Language Services Guidelines

Acknowledgements

The Department of Health Cultural Diversity Unit would like to acknowledge the contribution of staff members of Health Service Providers, the Department of Health, the Health Consumers' Council WA and the Office of Multicultural Interests to the review of the WA Health Language Services Guidelines.

These guidelines have been adapted from the following documents:

- WA Health Language Services Policy Guidelines 2017 produced by the Department of Health, Cultural Diversity Unit, Public and Aboriginal Health Division.

- Language Services Policy 2023 and Support Toolkit produced by Health Department of WA, Cultural Diversity Unit, Public Health Division.

- Western Australian Language Services Policy 2020 and Guidelines produced by the Department of Local Government, Sport and Cultural Industries – Office of Multicultural Interests.

Acknowledgement of Country and People

WA Health acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. It acknowledges the wisdom of Aboriginal Elders both past and present and pays respect to Aboriginal communities of today.

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1. Introduction

The ability to express oneself, and be understood, can shape how well a person participates in community life and their overall wellbeing.[1] Language plays an integral part of a person's culture and identity, and all people have a right to express themselves in their language of preference. This is a fundamental human right.

Health consumers[2] who have limited English language proficiency may experience additional challenges navigating the Western Australian (WA) health system or to understand formalised advice, care, treatment and public health information that is provided by WA Health staff. Providing language services will improve health outcomes and health literacy of many consumers because health literacy is about having the ability to understand and access health information to make informed decisions for people to maintain their health[3].

The WA health system has a duty of care to advise consumers and carers verbally, in a way which is accessible and understood by the consumer, that they have the right to request translation and interpreter services to help them understand and share information[4].

These consumers must be offered language services to enable them to make informed choices and gain an understanding of their treatment or care plans and other health information. This also includes the ability to make complaints and provide feedback about their services through translators and interpreters.

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1   Language rights are human rights – CMHR
2   Health consumers or consumers include patients, clients, carers and family members of patients/clients
3   Enhancing health literacy in culturally and linguistically diverse communities (eccv.org.au)
4   The Department of Health's Cultural Diversity Unit at culturaldiversity@health.wa.gov.au can be contacted regarding visual resources which can be placed in workplaces for consumers to understand that language services are available.

1.1 Western Australia's cultural and linguistic diversity

WA is home to people from over **200 countries**.

55.6% of Western Australians have one or more parents born overseas.

There are **249 languages** and dialects spoken.

70.3% of Western Australians identify with non-Australian ancestry and a quarter of this group are from culturally and linguistically diverse backgrounds[5].

According to the 2021 Census, **18.7%** of the Western Australian population spoke a language other than English at home. Of these, **88%** of people spoke English well or very well, while **12%** did not speak English well or not at all.
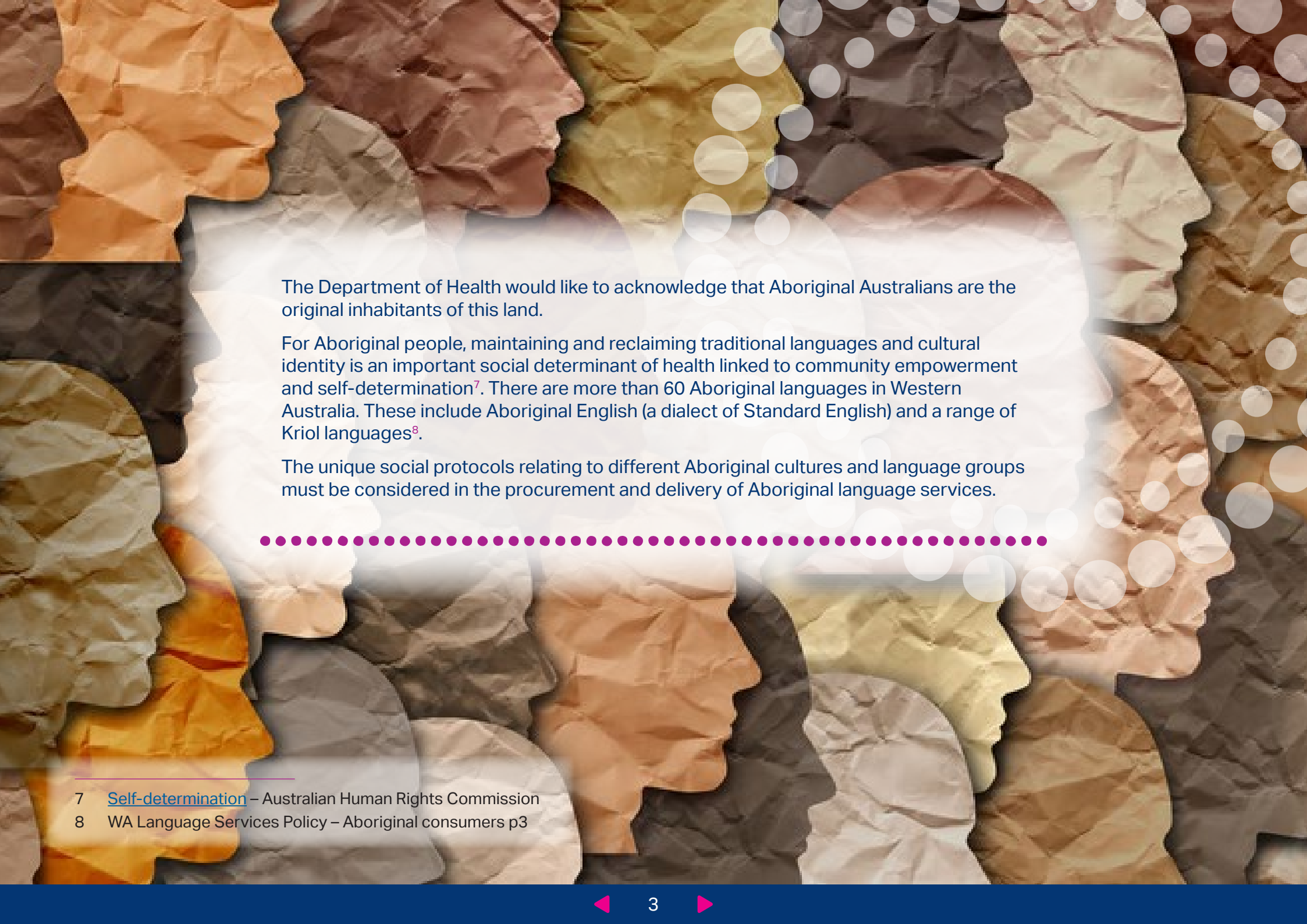
12.6% of the Western Australian Aboriginal[6] population speak an Aboriginal and Torres Strait Islander language.

Of the **16,242 people** that communicate in Auslan (Australian sign language) across Australia, **11%** reside in WA.

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5   Courtesy of Office of Multicultural Interests

6   Within WA, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islander may be referred to in the national context and Indigenous may be referred to in the international context. No disrespect is intended to our Torres Strait Islander colleagues and community

The Department of Health would like to acknowledge that Aboriginal Australians are the original inhabitants of this land.

For Aboriginal people, maintaining and reclaiming traditional languages and cultural identity is an important social determinant of health linked to community empowerment and self-determination[7]. There are more than 60 Aboriginal languages in Western Australia. These include Aboriginal English (a dialect of Standard English) and a range of Kriol languages[8].

The unique social protocols relating to different Aboriginal cultures and language groups must be considered in the procurement and delivery of Aboriginal language services.

7   Self-determination – Australian Human Rights Commission
8   WA Language Services Policy – Aboriginal consumers p3

2. WA Health Language Services Policy obligations

WA Health is committed to providing high quality, safe and accessible health care to all Western Australians who may need language services when accessing the WA health system. This includes those who experience barriers communicating in written and/or verbal Standard Australian English (standard English) such as some Aboriginal people, some people from culturally and linguistically diverse (CaLD) backgrounds, and people who are Deaf or hard of hearing who communicate in Auslan.

The Language Services Policy (the policy) and Language Services Procedure provides guidance to WA health staff about systemwide and professional standards to enable effective communication with consumers and carers and to assist with the management of health, legal and other risks that may arise in the delivery of health services.

The policy is consistent with the State Government's Western Australian Language Services Policy 2020 and supports the following frameworks and charters:

- WA Aboriginal Health and Wellbeing Framework 2015–2030
- WA Disability Health Framework 2015–2025
- Western Australian Multicultural Policy Framework
- Australian Charter of Healthcare Rights
- Disability Access and Inclusion plans (DAIPs) for Department of Health (DoH) and health service providers (HSPs). DAIP plans can be accessed through the health service provider and Department of Health information hubs.

People have diverse lived experiences and multiple ways of identifying themselves. Developing information in accessible formats is encouraged for those who are not described in this policy, such as some people with cognitive disabilities or acquired brain injuries, but still require assistance with standard English.

The policy supports the delivery of:

- free, targeted language services that promote fundamental consumer rights such as access to high quality care and services, safety, respect, communication and participation
- engaging tertiary qualified and/or National Accreditation Authority for Translators and Interpreters (NAATI) credentialed interpreters and translators through the Common User Arrangement (CUA) for Interpreting and Translating Services
- building cultural and linguistic knowledge and skills of WA heath staff to improve service delivery, including providing cultural competency training about how to work with and engage with interpreters and translators
- multilingual communication and promotion strategies to convey information
- improved planning, management and delivery of language services by incorporating interpreter and translation requirements into relevant budgets, human resources and service planning.

2.1 Government charters, policies and frameworks

The following Australian Government, State Government and WA health system policies, legislation and standards ensure WA Health's obligations to protect consumers' human rights are acknowledged.

WA health system

- WA Health Complaint Management Policy (2015)
- WA Health Consent to Treatment Policy (2016)
- Disability Access and Inclusion plans
- Diversity and Inclusion Framework
- WA Health Aboriginal Health and Wellbeing Framework 2015 – 2030

State Government

- *Carers Recognition Act 2004*
- *Equal Opportunity Act 1984* (WA)
- WA Language Services Policy 2020 and Guidelines
- Western Australian Multicultural Policy Framework 2020
- WA Charter of Multiculturalism (2004)
- Policy Framework for Substantive Equality
- *Voluntary Assistance Dying Act 2019*
- *Mental Health Act 2014*

Australian Government

- *Disability Discrimination Act 1992*
- *Australian Human Rights Commission Act 1986*
- National Indigenous Reform Agreement (2016)
- *Racial Discrimination Act 1975*
- The Charter of Public Service in a Culturally Diverse Society (1998)
- Australian Charter of Healthcare Rights
- Australian Commission on Safety and Quality in Health Care – Guide for Hospitals
- Australian Commission on National Safety and Quality Health Service Standards – User Guide for Health Service Organisations providing care for patients from migrant and refugee background

3. How to use these guidelines

The Language Service Guidelines are intended for use by WA Health staff working in health care settings such as hospitals, community-based services and clinics, and for staff who have consumer and public facing roles, including the delivery of public information.

These guidelines aim to provide practical information to support staff to implement the policy and can be used when engaging language services (translation and interpreter services).

Links to several web-based resources are provided under the heading Helpful resources. These enable access to additional tools and information to support the delivery of language services.

4. Why language services are important for WA Health

Taking the time to identify the need for language services from the beginning of a person's health journey means more efficient services, improved quality of health care, and savings for the health system in the long run.

There are significant benefits to providing language services through tertiary qualified and/or credentialed interpreters and translators.

For **consumers** it means having the ability to:

- understand and to be understood by WA Health staff. This further supports the likelihood of the consumer being able to receive culturally safe, culturally appropriate and trauma informed care that is equitable, non-discriminatory and respectful
- ask questions about their condition, the proposed treatment or procedure, and associated risks
- make an informed choice and provide informed consent before treatment
- experience improved health outcomes.

For **WA health staff**, language services will help staff to:

- understand and to be understood by consumers and/or carers
- deliver accurate diagnosis
- improve consumer and/or carer understanding of, and adherence to medication and treatment plans

- improve access to health promotion and prevention programs for all consumers
- improve awareness of consumer and/or carer experiences to ensure provision of culturally safe, culturally appropriate and trauma informed care that is equitable, safe, non-discriminatory and respectful.

For the **health care system**, language services will help to improve safety and quality outcomes by:

- preventing misunderstandings which could result in legal action
- reducing adverse events such as incorrect consumer identification procedures
- preventing delayed procedures due to incorrect preparation
- avoiding unnecessary medical or clinical tests and procedures
- reducing the length of hospital stays for consumers at admission or discharge.

Assessing the need to engage language services should happen at every point of a person's journey within the health system. For further information please refer to Section 1 Assessing the need for language services of the Language Services Procedure.

5. Interpreting services

What is an interpreter?

An interpreter is someone who can relay information from one language to another to facilitate communication between 2 or more people who use different spoken or signed languages and dialects.

Interpreter services can be delivered face to face (onsite), by telephone, or through Video Remote Interpreting (VRI).

Who can access interpreting services?

Interpreting services are provided to those who have challenges communicating in verbal standard English and are free of charge to Australian citizens and Medicare eligible residents.

5.1 How to engage an interpreter in health care settings

Staff members should never assume that a consumer's English is good enough or decide about language skills or preferences based on their physical appearance. The best way to identify a consumer's or carer's preferred language is to ask them. Depending on the person's English language proficiency, asking the person may involve gestures, pictures, family members (if they are on site), Language other than English (LOTE) staff, or engaging a telephone interpreter to enquire about their language preference. Staff will need to make assessments using all available information

on a case-by-case basis and refer to available clinical or medical records and referrals, which may state the person's need for an interpreter.

The consumer may also have an 'I need an Interpreter card', which indicates the person's spoken language on the front of the card (in English). There may be more than one language on the card, which means they are proficient in each of these languages. Staff are encouraged to keep a stock of blank 'I need an interpreter cards' to give to, or assist consumers and/or carers to complete, if required. 'I need an interpreter cards' can be obtained by contacting the Office of Multicultural Interests or the Department of Health's Cultural Diversity Unit.

When engaging interpreter services, it is important to understand the consumer's specific language group as there are some languages such as Arabic and Swahili where there are different dialects spoken depending on which country or region the person is from[9]. For example, a person from a Sudanese Arabic background may not understand Iraqi Arabic, so it is important to clarify the preferred language dialect from the outset.

Equally important is to recognise that a person's interpreter need is not static and may change depending on the circumstances. For example, a person presenting with generally good spoken English may want or need to revert to another preferred language when under stress or in distress, or when medical information is particularly complicated or technical to understand.

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9   7 Most popular Arabic dialects and comparisons

5.2 Provide qualified and/or credentialed interpreters

Once the need for interpreting services is identified, a tertiary qualified and/or credentialed interpreter needs to be engaged. Web-based and software applications should not be used to replace interpreters.

Emergencies

In the case of life-threatening emergencies, qualified and/or credentialed interpreters may not always be available within a clinically appropriate timeframe. In these situations, a staff member with a LOTE or an accompanying adult family member or friend, may assist in obtaining information from the consumer for immediate diagnosis or treatment. This must be documented in relevant records.

Assistance from a person under the age of 18 years should only be considered when a staff member with LOTE, or an adult family member or friend is not available.

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

It is not appropriate to ask consumers and/or carers to 'bring an interpreter'.

Friends, family members or community members are not deemed professional interpreters as they are not bound by the same standards of conduct as tertiary qualified and/or credentialed interpreters.

In addition, they may be emotionally involved, or lack impartiality, which can affect the consumer's or carer's decision-making ability.

5.3 Engaging interpreters

Most health service providers (HSPs) have either a language service coordinator, and/or guidelines about language service booking procedures. These procedures should be followed when making a booking.

The role of the language service coordinator is to manage and coordinate the booking of interpreting and translating services for their hospital services. Language service coordinators are based in Perth's major metropolitan hospitals.

Perth Children's Hospital

Phone: (08) 6456 4724
Email: PCH.LanguageServices@health.wa.gov.au

King Edward Memorial Hospital

Phone: (08) 6458 2802 – extension 82802
Email: KEMH.LanguageServices@health.wa.gov.au

Fiona Stanley Hospital

Phone: (08) 6152 5163
Email: FSFHG.LanguageServices@health.wa.gov.au

Fremantle Hospital

Phone: (08) 9431 2477
Email: FSFHG.LanguageServices@health.wa.gov.au

Royal Perth Hospital

Phone: (08) 9224 3835
Email: RPH.LanguageServices@health.wa.gov.au

Sir Charles Gairdner Hospital

Phone: (08) 6457 4698
Email: LanguageServices.SCGH@health.wa.gov.au

5.4 What happens if I cannot access a language service coordinator?

If your workplace does not have a language service coordinator, staff can refer to the Department of Finance Common User Arrangement (CUA) for Interpreting and Translating Services where a list of language service contractors can be found.

Further information about booking and engaging language services is available in these guidelines and in the 'Decision making tree for engaging an interpreter', or by contacting the Department of Health's Cultural Diversity Unit. Please refer to Sections 3.2 and 3.2 in the Language Services Procedure for further information about consumer preferences for interpreters.

6. Types of interpreting services

There are many types of interpreting services available.

6.1 Face-to-face interpreting

Face-to-face interpreting occurs when an interpreter attends the appointment in person at the same location as the staff member and the consumer. It is useful where complex or sensitive matters need to be discussed, or a long consultation is required. Face-to-face interpreting facilitates both non-verbal and verbal communication.

Face-to-face interpreting is undertaken in the form of either consecutive interpreting or simultaneous interpreting.

Consecutive interpreting is when the interpreter listens, converts and reproduces the original message after the speaker or signer pauses. It is also generally bidirectional in nature where the interpreter conveys messages back and forth between 2 languages.

Simultaneous interpreting is when the interpreter listens (or, in the case of Auslan interpreters, watches), converts and reproduces a message while the speaker continues to speak or sign. This often involves the use of headphones in a context where the person is speaking or signing to a group. Use of simultaneous interpreting generally occurs at conferences.

Most booking agencies have a minimum fee for face-to-face interpreting. If a session with an interpreter takes less than the minimum time, your agency will still be charged the minimum rate.

For cost efficiency, you may wish to schedule consecutive interviews with consumers with the same preferred language. However, consideration needs to be given to consumer's preferred interpreters, and interpreter fatigue, especially where sessions take more time such as for Auslan interpreting where the interpreter may need to be given a break.

6.2 Telephone interpreting

Telephone interpreting is when interpreters are linked to the session via telephone, while the staff member and the consumer are in the same room.

Telephone interpreting has the following benefits:

- easier to access in emergency situations when immediate assistance is required
- can establish the language spoken and the nature of an enquiry before a face-to-face interpreter is engaged
- more anonymous for the consumer than face-to-face interpreting
- is less expensive
- can provide access to a wider pool of interpreters who may be located outside of WA.

Telephone interpreting is more commonly used in remote or regional areas, and for less lengthy appointments. Telephone interpreting can be pre-booked and after a minimum period, is generally charged per 15 minutes.

Telephone interpreting is not suitable for:

- when forms need to be interpreted
- interviews of a sensitive or complex nature, such as mental health, family and domestic violence or legal matters
- people who may be uncomfortable not being able to see who the interpreter is
- languages that require non-verbal signals such as Auslan. For Auslan users or people who are hard of hearing, agencies can make use of teletypewriter (TTY), a teletype system over a phone-line appliance where the message is not spoken, but typed, and appears in type when received.

6.3 Video remote interpreting (VRI)

VRI is a generic term for video telecommunication services that may access a range of communication platforms to provide sign language or spoken language interpreting services.

VRI uses video links to gain access to an interpreter who is in another location, and the staff member and consumer might also be in separate locations. This enables large groups of people to take part in a discussion and can be organised at short notice.

A computer, tablet or smartphone with a web camera, working microphone and speakers, a stable internet connection, and access to a platform such as healthdirect video call or Microsoft Teams, is required to make video calls. VRI can be useful in rural and regional locations where it is difficult to access face-to-face interpreting services or meet the associated travel costs.

Some advantages of using VRI include:

- flexibility for consumers and carers to attend appointments through video from their home
- reduced attendance in outpatient clinics during high-risk situations, for example during the COVID-19 pandemic
- increased ability for agencies to provide interpreters as there is often a limited pool of face-to-face qualified and credentialed interpreters in key languages, compared to the number of patients who require their service
- reduced travel time to appointments for consumers and interpreters
- added opportunity to access a wider range of language service practitioners outside of Western Australia
- VRI technology is available in many locations including through the Western Australian Telecentre Network and hospitals.

Some disadvantages of using VRI include:

- some people lack the knowledge or confidence to use the required technology
- not all agencies, consumers or carers have access to videoconferencing facilities
- potentially additional telecommunications costs
- possible confusion for mental health patients or others with cognitive disabilities
- challenges for both the interpreter and participants in relation to the quality of sound and vision
- reliability of online communications disrupting the communication link (especially in remote and regional areas)
- vision being blocked by movement
- while non-verbal communication is possible through VRI, it may not be as easy to conduct compared to face to face.

6.4 Deaf relay interpreting

Deaf relay interpreting involves the use of a range of communication skills and knowledge to address complex situations for people who are deaf but have multiple needs, such as a person who is deaf and has a learning disability, or mental illness.

A deaf relay interpreter (DRI) is an interpreter who is deaf or hard of hearing and fluent in Auslan. The DRI interpreter usually works with an Auslan interpreter to connect the hearing and deaf consumers. The Auslan interpreter works between English and Auslan and the DRI interpreter bridges the gap between Auslan and the deaf consumer's communication style as needed.

In very challenging situations, the DRI and Auslan interpreter may work together to understand a deaf person's message, conferring with each other to arrive at the best interpretation, before the Auslan interpreter translates it into English.

A DRI interpreter is highly recommended in situations where there may be greater risk of misunderstandings that can result in serious outcomes. For example, DRI should be used in mental health settings where clear and accurate communication is especially important in consultations with a deaf consumer.

6.5 Other communication tools

There are a range of diverse communication methods and tools where information can be conveyed to people with varying communication needs. Some examples include:

- pictures, storyboards and diagrams
- audio visual (including dubbed, subtitled, voice over or original language videos, Auslan video translations on websites, television and radio scripts, talking posters).

Using a mixture of communication methods can be more effective than using one mode.

For further information about different types of interpreting please refer to the WA Language Services Policy and Guidelines Types and Modes of interpreting page.

Refer to Section 3.1 Types of interpreting services of the Language Services procedure (hyperlink) for further information about deciding the type of interpreter service to choose.

7. Working with interpreters

The interpreter is there to:

- facilitate verbal communication and assist with your immediate communication needs
- ensure your message gets across accurately and without being 'filtered' (interpreters are required to be impartial and objective)
- interpret what is said (the interpreter will interpret only what is said by you and the consumer and/or carer, without adding or subtracting anything)
- interpret as you take consumer's details to fill out a form.

The interpreter's role is **not to**:

- conduct the interview or conduct in-depth information sessions
- act on your behalf, fill out forms, or take comprehensive medical histories
- give advice or an opinion about what is being discussed.

When booking an interpreter:

- give as much notice as possible when making a booking
- provide the interpreting and translating service with details about the nature of the appointment, the consumer, the location of the event and any technical requirements
- request the same interpreter where continuity and consumer and/or carer confidentiality is critical
- provide relevant documents where appropriate.

For further information refer to section 3.3. Working with interpreters in the Language Services Procedure.

Aboriginal consumers

For Aboriginal consumers and carers, it is important to be informed of cultural and social protocols. For example:

- for some Aboriginal people, direct eye contact can be intimidating and be considered rude or aggressive
- a female consumer and/or carer will usually prefer a female interpreter.

Relationships between Aboriginal people may determine certain behaviours, for example, some relatives cannot look at or talk to each other. It is important that you tell the interpreter service the name of the consumer and/or carer to avoid potential complications during the interpreter session.

7.1 Working with a face-to-face interpreter

Before the session

- Brief the interpreting service so that they are aware of the purpose and nature of the session including any complex issues that may arise, so that the agency can find the most suitable interpreter for the job.
- When arranging the appointment, allow adequate time for the interpreting session to take place depending on the consumer's needs and situation.
- Organise a suitable room with minimal noise and other distractions.
- If the session is expected to be lengthy or involve complex matters, provide the interpreter with any relevant written material prior to the session so that they are adequately prepared.
- Regular breaks should be negotiated beforehand for longer sessions. It may be necessary to have 2 or more interpreters working in tandem. It is best to check with the interpreting service.

During the session

- If the consumer/carer has not used an interpreter before, begin by explaining the role of the interpreter and how the session will be conducted.
- Explain to the consumer/carer that the interpreter's role is only to convey information and that they are required to maintain confidentiality.
- Face the consumer/carer and not the interpreter.

- Direct all questions to the consumer/carer and not to the interpreter. For example, say 'How can I help you?' not 'How can I help him/her/them'.
- Use simple language and avoid using slang, jargon and acronyms. Speak in short, concise sentences and be helpful to the interpreter—for example, some medical terms may be difficult to interpret, and you may need to provide further clarification.
- Provide frequent pauses between sentences—give 3 or 4 sentences at a time to enable the interpreter to adequately remember, convey and interpret what was said.
- Give the consumer/carer an opportunity to provide feedback to ensure that the pace is appropriate, and they can seek clarification if necessary.
- Provide regular breaks in the session—it is recommended that breaks are offered every 15–25 minutes for Auslan interpreters and every 20 minutes for others.
- Ensure that everything that is said during the interview is interpreted, even if it seems unimportant or irrelevant.
- Be conscious of how well the session is going. If at any time you or your consumer/carer are not satisfied with the interpreter, it is better to end the session.

Family and friends have the right to be present in an interview to provide support to the consumer (if this is what the consumer wishes).

However, they must not interfere with the interpreting and should speak only to the consumer. They also must not ask questions of the interpreter after the interview.

Completing the session

- Check that the consumer/carer has understood the key information.

- Provide time for questions.

- It is not recommended that a consumer/carer and an interpreter leave the meeting at the same time as this may impact on the appropriate professional distance that is required between the interpreter and consumer.

- Debrief the interpreter/s after the session and clarify any questions you may have, but not to ascertain further information about the consumer.

7.2 Working with a telephone interpreter

Before the session

- Determine whether the subject matter to be discussed can be appropriately dealt with by telephone because some matters may be highly complex or sensitive and may require a face to face interpreting session.
- Organise a suitable room with minimal noise and other distractions.
- Organise the appropriate equipment required for the appointment including speaker phone, single handset and/or dual handsets.
- When arranging the appointment, allow adequate time for the interpreting session to take place depending on the consumer's needs and situation.
- Be clear about the information to be provided or sought prior to the appointment so that this can be communicated clearly to the interpreter.

During the session

- Introduce yourself to the interpreter and brief the interpreter about the purpose, context and situation for the telephone call.
- Describe where you are—for example consulting room, meeting room or hospital ward and let the interpreter know if the consumer is joining the call separately or sitting with you in the same room.
- Let the interpreter know if you have a single handset telephone, dual handset telephone or on a telephone speaker.
- When beginning the conversation, introduce yourself and the interpreter to the consumer/carer and explain what will be discussed.
- Ask direct questions and speak in short sentences. Use plain English and avoid using slang, jargon and acronyms.
- Speak clearly and at a moderate pace. Speak one at a time.

Completing the session

- Clearly indicate to all parties when the session is complete.
- Provide the interpreter an opportunity to debrief following the interpreting session. Ensure that the consumer/carer has left the telephone call before debriefing with the interpreter.

7.3 Working with a video interpreter

When working with a video interpreter, there are 2 contexts to consider. The consumer may be in the video call while the interpreter and health professional are also on their separate devices linking into the video call, or the consumer may be onsite with the health professional engaging with the interpreter who is on the video call. Either way, the conversation will be 3-way, similar to face-to-face.

Before the session

- Determine whether the subject matter to be discussed can be appropriately dealt with by video.
- Brief the interpreting service so that they are aware of the purpose and nature of the session including any complex issues that may arise, so that the agency can find the most suitable interpreter for the job.
- When arranging the appointment, allow adequate time for the interpreting session to take place depending on the consumer's needs and situation.
- Organise appropriate equipment and a suitable room with minimal noise and other distractions.
- Ensure that appropriate speakers, camera and screens are available and working.

During the session

- Introduce yourself to the interpreter and brief the interpreter about the purpose, context and situation for the video call.
- Describe where you are—for example consulting room, meeting room or hospital ward and let the interpreter know if the consumer/carer is joining the call by video or sitting with you.
- If the consumer/carer has not used an interpreter before, begin by explaining the role of the interpreter. Introduce yourself and the interpreter to the consumer/carer and explain how the session will be conducted and what will be discussed.
- Direct all questions to the consumer/carer and not to the interpreter. For example, say 'How can I help you?' not 'How can I help him/her/them'.
- Ask direct questions and speak in short sentences. Use plain English and avoid using slang, jargon and acronyms.
- Speak clearly and at a moderate pace. Speak one at a time.

Completing the session

- Clearly indicate to all parties when the session is complete.
- Provide the interpreter an opportunity to debrief following the interpreting session. Ensure that the consumer/carer has left the chat room before debriefing with the interpreter.

7.4 Setting up interpreter sessions

The following setups outlined should be considered for all types of interpreting sessions. For **spoken languages**, an interpreter should be positioned in front of you and the consumer. It is preferable to use a triangle arrangement, as below:

Interpreter

Consumer and/or carer

You
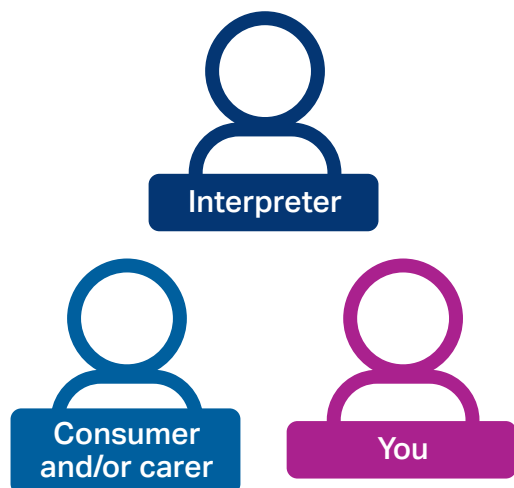
For **Auslan interpreters**, the interpreter should be seated beside you so that the consumer and/or carer can see both you and the interpreter.

Consumer and/or carer

Auslan Interpreter

You
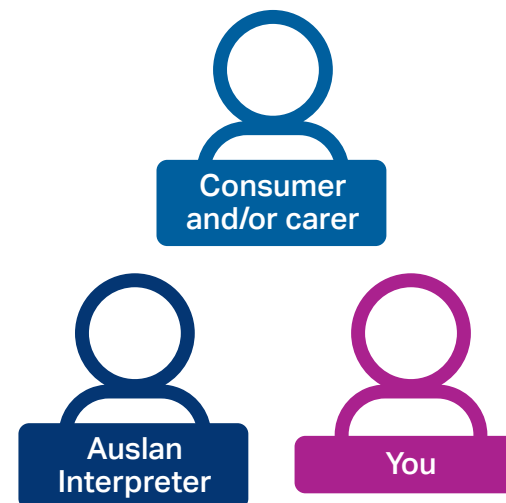
For **deaf relay interpreters**, the following seating arrangement should be used:

Consumer and/or carer

Auslan Interpreter

You

Deaf Relay Interpreter

7.5 Quality control and quality assurance for interpreting services

Quality control is a procedure(s) intended to ensure that a product or service adheres to a defined set of quality criteria or meets specified requirements.

Quality assurance is the systematic process of checking that a product or service has met or will meet specified requirements and contributes to continuous improvement.

Quality control is a shared responsibility between the health service, language service provider and interpreter.

There are 3 key areas in which staff plays a role in maximising the quality of the interpreting service that is provided:

- ensuring staff are trained in the use of interpreters and culturally aware
- matching practitioner competence to task
- implementing processes that support the delivery of a quality product (this involves actions undertaken before, during and after an interpreting assignment as well as addressing systemic issues at a whole-of-agency level).

Quality assurance measures can be established such as:

- including quality assurance requirements in contractual arrangements
- monitoring the quality of interpreting services
- evaluating the quality of interpreting services.

8. Translation services

8.1 What is translation?

Translation is the process of changing text from one language to another.

The decision to translate information and choosing the languages for translations is based on the purpose of the communication and the target audience.

As with interpreting services, assuring the professional standing, accuracy, and quality of the service, is best done through working with tertiary qualified and/or NAATI credentialed translators.

8.2 Purpose of the communication

Translation needs will vary depending on the purpose of the communication. Targeting your translated information to a specific group will ensure that it goes to the readers it is intended for. For example, information about falls prevention might be better suited for languages spoken by more established and older culturally and linguistically diverse communities such as Italian or Chinese people. Whereas, information about ante-natal and post-natal issues may be more relevant for new and emerging communities who have a higher likelihood of having young families[10].

Consultation with relevant stakeholders will provide useful insights into the need for, and relevance of, translated materials for particular individuals and communities. For example:

- some consumers who do not need an interpreter for verbal communication may still prefer written information to be translated
- smaller, recently arrived communities are likely to have fewer alternative information sources such as internet access and community networks, compared with established communities. These communities may also benefit from translated information.

Written communication is not appropriate for some groups. For example:

- there is no written form of Auslan
- some people may not be literate in their preferred language, such as people from countries with oral traditions or people who have not had the opportunity to learn to read
- some languages do not have a written form or have only had a written form for a short period of time, and therefore have no history of using written text for information.

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10 New-Emerging-Communities-in-Australia-Enhancing-Capacity-for-Advocacy.pdf (fecca.org.au)

8.3 Target audience

Understanding the linguistic diversity makeup of your consumers and carers is crucial before deciding what language groups to choose for translated material. It is also important to determine if translations are the best mode of communication to convey the information at hand.

Braille should be considered for those who are blind or visually impaired. Braille is not a language but rather a code. It is a tactile writing system enabling people with blindness and visual impairments to read information through touch[11].

Identifying the most spoken languages based on population data websites such as ABS or Community Profile ID, may be an appropriate strategy when developing translations aimed at a general readership. However, general data is not the only factor to consider when deciding language groups. Other factors such as determining if the community is an established community or a new and emerging one is an important factor.

It is often better to identify populations with low English proficiency rather than a higher language population base. Looking into existing language service data for your health service is often the most useful way to decide which language groups are needed for translations. For HSPs, language service coordinators may be able to assist with providing this information. The Search Diversity WA website provides information on the cultural and linguistic data for the State or a local government area based on information provided by the Australian Bureau of Statistics.

8.4 Identifying existing translations

It is worthwhile, in the first instance, to check whether there are existing translations on the same topic on external websites, that with minor changes may be adapted for WA audiences.

Places to check for existing translations include websites of multicultural or diversity programs of Australian State, Federal or local government departments, peak bodies, and organisations performing similar functions to those of your own health service.

Always check the accuracy of translated information before it is used and seek formal approval from the author or organisation before reproducing or amending their work.

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11   Braille Works

8.5 Preparing text for translations

When developing information for translations, it is important that the content takes into account factors relating to the cultural and religious backgrounds of the target audience. Consultation with relevant community organisations, service providers or consumer focus groups will help determine the appropriateness of the content before it is translated.

Ensure that the information is written in plain English and is concise. This will assist a variety of consumers, including those with limited English literacy, or other comprehension difficulties. It will also be of great assistance to a translator.

8.6 Obtaining a quote for translation services

Most translation service providers offer a range of services including:

- basic translations
- editing translations for publication
- checking of text
- multilingual desktop publishing and design, and e-translations and
- preparation of quality hardcopies suitable for printing.

Fees for translating services will vary according to:

- the complexity of the material (including content and graphics)
- whether checking, editing and proofreading by another tertiary qualified and/or credentialed translator is needed
- the timeframe for the assignment
- whether the format is provided as a hard copy or electronic copy.

Prepare a list of questions to ask when obtaining a quotation, including:

- the tertiary qualification/NAATI credential level required for the assignment
- what fees would apply if changes are made to the English text
- whether the translating agency has provided similar services to other government agencies.

Provide detailed specifications, such as:

- subject area (for example; radiology, nursing, paediatric, oncology, emergency)
- type (for example; letter, contract, information brochure)
- purpose (for example to inform, advise, promote, legally bind)
- target audience—including language spoken and country of origin
- cultural considerations
- format and style, such as electronic or hard copy, or any desktop publishing requirements
- any legal and ethical requirements, such as copyright and confidentiality issues
- timelines
- editing and proofreading requirements.

8.7 Monitoring production

Staff have a role in monitoring the production of the translation by:

- providing documents that do not contain innacuracies or incorrect information
- reviewing the specifications agreement before commencement of the assignment
- clarifying any terminology and providing any reference materials and glossaries of terms
- providing the contact details of a staff member to whom queries can be directed during the course of the assignment
- providing suitable working conditions if the assignment is being carried out on-site
- identifying each version of the document with a version number, a time and date, and marking changes
- checking that the document/s has been edited and proofread.

Ensure that the document that is provided to the language service provider does not contain inaccuracies or incorrect information. It is recommended that the translation is edited and then checked by another tertiary qualified and/or NAATI credentialed translator. This checking can be requested through the original translation service or arranged through another service.

Translation services should be able to provide the final translation in hard and/or electronic copy. If you ask to receive the final translation electronically, specify the file type needed.

Unless your computer system has multilingual software, you may have difficulty with electronic files containing foreign language characters, such as Chinese or Arabic scripts. This difficulty can be avoided by asking for documents in PDF format. You may also need to reconfigure your computer or check that the computer and printer memory is sufficient to download and print documents in other language scripts or fonts.

8.8 Producing and distributing translated information

The effectiveness of any translated information depends on how well it is disseminated and how many of the target audience access the material.

Relevant community organisations and associations, community leaders, sector networks, religious networks, disability service organisations, non-government organisations, Aboriginal and ethnic media (both print and radio) and peak associations are good channels for dissemination of translated documents or promotion of their availability.

8.9 Translations on the Internet and software applications

There are now many web-based applications and products such as Google Translate and software applications such as Machine interpreting (spoken translation) to provide translating and interpreting.

While these may be easy to use, they are often not reliable sources for translating material. Most applications translate information word for word without considering the context of the sentence, which might alter the meaning of the intended communication.

For example, in some languages there may not be a direct translation for the term 'mental illness', and without a further descriptor of what is meant by mental illness, then the meaning in language can be misinterpreted and misunderstood by the consumer and/or carer. It can also be difficult and inappropriate to communicate with some people who are less literate through the internet or electronic media.

In the case of machine interpreting, the information is conveyed from spoken language into text and then the text is run through a translation program and automated into speech in the target language. The risk of machine interpreting is sometimes there are issues with voice recognition software resulting in innacurate information flow.

Use of web-based translation applications are not recommended, except for the literal translation of simple content that does not have any cultural, technical or nuanced components.

> If considering using a web-based translation application, then the following needs to be considered:
>
> - while the tools are easy to use and can convey the gist or a general understanding of the text, the translation cannot be relied on for accuracy
> - inaccurate translations could pose a risk to consumers' rights, health and safety, and may have legal implications
> - the WA health system does not endorse the use of web-based translation applications or provide links to automated online translating tools on its websites.

8.10 Quality control and quality assurance of translation services

Quality control in translation relates to the production of a text in another language based on a source text and agreed specifications.

Translations are done for different purposes and audiences. This places different demands on translators and requires different skill sets. Some examples of translations include:

- **polished texts** – such as marketing materials, books and legally binding documents
- **information** – such as emails and documents for personal use
- **abstracts** – such as summaries of research documents.

Quality control in translating therefore includes writing clear specifications and ensuring that they are adhered to during the translation process.

There are 3 key areas in which staff play a crucial role in maximising the quality of the translating service that is provided:

- providing clear specifications
- monitoring the production process
- ensuring that translations are checked by a second tertiary qualified or NAATI credentialed translator.

Staff are encouraged to:

- arrange for an additional review of the materials by a tertiary qualified NAATI credentialed or third party
- have the materials translated back into English as an additional check
- conduct a post-project review comparing the product with the original project specifications.

9. Qualifications and credentials for translators and interpreters

Translation and interpreter services must be provided by tertiary qualified and/or National Accreditation Authority for Translators and Interpreters (NAATI) credentialed interpreters.

Refer to section 2 Qualifications and credentials for translators and interpreters of the Language Services Mandatory Procedure document.

9.1 Further information about qualifications and credentials

Further information about qualifications and credentials for translators can be found in the WA Language Service Policy Guidelines 2020. To gain an understanding of Quality control and assurance refer to the WA Language Service Policy 2020 guideline's Quality control and assurance section.

Staff awareness of the relevant skills required for language service provision will help to ensure a better quality of service to consumers and carers and avoid any adverse ramifications for the health system.

The 2 codes of ethics relevant in Australia are those governed by the Australian Institute of Interpreters and Translators (AUSIT) and the Australian Sign Language Interpreters' Association (ASLIA).

Practitioners who are members of professional associations are bound to adhere to relevant codes of ethics. Practitioners who are Western Australian public sector employees should also adhere to the WA Public Sector Code of Ethics.

A brief description of each is provided below.

10.1 AUSIT Code of Ethics

Adherence to the AUSIT Code of Ethics represents an undertaking by members of professional interpreting and translating associations, and members of the sector, that they will observe the rules that protect and respect the interests of all parties involved as well as those of their fellow members. In summary, the codes require:

- professional conduct – including providing a quality service in a respectful and culturally sensitive manner, disclosing any conflict of interest or any matter that may compromise their impartiality, and dealing honestly and fairly with all parties
- confidentiality
- competency – only undertaking work they are competent to perform
- impartiality
- accuracy in transferring the meaning and intent of messages
- clarity of role boundaries – including maintaining a focus on message transfer and not engaging in other tasks such as advocacy, guidance or advice
- professional development – continually upgrading language and transfer skills and contextual and cultural understanding, and keeping up to date with technological advances pertinent to their practice
- professional solidarity – supporting fellow professionals and upholding the reputation and trustworthiness of the profession.

10.2 ASLIA Code of Ethics and Guidelines for Professional Conduct

Members of ASLIA are required to abide by the Code of Ethics and follow the Guidelines for Professional Conduct as a condition of membership of the association. The code articulates ethical principles, values, and standards of conduct to guide all practitioners in their pursuit of professional practice. These include:

- professional accountability – accepting responsibility for professional decisions and actions and maintaining confidentiality, professional conduct, scope of practice and integrity of service

- professional competence – providing the highest possible quality of service through all aspects of professional practice including being qualified to practise, faithfulness of interpretation, accountability for professional competence and ongoing professional development

- non-discrimination – approaching professional service with respect and cultural sensitivity towards all participants

- integrity in professional relationships – dealing honestly and fairly with participants and colleagues while establishing and maintaining professional boundaries

- integrity in business relationships – establishing and maintaining professional boundaries with participants and colleagues in a manner that is honest and fair.

The National Accreditation Authority for Translators and Interpreters Ltd (NAATI) stresses the importance of ethical practice and adherence to these professional codes.

If at any time NAATI considers that a practitioner has breached the applicable code of ethics, NAATI reserves the right to counsel a practitioner and in certain circumstances to cancel a NAATI credential.

11. Feedback and complaints

Anyone engaging with language services in the WA health system has a right to provide feedback and make a complaint about their service. Feedback and complaints may be viewed from 3 perspectives:

- the consumers' and/or carers' – about the quality of interpreting or translation
- WA Health staff – about the quality of interpreting or translation
- interpreter/translator – about their experience of the interpreting or translating assignment.

11.1 Consumers and/or carers feedback and complaints

The WA health system recognises consumers' and/or 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/or carers must be managed according to the processes set out in MP0130/20 Complaint Management Policy.
- Staff need to ensure that people with limited or no English proficiency, and people who are Deaf or hard of hearing, are supported should they wish to make a complaint about language services issues.
- The consumer must be informed that the Health Consumer's Council and the Health and Disability Services Complaints Office can support people to provide feedback and complaints.
- Language service complaints made by WA health staff, on behalf of a consumer and/or carer, must only be done with the knowledge and consent of the consumer and/or carer.

11.2 WA Health staff feedback and complaints

If staff observe any issues with practioner ethics and professional conduct during the interpreting or translation session, they can directly provide feedback to the appointed language service provider in the first instance, and then to the Department of Finance (only if accessed via the CUAITS) if an unsatisfactory response, or no response, is provided by the language service provider.

Staff can also make complaints about interpreting and translating services, depending on the circumstances, through:

- informing the language services coordinator (if applicable), and contacting the booking agency (language service provider) that referred the interpreter or translator to the assignment

- the Department of Finance, if services are obtained via the Common Use Arrangement for Interpreting and Translating Services (CUAITS2017), and if the issue was not resolved by the language service provider

- Australian Institute of Interpreters and Translators (AUSIT) and the Western Australian Institute of Translators and Interpreters (WAITI). AUSIT can investigate breaches of its Code of Ethics and Code of Professional Conduct by its members

- the Department of Home Affairs if the complaint is in relation to the Translating and Interpreting Service (TIS)

- the National Accreditation Authority for Translators and Interpreters (NAATI) if the complaint relates to an interpreter or translator who has NAATI credentials or NAATI recognition.

11.3 Interpreters/translators feedback and complaints

- Interpreters and translators wishing to make a complaint about their experiences of the interpreting or translating assignment may do so through their employer or their booking agency, or the existing complaints processes of the WA health system

All complaints must be recorded and filed separately from the consumer's medical records.

12. Workforce skills for engaging with language services

Staff who have direct dealings with health consumers and/or carers, and/or are required to produce public information, are encouraged to undertake training to ensure that they:

- are aware of, and understand the Language Services Policy
- are aware of consumers and/or carers rights to health and language services
- are competent in working with interpreters and translators, including:
  - processes and procedures for booking interpreters and translators
  - assessing a consumer's and/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 anyone experiencing English language barriers
- have the knowledge, ability and skills to communicate in a culturally safe and culturally appropriate manner
- are capable of handling and managing language service complaints

- are able to document, report and evaluate language service provision and know how to access information about these issues
- are aware of the impact of cultural issues on communication
- develop the cultural competency skills needed to enable them to work more effectively across cultures.

12.1 Training courses through My Learning

The following training options are available in the Learning Management System through My Learning.

- WA Health Language Services eModule – this eModule supports staff to implement the language services policy and how to engage with interpreters.
- Aboriginal cultural eLearning (ACeL) Aboriginal Health and Wellbeing – supports staff to develop their cultural competency and knowledge of cultural safety for Aboriginal health consumers.
- Equity, Diversity and Inclusion Learning Suite – training areas relate to cultural diversity, aboriginal workforce, age, gender equality, LGBTIQ+ and disability inclusion.

Please contact the Department of Health's Cultural Diversity Unit for further information about training options.

13. Appendix 1 – Helpful resources

Information supporting the delivery of language services

- Department of Health Multilingual resources
- Western Australian Language Services Policy 2020 Guidelines
- Western Australian Language Services Policy 2020 – Aboriginal Language Services
- Aboriginal Interpreting WA
- Department of Finance Common Use Arrangement for Interpreting and Translating (CUAITS2012)
- NDIS Resources for Service Providers, Carers and Families

Engaging interpreter services

- How to work with an interpreter (health.wa.gov.au)
- Interpreter services and workflows – Healthdirect Australia
- When to use an Aboriginal interpreter
- The Australian Sign Language Interpreters Association (ASLIA)
- Independent Practising Interpreters Association (IPIA)
- Communicating effectively with Aboriginal and Torres Strait Islander people – QLD Health
- Centre for Ethnicity and Health Interpreter videos
- NAATI qualifications
- Department of Finance Common Use Arrangement for Interpreting and Translating (CUAITS2017)

- NAATI Online Directory of Credentialed Practitioners
- Permanent Pre-2007 NAATI Accredited Practitioners
- Western Australian Institute of Translators and Interpreters (WAITI)
- Onsite and Telephone Interpreters and Translators – Medico Legal Communications (medico-legal.net.au)
- WACHS Kimberley – Use of interpreting services procedure

Translation services

- NAATI Online Directory of Credentialed Practitioners
- Permanent Pre-2007 NAATI Accredited Practitioners
- Australian Institute of Interpreters and Translators (AUSIT)
- Western Australian Institute of Translators and Interpreters (WAITI)
- ABS Census and Statistics
- Department of Social Services Settlement Database
- Guide to cultural and linguistic data collection for the public sector: If you can't count, you can't plan
- Australian Sign Language Interpreters' Association (ASLIA)
- Australian Government Department of Health and Aged Care – Translations
- What is Braille?
- Aboriginal language basics – Creative Spirits

- Health Translations – A library of Australian translated health resources. The database can be searched by health topic or language.
- Translating health information – Polaron
- Search Diversity WA

Qualifications and credentials for translators and interpreters
- NAATI – a connected community without language barriers

Ethics around engaging interpreters and translators
- Aboriginal interpreting WA
- WA Language Service Policy Guidelines 2020
- Code of Ethics – Translators and Interpreters Australia (AUSIT)

Feedback and complaints processes
- Department of Health Complaints Management Policy MP0130/20
- Department of Health Consumer feedback
- WA Language Services Policy 2020 – Rights and responsibilities when using language services

Workforce skills for engaging with language services
- Diverse WA – online cultural competency training
- Centre for Culture, Ethnicity and Health
- Health Consumer's Council WA – Cultural Diversity Workshops (face-to-face)
- Your Cultural Lens
- Western Australian Institute of Translators and Interpreters (WAITI) – Working effectively with interpreters, contact secretary@waiti.org.au
- Australian Sign Language Interpreter's Association (ASLIA) – Interpreter awareness training
- Ethnolink – translation and multicultural communications webinars
- Association for Services to Torture and Trauma Survivors (ASeTTS)
- Aboriginal Interpreting WA cross cultural communication
- Headway – Cognitive communication difficulties
- Communication strategies (health.vic.gov.au)
- National Institute on Aging (nih.gov) – Tips for Communicating with a Confused Patient
- Better Health Channel – Dementia – Communication
- Overall strategies to improve communication (complexneedscapable.org.au)
- Access Plus Deaf WA

14. Appendix 2 – Glossary of terms

Auslan

Australian sign language is a recognised language used by the Australian Deaf community. Auslan does not follow English sentence structure and has its own grammar and vocabulary.

Carers

The *Carer's Recognition Act 2004* defines a person as a carer if they provide 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
- a person of a prescribed class.

For the purposes of this policy the term carer 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.

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 WA health system.

Deaf

The word Deaf with a capitalised D is used to describe people who use Auslan (Australian sign language) for communication

Health service provider

Means a health service provider established by an order made under section 32(1)(b) of the *Health Services Act 2016* and includes:

- North Metropolitan Health Service
- South Metropolitan Health Service
- East Metropolitan Health Service
- Child and Adolescent Health Service
- WA Country Health Service
- Health Support Services
- PathWest Laboratory Medicine WA
- Quadriplegic Centre.

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 2 or more people who use different languages.

Language services

Includes interpreting and translating services to facilitate effective communication between the WA health system staff members and consumers and carers who have limited English proficiency and people who are Deaf or hard of hearing.

Qualified and credentialed interpreters and translators

The Western Australian Language Services Policy 2020 recognises that an interpreter or translator may have obtained:

- tertiary qualifications
- credentials issued by the National Accreditation Authority for Translators and Interpreters (NAATI).

Ideally, practitioners will have both tertiary qualifications and NAATI credentials.

For languages of some Aboriginal and new and emerging communities, NAATI recognition or, in the case of Aboriginal interpreters, registration with Aboriginal Interpreting Western Australia is acceptable.

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 the WA Health system.

Staff member

Staff member means a person

a. employed in a health service provider by an employing authority pursuant to the *Health Services Act 2016* and includes:

   i.   the chief executive of the health service provider

   ii. a health executive employed in the health service provider

   iii. a person employed in the health service provider under section 140 of the *Health Services Act 2016*

   iv. a person seconded to the health service provider under section 136 or 142 of the *Health Services Act 2016*

b. a person engaged under a contract for services by a health service provider pursuant to the *Health Services Act 2016*

c. employed in the Department of Health by or under an employing authority pursuant to the *Public Sector Management Act 1994*.

System Manager

The term used for the Department CEO to reflect their role as being responsible for overall management of the WA health system (see s.19 *Health Services Act 2016*).

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 2 or more people who use different languages.

WA health entities

WA health entities include:

i. health service providers as established by an order made under section 32 (1)(b) of the *Health Services Act 2016*.

ii. Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the *Public Sector Management Act 1994*.

WA health system

The WA health system is comprised of:

i. the Department of Health

ii. health service providers

iii. contracted health entities, to the extent they provide health services to the state.

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Department of the Prime Minister and Cabinet 17 November 2017, Protocol on Indigenous Language Interpreting for Commonwealth Government Agencies (niaa.gov.au) ver. 4

What is Video-Mediated Interpreting (VMI)? – Video-Mediated Interpreting (videoconference-interpreting.net)

Canadian Museum for Human Rights [Language rights are human rights – CMHR]

Article 13 and 15 of the International Covenant of Economic, Social and cultural Rights (Language rights and human rights – Endangered Languages and Cultures (paradisec.org.au)

Falls – information for residents, families and carers (healthtranslations.vic.gov.au)

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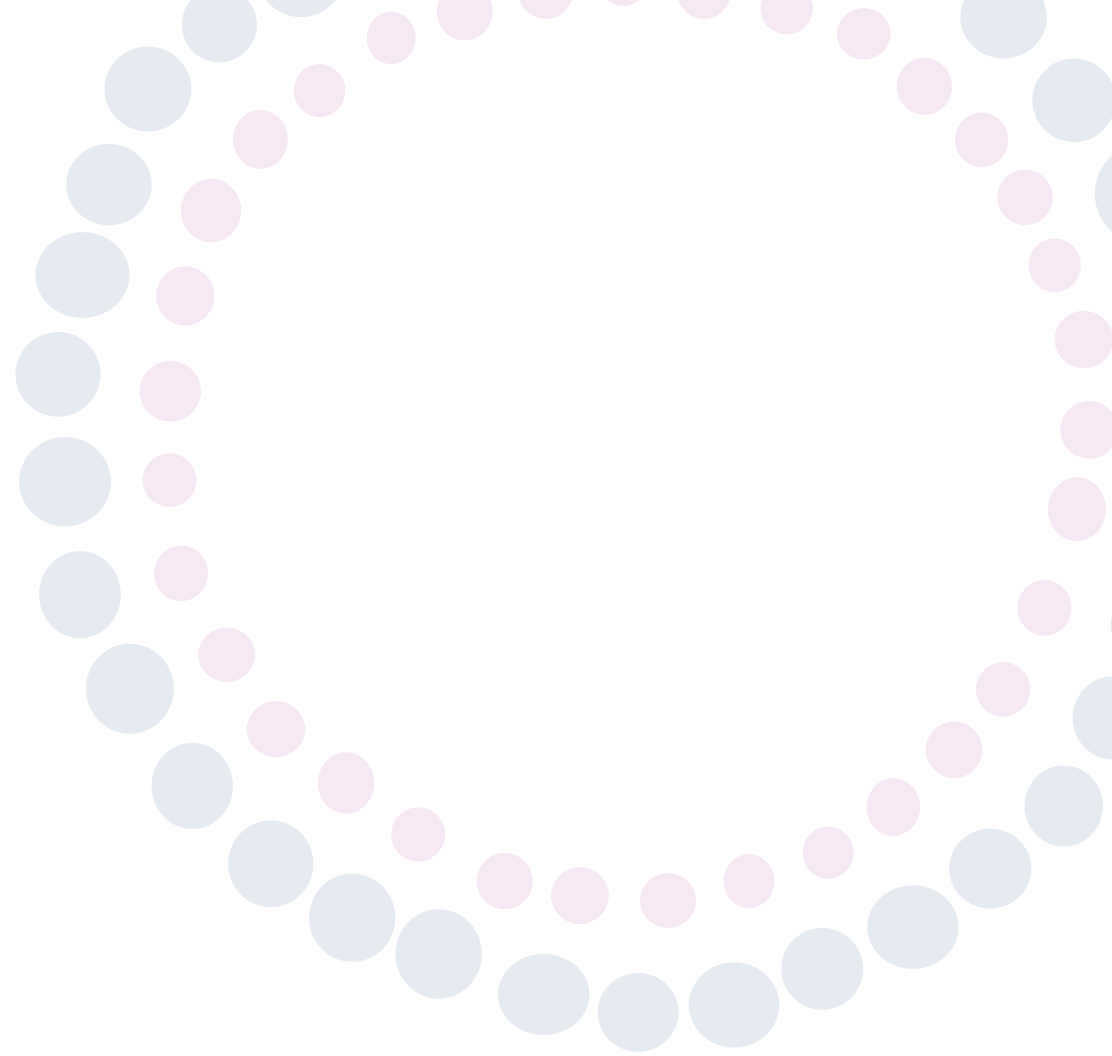
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