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| Language services policy  Department of Health and Human Services |
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# Secretary’s foreword

*Delivering for diversity – Cultural diversity plan 2016-19*, highlights the rich cultural and linguistic diversity of the Victorian community and the vital role that the Department of Health and Human Services has in responding to the needs and preferences of all Victorians.

Our department recognises the need to ensure that our services are accessible, safe and responsive   
to all Victorians regardless of cultural, linguistic or religious background. Effective communication is central to quality health care and human services and the department’s commitment to provide person-centred care.

The department’s new *Language services policy* reflects the priority that the department places on ensuring the provision of quality interpreting and language services to support our clients. It identifies critical points for language service provision, and details implementation support measures to ensure people with low English proficiency, or who use a form of sign such as Auslan, have access to high quality services.

I encourage all those involved in the planning, funding and delivery of health and human services to familiarise themselves with this policy and consider how we can all work together to ensure that quality language services are an integral part of our service system.

**Kym Peake**Secretary  
Department of Health and Human Services

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# Part 1: Introduction

The Department of Health and Human Services plays an important role in supporting the health and wellbeing of Victorians. This *Language services policy* supports the department and its funded services in responding to the needs of linguistically diverse people, including migrants, refugees and asylum seekers and those that use a form of sign language.

A Victorian Government review of language services procurement is taking place in 2016–17, led by the Multicultural and Social Cohesion division of the Department of Premier and Cabinet. The policy will be updated if required to implement the review’s recommendations.

## Purpose

This language services policy and accompanying guidelines [*How to work with interpreters and translators: a guide to effectively using language services*](http://www.dhhs.vic.gov.au/publications/language-services-policy) *<*http://www.dhhs.vic.gov.au/publications/language-services-policy> support departmental staff at all levels and funded organisations in the planning and provision of language services.

The policy and guidelines assist programs and services to identify critical points for language service provision to ensure people with low English proficiency, or who use a form of sign – particularly Australian Sign Language (Auslan) – can participate in decision-making processes.

The policy and guidelines identify when language services should be offered to clients based on legislative requirements and best practice service delivery. Carers of clients, where appropriate, may also require the language services. Department-funded organisations and services are encouraged to develop local language services policies and procedures consistent with this policy.

This policy replaces the former Department of Human Services *Language services policy* and extends to all funded health and community services. The *Language services policy* is consistent with Victorian Government guidelines outlined in *Using Interpreting Services: Victorian Government Policy and Procedures* and *Effective Translations: Victorian Government Guidelines on Policy and Procedures* available on the [Victorian Multicultural Commission](http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/standards-and-guidelines) website <http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/standards-and-guidelines>.

## Context

Victoria is one of the most culturally diverse and fastest growing populations in Australia, with more than a quarter of the population born overseas. Of those born overseas, three-quarters come from non-English speaking countries. Victorians come from over 200 countries, follow more than 130 different faiths, and nearly a quarter of the community speak a language other than English at home.

The 2011 *Census* showed 210,000 Victorians had low English language proficiency. Given continuing migration and the potential for people to overstate their English language skills, the number of Victorians who require an interpreter is estimated to be closer to 300,000. Furthermore, demand for language services, particularly interpreters, is increasing due to a growing population of new migrants as well as the ageing of established migrant communities, who may revert to their first language.

All health and human service providers will be aware that their clients include people with low proficiency when communicating in English. In 2014–15, the department funded 73.8 percent of reported total Victorian Government expenditure on language services. Interpreting and translating services are required to enable these clients to make informed decisions about their health and life choices. This has significant implications for duty of care and informed consent for health and community services. Evidence suggests that language services are not always offered, identified or required when they should be. The health and wellbeing benefits to people with no or low English proficiency are much higher when they are provided with interpreting services.

People with limited English proficiency are at risk of experiencing adverse events and poorer quality of care, if not actual exclusion from services and resources. For example, patients may answer 'yes' to questions to avoid further dialogue or disguise poor comprehension or an imminently homeless family may not know how to access transitional housing.

Communication limitations between providers and clients or patients is a serious safety concern and a common root cause of adverse events in healthcare delivery, in the exclusion of people from other essential community services and their exposure to wider discriminatory impacts.

It is crucial that service providers inform clients that they have access to interpreters without cost to them when using health and community services.

Service providers should also be aware that use of an interpreter not only benefits a client but also assists the clinician or other staff.

## Language services

Effective communication between providers and clients is an important element of high-quality and safe health and human services. Inadequate communication with clients who have low English proficiency or who use Auslan limits their ability to access services and to participate in decision-making processes, which have consequences for their lives. When providers and clients do not share the same language and culture, difficulties may arise which impact on the quality of the services clients may receive.

Language services facilitate effective communication between service providers and clients to make services and programs more accessible to people, regardless of their proficiency in written or spoken English.

Language services are offered to clients at no cost to them.

Language services involving interpreters or translators should engage people who are accredited through the National Accreditation Authority for Translators and Interpreters (NAATI), professional-level interpreters and/or translators wherever possible. Where an interpreter/translator accredited at the professional level is not available, an interpreter or translator with a lower-level NAATI accreditation may be engaged to interpret or translate information that they are competent to do so.

Language services include a range of tools for communicating with people, including:

* accredited interpreters to transfer oral or sign information from one language to another
* accredited translation of written information in languages other than English
  + accredited audio transcriptions of documents/publications

Staff members who speak another language to provide assistance to clients and staff in low-risk communication encounters or bilingual workers who provide services to clients in a language other than English, while providing a valuable service, are not considered language services providers because currently these roles are not NAATI accredited.

## Auslan definition

Auslan is the signed language of the Australian Deaf community and hard of hearing. Signed languages are unique to each country. Auslan is not simply English using the hands; it involves a distinct grammar and syntax. Auslan is characterised as a high-context visual spatial language. Deaf people typically tend to acquire sign language as their primary means of communication in addition to the written or spoken language of the wider community. Due to a range of factors Deaf people may not be fluent in written English and proficiency should not be assumed.

Further details on using a sign language interpreter can be found on the [Department of Education and Training website](http://www.education.vic.gov.au/school/principals/management/Pages/translateservice.aspx). <http://www.education.vic.gov.au/school/principals/management/Pages/translateservice.aspx>

# Part 2: Policy and legislative context

## Legislative requirements

The department reports annually on the use of interpreting and translation services, as required under the *Multicultural Victoria Act 2011*. The department and funded organisations must also comply with the following:

* *Racial Discrimination Act 1975* (Cth)
* *Disability Act 2006* (Vic)
* *Health Service Act 1988* (Vic)
* *Disability Discrimination Act 1992* (Cth)
* *Equal Opportunity Act 2010* (Vic)
* *Charter of Human Rights and Responsibilities Act 2006* (Vic)
  + *Racial and Religious Tolerance Act 2001* (Vic).

Section 38 (1) of Charter of Human Rights and Responsibilities Actobliges the department and its funded organisations to act in a manner that is compatible with human rights and give proper consideration to key human rights when making a decision including the right to:

* equality
* informed consent to medical treatment
* privacy
  + seek, receive and impart information.

These Acts require that the department and its funded organisations provide equitable access to services to people from culturally and linguistically diverse backgrounds, including people with disabilities.

Organisations must not directly or indirectly discriminate against people on the basis that they have limited English proficiency or that they use a form of sign language. Discrimination includes refusing to provide a service, providing a poor quality service or having unreasonable requirements, conditions or practices within the organisation that disadvantage clients because of their race, disability or other attributes.

Failure to identify the need for, or promote the availability of, an appropriate language service may have legal consequences for the department and/or the organisation

## Policy

The department’s [*Delivering for diversity: cultural diversity plan 2016–2019*](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19> highlights the significant role of the department and the outcomes it hopes to achieve in supporting clients from culturally and linguistically diverse backgrounds.

Language services support the department and funded agencies to provide culturally and linguistically appropriate services. The use of language services alone does not mean that the obligation to provide culturally safe and appropriate services has been met. It is important that the department and funded agencies undertake ongoing cultural competence training, employ people from diverse cultural and linguist backgrounds and involve diverse communities in the development of new programs and services. Culture and language should be considered in the design and delivery of services.

For healthcare services, a number of standards are relevant including the [*National Safety and Quality Health Service Standards*](https://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/) *<https://www.safetyandquality.gov.au/publications/national-safety-and-quality-health-service-standards/>* particularly ‘*Partnering with consumers’* and the [*Cultural responsiveness framework: guidelines for Victorian health services*](https://www2.health.vic.gov.au/about/populations/cald-health) *<https://www2.health.vic.gov.au/about/populations/cald-health>*. The framework is underpinned by the following principles:

* Every person has the right to receive high-quality health care regardless of their cultural, ethnic, linguistic and religious background or beliefs.
* Understanding and addressing the links between ethnicity, culture and language will improve health care for culturally and linguistically diverse communities.
* Embedding cultural responsiveness in health care systems is a viable strategy to reduce disparities in health outcomes which may be exacerbated by cultural, language and religious differences.
* Consumer, carer and community participation will enhance culturally responsive heath care delivery.
  + Standard 3 within the framework supports the provision of accredited interpreters to patients who require one.

For human services, the [Human Services Standards](http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/human-services-standards) <http://www.dhs.vic.gov.au/about-the-department/documents-and-resources/policies,-guidelines-and-legislation/human-services-standards> represent a single set of service quality standards for funded service providers and department-managed services. The Standards are summarised as:

* **Empowerment:** People’s rights are promoted and upheld.
* **Access and Engagement:** People’s right to access transparent, equitable and integrated services is promoted and upheld.
* **Wellbeing:** People’s right to wellbeing and safety is promoted and upheld.
  + **Participation:** People’s right to choice, decision making and to actively participate as a valued member of their chosen community is promoted and upheld.

References to the use of language services can also be found in other departmental documents, including program guidelines and policies for standards of care (such as statements of priorities for hospitals).

## Duty of care

The department and its funded organisations have a duty of care to anyone who is reasonably likely to be affected by the activities of the department or its organisations. Loss or injury caused by a failure to satisfy the duty of care can expose the department or funded organisations to a claim for compensation.

In the context of the provision of health and human services and programs, persons who may be affected by the activities of the department or a funded organisation can include clients of services or programs, and families and carers of clients.

The provision of language services is a quality and safety issue. For example, there are clear links between the health outcomes of patients and the communication between them and their health professional. Partnering with clients empowers them and encourages a positive experience of the health and community service sector. The delivery of safe high-quality care is requires effective communication between the client and the health care provider and is aligned with principles under the [*Australian Charter of Healthcare rights*](https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/) <https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/>.

The department and its funded organisations have a duty to provide language services appropriate to a person’s needs. The duty of care may be breached if a staff member unreasonably fails to provide, or does not ensure appropriate access to, language services.

Where a client has limited or no English language skills or uses Auslan, the organisation should offer the use of an interpreter accredited at the professional level to ensure the client understands and can communicate in response to the information being provided to them.

In instances where the department or its funded agencies arranges translations of policies or documentation, the department has a duty to ensure translations are accurate, culturally appropriate, not likely to cause harm and communicated concepts effectively.

More information on the Victorian Government’s duty of care responsibilities for language services can be found in [Using Interpreting Services: Victorian Government Policy and Procedures](http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/standards-and-guidelines) <http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/standards-and-guidelines>.

## Whole-of-government responsibility

The Multicultural Affairs and Social Cohesion division of the Department of Premier and Cabinet has a lead role in addressing broad language services workforce planning and quality issues. Multicultural Affairs and Social Cohesion division works with a range of stakeholders, including:

* Victorian Government departments
* local relevant Commonwealth agencies, including the Department of Immigration and Border Protection
* government authorities
* language service providers
  + professional bodies, such as the Australian Institute of Interpreters and Translators (AUSIT) and the National Accreditation Authority for Interpreters and Translators (NAATI).

# Part 3: Funding, planning and promoting language services

## Funding

The department expends some $30 million each year on language services (based on 2015–16 data). This is likely to be an underestimate as funded services also purchase language services directly from their operating budgets.

As a general policy, departmental programs and services should seek to incorporate funding for language services within core ongoing operating budgets. Whether this funding is best provided through an integrated unit price, specific block funding, program specific arrangements or contribution to a credit line (see below), is a decision to be made by the department on a case-by-case basis.

Non-recurrent project-related funding may be also made available to assist with language services provision over the life of a specific project.

Departmental staff and services may also engage an interpreter or translator of their choice on a one-off basis funded from their general operating budgets.

## Procurement

Based on an understanding of the likely demand for interpreters and translated information, organisations will need to determine the most cost-effective way of sourcing language services consistent with the funding arrangements attached to particular programs.

For instance, direct employment of interpreters and translators, block bookings or ad hoc purchasing from language services providers, and using information technology communication, may all be useful cost effective procurement strategies.

Funding for this purpose is allocated in several different ways, depending on the size and type of delivery agency, the program context and a number of other factors. The main mechanisms are:

* incorporation of capacity for language services into unit price for services (most notably as part of activity based funding in the hospital system)
* direct allocation of annual block funding for language services to service providers of particular programs and services (generally for larger organisations and programs targeted to particular population groups)
  + contracts with language service providers[[1]](#footnote-1) for agreed maximum volumes of service that can be accessed directly by relevant funded agencies and departmental staff (the so-called ‘credit line’ arrangement).

The first two methods are more often used with larger service providers with capacity to broker their own procurement arrangements and to ensure efficiency by averaging costs over large volumes.

Credit line arrangements generally apply to smaller service providers that benefit from a pooled, collective funding and contracting arrangement. These credit lines are managed centrally and incorporate funding from a range of different programs.

Currently, the department offers access to language services credit lines for internally delivered services and select funded organisations (generally smaller organisations not in receipt of direct funding for language services).

The credit lines are available in two streams, being either health programs or human services. Within each stream, several distinct lines are funded by and designated for specific program areas or types of services. These lines have a budgeted amount of funding available to them each month. This forms the basis of planning and monitoring of expenditure against demand.

Access to language services through the credit lines is available to eligible organisations on a first-come-first-served basis to book either telephone, video or on-site interpreting or translating services. The department will make efforts to reallocate funds across lines to minimise the gap in service availability where the designated monthly funding has been exhausted. Services can continue to utilise telephone interpreting services (certain human services programs only), or can make an onsite booking for the following month or fund the service from their own budget if urgent.

Currently both credit line streams are subject to contracts with the Victorian Translating and Interpreting Service (VITS). Further information is available in the guides for using the Language Services Credit Lines information can be found at the health website and human services website.

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| Health Programs credit line queries should be directed by email to [dhlanguageservices@dhhs.vic.gov.au](mailto:dhlanguageservices@dhhs.vic.gov.au)  Human Services credit line queries should be directed by email to [languages@dhhs.vic.gov.au](mailto:languages@dhhs.vic.gov.au) |

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| In July 2016, the Minister for Multicultural Affairs announced the Independent Review of Victorian Government Procurement of Language Services .  The review will consider how the Government can best ensure access to the necessary volume and quality of language services (interpreters) to meet the current and future needs of Victorians from diverse linguistic backgrounds and also those who are Deaf or hard of hearing. |

## Planning for language services

The department and funded organisations have an obligation to plan and budget for the provision of language services as part of day-to-day service delivery. Knowing the organisation’s current and potential client base is important for planning and evaluating the effectiveness of language services. Demand for language services is determined by the:

* written and spoken English proficiency of clients
* preferred languages of the client group
* number of clients and potential clients who require the services of an interpreter or access to translated material
* level of risk to the client, the organisation, or the department arising from miscommunication
* rights of the client
* client’s preferences including telephone, on site or video remote interpreting.
  + nature of services provided by the organisation and the complexity of the language used in the provision of services

Understanding the pattern of need for language services is a core responsibility for all service delivery areas of the department and funded agencies. This should occur as an integral part of operational service planning and monitoring, as well as part of broader strategic planning.

Detailed projections of the need for different languages (including Auslan) and types of language service are important both for the service itself and to inform language service providers about likely needs. Understanding the timing of demand is also important, particularly where certain language services may be in short supply or where credit lines may be at risk of being exhausted.

## Did you know?

The top five languages requested for interpreting services across the Department of Health and Human Services credit lines in the 2015–16 financial year:

Top 5 Languages for the Human Services Credit Line

| No. | Onsite | Telephone |
| --- | --- | --- |
| 1 | Vietnamese | Vietnamese |
| 2 | Auslan | Arabic |
| 3 | Arabic | Mandarin |
| 4 | Persian | Persian |
| 5 | Mandarin | Cantonese |

Top 5 Languages for the Health Credit Line

| No. | Onsite | Telephone |
| --- | --- | --- |
| 1 | Greek | Mandarin |
| 2 | Italian | Arabic |
| 3 | Turkish | Vietnamese |
| 4 | Arabic | Persian |
| 5 | Persian | Greek |

## Promoting language services

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| Departmental services and funded organisations and staff have an important role to play in promoting language services, including the availability of interpreters.  This can be achieved by using a range of communication methods, such as prominent signage displaying the National Interpreter Symbol, posters and brochures in client contact areas, reception areas, in other public areas, and on websites.  Providing clients with alternative ways to find their way around a service, such as signs, also helps to reduce their stress.  Interpreter Symbol  The **National Interpreter Symbol** is endorsed by the Commonwealth, state and territory governments. The symbol provides a simple way of indicating where people with limited English proficiency can ask for language assistance when using government services.  The symbol can be downloaded in JPEG and EPS formats and found on the [Department of Social Services website](https://www.dss.gov.au/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/national-interpreter-symbol) <https://www.dss.gov.au/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/national-interpreter-symbol>. |

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| Image of Victorian Interpreter Card showing text ' Please arrange an interpreter', 'My preferred language is:' space for text, and 'I also speak:' space for text.  The **Victorian Interpreter Card** provides people with an easy, non-verbal means of requesting language assistance. The card is wallet sized, features the National Interpreter Symbol, and the card holder’s preferred language.  The card can be found on the [Victorian Multicultural Commission](http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/victorian-interpreter-card) website <http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/victorian-interpreter-card>. |

Active and direct approaches can be successful, rather than waiting for clients to ask for services. The identification of clients who require language services should be included in referral information and should be a part of standard initial contact with clients. Where specific language services are required by a client, such as an interpreter, this information should be systematically recorded as part of the client’s record, with appropriate flags to alert others about the client’s needs.

In Victoria, Auslan interpreting services can be provided onsite, where the interpreter attends an appointment between a signing Deaf person (Auslan user) and their service provider; or by using Video Remote Interpreting, also known as VRI. Video Remote Interpreting utilises video communication technology and the internet to connect to an Auslan interpreter.

## Providing a Deaf interpreter

Deaf interpreting describes a type of interpreting undertaken by a native speaker of an indigenous sign language. Deaf interpreting is typically provided by a Deaf or hard of hearing person with extensive knowledge of sign language, language register, international sign and international sign languages, language deprivation and non-standard Auslan variations. Deaf interpreters are trained and certified users of Auslan who are able to convey meaning from Auslan to a highly visual form of gesture, are often better understood by some Deaf people who have non-standard Auslan. Typical examples of situations that would require a Deaf interpreter include interactions with:

* children (when their language not yet formed)
* persons with a mental health condition
* persons with a cognitive or intellectual disability
* refugee and migrants arriving from other countries where the sign language system is different or, an individual arriving from another country where a formal language (signed, spoken or written) was not taught
* people from rural or remote areas where access to language was difficult and restricted.
  + a Deaf interpreter works in conjunction with an Auslan interpreter, thereby requiring two (or more) interpreters to be employed for the interaction.

## Assisting clients with multiple or complex communication needs

Some clients may have difficulty communicating because they have no speech, or very limited speech. Clients may also be Deaf and blind, possibly requiring an adjusted form of interpreting. It is important to ensure the interpreter is aware of any client requirements. Clients with complex communication needs may be supported to access services in several ways, including:

* electronic communication devices
* the written word
* pictures, drawing and object symbols
* using Deaf interpreters, who relay information from an Auslan interpreter
  + tactile interpreting.

Further information on how to communicate with and support clients with complex communication needs may be found on the following websites:

* Deafblind interpreting information: Able Australia and Australian Deafblind Council
* supporting people who have complex communication needs (Department of Human Services learning guide)
  + Scope’s Communication Resource Centre, containing information on communication aids, resources and training.

### Sensitive situations and interpreting

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| Due to the nature of the department’s work, there will be situations with additional risk where sensitivity is required.  The safety of the department’s clients is paramount. Where an interpreter is being used and might compromise the safety of the client, precautions should be taken to ensure the clients safety. For example, where family violence services are provided, the perpetrator and victim should not be offered interpreting services by the same interpreter. |

# Part 4: Important considerations for language service provision

The following requirements establish the circumstances in which language services are offered to clients with limited English proficiency, or who use a form of sign language. The provision of language services is also critical in enabling staff and providers who are unable to communicate effectively with a client to do so, and meet the standards under duty of care.

1. A client’s English proficiency should not be assumed to be at a sufficient level. It is important for clients to be offered an interpreter service. Departmental and funded organisations are responsible for ensuring clients are made aware of:
   * + 1. their right to communicate in their preferred language
       2. when and how to ask for an interpreter.
       3. provision of an interpreter is at no cost to the client.
       4. interpreters are professionals and confidentiality is part of their code of conduct.
       5. interpreters are also there to assist the clinician.
2. Departmental services and funded organisations are responsible for providing appropriate language services when:
   * + 1. the client requests an interpreter or expresses a need to communicate in their preferred language and/or
       2. staff are unable to effectively communicate with a client.
3. Family members should not be used as interpreters. The role of family, carers and other support persons in advocating for and supporting a client is valued and understood as separate from the role of an accredited interpreter, and does not replace the requirement for an accredited interpreter. Their role as emotional support rather than communications support should be emphasised.

In situations of suspected or actual family violence, using perpetrators, children or any other family members as interpreters presents an unacceptable risk and should not be undertaken.

1. Every reasonable effort must be made to use an accredited interpreter before a family member or friend of the client asked to assist. They may assist in communicating with a client where an interpreter is required but is not available and a matter must be dealt with in a restricted timeframe. The decision to do so, and the circumstances justifying that decision, must be documented in the client’s file or relevant record. Any individual under the age of 18 must never be asked to act in the place of an accredited interpreter. As soon as practicable the services of a professional interpreter should be engaged to ensure the information has been accurately conveyed especially in the case of medical or complex situations.
2. The following are critical points at which people with low English proficiency should have access to information in their preferred language:
   * + 1. the client is being informed of their rights (for example, privacy, confidentiality) and responsibilities (for example, fees)
       2. the client is required to make significant decisions concerning their lives (for example, provision of test results, medication regimes, other interventions, undertaking assessment and care planning, conducting assessment outcomes)
       3. essential information needs to be communicated and understood to inform decision making (for example, procedures and referral options)
       4. giving informed consent (for example, to treatment, release of information, power of attorney and guardianship matters).

Note: do not assume important information that is required for informed consent has been communicated at previous appointments. Given the general underutilisation of language services, staff should check a client’s understanding of their situation and the planned action and fill any gaps in their understanding before assuming they are able to make an informed decision.

1. Language services involving interpreters or translators should engage people who are accredited through the National Accreditation Authority for Translators and Interpreters (NAATI), professional-level interpreters or translators wherever possible. Where an interpreter/translator accredited at the professional level is not available, an interpreter or translator with a lower-level NAATI accreditation may be engaged to interpret or translate information that they are competent to do so.
2. Any individual under the age of 18 must not be asked to act in the place of an accredited interpreter or to relay health information between a staff member and a client.
3. Bilingual staff whose duties specifically involve communicating information with clients in languages other than English, should not communicate information that is legally binding, or puts either the client or organisation at risk (unless they are a qualified interpreter). Further information on bilingual and multilingual staff is provided in ‘Part 5: Roles and credentials’.
4. Other staff who speak a language other than English may provide language assistance to clients or staff to fill low risk communication gaps. These staff should not be asked to act in the place of an accredited interpreter.

Further detail on these is provided in the next sections.

# Part 5: Roles and credentials

## Role of an interpreter

An accredited interpreter takes information from an oral or sign language and converts it accurately and objectively into another language to enable communication between two parties who do not share a common language.

This means they will interpret everything that is said and not add, modify or exclude information. This includes incoherence, hesitations, unclear statements, profanities or nonsensical mutterings. An interpreter will remain impartial at all times and will not express an opinion or act as an advocate for the client. This is the reason interpreters will use the first and second person, rather than the third person when relaying what the client has said. Interpreting is not always verbatim, that is, some concepts may not exist in other languages so may need further explaining.

Interpreters and translators have different skills. A translator is qualified to interpret written information. Interpreters are not permitted to do ‘sight translations’ beyond a certain word limit, and should not be asked to do so. See ‘Part 7: Translating’ for further information on translators.

## The need to engage accredited interpreters and translators

Using unaccredited interpreters, family members, carers or other support persons in sensitive situations, or where there is any possibility of misinterpretation, exposes the client and the organisation to risk, which could have legal consequences.

In Australia the National Accreditation Authority for Translators and Interpreters (NAATI) is responsible for ensuring the quality of interpreters. Interpreters are required, as a condition of their ongoing accreditation, to act in accordance with the Australian Institute of Interpreters and Translators (AUSIT) [*Code of Ethics and Code of Conduct*](http://ausit.org/AUSIT/About/Ethics___Conduct/Code_of_Ethics/AUSIT/About/Code_of_Ethics.aspx) *<http://ausit.org/AUSIT/About/Ethics\_\_\_Conduct/Code\_of\_Ethics/AUSIT/About/Code\_of\_Ethics.aspx>*. Auslan interpreters are required to abide by the Australian Sign Language Interpreters’ Association (ASLIA) *Code of Ethics*.

An accredited interpreter is required to remain impartial and should not express an opinion or act as an advocate for either party.

Individuals who are not trained as interpreters generally have little or no understanding of specialist concepts or of the importance of accuracy and completeness of the messages conveyed. Some words, such as medical terminology and terms used by particular programs and settings, do not have an equivalent word in another language. Consequently, new information is often added or critical information omitted, which leads to significant changes in the nature of the original messages.

Family members, carers and other support persons have an important role in advocating for and supporting a client. This role should be valued and understood as separate from the role of an interpreter accredited at the professional level. Client preferences for having support persons involved in significant discussions and decision making about their health and wellbeing should be respected and accommodated but their role as emotional support rather than communications support should be emphasised.

Using automated interpreting and translating technologies in place of accredited interpreters and translators is highly risky and should be avoided The digital interpreting and translation applications available to be installed on smart phones and tablets carry a high risk of miscommunication; for example, through incorrect translation of key terminology or the use of unfamiliar dialects. These technologies should not be used to communicate with clients in place of an accredited interpreter or translator.

## Three main styles of interpreting

### Consecutive interpreting

Consecutive interpreting is the most common style of interpreting, where the speaker and the interpreter speak one after the other. The interpreter listens to a few sentences or messages and then relays this in the other language while the speaker listens. The speaker will continue and the process repeats.

### Sight translations

Sight translations occur when an interpreter is required to provide oral and instantaneous interpretation of a written text, such as a consent form.

### Simultaneous interpreting

Simultaneous interpreting is commonly used in conference proceedings where the interpreter listens to the first words that the speaker says, then proceeds to interpret this immediately and continuously as the speaker continues to talk, so that the speaker and the interpreter speak simultaneously.

## Accreditation of interpreters and translators

It is Victorian Government policy that wherever possible, organisations should engage interpreters and translators accredited by NAATI at the professional level. The highest level of accredited interpreter available should be booked.

NAATI accreditation is the only qualification officially accepted for the profession of translation and interpreting in Australia. Accredited interpreters and translators act in accordance with the Australian Institute of Interpreters and Translators (AUSIT) *Code of Conduct and Code of Ethics*. NAATI also provides an online directory of accredited interpreters and translators. Multilingual language skills can also be verified through a NAATI language aide or interpreter test.

There are four accreditation levels relevant to communicating in the health and human service system.

### Professional accreditation

An interpreter or translator at the professional level is competent across a wide range of subjects, including communicating specialist or technical information.

### Paraprofessional accreditation

The interpreter or translator is competent to communicate in general conversation situations or subject matter, but not specialist information.

### Recognition

This credential is an acknowledgement that at the time of the award the applicant has had recent and regular work experience as an interpreter or translator, but no level of proficiency is specified. This is often the only credential available for practitioners working in new or emerging languages.

### Language aide

This credential is awarded based on success in a NAATI test. The test assesses the candidate’s multilingual skills in a ‘customer service’ scenario.

This is not a credential in interpreting or translating and should not be construed as such.

## When an interpreter is not available

At times it will not be possible to engage an interpreter accredited at the professional level. This may be because there are no accredited professional-level interpreters available in a particular language, or they cannot be located in an emergency. Rural areas in particular may experience difficulty in locating suitably qualified interpreters.

In these cases:

* determine if it is an option to reschedule the client’s appointment time to when a suitably qualified interpreter is available
* if an onsite interpreter was planned but did not eventuate, try to obtain a telephone interpreter instead. They are often available when face-to-face interpreters are not
* if an interpreter accredited at the professional level is not available, engage an interpreter accredited by NAATI at a lower level and record the reason for this in the client’s file or relevant record. Interpreters accredited at the paraprofessional level are competent to communicate in general conversational situations or subject matter, but not specialist information. They should not be asked to interpret beyond their level of competence.

## Staff who speak another language

Bilingualism is the ability to communicate in two languages with equivalent, or near equivalent, fluency. Employees who agree to communicate in English and a language other than English and are generally called bilingual staff. Bilingual staff can be utilised for the language services skills as part of providing a culturally responsive service.

Unaccredited bilingual staff: can perform a simple interpreting role, but as they are not qualified interpreters, communication should be limited to kept to low risk content such as making appointments or obtaining basic personal details such as name and address. Unaccredited bilingual staff cannot be used to communicate information that is legally binding or puts at risk either the client or organisation.

Accredited bilingual staff: are accredited and employed specifically for their language skills, such as ‘Macedonian health education worker’ or ‘Spanish-speaking financial counsellor’, may be used when necessary for their interpreting skills. Their main role should be to conduct their daily functions in a language other than English. When employing staff for these positons, it is important to clearly state the language skills required for the role and check the credentials as an employer would for other professional skills. These may include NAATI accreditation or equivalent evidence.

Bilingual staff who achieved their professional qualification in another language may not require language accreditation to practice their profession in the other language. More information on bilingual workers can be found on the [Centre for Culture, Ethnicity and Health](http://www.ceh.org.au/recruiting-bilingual-staff/) website < http://www.ceh.org.au/recruiting-bilingual-staff/>

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| Staff members who speak a language other than English may assist (when not an accredited interpreter or employed for their language skills) in:   * helping a receptionist determine a client’s presenting issue * telling a client the date * assisting with directions within the organisation   + confirming simple arrangements.   These types of communication exchanges require basic-level knowledge of the language, and the risk of miscommunication is minimal. |

### Victorian Public Service Language Allowance

Departmental staff may be eligible for the Victorian Public Service (VPS) Language Allowance if fluent in English and one or more languages other than English. It is paid to an employee who undertakes work involving direct contact with speakers of other languages that they speak, and agrees to use these language skills to assist members of the public who have limited English proficiency.

Staff should speak with their managers if they feel they are eligible to apply for this allowance.

More information on the VPS Language Allowance can be found on the [Multicultural Victoria website](http://www.multicultural.vic.gov.au/) <http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/vps-language-allowance>.

This allowance is in scope for the language services review.

## Children and interpreting

Requesting family or friends who are children under 18 years of age to act in the place of an accredited interpreter or to relay information between staff and a client is not acceptable.

Children are unlikely to have the words to convey the intended message; may not understand the importance of interpreting exactly what is said without modifying it to what they feel is appropriate for them to say to their parents; may not understand about confidentiality; or may feel guilt because they are required to say something painful or if they made a mistake in interpreting. The child may also have to process difficult information or be placed in a position where they have to support or help the adult. Adult patients may omit important information because they do not want the child to know sensitive aspects of their lives.

In extreme cases, and where no other option is available, children may be asked to obtain basic information in a language other than English, such as an adult’s name, with the reason for making this decision clearly documented in the client’s file or relevant record.

# Part 6: Process for engaging interpreters and translators

Interpreters and translators can be engaged through language service providers.

A list of language service providers can be found on the [National Accreditation Authority for Translators and Interpreters](https://www.naati.com.au/Online/PDSearch/StartNewSearch) website <https://www.naati.com.au/Online/  
PDSearch/StartNewSearch>.

Depending on the funding arrangements, services may wish to develop a list of preferred language services providers (not appropriate for organisations who use a credit line), with their phone numbers, procurement cost centres.

Staff should be trained on how to access language services.

## Arranging for an interpreter

There are three ways to arrange interpreting services:

* face-to-face
* telephone
  + video-conferencing.

## Determining the need for an interpreter

The first step in determining if an interpreter is needed is to assess how well the client can understand information in English.

Stressful or unfamiliar environments may affect a person’s ability to communicate effectively, even if they generally have a level of proficiency in English suitable for that type of appointment or meeting.

Interpreters should be engaged if a person requests one.

## Assessing English proficiency

An effective method for assessing English proficiency is to conduct a short, informal interview with the person, asking for basic details about their reason for attending and their background.

It is important to ask questions that will require a sentence to respond, rather than a simple word, because this will test both their ability to understand and explain things.

Questions may include:

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| What is the reason you came here today?  How did you come here today?  How long was the wait before your appointment?  How would you describe your English language skills?  Where were you born?  Another technique is to ask the person to repeat what you have just said in their own words.  If you are unsure about a person’s ability to understand and discuss their concerns it is always recommended to ask:  What language do you prefer to speak?  Do you need an interpreter? |

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| Engaging an interpreter is recommended if the client:  demonstrates no understanding of English when asked basic questions and is unable to have an everyday conversation; for example, the person cannot respond in English when asked their name, address or date of birth  is only able to respond in English in a limited way, or uses English that is difficult for you to understand; for example, the person is able to understand and uses simple greetings but little more  relies on family or friends to communicate on their behalf  prefers to communicate in another language  is able to communicate in English, but is in a stressful or unfamiliar environment uses Auslan as their primary language. |

## Promoting the availability of interpreters

It is important to advise clients that interpreters are available at no cost to them.

The best way to find out if the client wants or needs an interpreter is to ask ‘Do you need an interpreter?’ Alternatively, use a flashcard containing the interpreter symbol to ask this question.

An accredited interpreter should be engaged if:

* the client requests an interpreter
* the client expresses their wish to communicate in their preferred language
* staff have difficulty communicating effectively with the client
  + the referring service has identified an interpreter is required.

Clients may:

* not be aware interpreter services are available
* be unaware they are entitled to the service at no cost to them
  + know how to request or work with interpreters.

## Identifying spoken language

Assuming a client’s language based on their country of birth can be unreliable, because many countries have multiple dialects or languages. Spoken language may be determined by:

* checking for information about spoken language, and dialect if relevant, in referral documentation
* asking the client which language and dialect they speak
* asking English-speaking friends, family or multilingual staff the client’s preferred language
* using visual aids that list languages – the client may be able to point to the language and dialect they speak
* contacting a language services provider, who may be able to assist through engaging telephone interpreters
  + asking the client if they speak another language or dialect and how well. If their first language is less common, or if an interpreter is not available in their preferred language or dialect, an interpreter may be available in their second language or dialect.

## Making a booking through a language service provider

Making a booking is essential for face-to-face interpreting and may be required for some telephone interpreting. Staff should be aware of processes and contract details of their language services providers.

### Requests for a specific or preferred interpreter

When documenting an interpreter is required the name of the client’s preferred interpreter should also be recorded. With certain languages such as Auslan or in sensitive interviews such as family violence counselling the use of a preferred interpreter aids the communication process as the client is comfortable with and has confidence in the interpreter.

A request for a specific or preferred interpreter can be made at the time of booking. While use of the preferred interpreter is recommended, if that interpreter has a qualification lower than a professional level they cannot interpret for the client when:

* the client needs to make significant decisions, particularly decisions concerning their lives
* being informed of their rights
  + being provided with essential information to inform decision making, including giving informed consent.

In these situations nn interpreter with a professional level qualification must be engaged to interpret this information.

## Working with an interpreter

Consideration should be given to seating arrangements, appropriate lighting and avoiding windows that allow glare.

As with all interpreting, there is a delay in time between a message being spoken or signed, and the interpreter reconfiguring the message and producing the interpretation. It is important to be patient and be clear about turn-taking, allowing appropriate time for the interpretation.

### Working with an Auslan interpreter

Auslan interpreters work in a similar way to other language interpreters. The interpreter will typically need to sit next to the service provider (English speaker). This allows the Deaf person to maintain eye contact with the speaker, read body language and engage with the person speaking whilst receiving the message from the interpreter. The service provider should ensure they speak directly to the client and not their interpreter.

Because Deaf people generally use language services their entire lives, many are familiar and work regularly with Auslan interpreters. It is common for Deaf people to request a particular agency or interpreter whom they feel provides the service they desire.

Auslan use varies in the community and Deaf people must regularly allow interpreters into their lives on both a personal and professional level. Many Deaf people request a specific interpreter they feel they can trust and with whom they can confidently communicate and this request should be accommodated where possible. This should not however affect the interpreter who must work as a neutral party during the interaction and perceive both the Auslan and English speaker as equal interlocutors.

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| It is important to remember that not all English words have a direct Auslan equivalent (and vice versa).  This may mean the interpreter may take some time to relay the message in a format suited to Auslan and the communication needs of the client.  Similarly, the client may produce a lengthy utterance that can be conveyed by English in a few words or a very short signed utterance that requires a lengthy English interpretation.  This simply reflects the differing natures of the languages. |

## Video Remote Interpreting Service

Video Remote Interpreting is an alternative mode of language service provision. The interpreter is located offsite and technology is utilised to provide the language service. The client and service provider access the interpreting via audio visual technology such as a video conference system, a laptop or tablet. A strong internet connection and suitable equipment is essential to provide the speed and data capacity to transmit the visual image.

Video Remote Interpreting is an innovative an alternative to onsite services, particularly in areas where local Auslan interpreters may not be available, or where an interpreter is required at short notice.

Video Remote Interpreting is not suited to lengthy communications involving a large number of people.

It is always the right of the client to express a preference for an onsite, telephone or video remote interpreter and this should be respected.

## When a client declines to engage an interpreter

Clients may sometimes decline the invitation to engage with an interpreter, even when the provider considers they require one. They could, for instance, be concerned that an interpreter could pose a risk to their rights, such as their right to confidentiality, privacy, sensitivities or their safety. They may also consider the gender, religious or ethnic background of an interpreter unsuitable for their circumstances.

The client should be advised the interpreter is also for the clinician, as limited or incomplete communication may result in a compromised diagnosis. In order to manage that risk an appointment may need to be rescheduled if a suitable interpreter cannot be found.

## Assessing cultural and language issues

A range of cultural and language issues need to be taken into account when booking an interpreter.

The suitability of the interpreter is an important consideration, in particular, ethnicity, religion and gender may be important to some clients or when discussing sensitive issues. Consideration should be given to not disclosing the name of the person requiring an interpreter to protect their confidentiality if, for instance, they are in a small community, this is particularly effective when using phone interpreters.

In some languages, there are few or no accredited interpreters. Interpreters of rare and emerging languages are called on to interpret in a variety of situations, some of which may be sensitive and beyond their interpreting expertise. In some cases, the client may know the interpreter or vice versa. Knowing the name of the interpreter prior to the meeting may be helpful in anticipating concerns on the part of the client. Telephone interpreting may be used in these instances.

## Complaints and feedback

Maintaining and promoting the professionalism of interpreting services is extremely important, so that health and human services providers and clients can have confidence in the quality of interpreting services.

Interpreters are expected to be accountable to and comply with the *Code of Ethics* developed by AUSIT. If an interpreter fails to comply with the *Code of Conduct and Code of Ethics*, the organisation can take action.

Most language service providers have a complaints policy and processes to resolve issues. Concerns with the conduct of a specific interpreter should be discussed with the interpreter in the first instance. If a mutual resolution cannot be found, contact the language service provider (such as the Victorian Interpreting Translation Service) to make a formal complaint.

When making a complaint it is important to include information such as the booking reference number, the interpreter’s name, the date(s) and time(s) of bookings and a clear description of the issue. This enables the language service provider to pinpoint and then address or resolve the issue.

Other complaints, such as lost bookings, incorrect fees or interpreters with inappropriate levels of accreditation, should also be addressed directly with the language service provider.

Health and human service providers should be aware that a perceived failure to respond adequately and appropriately to the language service needs of a client may constitute grounds for complaint to the relevant complaints authority (Health Services Commissioner, Mental Health Services Commissioner, Disability Services Commissioner, Commission for Children and Young People) or to the Victorian Equal Opportunity and Human Rights Commissioner.

The Victorian Equal Opportunity and Human Rights Commission will be releasing a website for hospital staff describing obligations to provide Auslan interpreters in the context of obligations under the Equal Opportunity Act and the Charter of Human Rights and Responsibilities Act.

# Part 7: Translating

Translation is the communication of the meaning of a source language text into another language text. Translated information is another tool for communicating with clients, their families, carers and other support persons about services and programs. Providing translations does not replace the need to engage with interpreters. There are two reasons for translating material:

1. distribution to a broader population for information and educational purposes
2. Translating documents to understand a client’s history can also be crucial to providing services.

Translated information can supplement interpreting services and provides information that the client can later refer to, or provide to family, carers and other support persons to aid understanding. Some people may prefer written information.

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| When determining the value of translated information, the following questions should be considered:  What is the message?  Who is the target audience?  Is translation the best way of communicating with the target audience? |

When making a decision to translate it is important to consider the level of literacy as well as the health literacy of the target audience.

Some Victorians with limited English proficiency or from refugee backgrounds may have had limited or disrupted education, and consequently may not be able to effectively read or write in any language, including the language they speak. Also, there may be no written form of the language a person speaks. For communities where the majority of members have low literacy levels, written translation should be avoided.

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| A range of consultation methods can be used to find out the communication preferences of the target audience which can include:  focus groups and interviews with community members  service providers who already work with the community  local committees and community groups.  Refer to the [Victorian Multicultural Commission](http://www.multicultural.vic.gov.au/) <http://www.multicultural.vic.gov.au/> and the [Ethnic Communities Council of Victoria](http://www.eccv.org.au/) <http://www.eccv.org.au/>. |

The purpose of the communication influences the mode of communicating. Information such as instructions may be better provided through images, diagrams or storyboards. Other information will be too complex or variable to communicate visually and is better translated or delivered in person through an interpreter.

Generally, the English language source text will not be suitable for translation directly into multiple languages, because each community group will have unique needs. For example, recently arrived clients may not have the contextual knowledge of Victorian Government services or the health system of more established communities. Before sending the text for translation, prepare and adapt the content to suit the target audience.

## Deciding which languages to translate documents into

When deciding on the language/s to translate a document into, the target audience for the material should be considered rather than just using the top languages spoken in Victoria.

In order to obtain information on the most suitable language choices, talk to organisations who work with the target group/s the document is meant for as they can provide insight into the most suitable languages.

Also discuss language selection with the service provider undertaking the translation as they can also provide further information on dialects or which versions of a language to are most suitable for written translations.

## Ensuring cultural sensitivity and appropriateness

There are various levels of checking the appropriateness and accuracy of a translated resource available. The language service provider should advise options and costs, which will vary depending on the level of checking undertaken. Checking material to ensure it is appropriate and suitable can be done by translating material back to English.

Depending on the document it is also important to check the translated resource with the community. This will help identify any particular words or expressions in the translated resource that do not sound natural or are unclear and also if there are any particular issues about the topic that are sensitive or culturally inappropriate within that community as they may need to be handled differently.

## Managing translation costs

As a guiding principle and to avoid duplication, translated resources should be shared across organisations and services.

Before making a decision to translate, check available translation directories or other organisations’ websites to ensure a similar resource does not already exist. If it does not, contact other organisations and explore developing the resource together.

By sharing the cost, organisations can often develop a more comprehensive resource.

## Translator accreditation and recognition

Translated resources are an important way of providing multilingual information to clients so, as with interpreting, an accredited translator should be engaged.

## Levels of translator accreditation and recognition

### Advanced translator

Advanced translators handle complex, technical and sophisticated material, compatible with recognised international standards. They may choose to specialise in certain areas.

Advanced translators are accredited to translate either into one language only or into both languages, depending upon their accreditation.

### Professional translator

This is the minimum level of competence for professional translating. Professional translators convey the full meaning of the information from the source language into the target language in the appropriate style and register.

Translators at this level work across a wide range of subjects involving documents with specialised content.

They are qualified to translate into one language only or into both languages, depending upon their accreditation.

### Paraprofessional

This represents the level of competence required to produce translations of non-specialised information. For example, for a community event.

### Recognised translator

Recognition acknowledges that the candidate has had recent and regular experience as a translator, but no level of proficiency is specified.

A recognised translator has reasonable proficiencies.

## Plain English or easy English

Plain English involves taking complex language and making it as simple as possible without changing the meaning. It makes information accessible to people who have difficulty reading and understanding written text, by using clear and simple language.

Producing a plain English version of the source information may be useful in some situations where a basic level of English proficiency has been acquired by a community. Advice should be sought from the relevant community organisations to determine whether this option is appropriate.

Easy English has many similarities to plain English but it may also include simple pictures or symbols to relay meaning as well as minimal punctuation, simplified font, layout and design. easy English is helpful for people with cognitive or intellectual disabilities.

## Health Translations Directory

The [Health Translations Directory](http://www.healthtranslations.vic.gov.au/)<http://www.healthtranslations.vic.gov.au/> is an online portal for health professionals and the wider community to access multilingual health resources.

The directory aims to support the needs of culturally and linguistically diverse communities by providing access to high-quality translated health information needed to make informed health and lifestyle choices.

The directory currently has more than 10,000 resources in 90 languages and attracts more than 30,000 unique visitors per year.

Health-related resources in written or audio-visual format that meet the following criteria are suitable for registration on the directory:

* published in Australia
* covers one of the health-related topics listed in the collection policy
* translated into languages other than English by a NAATI accredited translator and/or the translated version has been focused-tested with consumers
* that include a corresponding English version
* published or reviewed within the past three years
* content that supports improved health outcomes and health literacy of individuals or communities
* content that takes into consideration cultural sensitivity and linguistic diversity of consumers
  + does not promote individual commercial products, therapies and services

Program areas or organisations that produce suitable multilingual resources should ensure registration of those resources on the directory is a standard part of their translation process.

As well as providing wider access to information it can also reduce translations costs as duplication is avoided.

Editorial Guidelines and a collection policy are available to ensure the quality and currency of the information on the directory.

# Part 8: Monitoring and evaluation

The use, quality and effectiveness of language services will be monitored through the Department of Health and Human Services’ *Cultural diversity plan* reporting.

Organisations should review and strengthen their data collection around language services and cultural diversity to ensure a detailed understanding of the types of services required, as well as peak demand periods or other factors that may influence the procurement choices.

The [*Victorian Government Standards for Data Collection on Interpreting and Translating Services*](http://www.multicultural.vic.gov.au/images/stories/pdf/victorian-government-standards-for-data-collection.pdf) *<http://www.multicultural.vic.gov.au/images/stories/pdf/victorian-government-standards-for-data-collection.pdf>* provide information on collecting data on language services, determining supply and demand, and documenting expenditure and available resources. The standards are designed to assist funded organisations and program areas to:

* improve their understanding of the needs of their client group
  + monitor the accessibility of the services they provide to people who speak languages other than English.

Victorian public health services are also required to report against standard 3 in the *Cultural responsiveness framework: guidelines for Victorian health services*. This standard states ‘accredited interpreters are provided to patients who require one’.

All health services are required to ensure completion of two data elements in the:

* [Victorian Admitted Episodes Dataset (VAED)](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vaed) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vaed>
* [Victorian Emergency Minimum Dataset (VEMD)](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vemd) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vemd>
  + [Victorian Integrated Non-Admitted Health (VINAH)](https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vinah) <https://www2.health.vic.gov.au/hospitals-and-health-services/data-reporting/health-data-standards-systems/data-collections/vinah>

collections relating to preferred language spoken and interpreter required, as proxy measures of local demand for language services.

It is expected that where practicable, the use of language services will be recorded through administrative data sets by the department and funded organisations. This policy will be reviewed periodically by the Quality and Experience Sub-Committee of the department’s Executive Board.

1. The term ‘language service providers’ refers to specified agencies established to broker provision of interpreters and translators in a wide range of contexts. See further detail below.) [↑](#footnote-ref-1)