2020

CCIS's Language Link for Mainstream Mental Health Project Evaluation Final Report

Diana Van der Velden, CPHR, MBA

Mindwise Communications

11/23/2020

Executive Summary

This report summarizes the evaluation work completed by Mindwise Communications between the period of September and November 2020 for the program: *Language Link for Mainstream Mental Health*. The intent of this report is to assist the Calgary Catholic Immigration Society, CCIS, in making program improvements where necessary and to gather evidence of whether or not the provision of interpreter services to mental health services providers reduces client barriers.

Background Information

CCIS found that newcomers experience difficulties when trying to access mental health support in their first languages. While the immigrant-serving sector has some mental health support in clients' first languages, there are substantial gaps in interpreter services. The consequence of these gaps is that clients are not receiving the help they need.

To mitigate this issue, the **Centre for Refugee Resilience** introduced a pilot project (*Language Link for Mainstream Mental Health*), in July, 2020, that offered language support, for newcomers, to ease the navigation and accessibility of mainstream mental health services.

Evaluation Questions

From the initial discussions with the Team Lead and Educator, a series of evaluation questions were developed to help guide the process and outcome evaluation.

- How do we know if our programming is addressing all the barriers, i.e. accessing services in languages other than English, that clients experience when accessing mental health supports and other mainstream services? Are there other barriers?
- Are more mainstream organizations engaging with newcomers after the project? And with an increased understanding of newcomers' needs?
- What is the effectiveness of the training? Is the knowledge and skills taught to participants in the training sessions (both to staff from mainstream organizations and interpreters) transferring to the workplace? Has the understanding and relationships between the service providers, interpreters and the clients improved? (Does everyone understand their role in working with clients in the mental health setting and the information needs of each party?)
- What is working and what needs to be changed?

Findings

The partners were asked about their overall experience with the program in an online survey. Seven respondents said "Excellent", and one responded with "Good". None of the surveyed partners had a poor experience with the program. In the second online survey, for front-line employees, most respondents were either "very satisfied" or "satisfied" with the program, indicating a high level of satisfaction.

The training, "Working with Interpreters" was very well received. 86% of front-line employees stated, "yes", to the question of, "has the training helped you to provide a better quality of service?". The survey respondents indicated that the knowledge and skills taught in the training session are being used in the workplace. The only lower score was with, "After taking the training, I am now doing pre-sessions and debriefs with interpreters". This may indicate the lack of opportunity for front-line employees to make use of interpreters, or respondents may need further practice in this area.

It was difficult to measure the outcome indicator of the percent increase of newcomer clients accessing mental health services, since the pilot project began. The pandemic and the COVID 19 restrictions are affecting the client numbers.

Other than COVID-19, two other client barriers that the partners identified in the survey results were:
- Inherent stigma associated with the services offered.
- Communication issues about services offered in various languages; e.g. no translated information on website.

Conclusions
Overall, both front-line workers and managers speaking on behalf of the organizations that participated in the Language Link for Mainstream Mental Health pilot program reported high levels of satisfaction with the program. The translators provided professional, unbiased translations that led to improved trust, a greater depth of conversation, reduced barriers, and better-quality outcomes. Front-line workers were able to better communicate COVID-19 precautions to their clients, leading to improved safety. No significant downsides were recorded.

However, not all front-line workers who were surveyed had been able to make use of the interpreter services over the trial time period. A self-assessment of the front-line workers indicated a limited self-confidence in working with interpreters, which is clearly linked to having had limited or no opportunities to work with CCIS' interpreters.

The Language Link pilot program was run during the COVID-19 pandemic, which has had a strong effect on the partnering organizations' operations. Trying to determine the impact of the Language Link program has not been easy due to the overwhelming effect of the pandemic. Nevertheless, the partnering organizations indicated that they would like to use paid translation services in the future, with some hesitation. Sticking points include:
- not having had a chance to use the translation services yet,
- obtaining funding to pay for the service, and
- the need to devise a mechanism to deal with no-shows and last-minute cancellations.

Recommendations
It is recommended that CCIS work with their partners to address these sticking points. The first point has already been addressed by extending the trial period.

Two other issues that were identified were the lack of translated content on the partners' websites, and a lack of awareness among clients of the translation services and the benefits that it provides. CCIS is encouraged to work with their partners towards resolving these issues.

Contents

1.0 Introduction

1.1 Introduction

This report provides a summary of an evaluation of the pilot project: Language Link for Mainstream Mental Health. The purpose of this evaluation is to assist CCIS in making program improvements where necessary and to gather evidence of whether or not the provision of interpreter services to mental health services providers reduces client barriers. The barrier being, the lack of English for some newcomers to be able to communicate with staff to receive the help they need. The evaluation was undertaken by Mindwise Communications for the Centre for Refugee Resilience between September and November 2020.

1.2 Purpose of the Evaluation

This project evaluated how successful the pilot's objectives are being met for the program of: **Language Link for Mainstream Mental Health.**

The intent of this evaluation is to gather evidence to determine whether or not the conclusion, from CCIS, partners in mental health services and other mainstream organizations' informal feedback, that having certified interpreters reduces newcomers' barriers to access services. And that training mainstream organizations' staff on how to work with interpreters, and newcomer clients with limited English, increases awareness and facilitates a better service provision and relationships for all involved.

1.3 Scope of the Project

The project scope focuses on evaluating the pilot project to determine if the Language Link for Mainstream Mental Health is meeting the outcomes of:
- Partner organizations share that they feel more ready to work with the newcomer population
- Interpreters share that they are more ready to interpret in a mental health setting
- Newcomers access mainstream services with fewer barriers.

This evaluation is based on the utilization theory and the results will be used to assist program leaders to understand if the training provided to mental health providers in "Working with Interpreters" removes barriers for newcomers with limited English to receive the service they need. And that by providing interpreter service at no cost facilitates the uptake of using interpreters by mainstream mental health service providers and encourages more service provision for clients with limited English ability.

Time Limitations and the Impact of COVID 19 on the Evaluation Results
Since the Language Link for Mainstream Mental Health project only began in July of this year, in the middle of a pandemic, there has not been enough time to fully realize the impact of this service. The pandemic has also influenced the number of clients, of those needing additional language support, in accessing mental health services from the newcomer population.

Many partners of the project have been busy with navigating ongoing changes to government restrictions and agency policies related to COVID-19, which has made it difficult to market the new interpreter service. For those partners who identified COVID-19 as a barrier, there was greater difficulty among this population to engage with either online or phone methods of therapy. There have also been fewer client intakes among some partners, so their normal number of immigrant clients with language barriers may be lower.

1.4 Background Information

Through CCIS's work in supporting immigrant and refugee/immigrant children, youth, and families, it became evident that there is a significant gap in knowledge about newcomer populations and how they intersect with so-called "mainstream" services. Specifically, some of the services include:

- psychosocial services
- mental health supports, and
- addiction services.

CCIS has found that newcomers experience difficulties when they try to access mental health support in their first languages. While the immigrant-serving sector has some mental health support in clients' first languages, there are substantial gaps in interpreter services. The consequence of this gap is that clients are not receiving the help they need.

CCIS program coordinators have estimated that approximately 150+ clients, on an annually basis, are not referred to mental health support because of the lack of first-language resources. It was determined that gaining access to interpreters was the biggest obstacle that many mainstream service providers had in being able to serve newcomers.

To mitigate this issue, the **Centre for Refugee Resilience** introduced a service (*Language Link for Mainstream Mental Health*) that offered language support, for newcomers, to ease the navigation and accessibility of mainstream mental health services.

The project created a fund to provide free interpretation services to targeted mainstream organizations, while providing training and support to both interpreters and organizations to work with this population. CCIS currently provides certified interpreter services in 56 languages.

Program Goals

The goals of the program are to:

- link mainstream organizations to language interpretation services, provided by CCIS, to build capacity and exposure to newcomer needs.
- give organizations an opportunity to explore long-term sustainability of having these services provided at a cost, once the benefit of having these free services is demonstrated.

Program Description

The program has engaged 15 participating partner organizations. The partners are:

- Carya
- Brenda Strafford
- Sonshine
- Discovery House
- Calgary Women's Emergency Shelter
- Vecova
- Canadian Mental Health Association
- Calgary Communities Against Sexual Assault
- Hospice Calgary
- Kensington Clinic
- Bow Valley College

- The Immigrant Education Society
- Pregnancy & Infant Loss Support Centre
- Distress Centre
- Calgary Family Therapy Centre.

Needs Assessments

To understand the needs of the program partners, assessments were completed with mainstream organizations to assess their readiness and current engagement with the newcomer population.

Training

1. The project coordinator trained participating organizations' relevant staff on how to work with interpreters in a mental health setting and also addressed understanding of cultural competencies.
2. The project coordinator provided additional training to certified interpreters to work in the mental health setting.

2. Evaluation Methodology

In a broad sense the research objective is to measure partners' satisfaction with services and whether the project's outcomes are being achieved. The evaluation questions help refine this objective into specific indicators to measure results. These indicators drive the questions in the survey design.

2.1 Evaluation Questions

From the initial discussion with the Team Lead and Educator, a series of research questions were developed to help guide the process and outcome evaluation.

The Evaluation Questions are:
- How do we know if our programming is addressing all the barriers, i.e. accessing services in languages other than English, that clients experience when accessing mental health supports and other mainstream services? Are there other barriers?
- Are more mainstream organizations engaging with newcomers after the project? And with an increased understanding of newcomers' needs?
- What is the effectiveness of the training? Is the knowledge and skills taught to participants in the training sessions (both to staff from mainstream organizations and interpreters) transferring to the workplace? Has the understanding and relationships between the service providers, interpreters and the clients improved? (Does everyone understand their role in working with clients in the mental health setting and the information needs of each party?)
- What is working and what needs to be changed?

2.2 Evaluation Tools

The evaluation used multiple methods, both qualitative and quantitative to collect data from main stakeholder groups about program components. The use of different methods to incorporate multiple perspectives increased the credibility of evaluation findings. Methods used are outlined in the following table. A full description of the methodology is included in **Appendix A** of this report.

Table 1 Research Methodology

Method	Description	Involvement
Document Review	Throughout the process, documents were reviewed, including the program proposal, mid-term report, needs assessments, and partner training polling feedback.	Documents (n=~18)
Data Analysis of Polling of Partner Training	The Educator polls from the end of training sessions with feedback from partner trainees.	n=1 polling feedback summary
Individual Interviews	Online Interviews were held selected partners (3) and an interpreter (1).	(n=4)
Partner Survey	A survey was distributed through Survey Monkey consisting of 13 questions + 3 demographic questions.	n=8 The sample size was 15, for a response rate of 53%
Front-Line Staff Survey	A survey, through Survey Monkey consisting of 16 questions + 2 demographic questions, was distributed by the Partners to Staff.	n=15 Sample size was 136, for a response rate of 11%

2.3 Limitations for the Project

The main limitation for the project is the length of time the program has been running. Many of the partners have not had the opportunity yet to make use of the knowledge gained through the training, "Working with Interpreters" and apply their new skills in working with newcomers and interpreters. It is too soon to fully evaluate the impact of this program on service delivery within mainstream mental health service providers. This evaluation is more of check-in with program delivery of the pilot project.

3. Findings

This section provides answers to the research evaluation questions developed with the stakeholder group. The findings are organized under each evaluation question to provide clarity for the reader.

3.1 Is there an increased understanding of newcomers' needs? What is the Overall Partner Level of Satisfaction with the project?

3.1.1 Front Line Survey Results

The first question related to overall satisfaction with the program: "Overall, how satisfied were you with the Language Link for Mainstream Mental Health program?"

Overall satisfaction with program

Satisfied 43%

Very satisfied 50%

Neither satisfied nor dissatisfied 7%
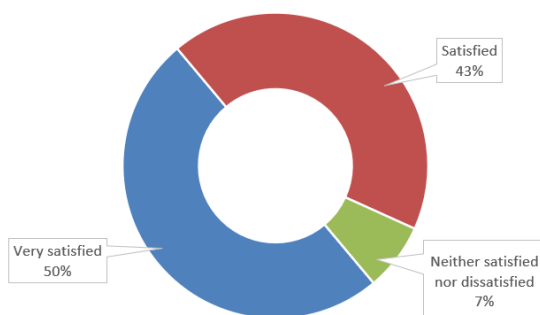
Most front-line employees were either very satisfied or satisfied with the program, indicating a high level of satisfaction. One employee indicated a neutral response. None of the employees surveyed indicated "Somewhat dissatisfied" or "Dissatisfied".

3.1.2 Partners' Satisfaction

The partners were asked about their overall experience with the program. Seven respondents said "Excellent", and one responded with "Good". None of the surveyed partners had a poor experience with the program.

Overall experience
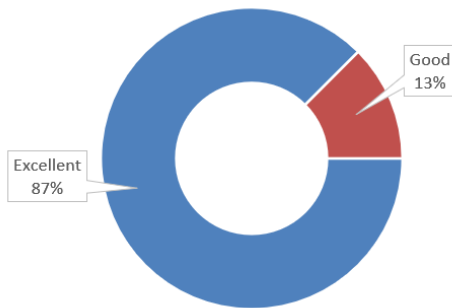
Next, the partners were asked a series of questions whether various components of the program met their expectations.

Expectations

Conclusions

Overall, the program met or exceeded expectations in all categories. None of respondents checked "Did not meet expectations" in any of the categories. It can be concluded that CCIS' communication with the partners about the program was clear, and that the benefits of the program generally exceeded expectations.

When asked: "Would you recommend CCIS's Language Link for Mainstream Mental Health program to other colleagues/organizations?" all respondents indicated "Yes". When asked Why? In an open-ended response, the following comments were made:

- Increasing patient safety and comfort levels. Decreasing risk of errors and complications by having accurate information. Increasing rapport and relationship building by doing training about how to work with interpreters. Not relying on ad-hoc interpreters increases capacity to assess for other safety concerns in a person's life.
- Fosters engagement and enhances the capacity of the clinicians in supporting client with their needs in a culturally sensitive way.
- Allowing agencies to further support clients.
- It is important to be able to address language barrier where they exist.
- It greatly reduces barriers for clients who require interpreter services. It also increases service providers' knowledge and skills in working with interpreters, to the benefit of the clients who access services.
- It increases the capacity of our services to reach newcomers and other families for whom English is not their first language. To be able to explore and work through challenges in one's life, one must have the ability to do that in their mother tongue - research supports this.

Future Considerations

Next, the partners were asked three questions that tried to gauge whether they would like to use the program in the future. Each question had possible responses of Yes, Maybe, and No, and for each question there was a box for an open-ended response.

Cost and the possibility of continuation
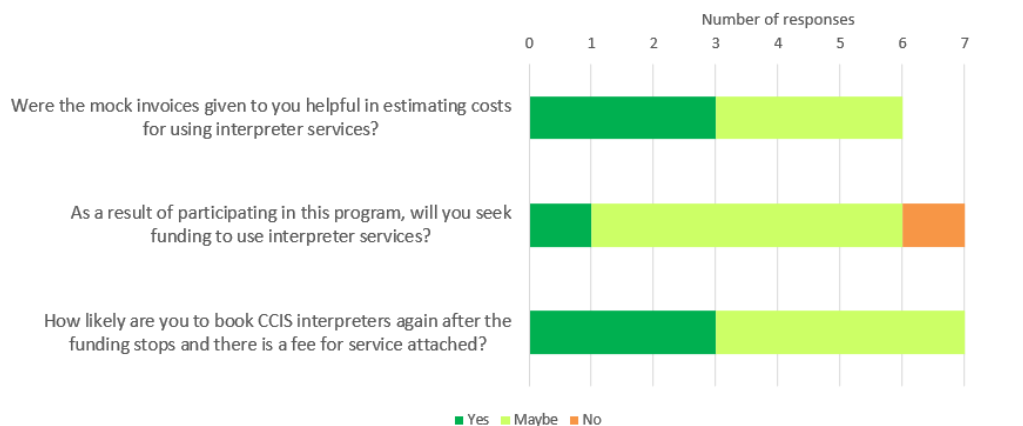
Six respondents answered the question: "Were the mock invoices given to you helpful in estimating costs for using interpreter services?" Three indicated "Yes", and three indicated "Maybe." All three

respondents who indicated "Maybe" provided a reason: two respondents have not yet used interpreters, and one did not receive mock invoices.

Potential Funding for Interpreter Services
When asked "As a result of participating in this program, will you seek funding to use interpreter services?", one respondent indicated Yes, five marked Maybe, and one marked "No". The partner who indicated Yes said:
- We need to be able to offer interpreter services beyond the limits of this special funding. To be able to communicate to the community that we have added this capacity to our services, we need to be able to ensure that this is a long-term commitment. In fact, in addition of this service matches our organization values.

The partner who indicated No did not provide an open-ended response. The partners who said Maybe provided the following information:
- We have not used interpreters yet
- We may have sufficient funding in place to cover the costs so may not need to seek additional funding.
- We have patients that no-show or cancel on short notice and need to figure out if this is a viable option.
- I will recommend that the funding continues. We are thankful for the extension until March 2021.

When asked "How likely are you to book CCIS interpreters again after the funding stops and there is a fee for service attached?" three partners indicated that Yes, they are likely to book interpreters again, and four partners indicated Maybe. None indicated No. One respondent who said Yes said:
- We are committed to providing accessible and effective interpreter services to our clients and really value the Language Link program.

Three partners who indicated Maybe said:
- We have not used interpreters yet
- We have patients that no-show or cancel on short notice and need to figure out if this is a viable option.
- My agency decides, but they wish the funding doesn't stop because of the value that the interpretation program brings into our mental health clinical work with new immigrants.

Conclusions
In summary, some partners indicated a willingness to continue with the program in a paid format while others indicated some hesitation. Key reasons for hesitation include:
- Haven't had an opportunity yet to use translators
- Uncertainty around funding to pay for the translation services
- Need a mechanism to deal with billing in case of no-show or short-notice cancellation.
- Two questions were asked for a final overall impression of the program.

3.1.3 Key Informant - Partner Interviews
A series of questions were asked of partner organizations on their understanding of Newcomer needs and their satisfaction of the Language Link for Mainstream Mental Health program addressing those needs. The results are summarized below.

Table 2 Key Informant Interviews – Question: What motivated you and your organization to get involved with the Language Link Program

Themes	Exemplary Quotes
1. There is an increasing diversity of clients and we want to serve this diverse population with the best of care.	*- increasing diversity in population.* *-We were at a National Conference and we listened to a talk on providing the best of care and this (speaking to people in their native language) came up.*
2. Wanted to Increase Cross-Cultural Understanding and Clarify Client/Counsellor Misunderstandings and Perceptions.	*- the perception that these clients are challenging (those with limited English) by counsellors and I wanted to change this perception. Newcomers seen as a burden.*
3. The need for Effective Communication and Connecting at the Individual Level for Increased Understanding	*- a practicum student remarked, "that the client did not seem to understand the information" and is the information being communicated.* *-in the past we had ad hoc interpreters or someone calling from an office on behalf of client to book an appointment. And we wanted to connect with the individual. There has been misinformation, and clients are vulnerable and can be coerced into decisions. We wanted to increase capacity for languages.* *-Staff in the intake section saw that some of the newcomer clients were struggling with English and wanted assistance with helping these clients understand the information.*

Conclusion

Mainstream mental health partners are shifting perceptions of front-line employees that working with newcomers is difficult, to (with the use of interpreters) I can communicate and assist newcomer clients.

3.2 Are more mainstream organizations engaging with newcomers after the project?

3.2.1 Partner Survey Results

The partners were asked "In the past 3 months in using the program, has your organization accepted more newcomer referrals?" in an attempt to measure possible increased business as a result of the Language Link program and a reduction of client barriers. The respondents indicated mixed results.

In the past 3 months in using the program, has your organization accepted more newcomer referrals?

No 25%

Yes 37%

Maybe 38%
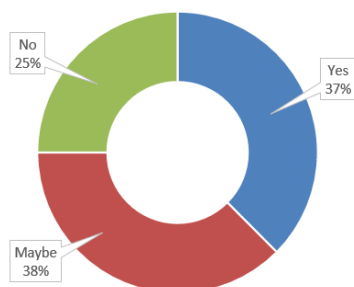
Six respondents indicated Yes or Maybe, three said they received 0%-10% more business from newcomers over the period, and one said they received 11%-25% more business over the trial period. An open-ended response received the following comments:

- This program has provided a simple and responsive way to access interpretation services.
- We have not been able to determine the impact as yet.
- We have not tracked our newcomer numbers, but utilising Language Link has helped our overall comfort level as staff to support clients when there is a language barrier between provider and client. This helps us all to feel safe in order to properly communicate [Covid-19] precautions.
- Clinicians have developed more confidence in interacting with clients, are meeting more with clients since language barrier has been drastically reduced due to the interpretation service. Clients are sharing more about their issues and accepting help.
- Not as many clients accessing services due to moving to phone or virtual.
- COVID 19 had an impact on our referral networks. We saw a reduction in our communication with our usual partners and collaborators as all organizations focused inward to adapt their services to respond to their client population. We feel that this breakdown in referrals pathways and communication has not allowed us to share this new capacity to serve newcomers in a different way with the Language Link for Mainstream Mental Health program. We were glad to be able to offer interpreter services to new clients whose first language is not English although those families made the choice to communicate with us in English without the use of an interpreter.

Conclusion

In short, the impact of Covid-19 on the services provided by the partners overshadows the impact of the Language Link program, and for this reason it is difficult to quantify the impact that the Language Link program has had on the services provided.

Two positive impacts described are:

- Clinicians feel safer because of clearer communication of Covid-19 precautions.
- Clinicians are more confident communicating with their clients, and the clients open up more due to reduced language barriers.

3.2.2. Key Informant Partner Interviews

In the 3 partner interviews, the leaders were asked about how many of their clients were newcomers. Some of the responses were:

- I estimated that the language-supported clients at our clinic estimate **about 3-4%.** This does not reflect the many clients who are newcomers and don't require language/interpreter supports. So, the number is much likely higher. I also suspect, as our clinic becomes more comfortable and familiar working regularly with interpreters, this number will increase as we identify and offer interpretation supports more readily instead of trying to get by with passable communication. We are encouraging staff to not hesitate to use any interpreter services including CCIS and over-the-phone interpreters. Organisationally, this is a shift that is still in the works.
- It really depends… it trends month to month.
- Currently have 45 cases and 4 students to supervise. This year we had not so many newcomers, I would estimate 3-5% of the client base.

Conclusion

It has been difficult to measure the outcome indicator of the percent increase of newcomer clients. The coronavirus has had a significant impact on client numbers. Also, partners are not necessarily tracking newcomer numbers and/or those that need language support.

3.3 How do we know if our programming is addressing all the barriers, i.e. accessing services in languages other than English, that clients experience when accessing mental health supports and other mainstream services? Are there other barriers?

3.3.1 Partner Survey Results
Other than COVID-19, two other barriers that the partners identified in the survey results were:
- Inherent stigma associated with the services offered. (2 responses)
- Communication issues about services offered in various languages; e.g. no translated information on website. (3 responses)

3.3.2. Key Informant Interviews
To increase understanding and clarify survey results, 3 key informant interviews were held with program partners. The partners included the Kensington Clinic, Calgary Family Therapy Center, and Calgary Women's Emergency Shelter. The reoccurring themes addressing client barriers and key comments from all interviews are presented below.

Table 3 Key Informant Interviews – Question: Besides addressing the language barrier with newcomer clients, what other barriers may there be and how can we address these barriers?

| Themes	Exemplary Quotes
1. Effective Communication and Working Together with Community Partners	*We need to connect with clinics in communities and our partners to make sure correct information is given to the client.* *We are very proactive in our communication of de-stigmatization and we stand for anti-oppression. We are open to everyone and 95% of clients refer themselves. We are known to the newcomer population.* *Resources in different languages on website. Possibly a resource virtual fair for clients + professionals, and community partners and have interpreters available in separate zoom rooms. Also interpreters available for conferences/training/workshops. We need to have inclusiveness.*
2. Increasing Cross-Cultural Understanding and Clarifying Misunderstandings and Perceptions	*Since our services gave a different connotation in different cultures and is illegal in some countries, this too is a barrier.*
3. Addressing Clients Access to Services (Distances/Transportation)	*We serve all of Alberta and the distances to come to Calgary have been a barrier for clients. For example, we have a lot of people coming from Brooks. Decisions are time-based and sometimes quick decisions need to be made.*

Conclusion

There are other barriers, besides the need for client language support, i.e. advertising interpreter services in the clients' languages and addressing the stigma and cultural nuances of receiving mental health support.

3.4 What is the effectiveness of the training?

3.4.1 Front-Line Employee Survey Results

This question asked whether the training session was helpful: "Do you believe that the training session (Working with Interpreters) helped you provide better quality services to your newcomer clients?"

Did the training session help you provide better quality of service?

Yes 86%
No 7%
Maybe 7%
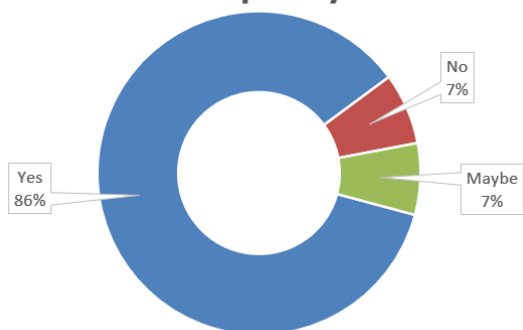
Thirteen respondents indicated Yes. One employee indicated No, and checked the box "I already had these skills, so there was no change." One person indicated Maybe, and checked the box "I had no opportunity within the time-frame to utilize the services of an interpreter." None of the employees checked the box "The skills from the training did not work in my practice" and there were no open-ended responses indicating reasons why the training session was not effective.

When respondents were asked: "In hindsight, do you believe it was beneficial to first attend the training session before working with interpreters?", 14 out of the 15 respondents (93%) said '**yes**'. The one person that said 'no', commented that, "I already had the skills".

Conclusion

The training was very effective and helped respondents provide a better quality of service. One suggestion for improvement is to screen front-line workers to see if they already have these skills.

3.4.2 Key Informant Partner Interviews

Partners were questioned on their motivation for being involved with the project. The results are recorded in the table below.

Table 4 Key Informant Interviews – Question: What motivated you and your organization to get involved with the Language Link Program

Themes	Exemplary Quotes
1. High Levels of Satisfaction with Training	*Our organization values training and saw it as a further enhancement and opportunity to partner. The Interpreter training ensures capacity of interpreters, and improves the court process and client process.*

Themes	Exemplary Quotes
	Positive: The training was amazing – the interaction of it and the participation of the people. Also explaining the importance of the debrief with vicarious trauma.
2. Would like further training on cultural considerations	*We would like the second training – cultural considerations*

3.5 Is the knowledge and skills taught to participants in the training sessions (both to staff from mainstream organizations and interpreters) transferring to the workplace?

According to the completed partners' needs assessments, **12 out of 13 organizations provided no training to work with interpreters in the past.** (Baseline) From the end of training polling survey results **100%** of the trainees' replied that they had learned something new from the training session and **98% replied "yes"** to the questions of, **"**Will you be doing something new moving forward when working with an interpreter?"

If we compare this with the results of the Front-Line Employee survey, it appears that employees are taking the knowledge they learned from the training and applying this in the workplace. The survey results follow from this introduction.

3.5.1 Front Line Employee Survey Results

The front-line workers were presented with a series of statements, in an online survey, that describe the impact of the pilot program, and they were asked whether they strongly disagreed, disagreed, neither agreed nor disagreed, agreed, or strongly agreed with these statements. In the analysis the level of agreement was assigned a scale (1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, 5 = strongly agree) and a mean score was computed for each question.

Impact of pilot program - average response
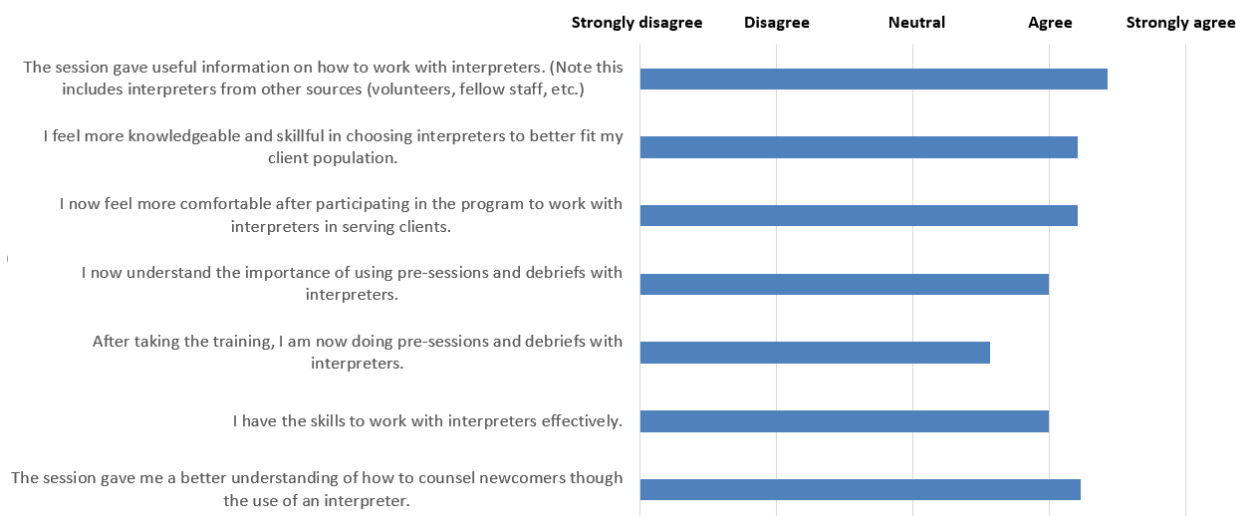
On average, the respondents agreed with all of the statements, indicating that the program has significant impact. One respondent answered "strongly disagree" to each of these questions, yet indicated a high level of satisfaction in the previous questions (see above). It is possible that this worker accidentally checked the "strongly disagree" boxes and meant to indicate agreement.

Conclusion: Respondents indicated that the knowledge and skills taught in the training session are being transferred to the workplace. And that front-line workers are feeling more confident in working with interpreters. The lower score with, "After taking the training, I am now doing pre-sessions and debriefs with interpreters", may indicate the lack of opportunity to make use of interpreters, or respondents may need further practice in this area.

The following chart shows the number of "not applicable" responses for each question:

Impact of pilot program - n/a responses
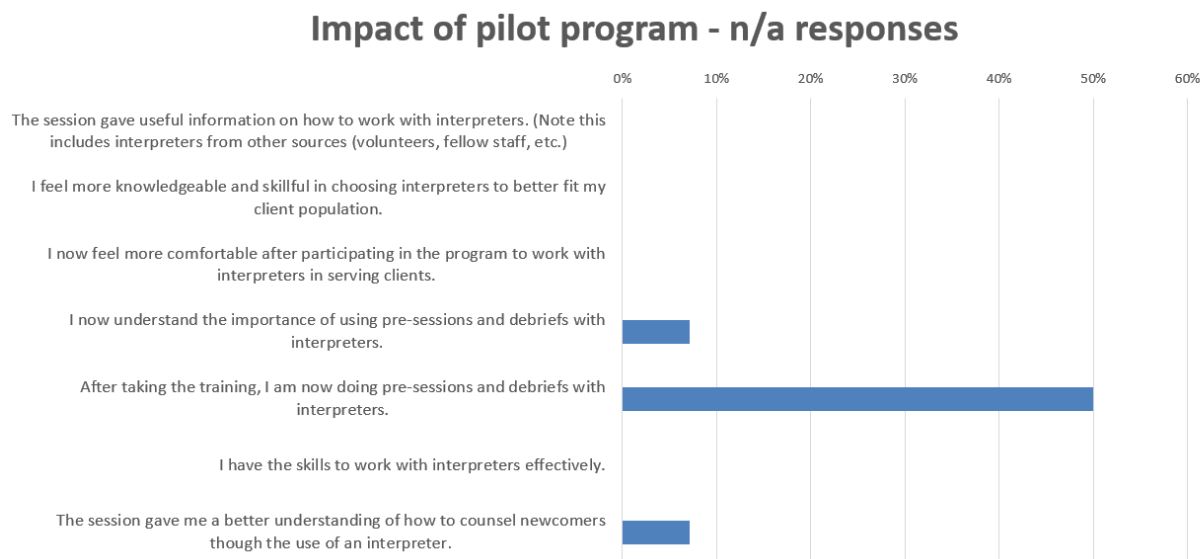
Seven out of the 14 respondents indicated "not applicable" to the statement "After taking the training, I am now doing pre-sessions and debriefs with interpreters." Six of these provided open-ended responses:

- I haven't booked an interpreter yet however; I am not confident enough if I could pre-session and end session debriefing with the interpreters properly.
- No, I am not trained in counseling, which is why I wrote poor.
- I think I need more practice. And I haven't had to do any debrief with an interpreter as that is not my role at the clinic.
- I think with the knowledge I gained; I now need further experience.
- This is a difficult question to answer as I have not been able to use the information taught in the training. Therefore, I don't know, what I don't know, which leads me to be less confident in my skills at this point.

One other respondent wrote:
- Nothing- just need personal experience using an interpreter.

Conclusion
Together, this data indicates that the front-line workers have had limited opportunities to use the services of an interpreter. One likely cause of this is the ongoing COVID-19 situation.

Out of the six employees that marked "not applicable" to the statement: "After taking the training, I am now doing pre-sessions and debriefs with interpreters" none had more than 10 years of work experience. However, out of the eight employees who did not check this box, four had more than 10 years of experience. Therefore, the more experienced employees are more likely to have had the chance to use the services of an interpreter.

3.6 Has the understanding and relationships between the service providers, interpreters and the clients improved? (Does everyone understand their role in working with clients in the mental health setting and the information needs of each party?)

A series of questions were asked from both the front-line employees (survey) and the Interpreter (interview) to determine the confidence levels in working with each other to serve clients.

3.6.1 Front Line Survey Results

The front-line workers were asked to rate their confidence, in the online survey, in a variety of skills. A weighted average was computed for each response, with: Poor = 1, Not so good = 2, Fair = 3, Good = 4, Excellent = 5.

Conclusion
On average, the front-line workers have a medium confidence in their skills. From the open-ended responses listed above, it can be can be concluded that this relatively low confidence in skills is largely due to limited opportunities to put the theory into practice. Given the high satisfaction with the training program, it may also be worthwhile to assess possible further training for the front-line workers.

3.6.2 Key Informant Interview (Interpreter comments)
The evaluation consultant asked a series of open-ended questions to a CCIS Interpreter to understand whether or not, from the Interpreter's point of view, if the Language Link program training, *Working with Interpreters*, had increased the understanding and working relationship between herself, clients, and counsellors. The response was:
- "It has improved. Before training only, a little briefing, and most of the time for Family Court. There were no pre-sessions."

When asked how it has improved the response was:
- "With the counselling there is briefings before the client meeting. And then debriefing afterwards: Yes – Discovery House, Kensington Clinic – 50:50. It is a little different now with everything either video or phone calls and no face-to-face."

The Interpreter thought the program is working really well and one of the partners had been explaining medical terms to her. She commented, "I want to make sure; I do not give clients the wrong information."

For improvements to the program, she mentioned, "It is necessary to remind the counsellors/partners to slow down in their conversation and give the information in chunks. I need time to interpret the information and then translate it for the clients so they understand."

In helping the client, sometimes I have to explain further the context of the information. I always ask permission first to the person I am interpreting for in communicating the information. Sometimes it is necessary to do cross-cultural communication to facilitate understanding. I have the background (Family Support Worker) and the same culture to assist in this manner.

Conclusion

From the interpreter's comments, it appears that there can be cultural barriers impeding the understanding of the translated words from the mental health worker to the client. This could be reviewed with partners to discuss to what extent interpreters should be explaining cultural contexts of information.

3.7 What is Working and What Needs to be Changed?

3.7.1 Front-Line Employee Survey Results

The front-line workers were asked about positive and negative impacts of the program. The number of responses was out of a total of 14.

Positive impacts
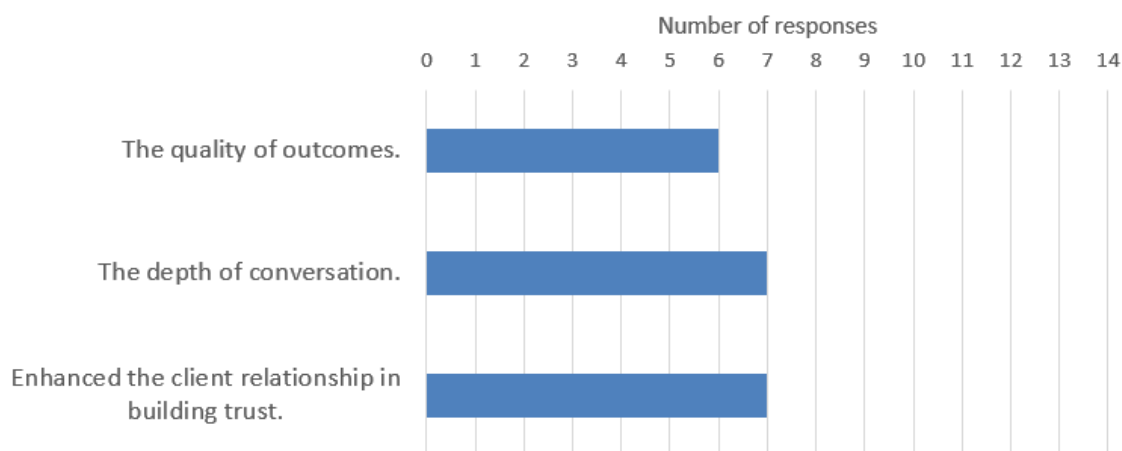
Open-ended responses were as follows:
- Unbiased
- Privacy, confidence the correct information is being given and that information is not being edited to protect or shelter the client.
- Unbiased person. I am confident the information I need interpreted is being interpreted without a family members bias.
- More professional
- More professional and objective
- Interpretation was professionally done.

In summary, the interpretation service increases trust because the interpretation is unbiased and done professionally.

Negative impacts

Number of responses

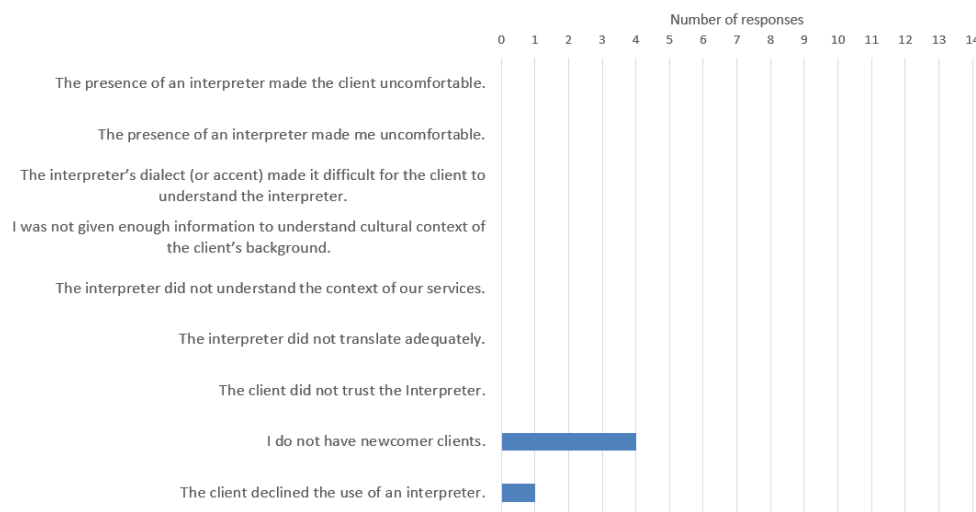|	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14
The presence of an interpreter made the client uncomfortable.	
The presence of an interpreter made me uncomfortable.	
The interpreter's dialect (or accent) made it difficult for the client to understand the interpreter.	
I was not given enough information to understand cultural context of the client's background.	
The interpreter did not understand the context of our services.	
The interpreter did not translate adequately.	
The client did not trust the Interpreter.	
I do not have newcomer clients.	
The client declined the use of an interpreter.	

The respondents indicated very few negative impacts. Four respondents indicated that they do not have newcomer clients, and one respondent indicated that a client refused the services of an interpreter. For statements involving trust, comfort level, and translation skill and accuracy, none of the respondents indicated any issues.

In a final open-ended box, several front-line workers expressed gratitude for the service:
- Excellent Service
- Great program
- Thank you for this program
- Be slower when interpreting, both us and the interpreters.
- I am very grateful and hope the services will continue.

Conclusion
The program is working as intended. One consideration maybe to follow-up with additional training to give respondents more practice with conducting pre-sessions and debriefs with role-playing simulations.

3.7.2 Partner Survey Results
Two questions were asked for a final overall impression of the program.

Overall impression
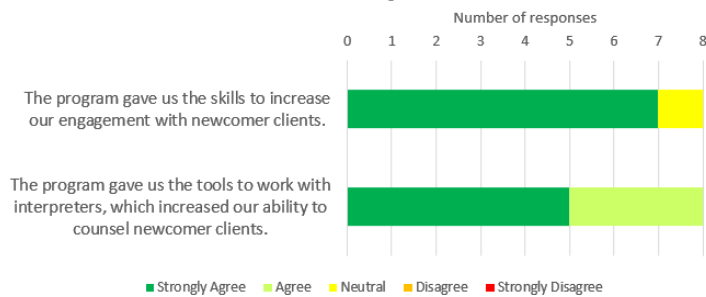
The partners agreed or strongly agreed with the statements: "The program gave us the skills to increase our engagement with newcomer clients" and "The program gave us the tools to work with interpreters, which increased our ability to counsel newcomer clients." The neutral response came from a partner who hasn't yet had the opportunity to use the translation service.

3.7.3 Key Informant Partner Interviews

In the partner interviews, there were generally positive comments about the project. Partners have high levels of satisfaction.

Table 5 Key Informant Interviews – Question: What additional support can we provide? Other Comments

Themes	Exemplary Quotes
1. High Levels of Satisfaction	*I wouldn't change anything about the program. CCIS is very good at addressing newcomers needs, listening to clients and not making any assumptions about what they need.* *We are very appreciative of the program and the services you provide as the conversation with the client has been enriched and we can talk more about feelings, spirituality and best care. With the help of interpretation, we can have a well – rounded conversation.* *Our organization values training and saw it as a further enhancement and opportunity to partner. The Interpreter training ensures capacity of interpreters, and improves the court process and client process.* *The database is good (fast process) and confirmation. It is good to have the same interpreter with same client.* *CCIS has a positive reputation. Clients feel supported and comfortable.*
2. Would like further training on cultural considerations.	*We would like the second training – cultural considerations*
3. The need for debriefing (longer) and knowledge of the particular service.	*I am concerned about the interpreters listening to families in crisis and domestic violence playing out in front of them. I am thinking they may need longer debriefs – 1 hour. Currently with students we do 15 minute debriefs, but the interpreters may need longer.*

Themes	Exemplary Quotes
	It would be good if interpreters were knowledgeable about domestic violence. Possible training? *It has been very beneficial to have interpreters that know our system (services) as this creates a fluency with the client with the interpretation in speaking with clients.*
4. Important Client Documents Translated.	*The consent package for counselling and the safety plan for domestic violence, it would be good to have this information translated for the client.*
5. Booking systems improvements and Interpreters Being on Time	*Good booking process, but it would be nice if I could change the booking on the system myself.* *- Being on time (interpreters) was an issue, but it is improving.*

4. Conclusions and Recommendations

Overall, both front-line workers and managers speaking on behalf of the organizations that participated in the Language Link for Mainstream Mental Health pilot program reported high levels of satisfaction with the program. The translators provided professional, unbiased translations that led to improved trust, a greater depth of conversation, reduced barriers, and better-quality outcomes. Front-line workers were able to better communicate Covid-19 precautions to their clients, leading to improved safety. No significant downsides were recorded.

However, not all front-line workers who were surveyed had been able to make use of the interpreter services over the trial time period. A self-assessment of the front-line workers indicated a limited self-confidence in working with interpreters, which is clearly linked to having had limited or no opportunities to work with CCIS' interpreters.

The Language Link pilot program was run during the Covid-19 pandemic, which has had a strong effect on the partnering organizations' operations. Trying to determine the impact of the Language Link program has not been easy due to the overwhelming effect of the pandemic. Nevertheless, the partnering organizations indicated that they would like to use paid translation services in the future, with some hesitation. Sticking points include:

- not having had a chance to use the translation services yet,
- obtaining funding to pay for the service, and
- the need to devise a mechanism to deal with no-shows and last-minute cancellations.

Recommendations

It is recommended that CCIS work with their partners to address these sticking points. The first point has already been addressed by extending the trial period.

Two other issues that were identified were the lack of translated content on the partners' websites, and a lack of awareness among clients of the translation services and the benefits that it provides. CCIS is encouraged to work with their partners towards resolving these issues.

5. Final Remarks on the Evaluation Process

The evaluation project undertaken went according to the initial evaluation plan developed with the stakeholder group. The process with the Refugee for Resilience Center team was collaborative and the response to questions was timely.

I would also remark that the Team Lead and Educator are hard-working and show a dedication that goes beyond the scope of their mandated contracts in assisting clients. They should be commended and recognized for the work they do in not only successfully achieving the program goals, but for continually seeking ways to improve programming to address the needs of clients.

Appendix A Evaluation Methodology

1. Sample Size, Development of Survey questions and Collection of data

Partner Survey
Sample Size Determination
Since there were only 15 partners as part of the program, all partners were emailed a survey link and requested to complete the survey on Survey Monkey. An introductory email to the evaluation process was distributed to partners one week before the survey. This communication was intended to promote participation in the program's evaluation.

8 responses were received out of a total of 15 partners for a 53% response rate. The surveyed people occupy a variety of roles, in a variety of organizations, of various sizes.

Role
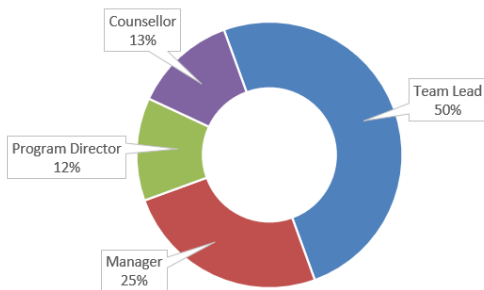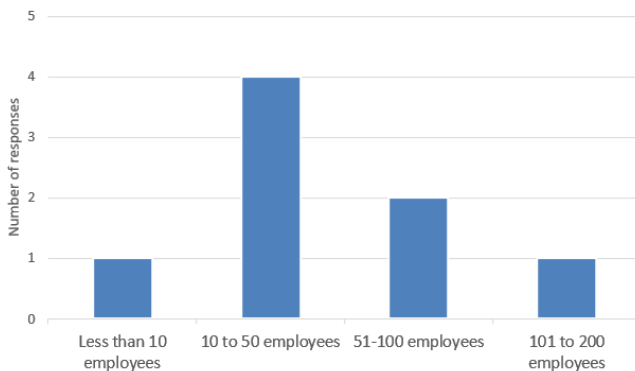
Counsellor 13%
Team Lead 50%
Program Director 12%
Manager 25%

Type of service

Medical care 14%
Mental Health - Specialized counselling 43%
language education and settlement service 14%
Support and Counselling for Domestic Violence 29%

Size of organization

Number of responses

Less than 10 employees: 1
10 to 50 employees: 4
51-100 employees: 2
101 to 200 employees: 1

Survey Questions
Questions were developed from information gathered from the literature review (program proposal, mid-term report, needs assessments, and partner training polling feedback), and discussions with the Program Manager and Educator. Discussions were held to review the evaluation research questions and survey questions. To review a copy of the survey questions, see **Appendix B** (Partner Survey Questions).

Distribution
The survey link, (from Survey Monkey), was distributed through individual emails to partners from the Program's Educator. The email and survey link were distributed on October 26, with a completion deadline of October 30, 2020. A reminder email to partners to complete the survey was sent on October 28.

Confidentiality
All individual responses gathered were aggregated into the information analyzed and no names or identifiers were associated with the responses. This confidentiality agreement was indicated in the introductory paragraph of the survey.

Front-Line Employee Survey
The population of the program's front-line employees was 136 (at the time of the survey). A survey, through Survey Monkey consisting of 16 questions + 2 demographic questions, was distributed by the Partners to Staff.

15 responses were received. One respondent only answered the first few questions, and 14 respondents completed the survey. The front-line workers are employed in a variety of services and have a wide range of work experience.

Front-line workers - types of services
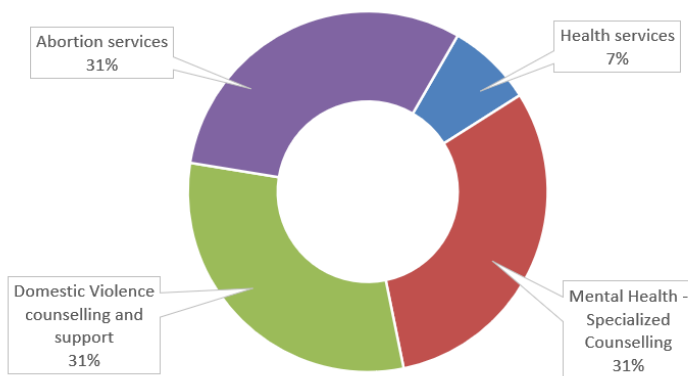
Front-line workers - experience

Survey Questions
Questions were developed from information gathered from the literature review (program proposal, mid-term report, needs assessments, and partner training polling feedback), and discussions with the Program Manager and Educator. Discussions were held to review the evaluation research questions and survey questions. To review a copy of the survey questions, see **Appendix C** (Front-Line Employee Survey Questions).

Distribution
The survey link, (from Survey Monkey), was distributed through individual emails to partners from the Program's Educator. Partners were asked to distribute this survey link to staff. (**Please NOTE:** We do not know how many partners actually did distribute the survey link and this may be a reason for the low response rate on the front-line employee survey). The email and survey link were distributed on October 26, with a completion deadline of October 30, 2020. A reminder email to partners to ask front-line employees to complete the survey was sent on October 28 and 30th.

Confidentiality
All individual responses gathered were aggregated into the information analyzed and no names or identifiers were associated with the responses. This confidentiality agreement was indicated in the introductory paragraph of the survey.

Key Informant Interviews
Key Informant Interviews involved interviewing partners who have particularly informed perspectives on an aspect of the program being evaluated. Key informant interviews are "qualitative, in-depth interviews of partners selected for their first-hand knowledge about a topic of interest. In order to interpret quantitative data key informant interviews, provide the context to the findings. They are an affordable way to gain a big picture idea of a situation. Key Informant Interviews included:
- Shannon McIntosh, MSW, RSW, Family Therapist and Clinical Supervisor, Calgary Family Therapy Centre
- Linette Soldan, Manager CWES (Calgary Women's Emergency Shelter)
- Emily Diaczun, BA, BSW, RSW, Counselling Supervisor, Kensington Clinic
- Tayyeba Hashim (Interpreter)

The Partners were interviewed individually through the online platform Zoom and asked 7 questions in an open-ended format. Their answers were recorded by hand by the interviewer and then transferred into notes in a file document. The Interpreter was also interviewed online and asked 5 questions.

To review a copy of the interview questions, see **Appendix D and E** respectively (Partners Interview Questions and Interpreter Interview Questions).

Appendix B – Partner Evaluation Survey of Language Link for Mainstream Mental Health Program

The Calgary Catholic Immigration Society (CCIS) would like to collect your feedback on how well we are providing services to meet your needs in working with the newcomer population. We recently launched, in July of this year, a Language Link for Mainstream Mental Health program which included training, and interpreter services. And we would now like to hear your comments on how well this program succeeded in assisting your organization with newcomer clients.

This online survey is designed to be quick and easy to complete. Your answers are confidential and all information will be aggregated with no organization identification. Thank-you for taking the time to complete this survey. It is much appreciated.

1. How would you rate your overall experience with the program? 1- Very Dissatisfied 2- Dissatisfied 3- Neutral 4- Satisfied 5- Very Satisfied.
2. How did the program, meet your expectations with respect to:

Category	1- Did not meet expectations	2-Met Expectations	3- Exceeded Expectations	Not applicable N/A
Giving you the knowledge and skills to work with interpreters.				
Increasing your ability to serve newcomer clients.				
Enabling counsellors to engage newcomer clients and provide needed services.				
Providing you with qualified interpreters.				
Providing a process that makes it easy to book interpreters.				
Communicating in a clear and understandable way, the benefits of partnering with CCIS's Language Link for Mental Health program.				
Having positive interactions with CCIS staff.				
Providing timely services to support your interpretation needs.				
Feeling better equipped to work with the newcomer population.				

3. In the past 3 months in using the program, has your organization accepted more newcomer referrals? Yes Maybe No
4. If yes, in your estimate, how many more newcomers were served?

0 - 10% more   41-50%
11-20%   Greater than 50% (Comment: How much?)
21-30%   N/A
31-40%

5. What has been the impact of COVID 19 on newcomer client numbers and the ability to utilize the Language Link for Mainstream Mental Health program services? **(INSERT Comment Box)**

6. In your perception, are there other barriers, (outside of the impact of the COVID 19 pandemic and limited access to interpretation services), that may prevent newcomers from accessing your services?
(INSERT Comment Box)

7. Would you recommend CCIS's Language Link for Mainstream Mental Health program to other colleagues/organizations? Yes Maybe No
(INSERT Comment Box)

8. What do you think the benefits (or value) are, of having of program such a this?
(INSERT Comment Box)

9. Were the mock invoices given to you helpful in estimating costs for using interpreter services?
Yes Maybe No N/A Comments:

10. As a result of participating in this program, will you seek funding to use interpreter services? Yes Maybe No
Comments:

11. How likely are you to book CCIS interpreters again after the funding stops and there is a fee for service attached? Yes Maybe No
Comments:

12. After participating in the program, please indicate how strongly you agree or disagree with each of the statements.
The program gave us the skills to increase our engagement with newcomer clients.
1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A
The program gave us the tools to work with interpreters, which increased our ability to counsel clients.
1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A

13. Do you have any other comments, questions, or concerns?
(INSERT Comment Box)

Demographics
In order to understand the needs of <u>all</u> our partners, please consider the following optional demographic questions.

1. What position to you currently hold with your organization?

ED/CEO/President	Counsellor
Team Lead	Other…….

1. What sector does your organization belong to?

Mental Health - Specialized counselling	Homelessness
Training	Addictions
Domestic Violence	Advocacy
Legal System navigation	Other (Comment Box:)

2. How many employees does your organization employ?

Less than 10	201-400
11-50	401- 600
51-100	601-1000
101 – 200	
Greater than 1000 (Approximately how many employees _____)	

Thank-you for completing our survey.

Appendix C – CCIS's Language Link for Mainstream Mental Health Front-Line Employee Survey

We need your help in providing feedback!

The Calgary Catholic Immigration Society, CCIS, continually evaluates the services that we provide in order to better serve our clients. Your feedback is valuable to us and your input will help us to make improvements in programming where necessary. Today, we need your feedback on our pilot program: Language Link for Mainstream Mental Health program.

As part of our ongoing program development we ask that you please fill-out our online survey. This online form is designed to be quick and easy to complete.

Your answers are confidential.

Any information provided will be treated with the strictest confidence. It will only be used as an aggregate (group) information for statistical and research purposes. No individual person will be identified in any published findings.

Thank-you for helping us with this survey. Your answers are very important to us.

Please click on each answer that best fits your response.

Question 1. Overall, how satisfied were you with the program?

1 – Very Dissatisfied   4 - Satisfied

2 – Dissatisfied   5 - Very Satisfied

3 – Okay

Question 2. Do you believe that the training session (Working with Interpreters) helped you provide better quality services to your newcomer clients?

Yes ➡ Skip Logic in survey design - Go to QUESTION 4   Maybe   No

Question 3 What are the reasons that you feel that the training session did not help you with client services? (Check as many boxes that apply)

☐ The skills from the training did not work in my practice.

☐ I already had these skills, so there was no change.

☐ I had no opportunity within the time-frame to utilize the services of an interpreter.

☐ Other (Please comment) **Survey Design - INSERT Comment Box**

Question 4. After taking the training session, ***Working with Interpreters***, or reviewing the material with those that took the training, please indicate how strongly you agree or disagree with each of the statements.

The session gave useful information on how to work with interpreters. (Note this includes interpreters from other sources (volunteers, fellow staff, etc.)

1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A

I feel more knowledgeable and skillful in choosing interpreters to better fit my client population.

1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A

I now feel more comfortable after participating in the program to work with interpreters in serving clients.

1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A

I now understand the importance of using pre-sessions and debriefs with interpreters.

1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A

After taking the training, I am now doing pre-sessions and debriefs with interpreters.

1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A

I have the skills to work with interpreters effectively.

1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A

The session gave me a better understanding of how to counsel newcomers though the use of an interpreter.

1. Strongly Agree 2. Agree 3. Neither Agree or Disagree 4. Disagree 5. Strongly Disagree   Not Applicable N/A

Question 5. In hindsight (looking at your past experience with taking the training session – Working with Interpreters), **do you believe it was beneficial to first attend the training session before working with interpreters**?

Yes   Skip Logic to Question 7   Maybe   No

Question 6. If you believe it was **NOT beneficial** to first attend the training session (Working with Interpreters), what is the reason?

☐ I already knew the information provided.

☐ The session did not provide enough information on the cultural background of clients.

☐ The session was not well organized.

☐ Other (Please comment) Survey Design – INSERT Comment Box

☐ Not Applicable

Question 7. For the following knowledge and skill areas, **indicate your level of confidence.** For example, if you have little or **no confidence in your ability to do the action, then mark poor.** If you are **extremely confident of your ability, then mark excellent.**

Providing services to newcomers whose first language is not English? Confidence Level - **Poor-1 Fair-2 Good-3 Very Good-4 Excellent-5.**

Working with Interpreters in providing services to newcomers? Confidence Level - **Poor-1 Fair-2 Good-3 Very Good-4 Excellent-5.**

Conducting a pre-session with Interpreters? Confidence Level - **Poor-1 Fair-2 Good-3 Very Good-4 Excellent-5.**

Conducting a debrief with interpreters and giving feedback? Confidence Level - **Poor-1 Fair-2 Good-3 Very Good-4 Excellent-5.**

Counselling or facilitating in a cross-cultural context? Confidence Level - **Poor-1 Fair-2 Good-3 Very Good-4 Excellent-5.**

Question 8. If you marked "Poor" in your confidence levels for any of the actions listed, what support, resources or training could CCIS provide to help you feel more confident? (Please comment)

Survey Design – Insert Comment Box

Question 9. Did you participate in the interpreter services part of the program?

Yes   No ⟶ **Skip Logic in survey design - Go to QUESTION 16**

Question 10. In using the interpreter services, how did it help in your session? (Check as many as apply)

☐ The quality of outcomes.

☐ The depth of the conversation.

☐ Enhanced the client relationship in building trust.

☐ Other (Insert Comment Box)

Question 11. If you used certified interpreters in your session, what are the advantages of this service over using volunteers, family members, etc.? (Insert Comment Box)

Question 12. If you have used the "Language Line" provided by Alberta Health, did you find CCIS's program more advantageous over this service? Yes/No And Why? (Insert Comment Box)

Mindwise
Communications

Question 13. Did you notice a change in the quality of engagement and service for the client, i.e. did the client engage more consistently, or for more sessions?

Yes   Maybe   No ⟶ Skip Logic in survey design - Go to QUESTION 15

Question 14. What are the reasons that you feel that the program did not help you with increasing the quality of engagement with the clients? (Check as many boxes that apply)

☐ The presence of an interpreter made the client uncomfortable.

☐ The presence of an interpreter made me uncomfortable.

☐ The interpreter' dialect (or accent) made it difficult for the client to understand the interpreter.

☐ I was not given enough information to understand cultural context of the client's background.

☐ The interpreter did not understand the context of our services.

☐ The interpreter did not translate adequately.

☐ The client did not trust the Interpreter.

☐ Other (Please comment) **Survey Design – INSERT Comment Box**

Question 15. You participated in the training portion of the program, but did NOT use the interpreter services afterwards. Please indicate why you did not utilize the services of an interpreter.

☐ The client declined the use of an interpreter.

☐ I had hesitations about the timeline of the project, i.e. scheduling an interpreter, availability, etc.

☐ I am worried about session limits, i.e. not having enough sessions with the client and interpreter.

☐ I do not have newcomer clients.

☐ There were issues with scheduling.

☐ I did want to use in-person interpreters.

☐ Other (Insert Comment Box)

Question 16. Any further comments about your participation with CCIS's Language Link for Mainstream Mental Health program?

Survey Design – Insert Comment Box

Section II Demographics

In order to understand the needs of all our partners, please consider the following optional demographic questions.

1. What sector does your organization belong to?

Mental Health - Specialized counselling   Addictions Counselling

Domestic Violence counselling and support   Advocacy

Legal System navigation   Other (Comment Box:)

Homelessness support

2. How many years experience have you had in working with newcomers to Canada?

Less than 1 year   5-10 years

1-2 years   Greater than 10 years

2-5 years

Thank-you for completing the survey. All individual results will be aggregated together and no individual identifications will be used. This data will be used to further develop CCIS's Language Link for Mainstream Mental Health programming.

Appendix D Key Informant Interview Questions (Partner)

1. Please tell me a little bit about your organization and the services it provides?

2. Approximately how many clients does your organization serve? And in your estimation how many of these are newcomers?

3. What motivated you and your organization did get involved with CCIS's Language Link Program?

4. In your opinion, what worked with the program and what needs to be improved?

5. Besides addressing the language barrier with newcomer clients, the survey results indicated that other barriers were:
- newcomers lack of awareness of services available and
- the stigma associated with seeking help.

What do you think would help address these barriers?

6. What ideas do you have with increasing engagement with newcomer clients?

7. What additional support can CCIS provide to assist you in providing services to newcomer clients?

Appendix E Key Informant Interview Questions (Interpreter)

1. Please tell me a little about yourself and how you got involved with the Certified Interpreter program.

2. Since CCIS has provided training with the program, Working with Interpreters, has the understanding and working relationship between clients, counsellors and yourself improved?

How has it improved? (Before and After)

3. What is working with the Language Link program and what needs to be improved?

4. What additional support do you need in working as an Interpreter with mainstream Mental Health Organizations?

5. Other comments?