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MIGRANT WORKERS CENTRE

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Listening to Every Voice: Experiences of Injured Workers Who Require Interpreters in the Workers' Compensation Scheme

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Participatory, cross-language qualitative research using bicultural intermediaries

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Executive Summary

Australia's workforce is highly culturally and linguistically diverse, with a significant proportion of workers from migrant and refugee backgrounds. According to the 2021 Australian Bureau of Statistics Census, around 3–4% of the Australian population reports speaking English "not well" or "not at all". While workers' compensation schemes are designed to be universal, in practice do not produce equitable access or outcomes for all workers. Injured workers with limited English proficiency may face challenges understanding and navigating the compensation process, including complex claims forms, medical information, and insurer communications. These barriers can limit access to support and affect workers' ability to engage effectively with the system.

Methods

This study used a participatory qualitative research approach facilitated through a collaboration between WorkSafe Victoria, the Institute for Safety, Compensation and Recovery Research (Monash University), and the Migrant Workers Centre. Injured workers requiring interpreter support were identified through WorkSafe Victoria administrative data, enabling targeted recruitment of a population that is often difficult to reach.

Recruitment and data collection were conducted through bilingual community ambassadors, who supported in-language engagement and conducted interviews in participants' preferred language. Additional data were collected from WorkSafe Victoria advisory and claims staff through focus groups, and from interpreter representatives through interviews, to provide system and workforce perspectives.

This approach enabled meaningful participation from workers who are often not reached through standard research and feedback processes. By combining targeted recruitment with in-language, community-based engagement, it generated more accurate and contextually grounded insights, supporting more equitable and responsive service design.

Project aim

To explore the experiences, challenges, and support needs associated with interpreter use when accessing WorkSafe Victoria's advisory services or compensation processes, drawing on perspectives from injured workers, WorkSafe Victoria staff, and interpreter representatives.

Key Findings

The key findings highlighted limited system knowledge, reliance on intermediaries, and inconsistent access to interpreter support for workers, while also showing that employers often shaped workers' entry into the system and could either enable access or contribute to delays. WSV staff reported that interpreter-mediated communication and the lack of embedded interpreter processes were ongoing challenges, and highlighted the need for specialised training, clearer system processes, and better data on language needs and interpreter use.

Limited system knowledge

Most workers had limited knowledge of the workers' compensation system when they were injured and were unsure of their rights and next steps.

"I did not know about my rights or workers' compensation. No one explained it to me at the workplace. When I got injured, I was not told what to do and what my rights were." (407-H-5)

Reliance on intermediaries

Workers commonly relied on family, friends, or community members to initiate and navigate claims.

"My colleague helped me to look at what support is available, and we used a dictionary to understand the terms. I did not know that I could use an interpreter." (407-C1-1).

Employers shape access to the system

For many workers, employers were the main point of entry into the workers' compensation system and could either facilitate access or act as a gatekeeper, leading to delays.

"[after seeing the GP again] I went back to the manager who told me do not proceed with anything because you are hurting the people who gave you a job and I felt shy at that time." (407-A-3)

Interpreter support is essential but inconsistent

Interpreter services were critical for access and understanding but were not always available, appropriately matched, or effectively integrated into the process.

"I requested an interpreter at each session, but I was informed that none were available. It was very difficult because I could not properly explain that the therapy was not helping me and was increasing my pain." (407-T-2)

Delays and system interactions caused additional harm

For some participants, delays in the claims process had direct physical consequences. The absence of timely, in-language communication and guidance also meant workers were left without treatment at critical moments.

"The only thing is the waiting period, they told me you might wait for 2-3 months to hear back and I didn't have any money to survive at this point" (407-A-3)

Communication requires specialised capability

Staff highlighted that effective communication requires an understanding of workers' compensation processes, legislation, and injury, and can be compromised when interpreters lack familiarity with these contexts.

"That causes a lot of challenges when you get an interpreter that doesn't know anything about compensation… I'm not confident that the worker's getting exactly what I'm telling them." (Focus group 1)

Interpreter use is not embedded in system design

Interpreter support is not built into core system processes and is instead layered onto existing workflows, creating additional complexity and delays. For example, phone-based and real-time interpreter access processes were identified as a key source of delay and uncertainty.

"Definitely the wait, the unknown of the length of time that it can take to get an interpreter." (Focus group 1)

Limited training for interpreter-mediated communication

Staff reported limited formal training in how to communicate effectively through interpreters, particularly in complex or sensitive interactions.

Limited data visibility

Data on language needs and interpreter use is not systematically captured, limiting the ability to plan, monitor, and improve services.

Conclusion

Government agencies are required to ensure that people who communicate in languages other than English can access services with the same entitlements and dignity as all community members. The findings show that interpreter services and translated language supports are available within the workers' compensation system and play an important role in supporting access and understanding. However, this research suggests, that interpreter-mediated communication, along with translated language supports, are not embedded within the core design of the workers' compensation system, resulting in variability in how workers access and navigate the system and greater reliance on informal supports and individual workarounds. These findings highlight opportunities to strengthen how interpreter use is integrated into system processes, communication approaches, and workflows. The opportunities identified in this report provide a practical pathway to improve consistency, accessibility, and equity for workers who require interpreter support.

INTRODUCTION

Australia has a large proportion of workers from migrant and refugee backgrounds. Around 31% of the population was born overseas as of 2024, equating to more than 8 million people [1]. This cultural diversity is strongly reflected in the labour market.

Workers from migrant and refugee backgrounds tend to be over-represented in high-risk industries (e.g. healthcare, construction and manufacturing), and higher risk roles in those industries [2]. SafeWork NSW's At-Risk Workers Strategy 2018–2022 highlights that workers from migrant backgrounds are concentrated in, and disproportionately represented across, high-risk industries and occupations. The strategy also notes that these workers may face increased exposure to workplace hazards due to factors such as language barriers, job insecurity, and limited access to information [3, 4].

Workers from migrant and refugee backgrounds often have limited English language proficiency, which can make it difficult to understand workers' compensation rights, responsibilities, and processes [5]. Following a workplace accident, injured workers with low English proficiency may struggle to navigate the compensation process, including complex claims forms, technical medical reports, and insurer communications containing legal terminology.

A Safe Work Australia (2022) report on workers' understanding of compensation systems confirmed that many workers, regardless of background, already have low levels of understanding of workers' compensation rights and procedures, and these difficulties are magnified for workers from migrant and refugee backgrounds. Injured workers often felt confused by insurer communications, uncertain about their obligations, and lacked confidence in navigating entitlements, which can result in missed deadlines, delays in claims processing, or even denial of compensation [6].

Consequently, workers with low English proficiency may be disadvantaged in making or pursuing claims compared to English-speaking peers, which in turn can lead to delayed claims, lower approval rates, or reduced access to entitlements [2, 7, 8]. Stress, confusion, and lack of support during the claims process can also exacerbate physical and psychological injury. Poor communication may reduce access to appropriate treatment and slow recovery or return to work.

While workers' compensation schemes are intended to be equally accessible to all workers, the barriers faced by workers from migrant and refugee backgrounds mean that the system may not be equally accessible in practice. These challenges highlight how communication barriers can translate into unequal access to rights, entitlements, and support within the compensation system. Improving system responsiveness to workers from migrant and refugee backgrounds is therefore aligned with broader equity and inclusion goals in occupational health.

Victorian Government policy clearly states that people with limited English proficiency must be able to access key information in a language they understand, including information about their rights, available services, claims processes, decisions, and pathways for support. Providing access to interpreting services is a responsibility of WorkSafe Victoria under relevant Victorian legislation, including the *Multicultural Victoria Act 2011*, the *Charter of Human Rights and Responsibilities Act 2006*, and the *Equal Opportunity Act 2012*, which require that people with limited English proficiency are able to access information and participate in decisions that affect their lives. Agencies such as WorkSafe have a duty to take reasonable and proactive steps to remove barriers to access, including language barriers. Strengthening the scheme's responsiveness to linguistic and cultural diversity would directly support

WorkSafe Victoria's broader strategy, which emphasises equity, fairness, and inclusion as core principles in occupational health and safety [9].

There is a paucity of research exploring the experiences of injured workers who require an interpreter (many with low English proficiency), as they navigate the workers' compensation system. Existing evidence relies for the most part on limited quantitative analyses of claims data, which by its nature lacks sensitivity to identify the day-to-day challenges faced by individuals from migrant and refugee backgrounds. Qualitative approaches, such as this study, offer an opportunity to uncover the practical realities of navigating claims processes, highlighting the barriers, enablers, and systemic gaps that are often hidden in statistical reporting.

This study seeks to fill this gap by providing qualitative evidence on how language and cultural barriers shape migrant and refugee workers' experiences of compensation systems.

METHODS

Aim

To explore the experiences, challenges, and support needs associated with interpreter use when accessing WorkSafe Victoria's advisory line or compensation processes, drawing on perspectives from injured workers, WorkSafe Victoria staff, and interpreters.

Approach

Collaboration

The project was conducted in collaboration between WorkSafe Victoria, Institute for Safety, Compensation and Recovery Research (ISCRR) at Monash University, and the Migrant Workers Centre (MWC). The MWC is a community-based organisation with well-established and trusted connections across diverse migrant communities. ISCRR is a research institute underpinned by a long-term partnership between Monash University and WorkSafe Victoria, with an established track record in research and evaluation across occupational health and safety domains. WorkSafe Victoria is the state's workplace health and safety regulator and the manager of Victoria's workers' compensation scheme. WorkSafe Victoria provided funding and policy context. ISCRR and the MWC jointly completed the research design, analysis, and reporting.

Bicultural network model

This project took a participatory research approach, which is a process that involves the active and meaningful engagement of people affected by an issue in shaping decisions, knowledge production, and outcomes, with attention to power, voice, and shared responsibility.

The research team, comprised of researchers from the MWC and ISCRR, which drew on principles of collaboration and cultural responsiveness to ensure that culturally diverse workers' perspectives were heard within their cultural contexts and informed how the findings were interpreted and applied.

To support culturally safe engagement, the project employed an established model of bicultural community Ambassadors (herein referred to as Ambassadors). The MWC has developed a network of Ambassadors through its Bicultural Work Rights Ambassadors Program, which trains and supports migrant leaders to deliver education sessions on workplace rights and safety to their communities (Migrant Workers Centre). This existing network was leveraged to identify Ambassadors who were interested in joining the project. Following a general call for expressions of interest, six Ambassadors participated in the research. All the Ambassadors had participated in a previous project from the collaboration between WSV, ISCRR and the MWC, reported elsewhere titled: Exploring Unheard Voices: Migrant workers in home-based care [10]. The language groups represented in this project included Dari, Hazaragi, Mandarin, Vietnamese, Arabic, Spanish, Amharic and Tigrinya.

The procedure for working together with the Ambassadors network included a formal letter of agreement between each Ambassador and the university clearly stating agreed-upon conditions. This included: attendance at the workshops, supporting the development of recruitment materials, remuneration for their time, and a review and opportunity to provide feedback regarding key findings and conclusions. Key principles that were also considered when forming contracts between WorkSafe, ISCRR and the MWC, included the importance of allowing enough time, and flexible working arrangements for the Ambassadors to schedule this work around their existing commitments. For example, a time buffer of two months was built into the project plan, the workshops and meetings were primarily held outside of

business hours, and communication channels included less formal forums such as a WhatsApp group and text messaging. In recognition of their valued contributions towards the research, all the Ambassadors were reimbursed for their time, and are included here as co-authors.

The project received ethical approval from the Monash University Human Research Ethics Committee, number: 48588.

This approach is important because it enables meaningful participation from workers who are often visible within administrative systems but remain excluded from conventional research and feedback processes. While administrative data can identify these workers, it does not ensure their engagement, as language barriers and hesitancy to engage with large institutions can create barriers to participation. By combining administrative identification with in-language, community-based engagement, the method supports participation that is culturally appropriate, trusted, and accessible. This is particularly important for workers navigating compensation processes in a second language, where understanding, trust, and communication shape how people engage with the system. As a result, this approach supports a more nuanced and contextually grounded understanding of workers' experiences, strengthening the evidence base for more equitable and responsive service design.

Research questions

The research was guided by the following questions:

1.What enables workers who require an interpreter to make a workers' compensation claim? (Focus: entry points, circumstances, type of injury, urgency, triggers)
2. What barriers do they encounter in navigating the compensation claims process? (Focus: language, communication, understanding of rights/processes, system complexity)
3. What role does interpreter support play in enabling or limiting access to advice and services? (Focus: timeliness, accuracy, trust, cultural safety, interpreter availability and quality)
4. How can WorkSafe Victoria improve data, communication, access, and support for workers who use interpreter services? (Focus: system improvements, inclusive practices, culturally safe communication)

Establishing a shared understanding of the research approach

To support a shared understanding across the research team, project briefings and workshops were held with researchers and Bicultural Ambassadors prior to data collection. These sessions introduced the aims of the study, the workers' compensation and advisory processes, and key concepts related to communication, interpreter use, and system navigation.

Workshops were also used to refine the interview guide and ensure that questions were accessible, culturally appropriate, and grounded in everyday language. As with previous projects, interviews were designed to elicit lived experiences rather than relying on technical or system-based terminology. Participants were encouraged to describe their experiences of engaging with WorkSafe Victoria processes, including requesting and using interpreters, in their own words.

Recruitment of injured workers requiring interpreters

Participants were identified using administrative claims data provided by WorkSafe. This dataset was used to identify workers who had requested an interpreter and had service related to an active claim within the previous 12 months.

Eligible workers were contacted via a text message in their preferred language, followed by an email invitation also in language sent by the MWC. These communications provided information about the study and invited workers to express interest in participating.

Workers who responded were matched by the research team with a Bicultural Ambassador who shared their language and, where possible, cultural background. This approach was designed to support trust, reduce barriers to participation, and enable workers to engage in a way that felt safe and accessible.

Interview procedure

Semi-structured interviews of approx. 20-30 minutes were conducted by Bicultural Ambassadors over the phone in participants' preferred language. The interview guide focused on participants' experiences of:

- requesting and using interpreters
- communication with WorkSafe Victoria staff
- navigating the advisory and claims processes
- barriers, challenges, and points of confusion
- sources of support and suggestions for improvement

Ambassadors made detailed notes in English following each interview. To support interpretation and ensure cultural nuance was captured, each interview was followed by a debrief discussion between the Ambassador and a member of the research team (ISCRR or MWC). These debriefs explored key themes, meanings, and contextual factors arising from the interview. Debrief discussions were audio recorded and a transcript was generated and used alongside Ambassador notes as a primary data source for analysis.

Focus groups with staff and interviews with interpreters

To complement worker perspectives, focus groups were conducted with WorkSafe Victoria advisory and claims staff, as well as senior leaders in an organisation that provided interpreter services and an interpreter professional body in Vic. These discussions explored experiences of WSV staff working with interpreters and injured workers, communication challenges, system constraints, and perceived opportunities for improvement. Focus groups generated additional insight into organisational processes, role-based perspectives, and system-level factors influencing interpreter use. All focus groups and interviews with staff and interpreter representatives were conducted online through videoconferencing by ISCRR and MWC research staff.

Data analysis and sense-making

Two workshops with Ambassadors and the research team were conducted as part of the analytical process. The first workshop supported the development of a shared understanding across the research team and Ambassadors, and informed refinement of the interview approach. The second workshop was a sense-making workshop. This workshop was designed to collectively interpret findings from the interviews and identify key themes. Through facilitated discussion, participants reflected on patterns in the data and contributed to thematic clustering across key domains, including:

- overall experiences of interpreter use
- communication challenges and system barriers
- the role of language and culture
- opportunities for improvement

Insights from this workshop informed the development of the analytical framework and supported a more nuanced understanding of how experiences were shaped across different language groups and system interactions.

Framework analysis

Data were analysed using framework analysis [11], a systematic approach suited to applied health research involving multi-disciplinary teams. The method supports the identification of patterns across cases while retaining the context of individual accounts.

The primary unit of analysis comprised Ambassador interview notes and debrief summaries. These data sources were used to construct a framework matrix, enabling comparison across participants and themes. An initial analytical framework was developed deductively, informed by the research questions, interview guide, and insights generated during the sense-making workshop. For example, a framework was developed that included categories: entering the claims system, navigating the system, barriers, enablers, and interpreter experiences. This was complemented by inductive coding to capture new and emergent themes. For example, through analysis, a category to describe the impact of the claims process was added.

Data from focus groups were analysed using an adapted framework to enable comparison across stakeholder groups. Given the interactive nature of focus groups, analysis also considered areas of consensus, divergence, and shared or contested understandings.

Cultural interpretation and collaborative analysis

Bicultural Ambassadors played a central role in interpreting the data. Their involvement extended beyond data collection to include debrief discussions, participation in workshops, and contributions to analysis. Debrief discussions following interviews provided critical insight into cultural nuance, meaning, and context that may not have been evident in written notes alone. The sense-making workshop further supported collective interpretation, enabling multiple cultural perspectives to inform the analysis. This approach positioned Ambassadors as active contributors to knowledge generation and helped ensure that findings reflected participants' lived realities.

Reflexivity

The research team, comprising members from ISCRR and the MWC, engaged in ongoing reflexive practice throughout the project. This included critical reflection on how researchers' positionalities (position in society such as cultural background, gender, age), lived experiences, and institutional roles shaped the research process and interpretation of findings. Reflexivity was supported through regular debrief discussions, collaborative analysis processes, and documentation of reflections within the analytical framework. The team recognised that these perspectives were not biases to be removed, but important lenses that contributed to a more nuanced and plural understanding of the data.

Context

In Victoria, the workers' compensation claim process requires a worker following a workplace injury to notify their employer as soon as possible, seek medical attention, complete a worker's injury claim form, and obtain a certificate of capacity from a medical practitioner. The employer must then pass the claim materials to its WorkSafe agent for assessment, after which decisions are made about liability, weekly payments, medical and related expenses, and ongoing claim management [12]. WorkSafe Victoria's claims framework therefore depends on workers being able to understand procedural steps, complete documentation accurately, communicate with employers, agents and treating medical practitioners, and respond to requests and decisions as the claim progresses.

As a statutory body, WorkSafe Victoria operates within a legislative and policy context that requires and supports access to interpreting services for people who communicate in languages other than English, including the *Multicultural Victoria Act 2011*, the *Charter of Human Rights and Responsibilities Act 2006*, and the *Equal Opportunity Act 2012*. These laws and policies require that people with limited English proficiency are able to access information and participate in decisions that affect their lives. Interpreting supports access to services by enabling workers to communicate in their preferred language, ensuring they can understand information, express their needs, and engage in decision-making. It involves not only translating words, but also conveying meaning and nuance. This is particularly important in workers' compensation settings, where communication often involves complex legal, medical, and procedural information.

FINDINGS

Approximately 2373 injured workers were identified through administrative claims data as potentially eligible and 225 were randomly selected from specific language groups to be sent invitations to participate. Of these, 25 expressed interest and agreed to be interviewed, and 22 completed interviews. A small number of additional workers responded after the recruitment period had closed and could not be included in these figures.

The sample included 22 workers from a range of cultural and language backgrounds, including Arabic, Vietnamese, Chinese, Afghan, Spanish or Latino, and Eritrean/Tigrinya communities. All interviews were conducted in-language over the phone. Most were citizens or permanent residents established in Australia after arriving on refugee or other visa types.

Most participants were aged 35–54, with fewer in the younger (25–34) and older (55+) groups. Although gender was not formally collected, the sample included more male than female participants.

All claims except one were exclusively for physical injuries. The majority of participants had been receiving payments for less than 52 weeks.

Most of the occupations fell into manual and service-based roles, with "Other Miscellaneous Labourers" making up the largest group (8 out of 22). There were smaller numbers of cleaners, service workers, drivers, and machine operators. A few skilled trades like painters, plasterers, and electricians were included, and there were few people working in professional or managerial roles. Overall, the group was mainly made up of workers in hands-on, lower-skilled jobs.

Table 1. Demographic breakdown of workers interviewed

Visa categories	**Participant number**
Citizen	12
Permanent Resident	2
Other visa	2
Unknown	6
Cultural group	**Participant number**
Arabic	4
Eritrea/Tigrinya	2
Chinese	3
Afghan	5
Spanish / Latino	4
Vietnamese	4
Age	**Participant number**
25-34	4

35-44	6
45-54	7
55-64	4
65-74	1
Claim duration	
Less than 52 weeks	14
52-130 weeks	2
Longer than 130 weeks	6
Injury type	
Physical only	21
Occupation	
Labourers (inc Misc)	8
Service workers and cleaning workers	5
Skilled trades (painters, plasterers, electricians)	3
Drivers and transport	2
Machine and process workers	1
Storepersons	1
Other professionals and transport company managers	2

Table 2. Demographic breakdown of WorkSafe staff and interpreter representatives

WorkSafe Victoria	**Participant number**
Advisory line staff	3
Specialised advisory staff	1
Claims managers	4
Interpreter representatives	**Participant number**
Senior executive	1
Union representative	1

Experiences of Injured workers

Entry or making a claim

For most participants, accessing the workers' compensation system was not a straightforward process. It depended heavily on who they knew, who they worked for, and whether anyone around them understood the system well enough to help. Limited prior knowledge of their rights, language barriers, and gatekeeping by employers meant that many workers with injuries were reliant on others to initiate and navigate a complex process.

Knowledge of workers' compensation is limited

Most participants had limited prior knowledge of the workers' compensation system. Several workers were entirely unaware of their rights at the point of their injury, while others had gained some familiarity through colleagues with prior compensation/workplace injury experience or through their employer. For most, the pathway into the system ran through people rather than institutions.

> *"I had no information about the WorkCover and I never heard about it."* (407-A-3)

> *"I knew about worker's compensation through rumours and conversations at work."* (407-T-1)

Even where participants had entered the system and lodged a claim, understanding remained limited. For example, Participant 407-S-3 did not feel confident that she fully understood how the system operated and remained unclear about WorkCover's responsibilities toward injured workers as distinct from employers responsibilities.

Injured workers limited awareness largely stemmed from language barriers and unfamiliarity with the compensation system. As the interviewer for 407-S-1 and 407-S-4 noted, while a substantial amount of information is publicly available, the majority exists only in English, meaning workers "couldn't understand it very well".

Employer non-compliance with their occupational health and safety obligations was also a contributing factor. Many of the injuries described by participants were preventable, occurring in workplaces where safety information was absent or training was inadequate. One participant recounted receiving training that was delivered in an 'Aussie accent', which they could not follow, and described their employer's unwillingness to provide safety/training explanations in plain English.

> *"At the workplace there is no flyers or information to talk about work injury, only some flyers next to big machines to tell you how to operate it but I don't understand it really well"* (407-A-3)

> *"I did not know about my rights or workers' compensation. No one explained it to me at the workplace. When I got injured, I was not told what to do and what my rights were."* (407-H-5)

Employers can act as gate-keepers or facilitators

Following a workplace injury, workers are required to navigate both medical and administrative processes. This typically includes seeking treatment, informing their employer, and ensuring the injury is officially documented. Employers then act as links to the system, assisting with claim paperwork and submitting workers' compensation claims to insurers within mandated timeframes.

Interviews with workers found that making a claim was often dependent on the employer, who either acted promptly and helped facilitate the claim, or were obstructive and discouraged workers from proceeding. For many workers, the employer was their only point of contact with

the system. Injured workers often deferred to their employers because they were unaware of any other alternative.

Where employers did help facilitate a claim, the process for workers was considerably smoother. One participant described their manager lodging paperwork immediately after the injury: *"he came to see me after I called him to say that I have injured my leg… he saw my case and straight away he did put all the paperwork to inform WorkSafe about my injury"* (407-A-1). Another participant's claim was initiated entirely through their company's human resources department, with the worker only required to complete an application form (407-V-4). In these cases, workers were largely insulated from the administrative complexity of the system.

Many workers described obstructive conduct from employers. Several participants described employers who discouraged claims, blamed the worker for the injury, withheld documentation, or gave misleading information. The consequences of this were significant. Participant 407-V-2 waited at least six weeks before her employer submitted a claim, with the employer opting to see whether they would recover on their own. There was often evidence of exploitation in the workplace for these participants.

> *"The problem is my employer. They over-work people 11-12 hours per day. There are many injuries. They just give panadol but keep them working."* (407-V-2)

> *"On the day of the accident, my manager took me to a GP in his car. I was in pain, but the GP said I needed to go to the emergency department. An ambulance took me to the hospital. I had no idea if you get injury you have to call an ambulance. After that, my employer did not help much with explaining my rights or the workers' compensation process."* (407-HD-5)

Even where participants had some awareness of the system, power dynamics in the workplace could still deter them from acting on it. One participant reflected that despite knowing a claim was possible they initially "felt shy" due to the social obligation they felt towards the employer. This participant was ineligible for Medicare and had they not pursued a claim, they would have had limited means to support themselves and seek care for their injury. When they did ask for compensation the manager told them "not to come to work again".

> *"[after seeing the GP again] I went back to the manager who told me do not proceed with anything because you are hurting the people who gave you a job and I felt shy at that time. "[The manager] also told me they would be very upset with me if I did [pursue a claim]. I know them and I thought it is not nice to do that."* (407-A-3)

Intermediaries facilitate entry to workers' compensation

Where employers were unresponsive, obstructive, or failed to provide clear guidance, injured workers often relied on other actors to help them navigate the immediate aftermath of injury and the compensation process. Treating GPs, hospital staff, colleagues, and family or community members frequently stepped in to fill this gap by offering practical advice, explaining basic rights and procedures, and helping workers complete paperwork or seek further assistance.

Medical staff were a particularly common point of entry. For Participant 407-A-3, it was only after returning to their GP - after having initially been discouraged from claiming by a manager - that they were given the WorkCover paperwork and encouraged to file. Other reported similar experiences:

> *"Someone at the hospital [encouraged] him to make a claim. [The] employer did not say anything, and did not help."* (407-HD-5 debrief)

> *"When the injury happened I went to the emergency room and the doctor also told me to put on the work cover and they helped me there too to fill out the paperwork… So I would*

say the doctor did the most of the work and helped me a lot and recommended the WorkCover papers." (407-A-2)

Navigating the Advisory Line and Compensation Claims Process

Access to the system was often contingent on who happened to be available to help (for example, described support from colleagues, family and treatment providers). Among participants, WorkSafe was not usually described as a source of advice or guidance, and the advisory line as a resource was largely absent from participants' accounts. This absence points to a broader problem of institutional invisibility: many workers were unclear about the respective roles of WorkSafe, advisory services, and the authority responsible for supporting WorkCover claims, while some were unaware these services existed altogether. Employers, medical staff, lawyers, and community members served as the main points of entry and navigation for most participants.

Workers rely on informal sources of knowledge and intermediaries to navigate

Workers' navigation of the claims process depended heavily on informal knowledge and intermediary support rather than clear, accessible institutional guidance. A single trusted individual - often a friend, community contact, or colleague with better English, often became the key person helping workers interpret procedures, complete forms, and communicate with relevant parties. Workers without these networks were far more likely to be left unsupported.

Where workplace-based assistance was unavailable, participants turned to community and personal networks to compensate for gaps in formal guidance and understanding.

> *"My colleague helped me to look at what support is available, and we used a dictionary to understand the terms. I did not know that I could use an interpreter."* (407-C1-1).

> *"I got support from my Afghan community friends. Going to the community is very important - you shouldn't be alone."* (407-HD-7)

Participant 407-C3-1 used Chinese language online forms and the social media platform RedNote to piece together an understanding of the system after finding official channels difficult to access. Others relied on their family members, friends and colleagues, particularly to help bridge communication gaps:

> *"I speak basic English, but most of the time my daughter translates for me. They helped me communicate with WorkCover, the doctor, and other people involved in the claim. I used email for most communication, and my children helped me read and respond to the emails."* (407-HD-2)

Workers with limited social ties were often left without meaningful support. Participant 407-T-2 noted that friends and family assisted with *"day-to-day support, such as groceries, cooking"*, but could not provide meaningful guidance on the compensation process itself. Without a trusted person, and with interpreter services in Tigrinya frequently unavailable, she was left without the support needed to navigate complex procedural and medical information. This had a significant impact on her treatment.

> *"Friends and family were mostly helping me with my day-to-day support such as groceries, cooking and so on but related to the compensation, I did not receive any support which made the process difficult."* (407-T-2)

Informal sources of support were also not always effective, as limited knowledge among those providing assistance contributed to unsuccessful claims:

> *"My wife helped me put together a claim, but it failed. I went to a private lawyer instead."* (Participant 407-A-4)

Community networks were not always accessible or willingly drawn upon either, even where they existed. Participant 407-HD-7 reflected that within Afghan communities, cultural expectations around self-sufficiency and concerns about confidentiality discouraged some workers from seeking help from their peers.

> *"We Afghan have a lot of ego - if we can't do something , there is a lot of shame. It's important to break the barrier and ask for help from the community. Sharing your story is important for improving the system."* (407-HD-7)

For some participants, the decision to seek informal or community-based support was shaped by both gaps in knowledge and active mistrust of official channels. Participant 407-V-1 did not trust the information they were receiving from WorkSafe Victoria, which led them to seek out a Vietnamese-speaking lawyer instead - who was seen as the only person who could both understand the system and communicate with him in his language. Mistrust was compounded by conflicting medical assessments of his level of impairment between his lawyer and WorkSafe. Although Participant 407-V-1 acknowledged that the interpreter was competent, this was not sufficient to build confidence in the process itself.

The Role of Interpreter Support in Accessing Advice and Services

Interpreter support was a significant factor in whether participants could meaningfully engage with the claims process and access services. Experiences varied widely, shaped by the availability of interpreters, quality and dialect match, and whether participants knew to request support. Participants described access to interpreters for both their communications with WorkSafe and other services.

Interpreter support enables communication and engagement

Where interpreter support was accessible and well-matched, participants described their experiences as positive. Participant 407-HD-7 said interpreters were respectful of their culture, helped them understand the process, and offered reassurance that made the experience less overwhelming. Participant 407-A-1 was satisfied with interpreters at both their WorkSafe interview and a specialist clinic appointment, noting that the interpreter was able to speak on their behalf clearly and honestly. For this participant, access was straightforward because their employer had facilitated the process from the outset:

> *"The interpreter process was easy because the Manager facilitated it. I understand English but replying and answering questions, it can be hard."* (407-A-1)

Participant 407-V-3 also described a well-managed process, with WorkSafe notifying them in advance of calls and arranging an interpreter to call ahead to ensure they were ready before the conversation began.

Interpreter availability is limited for some communities

The majority of injured workers, particularly those from established communities (communities with a stable local presence and existing social, cultural, organisational, or support networks), were able to access interpreters without issue. The availability of interpreters was a persistent barrier for those from new and emerging communities.

For Participant 407-T-2, the repeated unavailability of a Tigrinya interpreter had serious consequences. Without support, they could not communicate to their physiotherapist that the treatment was worsening their pain, and they eventually stopped attending:

> *"I requested an interpreter at each session, but I was informed that none were available. It was very difficult because I could not properly explain that the therapy was not helping me and was increasing my pain."* (407-T-2)

Financial costs were also cited as a barrier to interpreter availability. 407-H-5 was told by their lawyer that interpreter services would cost $200 per hour. They could not afford this and instead relied on their children, who were often unavailable and did not understand the complexities of the claims process.

Participant 407-C-1 relied on the national service Translating and Interpreting Service (TIS National), which is free, but described spending entire days attempting to reach WorkSafe through an interpreter. On one occasion, they tried to call five times over several hours without success. With phone contact unavailable, they had to rely on email, but this created further difficulties because WorkSafe emails referred them to case managers without providing their contact details. Some participants reported relying on Google Translate to understand written communications.

Correct selection of language and dialect impacted accuracy, and trust

Several participants identified dialect mismatch as a problem that undermined the value of interpretation, even where a service was technically provided. Participant 407-T-2's interviewer noted that Tigrinya interpreters in Australia were more commonly from Ethiopia than Eritrea, and that this dialect difference meant participants could not always follow what was being said.

> *"So there are two kind of Tigrinya, our language. One is our country, Eritrea, they speak Tigrinya. And then in Ethiopia, there is a small tribe that speak Tigrinya. So most of the interpreters are from Ethiopia. So my understanding is that sometimes the dialect there is a little bit different. So that is another thing that I most commonly hear people complain that they were not able to understand them because of the dialect."* (Debrief T-2)

Participant 407-T-1 raised a similar issue, describing an interpreter whose Tigrinya was not fluent and saying they did not feel their meaning was being conveyed accurately. Despite wanting to request a different interpreter, they did not because they did not want them to lose work, so they "decided to put up with him the first time".

> "*He told him, "I don't feel like you're passing on the information well because you're not able to understand me. Your Tigrinya is not fluent."* (Debrief 407-T-1).

Inaccuracy and dialect mismatch were less common in more established community languages, though not absent. 407-HD-6 requested a Dari-speaking interpreter after initially being assigned a Persian speaker. These languages are mutually intelligible but distinct enough that a Dari speaker would be more comfortable - and more precisely understood - in their own language. 407-V-4 noted that their interpreter spoke approximately 80% fluency in Vietnamese and felt like a non-native speaker, though they were still able to follow the conversation. Participant 407-C1-3, who understands English, identified instances where the interpreter did not translate accurately.

Trust in interpretation was also shaped by broader mistrust in the system. The interviewer for Participant 407-V-1 noted that they did not fully trust the interpreter or the system more broadly. This was not a judgment about the interpreter's confidence, but a reflection of cultural norms around not expressing grievances openly, and a wariness of official channels and institutions more generally.

> *"So it's our culture. It's not we are – because we are Communist country. And then we are afraid of being judged by other people. So that's why we [are] less likely to say something but more likely to listen. So that's why I understand that his listening skills [are] better than his speaking skills. So that's why he said that he work with the*

interpreter – he had been with an interpreter. But he didn't, to be honest, from the bottom of his heart, he didn't trust it." (Debrief 407-V-1)

Confidentiality concerns are heightened in close-knit communities

For some participants, concerns about confidentiality shaped their trust in the interpreter. This was particularly pronounced for Afghan community members, where the concept of confidentiality (as an ethical guarantee) did not map neatly onto cultural expectations and frameworks. It was also shaped by the size and closeness of the community, with many members knowing each other. This made participants concerned that disclosures made through an interpreter may not remain private. This had practical consequences for interpreter use.

> *"That's how I feel with [the Participant], that he doesn't want interpreter, because he's going to bump into them, and he just – that was very – especially from a – maybe they're not taken serious, they don't – also, in Afghan community, the word 'confidential', it's not in our dictionary."* (Debrief 407-HD-1 and HD-4)

The interviewer for 407-T-1 and T-2 knew one of her participants from the community, prior to the interview. For this participant, the familiarity was experienced as reassuring. In small and emerging communities, the boundary between personal and professional contact may be difficult to maintain:

> *"Yeah, when I called, her name came up. And we said, "Oh, I'm calling you because of –" she just thought I'm calling her to check. And I told her "I'm calling you because of this," and she said, "Oh yeah, last time I received a message and I said yes. I was not sure what it was about. But at least it's good that it's you."* (Debrief 407-T-2)

A further and related concern raised was the neutrality of interpreters. Participant 407-HD-4 described an interpreter who interjected with their own judgment, stating "*I don't believe you're injured*". The participant found this distressing and requested not to be assigned that interpreter again: *"Especially with the interpreter not believing him, in a professional setting, that was also very distressing."* (Debrief 407-HD-4)

Interpreter roles are often misunderstood

Concerns about neutrality sat alongside a broader issue of unclear expectations about what the interpreter's role involves. The interviewer for 407-HD-1 and HD-2 noted a common misconception within the Afghan community - that booking an interpreter would itself accelerate the claims process. Where workers hold this expectation, the interpreter's actual role - to convey meaning accurately and in a neutral manner - may feel like a disappointment or a failure of support.

> *"That's something of misconception in Afghan community. That, "If I book an interpreter, because I can't speak English any more here, then my process will be faster," but that's not true. That's a misconception."* (Debrief 407-HD-1 and HD-4)

These examples point to a need for clearer communication about the interpreter's role, as well as more consistent professional training. As the same interviewer noted: *"professional training. With training, with the knowledge, we can get better [...] it's [that] we don't know this stuff"*.

Structural barriers

Participants encountered a range of structural barriers that compounded the difficulty of engaging with the claims process. These included administrative delays, poor continuity in

case management, system complexity, and gaps in interpreters' knowledge of the workers' compensation system.

Delays were common and disrupted claims

Delays were a recurring feature of participants' accounts. For workers unfamiliar with the system and who relied on others for help, these kinds of administrative delays and setbacks were disproportionately costly. Several participants faced extended periods without income while claims were processed, with direct consequences for their financial stability, physical recovery, and psychological wellbeing. The compounding harms and consequences arising from these delays, and system complexity more broadly, are discussed further below.

Case manager continuity impacted the workers' experience

A lack of continuity in case management created confusion and eroded trust for several participants. Participant-C3-1 dealt with three different case managers over the course of their claim without being informed of the changes, and described receiving emails that simply directed them to their case manager - without identifying who that person was. This lack of continuity contributed to delays in the claims process, and was described by other participants:

> *"Then there was a time he was waiting, and then when he called back they were like, "Oh, we don't have that person. They have retired", and he was like, "Well then why didn't he tell me who is taking over?" So there was that communication, and so that delayed the process again."* (Debrief 407-T-1)

Interactions with insurers impacted the workers' experience

Interactions with insurers were a source of significant frustration and, for some participants, a feeling of powerlessness. Participant 407-A-2 described an insurer that repeatedly denied their shoulder injury claim, insisting it was a pre-existing condition. The participant felt they were not being listened to and that the insurer was actively working against them rather than assessing their claim fairly.

> *"The problem with the insurance agency that had my work cover paperwork was also nasty, she wasn't listening to me and she mentioned we cannot do anything for you because you have injury somewhere else and claiming it now.... I did my shoulder here and she kept denying my claim and kept saying it is an old injury. They were blaming me for injuring myself so they could get away with the case and not pay anything for my injury."* (407-A-2)

Participant 407-S-3 was required to pay for medical treatment upfront, with reimbursement proving inconsistent across an eight-month period before they engaged a lawyer. The interviewer for S-1 and S-4 noted that the participants "basically felt they couldn't fight the insurance because they were so powerful". These sentiments reflect a pattern in which workers bear the burden of resolving institutional failures between parties with considerably more power and resources.

Interpreter knowledge of the workers' compensation system impacts communication

Several participants identified that the value of an interpreter extended beyond language fluency to include familiarity with the workers' compensation system itself. The highly specialised terminology of workers' compensation - which spans legal, medical, and procedural compensation - can be difficult to convey accurately in another language without prior knowledge of how the system operates.

These challenges are compounded when some of the concepts or terms used have no direct equivalent and may not translate neatly at all. Participant 407-HD-7 noted that there is no equivalent term for 'workers' compensation' in Hazaragi or Dari, meaning that an interpreter must find a way to explain the concept rather than simply translate it. This requires both linguistic skill and system knowledge. Where interpreters lacked this knowledge, technically accurate translation could still leave workers without a meaningful understanding of what was happening or what was expected of them.

Participant 407-C1-1 drew a direct contrast between a generalist interpreter and one with specific WorkCover experience, describing the latter as significantly more helpful. Workers also described needing someone who understood the system well enough to explain it - and who could do so in a way that was sensitive to their background and experience:

> "*So he just preferred someone would have advised him earlier enough because when you know how the system works he can probably be aware [of what] what information he need to provide. So that is the main thing he emphasised that someone who is intellectually able to explain, especially who will be able to understand our background as well, and so on.*" (Debrief 407-T-1)

Compounding harms and consequences

The structural barriers described above were consistently worse for participants who lacked interpreter support at key moments in the process, particularly legal and medical appointments. The consequences of miscommunication or non-comprehension at these critical touchpoints were most severe, in large part due to the complexity of the information and the resulting power imbalance experienced by workers. Those who faced intersecting forms of disadvantage, including limited English, being older, low digital literacy, and having insecure visa status, experienced these harms in compounding ways.

Delays in the claims process lead to physical consequences

For some participants, delays in the claims process had direct physical consequences. The absence of timely, in-language communication and guidance also meant workers were left without treatment at critical moments.

Due to the absence of interpreter support, Participant 407-T-2 was unable to tell her physiotherapist that the treatment she was receiving was worsening her pain. Without the means to communicate, she continued receiving painful treatment until she stopped attending altogether. Participant 407-HD-5, who sustained a serious injury at work, was unaware he could call an ambulance, and received no guidance from his employer in the immediate aftermath. He subsequently required three surgeries.

Delays in the claims process also compounded physical harms. Participant 407-C3-1 waited two to three weeks to access surgery following their injury, during which time the bone healed incorrectly and required a more complex procedure to reset. This was a direct result of the waiting period, which was also characterised by an absence of communication or guidance. Participant 407-A-3's shoulder injury worsened progressively during a prolonged claims process, ultimately requiring two surgeries, with little expectation of full recovery.

> *"They just review a little bit and then wait for weeks and then respond to them and tell them that, "Oh, you didn't tick this box" and then flick back, and then they have to make the modification and then resubmit it, and then they again wait for two more weeks, three more weeks for a response telling them that, "Oh, this little bit you need to make a bit of modification", and just like back and forwards, and really slow."* (De-brief 407-C3-1).

Workplace injury, and system delays had financial consequences

The financial impact of delays were severe and sustained. Participant 407-A-3 was told their claim could take two to three months to resolve, during which time they had no income and could not meet basic living expenses. This coincided with a worsening injury and deteriorating mental health. Participant 407-V-3 received no payments for the first several months of their claim, despite WorkSafe having approved it - the payments had been directed through the employer, who had not passed them on. Participant 407-C-3 also experienced a significant delay in receiving compensation, stating that although the insurer had already issued the cheque, the employer's failure to respond or act in a timely manner left him without income for up to 60 days.

The absence of interpreter support, particularly at legal appointments, created further financial harm, placing workers in situations where they could not give meaningful informed consent to arrangements with significant consequences.

Participant 407-A-2 attended an appointment with their lawyer without an interpreter and, unable to understand what they were being asked to sign, signed a blank form on the basis of trust alone: *"I just signed because I did trust him".* They later discovered they had been charged a significant fee they had not understood they were agreeing to. This participant had used and been satisfied with interpreter services elsewhere in their claims process. In this instance, they were aware they had the option, but had deferred to a figure of authority they believed was acting in their best interests. The absence of interpretation was nonetheless the enabling condition.

> *"I used an interpreter. I was very happy with him but in some appointments I had no interpreter like the time I had with the lawyer because I didn't ask for it*." (407-A-2)

Participant 407-HD-5 described a similar experience with their first lawyer, who charged 20% of their total compensation - a fee they had not understood they were agreeing to, and which they only discovered after the fact.

Cumulative pressures impact mental health

The cumulative effect of injury, financial stress, system complexity, and inadequate language support took a significant psychological toll on many participants. For some, this reached crisis point. Participant 407-HD-5, who was not literate in his first language, described feeling that the system was destroying him quietly - drawing a comparison to the violence he had fled in Afghanistan, and expressing that at least there, the harm was visible. Pre-existing trauma was compounded by gendered expectations within his community - a sense that as a man, he was expected to provide for his family, and that his inability to do so was a source of deep shame.

> *"Not having an interpreter made everything much worse. I did not understand legal terms or decisions. I felt lost and powerless. Stress and emotional pain."* (407-HD-5)

Participant 407-A-3 was placed on antidepressants while waiting for the outcome of their claim, describing their mental health as very poor. Participant 407-V-3 also described profound hopelessness due to being out of work for a year with no income and being unable to access Centrelink support.

For others, psychological consequences took the form of prolonged stress, isolation, and loss of confidence. Participant 407-HD-4 described worrying about his pain and his family's financial situation every day. Despite having lived in Australia for 15 years, he still felt lost in the system.

> *"He had a lot of complication with [..] he was really worried about his neck and his back…I feel like he was very lonely. I could feel his pain. He'd been through a lot of pain."* (Debrief 407-HD-4)

Workers facing multiple vulnerabilities experience compounding harms

Although all participants faced challenges, some experienced compounded harms due to intersectional factors. Older workers with more limited English and lower digital literacy faced particular difficulty navigating the compensation system that relies heavily on written communication, online processes, and self-directed follow-up. Increased digitisation of services and procedures can present an additional barrier for these workers, particularly where phone-based contact assumes literacy that many do not have, and where online processes require a level of independent navigation that is difficult without foundational digital skills.

A growing body of literature has documented a 'digital divide', especially affecting older people from migrant and refugee backgrounds, in a societal context where digital access and connection is now routinely required for engaging with a range of essential services [13]. Older Vietnamese workers with limited English proficiency were particularly affected. Participants 407-V-1 and V-2 were in their sixties and had worked physically demanding roles for more than two decades. Both described their English listening skills as stronger than their ability to express themselves:

> *"My English is not good because I don't need to speak anyone. All I do is just working, keep working, keep working. And then really hard job for 20 years*" (Debrief 407- V-1 and V-2).

Reliance on their children for basic administrative tasks, including setting up email accounts required to correspond with WorkSafe, meant that while some functional workarounds existed (provided initial supports are available, including access to translation tools), neither Participant had developed the procedural and digital literacy needed to navigate a compensation claim independently.

Participant 407-V-3, who described having no English at all, relied entirely on others to understand medical results, communicate with WorkSafe, and manage correspondence. She noted that even with an interpreter, she had no way of knowing whether what was being conveyed was accurate.

Workers on temporary or insecure visas faced additional pressures that shaped how they engaged with the system. Fear of job loss was a recurring theme for these workers, especially for those without permanent status. Several participants described tolerating unsafe conditions, delayed claims, or inadequate support rather than risk their employment. For example, Participant 407-HD-6 described experiences of racism and nepotism in the workplace that caused depression and a loss of connection to the workforce, while fear of losing his job had prevented him from reporting his injury or raising concerns at all.

> "*After an 8-hour shift, I started to feel strong lower back pain. I went home and rested. The next day, I still went to work and continued my duties as normal because I was afraid of losing my job."* (407-HD-6)

Structural and workflow barriers shaping worker experiences

While the findings above focus on the experiences of injured workers, insights from staff highlight a set of system and workflow factors that shape how these experiences occur within the system. These factors influence how workers access support, communicate with staff, and navigate the claims process.

Communication in the compensation setting is complex and requires specialised capability

WorkSafe staff working on the advisory line and in claims management both have frequent interaction with interpreters to support communication with injured workers. Staff on the

advisory line typically request interpreters in real time, in response to calls that come through without forewarning. Claims managers tended to rely more on pre-booking systems to engage interpreters in advance.

All staff who participated acknowledged the importance of having interpreters to facilitate communication with injured workers. However, the following challenges and opportunities for improvement were identified.

Communication requires system, legislative and clinical understanding

WorkSafe staff across teams highlighted that communication in the workers compensation setting requires high level and complex understanding. The messages they needed to deliver to injured workers were underpinned by an understanding of the workers compensation system, relevant legislation, and complex injury. Knowledge of language alone is not enough to capture and convey the nuance and complex nature of many communications in that setting.

For example, staff explained they often needed to explain aspects of the system that can be confusing to people unfamiliar with the context:

> *"[T]here may be a little bit of a disconnect between what we're trying to say, especially if it is something more complex or policy or legislative or medical."* (Focus Group 2)

Communication requires trauma-informed practice

Staff on the frontline often needed to communicate with workers who had experienced traumatic experiences and relay highly sensitive information. For example, one staff member said:

> *"I'm dealing with people that have experienced hazards such as being raped at work, people that have been bullied at work really aggressively, physically assaulted at work, just to name a couple of the intense themes."* (Focus Group 3).

This account highlights the sensitive nature of these interactions and the high level of trauma-informed practice required to support communication effectively. They also reflect the context in which many workers are engaging with the system, as outlined in earlier sections of this report. Workers may be navigating the impacts of workplace injury alongside prior traumatic experiences and broader structural vulnerabilities, while also trying to understand a complex and unfamiliar compensation process. These layered pressures can shape how information is received, interpreted, and acted on, and may contribute to confusion, distress, or difficulty engaging with the system.

Interpreter capability shapes communication quality

Interpreter experience, qualifications, and consistency were identified as important factors shaping communication. Variability in interpreter experience, familiarity with workers' compensation processes, and confidence with sensitive topics influenced the clarity and effectiveness of interactions. For example, one staff member explained:

> "*[T]hat causes a lot of challenges when you get an interpreter that doesn't know anything about compensation… I'm not confident that the worker's getting exactly what I'm telling them.*" (Focus group 1)

WorkSafe staff described variability in the experience with interpreters, with many facilitating the call successfully. However, there was the recognition that not all interpreters had the required trauma-informed skills to be able to manage sensitive topics, and at times this led to poor experiences for the worker and staff member. For example, one focus group member

described an experience where the interpreter failed to show the necessary level of professionalism in managing a call with an injured worker:

> *"I had a call with an interpreter and to be fair, we know the caller well, they're a repeat caller. And can be very difficult to get a point across to. But the interpreter cracked it a little bit halfway through and went, "What's wrong with this person?" and hung up."* (Focus group 1)

This example highlights the necessity for interpreters to have trauma-informed training and skills in order to effectively manage workers compensation calls.

Interpreter-mediated communication limits rapport and requires additional skills

Advisory line and claims staff both explained that they found it more difficult to form rapport with injured workers when communicating through an interpreter. They said the communication can feel disjointed, particularly when translation occurs before the full idea is expressed. One staff member said:

> *"[T]hat can be really tricky because you're trying to build a bit of rapport with the person who's not hearing things from you."* (Focus group 1)

They also noted that at times the translation did not seem to match what they expected, yet they had no way to verify what the interpreter was telling the worker or vice versa. One worker explained:

> "*You don't actually know what the interpreter's telling that worker. You're just putting a lot of trust in them that they are getting everything across."* (Focus group 1)

The challenge to form rapport through an interpreter was compounded with workers who may already have mistrust of the system. Staff recognised that many workers communicating with WorkSafe had had prior negative experiences - or they had heard stories from others, that led them to feel mistrust. One person said:

> "*There can be that level of distrust in the system because maybe the lack of understanding of that anecdotal experience of other people from their community's experience. So they get warned, spoken about or they don't want to be spoken about. So sometimes it is a little bit hard to create those relationships."* (Focus group 2)

These findings suggest that managing claims where workers may experience mistrust requires additional skills beyond standard communication. Staff must be able to recognise and respond to mistrust, build rapport through interpreters, and provide clear, consistent reassurance to support engagement.

System and workflow barriers

Current systems and processes not designed for interpreter use

A key theme across staff perspectives was that current systems and processes are not designed with interpreter use as a core component. Instead, interpreter support is incorporated as an additional step layered onto existing workflows. In practice, this means that accessing interpreter services often requires separate processes (e.g., initiating interpreter requests, managing conference calls, or rebooking interpreters following transfers), rather than being integrated into routine interactions. As a result, communication can be disrupted, with delays, repeated processes, and challenges in maintaining continuity across interactions. These design limitations contribute to the fragmented experiences described by workers earlier.

Phone and communication systems create delays and barriers

Phone and communication processes were identified as a key source of delay and complexity, particularly for staff unable to use a pre-booking option. Advisory staff requiring interpreters on-the-spot found it challenging to access an interpreter in the correct language and manage the delays. One staff member said the delays were her biggest challenge:

> *"Definitely the wait, the unknown of the length of time that it can take to get an interpreter."* (Focus group 1)

Accessing an interpreter involves multiple steps, including initiating contact, requesting the service, waiting for connection, and in some cases restarting conversations following transfers. These steps disrupt the flow of communication and increase the time required to resolve queries. A key limitation arises when calls need to be transferred between departments (for example advisory staff need to transfer a call to a claims manager). Current systems do not allow the interpreter to remain on the line, requiring staff to disconnect and arrange a new interpreter. An advisory line staff member explained:

> *"If we identify that that worker needs to be transferred to another department, we can't do that with the [interpreter] conference. So we then have to essentially hang up on that translator, transfer them to another department, and then get a new interpreter."* (Focus group 1)

The group explained that a more efficient process for the staff and the worker would be to facilitate a "warm transfer" which allows the other WorkSafe staff member receiving the transfer to prepare for the call through a private conversation, but without losing the current interpreter:

> *"[I]f we were doing just a private warm transfer, I'd give her a number and she'd be able to look some things up and prepare herself for the call."* (Focus Group 1)

In this way, workflows were described as fragmented, particularly where calls are transferred or require follow-up across multiple interactions. This can result in repetition, loss of context, and additional effort for both workers and staff. This was particularly challenging for workers in distress, who may only have the capacity to initiate a single call. In this way, the system was described as relying on staff workarounds and worker persistence, rather than supporting continuous, coordinated interpreter-mediated communication.

Communication and resources are not tailored

Information about interpreter and translation services is not consistently included across written materials provided to injured workers. While some documents (e.g., claim forms) reference interpreter needs, this information is not always clearly or explicitly communicated, and other key documents omit it entirely. Where interpreter-related questions are included, they can be ambiguous or insufficiently detailed, limiting their effectiveness in identifying language needs. For example, current wording does not clearly distinguish between language spoken at home and the need for interpreter support, nor does it capture variation in needs across different contexts (e.g., general, legal, or medical communication). This creates a gap in responding to language needs through written processes.

Interpreter-mediated calls require extra administration and time

Interpreter-mediated communication requires additional staff time and administrative effort, which is exacerbated by the current design of systems and processes. Staff described needing to coordinate interpreter access, manage call logistics, and sometimes complete follow-up, all of which extend the time required to support workers. These additional steps can introduce inefficiencies and contribute to longer interactions overall. At the same time, staff

operate within time-based performance settings, which can make it difficult to provide effective support during interpreter-assisted calls. Time pressure can limit opportunities to build rapport, manage complex or sensitive issues, and check understanding. As one staff member explained:

> "*This has taken 20 minutes to get an interpreter, we could be on the phone for another 20. It could be longer than that. You start to feel that pressure to get it finished as well."* (Focus group 1)

Together, these factors highlight a tension between the time required for effective interpreter-mediated communication and the operational pressures shaping how interactions are delivered in practice.

There is a gap in training staff how to navigate interpreter-mediated phone calls

A lack of structured training and guidance for working with interpreters was identified. While staff are familiar with how to arrange interpreter services, there is less formal support on how to communicate effectively in interpreter-mediated interactions, including pacing, structuring information, and managing complex or emotional conversations. One staff member said they are "*[t]aught how to call, not how to handle the call*", implying that interpreter calls are treated as simple ("press a button") rather than complex interactions requiring skill.

Other staff members explained that interpreter calls were more difficult when speech overlapped and created confusion, suggesting that both parties would benefit from clearer turn-taking cues. For example, one focus group member said:

> *"[Y]ou don't have the opportunity to say, "I'll explain this bit, translate that, then I'll explain the next bit, translate that, and then they can come back with a question." So, that can be a little bit tricky to explain the whole picture."* (Focus group 1)

Variable application of best practice

There were examples of best or better practice described by several members of focus groups, for example, sending email summaries following a conversation with an interpreter and referring injured workers to community organisations such as the MWC. One staff member described her practice to refer injured workers to community groups to facilitate trusted advice:

> *[W]e see a lot of gaps and I think the key is actually going back to the community. Because I think these workers trust their community and we want them to also trust a government body like us."* (Focus group 3)

However, many of these practices were developed by individuals or teams and were not implemented as standard practice. One staff member said:

> *"[T]hat's just something I've taught myself to do. If that was when you start, if that was set as the standard, then it would probably make things a lot easier."* (Focus group 1)

The variability in practice highlights the potential to implement these successful practices more broadly, and to train less experienced team members. Similarly, individuals described internal pieces of work that could be distributed more broadly to improve practice across the organisation.

There is a psychological risk to interpreters during traumatic calls

WorkSafe staff highlighted that interpreter-mediated calls can expose interpreters to the same risks as frontline staff, particularly when managing complex, distressing, or aggressive interactions. While staff emphasised the importance of maintaining professional boundaries and not tolerating abusive behaviour, interpreters may remain exposed to these interactions

without the same organisational protections or role clarity. One staff member reflected a call where a worker became verbally aggressive toward the interpreter:

> *"She was screaming at my interpreter and I said to the interpreter, "If you're not comfortable continuing, I understand". And he said to me, "Oh, it's just like spicy food. The first bite's really hard and you just get through the rest of it." And I was just sort of like, "I understand that you have thicker skin and that you're obviously really experienced, but we don't tolerate that behaviour."* (Focus group 1)

This example highlights a potential mismatch between expectations around acceptable behaviour and the practical realities in which interpreters work. Interpreters may feel pressure to continue in challenging or unsafe interactions, highlighting the opportunity to provide support through guidance.

There are limits in intersectional data collection

Limited data and system visibility were identified as significant constraints for organisational decision-making. Information on language needs, interpreter use, and interpreter-supported interactions is not systematically captured across the system (for example, it is not captured in advisory calls unless they go on to become a case). One staff member said:

> *"[W]e probably need to do better at getting data on how many calls we have come in and out."* (Focus group 1)

This limits the ability of decision-makers to identify patterns in demand (e.g., which languages are most required, where delays occur, or which parts of the process rely most heavily on interpreters), to allocate resources effectively, and to identify new trends and issues emerging in the population. One frontline worker explained how they could better track emerging issues with improved data collection:

> *"[W]hen you don't have the data to back that up, there could be a big problem that we as an organisation are not privy to because of that [lack of data collection]"*. (Focus group 1)

It also constrains efforts to tailor communication approaches to specific communities or to evaluate the quality and outcomes of interpreter-mediated interactions.

Interpreter perspectives on best practices

Interpreter perspectives complement worker and staff findings by providing insight into the role of interpreters and the broader conditions that shape interpreter-mediated communication. These insights help explain how and why communication challenges arise, and what supports more effective interaction.

Interpreting is a specialised professional skill

Interpreting is a specialised professional skill, not simply a matter of being bilingual or "helping out." It requires formal training to accurately convey meaning between individuals, often in complex contexts. Interpreters must work within defined professional standards, including maintaining neutrality, and ensuring clarity without altering the message. An industry representative expressed the sentiment:

> *"Idea that language is enough, but it's not enough".* (Interview 2)

Another representative expressed concern that untrained individuals, such as family members, may be brought in to interpret, and this may lead to breaches of confidentiality or ethics:

> *"In the context of using non-qualified interpreters or bilingual people to do the interpreting, they're not bound by a code of ethics and a code of conduct, like a professional interpreter, and therefore maintaining confidentiality and impartiality is not possible."* (Interview 1)

Variability in interpreter training and skills

There is considerable variability in training, accreditation, and experience across the interpreter workforce. Industry representatives explained that the highest level of qualification involves National Accreditation Authority for Translators and Interpreters (NAATI) certification, which includes formal training, assessment, and adherence to a professional code of ethics. However, changes in language diversity in Australia, combined with an ageing interpreter workforce, have reduced the availability of certified interpreters across all languages.

> "*There are languages where NAATI doesn't test, and therefore you need to use non-credentialed interpreters.*" (Interview 1)

In response, alternative pathways have emerged, including short-course training programs, such as TAFE-based skill sets consisting of a small number of competency units. As a result, interpreters may enter the workforce with differing levels of preparation and support. As one interviewee explained:

> "*Interpreter skill levels will vary in alignment with credentials.*" (Interview 2)

Workforce conditions shape interpreter capability

Interpreter capability is also influenced by workforce conditions. Industry representatives described the sector as characterised by insecure and often low-paid work, with many interpreters engaged as independent contractors. Payment structures for on-demand interpreting may involve short time increments (e.g. 15-minute blocks), alongside expectations to remain available for work without guaranteed income. These conditions can affect both the sustainability of the workforce and the capacity for interpreters to engage in ongoing training and professional development. As one participant noted, interpreters are often working:

> *"on the phone, on demand, unpaid standby, 15 minute increments."* (Interview 2)

Communication through interpreters depends on the clarity of the original message

Interpreter-mediated communication is inherently complex, particularly in contexts involving legal, medical, and administrative information. Interpreters are required to convey specialised terminology, nuanced meaning, and emotionally sensitive content, often within constrained interaction formats such as phone-based communication. Participants emphasised that effective communication depends not only on interpreter skill, but also on the clarity of the original message and the structure of the interaction. Interpreters are responsible for conveying meaning accurately, rather than simplifying or modifying content. As noted by one participant:

> "*It is not the interpreters job to simplify.*" (Interview 2)

Interpreter representatives noted that other factors were also important in shaping communication, including: the workers educational background, familiarity with Australian systems and concepts, and the degree of equivalence between languages. They noted that ultimately, interpreters are responsible for ensuring that communication is clear and that understanding has been achieved, drawing on specific techniques to support this.

In summary, interpreter interviews highlighted the challenging industry context in which interpreters are operating, emphasising the variations in qualifications and experience and how this impacts the ability of the interpreter to respond to the worker needs.

DISCUSSION OF FINDINGS

The findings gleaned from injured workers, WorkSafe staff, and interpreter representatives illustrate consistent challenges in how workers requiring interpreters enter and navigate the workers' compensation system. They also reflect consistent challenges in how interpreter-mediated communication is experienced and delivered across this process. Across all three groups, interpreter use was identified as essential to enabling access and understanding. However, it is not consistently embedded within system design, and is often managed through additional processes, which take more time and administrative effort. This can create delays and results in variability in experience, depending on how interpreter support is accessed and coordinated. Workers frequently relied on informal support to enter and navigate the system, while staff navigated complex phone and communication processes, and interpreters operated with variable training and understanding of workers' compensation and injury contexts.

Taken together, these perspectives indicate that the challenges are not isolated to any single group, but reflect system-level factors, which influence how interpreter-mediated interactions occur in practice.

System assumes access among workers

The findings suggest that the workers' compensation system assumes a level of access and understanding that is not consistently experienced by workers who require interpreters. Many workers described uncertainty about how to initiate or progress a claim, and relied on informal networks such as family members, friends, or health professionals to make a claim or navigate the process. This reliance highlights a gap between how the system is intended to function and how it is experienced in practice, particularly for workers with limited English proficiency. It also highlights the workers who have sustained an injury but don't make a successful claim.

This gap suggests a need to strengthen supports that enable workers to access and system-level supports to navigate the system more independently. Improving the availability of clear, in-language information and structured guidance throughout the claims journey may reduce reliance on informal supports and support more equitable access to services.

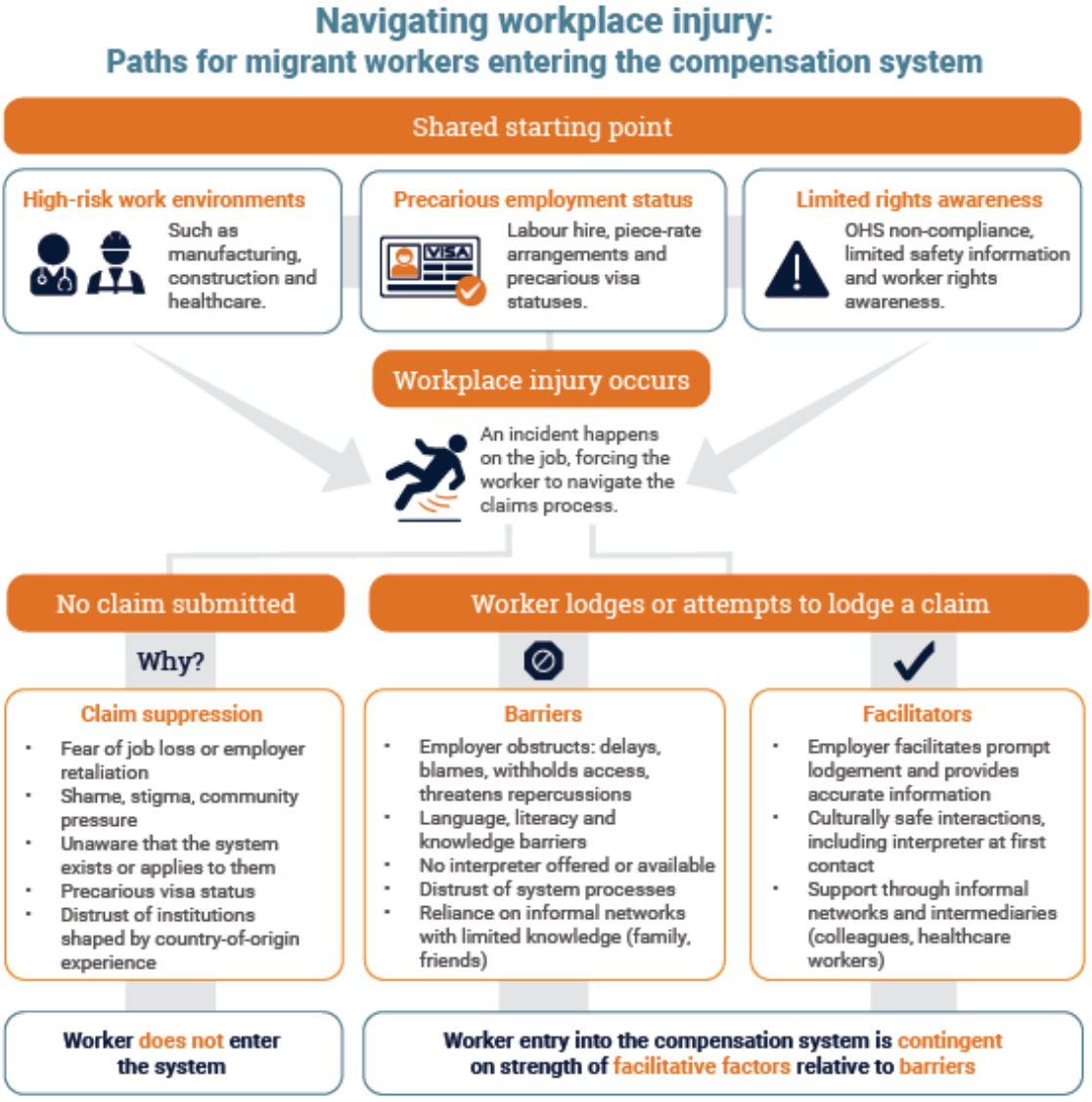

Figure 1. Worker entry into the workers' compensation system

Workers rely on informal networks to use the system

Many workers described relying on informal networks, such as family members, friends, or community organisations, to help them understand and navigate their claim journey. These supports often play a critical role in interpreting information, explaining processes, and assisting with communication. This reliance highlights gaps in accessible, system-based support for workers who require interpreters.

While these networks provide important support, reliance on informal assistance can also introduce variability in the information received and place additional burden on workers and their families. Strengthening formal referral pathways and connections with community organisations may provide more consistent and reliable support for workers navigating the system.

Interpreter use is not fully embedded into system design

Interpreter use inherently adds complexity to communication processes across the claim course, and may require additional time compared to interactions conducted in a shared language. However, when interpreter use is not embedded within system design and is instead treated as an additional step, this complexity is amplified. This can result in fragmented processes, delays, and repeated interactions, particularly where interpreters need to be arranged during or after initial contact. As a result, communication is more challenging for workers who require interpreters compared to those who do not. This can mean longer wait times, repeated explanations of their situation, and difficulty maintaining continuity across interactions. Embedding interpreter access more consistently within system processes, including at the point of first contact and across transfers, may support more streamlined and continuous communication.

Figure 2. Worker navigation of the workers' compensation system

Communication challenges are layered

Communication challenges in workers' compensation go beyond translating the language. Interactions often involve complex legal, medical, and administrative information, as well as emotional and sensitive circumstances. Interpreter-mediated communication therefore requires managing multiple layers of meaning, which can make it more difficult to ensure shared understanding.

These layered communication demands highlight the importance of how information is structured and delivered, as well as the role of both staff and interpreters in supporting understanding. Approaches that support clearer, more structured communication (including pacing, segmentation of information, and opportunities to check understanding) may improve the effectiveness of interactions. Supporting these approaches through targeted training for staff and interpreters may further strengthen their capacity to manage complex, interpreter-mediated conversations and enhance overall communication quality.

Lack of data hinders organisational planning and response

Staff said that collecting better data about workers' backgrounds could help the organisation plan services, develop translated materials, target outreach and inspections, and design programs and workforce strategies more effectively.

Collecting more detailed data about workers' backgrounds requires careful consideration. Intersectional data, meaning data about multiple characteristics together, such as preferred language, gender, age, migration experience or other relevant factors, can help organisations identify patterns that may otherwise remain hidden. However, some of this information may be sensitive and must be collected, stored and used in ways that meet legal, ethical and privacy obligations.

Improving the collection and use of intersectional data would help services identify inequities, understand differences in access and outcomes, and respond to the needs of diverse worker groups. This should be done carefully by collecting only the information needed for a clear purpose, using it only for that purpose, and explaining to individuals why the information is being collected and how it will be used. With appropriate safeguards, better data can support more equitable, responsive and accountable service delivery.

Cultural safety as an organisational lens

Cultural safety provides an important lens for understanding the experiences described in this study. Rather than focusing on improving knowledge of different cultural groups, cultural safety emphasises the need to examine how organisational practices, and system design shape interactions and access to services. As outlined by Curtis et al. [14], cultural safety shifts attention from individual competence to whether systems create environments that are experienced as safe by those using them.

In this context disengagement from official processes or under-reporting of injuries is better understood as a rational response to perceived risk than culturally determined behaviour. Responsibility for addressing these barriers therefore sits with the organisation and the system, not with individual workers to navigate conditions that were not designed with their safety in mind. In the context of interpreter-mediated communication, this highlights that challenges are not only about language barriers, but about how the workers' compensation system is organised, how communication is structured, and how trust is developed and fostered.

These dynamics also highlight the importance of the approach taken in this study. Where trust, communication, and access are shaped by language, culture, and prior experience, standard research and feedback mechanisms are unlikely to capture the full experience of workers who require interpreters. The participatory, in-language, and community-based methods used in this project were important in generating a more complete and accurate understanding of how the system operates in practice.

This has implications for how WorkSafe approaches both research and system improvement. Taking the time to understand these issues in depth, and to design responses informed by workers' lived experiences, is essential for addressing underlying barriers rather than surface-level symptoms. It also supports the value of investing in similar approaches in future work, particularly where the aim is to design solutions that are more likely to be effective, trusted, and responsive to the needs of diverse worker populations.

FUTURE OPPORTUNITIES AND CONCLUSION

The findings point to broader opportunities for improving language access across workers' compensation and other public service systems where people need to understand complex information, exercise their rights, and participate in decisions that affect them.

A key opportunity is to build language access into the design of services, rather than treating it as an additional step. This includes making interpreter access available from the first point of contact and ensuring that communication processes, digital systems and service pathways can support people who use interpreters.

Services can also improve access by providing clear, in-language information about rights, responsibilities, available supports and next steps. Plain-language resources, translated materials and simple visual guides can help people navigate complex systems with greater confidence and reduce reliance on informal supports.

The findings also highlight the importance of building capability across the service system. Staff need support to communicate effectively through interpreters, particularly in complex, sensitive or trauma-related conversations. Interpreters also need appropriate guidance, terminology resources and professional support when working in specialised service contexts.

Trusted community organisations and bicultural intermediaries can play an important role in improving awareness, referral pathways and trust between communities and service systems. These partnerships can help reach people who may otherwise face barriers to accessing support.

Improved data collection on language needs and interpreter use can also support better planning, resource allocation and service improvement. This should be done in a proportionate, ethical and privacy-conscious way, with a clear focus on improving access and service quality.

More broadly, the findings show the importance of applying a cultural safety lens to service design and delivery. This means considering how policies, processes and communication practices can either enable or limit access, and taking steps to remove barriers.

Overall, the findings suggest that while interpreter services and translated supports are available, interpreter-mediated communication is not yet consistently embedded within service design and delivery. This can create variability in how people access information, understand their rights and responsibilities, and navigate services, with greater reliance on informal supports and individual workarounds.

More broadly, Victorian Government policy makes clear that people must be able to access information, communication and services in a language or communication mode they can understand. Language access is not a discretionary accommodation, but a core part of equitable service access. Building on existing practice, the opportunities identified in this report provide a practical pathway to improve consistency, accessibility and equity for workers who require interpreter support.

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