



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

# WA Health System Language Services Policy Guidelines

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## Acknowledgements

These guidelines have been adapted from the following documents:

- WA Health (2011) WA Health Language Services Policy 2011 and Support Toolkit. Perth: Health Department of WA.
- The 2014 publication '*WA Language Services Policy 2014 and Guidelines*' produced by the Department of Local Government and Communities, Office of Multicultural Interests.
- The '*Guide to Language Services*' produced by the ACT Government, Health, November 2015.

# WA Health System Language Services Policy Guidelines

## 1. Why language services are important

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

According to the 2011 Census, 14.5 per cent of the Western Australian population spoke a language other than English at home. Of these, 84.6 per cent spoke English well or very well while 1.6 per cent stated that they did not speak English well or at all. The proportion of Western Australians who communicate through Australian Sign Language (Auslan) is 0.03 per cent.

The WA health system is committed to providing accessible and responsive health services to all Western Australians. The WA health system takes very seriously its responsibility to provide language services that fulfil legal and policy obligations and that promote fundamental consumer rights such as access to high quality care, safety, respect, communication and participation.

The WA Health System Language Services Policy and Guidelines seeks to provide guidance to HSP staff about system-wide and professional standards to enable effective communication with consumers and carers and to assist with the management of health, legal and other risks that may arise in the delivery of health services. It is consistent with the State Government's Western Australian Language Services Policy 2014.

### 1.1. Benefits of providing language services

Benefits of effective use of qualified and/or credentialed interpreters and professionally translated materials include:

#### **For consumers**

The ability to:

- understand and be understood by HSP staff
- ask questions about their condition, the proposed treatment or procedure, and associated risks
- make an informed choice and provide informed consent before treatment.<sup>1</sup>

#### **For HSP staff:**

- facilitation of accurate diagnosis
- improvement of consumer and/or carer understanding of and adherence to medication and treatment plans<sup>2</sup>
- ability to offer health promotion and prevention programs to all consumers.<sup>3,4</sup>

## **For the health care system**

Efficiency benefits, including:

- reduced readmission rates and length of stay<sup>5</sup>
- savings in health personnel time.

**Improved safety and quality outcomes, including:**

- the prevention of misunderstandings which could result in legal action
- avoiding unnecessary tests and procedures<sup>6</sup>
- reduced adverse events (see 1.2 Risks), e.g., incorrect consumer identification procedures
- delayed procedures due to incorrect preparation.<sup>7,8</sup>

## **1.2. Risks of not providing language services**

There are significant risks associated with failing to provide qualified and/or credentialed language services – some of which may have legal implications – including but not limited to:

- longer length of hospital stays for consumers with low English proficiency (LEP) when qualified and/or credentialed interpreters were not used at admission or discharge<sup>9,10,11</sup>
- increased incidents arising from the non-use or inappropriate use of qualified and/or credentialed interpreters (leading to potential litigation)<sup>12</sup>
- increased incidence of line infections, surgical infections, falls and pressure ulcers due to LEP patients' longer hospital stays compared to English speaking patients with the same clinical condition<sup>13</sup>
- increased surgical delays and/or readmission due to LEP patients' greater difficulty in understanding information/instructions about preparing for a procedure managing the condition; compliance with medication regimes<sup>14,15</sup> and recognising symptoms which should prompt return to care or follow up<sup>16,17</sup>
- poorer health outcomes for people from culturally and linguistically diverse (CaLD) communities.<sup>18</sup>

## **2. Promoting the availability of language services**

HSP staff must advise consumers, verbally and through display and use of resources:

- that they have the right to use interpreter services in order to understand and share necessary information (including multilingual information)
- that these services are free and confidential
- when and how to ask for an interpreter
- how to give feedback regarding interpreter services.

### **2.1. Resources:**

- [DOH language services webpage](#)



## 3. Interpreting Services

### 3.1. Who may access interpreting services

The WA health system is committed to providing high quality, safe and accessible health care to all Western Australians who may need language assistance when using WA health system services. This includes those who cannot effectively communicate in English such as some Aboriginal people, people from culturally and linguistically diverse backgrounds, and people who are Deaf or hard of hearing who communicate in Auslan.

It is Western Australian Government policy to provide free interpreting services to support Australian citizens and Medicare eligible residents who need help to communicate in English.

Refer to the [WA Health Fees and Charges Manual](#) for guidelines relating to Medicare ineligible consumers and/or carers.

### 3.2. Assessing the need for an interpreter

HSP staff must engage interpreters in situations that have implications for health or treatment of consumers and which depend on the ability of both the consumer and/or carer and HSP staff to communicate key information and understand each other.

Consumers' and carers' need for interpreting assistance must be assessed at **critical points of contact** with the WA health system and across the patient journey. These critical contact points include but are not limited to:

- pre-admission clinics
- admission clinics
- emergency departments
- outpatient clinics, in-patient clinics
- patient accounts
- appointments or waitlist desks
- community services and
- the Patient Assisted Travel Scheme.

In addition, some **health care events and circumstances** in the patient journey carry higher risks to consumers and HSP staff. Effective communication is essential in these situations. In these cases the HSP staff may need to consider engaging interpreters with more than minimum competency (as defined in section 5).

Some health care events and circumstances along the patient journey where there can be high risks associated with miscommunication include but are not limited to:

- admission/intake
- interviews to establish clinical histories
- initial health assessments and new appointments
- assessments, diagnoses and development of treatment plans
- seeking informed consent for surgery, invasive procedures, investigation treatment and research
- providing information about medications
- providing pre-operative and post-operative instructions

- informing people of results and investigative procedures including advice of terminal illness and dying
- situations involving abuse, violence or assault
- diagnosis of a disability
- mental health assessment, diagnosis and treatment
- discharge procedures and referrals
- emergency situations
- pandemics
- environmental health critical events.

HSP staff are responsible for determining the potential seriousness of risks for the consumer and HSP staff where miscommunication may happen.

Consumers' and/or carers' need for interpreting assistance should also be assessed for other health activities where providing appropriate access to information about their rights, health and safety has potential benefits. These could include:

- public health events such as pandemics and environmental health issues
- health promotion
- community education or consultation and
- research.

HSP staff must have a process in place to assess, and document the need for interpreters, and if an interpreter is no longer needed.

### 3.2.1. Resources:

- [ABC guidelines: Do you need an interpreter](#)

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## Do you need an interpreter?

An interpreter may be required for Aboriginal people, people from culturally and linguistically diverse backgrounds (CaLD), and people who are Deaf or hard of hearing. To assess if a consumer/carer is able to fully understand and communicate in a health care situation, ask the following questions:

### Assess

**How can I help you?**  
If the person has difficulty understanding and communicating in English or is Deaf or hard of hearing go to **Book**.

**Can you please tell me if in the past you have seen a doctor or been to a hospital for any other health problem?**  
If you experience difficulty in understanding the person's response go to **Book**.

**Do you need an interpreter?**  
If no, the person's reason for this should be clearly documented in the patient's medical record.

### Book

**What language do you speak?**  
e.g. Aboriginal language, Arabic from Sudan or Lebanon?

**Do you speak a second language?**

**Would you prefer a male or female interpreter?**  
(where available)

**Which type of interpreting is appropriate?**  
Face to face, telephone or video?

**Book the interpreter:**

Interpreter required	📞 business hours*	📞 after hours*	email
Language coordinator			
Aboriginal			
CaLD			
Auslan			

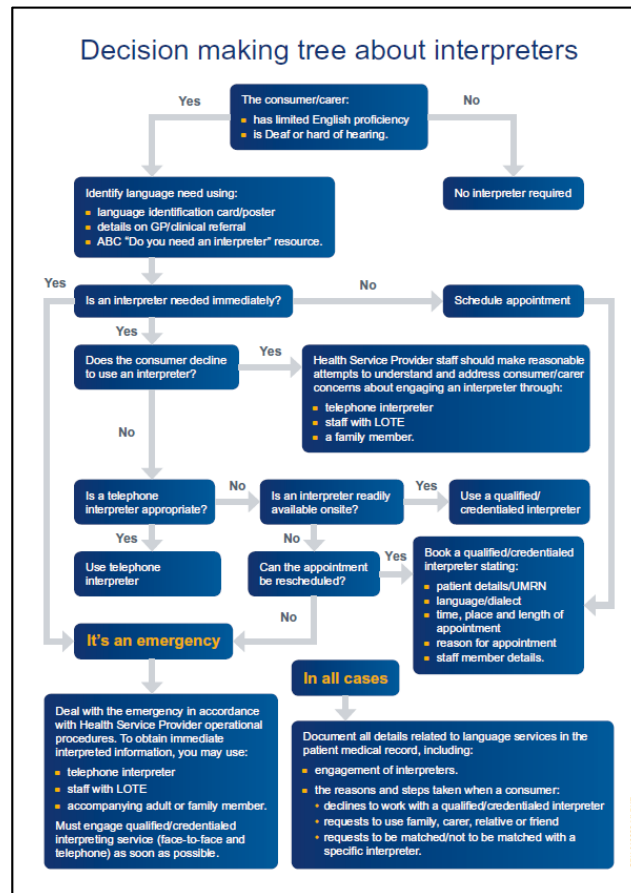
\*For urgent requests, please phone.

### Confirm

After receiving confirmation of the booking, document all booking details in the patient's medical record.  
**Confirm the booking with the consumer/carer.**

The Department of Health acknowledges that the original ABC chart was developed by the Health Care Interpreter Service and Multicultural Health Network in the former Sydney West Area Health Service.

➤ Decision making tree for engaging an interpreter



### 3.3. Identifying the consumer's and/or carer's preferred language

The best way to identify a consumer's or carer's preferred language is to ask them.

They may have an I Need an Interpreter card, which will have the language they speak written 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.

#### 3.3.1. Resources

- ABC Guidelines – Do you need an interpreter? (PDF 984KB)
- Multilingual posters in thirty three languages (PDF 2.7MB)
- OMI interpreter card guide for government agencies (external site)
- Countries of the world and main languages spoken (external site)
- List of Aboriginal languages in Western Australia (external site)
- Kimberley Interpreting Service (external site)
- Aboriginal language interpreting – frequently asked questions (external site)

### 3.4. Providing qualified and/or credentialed interpreters

Once the need for interpreting services is identified, HSP staff must provide qualified and/or credentialed interpreters.

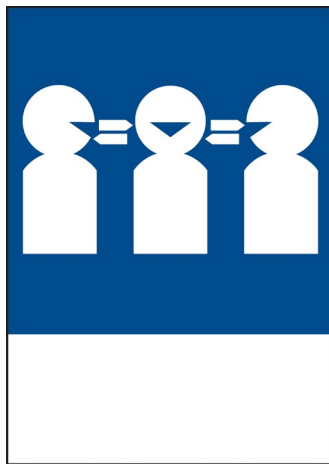
### 3.4.1. Resource:

#### ➤ [National Interpreter Symbol Sticker](#)

Place sticker on relevant files or notes to quickly identify consumers/carers who need an interpreter. Write the language required in space at the bottom (actual size 25mm x by 35mm).

Please note: if reproducing the interpreter symbol for any other use, keep in mind the following:

- The colour of the symbol should be white on a blue square (PMS 288) background.
- To prevent distortion, the symbol should keep its proportions when reproduced: all sides of the square should remain equal in length.
- The recommended minimum size for reproduction in any medium (including websites) is 25mm x 25mm.



**Definitions** of qualified and/or credentialed interpreters are found in Section 5.

HSP staff must ensure that the provision of a qualified and/or credentialed interpreter is documented.

If a qualified and/or credentialed interpreter is not engaged the reason why must be recorded in the patient's medical record.

### 3.4.2. Use of consumer and/or carer relatives and friends for interpreting

HSP staff should not use family members, carers or friends of the consumer and/or carer for interpreting, where possible.

Adult relatives or friends of a consumer and/or carer should only be used for interpreting in defined circumstances, such as in:

- emergencies
- to share non-clinical information.

In the case of an emergency, HSP staff must arrange for a qualified and/or credentialed interpreter as soon as possible to check that interpreted information from relatives or friends is correct.

Relatives may play an important support role in professional interpreting sessions and this should be acknowledged and respected.

### 3.4.3. Persons less than 18 years of age

- Persons less than 18 years of age can be engaged as interpreters if they are qualified and/or credentialed interpreters.
- Persons less than 18 years of age who are not qualified and/or credentialed interpreters must not be used for interpreting for health and safety reasons.
- Like consumer and/or carer relatives and friends, persons less than 18 years of age may not be able to accurately interpret information, due to language skills or emotional involvement.
- Persons less than 18 years of age may also not be able to keep information confidential.
- Engaging persons less than 18 years of age as interpreters can be extremely stressful for them and/or the consumer. Hearing and being expected to interpret sensitive or difficult information can negatively affect the person less than 18 years of age's mental and emotional wellbeing.
- Engaging persons less than 18 years of age as interpreters gives them inappropriate responsibility which can negatively affect family relationships.

### 3.4.4. HSP staff who are fluent in languages other than English (LOTE)

- HSP staff who are fluent in a LOTE must not provide interpreting or translating services unless they are employed as a qualified and/or credentialed interpreter.
- HSP staff must not ask HSP staff with LOTE to interpret on medical or clinical matters, except in emergencies where a qualified and/or credentialed interpreter is not immediately available. This must be documented on the patient's medical record.
- Where a consumer and/or carer declines to work with a qualified and/or credentialed interpreter, HSP staff should make reasonable attempts (using a telephone interpreter, HSP staff with LOTE or a family member) to understand and address these concerns.

### 3.4.5. Emergencies

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

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

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

It is not appropriate to ask consumers and/or carers to “Bring an interpreter”.

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

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

### 3.5. Dealing with consumer and/or carer preferences

#### 3.5.1. When a consumer and/or carer declines to work with a qualified and/or credentialed interpreter

In some instances, consumers and/or carers may choose not to have the assistance of a qualified and/or credentialed interpreter and want their family member, carer, relative or friend to interpret instead.

When this happens, it is the HSP staff’s responsibility to ensure that the need for an interpreter and reason for working with a qualified and/or credentialed interpreter are clearly explained to the consumer and/or carer.

HSP staff should inquire about the reasons for the refusal as consumers may refuse an interpreter because they are concerned about:

- cost
- confidentiality
- the interpreter’s gender.

HSP staff should make reasonable attempts (using a family member, HSP staff with LOTE or a telephone interpreter) to understand and address these concerns.

HSP staff should emphasise that health professionals need to understand the information being conveyed to them by the consumer and/or carer to enable them to deliver appropriate treatment and care. HSP staff should explain that:

- the service is free
- interpreters must maintain confidentiality
- interpreters are available face-to-face or by telephone (the consumer and/or carer can remain anonymous with a telephone interpreter)
- they can indicate their preference for a male or female interpreter
- medical interpreting is a specialist skill, and family members may not have the ability to interpret accurately or objectively on health or medical matters
- qualified and/or credentialed interpreters are trained, insured, and bound by a code of ethics
- an interpreter will assist in providing the best possible and safest care and
- it is WA health system policy to use qualified and/or credentialed interpreters.

If the consumer and/or carer still refuses to engage a qualified and/or credentialed interpreter and continues to prefer using a family member, carer, relative or friend to interpret, HSP staff must document in the patient's medical record:

- the steps taken and the reasons for not engaging a qualified and/or credentialed interpreter
- whether a family member, friend or HSP staff with LOTE interpreted
- the content of what was interpreted
- language spoken
- whether there was another individual with a LOTE in the room at the same time
- other details of the situation in the event that the consumer and/or carer claims that information was not communicated to them.

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

### 3.5.2. When a consumer and/or carer requests to be matched with a specific interpreter

Consumers and/or carers may, in some instances, request to be matched with a specific interpreter due to:

- gender (or same sex)
- family and/or cultural issues such as 'avoidance' in Aboriginal communities.

HSP staff should support these requests where:

- the requested interpreter meets the qualification or credentialed standards outlined in these guidelines
- is available at the required time.

Where the requested interpreter does not meet the qualification or credentialed standards, or is not available, the HSP staff must:

- book an alternate qualified and/or credentialed interpreter
- provide adequate reasons to the consumer and/or carer to ensure that communication proceeds successfully.

### 3.5.3. When a consumer and/or carer requests NOT to be matched with a specific interpreter

- Consumers and/or carers may request not to be matched with a specific interpreter due to similar reasons stated in 3.5.2 or other legitimate reasons.
- HSP staff should support these requests whenever possible.

## 3.6. Types of interpreting services

HSPs must establish mechanisms for HSP staff to access appropriate types of interpreting services:

- Face-to-face (on-site interpreters).
- Telephone.

- Videoconference interpreting.

HSP staff must consult with consumers and/or carers to identify the most appropriate interpreting mode to use in a given health encounter or situation. The decision to use face-to-face, phone or videoconference interpreting should be based on the following factors:

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

People who are Deaf or hard of hearing (who use Auslan or other sign language) will always require face-to-face or videoconference interpreting.

HSPs must ensure that adequate equipment and facilities are available to facilitate the use by HSP staff of any of the three types of interpreting.

### 3.6.1. [Face-to-face interpreting](#)

**Face-to-face** interpreting occurs when an interpreter attends in person. This should generally be used in situations where complex or sensitive matters need to be discussed or a long consultation is required.

Face-to-face interpreting facilitates both non-verbal and verbal communication. This can provide a broader understanding of the information than telephone interpreting, where the interpreter cannot see either the consumer and/or carer or HSP staff member. (Note, however, that caution needs to be exercised to ensure no miscommunication occurs as a result of cultural misunderstandings or non-verbal cues.)

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

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

For cost efficiency, you may wish to schedule consecutive interviews with consumers with the same preferred language. However, consideration needs to be given to consumer's preferred interpreters and to interpreter fatigue.

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



**Simultaneous interpreting** - in which 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.

Other forms of interpreting include:

**Multidirectional interpreting** - in which two or more languages are interpreted and where the interpreter may relay messages back and forth between more than two languages, for example, where an interpreter can speak three languages and three individuals require interpreting in each of their languages.

**Unidirectional interpreting** - where an interpreter conveys a message from one language to another only. This may occur where information is being conveyed to an audience.

**Sight translating** - involves the oral translation of a text. For example, an interpreter at a press conference might be handed a prepared statement in English and asked to read it aloud in the target language.

**Relay interpreting** - where one language is interpreted into a second language and the second language is the basis of an interpretation into a third language—for example, where English is interpreted into Arabic which provides the basis of interpreting a message into Dari. Relay interpreting should only be used in exceptional circumstances when interpreters with the required language combination cannot be found.

**Deaf relay interpreting** - involves use of a range of communication skills and knowledge to address complex situations and the needs of particular consumer groups. For example, a person may be both Deaf and blind, or be Deaf and suffer dementia. It could include Deaf people who are Aboriginal or speak a language other than English.

A Deaf Relay Interpreter (DRI) is an interpreter who is Deaf or hard of hearing and fluent in Auslan. The DRI usually works with an Auslan interpreter to connect the hearing and Deaf consumers. The Auslan interpreter works between English and Auslan and the DRI bridges the gap between Auslan and the Deaf consumer's particular communication style as needed. In very challenging situations, the DRI and Auslan interpreter may work together to understand a Deaf person's message, conferring with each other to arrive at the best interpretation, before the Auslan interpreter translates it into English.

A DRI is highly recommended in situations where misunderstandings can result in especially serious outcomes. For example, a DRI should be used in the courts, by the police when interviewing victims, witnesses or suspects who are Deaf; or in mental health settings where clear and accurate communication assists professionals in determining correct medication or other interventions. Child protection workers may need to use a DRI to ensure communication is as effective as possible.

### 3.6.2. Telephone interpreting

Telephone interpreting may be particularly useful in emergency situations when immediate assistance is needed. It may be less expensive and more anonymous than face-to-face interpreting and can provide access to a wider pool of interpreters. It is also more widely used in remote or regional areas.

Telephone interpreters can also be used to establish the language spoken and the nature of an enquiry before a face-to-face interpreter is engaged. Telephone interpreting can be pre-booked and, after a minimum period, is generally charged per 15 minutes.

Telephone interpreting is not suitable for interviews of a sensitive or complex nature, such as mental health or legal matters. Some consumers, such as older people, may not be comfortable using the telephone for interpreting.

Telephone interpreting also does not allow for non-verbal signals.

It is not suitable:

- when forms need to be completed
- for Auslan users or people who are hard of hearing. In these instances, agencies can make use of TTY, a teletype system over a phone-line appliance where the message is not spoken, but typed, and appears in type when received.

### 3.6.3. Videoconference

Videoconference calls are an alternative when/where face-to-face interpreting is not available/appropriate. This is also useful in rural and regional locations where it is difficult to access face-to-face interpreting services or meet the associated travel costs.

Videoconference interpreting uses audio-visual technology – such as a video conferencing system, a laptop or tablet – to provide face-to-face communication between a consumer and an off-site interpreter. It can be used for Auslan and spoken languages.

The two main applications used by WA Health service providers for telehealth (videoconferencing) are SCOPIA and VideoCall.

There are a number of videoconferencing options in the market, including Skype, WhatsApp, FaceTime and Zoom, but they are not recommended for use as they do not provide the same level of security and patient confidentiality in a clinical setting as SCOPIA and VideoCall. See the advice from [Health Support Services](#) for current information.

Disadvantages of videoconferencing may include:

- some people lack the knowledge or confidence to use the required technology
- not all agencies have access to videoconferencing facilities
- additional telecommunications costs and
- possible confusion for mental health patients.

Challenges for both the interpreter and participants may include:

- quality of sound and vision
- reliability of the communication link and
- vision being blocked by movement.

## 3.7. Contacting interpreters

Once the need for interpreting and translating services is established, it is the HSP staff's responsibility to provide qualified and/or credentialed interpreters.

HSPs may have either a Language Service Coordinator or guidelines about booking procedures and/or a preferred interpreter provider. Follow these guidelines when making a booking.

### 3.7.1. Language service coordinators

Language service coordinator positions are located in six of Perth's major metropolitan hospitals.

The role of the language service coordinator is to manage and coordinate the booking of interpreting and translating services for their hospital and some of the smaller affiliated sites. Language service coordinators are listed below.

#### ➤ Language services coordinators contact details

##### **Princess Margaret Hospital**

Ph: 08 9340 8256 – Ext 8256

Email: [PMH.LanguageServices@health.wa.gov.au](mailto:PMH.LanguageServices@health.wa.gov.au)

##### **King Edward Memorial Hospital**

Ph: 08 6458 2802 – Ext 82802

Email: [KEMH.LanguageServices@health.wa.gov.au](mailto:KEMH.LanguageServices@health.wa.gov.au)

##### **Fiona Stanley Hospital**

Ph: 6152 5163

Email: [FSH.LanguageServices@health.wa.gov.au](mailto:FSH.LanguageServices@health.wa.gov.au)

##### **Fremantle Hospital**

Phone: 9431 2477

Email: [FHLanguage.services@health.wa.gov.au](mailto:FHLanguage.services@health.wa.gov.au)

##### **Royal Perth Hospital**

Phone: 9224 3835

Email: [rph.languageservices@health.wa.gov.au](mailto:rph.languageservices@health.wa.gov.au)

##### **Sir Charles Gairdner Hospital**

Phone: 9346 4698

Email: [LanguageServices.SCGH@health.wa.gov.au](mailto:LanguageServices.SCGH@health.wa.gov.au)

### 3.7.2. Common Use Arrangement for Interpreting and Translating Services

The Department of Finance has developed a [Common Use Arrangement \(CUA\) for Interpreting and Translating Services, CUAITS2012](#), to provide services to Western Australian Government agencies, Public Benevolent Institutions and other users approved by the State Supply Commission. Agencies and approved users may 'pick and buy' from the contractors on the CUA.

The CUA covers three categories:

- Culturally and linguistically diverse languages
- Aboriginal Australian languages
- Auslan (Australian Sign Language).

Further information and an order form can be obtained from the Department of Finance ContractWA website at <http://www.contractswa.finance.wa.gov.au>.

The eDecision Aid (external site) uses a series of drop down menus to enable buyers to quickly select the preferred language, qualification level, work hours and amount of time required for the engagement of an interpreter or translator

The CUA Buyers Guide includes an appropriate order form <mailto:https://www.contractswa.finance.wa.gov.au/index.jsp> .

### 3.7.3. Resources

#### ➤ Interpreting services lanyard card template

**Language Services**

Contacts	Business hours	After hours
Aboriginal		
CaLD		
Sign language		

**Provide:**

- telephone or on-site
- patient details URMN and/gender
- language/dialect
- time, place and length of appointment
- staff member.

**Before booking an interpreter please identify:**

- what language/dialect is spoken
- any other language and/or cultural factors/patient preference e.g. interpreter gender
- the appropriate type of interpreting required, i.e. face-to-face, telephone or video.

**When working with an interpreter:**

- allow sufficient time
- communicate with the consumer through the interpreter
- speak clearly and do not shout
- brief and debrief the interpreter when necessary.

[ww2.health.wa.gov.au/languageservices](http://ww2.health.wa.gov.au/languageservices)

## 3.8. Working with interpreters

### 3.8.1. Working with an interpreter face-to-face

**The interpreter** is there to:

- facilitate communication, not conduct the interview
- ensure your message gets across accurately and without being ‘filtered’
- they are not there to give advice or opinion and are required to be objective and impartial
- interpret what is said, the interpreter will interpret only what is said by you or the consumer and/or carer, without adding or subtracting anything
- assist with your immediate communication needs, not act on your behalf, to fill out long forms, take comprehensive medical histories, or conduct in-depth information sessions
- the interpreter will interpret as you take details or a history.

### **Before contacting the interpreting service**

The nature of the situation will impact on the desired level of qualification or credential. Complex situations, which may have serious implications for the consumer and/or carer and WA health system, should be undertaken by the most qualified and/or credentialed interpreter available.

In most cases, the interpreting service will be in a position to assess the qualification or credential level required for a particular situation. It is therefore critical that as much information as possible about the assignment is provided when requesting an interpreter.

To facilitate the booking process, the following information should be collated prior to making a booking:

- patient details/UMRN
- language and dialect
- preferred sex and/or ethnicity of interpreter
- time, place and length of appointment
- reason for the appointment
- staff member details

What to consider when requesting an interpreter:

Give as much notice as possible

Provide the interpreting and translating service with as much information as possible about the situation, the consumer, the location of the event and any technical requirements

Request the same interpreter where continuity and consumer and/or carer confidentiality is important

Provide relevant documents where appropriate.

Aboriginal consumers

For Aboriginal consumers and/or carers, make allowances for cultural differences. For example:

- direct eye contact can be intimidating and be considered rude or aggressive
- a female consumer and/or carer will usually prefer a female interpreter

Relationships between Aboriginal people may determine certain behaviours. For example, some relatives cannot look at or talk to each other. It is important that you tell the prospective interpreter or agency the name of the consumer and/or carer so that inappropriate or difficult situations do not develop. This is also the reason for asking the consumer's skin group before booking an interpreter.

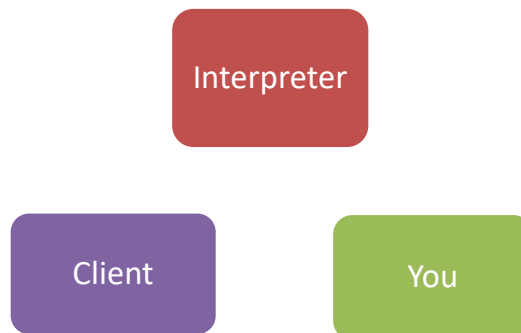
### **Before the session**

- Allow sufficient time for the session—generally, double the amount of time you would require if not engaging an interpreter.
- Prior to the session, brief the interpreter so that they are aware of the aim and nature of the session and anything specific that may arise.

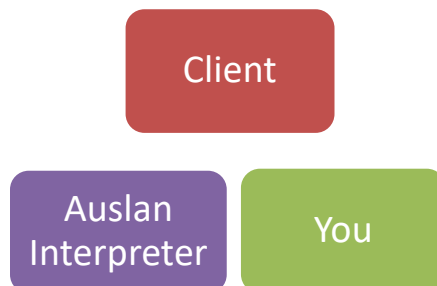
- If the session is expected to be lengthy or involve complex matters, provide any relevant written material prior to the session so that the interpreter can be adequately prepared.
- If the assignment is expected to be lengthy, regular breaks should be negotiated beforehand. It may be necessary to have two or more interpreters working in tandem. It is best to check with the interpreting and translating service.

### Setting up

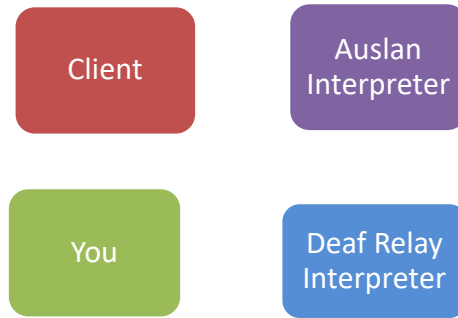
For **spoken languages**, an interpreter should be positioned in front of you and the consumer. It is preferable to use a triangle arrangement, as below.



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



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



### During the session

- If the consumer/s has not used an interpreter before, begin by explaining the role of the interpreter and how the session will be conducted.
- Stress that the interpreter's role is only to convey information and that they must adhere to strict confidentiality requirements. Face the consumer and/or carer and not the interpreter.
- Avoid speaking to the interpreter and excluding the consumer/s. Direct all questions to the consumer/s and not to the interpreter. For example, say 'How can I help you?' not 'How can I help him/her?'
- Be helpful to the interpreter—for example, some terms may be difficult to interpret and may need clarification.
- Use simple language and avoid using colloquialisms, idioms, technical language and acronyms.
- Give the consumer/s an opportunity to provide feedback to ensure that the pace is appropriate and that the interpreter or consumer/s can seek clarification if necessary.
- Give adequate time to the interpreter: speak in short, concise sentences.
- Provide frequent pauses between sentences—give three or four sentences at a time to enable the interpreter to adequately remember, convey and interpret what was said. Provide regular breaks in the session—it is recommended that breaks are offered every 15–25 minutes for Auslan interpreters and every 20 minutes for others. Ensure that everything that is said during the interview is interpreted, even if it seems unimportant or irrelevant.
- Be conscious of how well the session is going. If at any time you or your consumer/s is not satisfied with the interpreter, it is better to end the meeting.

Family and friends have the right to be present in an interview to provide support to the consumer.

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

### Completing the session

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

- Provide time for questions.
- It is not recommended that a consumer and/or carer and an interpreter leave the meeting at the same time as this may impact on the appropriate professional distance between the interpreter and consumer.
- Debrief the interpreter/s after the session and clarify any questions you may have, but not to ascertain further information about the consumer.

### 3.8.2. Working with a telephone interpreter

#### **Before the assignment**

- Determine whether the subject matter to be discussed can be appropriately dealt with by telephone.
- Organise appropriate equipment and a suitable room.
- Ensure that you are in a quiet environment with minimal noise and other distractions.
- If you have the consumer and/or carer with you and are engaging a telephone interpreter, ensure that appropriate handsets, speaker phone or dual handsets are organised.
- Allow adequate time for the interpreting to take place.
- Be clear about the information to be provided or sought before beginning so that this can be communicated clearly to the interpreter.

#### **During the interview**

- Introduce yourself to the interpreter.
- Brief the interpreter about the aim, context and situation for the telephone call.
- Let the interpreter know if you have a:
  - single handset telephone
  - dual handset telephone
  - conference telephone.
- Describe where you are—for example, counter, office, hospital ward.
- When beginning the conversation, introduce yourself and the interpreter to the consumer and/or carer and explain what will be discussed.
- Ask direct questions and speak in short sentences. Avoid using colloquialisms, idioms, technical language and acronyms.
- Speak clearly and at a moderate pace.

#### **Completing the interview**

- Clearly indicate to all parties when the session is complete.
- Provide the interpreter with an opportunity to debrief following the interpreting session, particularly if the matter has been complex or sensitive.

### 3.8.3. Resources

- [How to work with Aboriginal interpreters \(external site\)](#)

## 3.9. Quality control and quality assurance



**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.

The following guidelines are provided for WA public sector agencies to support the provision of quality interpreting services.

### 3.9.1. Quality control in interpreting

Quality control is a shared responsibility between the government agency, interpreting and translating service and interpreter.

There are three key areas in which government agencies play a key role in maximising the quality of the interpreting service that is provided:

- ensuring HSP staff are trained in the use of interpreters
- matching practitioner competence to task
- implementing processes that support delivery of a quality product.

This involves actions undertaken before, during and after an interpreting assignment as well as addressing systemic issues at a whole-of-agency level.

### 3.9.2. Quality assurance in interpreting

Agencies may establish quality assurance measures such as:

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

## 3.10. Documentation of the use of interpreting services

HSPs must have a process in place to assess and document the need for interpreters.

All HSP staff with direct consumer and/or carer contact should document the following information on patient medical records:

- the need for an interpreter or translator
- each occasion of engaging a qualified and/or credentialed interpreter
- each occasion of engaging a non-qualified and/or non-credentialed interpreter indicating:
  - whether family, carer, relative, friend or HSP staff with LOTE interpreted
  - the content of what was interpreted
  - language spoken
  - whether there was another individual with a LOTE in the room at the same time
  - other details of the situation in the event that the consumer and/or carer claims that information was not communicated to them
- The reasons and steps taken when a consumer:
  - declines to work with a qualified and/or credentialed interpreter

- requests to be matched with a specific interpreter
- requests not to be matched with a specific interpreter.

Complaints must be recorded and filed separately from the patient's medical records.

## 4. Translating

### 4.1. Choosing languages for translations of public documents

Choosing the languages for translations of material produced for public use includes consideration of a number of factors including the purpose of the communication and target audience.

#### 4.1.1. Purpose

Translation needs will vary depending on the purpose of the communication. For example, producing a standard list of the most commonly spoken community languages may be an appropriate strategy when prioritising translations aimed at a general readership.

In this case, a review of cultural and linguistic data for the State or a local government area available on the Office of Multicultural Interest's website may provide sufficient information on which to base a choice of languages.

However, the number of potential consumers using a particular language is not the only relevant factor. For example, the languages spoken by more established CaLD communities will be relevant for translations of information targeting older people. Information about ante-natal and post-natal issues, on the other hand, is likely to be more relevant for new and emerging communities.

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

- Some consumers who do not need an interpreter for verbal communication may still prefer written information to be translated.
- Smaller, recently arrived communities are likely to have fewer alternative information sources, such as internet access and community networks, than established communities.

#### 4.1.2. Target audience

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 and many Aboriginal people living in remote communities.
- Some languages do not have a written form or have had a written form for only a short period of time and therefore have no history of using written text for information.

#### 4.1.3. Identifying existing translations

If the purpose of the translations is to provide information, it may be worthwhile checking whether there are existing translations on the same topic that may be suitable, or would be suitable with minor changes. Places to check for existing translations include:

- multicultural or diversity areas within government departments
- peak bodies
- interstate organisations performing similar functions to those of your own organisation.

Many organisations have made existing translations available on the internet and agencies are increasingly developing electronic libraries of translated information that can be accessed externally.

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

#### 4.1.4. Useful resources

- [ABS Census and Statistics](#).
- [Department of Social Services Settlement Database](#) includes country of birth, immigration category, preferred language, English proficiency, year of arrival of entrants to Australia and local government area of intended residence.
- [Guide to cultural and linguistic data collection for the public sector: If you can't count, you can't plan](#)
- [Cultural Diversity in Western Australia—A Demographic Profile](#)
- Western Australian [Local government profiles](#)
- [New and Emerging Communities in Western Australia fact sheet](#)
- [Diverse WA—online cultural competency training](#) for WA public sector and local government employees accessing translating services

The Department of Finance has developed a [Common Use Arrangement](#) (CUA) for Interpreting and Translating Services, CUAITS2012, to provide services to Western Australian Government agencies, Public Benevolent Institutions and other users approved by the State Supply Commission.

Note that commitment to professional, accurate and quality service is best assured through working with tertiary qualified and/or NAATI credentialed translators.

## 4.2. Obtaining a quote for translation services

Fees for translating services will vary according to:

- the complexity of the material
- whether checking, editing and proofreading by another certified or qualified translator is needed
- the timeframe for the assignment
- whether the format is provided as a hard or electronic copy.

Prepare a list of questions to ask when obtaining a quotation. You may also wish to clarify:

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

Provide detailed specifications such as:

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

- timelines
- editing and proofreading requirements

### 4.3. Translating process

Most translating service providers offer a range of services including:

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

Translating services should be able to provide the final translation in hard and/or electronic copy. If you receive the final translation electronically, specify the file type needed. Unless your computer system has multilingual software, you may have difficulty with electronic files containing foreign language characters, such as Chinese or Arabic scripts.

This difficulty can be avoided by **asking for documents in PDF format**. You may also need to reconfigure your computer or check that the computer and printer memory is sufficient to download and print documents in other language scripts or fonts.

### 4.4. Preparing text for translations

Ensure that the original document is written in English that is clear, concise and as simple as possible. This will assist a wide variety of consumers including those with limited English literacy or other comprehension difficulties. It will also be of great assistance to a translator.

It is important that the content takes into account the cultural and religious backgrounds of the target audience. Consultation with relevant community organisations, service providers or focus groups will help determine the appropriateness of the content before it is translated.

### 4.5. Monitoring production

Government agencies have a role in monitoring the production of the translation by:

- reviewing the specifications agreement before commencement of the assignment
- clarifying any terminology and providing any reference materials and glossaries of terms
- providing the contact details of a HSP staff member to whom queries can be directed during the course of the assignment
- providing suitable working conditions if the assignment is being carried out on-site
- identifying each version of the document with a version number, a time and date and marking changes
- checking that the document/s have been edited and proofread.

#### 4.5.1. Checking and finalising translations

It is important to ensure that the document does not contain inaccuracies or incorrect information. It is recommended that the translation is edited and then checked by another tertiary qualified or NAATI certified translator. This checking can be requested through the original interpreting and translating service or arranged through another service.

#### 4.5.2. 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 have access to the material.

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

### 4.6. Translations on the Internet

It is difficult and inappropriate to communicate with many groups, such as newly arrived refugees or the less literate, through the internet or electronic media. However, many young people access information online and this is an effective way of disseminating information to relevant groups in their communities.

Translated information on government websites can be printed out and provided to consumers. It is also less expensive to update and revise translated information on the website than it is to print revisions.

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

While the tools are easy to use and can provide the gist or general understanding of the text, the translation cannot be relied on for accuracy.

Inaccurate translations could pose a risk to consumers' rights, health and safety.

WA health system does not endorse the use of web-based translation applications or provide links to automated online translating tools on their websites.

### 4.7. Quality control and quality assurance

**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.

The following guidelines are provided for WA public sector agencies to support the provision of quality translating services.

#### 4.7.1. Quality control in translating

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

Translations are needed for different purposes and audiences. This places different demands on translators and requires different skill sets. Translations include:

- polished texts—such as marketing materials, books and legally binding documents
- information—such as emails and documents for personal use
- ‘gisting’ and abstracts—such as summaries of research documents.

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

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

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

#### 4.7.2. Quality assurance in translating

Agencies may wish to:

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

## 5. Qualifications and credentials

The WA Health System Language Services Policy and Guidelines recognises that an interpreter or translator may have obtained:

- university qualifications in interpreting or translating—for example, a bachelor's degree—or vocational education and training ((VET) qualifications from a State training provider (such as a TAFE college)—for example, a diploma
- certification issued by the National Accreditation Authority for Translators and Interpreters (NAATI).

Ideally, practitioners will have both qualifications and NAATI certification.

For languages of some Aboriginal and new and emerging communities, a tertiary qualification or NAATI certification may not be available. In such cases, interpreters or translators may have received NAATI recognition or, in the case of Aboriginal interpreters, be registered by the Kimberly Interpreting Service.

The qualification and certification levels will reflect interpreters' and translators' skills at different levels of complexity. When booking an interpreter or translator, HSP staff should request the booking agency to provide a practitioner with the qualifications or certification levels appropriate to the task.

HSP staff awareness of the relevant skills required for various circumstances will contribute to agencies' quality control processes.

### 5.1. Tertiary qualifications

Australia has a national policy for regulating tertiary qualifications in the education and training sector—the Australian Qualifications Framework (AQF)—which provides the standards for Australian qualifications.

An AQF qualification is the result of an accredited complete program of learning that leads to formal certification. A qualification certifies the knowledge, skills and learning outcomes of the graduate obtained through study, training, work and life experiences.

An AQF qualification is recognised across Australia and by other countries. The AQF covers qualification levels and types from a Level 1 (Certificate 1) to a Level 10 (doctoral degree).

#### 5.1.1. University qualifications

Qualifications from a university include bachelor's and master's degrees in interpreting or translating. A graduate certificate may also be available.

#### 5.1.2. Vocational Education and Training (Vet) sector qualifications

Qualifications from a State training provider (such as a TAFE college) or other registered training provider may include:

- Advanced Diploma of Interpreting
- Diploma of Interpreting
- Advanced Diploma of Translating
- Diploma of Translating.



## 5.2. NAATI credentials

The National Accreditation Authority for Translators and Interpreters Ltd (NAATI) is the body responsible for setting and monitoring the standards for the translating and interpreting profession in Australia. It does this through its credentialing system.

NAATI credentials include NAATI Certification and NAATI Recognition.

NAATI Certification may be obtained in five ways:

- passing a NAATI certification test
- successful completion of a course of studies in translation and/or interpreting at an Australian institution as approved by NAATI
- providing evidence of a specialised tertiary qualification in translation and/or interpreting obtained from an educational institution overseas
- providing evidence of membership of a recognised international translating.
- interpreting professional association
- providing evidence of advanced standing in translating or interpreting.

### NAATI Recognition

NAATI Recognition is a separate category from NAATI Certification. It is granted only in languages for which NAATI does not test and, unlike certification, does not specify a level of proficiency. Recognition does not have the same status as certification because NAATI has not undertaken a formal assessment to determine a particular standard of performance.

NAATI Recognition acknowledges that, at the time of the award, the applicant had recent and regular work experience as an interpreter. In order to be granted NAATI Recognition, the applicant must provide proof of English proficiency and complete an introductory NAATI workshop or related activity. Recipients of NAATI Recognition are encouraged to obtain certification as it becomes available.

### 5.2.1. Interpreters – NAATI interpreting certification levels:

- Conference Interpreter (Senior)
- Conference Interpreter
- Professional Interpreter
- Paraprofessional Interpreter

### 5.2.2. Translators – NAATI translating certification levels:

- Advanced Translator (Senior)
- Advanced Translator
- Professional Translator
- Paraprofessional Translator.

## NAATI revalidation

Revalidation is the mechanism by which translators and interpreters with NAATI certification demonstrate at regular intervals that they remain up-to-date and committed to the highest level of competency and currency in the profession. From 1 July 2012, NAATI certifications with an expiry date required revalidation.

From 1 January 2007, all certifications awarded by NAATI were awarded with an expiry date, initially three years from when they were awarded. Practitioners with older certifications were provided with the opportunity to opt in to the system.

Before the expiry of their certification, practitioners are required to provide evidence of continuing work practice and professional development to renew the certification for a further three-year period.

If a practitioner does not apply for revalidation or does not meet the revalidation criteria, the certification will lapse.

## Deaf Relay Interpreters

Deaf Relay Interpreters (DRIs) are expected to have NAATI certification and will ideally hold an Australian Qualifications Framework (AQF) qualification in interpreting.

Where practitioners with tertiary qualifications or certification are not available, it is preferred that people providing language assistance have either:

- completed as a minimum the following three generic units of competency from the Diplomas of Interpreting and Translating or similar:
  - PSPTIS501A Negotiate Translating and Interpreting Assignments
  - PSPTIS502A Prepare to Translate and Interpret
  - PSPTIS503A Apply Codes and Standards to Ethical Practice.
- or
- hold NAATI Recognition.

Where a certified or qualified Deaf Relay Interpreter is not available, language assistance may be sought from people who hold DRI certification obtained from a State training provider (such as a TAFE), the National Auslan Interpreter Booking and Payment Service (NABS) or ASLIA National.

## 6. Ethics

NAATI certification processes and tertiary qualifications in interpreting and translating place strong emphasis on practitioner ethics. While the National Accreditation Authority for Translators and Interpreters Ltd (NAATI) does not prescribe a code of ethics for the profession, it strongly endorses adherence to such codes. If at any time NAATI considers that a practitioner has breached the applicable code of ethics, NAATI reserves the right to counsel a practitioner and in certain circumstances to cancel a NAATI credential.

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

The two 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). Members of these associations must adhere to the relevant code. A brief description of each is provided below.

### 6.1. AUSIT Code of Ethics

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

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

### 6.2. ASLIA Code of Ethics and Guidelines for Professional Conduct

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

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

- professional competence—providing the highest possible quality of service through all aspects of professional practice including being qualified to practise, faithfulness of interpretation, accountability for professional competence and ongoing professional development
- non-discrimination—approaching professional service with respect and cultural sensitivity towards all participants
- integrity in professional relationships—dealing honestly and fairly with participants and colleagues while establishing and maintaining professional boundaries
- integrity in business relationships—establishing and maintaining professional boundaries with participants and colleagues in a manner that is honest and fair.

## 7. Feedback, compliments and complaints

Complaints may be viewed from three perspectives:

- the consumers' and/or carers'—about the quality of interpreting or translation
- HSP staffs'—about the quality of an interpreting or translation
- interpreter/translator—about their experience of the interpreting or translating assignment.

### 7.1. Consumers and/or carers

WA health system recognises consumers' and/or carers' right to complain about health care and to have their health concerns addressed promptly, including those that pertain to language services.

HSP staff need to ensure that people with no or limited English proficiency and who are Deaf or hard of hearing are supported should they wish to make a complaint around language services issues.

Language service complaints made by health providers and HSP staff, on behalf of a consumer and/or carer, must only be done with the knowledge and consent of the consumer and/or carer.

Complaints lodged by consumers and/or carers are currently managed according to the processes set out in the WA Health Complaint Management Policy located at [http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ\\_ID=13196](http://www.health.wa.gov.au/circularsnew/circular.cfm?Circ_ID=13196)

Complaints must be recorded and filed separately from the patient's medical records.

#### Language services complaints resources

A guide to WA Health complaints management process:

- [WA Health Complaints management Toolkit](#)
- [WA health Complaints management Policy](#)

Complaints must be recorded and filed separately from patient's medical records.

### 7.2. Health Service Providers

HSP staff may make complaints about interpreting and translating services through:

- the HSP Language Services Coordinator (if applicable)
- the Department of Finance, if services are obtained via the Common Use Arrangement for Interpreting and Translating Services (CUAITS2012)
- direct recourse to the booking agency that referred the interpreter or translator to the assignment
- AUSIT and the Western Australian Institute of Translators and Interpreters (WAITI). AUSIT has the ability to investigate breaches of its Code of Ethics and Code of Professional Conduct by its members
- the Department of Immigration and Border Protection if the complaint is in relation to the Translating and Interpreting Service (TIS) National

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

### **7.3. Interpreters/translators**

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

Interpreters and translators may also lodge complaints with the Ombudsman Western Australia (telephone 9220 7555 or freecall 1800 117 000 for country and interstate callers).

Complaints must be recorded and filed separately from the patient's medical records.

## 8. Workforce knowledge and skills

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

HSPs are to provide training and support tools to HSP staff, who, as part of their day to day work, have direct dealings with consumers' and/or carers' to ensure that they:

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

HSPs must ensure that HSP staff are aware of the impact of cultural issues on communication and are provided with appropriate training to develop the cultural competency skills needed to enable them to work more effectively across cultures.

HSP staff attendance at workforce training should be documented in individual professional development records/databases.

### 8.1. Training in working with Interpreters

- Working with interpreters, eLearning module TBA

## 9. Compliance, monitoring and evaluation

HSPs are required to report annually to the System Manager on the performance indicators as follows:

- number of interpreters engaged annually by HSPs, identified by language
- full cost spent annually on interpreters engaged by HSPs, identified by language
- number of translators engaged annually by Health Service Providers, identified by language
- full cost spent annually on translators engaged by HSPs, identified by language
- number of HSP staff that have participated in cultural awareness/language services training annually.

The System Manager has a role in the evaluation of the policy through the collection of annual data against performance indicators developed to measure compliance with the policy requirements.

The Cultural Diversity Unit, Chronic Disease Prevention Directorate, Public Health Division, Department of Health is responsible for the collection of data from HSPs, and will review and submit this information to the System Manager.

### 9.1. Resource

- [Language Services Reporting template TBA](#)



## Appendix 1

### Relevant government and WA health system policies, legislation and standards

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

Commonwealth Government

[\*Disability Discrimination Act 1992\*](#)

[\*Australian Human Rights Commission Act 1986\*](#)

[\*National Indigenous Reform Agreement \(2008\)\*](#)

[\*Racial Discrimination Act 1975\*](#)

[The Charter of Public Service in a Culturally Diverse Society \(1998\)](#)

[The People of Australia: Australia's Multicultural Policy \(2011\)](#)

State Government

[\*Carers Recognition Act 2004\*](#)

[\*Equal Opportunity Act 1984 \(WA\)\*](#)

[The Western Australian Charter of Multiculturalism \(2004\)](#)

[WA Government Language Services Policy 2014](#)

[The State Government's Policy Framework for Substantive Equality \(2014\)](#)

WA health system

[WA Health Complaint Management Policy \(2015\)](#)

[WA Health Consent to Treatment Policy \(2016\)](#)

[WA Health Consumer, Carer and Community Engagement Framework \(2009\)](#)

[WA Health Aboriginal Workforce Policy \(2014\)](#)

[WA Health Disability Access and Inclusion Policy \(2015\)](#)

[WA Health Equal Opportunity and Diversity Policy \(2013\)](#)

[WA Health Equity and Diversity Strategy 2015 – 2020 \(2016\)](#)

[WA Health Substantive Equality Policy \(2015\)](#)

[WA Strategic Plan for Safety and Quality in Health Care 2013 – 2017 \(2014\)](#)

[WA Health Aboriginal Health and Wellbeing Framework 2015 – 2030 \(2015\)](#)

[WA Health Aboriginal Cultural Learning Framework 2012 - 2016 \(2012\)](#)

## References

- <sup>1</sup> Lie, D., et al. (2011). Does cultural competency training of health professionals improve patient outcomes? A systematic review and proposed algorithm for future research. *Journal of General Internal Medicine*, 26(3): 317-325.
- <sup>2</sup> Neuhauser, L. and G. L. Kreps (2008). Online cancer communication: meeting the literacy, cultural and linguistic needs of diverse audiences. *Patient education and counseling* 71(3): 365-377.
- <sup>3</sup> Milton, B., et al. (2011). The impact of community engagement on health and social outcomes: a systematic review. *Community Development Journal*, 47(3): 316-334.
- <sup>4</sup> Netto, G., et al. (2010). How can health promotion interventions be adapted for minority ethnic communities? Five principles for guiding the development of behavioural interventions. *Health Promotion International*, 25(2): 248-257.
- <sup>5</sup> Eichler K., et al. (2009). The costs of limited health literacy: A systematic review. *International Journal of Public Health*, 54(5): 313-324.
- <sup>6</sup> Flores, G. (2005). The impact of medical interpreter services on the quality of health care: a systematic review. *Medical Care Research and Review*, 62(3): 255-299.
- <sup>7</sup> Ajdukovic, M., et al. (2007). Pharmacist elicited medication histories in the Emergency Department: Identifying patient groups at risk of medication misadventure. *Pharmacy Practice*, 5(4): 162-168.
- <sup>8</sup> The Joint Commission (2010). *Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals*. Oakbrook Terrace, IL: The Joint Commission.
- <sup>9</sup> Lindholm, M., et al. (2012). Professional language interpretation and inpatient length of stay and readmission rates. *Journal General Internal Medicine*, 27(10): 1294-95.
- <sup>10</sup> Baptise, A., et al. (2004). The effect of English language proficiency on length of stay and in hospital mortality. *Journal General Internal Medicine*, 19(3): 221.
- <sup>11</sup> Zucchi, E. (2011). Strategies to reduce the length of stay in hospital on non-English speaking clients.  
FECCA National Conference Advancing Multiculturalism, Northern Health.
- <sup>12</sup> Cohen, A., et al. (2005). Are language barriers associated with serious medical events in hospitalised pediatric clients? *Pediatrics*, 116(3): 575.
- <sup>13</sup> Johnstone, M. J. and O. Kanitsaki (2008). Cultural racism, language prejudice and discrimination in hospital contexts: An Australian study. *Diversity in health and social care* 5(1): 19-30.
- <sup>14</sup> Blennerhassett, J. and J. Hilbers (2011). Medicine management in older people from non-English speaking backgrounds. *Journal of Pharmacy Practice and Research*, 41(1): 36.

- <sup>15</sup> Davis, T., et al. (2006). Literacy and Misunderstanding Prescription Drug Labels. *Annals of Internal Medicine*, 145(12): 887-94.
- <sup>16</sup> Renzaho, A. (2007). Ischaemic heart disease and Australian immigrants: the influence of birthplace and language skills on treatment and use of health services. *Health Information Management Journal*, 36(2): 26.
- <sup>17</sup> Ferguson, W. and L. Candib (2002). Culture, language and the doctor client relationship. *Family Medicine*, 34(5): 353.
- <sup>18</sup> Divi, C., et al. (2007). Language proficiency and adverse events in US hospitals: a pilot study. *International Journal for Quality in Health Care*, 19(2): 60.
- <sup>19</sup> Sydney West Area Health Service (1998, revised 2006). SWAHS Health Care Interpreter Service Users Guide: A professional confidential service available 24 hours a day 7 days a week. pg 10.



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