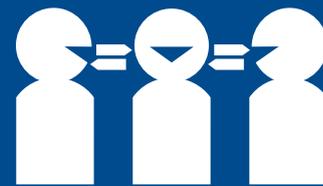




Government of Western Australia
Department of Health

WA Health Language Services Policy

September 2011



Cultural Diversity Unit
Public Health Division



Contents

- Foreword 1
- 1. Context 2
 - 1.1 Introduction 2
 - 1.2 Government policy obligations..... 2
- 2. Policy goals and aims..... 5
- 3. Scope..... 5
- 4. Guiding principles..... 6
- 5. Definitions..... 6
- 6. Provision of interpreting and translating services..... 8
 - 6.1 People who may access interpreting and translating services 8
 - 6.2 Assessing the need for an interpreter or translator 8
 - 6.3 Providing competent interpreters and translators 9
 - 6.4 Assessing health risks and matching with appropriate levels of interpreter and translator competence 10
 - 6.5 Types of interpreting services 12
 - 6.6 Dealing with consumer preferences 13
 - 6.7 Feedback, compliments and complaints..... 14
- 7. Workforce knowledge and skills 15
- 8. Reporting and continuous improvement..... 16
 - 8.1 Reporting..... 16
 - 8.2 Review of the WA Health Language Services Policy 16
- Authority 17
- Appendix 1 18





Foreword

Ensuring healthier, longer and better quality lives for all Western Australians underpins the WA Health Strategic Intent 2010-2015. WA Health is committed to providing equitable access to safe high quality health care and programs to all Western Australians, regardless of their income, place of residence, health status or cultural background or language skills.

Western Australia is the most culturally diverse state in Australia, with Aboriginal people, migrants and refugees accounting for nearly 30% of the population. While the majority of Aboriginal people and migrants can communicate fluently in English, for some, poor communication in English can be a significant barrier to accessing services provided by Western Australia's first class health system. People who are deaf or hearing impaired may also need language assistance to effectively communicate with the WA Health services.

The WA Health Language Services Policy has been developed to apply the State Government's Western Australian Language Services Policy 2008 within the unique conditions and complexities of the public health system.

The WA Health Language Services Policy supports the universal right to health by providing guidelines that will ensure that there is effective communication between health service providers and those who need language assistance. It is supported by a range of guidance materials and information resources, available on the Department of Health website.

Together these will ensure that WA Health service providers and staff are aware of the availability of language services and can assess the need for this support, engage a quality interpreter or translator appropriate to the health service 'event' and be adaptable to the needs of the consumer. Not only will this enhance the quality of services provided but will also minimize the health risks associated with miscommunication across key points of the patient's journey through the system.

I urge all WA Health staff to familiarise themselves with the WA Health Language Services Policy, to integrate it into health service delivery and to work together to promote the provision of health services to all Western Australians.

Dr D Russell-Weisz,
A/Director General

1. Context

1.1 Introduction

The WA Health Language Services Policy supports the WA Health Strategic Intent 2010-2015 and its four key pillars of caring for individuals and the community, caring for those who need it most, making the best use of funding and resources and supporting the WA Health workforce.

The policy promotes the universal right to health by facilitating effective communication between government health service providers and people who may need language assistance including Aboriginal and Torres Strait Islander people¹, people from culturally and linguistically diverse backgrounds, and people who are deaf or hearing impaired. The policy acknowledges that neither language nor cultural differences should be a barrier to health care.

The WA Health Language Services Policy outlines the responsibilities of WA Health service providers and staff and promotes the rights and responsibilities of health consumers and carers. It provides guidance about how to implement the Western Australian Language Services Policy 2008 within WA Health taking into account the unique requirements and risks associated with health care. It addresses the minimum standards outlined in the State policy and its requirements for when language services 'must' and 'should' occur within the health context.

1.2 Government policy obligations

WA Health has policy obligations and responsibilities to provide services that promote people's health care rights, do not directly or indirectly discriminate against people and protect consumers, carers, community and the government from avoidable ill health, injury or loss.

The WA Health Language Services Policy is consistent with the Western Australian Language Services Policy 2008, the WA Health Substantive Equality Policy, the WA Health Disability Access and Inclusion Policy, the WA Strategic Plan for Safety and Quality in Health Care 2008-2013 and relevant Commonwealth and State legislation.

¹ From this point, the use of the term 'Aboriginal' within this document refers to Australians of both Aboriginal and Torres Strait Islander people.



1.2.1 The Western Australian Language Services Policy 2008

The Western Australian Language Services Policy 2008 was endorsed by the Western Australian Cabinet in 2008 and applies to all State Government departments.

The Western Australian Language Services Policy 2008 states that State Government agencies need to:

- Commit to the appropriate use of professional and competent interpreters and translators in the delivery of services and programs to people who are unable to communicate in spoken or written English.
- Determine when interpreters 'must', 'should' or 'may' be used based on legislative requirements, particular service provided and level of risk to clients' rights, health or safety.
- Ensure that all staff who deal directly with clients are aware of how to determine the need for an interpreter.
- Ensure that all staff who deal directly with clients are aware of how to access and use interpreting and translating services.²

The Western Australian Language Services Policy 2008 sets out minimum standards that provide guidance for the circumstances in which interpreters or translators need to be used.

The Western Australian Language Services Policy 2008 is available at www.omi.wa.gov.au.

² Office of Multicultural Interests. The Western Australian Language Services Policy 2008. Perth: Department for Communities, 2008. Available from www.omi.wa.gov.au.

1.2.2 Australian Charter of Healthcare Rights

The Australian Charter of Healthcare Rights outlines the rights of patients and other people using the Australian health system and recognises that people receiving care and people providing care have significant roles to play in achieving high quality and safe healthcare.

The Charter is guided by the following principles:

- Everyone has the right to be able to access health care and this right is essential for the Charter to be meaningful.
- The Australian Government commits to international agreements about human rights which recognise everyone's right to have the highest possible standard of physical and mental health.
- Australia is a society made up of people with different cultures and ways of life, and the Charter respects these differences.³

The Charter describes healthcare rights about access, safety, respect, communication, participation, privacy and comment/complaint.

A copy of the Australian Charter on Healthcare Rights is available at www.safetyandquality.gov.au.

1.2.3 The Western Australian Public Patients Hospital Charter

The Western Australian Public Patients Hospital Charter describes a number of fundamental rights for public patients in Western Australian public hospitals that assure customers are treated fairly, equitably and with dignity.

The Charter discusses patients' rights related to access to health services, information about health care and complaints procedures.

A copy of the Western Australian Public Patients Hospital Charter is available at www.health.wa.gov.au.

A list of other relevant policies and legislation is provided in Appendix 1.

³ Ibid.



2. Policy goals and aims

The overall goal of the WA Health Language Services Policy is to ensure equitable access to health services, improved safety and quality of care and better health outcomes for people who may need language assistance when using WA Health services. This includes Aboriginal people, people from culturally and linguistically diverse backgrounds and people who are deaf and hearing impaired.

The WA Health Language Services Policy aims to provide guidance to health service providers and staff about system-wide and professional standards to enable high quality and effective communication with consumers and carers. It aims to assist the management of health, legal and other risks that may arise in the delivery of health services to people who need language assistance when engaging with the WA Health system.

The policy aims to ensure that:

- All consumers and carers who need assistance with English or who are deaf or hearing impaired are provided with access to appropriate interpreting and translating assistance.
- All WA Health staff who deal with consumers and carers have the knowledge and skills to assess the need for language assistance and to engage appropriate interpreting and translating services.
- There are suitable procedures and processes in place to enable appropriate and timely engagement of interpreters and translators, particularly for health situations that have health, legal or other risks for consumers, health service providers or WA Health.

3. Scope

The WA Health Language Services Policy applies to all health service providers and staff employed within WA Health, which incorporates the following entities:

- Department of Health
- Metropolitan Health Services
- Peel Health Service
- WA Country Health Service.

The policy also applies to all future contracts and contract variations with private service providers, non-government organisations and other agencies for the supply of health services for consumers, carers and health professionals.

This is a system wide policy and supersedes all previous policies and guidelines related to language services in WA Health.

4. Guiding Principles

The WA Health Language Services Policy observes the following guiding principles which are outlined in the Western Australian Language Services Policy 2008:

- Fundamental public sector values associated with the delivery of fair and equitable health services and the achievement of substantive equality underpin the use of interpreting and translating services.
- Minimum standards are set to uphold these fundamental values.
- Accountability for the achievement of minimum standards is made transparent through monitoring and reporting.
- Professional level interpreting and translating services are required in circumstances where the rights, health or safety of an individual are at risk or when the failure to provide an interpreter or translator may result in legal implications for the State of Western Australia.⁴

5. Definitions

Auslan: Australian sign language is a recognised language used by the Australian Deaf community.

Carers: A person is a carer for the purposes of the Carer's Recognition Act 2004 if he or she is an individual who provides ongoing care or assistance to:

- a person with a disability as defined in the *Disability Services Act 1993* section 3;
- a person who has a chronic illness, including a mental illness as defined in the *Mental Health Act 1996* section 3;
- a person who, because of frailty, requires assistance with carrying out everyday tasks; or
- a person of a prescribed class.

For the purposes of this policy the term carers also includes 'parents', 'guardians' or people looking after children under 18 years of age and young people who care for their parents. For Aboriginal people and those from culturally and linguistically diverse communities, the term may also include any family member who is available to take on the responsibility of caring for another member of the family, including extended family members.

⁴ Office of Multicultural Interests. The Western Australian Language Services Policy 2008. Perth: Department for Communities, 2008. Available from www.omi.wa.gov.au.



Competent translators and interpreters: The WA Language Services Policy 2008 define these as:⁵

Those who adhere to a professional Code of Ethics for Practitioners incorporating the principles of impartiality and confidentiality, and performance that is accurate and faithful, and who meet at least one of the following criteria:

1. National Accreditation Authority for Translators and Interpreters (NAATI) accredited, which can be achieved by passing a NAATI test; or by successfully completing a course of studies at an Australian institution approved by NAATI; or by providing evidence of specialised qualifications in translating and/or interpreting obtained from a recognised training institution outside Australia.
2. Obtained a formal qualification in interpreting or translating from an accredited tertiary institution.

In languages where there is neither training nor NAATI accreditation:

3. NAATI recognised, which requires evidence of English proficiency, two referee reports and completion of a short training course.
4. Recognised by an approved or contracted service provider – such as the Translator and Interpreter Service (TIS), Deaf Interpreting Services (DIS), Kimberley Interpreting Service (KIS), or other private sector providers.

Interpreters and translators engaged in ‘child-related work’ as defined by the *Working With Children (Criminal Record Checking) Act 2004* must hold a current Working With Children Card before working in WA Health.

Consumers: This term is intended to be as broad and inclusive as possible and includes individuals or groups who may also be known as “patients” or “clients” within the public health system.

Health service provider: A person or organisation that delivers a health service or health program within or funded by WA Health.

It also includes health professionals who hold recognised qualifications in Western Australia which allows them to deliver medical, dental, nursing or allied health services to individual consumers within the WA public health system.

Interpreter: A person who conveys a message or statement verbally or by using sign language into another language with accuracy and impartiality to enable effective communication between two parties who use different languages.

Language services: In this policy, language services includes interpreting and translating services to facilitate effective communication between health service providers and consumers and carers who have limited English proficiency and people who are deaf or hearing impaired.

Translator: A person who makes a written transfer of a message or statement from one language into another with accuracy and impartiality to enable effective communication between two parties who use different languages.

⁵ Ibid.

6. Provision of interpreting and translating services

6.1 People who may access interpreting and translating services

Consumers and their carers who have limited or no English proficiency or who are deaf or hearing impaired have the right to access interpreting and translating services when using and receiving WA Health services. This includes Aboriginal people and people from culturally and linguistically diverse backgrounds.

Health service providers must ensure that consumers and carers are informed about their right to access interpreting and translating services.

6.2 Assessing the need for an interpreter or translator

Health service providers must engage interpreters and translators in situations that have implications for health or treatment of consumers and which depend on the ability of both the consumer and health professional to communicate key information and understand each other.

Consumers' and carers' need for interpreting and translating assistance must be assessed at critical points of contact with the WA Health system and across the patient journey. These critical contact points include, but are not limited to pre-admission clinics, admission clinics, emergency departments, outpatient clinics, in-patient clinics, patient accounts, appointments or waitlist desks, community services and the Patient Assisted Travel Scheme.

Consumers' and carers' need for interpreting and translating assistance should also be assessed for other health activities where providing appropriate access to information about their rights, health and safety potentially benefits consumers and carers. These could include public health events such as pandemics and environmental health issues, health promotion, community education or consultation and research.

Health service providers must have a process in place to assess and document the need for interpreters and/or translators. Both consumer and carer input into this process must be sought.



6.3 Providing competent interpreters and translators

Once the need for interpreting and translating services is identified, WA Health service providers and staff must provide **competent** interpreters and translators.

Definitions of competent interpreters and translators are found in Section 5.

Health providers must ensure that the provision of a competent interpreter or translator is documented. The reasons for non-provision of interpreter or translator or for engaging non-competent interpreters or translators must be recorded in patient's health record.

6.3.1 Persons under 18 years of age

Persons under 18 years of age can be engaged as interpreters or translators if they meet the requirements for interpreter and translator competency as defined in this policy.

Persons under 18 years of age who are not competent interpreters or translators must not be used for interpreting or translating for health and safety reasons.

6.3.2 WA Health staff who are fluent in languages other than English

WA Health acknowledges that many of its staff come from different backgrounds and are fluent in languages other than English. This ability in itself is not sufficient to be considered 'competent' under this policy.

6.3.3 Emergencies

In the case of life threatening emergencies, competent interpreters may not always be available within a clinically appropriate timeframe. In these situations, an accompanying adult family member or friend or bilingual health professional may assist in obtaining information from the consumer for immediate diagnosis or treatment. This must be documented in the patient's health record.

Assistance from a person under 18 years of age must only be considered when an adult family member or friend or bilingual health professional is not available.

In any of these situations, a competent interpreter must be engaged within the earliest possible timeframe to ensure high quality communication for ongoing diagnosis and treatment.

6.4 Assessing health risks and matching with appropriate levels of interpreter and translator competence

Some health care events or points in the patient journey carry higher risks to consumers and health service providers. Effective communication is essential in these situations. In these cases the health provider may need to consider engaging interpreters with more than minimum competency (as defined in section 6.4.2).

Some of the health care events, circumstances and points along the patient journey where there can be high risks associated with miscommunication include:

- admission/intake
- interviews to establish clinical histories
- initial health assessments and new appointments
- assessments, diagnoses and development of treatment plans
- seeking informed consent for surgery, invasive procedures, investigation treatment and research
- providing information about medications
- providing pre-operative and post-operative instructions
- informing people of results and investigative procedures including advice of terminal illness and dying
- situations involving abuse, violence or assault
- diagnosis of a disability
- mental health assessment, diagnosis and treatment
- discharge procedures and referrals
- emergency situations
- pandemics
- environmental health critical events.

Health service providers are responsible for determining the potential seriousness of risks for the consumer and health service providers, and where more than the minimum competency is required to manage risk.



6.4.1 When the highest level of interpreter or translator competency is required

Health encounters that are assessed as high risk warrant the engagement of interpreters or translators with the highest possible level of competency. This is to ensure that communication between the consumer and the health service provider is clear, misunderstandings are minimized and identified risks are managed.

For high risk situations where higher levels of interpreter or translator competency cannot be provided at the scheduled time, consideration should be given to rescheduling the appointment. This decision must take into account clinically appropriate timeframes and consumer needs and risks.

6.4.2 The hierarchy of interpreter or translator competencies

The following hierarchy of interpreter or translator competencies applies:

1. interpreters or translators who have formal tertiary qualification or NAATI accreditation in interpreting or translating at the **professional level** and have completed a Health or Mental Health Interpreting Course or have relevant experience in a health setting.
2. interpreters or translators who have formal tertiary qualification or NAATI accreditation in interpreting or translating at the **professional level**.
3. interpreters or translators who have formal tertiary qualification or NAATI accreditation in interpreting or translating at the **paraprofessional level**⁶ and have completed a Health or Mental Health Interpreting Course or have relevant experience in a health setting.
4. interpreters or translators who have formal tertiary qualification or NAATI accreditation in interpreting or translating at the **paraprofessional level**.

Where there is no formal tertiary qualifications or NAATI accreditation obtainable, (e.g. new and emerging languages and some Aboriginal languages), the following hierarchy of competencies applies:

1. interpreters and translators who are recognised by NAATI and have completed a Health or Mental Health Interpreting Course or have relevant experience in a health setting
2. interpreters and translators who are recognised by NAATI
3. interpreters and translators who are employed by an appropriately approved language service provider and have completed a Health or Mental Health Interpreting Course or have relevant experience in a health setting
4. interpreters and translators employed by an appropriately approved language service provider.

⁶ This is currently the highest level available for Aboriginal language interpreting.

6.5 Types of interpreting services

Health service providers must establish mechanisms for staff to access appropriate types of interpreting services:

- face-to-face
- telephone
- video conference interpreting.

Health service providers must consult with consumers and carers to identify the most appropriate interpreting type to use in a given health encounter or situation. The decision to use face-to-face, phone or video conference interpreting should be based on the following factors:

- clinically appropriate timeframes
- assessment of risk to consumers and carers, staff and the organisation
- complexity or sensitivity of the consultation or treatment
- length or duration of discussion
- urgency of the situation
- consumer and carer preference
- need for anonymity of consumers and carers
- location of a service, for example rural and regional areas
- number of people involved
- availability of appropriate equipment.

People who are deaf or hearing impaired (who use Auslan or other sign language) will always require face-to-face or video conference interpreting.

Health services must ensure that adequate equipment and facilities are available to facilitate the use by health service providers of any of the three types of interpreting.



6.6 Dealing with consumer preferences

6.6.1 When a consumer declines to work with a competent interpreter

In some instances, consumers may choose not to have the assistance of a competent interpreter and want their family member, carer, relative or friend to interpret instead. When this happens, it is the health service provider's responsibility to:

- ensure that the need for an interpreter and reason for working with a competent interpreter are clearly explained to the consumer and carer
- inquire about the reasons for the refusal
- emphasise that health professionals need to understand the information being conveyed to them by the consumer to enable them to deliver appropriate treatment and care.

If the consumer or carer still refuses to have a competent interpreter and continues to prefer using family, carer, relative or friend to interpret, the health service provider must document the steps taken and the reasons for agreeing to not engage a competent interpreter in the patient's health record.

Consumers' rights to have a carer or other support person with them during treatment and care must be respected. The health service provider should ensure that consumers and carers, particularly Aboriginal people and people from culturally and linguistically diverse backgrounds, understand the different roles that support persons and interpreters play in the treatment process.

6.6.2 When a consumer requests to be matched with a specific interpreter

Consumers and their carers may, in some instances, request to be matched with a specific interpreter due to gender (or same sex), family or cultural, issues such as 'avoidance' in Aboriginal communities.

Health service providers should support these requests where the requested interpreter meets the competency standards outlined in this policy and is available at the required time. Where the requested interpreter does not meet the competency standards or is not available, the health service provider must book an alternate competent interpreter and provide adequate reasons to the consumer to ensure that communication proceeds successfully.

6.6.3 When a consumer requests not to be matched with a specific interpreter

Consumers and their carers may request not to be matched with a specific interpreter due to similar reasons stated in 6.6.2 or other legitimate reasons. Health service providers should support these requests whenever possible.

6.7 Feedback, compliments and complaints

WA Health recognises consumers' and carers' right to complain about health care and to have their health concerns addressed promptly, including those that pertain to language services. Complaints lodged by consumers and carers are currently managed according to the processes set out in the WA Health Complaint Management Policy located at www.health.wa.gov.au/circularsnew/attachments/449.pdf.

Health service providers need to ensure that people with no or limited English proficiency and who are deaf or hearing impaired are supported should they wish to make a complaint around language services issues.

Health service providers must also ensure that staff are able to assist consumers and carers to make a language service complaint if approached by a consumer. Language service complaints made by health providers and staff, on behalf of a consumer and carer, must only be done with the knowledge and consent of the consumer and carer.

Complaints must be recorded and filed separately from the consumer's health records.



7. Workforce knowledge and skills

Chief Executives of health services are responsible for ensuring all staff are aware of the WA Health Language Services Policy, the system wide and professional standards set out in this policy and the competencies required from health service providers and staff. This is to ensure the provision of safe, quality and accessible language services where needed as defined by the policy.

Health services are to provide training and support tools to health service providers with direct consumer and carer contact and to frontline staff to ensure that they:

- are aware of consumers' and carers' rights to health and language services
- are competent in working with interpreters and translators, including:
 - assessing a consumer's or carer's need for language assistance
 - determining when an interpreter or translator is required and the competency level required for each health encounter
 - using the most appropriate type of language service delivery
- have the knowledge, ability and skills to communicate appropriately with people from diverse cultural backgrounds, both verbally and non-verbally
- are capable of handling and managing language service complaints
- are able to document, report and evaluate language service provision
- know how to access information about these issues.

Health services must ensure that health service providers are aware of the impact of cultural issues on communication and are provided with appropriate cultural awareness training to develop cultural competency skills needed to enable them to work more effectively across cultures.

Health service providers' and staff members' attendance at workforce training should be documented in individual professional development records.

8. Reporting and continuous improvement

8.1 Reporting

WA Health services must report on key performance indicators and a minimum data set to be endorsed by State Health Executive Forum.

This information will be used for monitoring language services needs and service provision, implementation of the WA Health Language Services Policy and to support continuous improvement.

8.2 Review of the WA Health Language Services Policy

The policy will be reviewed by the Cultural Diversity Unit at the end of three years from the date of its endorsement.



Authority

Endorsed by:	Director General on 8 August 2011
Review Date:	8 August 2014
Accessing Policy:	Via the whole of Health Holii Policies link at: http://intranet.health.wa.gov.au/policies/doh_policy.cfm
Primary Contact:	Unit: Cultural Diversity Directorate: Chronic Disease Prevention Division: Public Health Email: Cultural.Diversity@health.wa.gov.au

Please note:

The links in this document are provided as a service. Links to documents can be volatile. If the link is broken you may need to search for the document. Printed copies can only be valid at the time of printing.

This information is available in alternative formats upon request for a person with a disability.

Appendix 1

Relevant government and WA health policy and legislation

Relevant Commonwealth Government, State Government and WA Health policies and legislation that impact on language services and policy development include:

Commonwealth Government

- *Disability Discrimination Act 1992*
- *Human Rights and Equal Opportunity Act 1986*
- *Racial Discrimination Act 1975*
- The Charter of Public Service in a Culturally Diverse Society
- The People of Australia: Australia's Multicultural Policy.

State Government

- *Carers Recognition Act 2004*
- *Western Australian Equal Opportunity Act*
- *Statement of Commitment to a New and Just Relationship between the Government of Western Australia and Aboriginal Western Australians*
- The Western Australian Charter of Multiculturalism
- The Western Australian Language Services Policy
- The State Government's Policy Framework for Substantive Equality.

WA Health

- Department of Health Language Services in Health Care Policy and Guidelines
- WA Health Aboriginal Cultural Security Policy
- WA Health Complaint Management Policy
- WA Health Consent to Treatment Policy for the WA Health System
- WA Health Consumer, Carer and Community Engagement Framework
- WA Health Disability Access and Inclusion Policy
- WA Health Equal Opportunity and Diversity Policy
- WA Health Substantive Equality Policy
- WA Strategic Plan for Safety and Quality in Health Care.

Produced by Cultural Diversity Unit
© Department of Health 2011