



USING E-INTERPRETING FOR HOME-BASED ASSESSMENTS: INFORMATION SHEET

There is a shortage of interpreters in Australia. This affects access to healthcare for many people from culturally and linguistically diverse (CALD) backgrounds, and can lead to inaccurate communication, as well as delays or cancellations of appointments with health professionals. E-interpreting can help address this shortage by allowing interpreting services to be conducted over the internet via videoconferencing. This means an interpreter can be in a different location to the client and clinician requiring the interpreting service. E-interpreting allows interpreters to reach people in rural and remote areas, and can reduce travel time for interpreters. It can also improve access to languages where interpreter demand is high.

IS E-INTERPRETING EFFECTIVE FOR HOME-BASED ASSESSMENTS?

The “Improving Service Knowledge and Access among Older People from Culturally and Linguistically Diverse (CALD) backgrounds with Dementia” [Short title “Diagnosis and Access Through E Interpreting” (DATE)] study compared e-interpreting and face-to-face interpreting for home-based dementia assessments. The study found minimal differences between the assessment scores of face-to-face and e-interpreting assessments. This indicates that e-interpreting is an effective alternative to face-to-face interpreting for these assessments. While most participants preferred face-to-face interpreters where possible, they considered e-interpreting to be the best alternative when it was not available.

WHAT ARE THE DIFFERENCES BETWEEN FACE-TO-FACE AND E-INTERPRETING?

Many participants in the DATE study said that it was more difficult to build rapport between clients, clinicians and interpreters when they used e-interpreting. This was especially challenging when clinicians first arrived at clients’ homes and found communication difficult because they were not yet connected to the interpreter.

However, some interpreters reported that they felt there was more formality to e-interpreting, which helped them to maintain professionalism in their role. This can be advantageous in small or rural communities, where familiarity between interpreters and clients presents potential conflicts of interest or privacy concerns.

WHAT CHALLENGES CAN ARISE?

During the DATE study, some participants experienced poor internet connection or dropouts, which led to some assessments being cancelled. Users should test the connection at the location (e.g. before entering the client’s home) to ensure it is stable before commencing a consultation or assessment. Other challenges included background noise or lighting, which can be managed by setting up the equipment in a quiet and well lit space. The technology may also become a source of frustration and distraction, especially when there are technical problems or poor audibility and visibility.

IS IT SUITABLE FOR EVERYONE?

E-interpreting may not be appropriate for people with serious hearing difficulties or advanced cognitive impairment. It may also be unsuitable for consultations which involve sharing a lot of written material. Health professionals must make a judgement about the suitability of e-interpreting based on the type of consultation and on the needs of their client. Otherwise, they should take preparatory steps to overcome these challenges.

WHAT IS NEEDED TO SETUP E-INTERPRETING?

E-interpreting requires three things:

1. **A device**, like a computer or tablet, which can connect to the internet and play sound and video.
2. A reliable **internet connection**, such as a mobile broadband dongle, with enough available data.
3. Access to a **videoconferencing platform**, such as Skype, Zoom, or Healthdirect, which is accessible both to clinicians and interpreters.

STEPS TO A SUCCESSFUL E-INTERPRETING SESSION

- Ensure the clinician and interpreter are both aware of the correct appointment time, appointment purpose, and that both know how to connect on the videoconferencing platform.
- Ensure the client knows about and consents to using e-interpreting.
- If possible, test the internet connection at-location to ensure it is stable.
- If possible, brief the interpreter prior to the session to ensure they are adequately prepared.
- Set up the device in a triangle between the client and clinician, and ensure both are visible and audible to the interpreter (verify this prior to commencement).
- Reduce background noise, including from other people who are present during the assessment.
- When the client or clinician is speaking, ensure they are visible to the interpreter.
- Avoid over-talk as this can be difficult to decipher through computer speakers.

MORE INFORMATION

The full guidelines and research report from the DATE project can both be found on the National Ageing Research Institute website: www.nari.net.au



National Ageing Research Institute Ltd. (NARI)

34-54 Poplar Road, Gate 4, Building 8,
Parkville Victoria 3052

Po Box 2127
Royal Melbourne Hospital
Victoria 3050

T +61 3 8387 2305

www.nari.net.au

This fact sheet is based on findings from the research project: "Improving Service Knowledge and Access among Culturally and Linguistically Diverse Older People with Dementia: Diagnosis and Access Through E-interpreting" (DATE 2017-2019)

This project was funded by the Commonwealth Government, Department of Health under the Dementia and Aged Care Services (DACs) grants.

Project team members: Betty Haralambous, Kerry Hwang, Santini Subramaniam, Courtney Baker, Dr Andrew Simon Gilbert, Dr Samantha Croy, Lindell Claff and Assoc Prof Dina LoGiudice.