



CENTRE FOR *culture*
ethnicity & health

Discussion Paper:
Defining a Bilingual Worker

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Introduction

Since the Victorian Language Services Strategy began in 2002 there has been a coordinated effort to identify and drive systematic change in the delivery of languages services in Victoria to improve access to government funded services for people from culturally and linguistically diverse (CALD) backgrounds.

Language services comprise professional interpreting and translation services, staff employed to conduct work in a language other than English (LOTE) and multilingual staff providing limited interpreting. This paper addresses issues relevant to organisations with staff that use LOTE as part of their work.

Staff with bilingual skills are employed either for their linguistic ability or as generalist workers whose bilingual skills are utilised by the organisation to support the delivery of services to people with low English language proficiency. While most agencies readily acknowledge the benefits of bilingual staff there are no existing standards, training or policies that define or contextualise these roles.

As part of this strategy the Centre of Culture Ethnicity & Health (CEH), a program of North Richmond Community Health Centre, has received funding from the Victorian Office of Multicultural Affairs (VOMA) to produce a research report to investigate the recruitment and employment of bilingual workers in Victorian Government departments and funded agencies. It is intended that this report will be used to formulate guidelines which will be included in *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures* (2003).

This paper explores how bilingual workers engage within workplaces across a range of sectors. It has been developed to stimulate discussion and elicit responses from stakeholders on key questions formulated in the development of a working definition of a bilingual worker.

About CEH

CEH was established in 1993 as a statewide service to assist rural and metropolitan health service providers improve service delivery to clients from CALD backgrounds.

Language services provision has been a central focus of CEH's work throughout its history. CEH's understanding of language services and multicultural issues in Victoria has been strengthened by a number of recent projects focusing on language service provision, including:

- *Language Services: Good Practice in the Victorian Health and Community Sector* (Aug 2005). Report including a suite of six tip sheets, good practice case studies and a good practice model.
- *Language Services Strategy in Community Health Services* (Sept 2005 – March 2006) involving eight Community Health Services. Support offered included development of policy, service focussed work plans and training for each CHS.
- *Language Services in Victoria's Health System: Perspectives of Culturally and Linguistically Diverse Consumers* (Aug 2005 – April 2006). Qualitative research report involving 80 consumers from four language groups.

The Policy Context

The Victorian Government's language services policy, *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures* released by VOMA details the Victorian Government's commitment to providing accessible services to all Victorians. As part of this commitment, clients not able to communicate through written or spoken English should have access to professional interpreting and translating services:

- When required to make significant decisions concerning their lives; or,
- Where essential information needs to be communicated to inform decision making.

In the Department of Human Services *Language services policy* (2005), the term 'language services' includes the role of multilingual staff in language service

provision and suggests that they “should only be used when a basic level of knowledge of the language is required” (p.5).

Project Methodology

CEH is employing a staged consultative approach to develop a definition of a bilingual worker.

Stage 1 – Literature review and key consultations

CEH has completed this stage of the project.

CEH conducted a literature review exploring existing understandings of definitions and roles of bilingual workers across a number of service settings. Concurrently, information was gathered from organisations that employ bilingual workers across a number of service settings through face to face interviews.

Issues that were explored include:

- how bilingual workers are used;
- when it is appropriate to use bilingual workers;
- what roles bilingual workers perform; and
- how bilingual workers can best be incorporated into the workforce of Victorian Government departments and funded agencies.

The information gathered during this first stage of the project directly informed the second stage of the project: consultation on the definition.

Stage 2 – Discussion paper and public responses

This discussion paper and the consultation process associated with it form the second stage of the project.

The learnings gathered from the research phase of the project have been brought together in this discussion paper. It explores the common traits of a bilingual worker and provides a series of case studies to illustrate current bilingual worker

practices. Included within this paper are a number of questions to assist in the development of the definition. The responses to the discussion paper will inform the third stage of the project: roundtable discussion on the four key areas identified - training and qualifications, recruitment, organisational issues and new technology.

Stage 3 – Roundtable discussions

After a definition of a bilingual worker has been developed CEH will hold a series of roundtable discussions with key stakeholders and industry bodies to discuss areas of focus and the subsequent implications for workplaces and bilingual workers. The discussion for each roundtable will be documented and used to inform the final stage of the project: documentation.

Stage 4 – Documentation and reporting

The final stage of the project will be the delivery of a number of publications and resources to VOMA including:

- Final report
- Set of draft guidelines regarding the use of bilingual workers to be included in *Improving the use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures*.

Key Findings from the First Stage of the Project

Many organisations employ or use staff who speak English and a LOTE to support the delivery of services to people with low English language proficiency. Sometimes they are employed specifically for their linguistic ability, and sometimes after they are employed they are asked to use their bilingual skills in the workplace. While most agencies readily acknowledge the benefits of bilingual staff there are no existing standards, training or policies.

CEH conducted 13 consultations with agencies from the health, education and legal sectors and local government. These consultations resulted in a number of findings that have informed the draft definition:

- **Focus on bilingual worker**

This discussion paper is concerned with the definition and functions of a bilingual worker employed by an organisation, not a person's capacity to speak two languages.

- **Literature versus practice**

Within the literature three main types of bilingual communicators were identified: interpreters and translators, ethno-specific workers and bilingual staff.¹

Within a health care setting, the difference between ethno-specific workers and bilingual staff lay in the role they undertook, where the former do not undertake direct caregiver roles but "act as (internal) consultants and are usually involved in community advocacy for specific language group".² In the consultations with organisations this difference was not evident

Another distinction within the literature was made between a bilingual worker and an interpreter. Whereas a bilingual worker engages in a two person (dyadic) communication encounter, an interpreter engages in a three person

¹ Johnson, M., C. Noble, Matthews, C., Aguilar, N., (1999). "Bilingual communicators within the health care setting." *Qualitative Health Research* 9(3): 329-343.

² Johnson, M., C. Noble, Matthews, C., Aguilar, N., (1999). "Bilingual communicators within the health care setting." *Qualitative Health Research* 9(3): p. 330

(triadic) communication encounter: provider, client and interpreter.³ In practice this distinction is at odds with the roles that many bilingual workers are performing daily in the workplace.

- **Bilingual workers as a complementary communication tool**

The literature reviewed generally viewed bilingual workers as a complementary communication tool, not as a replacement for, professional interpreters. Bilingual workers were considered valuable and able to potentially perform a broader range of roles than interpreters.

*The aim of better health outcomes for clients with limited English language proficiency can be best served by a complementary relationship between interpreters and bilingual staff. ... Bilingual staff are a valuable asset to the health system at all levels of language proficiency. Social language proficiency can be used to help clients feel better, to provide information, to increase dialogue with the client to meet their needs more effectively. More complex proficiency can be used to assess, diagnose and treat clients, thus resulting in improved care.*⁴

- **The value of bilingual workers**

Agencies consulted recognised the value of bilingual workers to fill gaps in communication and enhance their agency's provision of services to clients with low English language proficiency. Generally there was a good understanding of when it is appropriate to use interpreters, as outlined in the VOMA guidelines, but there were many instances identified where arranging a professional interpreter was not possible, or did not meet the needs of the client. For example, the time that some bilingual workers spend with clients e.g. nurse, attendant carer, can provide them a relationship advantage over an interpreter, such as a calming or reassuring role. Agencies consulted also discussed the contextual knowledge that bilingual staff have over interpreters.

³ Matthews, C., M. Johnson, Noble, C., Klinken, A., (2000). "Bilingual health communicators: role delineation issues." *Australian Health Review* 23(3): 104-112.

⁴ Matthews, C., M. Johnson, Noble, C., Klinken, A., (2000). "Bilingual health communicators: role delineation issues." *Australian Health Review* 23(3): pp. 110-111

- **Scope and proficiency of language use**

The changing context that bilingual workers find themselves in affects the level of LOTE language proficiency required to perform an effective function. Bilingual workers' skills ...

...could vary from social language proficiency in a social context from calming or reassuring a patient, to more complex interactions such as counselling and use of medical terminology that require social/technical or technical language proficiency. Bilingual health staff could have language proficiency at any point on this continuum, whereas interpreters are required NAATI accreditation at a defined level of proficiency.⁵

Apart from the lack of an available assessment tool, context was one contributing factor why all agencies did not formally assess the bilingual worker's LOTE proficiency. However, a number of agencies did express concern that the bilingual worker's level of LOTE proficiency, left largely unexamined, is an issue requiring attention.

- **The importance of culture**

Culture was another reason why agencies consulted did not assess LOTE proficiency. Many agencies consulted believed that biculturalism was just as valuable and could not be separated from the concept of a bilingual worker.

- **Definition of a bilingual worker**

Currently there is considerable confusion about what defines a bilingual worker; in some organisations it will be any staff member who has language skills in English and another language, in other organisations it is someone specifically hired to work in two languages. Agency consultations did not yield a definition of a bilingual worker however they revealed the many functions that they perform.

Numerous roles have been broadly described for bilingual health staff within Australia and North American literature, including direct care, co-worker, cultural advocate or broker. Various descriptions of these

⁵ Matthews, C., M. Johnson, Noble, C., Klinken, A., (2000). "Bilingual health communicators: role delineation issues." *Australian Health Review* 23(3): p.106

roles included a direct caregiver being a bilingual staff who uses their language in their 'normal' role; a co-worker being a bilingual worker being a bilingual staff member who provides communication support to colleagues who are monolingual.⁶

Models of a Bilingual Worker

Agency consultations elicited different understandings of ways bilingual staff are used. This section describes how bilingual workers are employed on the ground. In addition, a brief comment is included to inform discussion on the three identified key factors that constitute the draft definition:

1. proficiency in two languages;
2. biculturalism; and,
3. bilingualism and/or biculturalism forming identified employment criteria.

1. Bilingual worker as interpreter

In this role a bilingual worker performs two communication roles:

1. direct one-to-one encounter with a client who speaks the same language;
2. three-way encounter between provider, client and bilingual worker.

Example: Often called 'Language Aides' and also known by other terms such as 'language facilitators' these are employees who use their second language to assist in the communication between English-speaking employees and clients who have difficulty communicating in English in either a face-to-face or a telephone enquiry.

These staff may be invited to participate or nominate themselves and must undertake training to be recognised as language aides. Darebin City Council has developed policy and procedures to regulate and standardise the activities of the Language Aides. A flat rate remuneration allowance is offered *pro rata* that recognises the bilingual skills of staff who have been tested and provided with training. However, employees who are employed in positions where particular language skills are an essential requirement of the position are not

⁶ Matthews, C., M. Johnson, Noble, C., Klinken, A., (2000). "Bilingual health communicators: role delineation issues." *Australian Health Review* 23(3): p.105

eligible for the remuneration. This is outlined in the VOMA Victorian Public Services Language Allowance Guidelines 2006-07.

In this role the LOTE proficiency and ethnic identity of the bilingual worker are not critical factors.

2. Bilingual worker as one-to-one worker

In this role, the worker is explicitly recruited for both their bilingual and other relevant professional skills. Their language ability is not incidental or preferred but a core component of their employment.

Example: The Bilingual Case Management (BCM) program was implemented in four Area Mental Health Services in the Western Region of Melbourne in 1996. Bilingual staff with backgrounds in either psychiatric nursing, occupational therapy, social work or psychology were employed in case management positions. Their roles included: case management with a focus on clients from the same ethnic background; joint case management; secondary consultation to other staff; family education and support; and, community education. Due to these additional roles, BCMs direct clinical caseload was set at two-thirds of other staff.

Example: A similar program is the Multicultural Counselling and Welfare Team at Moreland Community Health Service. This program developed through the merging of two previously separate roles of ethno-specific support staff and the counselling team. Six of the eight staff speak a LOTE and all have completed or are completing social work qualifications.

In both these positions, bilingual workers undertake clinical work in their LOTE.

This one-to-one position may also take the form of community development work, outreach work such as psychiatric disability support, and support work such as home-help services or personal care services.

In these roles the LOTE proficiency and ethnic identity of the bilingual worker are moderate to critical factors.

3. Bilingual worker as group educator and information provider

In this role workers are hired as community educators and are recruited for their bilingual skills then trained in both presentation and content by their employer or contracting agency.

Within this position the bilingual workers are not required to interpret and are provided with written material to support their presentation.

The bilingual educator's task is to transfer the information they learn in training into a 'culturally' effective format for their community. However, the bilingual educators must uphold the values of the organisation and may not omit information.

Example: The Cancer Council of Victoria (CCV) established a peer education model in the early 1990s offering free cancer education to CALD community groups. Today the Community Language Program employs specially trained bilingual health educators in approximately 20 languages. Educators must complete a comprehensive training course conducted by CCV, and participate in ongoing education. Up to ten topics are presented, some in partnership with other organisations including the Jean Hailes Foundation, Breast Screen, Pap Screen and Diabetes Australia.

In these roles the English language, LOTE proficiency and ethnic identity of the bilingual worker are moderate to critical factors.

4. Bilingual community workers with restricted roles

Bilingual workforce that are trained to coordinate sessional work on request

In this role the primary function of the bilingual worker is to recruit attendance from a particular CALD community to an information event organised by a mainstream organisation. The bilingual worker is engaged by their employer to conduct specific work primarily in the presence of a

mainstream specialist worker. The key function of this type of position is community networking to facilitate attendance on a topic for a community education session conducted by an English language speaking community educator.

Example: The Metropolitan Fire and Emergency Services Board has Bilingual Community Facilitators, which are casual employees. They are selected because of their role as leaders in their own ethnic communities and have undergone training in Home Fire Safety. Among their tasks is to arrange for trained fire fighters to accompany them to deliver safety talks at community meetings and to represent the organisation at ethnic community events.

In this role the English language proficiency is a non critical factor. LOTE proficiency is a moderate to critical factor. Ethnic identity of the bilingual worker is a critical factor.

Bilingual workforce that conducts a range of individual and family support work

In this role the bilingual worker works closely with individuals and families in various types of support work. The worker is often either in the client's home or in the community assisting with negotiating service access. These workers in turn are supported by their case co-coordinators.

Example: The Adult Migrant Education Service (AMES) conduct a Community Guides program where bilingual workers are employed to work intensively with families who have entered Australia under the Integrated Humanitarian Settlement Scheme. Their role is to quickly engage the recently arrived refugees in social and education services such as acquiring a Medicare card, registering with Centrelink and connecting utilities. The people employed are often refugees themselves and so have an empathy with the client group.

In this role the English language proficiency is a non critical factor. LOTE proficiency is a moderate to critical factor. Ethnic identity of the bilingual worker is a critical factor.

Draft Definition

Bilingual worker: A person employed to use their language skills in English and another language with a linguistic proficiency in both languages appropriate to the function of their position who also understands and shares the values of the non-English speaking background community they are employed to work with and their employing agency.

Questions for Consideration

Does this definition contain the important elements of what defines a bilingual worker?

Are there any other considerations that should be included in this definition?

Should biculturalism - negotiating between two cultures - form part of the definition of a bilingual worker?

Submissions

Feedback can be provided through participation at a public forum or through written submission.

- **Public Forum**

CEH will convene a public forum on Friday 23 February from 10.00 - 11.30am at the premises of the Centre for Culture Ethnicity & Health, 81-85 Barry Street, Carlton. Please ring 9342-9703 to register your attendance.

- **Written Submissions**

CEH will accept written submissions until Monday 26 February. Submissions should include the name and contact details of the author(s) and the organisation represented, if relevant. Please use the 'Response Sheet' at the end of the paper.

Written submissions can be sent by email, mail or facsimile. Address details –

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