



Government of **Western Australia**
Department of **Health**

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 consumers² who have limited English language proficiency may experience additional challenges navigating the Western Australian (WA) health system or understanding 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. Health literacy is about people having the ability to understand and access health information to make informed decisions to maintain their health³.

The WA health system has a duty of care to advise consumers and carers verbally, in a way that is accessible and understood by the consumer, that they have the right to request translation and interpreter services to help them understand and share information⁴.

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 includes the ability to make complaints and provide feedback about their services through translators and interpreters.



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 backgrounds⁵.



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.



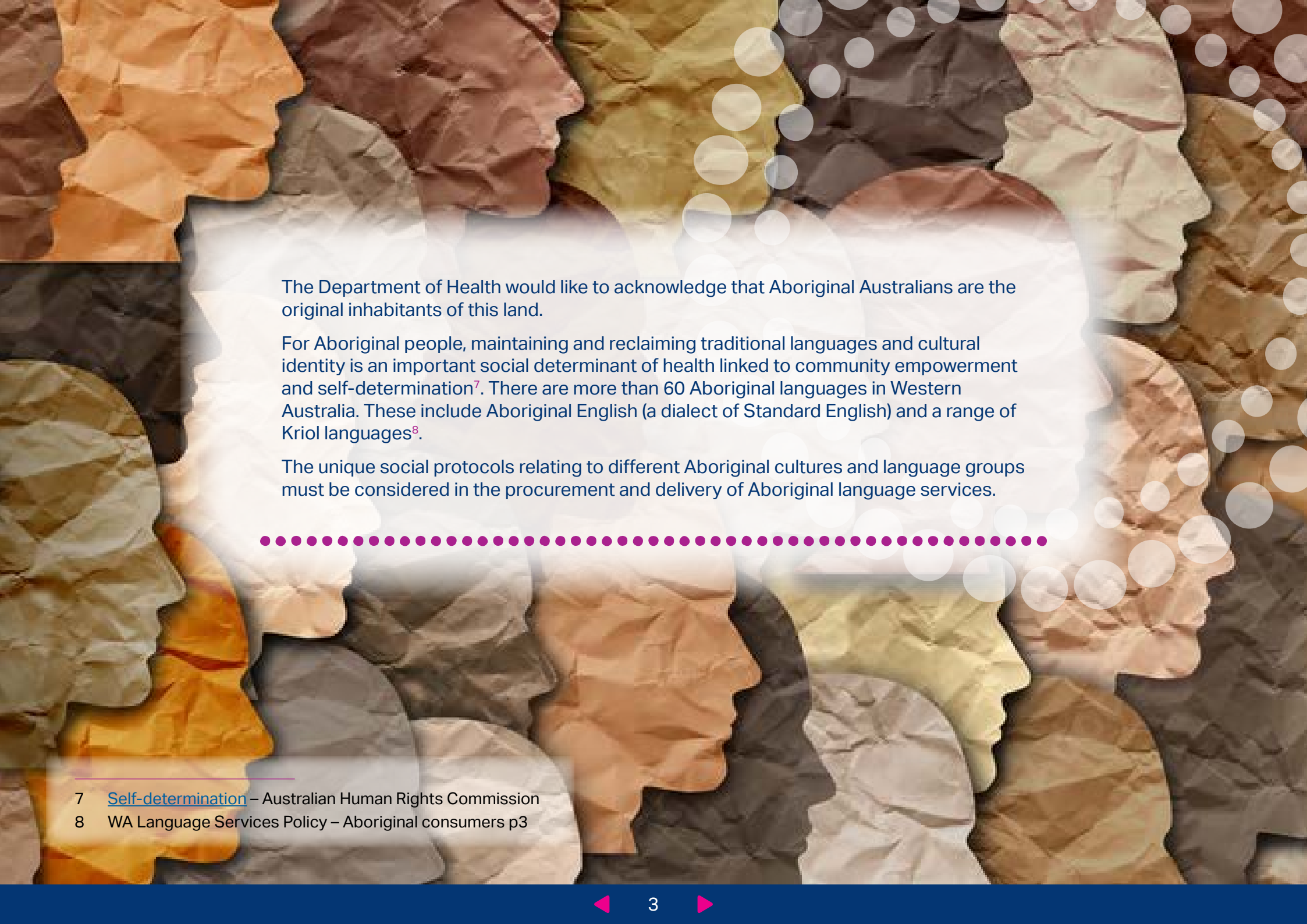
12.6% of the Western Australian Aboriginal⁶ population speak a traditional local language.



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

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-determination⁷. There are more than 60 Aboriginal languages in Western Australia. These include Aboriginal English (a dialect of Standard English) and a range of Kriol languages⁸.

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 provide guidance to WA Health staff about systemwide and professional standards to enable effective communication with consumers and carers. The documents also 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 and health service providers (HSPs). DAIPs can be accessed through [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 who 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
- tertiary qualified and/or National Accreditation Authority for Translators and Interpreters (NAATI) credentialed interpreters and translators engaged through the Common User Arrangement (CUA) for Interpreting and Translating Services
- building cultural and linguistic knowledge and skills of WA Health staff to improve service delivery, including providing cultural competency training about how to work 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, Western Australian 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 Complaints Management Policy](#)
- [WA Health Consent to Treatment Policy](#)
- [Disability Access and Inclusion plans](#)
- [Diversity and Inclusion Framework](#)
- [WA Health Aboriginal Health and Wellbeing Framework 2015 – 2030](#)

Western Australian 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](#)
- [National Agreement on Closing the Gap](#)

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 with 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 that 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 be understood by WA Health staff. This further supports the likelihood of the consumer being able to receive culturally safe and 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 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 and 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, refer to Section 1 of the Language Services Procedure, Assessing the need for language services.

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 or 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 people who have challenges communicating in verbal standard English. They 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 a consumer's English language skills, or their 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 on a case-by-case basis using all

available information 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 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. The [cards](#) can be printed out by following instructions on the Office of Multicultural Interest's '[I need an Interpreter card](#)' - [Printing kit](#) or contacting the [Department of Health's Cultural Diversity Unit](#).

When engaging interpreter services, it is important to understand the consumer's specific language group. Some languages, such as Arabic and Swahili, have different dialects depending on which country or region the person is from⁹. 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, in distress, or when medical information is particularly complicated or technical to understand.

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 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 all 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 and community members are not deemed professional interpreters. 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 in Perth's major metropolitan hospitals is to manage and coordinate the booking of interpreting and translating services for their hospital services.

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

WA Country Health Service

Phone: (08) 6372 2349
Email: WACHS.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](#). A list of language service contractors can be found at this link.

Further information about booking and engaging language services is available in the [Decision making tree for engaging an interpreter](#) and the [Engaging Interpreters Checklist](#), or by contacting the [Department of Health's Cultural Diversity Unit](#). Please refer to the [Language Services Procedure](#) for further information about consumer preferences for interpreters.

6. Types of interpreting services

There are different types of interpreting services.

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 consumer. It is useful where complex or sensitive matters need to be discussed, or a long consultation is required. Face-to-face interpreting facilitates non-verbal and verbal communication.



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

Consecutive interpreting is when the interpreter listens, converts and reproduces the original message after the speaker or signer pauses. It is generally bidirectional in nature — 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 be charged the minimum rate.

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

6.2 Telephone interpreting

Telephone interpreting links the interpreter to the session via telephone, while the staff member and consumer are in the same room.

Benefits of telephone interpreting are that it:

- is 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
- is more anonymous for the consumer than face-to-face interpreting
- is less expensive
- can provide access to a wider pool of interpreters, including those located outside of WA.

Telephone interpreting is more commonly used in remote or regional areas, and for briefer 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 are uncomfortable not being able to see the interpreter
- 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). When using this teletype system over a phone line, the message is 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. 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.

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
- increased ability for agencies to provide interpreters. 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
- opportunity to access a wider range of language service practitioners, including those outside of Western Australia
- availability in many locations, including through the Western Australian Telecentre Network and hospitals.

Disadvantages of using VRI include:

- some people lack the knowledge or confidence to use the technology
- not all agencies, consumers or carers have access to videoconferencing facilities
- potentially additional telecommunications costs
- possible confusion for mental health patients or people with cognitive disabilities
- sound and vision quality challenges for the interpreter and participants
- potential for online communications to disrupt the communication link (especially in remote and regional areas)
- vision being blocked by movement
- non-verbal communication being more difficult than with face to face communications.

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 with multiple needs. These needs include having a learning disability or mental illness.

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

In very challenging situations, the DRI and Auslan interpreters 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 to English.

A DRI interpreter is highly recommended in situations with a greater risk of misunderstandings that could 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

Diverse communication methods and tools can be used to convey information to people with varying communication needs. Examples include:

- pictures, storyboards and diagrams
- audio visuals (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 method.

For further information about different types of interpreting, 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 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 only what is said by you and the consumer and/or carer
- 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 history
- give advice or an opinion about what is being discussed.

When booking an interpreter:

- give as much notice as possible
- 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

Aboriginal consumers and carers may require a variety of considerations for language services due to the diversity of Aboriginal language groups across Western Australia. Some of the cultural differences that may apply can include but are not limited to gender, cultural or family dynamics.

It is important to note that Aboriginal Interpreting WA (formerly Kimberly Interpreting Service) is the primary language service for non-English speaking Aboriginal people in Western Australia. The organisation is governed by senior Aboriginal Interpreters and cultural leaders. It provides registered, trained, and supported interpreters who are committed to the profession's AUSIT National Standard code of ethics and Aboriginal cultural protocols and respect.

Aboriginal Interpreting WA also provides guidance and information on [how to work with Aboriginal interpreters](#). It is highly recommended that WA health staff review this information.

7.1 Working with a face-to-face interpreter

Before the session

- Brief the interpreting on 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 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, to allow them to adequately prepare.
- For longer sessions, if may be necessary to have regular breaks or 2 or more interpreters work in tandem. Check with the interpreting service when booking.

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 spoken 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 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 — ensure that the pace is appropriate, and they can seek clarification, if necessary.
- Provide regular breaks in the session. Breaks are recommended every 15 to 25 minutes for Auslan interpreters and every 20 minutes for others.
- Ensure everything that is said during the interview is interpreted, even if it seems unimportant or irrelevant.
- Consider how well the session is going. If at any time you, the consumer or carer is 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 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 them.
- Debrief the interpreter/s after the session to ask 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. Some matters are 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 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, depending on the consumer's needs and situation.
- Prior to the appointment, know the information to be provided or sought and communicate it to the interpreter.

During the session

- Introduce yourself to the interpreter and brief them 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 with you in the room.
- Let the interpreter know if you have a single or dual handset telephone or 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 person 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, after ensuring that the consumer/carer has left the telephone call.

7.3 Working with a video interpreter

When working with a video interpreter, the conversation will be 3-way — similar to face-to-face. This will take the form of either of the following 2 contexts:

1. The consumer may be in the video call while the interpreter and health professional are linked via their separate devices.
2. The consumer may be onsite with the health professional and the interpreter is on video call.

Before the session

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

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 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 person at a time.

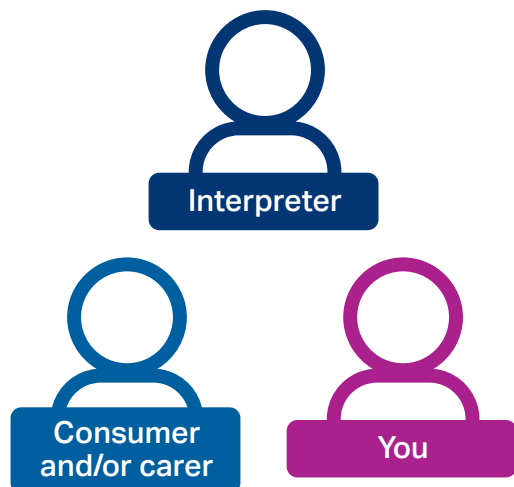
Completing the session

- Clearly indicate to all parties when the session is complete.
- Provide the interpreter an opportunity to debrief following the interpreting session, and after the consumer/carer has left the chat room.

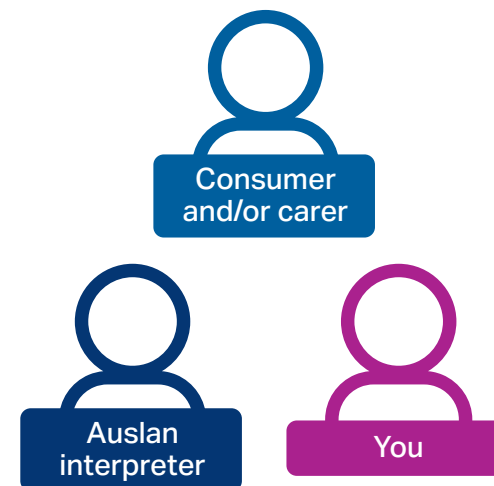
7.4 Setting up interpreter sessions

The following setups are recommended 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:



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



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



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.

Staff play a role in maximising the quality of the interpreting service that is provided in the following 3 key areas:

- ensuring staff are trained in the use of interpreters and cultural awareness
- 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 an 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 culturally and linguistically diverse communities in Western Australia, such as Italian or Chinese. Whereas, information about ante-natal and post-natal issues may be more relevant for new and emerging communities that have a higher likelihood of having young families¹⁰.

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 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.

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

8.3 Target audience

Understanding the linguistic diversity 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.

Braille should be considered for people who are blind or visually impaired. Braille is not a language but is a code. It is a tactile writing system enabling people with blindness and visual impairments to read information through touch¹¹.

Identifying the most spoken languages based on population data, from websites such as [the Australian Bureau of Statistics](#) (ABS) or [Community Profile ID](#), may be appropriate when developing translations aimed at a general readership. However, general data is not the only factor to consider when deciding language groups to target for translations.

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 need information 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 ABS.



8.4 Identifying existing translations

It is worthwhile, in the first instance, to check whether external websites have translations on the same topic, that could be adapted to WA audiences with minor changes.

Places to check for existing translations that could be adapted to WA audiences with minor changes include multicultural or diversity programs of websites of Australian, state and territory, and local government departments, peak bodies, and organisations performing similar functions to those of your 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.

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 consumers, including those with limited English literacy, or other comprehension difficulties. It will also help a translator.

8.6 Obtaining a quote for translation services

Most translation services provide:

- basic translations
- editing translations for publication
- checking of text
- multilingual desktop publishing and design, and e-translations
- quality copies 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
- whether the copy was provided to the service in hard copy or electronic format.

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 were 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
- legal and ethical requirements, such as copyright and confidentiality issues
- timeline
- 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 incorrect information
- reviewing the specifications agreement before commencement of the assignment
- clarifying technical terminology, and providing reference materials and glossaries of terms
- providing the contact details of a staff member who can answer queries during the course of the assignment
- providing suitable working conditions if the assignment is being carried out onsite
- identifying each version of the document with a version number, time and date, and marking changes
- checking that the document/s has been edited and proofread.

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

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 have sufficient memory 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.

Good channels for disseminating translated documents and promoting their availability include relevant community leaders, organisations and associations, sector networks, religious networks, disability service organisations, non-government organisations, Aboriginal Community Controlled Health Services (ACCHSs), Aboriginal Community Controlled Organisations (ACCOs), and Aboriginal and ethnic media (print, radio and television).

8.9 Translations on the internet and software applications

There are many web-based applications and products, such as Google Translate, and software applications, such as Machine interpreting (spoken translation), that can be used 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. This may alter the meaning of the intended communication.

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

Machine interpreting conveys the information from spoken language into text. The resulting text is run through a translation program and automated into speech in the target language. Machine interpreting technology may have issues with voice recognition software that results in inaccurate information flow.

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

If considering using a web-based translation application, consider the following:

- while the tools can convey the general understanding of the text, they 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. 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 includes writing clear specifications and ensuring that they are adhered to during the translation process.

Staff play a crucial role in maximising the quality of the translating service that is provided in 3 key areas:

- 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 people who are tertiary qualified and/or National Accreditation Authority for Translators and Interpreters (NAATI) credentialed.

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

9.1 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 [Quality control and assurance section](#) of the WA Language Service Policy 2020 guidelines.

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.



10. Ethics around engaging interpreters and translators

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

The AUSIT Code of Ethics requires members of professional interpreting and translating associations, and members of the sector, to observe 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 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 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, faithful 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 NAATI considers that a practitioner has breached the applicable code of ethics, it reserves the right to counsel a practitioner and 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:

- 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 Consumer and/or carer feedback and complaints

The WA health system recognises consumers and/or carers rights 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 must 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 service issues.
- The consumer must be informed that the [Health Consumer's Council](#) and the [Health and Disability Services Complaints Office](#) can support them 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 issues with practitioner ethics and professional conduct during an interpreting or translation session, they can provide feedback to the appointed language service provider in the first instance.

Staff can also make complaints about interpreting and translating services, in the circumstances:

- informing the health service provider language services coordinator (if applicable), and contacting the (language service provider) that referred the interpreter or translator to the assignment
- the Department of Finance, if services were obtained via the Common Use Arrangement for Interpreting and Translating Services ([CUAITS2017](#)), and if the issue was raised and 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 relates 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 Interpreter/translator feedback and complaints

- Interpreters and translators wishing to make a complaint about their experience of the interpreting or translating assignment may do so through their employer or language service provider, or the existing complaints processes of the WA health system.

All complaints must be recorded and filed separate 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 consumer and/or carer 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 and/or carer 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 appropriate manner
- are capable of handling and managing language service complaints

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

12.1 Training courses through MyLearning

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

- [WA Health Language Services eModule](#) – supports staff to implement the language services policy and 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.

Contact the Department of Health [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](#)
- [Goldfields Aboriginal Language Centre Interpreting and Translation Services](#)

Engaging interpreter services

- [How to work with an interpreter](#) (health.wa.gov.au)
- [Interpreter services and workflows](#) – Healthdirect Australia
- [How to Work with Aboriginal Interpreters](#)
- [The Australian Sign Language Interpreters Association \(ASLIA\)](#)
- [Independent Practising Interpreters Association \(IPIA\)](#)
- [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 Interpreter 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?](#)

- [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](#) (complexneeds capable.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 and 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 (HSP)

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 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. 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 WA Health (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 Western Australia.

15. Appendix 3 – References

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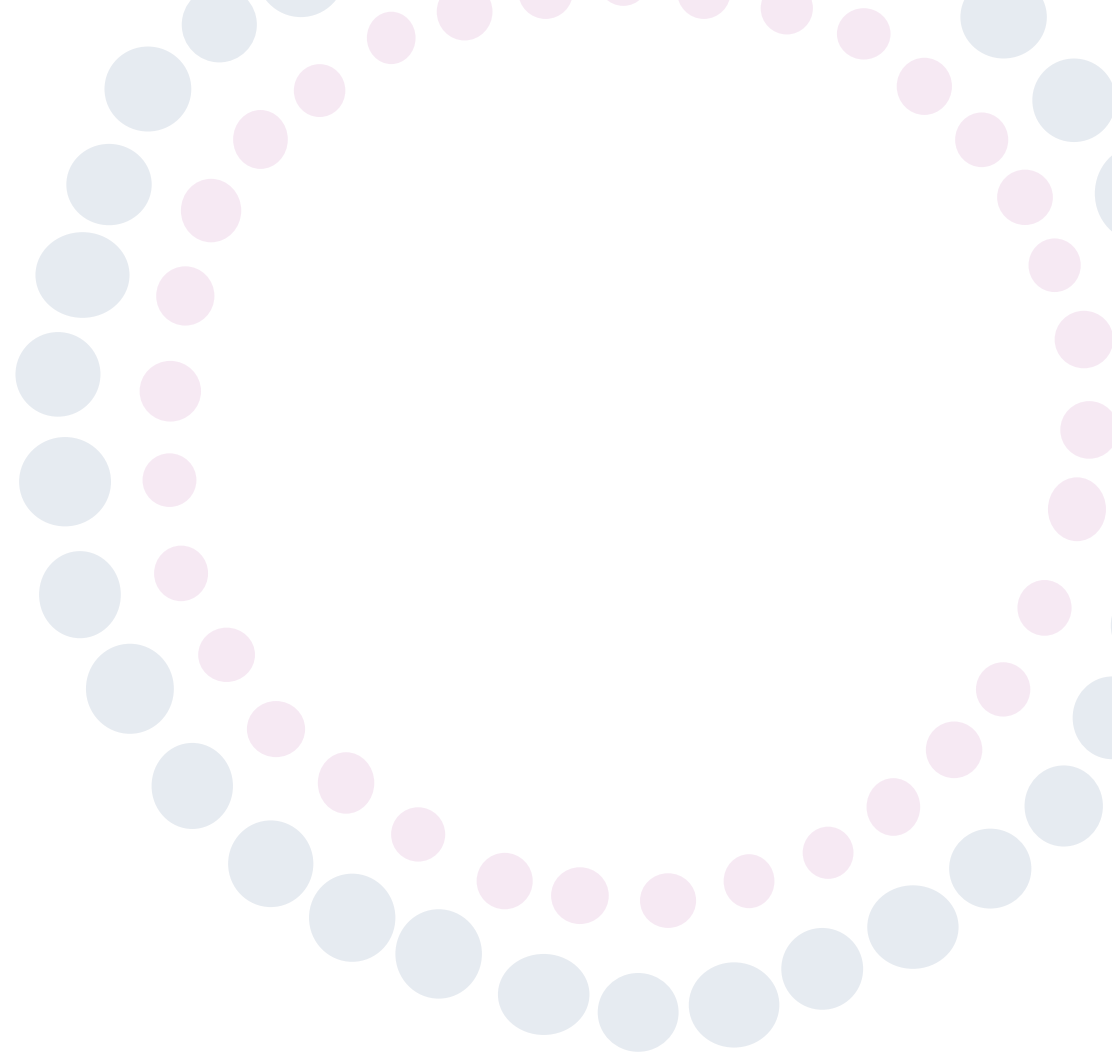
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