resources designed to raise awareness of available services and when and how to use them.

Our search strategy was intentionally broad and we did not restrict results to any particular publication type, date, country or setting. We prioritised Australian and more recent publications but included other evidence where particularly relevant. We excluded documents that focused exclusively on interpreting in non-healthcare settings or on spoken language interpreting.

[c] To finalise these profiles we confirmed and supplemented publicly available information with data provided in confidence by interpreting service representatives (section 2.3). The profiles were submitted to the department as part of a previous deliverable for this review. They have informed this report but are not published with it.

2.3 Stakeholder consultations

Timing: March to July | For more information: Attachment 2

We consulted with a total of 258 individuals, representing 6 stakeholder groups within 2 broad categories (Table 2-1).

Table 2-1: Overview of stakeholder consultations

Stakeholder group (consultation method)	Participants	Consultation period
Organisational stakeholders (interview)	**42**	**23 March to 20 June**
Interpreting industry representatives	27	23 March to 20 June
Deaf sector representatives	3	5 April to 15 June
Health sector representatives	12	31 March to 26 April
Individual stakeholders (survey)	**216**	**1 May to 14 July**
Auslan and Deaf interpreters	122	1 May to 30 June
Primary care providers	76	1 May to 14 July
Auslan users and family members	18	12 May to 30 June
All stakeholders	**258**	**23 March to 14 July**

Organisational stakeholders (listed in Appendix B) were representatives of:

- 18 Auslan interpreting services and interpreting industry bodies
- 3 Deaf sector peak bodies
- 9 health sector peak bodies and professional associations.

These representatives participated in an online interview (one per organisation), with an Auslan interpreter where required. Each interview lasted up to 90 minutes and explored factors that facilitate the effective provision of interpreting services in primary care, key barriers and how these could be addressed, and how interpreting services can or could be promoted to primary care providers. Specific questions for different stakeholder groups explored:

- interpreting services' self-reported service characteristics and utilisation
- Deaf sector perspectives on the characteristics of primary care and Auslan interpreting services that are important for Auslan users
- health sector perspectives on primary care providers' awareness of and attitudes towards working with Auslan interpreters.

Individual stakeholders were:

- 76 primary care providers (6 GPs, 14 nurses, 2 practice managers, and 54 allied health professionals)
- 112 Auslan interpreters and 10 Deaf interpreters (just over half of whom held the NAATI credential of certified provisional interpreter; see definition in section 4.1 and Attachment 2 for a full breakdown of respondent credentials)[d]
- 15 Auslan users and 3 hearing family members of an adult Auslan user.

[d] We did not ask interpreters to identify which, or how many, interpreting services they work for.

Individual stakeholders completed a brief survey, either online or via a telephone or video call with a member of our team. Primary care providers also had the option to participate in a follow-up interview; 4 allied health professionals and one GP did so. Surveys and interviews explored experiences of accessing or providing interpreting services in primary care and how these could be improved. The survey for Auslan users and family members was designed in consultation with Deaf Connect and made available in Auslan and English.

2.4 Stakeholder feedback on preliminary findings

After analysing the information collected from the data sources above, we developed a summary of preliminary findings and prototype resources for primary care providers. On 20 September, we invited feedback on these documents from all organisational stakeholders who were invited to our initial round of consultations and 41 respondents to our primary care provider survey who opted-in to this component of the review.

Nine stakeholders (including both people who participated in our initial consultations and those who did not) provided feedback via an online survey, video interview, or written submission via email. Their comments have been incorporated into this report.

3 Recommendations and actions

Our analysis and synthesis of the data collected through the activities described in section 2 has led us to 12 recommendations designed to improve access to Auslan interpreting in primary care settings. For each recommendation, we have defined a series of actions assigned to one or more of the following stakeholder groups:

- the Australian Government and state and territory governments
- health sector stakeholders (i.e. peak bodies, professional associations and Primary Health Networks [PHNs])
- interpreting industry bodies (e.g. Australian Sign Language Interpreters' Association [ASLIA], NAATI)
- Auslan training providers (e.g. TAFE and other registered training organisations)
- Auslan interpreting services
- Deaf sector stakeholders (i.e. peak bodies and other organisations that represent and advocate for the Australian Deaf community).[e]

Before going further, it is worth acknowledging the context in which our recommendations are made.

First, while this review focused on primary care, we recognise that access to Auslan interpreting is a much broader issue that can affect almost every aspect of an Auslan user's life (including their participation in other healthcare settings as well as legal, financial, education, employment, community, and social settings).

Second, the availability and uptake of Auslan interpreting is affected by a range of complex and evolving circumstances, including changes to the service landscape due to technological advances and shifting consumer preferences and expectations.

We also acknowledge the broader activities and reforms underway that will have an impact on how Auslan interpreting services are delivered in primary care (and other settings). In particular:

- The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the royal commission) handed down its final report in September 2023. The recommendations for the Australian Government include several related to improving access to Auslan interpreters and ensuring that Deaf people have equitable access to information and services.[f]
- The final report on the NDIS Review was published in December 2023 and highlights the need for a "comprehensive disability support ecosystem".[26(p18)] Its 26 recommendations will affect a broad range of people with disabilities, including NDIS participants, and may have implications for Auslan users' access to interpreters.[f]

[e] Note that many of these are also Auslan interpreting service providers.

[f] At the time of writing, the government's response to the findings and recommendations of both the royal commission and NDIS Review was not known.

- The Department of Home Affairs' Language Sector Sustainability Survey was conducted in June 2023. When available, its findings may result in additional initiatives to build the interpreter workforce across all languages, including Auslan.
- A proposed Language Services Industry Award was filed with the Fair Work Commission in December 2022. This award may impact interpreters' working conditions, although we understand that the inclusion of Auslan interpreters in this award is an open discussion (see section 6.3).

We have been mindful of this broader context in formulating our recommendations and associated actions, and acknowledge that they are only part of the puzzle of ensuring Auslan users' communication needs are met (including through ready access to interpreters where required).

With these caveats noted, Table 3-1 lists our recommendations and shows the stakeholder groups to which they have been assigned. It is followed by a complete list of actions for each recommendation. We encourage a flexible approach to their implementation, in order to adapt to changes in the funding or service delivery landscape.

Table 3-1: List of recommendations and the stakeholders responsible for their implementation

Recommendation	Report section	Governments	Health sector stakeholders	Interpreting industry bodies	Auslan training providers	Auslan interpreting services	Deaf sector stakeholders
1. Ensure primary care providers have access to the resources they need to work with Deaf patients and Auslan interpreters	5.1	✓	✓				
2. Improve awareness of Deaf people's cultural, healthcare and communication needs among primary care staff	5.2	✓	✓				
3. Support primary care providers to establish inclusive communication policies and procedures	5.3	✓	✓				
4. Support primary care providers to develop skills in working with Auslan interpreters	5.3	✓	✓				
5. Enhance the capability of primary care providers to engage with interpreters remotely when required	5.5	✓					
6. Increase the overall supply of Auslan interpreters	6.1	✓		✓	✓		
7. Support Auslan interpreters to develop competencies to work effectively in healthcare settings	6.2			✓	✓	✓	
8. Facilitate alignment between Auslan interpreter competencies and the type of interpreting required	6.2			✓		✓	
9. Establish a mechanism for independent, government-funded oversight of the interpreting industry	6.3	✓					
10. Provide Auslan users with free, uncapped interpreting in the primary care setting	7.1	✓					
11. Build health literacy in the Deaf community	7.2	✓					✓
12. Support Auslan users to understand and exercise their right to an interpreter	7.2	✓					✓

Recommendation 1: Ensure primary care providers have access to the resources they need to work with Deaf patients and Auslan interpreters

Actions for governments:

1a. Fund the development and maintenance of a central, fit-for-purpose repository of information for primary care providers working with Deaf patients, including directories of available resources and Auslan interpreting services.

In the interim, explore options to address primary care providers' immediate need for information by promoting available resources and improving existing service directories.

1b. Support regular review and promotion of available resources, and the development of new resources that complement those currently available for staff in mental health and hospital settings.

Action for health sector stakeholders:

1c. Use existing channels of communication (e.g. newsletters, social media, HealthPathways) to promote available resources and services to primary care providers.

Recommendation 2: Improve awareness of Deaf people's cultural, healthcare and communication needs among primary care staff

Actions for health sector stakeholders:

2a. Promote available Deaf Awareness Training to all primary care providers.

2b. Make continuing professional development (CPD) points available, and/or promote their availability, to encourage completion of Deaf Awareness Training. If necessary, support Deaf Awareness Training providers to tailor existing training packages to meet CPD requirements and the needs of primary care staff.

Action for governments:

2c. Consult with education providers and Deaf sector stakeholders to ensure that during their initial training, all students enrolled in clinical degrees gain an insight into the cultural, healthcare and communication needs of the Deaf community and other diverse populations.

Recommendation 3: Support primary care providers to establish inclusive communication policies and procedures

Action for governments:

3a. Invest in promoting and distributing the resources developed through this review in consultation with Deaf and health sector stakeholders.

Action for health sector stakeholders:

3b. Consider what further support primary care providers require to implement inclusive communication policies and procedures.

Recommendation 4: Support primary care providers to develop skills in working with Auslan interpreters

Actions for health sector stakeholders:

4a. Promote available interpreter awareness training to all primary care providers.

4b. Make CPD points available, and/or promote their availability, to encourage completion of Auslan interpreter awareness training. If necessary, support training providers to tailor existing training packages to meet CPD requirements and the needs of primary care staff.

Actions for governments:

4c. Consult with education providers and the interpreting sector to support all students enrolled in clinical degrees to build skills in working with interpreters during their initial training.

4d. Promote awareness, among relevant primary care providers and their patients, of the Medicare rebates available to reduce out-of-pocket costs for patients requiring interpreter-mediated appointments.

Recommendation 5: Enhance the capability of primary care providers to engage with interpreters remotely when required

Actions for governments:

5a. Consider providing small grants for primary care providers to upgrade IT infrastructure, where this is identified as a barrier to the provision of video interpreting.

5b. Explore how existing telehealth services could be upgraded to facilitate 3-way video connections.

Recommendation 6: Increase the overall supply of Auslan interpreters

Actions for Auslan training providers and interpreting industry bodies:

6a. Consider how best to expedite training and certification for adult children of Deaf adults while ensuring they have the knowledge, skills and attributes required to work as professional interpreters.

6b. Explore options to improve access to Auslan interpreter training and assessment for people in rural and remote areas.

6c. Explore options to better support access to Auslan interpreter training and assessment for people from under-represented groups (e.g. people who are male or non-binary or from First Nations backgrounds).

6d. Build capacity to provide Deafblind interpreting by ensuring all Auslan interpreters gain exposure to this work as part of basic training.

6e. Explore options to encourage workforce retention (e.g. improving remuneration and conditions).

Actions for governments:

6f. Recognise Auslan interpreters as a priority workforce and develop or review strategies to build workforce capacity. In line with actions proposed by the Hearing Health Sector Committee and recommendation 6.2 of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, these strategies should:

- ensure that all primary and secondary school students have the opportunity to learn Auslan and develop an understanding of interpreting as a career option
- facilitate access to free or subsidised Auslan and Auslan interpreting courses through registered training organisations
- encourage and support people from under-represented groups to undertake Auslan training and assessment (e.g. through scholarships or other incentives).

Recommendation 7: Support Auslan interpreters to develop competencies to work effectively in healthcare settings

Actions for Auslan interpreting services and interpreting industry bodies:

7a. Promote – and support Auslan interpreters to complete – professional development and training in healthcare interpreting.

7b. Enhance on-the-job training and support (e.g. access to mentoring) to help Auslan interpreters develop skills and confidence in healthcare interpreting.

7c. Encourage, support and offer incentives for interpreters to pursue higher levels of NAATI certification.

Actions for Auslan training providers:

7d. Consider incorporating opportunities for supervised practice in healthcare settings into interpreter training.

7e. Expand healthcare-focused training and professional development opportunities.

Recommendation 8: Facilitate alignment between Auslan interpreter competencies and the type of interpreting required

Actions for Auslan interpreting services:

8a. Review booking systems and ensure they are collecting sufficient information for interpreters to make informed decisions about the jobs they accept.

Actions for Auslan interpreting services and interpreting industry bodies:

8b. Consider enabling interpreters to include more information about their experience and interests in online directories, and enhancing search functions to enable users to find an interpreter that meets their needs.

Recommendation 9: Establish a mechanism for independent, government-funded oversight of the interpreting industry

Actions for governments:

9a. Consult with relevant government agencies, and with the interpreting sector, to determine the feasibility, structure and remit of an independent regulatory body. Functions for consideration include:

- complaints investigation and resolution
- workforce planning and development, including accreditation or quality assurance of interpreter training and professional development activities
- development of industry standards to support timely access to appropriately trained and experienced interpreters.

Recommendation 10: Provide Auslan users with free, uncapped interpreting in the primary care setting

Actions for governments:

10a. Consider funding models to provide free interpreting for primary care appointments for all Auslan users, regardless of their age or NDIS status.

10b. Liaise with the Deaf sector and interpreting industry to develop a service like TIS National, enabling primary care providers to access an Auslan interpreter on demand (via video) if required.

10c. Include information on accessing Auslan interpreters in TIS National materials, so that primary care providers can be directed to an interpreter in any language – including Auslan – through a single point of contact.

Recommendation 11: Build health literacy in the Deaf community

Action for Deaf sector stakeholders:

11a. Promote awareness of health information that is available in Auslan.

Actions for governments:

11b. Fund the Deaf-led development and delivery of new health promotion initiatives for the Deaf community.

11c. Ensure that resources published on government websites include Auslan translations where relevant.

11d. Explore options to make information on key health topics available in Auslan on a centralised platform (e.g. healthdirect).

Recommendation 12: Support Auslan users to understand and exercise their right to an interpreter

Action for Deaf sector stakeholders:

12a. Promote awareness of self-advocacy information and resources for Auslan users.

Action for governments:

12b. Liaise with Deaf sector stakeholders to identify whether additional materials or campaigns are required that specifically support self-advocacy in the primary care setting, and if so, fund their development and promotion/implementation.

4 Auslan interpreting services

In this section we provide a high-level overview of the interpreters who support Auslan users and the interpreting services they work for, and who is eligible to access which services, how they do so, and at what cost. We also estimate the quantity and costs of Auslan interpreting delivered in primary care settings.

Note that the interpreting industry is continually evolving. Both the number and characteristics of Auslan interpreters and interpreting services is subject to change.

4.1 Characteristics of the Auslan interpreter workforce

NAATI is Australia's national standards and certifying authority for translators and interpreters and is the only body that can issue the required credentials for working (in any language) in the Australian interpreting industry. To obtain a NAATI credential, an individual must demonstrate that they meet certain prerequisites and pass relevant skills and knowledge tests.

Interpreters who work with Auslan users may hold one or more of the following NAATI credentials:[g]

- **Certified provisional interpreter (Auslan):** transfers noncomplex, nonspecialised messages between Auslan and English.
- **Certified interpreter (Auslan):** has more experience than a certified provisional interpreter and transfers complex, nonspecialised messages between Auslan and English.
- **Certified specialist legal or health interpreter (Auslan):** a highly experienced interpreter with an understanding of specialised terminology and extensive knowledge of a particular domain.[h]
- **Certified conference interpreter (Auslan):** interprets in situations such as speeches and presentations, including at high-level national and international events.
- **Certified provisional Deaf interpreter:** transfers messages between Auslan and written English and/or non-conventional sign language (NCSL).
- **Recognised practising Deaf interpreter:** transfers messages between Auslan and signed languages other than the NCSLs for which testing is available (e.g. British, American, or New Zealand sign language).

[g] The current NAATI certification system was introduced in 2018. Previously, certified provisional interpreters were known as "level 2" or "paraprofessional" interpreters, and certified interpreters as "level 3" or "professional" interpreters. These terms are still used by many Auslan users and interpreters.

[h] Specialist health certification for Auslan interpreters was introduced in April 2022 but had not been awarded at the time of undertaking data collection for this review.

In 2022, NAATI listed 681 credentialed Auslan interpreters. However, it is not possible to determine how many are actively working as interpreters, how much they are working, or whether they intend to continue in the profession.[i]

Most Auslan interpreters (84%) are female. A significant proportion of the workforce is also approaching retirement age: 31% are aged 50 or older, while just 11% are under 30.

Auslan interpreters may work as sole traders and/or for one or more interpreting services, either as a member of staff or, more commonly, on a freelance basis as an independent contractor (see section 6.1 for some of the pros and cons of this model). Anecdotally, we heard that interpreters tend to contract to about 5 services each.

Auslan interpreting services include those that specialise in Auslan (and are typically Deaf-owned and -operated), and those that provide both Auslan and spoken language interpreting. The former are preferred by members of the Deaf community, while the latter are often larger organisations that tend to service government or corporate clients.

4.2 Access to interpreting services

All Auslan users can access any Auslan interpreting service on a fee-for-service basis if they wish, and if they can afford to pay (see section 4.5).[j] In addition:

- **NDIS participants with self- and plan-managed funding** can use their package to access Auslan interpreting through the service (or sole trader) of their choice.
- **NDIS participants with NDIA-managed funding** can use their package to access Auslan interpreting through the registered NDIS provider of their choice.[k]
- **People who are aged over 65 and not on the NDIS** can access free Auslan interpreting for GP and other health-related consultations through the National Auslan Interpreter Booking and Payment Service (NABS), which at the time of this review was funded by the Department of Social Services (DSS).[l] [Editor's note: From July 2024 the National Sign Language Program (NSLP) has superseded NABS.]

In contrast, *all* Auslan users receiving care from an Australian Government funded aged care service or state- and territory-funded health service (e.g. public hospital) are eligible for free

[i] Professional interpreters must recertify every 3 years, and must have provided at least 120 hours of interpreting over those 3 years to qualify; this equates to an average of less than 1 hour per week. Unlike Australian Health Practitioner Regulation Authority (Ahpra) registered, health professionals, they are not required to declare their future intentions to practice.

[j] The exception to this rule is Deaf Aboriginal Services, which is only available to First Nations people.

[k] In September 2023, 12% of NDIS participants with a primary disability of hearing impairment (and 10% of NDIS participants overall, which may include some Auslan users with visual or other impairments) had an NDIA-managed plan.[53] The NDIS provider finder tool listed 10 Auslan-specific interpreting services that are available in primary care settings: Auslan Services, Communication eXtra, Deaf Connect, Expression Australia, NABS (under its parent company, Wesley Mission Queensland), PAH! App, Sign Hear, Signpedia, Sweeney Interpreting, and Vital Interpreting Personnel.

[l] The department will take responsibility for managing the *Continuity of Support for NABS* from 1 July 2024.[54m] In aged care services, free interpreting is provided by Deaf Connect under a contract with the department.

interpreting regardless of their age, NDIS participation, or ability to pay. Service providers are responsible for arranging and paying interpreters through contracted interpreting services.[m] In primary care settings, fees are paid by the Auslan user or the Australian Government through the funding arrangements above. For Auslan users under the age of 65, the cost can be prohibitive (see section 4.5), even if it is paid through their NDIS package (see section 7.1).

In addition, the National Relay Service (funded by the Department of Infrastructure, Transport, Regional Development, Communications and the Arts) offers free, on-demand Auslan interpreting for phone calls (see section 4.4). While this service is not available *within* a primary care appointment, it can be used to book the appointment.

4.3 Booking an Auslan interpreter

Almost all Auslan interpreting services enable interpreters to be booked via an online form; in some cases, this form is publicly available while others require the user to create a free account. Many services also offer other options for booking an interpreter, such as SMS or email or, less commonly, video call or telephone. We identified 3 services that do not accept bookings through their website but use an app-based booking system instead.

Interpreting services endeavour to meet all booking requests, and many include provision for emergency bookings. However, most encourage bookings to be made at least one to 2 weeks in advance to maximise the likelihood of a suitable interpreter being available (for more on workforce capacity, see section 6). Only a small number of services **specifically** cater to last-minute requests or provide on-demand interpreting (see section 7.1).

Most interpreting services enable Auslan users to manage their own interpreter bookings **and** allow others (including primary care providers) to book interpreters on an Auslan users' behalf and with their consent. In this case, the person making the booking simply provides the Auslan user's contact details (including NDIS number, if relevant) for invoicing.

There is some variation across interpreting services in the type and format of information collected at the time of booking, including information about the setting and topics likely to be discussed, which can be important for interpreters to know in advance (see section 6.2).

4.4 In-person and remote interpreting

Almost all the interpreting services we profiled offer both video and in-person interpreting. As a visual language, Auslan interpreting cannot be delivered over the phone in the same way as spoken languages; however, we profiled 2 services that help Auslan users to contact hearing people via telephone by combining an interpreter-mediated telephone call (for the hearing person) with video interpreting (for the Auslan user).

[m] In aged care services, free interpreting is provided by Deaf Connect under a contract with the department.

Video interpreting has become increasingly acceptable to the Deaf community in recent years – partly by necessity, due to interpreter shortages (see section 6.1) and COVID-19 restrictions. However, it has a number of limitations (e.g. issues with visibility, digital literacy, and internet connectivity) that increase the risk of information being missed or misinterpreted.

Video interpreting can be especially challenging in health care settings. For example, both the health professional and patient may miss visual cues because they are focused on the interpreter on screen rather than the person in the room with them. This can, in turn, hamper rapport between the health professional and patient. In addition, video interpreting can make it difficult for the patient and interpreter to maintain visual contact (e.g. when moving to another part of the room or changing physical position as required for assessment or treatment).

As such, the majority of Auslan users and Auslan interpreters prefer (or require) in-person interpreting, especially for healthcare appointments. That said, Auslan users place a high value on having access to their preferred interpreter and may opt for video interpreting provided by that individual rather than in-person interpreting provided by someone else.

4.5 Interpreting fees

On average, interpreting services charge $122.50 per interpreter per hour during business hours (typically 8 am to 6 pm, Monday to Friday).[n] However, all have a minimum booking duration of 2 hours for in-person interpreting; thus, the actual average cost per in-person booking is $245 (Figure 4-1). The minimum duration for video interpreting varies by provider but typically ranges from 1 to 2 hours, equating to an average cost of $201.

Of course, interpreting fees are separate and additional to the cost of the primary care appointment itself.

Note that these fees are per interpreter; some bookings require 2 interpreters and therefore incur more than the standard fee. For example, 2 interpreters are required for bookings that will involve more than 1 hour of active interpreting time without a break. People who use NCSLs – including people who are Deafblind – typically need to book both a (hearing) Auslan interpreter (to transfer meaning from English to standard Auslan) and a Deaf interpreter (to transfer meaning from standard Auslan to NCSLs).

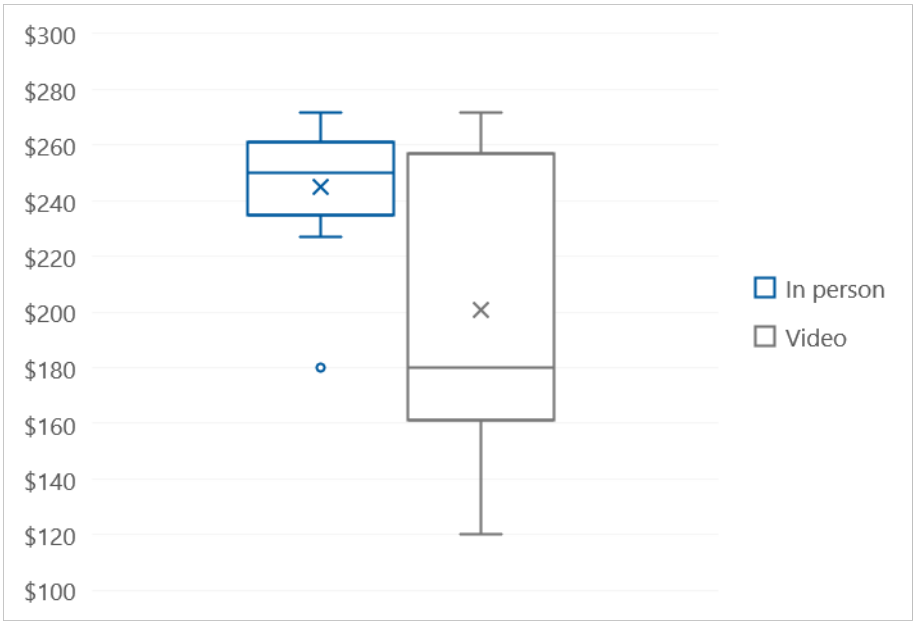
Additional charges also apply to in-person bookings that require significant travel (usually more than 40 km), and to bookings outside of regular business hours. In some cases, interpreting service providers have a fixed price for out-of-hours services, while others vary their fees depending on the source of payment (i.e. NDIS or privately funded) or the day and time (i.e. weeknight, Saturday, Sunday, public holiday). On average, interpreting provided to NDIS participants on a public holiday incurs a 15% loading, resulting in average minimum

[n] This figure is based on 14 Auslan-specific interpreting services that publish their fees on their website or provided them to us for the purposes of this review.

public holiday charges of $306 for in-person interpreting (ranging from $240 to $543) and $254 for video interpreting (ranging from $122 to $543).

It is important to highlight that fees do not reflect interpreter salaries, which are substantially lower (by one stakeholders' estimate, interpreters receive just 44% of the hourly rate charged to clients). Interpreter pay is not generally considered to reflect the demands of the job (section 6.1). In addition, interpreters are advised to interpret for no more than 25 hours per week (and no more than one hour without a break) to prevent occupational overuse syndrome, which limits their earning capacity.[27]

Figure 4-1: Minimum charge per interpreter booking, by service modality



Note: Prices are for interpreting provided during business hours and correct as of 31 July 2023. They reflect the amount charged to NDIS participants, which is exempt from GST but equivalent to the total price (including GST) for privately funded bookings.

How to interpret a box and whisker plot

The boxes correspond to the lower quartile (25th percentile), median (50th percentile), and upper quartile of a set of data. In essence, 50% of the data sits within the box. The cross within the box indicates the mean. The ends of the whiskers represent the minimum and maximum of the set of data, excluding any outliers (which are represented by a dot).

For example, Figure 4-1 shows that both the mean and median minimum charge for in-person interpreting is just over $240. Fifty per cent of interpreting services have a minimum charge of between $235 and $254. There is one outlier with a minimum charge of $180.

4.6 Services delivered

Primary care interpreting accounts for a substantial proportion of interpreters' workload. The information supplied by interpreting services suggests that, on average, around 30% of Auslan interpreting is delivered in the primary care setting. (Another 30% is delivered in other healthcare settings, meaning health care accounts for almost 60% of Auslan interpreting overall.) More than half the interpreters we surveyed indicated that they interpret in a primary care setting at least once a week.

Few interpreting services were able to supply demographic data on their clients, although some indicated that NDIS participants account for the majority of their primary care bookings.

Publicly available data on NDIS-funded interpreting does not indicate the interpreted language, and as such it is not possible to quantify the number of participants accessing, and the amount spent, on Auslan interpreting specifically. Instead, our best approximation of this data comes from looking at participants with a primary disability of hearing impairment. We acknowledge that some of these participants may require interpreters in languages other than Auslan, and that some participants with another primary disability may require Auslan interpreters. With these caveats in mind, we found that a total of $18.6 million in NDIS package funds was spent on interpreting, by participants with a primary disability of hearing impairment, in the 12 months to 30 June 2023 (Table 4-1).[28]

Table 4-1: NDIS package funds spent on interpreting, by participants with a primary disability of hearing impairment, from 1 July 2022 to 30 June 2023

NDIS support	Participants	Total payments	Average per participant
Interpreting and translating	2,688	$17,580,000	$7,000
Telephone or video interpreting	803	$970,000	$1,000

Note: Sourced from publicly available NDIS data.[28] It is not possible to distinguish between *interpreting* and *translating* services, and it is not clear whether this support type excludes all interpreting delivered via telephone or video.

Note that the figures in Table 4-1 relate to interpreting delivered in any setting. As above, around 30% of Auslan interpreting is delivered in primary care. Thus, we estimate that in this setting, between 1 July 2022 to 30 June 2023, NDIS participants with a primary disability of hearing impairment spent approximately $5.3 million in package funds on interpreting and translating, and $291,000 on telephone and video interpreting.

Of course, the volume of interpreting delivered does not necessarily equate to what is needed. Auslan interpreting services that provided data for this review indicated that a lack of interpreter availability left 9% of booking requests unable to be fulfilled. This likely represents just a fraction of unmet need; there is no data on the number of booking requests that are not made because people cannot afford an interpreter or are rationing their NDIS funds (see section 7.1) are unsure how to book an interpreter, or are not confident that an interpreter will be available when required. On the other hand, some unmet booking requests may have been resubmitted to and met by other interpreting services.

Thus, while the available data provides some *indication* of service use, it is not possible to accurately quantify the total volume or cost of Auslan interpreting in primary care, or to quantify the unmet need for services. In Australia, like overseas, "fragmented service provision leads to a point where it is impossible to know how many requests for interpreting in medical settings are actually filled and how many are turned down because of funding issues and/or lack of interpreter availability."[29(p13)]

5 Primary care-related obstacles to accessing Auslan interpreters

> I don't think there's any doubt that [primary care] providers know that to have the best outcomes possible for a person who is Deaf, we must have communication access available. What I don't think people realise, is that it's also a disability discrimination issue when we don't provide appropriate communication access, or we don't provide it adequately. – *Health sector representative*

> Positive professional relationships are built on effective communication between a practitioner and the patient they are caring for. Good practice includes that you take all practical steps to meet the specific language, cultural, and communication needs of patients and their families, including by using translating and interpreting services where necessary, and being aware of how these needs affect understanding.[24(p10)]

Health professionals' obligation to support Deaf patients' access to professional Auslan interpreters is set out in their professional standards and codes of conduct and ethics.[30–34,o] However, the provider's ability and willingness to fulfil this obligation may depend on their:

- awareness of Deaf culture, healthcare needs, and the importance of professional interpreters (section 5.2)
- access to policies and procedures that take the guesswork out of communicating with Deaf patients and booking interpreters (section 5.3)
- knowledge of how to work with Auslan and Deaf interpreters (section 5.4)
- access to appropriate IT infrastructure (section 5.5).

We found that many primary care providers want to know more about working with Auslan users and interpreters but are not aware of the resources that are currently available (which include information, practice tools, and training). We also found that there are gaps in the available resources. To this end, our first recommendation relates to developing and promoting resources to support primary care providers, which will help address the knowledge and skill gaps discussed in sections 5.2 to 5.5. We also provide additional and specific recommendations in those sections as relevant.

[o] This obligation also extends to spoken language interpreting, which is beyond the scope of this review.

5.1 Resources are fragmented and hard to find

Interpreting services and Deaf and health sector stakeholders have developed a number of resources about Deafness, Auslan, and Auslan interpreters, many of which are relevant to primary care. However, we heard that many providers are not aware that these resources exist, or how and where to find them. Even those who start looking may have trouble finding the right resource as this involves a time-consuming search and review of multiple websites.

We have developed a summary of 37 currently available resources that are relevant to primary care providers, including the type, target audience, format, and time commitment (Attachment 3). Stakeholder feedback supports developing this summary into a searchable online directory that primary care providers can use to quickly identify resources that meet their needs.

This review also identified important gaps in the available resources:

- There are currently no service directories that enable easy identification of Auslan interpreting services that are available in primary care (e.g. the NDIS provider finder tool does not enable services to be filtered by language, DeafNav is not a comprehensive list of Auslan interpreting services, and neither enables services to be filtered by setting).
- Only around one-third of the 37 resources we identified are specifically targeted towards health professionals and most of those are aimed at mental health professionals or hospital staff. Some, but not all, of this content is relevant to primary care providers.
- There are few practical tools to support primary care providers to translate knowledge of Deaf culture and how to work with interpreters into practice, and almost no information about who is responsible for booking Auslan interpreters in primary care, or how to do so. What is available is often out of date (e.g. was published prior to the introduction of the NDIS) or service-specific (e.g. promotional materials developed by individual interpreting services).
- Most information is text-based or delivered through live training. Feedback from the primary care providers we surveyed indicates a desire for more video-based content.

Thus, there is a need to develop new resources to fill these gaps and ensure that primary care providers have access to information, practice tools, and training that meet their needs (in terms of both content and format) and provide at least a comparable level of support to that available to healthcare providers in other settings. These new resources should be added to the online directory proposed above.

This directory could be housed on a new, purpose-designed platform, or embedded within an existing one. Either way, it must be regularly reviewed and updated so that it remains fit for purpose, and promoted to primary care providers so that they know where to look for information when they need it.

Most primary care providers indicated that their professional associations and peak bodies should take responsibility for raising awareness of the resources available. Many also suggested that PHNs could play a role, such as by incorporating links into HealthPathways, a website that provides clinicians with access to clinical referral pathways and resources.[35]

Recommendation 1 Ensure primary care providers have access to the resources they need to work with Deaf patients and Auslan interpreters

Actions for governments:

1a Fund the development and maintenance of a central, fit-for-purpose repository of information for primary care providers working with Deaf patients, including directories of available resources and Auslan interpreting services.
In the interim, explore options to address primary care providers' immediate need for information by promoting available resources and improving existing service directories.

1b Support regular review and promotion of available resources, and the development of new resources that complement those currently available for staff in mental health and hospital settings.

Action for health sector stakeholders:

1c Use existing channels of communication (e.g. newsletters, social media, HealthPathways) to promote available resources and services to primary care providers.

5.2 Deaf awareness is low among most primary care providers

> I am currently working with a new client and [her doctor's] lack of understanding, about not only her as a person who is highly educated and bilingual, but also Deaf culture, is astounding. He speaks to her like she's an idiot. – *Interpreting industry representative*

> [Health services] are likely to be far less effective without an awareness of the atypical circumstances of individuals' early development and the adult consequences of being Deaf in a predominantly hearing world.[36(p6)]

With limited exposure to Auslan users, primary care providers may have limited knowledge about deafness, Deaf culture and identity, and limited appreciation of the importance of professional interpreters for both the Auslan user and the primary care provider themselves.

Representatives of the Deaf sector and interpreting industry shared stories of primary care providers making flawed assumptions about Auslan users. Regardless of whether these assumptions are obviously negative (e.g. assuming Deaf people are cognitively impaired), or apparently positive (e.g. assuming Deaf people are proficient in English), they have the potential to result in ineffective communication and ultimately, culturally inappropriate and ineffective health care.

Moreover, these assumptions can contribute to negative attitudes towards Deaf people and perpetuate the cycle of individual and institutional discrimination that members of the Deaf community have experienced.

Many Auslan interpreting services offer Deaf Awareness Training, which provides an opportunity to interact with a Deaf person, learn about their culture and language, and be introduced to some basic Auslan signs. Both stakeholders and the literature suggested that this type of training be integrated into the curricula for students enrolled in health-related degrees. At the same time, there was general recognition that, given the majority of primary care providers do not routinely encounter Auslan users in their practice, any exposure during initial training would be quickly forgotten. As such, all practice staff, including receptionists and health professionals, require regular and on-demand opportunities to learn about Deaf culture.

Recommendation 2 Improve awareness of Deaf people's cultural, healthcare and communication needs among primary care staff

Actions for health sector stakeholders:

2a Promote available Deaf Awareness Training to all primary care providers.

2b Make continuing professional development (CPD) points available, and/or promote their availability, to encourage completion of Deaf Awareness Training. If necessary, support Deaf Awareness Training providers to tailor existing training packages to meet CPD requirements and the needs of primary care staff.

Action for governments:

2c Consult with education providers and Deaf sector stakeholders to ensure that during their initial training, all students enrolled in clinical degrees gain an insight into the cultural, healthcare and communication needs of the Deaf community and other diverse populations.

5.3 Practice-level policies and procedures do not always support access to interpreters

> Funding models have changed. There was no NDIS 10 years ago and the primary care services then were good at booking interpreting services themselves … now because people have their own NDIS packages health professionals don't know who to ring to book, they don't know how the funding works and people don't know who is responsible for paying for that. – *Interpreting industry representative*

> Where specific language services are required … such as an interpreter, this information should be systematically recorded as part of the client's record, with appropriate flags to alert others about the client's needs.[2(p24)]

The Deaf community is diverse, and its members require different communication supports. Consistent access to these supports is facilitated through communication policies and procedures that provide clarity for providers and patients and reduce the need to work out what to do on an ad hoc basis. Importantly, this approach benefits all patients and supports compliance with relevant professional standards.

We found that policies and procedures should ensure that communication needs and preferences are recorded for all patients, and prompt any actions required to enable these to be met. In the Australian primary care setting it is also critical that providers have a documented process for establishing (and following) Auslan users' preferences for interpreter bookings, as the introduction of the NDIS has created substantial confusion over booking and funding arrangements. This can lead to both the primary care provider and patient booking an interpreter, or neither doing so.

It may also be beneficial for policies to prompt practice-wide implementation of strategies to support the effective use of interpreters, mitigating knowledge and practice gaps of individual staff (see section 5.4).

While we heard some examples of good practice, the results of our primary care provider survey indicate that many providers do not have (or are not aware of) policies in place to support them to communicate with Deaf patients or access – and make best use of – interpreters when required. This is perhaps not surprising given the lack of resources available to support them to develop such policies, as noted in section 5.1. To address this gap we have developed a practice checklist (Appendix C) and interpreter booking flow chart (Appendix D); these will benefit from further graphic design work to finalise them for distribution (e.g. one stakeholder suggested the checklist be represented visually).

Some stakeholders also expressed interest in further guidance on how to communicate with Deaf patients when an Auslan interpreter is not available. This was out of scope for this review, and while we encourage further consultation with the Deaf community to develop such guidance, we hope it becomes obsolete as access to interpreters is improved through implementation of our other recommendations.

Recommendation 3 Support primary care providers to establish inclusive communication policies and procedures

Action for governments:

3a Invest in promoting and distributing the resources developed through this review in consultation with Deaf and health sector stakeholders.

Action for health sector stakeholders:

3b Consider what further support primary care providers require to implement inclusive communication policies and procedures.

5.4 Primary care providers may not know how to work effectively with Auslan interpreters

> [Interpreters] have to stop within our dialogue and say "I am the interpreter. I am letting you know this is what your patient is saying" … We don't have an opinion. We are just going to speak to the Deaf person, sign for you. That's all our role is. There is no opinion from us. – *Interpreting industry representative*

> Lack of provider knowledge about how to use Auslan interpreters affected the quality of communication, rapport between the provider and the patient and the effective use of time during the consultation.[6(p1,975)]

Even when an interpreter is booked, health professionals may not fully understand how to work with them during the consultation, whether in person or via video. They may talk to the interpreter rather than the Auslan user, which at best, can hamper rapport between the patient and health professional, and at worse can be a "dehumanising" experience. They may also expect the interpreter to act outside their role (e.g. editorialise on what the Auslan user is communicating).

This puts interpreters in the position of having to educate individual primary care providers on an ad hoc basis, and repeat this education each time a new person becomes involved in an Auslan user's care (e.g. due to staff turnover). This is not only inefficient, but contributes to ineffective use of already limited consultation time (for which the Auslan user is generally the one paying). It is often suggested that primary care providers offer longer appointments to Auslan users to allow sufficient time for interpreting, although the cost of these longer appointments is well recognised as a barrier.[p] It can also be helpful for primary care providers and interpreters to meet before and after the appointment to discuss the nature of the consultation, the interpreter's role, logistical considerations, and any issues or concerns. However, this may not be feasible in practice given that primary care providers are unlikely to be paid for this time.

We also heard that primary care providers may be unaware of the importance of timeliness when it comes to interpreter-mediated appointments. Specifically, that interpreters may have subsequent bookings and be unable to accommodate delays if the primary care provider is not running to time. If the interpreter has to leave before the appointment is finished, both the Auslan user and primary care provider are at risk of having insufficient information to make informed healthcare decisions.

Importantly, health sector representatives and individual primary care providers expressed interest in learning more about how to work effectively with Auslan interpreters. They noted that health professionals "are very positive people who like to solve problems and discover new things" and that even those who are comfortable using interpreters "are always open to hearing how we can be utilising these services and providing better care for patients". To supplement formal interpreter awareness training (see Attachment 3), our practice checklist (Appendix C) provides some prompts to support primary care providers to work effectively with Auslan interpreters.

[p] Medicare rebates are available for longer appointments with medical (but not allied health) professionals when additional time is required to ensure effective communication, including through the use of an interpreter.

Recommendation 4 Support primary care providers to develop skills in working with Auslan interpreters

Actions for health sector stakeholders:

4a Promote available interpreter awareness training to all primary care providers.

4b Make CPD points available, and/or promote their availability, to encourage completion of Auslan interpreter awareness training. If necessary, support training providers to tailor existing training packages to meet CPD requirements and the needs of primary care staff.

Actions for governments:

4c Consult with education providers and the interpreting sector to support all students enrolled in clinical degrees to build skills in working with interpreters during their initial training.

4d Promote awareness, among relevant primary care providers and their patients, of the Medicare rebates available to reduce out-of-pocket costs for patients requiring interpreter-mediated appointments.

5.5 Video interpreting is not always accessible in primary care

> Patients are usually overconfident that they can be clearly seen and understood … in a space where they have not had an opportunity to check they are well lit, can position the device so they will be clearly in frame, that their internet reception is stable or even working at all, and that the health professional will clearly be able to hear the interpreter and be heard. [Health] professionals likewise are rarely considerate of the fact that they need to be heard clearly and the patient needs to be able to see the device clearly. I almost always avoid accepting video interpreting jobs in primary care for this reason.
> – *Interpreter*

> Both healthcare providers and Deaf and hard of hearing patients experienced … poor connectivity and visual and mobility limitations with the use of video remote interpreting. Furthermore, video remote interpreting is … not accessible for Deaf and hard of hearing patients who have cognitive disabilities, linguistic limitations, or visual impairments.[37(p7)]

As noted in section 4.4, video interpreting is not generally the preferred interpreting modality for Auslan users or interpreters. It does have potential to help relieve some of the current workforce pressures (section 6.1) and improve access to interpreters in primary care, especially when an interpreter is required at short notice or in geographically isolated areas. However, video interpreting requires 2 things that are not a given in primary care settings:

- access to a stable, high-speed internet connection
- a screen that is sized and positioned to provide the patient and interpreter with an unrestricted view of each other's signing fields (including when the patient changes position for physical examination and treatment).

Further, previous reports highlight that while most Australians are now able to access primary care via telehealth, this option is currently inaccessible to Auslan users as existing telehealth services do not have the functionality to facilitate 3-way video connections.[25,38] This also affects people from non-English speaking backgrounds,[39] although in most cases this functionality is not as essential for these populations as it is for Auslan users, who rely on visual connections to communicate.

Of course, health professionals also need to know how to work with interpreters via video. To upskill in this area they may complete interpreter awareness training (see Recommendation 4) and/or review other relevant resources (see Recommendation 1).

Recommendation 5 Enhance the capability of primary care providers to engage with interpreters remotely when required

Actions for governments:

5a Consider providing small grants for primary care providers to upgrade IT infrastructure, where this is identified as a barrier to the provision of video interpreting.

5b Explore how existing telehealth services could be upgraded to facilitate 3-way video connections.

6 Interpreting industry challenges

Addressing gaps in knowledge, processes, and infrastructure at the primary care level is necessary, but not sufficient, to improve access to professional interpreters in this setting. Even if all primary care providers and patients understand the importance of using professional interpreters, know how to book and work with interpreters, and have the resources they need to do so, there is currently no guarantee that an interpreter will be available when required.

In this section we discuss the shortage of Auslan interpreters and the more pronounced shortages of interpreters catering to specific demographic groups or who have the training and skills required to work in primary care settings. These shortages mean that Auslan users often need to submit booking requests well in advance – not always possible in a primary care context – or accept an interpreter or interpreting modality that does not meet their needs or preferences.

Importantly, Auslan users' preferred interpreter, or interpreter characteristics (e.g. age, gender, or cultural background), may vary across settings and contexts. For example, one individual told us that they have specific interpreter preferences for healthcare appointments but are flexible in other settings. We also heard that some Auslan users may prefer or require a particular interpreter with whom they have established trust and rapport, while others prefer to use several different interpreters because they feel uncomfortable with one individual knowing every detail of their life. An inability to access their preferred interpreter means that Auslan users face a "choice" between interpreting that does not meet their needs, or no interpreter at all. This trade-off is deeply frustrating (and potentially harmful)[q] to many Auslan users and impacts not only the way they engage with interpreting services, but the decisions that they make about their health care.[r]

Findings in this section also highlight the unregulated nature of the interpreting industry which leaves Auslan users, primary care providers, and interpreters alike with limited access to support when things go wrong.

It is worth noting that many of the issues discussed in this section have also been highlighted by the royal commission.[40] Many also affect spoken language interpreters, and are under consideration elsewhere (e.g. the Department of Home Affairs' Language Sector Sustainability Survey and the proposed Language Services Industry Award, as noted in section 3).

[q]The requirement to use an interpreter who is not of their choosing (referred to as "forced trust" in Indigenous contexts) can contribute to mental and emotional strain and unbalanced power dynamics.[55] It may therefore perpetuate cycles of trauma and disadvantage encountered by already vulnerable individuals.

[r] For example, an Auslan user may forego health appointments if their preferred interpreter is not available.

6.1 There is a mismatch between demand and supply

> The key principle which underpins the NDIS is choice and control; however, the current service model largely does not support this (although best efforts are made in a limited way), with Auslan users usually "getting what they are given" due to supply-side constraints. – *Interpreting industry representative*

> Currently there is a national shortage of Auslan interpreters, which restricts access to communication for Deaf, Deafblind, and hard of hearing people. Whilst the NDIA is approving and funding plans that include interpreting services, the current supply of trained Auslan interpreters cannot meet rising demand.[41(p22)]

Workforce shortages are a major barrier to the delivery of interpreting services in all settings, including primary care,[41] and may soon become more pronounced as many interpreters near retirement age (see section 4.1). In the context of overall shortages, interpreters who are male or non-binary, live in rural and remote areas, are from First Nations backgrounds, or can provide Deafblind interpreting are in especially short supply.

Reducing the gap between interpreter demand and supply is made difficult by challenges of both recruitment and retention. Interpreting is a highly skilled and demanding job; however, the time, effort, and expense required to achieve NAATI certification is not met with a commensurate level of respect or financial recognition. Further, interpreters predominantly work as independent contractors. This provides the flexibility to work part time (meaning that actual workforce capacity is lower than the headcount of professional interpreters would suggest), but also results in a lack of job security and entitlements (e.g. annual leave and access to professional development) that may contribute to some interpreters' decision to leave the industry.

The need to address workforce shortages has been recognised as a priority in Australia's Roadmap for Hearing Health[42] and, more recently, the final report of the royal commission.[40] While there are no quick fixes, a number of options to build the workforce in the long term have been discussed in the literature and were reiterated by stakeholders in our consultations.[s] These include:

- increasing the visibility of Auslan interpreting as a career option (e.g. through increased exposure to Auslan during primary and secondary education and in the media)
- supporting people with existing Auslan knowledge and skills (e.g. adult children of Deaf adults) to undertake an accredited interpreter training program
- addressing barriers to recruitment and retention for sociodemographic groups underrepresented in the interpreter workforce.

[s] In the even longer term, artificial intelligence may assist in relieving workforce pressures by providing Auslan interpreting in some low-risk settings, and research and development in this area is currently underway.[56]

Recommendation 6 Increase the overall supply of Auslan interpreters

Actions for Auslan training providers and interpreting industry bodies:

6a Consider how best to expedite training and certification for adult children of Deaf adults while ensuring they have the knowledge, skills and attributes required to work as professional interpreters.

6b Explore options to improve access to Auslan interpreter training and assessment for people in rural and remote areas.

6c Explore options to better support access to Auslan interpreter training and assessment for people from under-represented groups (e.g. people who are male or non-binary or from First Nations backgrounds).

6d Build capacity to provide Deafblind interpreting by ensuring all Auslan interpreters gain exposure to this work as part of basic training.

6e Explore options to encourage workforce retention (e.g. improving remuneration and conditions).

Actions for governments:

6f Recognise Auslan interpreters as a priority workforce and develop or review strategies to build workforce capacity. In line with actions proposed by the Hearing Health Sector Committee and recommendation 6.2 of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability,[t] these strategies should:
– ensure that all primary and secondary school students have the opportunity to learn Auslan and develop an understanding of interpreting as a career option
– facilitate access to free or subsidised Auslan and Auslan interpreting courses through registered training organisations
– encourage and support people from under-represented groups to undertake Auslan training and assessment (e.g. through scholarships or other incentives).

[t] Recommendation 6.2 states that: "The Australian Government and state and territory governments, through the Disability Reform Ministerial Council, should commission the development of a workforce strategy to increase the number and quality of Auslan interpreters. The strategy should be based on a robust demand-supply analysis to quantify the current gaps and shortages in interpreting services. This includes analysis of qualifications, specialisations, geographic coverage, and the availability and use of face-to-face interpreting and Video Remote Interpreting. The strategy should include costed initiatives to: increase the number of Auslan interpreters, including the provision of scholarships and stable ongoing employment opportunities, particularly in under-serviced areas; support specialisations in health, legal and other critical sectors (including minimum qualifications); provide ongoing professional development and industry standards to support a high-quality interpreter workforce; increase and retain Auslan interpreters who are First Nations or from culturally and linguistically diverse backgrounds; raise awareness and promote pathways to becoming an Auslan interpreter."[40(p85)]

6.2 Interpreters require training and support to work in primary care

> When new interpreters came out [of training] they just didn't know what to do. They were nervous and they were scared and not taking jobs because they were worried about getting it wrong. So, their confidence was very low. We are dealing with people's real lives. We've never had mentors in the interpreting space. Medical professionals have student doctors [on placement], and we should have student interpreters, so they can see how the professionals do it. – *Interpreting industry representative*

> Specialised training is essential – bilingualism alone is insufficient for effective interpreting practice in health and mental health care settings.[43(p385)]

Compounding overall workforce shortages is the fact that not all interpreters have the knowledge and skills required to work in the primary care setting.

"Medically competent" interpreters can contribute to improved patient satisfaction and outcomes, whereas "generalist" interpreters may inadvertently make linguistic choices that alter or omit important health information. Stakeholders suggested that interpreters with higher levels of NAATI certification (certified interpreters and, of course, specialised health interpreters) may be better suited to healthcare interpreting. However, they highlighted that it is difficult, time consuming, and expensive to pursue these credentials, and that these costs are not offset by any meaningful benefit (e.g. increased remuneration once the credential is achieved).

We found that:

- there are no dedicated training pathways for interpreters wishing to specialise in healthcare interpreting
- completion of healthcare-related training and professional development is not mandatory for interpreters who work in healthcare settings
- interpreters may be unaware of available training and development opportunities
- interpreters may not be supported to develop skills and confidence working in healthcare settings.

Further, medically competent interpreters cannot be easily identified; neither NAATI nor individual interpreting service websites enable users to search for interpreters who are trained, experienced, or interested in healthcare interpreting. At the same time, interpreters do not always receive enough information about a booking request to determine whether they are the right person for the job.

Recommendation 7 Support Auslan interpreters to develop competencies to work effectively in healthcare settings

Actions for Auslan interpreting services and interpreting industry bodies:

7a Promote – and support Auslan interpreters to complete – professional development and training in healthcare interpreting.

7b Enhance on-the-job training and support (e.g. access to mentoring) to help Auslan interpreters develop skills and confidence in healthcare interpreting.

7c Encourage, support and offer incentives for interpreters to pursue higher levels of NAATI certification.

Actions for Auslan training providers:

7d Consider incorporating opportunities for supervised practice in healthcare settings into interpreter training.

7e Expand healthcare-focused training and professional development opportunities.

Recommendation 8 Facilitate alignment between Auslan interpreter competencies and the type of interpreting required

Action for Auslan interpreting services:

8a Review booking systems and ensure they are collecting sufficient information for interpreters to make informed decisions about the jobs they accept.

Action for Auslan interpreting services and interpreting industry bodies:

8b Consider enabling interpreters to include more information about their experience and interests in online directories, and enhancing search functions to enable users to find an interpreter that meets their needs.

6.3 The interpreting industry lacks regulation and oversight

> We want and need regulation. We need a regulatory board … It has to be an independent body and it has to be government funded. [The lack of regulation] is a problem, and it has been a problem for years. – *Deaf sector representative*

While not an issue widely discussed in the literature, several representatives of the interpreting industry and Deaf sector shared concerns that the industry is self-regulated, and that this increases risk for both interpreters and their clients (including primary care providers and patients).

We found that Auslan users are unlikely to complain about a poor interpreting experience, whether because they lack confidence asserting their rights (see section 7.2) or are worried about the repercussions (e.g. being seen as "difficult" and denied access to interpreters in future). Even for those that do wish to complain about an interpreter's conduct, there are few effective options available. Interpreting service clients can:

- Submit a written complaint to NAATI, but NAATI has limited powers of investigation and little scope to act except in extreme, rare cases where the interpreter's certification can be revoked.
- Make a complaint to the service through which they booked the interpreter. However, given that most interpreters work for multiple services, an individual interpreter may continue to practice relatively unchecked, regardless of any complaint, and it is even possible they will be matched with the Auslan user again through another service.
- Complain to the NDIS Quality and Safeguards Commission (if relevant), a process that the royal commission noted is especially challenging for people whose first language is not English or who face difficulties with verbal or written communication.[44]

We also heard that there are limited protections for Auslan interpreters; some stakeholders suggested that the support and advocacy provided by the Translators and Interpreters Australia union does not meet the needs of sign language interpreters (e.g. the pay scale in the proposed Language Services Industry Award is lower than current industry standards). They indicated a lack of oversight of the issues discussed in previous sections, such as the quality of – and access to – training and professional development, and other aspects of interpreters' working conditions (e.g. pay and access to debriefing, counselling and other support).

Some stakeholders were concerned that even interpreters who have the relevant training and support have little incentive to accept potentially challenging primary care bookings, as many receive the same fee regardless of job type. They suggested the introduction of industry standards requiring bookings for high-risk settings (e.g. health care) to be prioritised, and a more concerted effort to use people proficient in Auslan but not necessarily NAATI-certified to interpret low-risk interactions (thus freeing up professional interpreters for work that requires more advanced training and skills).

Recommendation 9 Establish a mechanism for independent, government-funded oversight of the interpreting industry

Action for governments:

9a Consult with relevant government agencies, and with the interpreting sector, to determine the feasibility, structure and remit of an independent regulatory body. Functions for consideration include:
- complaints investigation and resolution
- workforce planning and development, including accreditation or quality assurance of interpreter training and professional development activities
- development of industry standards to support timely access to appropriately trained and experienced interpreters.

7 Systemic barriers to service use

> The left hand doesn't know what the right hand is doing. That's a problem at the systems level. – *Interpreting industry representative*

> We heard about the challenges faced by people with disability from culturally and linguistically diverse backgrounds in navigating disability and other service systems in Australia, and the effect of language deprivation on choice and control for people who are Deaf.[44(p58)]

Accessing necessary services and supports can be challenging for many people from CALD backgrounds. It can be even more complicated for members of the Deaf community, who are often not recognised as a CALD group in government policy and decision-making and at the same time, do not always receive adequate protection through disability policy and legislation.

The royal commission recommended the enactment of a Disability Rights Act to, among other things, protect the right of people with disability to have equitable access to health services. The commissioners indicated that this act should include a set of guiding principles, such as that "People with disability are entitled to recognition and support of their specific cultural linguistic identity, including Auslan and First Nations sign languages and Deaf culture.".[45(p168)]

In the absence of such recognition, Auslan users are navigating an environment that is, as one stakeholder explained, "discriminatory on so many levels".

In this section we outline 2 critical areas of inequity that put Auslan users at a disadvantage when it comes to accessing the services and supports they require. Namely, the way that interpreting services are funded, and access to health information.

7.1 Auslan users face inequitable access to interpreter funding

> It's a second language; if you denied someone that was Italian-speaking an interpreter, for example, people would be up in arms. To not provide an Auslan interpreter in the health setting is just ridiculous. – *Allied health professional*

> Government policy supports the delivery of culturally and linguistically appropriate services through the provision of certified interpreters and accessible information. Service agencies require strategies to address access and equity issues and ensure people's overall needs are met.[2(p5)]

Stakeholders were broadly supportive of the NDIS and the positive impact it has had on Auslan users' access to interpreters. However, they also noted that not all Auslan users want to be on the NDIS, and reiterated previously reported issues such as:

- how challenging the process of applying to and communicating with the NDIA can be for Auslan users
- the need to estimate how many hours of interpreting will be required, and the impossibility of doing so accurately
- a lack of transparency in how funding decisions are made
- the difficult choices that people need to make to ration the finite amount of interpreter funding they are allocated
- the onerous process to request plan reviews and additional interpreter funding.

Auslan users are unique in having their access to interpreters in primary care shaped by their age and whether or not they are NDIS participants, while spoken language interpreting is provided for free, and on demand, through TIS National.[u] The existence of different pathways is confusing to many primary care providers, and may leave them with little choice but to navigate consultations without a professional interpreter (e.g. for last-minute or unscheduled interactions [i.e. "walk-ins"] or when confusion over booking responsibilities means an interpreter has not been booked).

Thus, the findings of this review support previous calls for changes to the way that Auslan interpreting services are funded, to enable equitable access to interpreters within the Deaf community and between Deaf and other CALD groups.[r] However, is important to note that some interpreting industry and Deaf sector representatives felt strongly that spoken language interpreting services – including TIS National – do not understand the cultural and linguistic nuances of the Deaf community. These stakeholders emphasised the importance of Auslan users having access to their choice of interpreter and of interpreting services being Deaf-led.

[u] The free interpreting service is available to medical and nursing practitioners, pharmacists, and some allied health professionals (who deliver services to patients eligible for a Medicare card, in selected local government areas), as well as to the NDIS and registered NDIS providers. Only telephone interpreting (which is not relevant to Auslan users) is available on demand; video and in-person interpreting must be booked in advance.

Recommendation 10 Provide Auslan users with free, uncapped interpreting in the primary care setting

Actions for governments:

10a Consider funding models to provide free interpreting for primary care appointments for all Auslan users, regardless of their age or NDIS status.

10b Liaise with the Deaf sector and interpreting industry to develop a service like TIS National, enabling primary care providers to access an Auslan interpreter on demand (via video) if required.

10c Include information on accessing Auslan interpreters in TIS National materials, so that primary care providers can be directed to an interpreter in any language – including Auslan – through a single point of contact.

7.2 Auslan users face inequitable access to health information

> Health literacy is a big thing for Deaf people. There's a big gap in terms of the knowledge base. Having community service information made more accessible I think is really important. – *Interpreting industry representative*

> Health literacy is one of the most common barriers deaf people face in the healthcare system.[46(p2)]

Much of the health information that most hearing people take for granted is not available in ways that Auslan users can access. Auslan users may miss out on formal education about health topics in school due to a lack of interpreters and/or Auslan-proficient teachers.[47] They also have fewer opportunities for incidental learning by overhearing others discuss health-related information or interact with healthcare providers. In addition, mainstream health information and health promotion initiatives are not always readily available in Auslan (although there are exceptions, such as the Australian Government's COVID-19 resources).[v]

Compounding and contributing to these issues, Auslan (like many sign languages) has a limited health-related vocabulary. However, the language continues to evolve to meet users' needs and efforts to develop health information in Auslan would not only be beneficial in their own right, but would also prompt the development and spread of health-related vocabulary and concepts.

Without access to the information they need, Auslan users experience unique barriers to accessing and engaging with appropriate health and related services – including interpreters. For example, some Auslan users may default to using informal interpreters or alternative communication strategies because they:

- do not understand the risks of doing so (see section 1)
- are unaccustomed to having access to professional interpreters
- are unaware they are entitled to their choice of interpreter and type and mode of interpreting
- are concerned about their privacy and are unaware of the standards (e.g. to maintain confidentiality) that professional interpreters must meet
- are unaware of how the health system is structured and the setting in which they are receiving care (and therefore, whether they are expected to organise their own interpreter)
- lack confidence interacting with healthcare providers and advocating for their right to an interpreter.

As such, while it is important for healthcare providers to respect Auslan users' right to decline the use of a professional interpreter, it is essential that these Auslan users have the information they need to make a genuine and fully informed choice.

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[v] The royal commission identified a need for a more coordinated, national approach to providing accessible information and communications.[40] Such an approach would bring Australia in line with countries such as Scotland, where implementation of the *British Sign Language National Plan* has led, among other achievements, to information about a wide range of health and social care topics being published on the NHS Inform website.[57]

Recommendation 11 Build health literacy in the Deaf community

Action for Deaf sector stakeholders:

11a Promote awareness of health information that is available in Auslan.

Actions for governments:

11b Fund the Deaf-led development and delivery of new health promotion initiatives for the Deaf community.

11c Ensure that resources published on government websites include Auslan translations where relevant.

11d Explore options to make information on key health topics available in Auslan on a centralised platform (e.g. healthdirect).

Recommendation 12 Support Auslan users to understand and exercise their right to an interpreter

Action for Deaf sector stakeholders:

12a Promote awareness of self-advocacy information and resources for Auslan users.

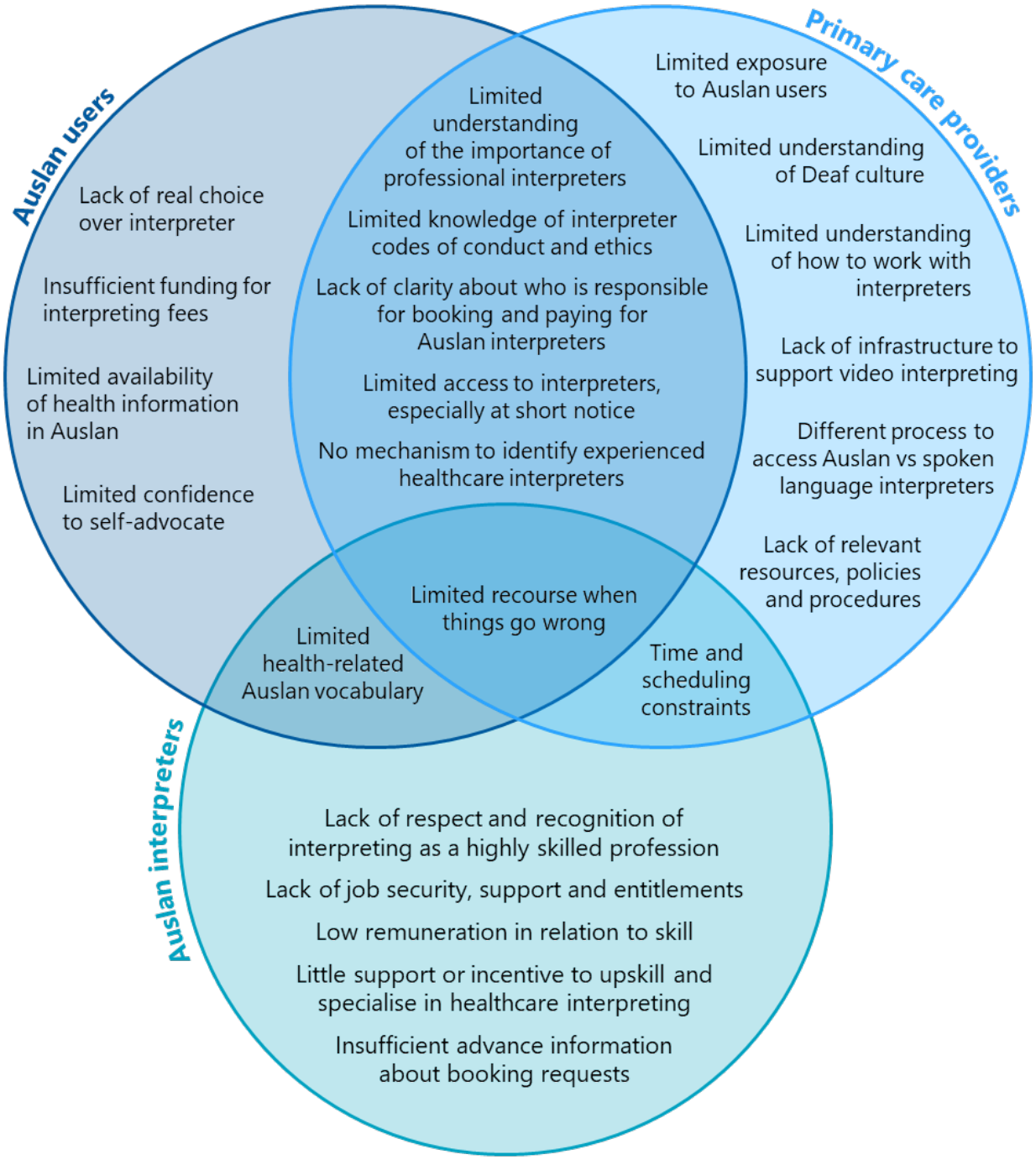
Action for governments:

12b Liaise with Deaf sector stakeholders to identify whether additional materials or campaigns are required that specifically support self-advocacy in the primary care setting, and if so, fund their development and promotion/implementation.

8 Conclusion

This review assessed the current use of (and enablers and barriers to) Auslan interpreting services in primary care settings. The consistency of information yielded by different data sources gives confidence in our findings and lends weight to our recommendations. Feedback on an early version of this report, from stakeholders within the Deaf and health sectors and the interpreting industry, was invaluable in confirming and refining our understanding of the challenges to accessing Auslan interpreting services in primary care (Figure 8-1), and how these can be addressed.

Figure 8-1: Summary of challenges to accessing Auslan interpreting services in primary care



Long description for Figure 8-1.

8.1 Strengths and limitations

Naturally, our methodology comes with both strengths and limitations. Notable examples are discussed below; our findings and recommendations should be interpreted accordingly.

Deaf community input

First and foremost, we note that all members of the AHA team are hearing. We developed our Auslan user survey and accompanying information in collaboration with Deaf Connect to ensure cultural appropriateness. Deaf Connect also translated these materials into Auslan and provided our staff with Deaf Awareness Training. We note, however, that Deaf Connect is one of the Auslan interpreting services considered and consulted with as part of this review. We believe that any potential conflict of interest is outweighed by the benefit of input from the Deaf community.

Stakeholder engagement

We adopted a flexible approach to consultation, enabling stakeholders to choose how and when they contributed to the review. We also engaged stakeholders' preferred Auslan interpreter to attend consultations where required. As a result, we were able to obtain input from all 6 of our planned stakeholder groups, including individuals and organisational representatives based in all states and territories, in metropolitan, rural, and remote locations, and with different personal and professional backgrounds. This afforded us an understanding of the similarities and differences in access to Auslan interpreting in different parts of the country and from different perspectives.

At the same time, we were more successful in engaging some stakeholder groups than others.

First, we had little control over whether and how organisational stakeholders promoted our surveys to the Auslan user, primary care professionals, and Auslan interpreters in their networks.

Second, although we provided information in Auslan and offered different options for completion, only a small number of Auslan users completed our survey. However, previous research has also involved small numbers of Auslan users (e.g. Lee et al.[6] interviewed just 4 individuals) and so we believe that our survey sample makes a valuable contribution to the evidence base on Auslan users' experiences in primary care. Further, several of the interpreting industry and Deaf sector representatives we interviewed are Auslan users or have a family member who is, and thus we are confident that the perspectives of this important stakeholder group are captured in our findings.

Third, allied health professionals accounted for the majority of respondents to our primary care survey; we received few responses from GPs and practice managers. This is an important limitation given the central role of general practices and GPs in Australia's primary care (and indeed, health) system. Despite our promotional materials stating that primary care providers did not need to have experience working with Auslan users or interpreters to participate, most respondents did have some experience. This is at odds with feedback from organisational stakeholders (who indicated that most primary care providers have little to no exposure to Auslan users or

interpreters) and suggests that participants in this review may not be representative of the broader population of primary care providers.

Finally, and relatedly, the health sector peak bodies and professional associations that contributed to this review represented allied health professionals. Despite our own and the department's best efforts we were not able to interview the peak bodies for GPs, primary care nurses, or practice managers. This may support our finding that exposure to Auslan users and interpreters is limited for many primary care providers, and therefore not high on the agenda of the organisations that represent them.

Validation of survey data

Unfortunately, we experienced substantial "bot" traffic in all 3 surveys, resulting in a high volume of invalid responses. This is not uncommon with anonymous and publicly promoted surveys;[48–50] however, alternative methodologies (e.g. sending a unique link directly to each prospective participant) were impractical and undesirable given the potential to introduce additional barriers to participation for legitimate members of our target population. Implementing a range of security measures enabled us to reduce bot traffic but not completely stop it.

We reviewed all survey data and removed responses that appeared invalid (based on the respondent's location, time of submission, or response pattern). The 216 surveys that remained were, to the best of our knowledge, completed by people in our target populations. However, we cannot rule out the possibility that we have inadvertently included some invalid responses, or excluded some valid ones.

Gaps and duplication in the literature

While our literature search strategy was designed to be inclusive, we may have inadvertently omitted relevant grey or peer-reviewed literature, and may not have captured all relevant resources.

In addition, there is little empirical evidence on the use of Auslan interpreters in primary care, and much of the Australian grey literature reflects the experiences and observations of organisations consulted for this review. As such, the opinions of some stakeholders may be somewhat artificially reinforced through repetition across multiple data sources.

Availability of service delivery data

We achieved good buy-in from Auslan interpreting services, with the majority of those that were invited agreeing to participate in an interview. However, only a handful were able to provide data on service delivery and client characteristics and, given there is no standard approach or minimum requirement for data collection, the data available was not always comparable. As such we were limited in our ability to answer evaluation questions regarding how much is being spent on interpreting services in primary care settings, the population demographics of those who use these services, and the frequency of use.

8.2 Final reflections

Throughout 2023 we consulted with 258 stakeholders, retrieved over 100 peer-reviewed and other published documents through Google and Google Scholar, and explored 16 Auslan interpreting service provider websites. The data collected through these activities paints a consistent picture of what it is like to access and provide Auslan interpreting services in primary care. We found that the experience can be highly stressful for Auslan users, is often challenging for Auslan interpreters, and is unfamiliar to many primary care providers.

The inescapable conclusion is that the current situation is untenable. As well as the need to address issues at the primary care and interpreter workforce levels, we identified a strong desire for comprehensive policy reform to reduce complexity and better meet Auslan users' communication needs. Clearly, improving access to Auslan interpreters is a challenging issue that requires a multifaceted solution.

To this end, we have provided 12 recommendations to address primary care, interpreting industry, and systemic barriers to accessing Auslan interpreters. Within each, we have defined specific actions to be taken and the stakeholders responsible for doing so. We hope that implementing these recommendations will not only impact Auslan users' access to interpreters, but have a slew of downstream benefits such as improved experiences of health care and greater health equity.

Of course, we recognise that that these recommendations represent only part of the puzzle, and that broader reforms are needed to address the systemic disadvantage and disenfranchisement experienced by the Deaf community.

Appendix A Professions in scope

For the purposes of this review, we defined primary care providers as anyone working in one of the following professions in a healthcare setting other than hospital or aged care:

- General practitioner (GP)
- Nurse
- Practice manager
- Aboriginal and/or Torres Strait Islander Health Worker or Health Practitioner
- Art therapist
- Audiologist
- Chinese medicine practitioner
- Chiropractor
- Dietitian
- Exercise physiologist
- Genetic counsellor
- Medical radiation practitioner
- Music therapist
- Occupational therapist
- Optometrist
- Orthoptist
- Orthotist/prosthetist
- Osteopath
- Pharmacist
- Physiotherapist
- Psychologist
- Podiatrist
- Rehabilitation counsellor
- Social worker
- Sonographer
- Speech pathologist

Appendix B Organisational stakeholders

We invited a total of 60 organisations across 3 stakeholder groups to contribute to this review. As shown below, we received input from 30 (50%) of these, while 14 organisations (23%) declined and 16 (27%) did not respond. Note that many of the organisations that did not participate themselves assisted in promoting the review to their networks and members.

Interpreting industry representatives

Auslan-specific interpreting services:

- Access Plus (since incorporated into Deaf Connect)
- Anytime Auslan
- Auslan Services
- Communication eXtra
- Convo Australia
- Deaf Aboriginal Services
- Deaf Connect
- Expression Australia
- NABS [Editor's Note: From July 2024 the National Sign Language Program (NSLP) has superseded NABS.]
- PAH!
- Sign Hear
- Sweeney Interpreting
- The Deaf Butterfly Effect
- Vital Interpreting Personnel
- Vowel

Multilingual interpreting services:

- National Relay Service

Interpreting industry bodies:

- Australian Sign Language Interpreters' Association
- National Accreditation Authority for Translators and Interpreters

Deaf sector peak bodies

- Deaf Australia
- Deafblind Australia
- Deafness Council of WA

Health sector peak bodies and professional associations

- Audiology Australia
- Australian Association of Psychologists Inc
- Australian Physiotherapy Association
- Exercise & Sports Science Australia
- Human Genetics Society of Australasia
- Orthoptics Australia
- Speech Pathology Australia
- The Australian Acupuncture and Chinese Medicine Association
- The Australian Society of Rehabilitation Counsellors

Appendix C Deaf awareness checklist for primary care providers

Is your practice

Documenting communication needs and preferences for all patients

Evaluating the physical and technological practice environment

Adopting strategies to ensure timely and effective engagement with interpreters

Facilitating staff knowledge and awareness of how to work with Deaf patients

aware?

This checklist is designed to help primary care providers consider whether their policies, processes, and environment meet the needs of Deaf patients, and where there is room to improve.

Documenting communication needs and preferences for all patients

☐ We ask all new patients about their communication needs and preferences and record these in their file, including:
- preferred language
- whether an interpreter is required (and alternative communication strategies if an interpreter cannot be arranged)
- preferred mode of communication from the practice (e.g. for confirming appointments or advising of test results), such as telephone, SMS or email.

☐ We ask all patients requiring an Auslan interpreter whether they would like to arrange this themselves or prefer us to do so, and record this in their file.

☐ For all patients who want us to arrange their Auslan interpreter, we record:
- their preferred interpreting service, interpreter(s), and/or interpreter characteristics (e.g. gender, age, First Nations origin)
- whether they require an Auslan interpreter alone, or both an Auslan and a Deaf interpreter
- whether they use modified Auslan (e.g. visual frame or tactile signing)
- whether they prefer in-person or video interpreting (and whether there are exceptions to this)
- their NDIS number, if relevant

☐ We have identified an NDIS-registered Auslan interpreting service to use if patients do not have a preference. (If needed, search deafnav.com.au/access/services/find-a-service-provider-near-me.)

Note: Not all NDIS-registered Auslan interpreting services are listed in this directory, and not all listed services are available in primary care settings. This link is provided because primary care providers urgently need information on where and how to book an Auslan interpreter, and *some* information is better than none. In future, this checklist should be updated with a link to a comprehensive, fit-for-purpose service directory (as per Recommendation 1 of this report).

- ☐ Information on booking an Auslan interpreter through our preferred service (including log in details for online booking system, if relevant) is documented in relevant practice materials.
- ☐ We regularly confirm all patients' communication needs and preferences, and update their file as required.

Evaluating the physical and technological practice environment

- ☐ The practice layout is designed to support visibility, privacy, security, and accessibility for all patients.
- ☐ All TVs are enabled with closed captioning, and have it turned on.
- ☐ Large, portable screens and high-speed internet are available to support video interpreting when necessary.
- ☐ Patients are offered a range of options to contact the practice, including to make or change appointments (e.g. telephone, online booking system, SMS or email).

Adopting strategies to ensure timely and effective engagement with interpreters

- ☐ We offer a longer appointment to patients requiring an interpreter.
- ☐ We confirm with patients that we have booked an interpreter (or that we understand the patient will be booking their own interpreter).
- ☐ We conduct interpreter-mediated consultations in a room with sufficient space and lighting (and technology, if required) to enable the patient to see both the health professional and interpreter.
- ☐ We use visual or tactile alerts to advise Deaf patients that it is their turn to be seen.
- ☐ We ensure that patients with interpreters are seen as close to their scheduled appointment time as possible.
- ☐ We book future appointments with the same interpreter where possible, to facilitate rapport and effective communication.
- ☐ Flags in the practice system prompt all of the above.

Facilitating staff knowledge and awareness of how to work with Deaf patients

- ☐ All staff have access to and are supported to complete Deaf Awareness Training. (Search the resource directory [see Attachment 3 to this report] or ask your preferred Auslan interpreting service about training options, if unsure.)
  Note: In future, this checklist should be updated with a link to a comprehensive, fit-for-purpose resource directory (as per Recommendation 1 of this report).
- ☐ Clinical staff have access to information or training on how to work effectively with an interpreter.

- ☐ All staff understand their obligation to meet patients' communication needs, including through the use of an interpreter where necessary, as set out in professional codes of conduct and, if relevant, practice standards.
- ☐ All staff receive practical training at induction on practice policies and procedures for booking and working with interpreters.

Additional considerations

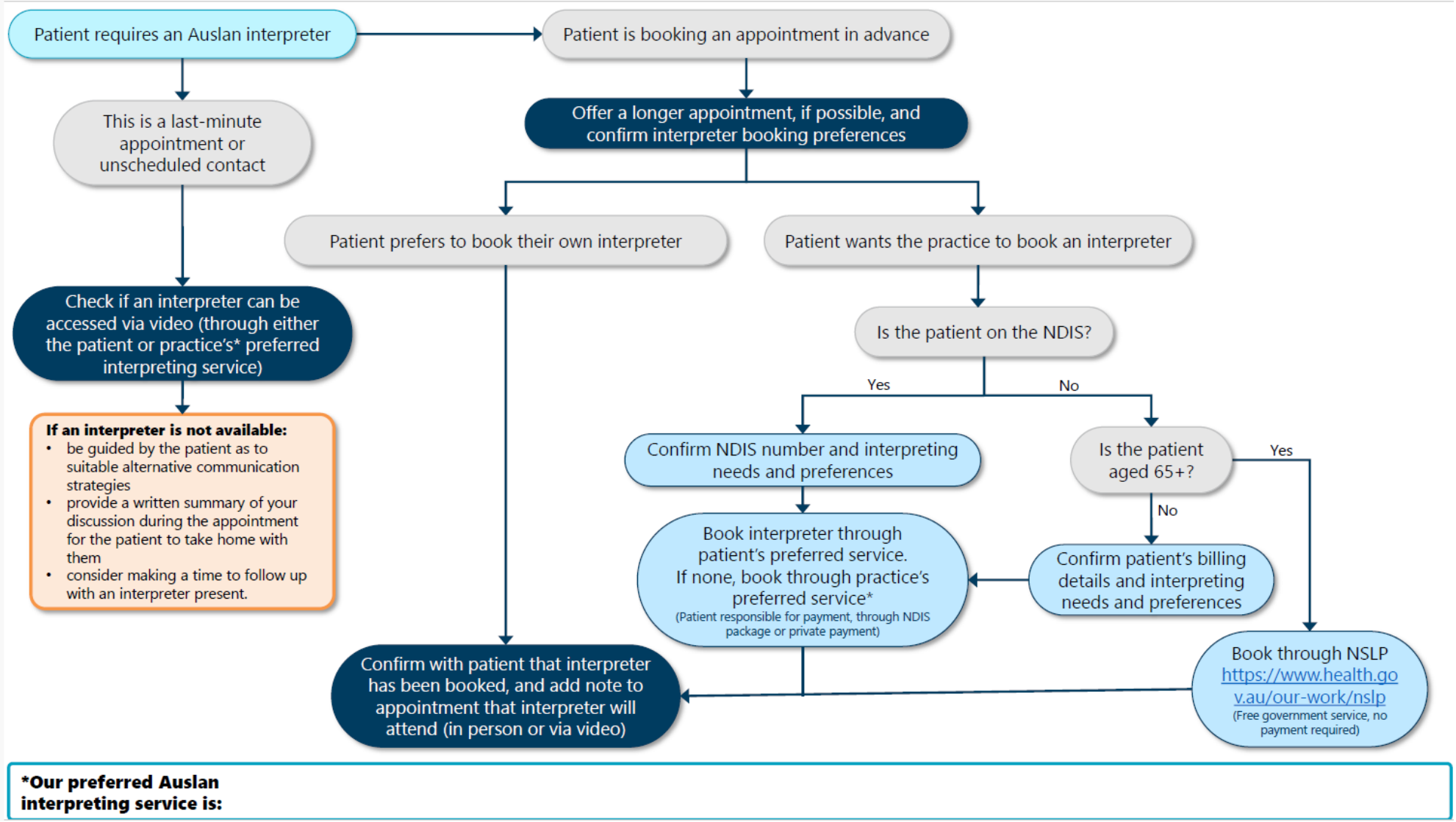
- ☐ We have explored options to reduce the financial burden associated with longer consultations for patients requiring an interpreter (e.g. bulk-billing these patients and using time-tiered Medicare items, where possible and applicable).
- ☐ Health professionals consider meeting with the Auslan interpreter before the consultation to facilitate effective communication, especially when the consultation is likely to cover difficult or sensitive topics.
- ☐ Health professionals consider meeting with the Auslan interpreter after the consultation to discuss any issues or concerns, especially where the consultation covered difficult or sensitive topics.
- ☐ Staff have access to resources to support effective communication with Deaf patients (e.g. Auslan videos on key health concepts or communication cards with key signs)
- ☐ Practice incident management systems have the ability to flag when language or communication barriers have been contributing factors to an incident.

Appendix D Interpreter booking flowchart

The flowchart in Figure D-1 is designed to help primary care providers identify whether and how they should book an Auslan interpreter. It may be saved in the relevant hard copy and/or electronic practice folders, for easy reference when required. In response to stakeholder feedback we have also adapted the flowchart for presentation on a lanyard card (Figure D-2).

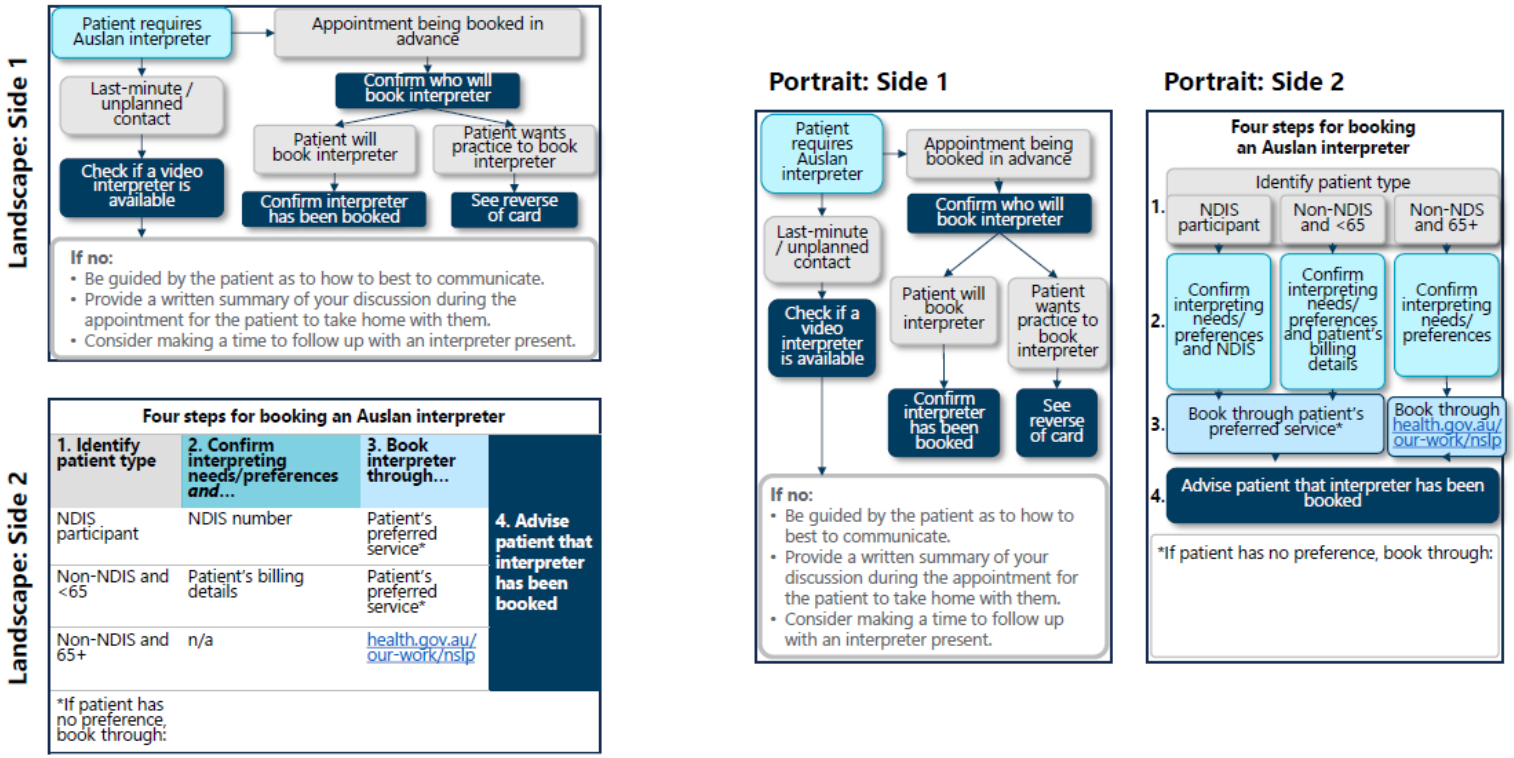
In both formats, space is provided for primary care providers to write the details of their preferred Auslan interpreting service, to use if the patient does not have a preference. If a preferred interpreting service has not yet been identified, refer to the checklist in Appendix C for advice.

Figure D-1: Interpreter booking flowchart



Long description for Figure D-1.

Figure D-2: Interpreter booking flowchart, lanyard version



Appendix E Long descriptions

Long description for Figure 1

1. Ensure primary care providers have access to the resources they need to work with Deaf patients and Auslan interpreters. Stakeholders responsible: Governments, health sector stakeholders.

2. Improve awareness of Deaf people's cultural, healthcare and communication needs among primary care staff. Stakeholders responsible: Governments, health sector stakeholders.

3. Support primary care providers to establish inclusive communication policies and procedures. Stakeholders responsible: Governments, health sector stakeholders.

4. Support primary care providers to develop skills in working with Auslan interpreters. Stakeholders responsible: Governments, health sector stakeholders.

5. Enhance the capability of primary care providers to engage with interpreters remotely when required. Stakeholders responsible: Governments.

6. Increase the overall supply of Auslan interpreters. Stakeholders responsible: Governments, interpreting industry bodies, Auslan training providers.

7. Support Auslan interpreters to develop competencies to work effectively in healthcare settings. Stakeholders responsible: Interpreting industry bodies, Auslan interpreting services, Auslan training providers.

8. Facilitate alignment between Auslan interpreter competencies and the type of interpreting required. Stakeholders responsible: Interpreting industry bodies, Auslan interpreting services.

9. Establish a mechanism for independent, government-funded oversight of the interpreting industry. Stakeholders responsible: Governments.

10. Provide Auslan users with free, uncapped interpreting in the primary care setting. Stakeholders responsible: Governments.

11. Build health literacy within the Deaf community. Stakeholders responsible: Governments, Deaf sector stakeholders.

12. Support Auslan users to understand and exercise their right to an interpreter. Stakeholders responsible: Governments, Deaf sector stakeholders.

Return to Figure 1.

Long description for Figure 8-1

Auslan users only:

- lack of real choice of interpreter
- insufficient funding for interpreter fees
- limited availability of health information in Auslan
- limited confidence to self-advocate.

Auslan users and primary care providers:

- limited understanding of the importance of professional interpreters
- limited knowledge of interpreter codes of conduct and ethics
- lack of clarity about who is responsible for booking and paying for Auslan interpreters
- limited access to interpreters, especially at short notice
- no mechanism to identify experienced healthcare interpreters.

Primary care providers only:

- limited exposure to Auslan users
- limited understanding of Deaf culture
- limited understanding of how to work with interpreters
- lack of infrastructure to support video interpreting
- different process to access Auslan versus spoken language interpreters
- lack of relevant resources, policies, and procedures.

Primary care providers and Auslan interpreters:

- time and scheduling constraints.

Auslan interpreters only:

- lack of respect and recognition of interpreting as a highly skilled profession
- lack of job security, support and entitlements
- low remuneration in relation to skill
- little support or incentive to upskill and specialise in healthcare interpreting
- insufficient advance information about booking requests.

Auslan users and interpreters:

- limited health-related Auslan vocabulary.

All 3 groups:

- limited recourse when things go wrong.

Return to Figure 8-1.

Long description for Figure D-1

In the event of unscheduled contact or a last-minute appointment with a patient who requires an Auslan user, first check if an interpreter can be accessed via video, either through the patient or practice's preferred interpreting service. If an interpreter is not available:

- Be guided by the patient as to suitable alternative communication strategies.
- Provide a written summary of your discussion during the appointment for the patient to take home with them.
- Consider making a time to follow up with an interpreter present.

If the patient is booking an appointment in advance, offer a longer appointment if possible, and confirm interpreter booking preferences. If the patient prefers to book their own interpreter, no further action is required.

If the patient wants the practice to book an interpreter, check whether they are an NDIS participant. If not:

- If they are aged 65 or older, book an interpreter through NSLP. Further information about the NSLP is available at https://www.health.gov.au/our-work/nslp This is a free government service, no payment is required.
- If they are aged under 65, confirm their billing details and interpreting needs and preferences. Then, book an interpreter through their preferred interpreting service or, if they don't have one, through the practice's preferred interpreting service.
  The patient will be responsible for payment.

If the patient is on the NDIS, regardless of age, confirm their NDIS number and interpreting needs and preferences. Then, book an interpreter through their preferred interpreting service or, if they don't have one, through the practice's preferred interpreting service. The patient will be responsible for payment, using their NDIS package.

For all patients who require an Auslan interpreter, regardless of whether they have booked their own interpreter or asked the practice to do so:

- Confirm with the patient that the interpreter has been booked.
- Add a note to the appointment that an interpreter will attend (in person or via video).

Return to Figure D-1.

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