



**ethnic
communities'
council of
victoria**

Patron

The Right Hon Malcolm Fraser AC, CH,
former Prime Minister of Australia

ECCV response to Language Services Policy Consultation Draft – DH

Background

The Ethnic Communities' Council of Victoria (ECCV) welcomes the opportunity to present a submission on the Language Services Policy consultation draft of the Department of Health on behalf of multicultural communities and organisations.

ECCV is the peak body for ethnic and multicultural organisations in Victoria. It is a community based, member driven organisation committed to empowering people from diverse and multicultural communities in Victoria. Since 1974, the ECCV has advocated and lobbied all levels of government on behalf of multicultural communities in areas like aged care and ageing, human rights and justice, access and equity, racism and discrimination, community harmony, employment and education, health and community services, and arts and culture.

Introduction

ECCV believes the provision of effective language services is vital to the health, safety and wellbeing of people from non-English speaking backgrounds. ECCV is pleased to comment on

- Part A – Policy and Minimum Requirements
- Part B – Implementation support

ECCV response to Part A – Policy and Minimum Requirements

Principles

1. ECCV supports the principles for cultural responsiveness in health care listed on page 5 of the draft paper but urges the addition of a statement like: Clients of health care services have the right to request an interpreter.

Duty of Care

2. ECCV believes it is important for health care staff to have a clear understanding of and training in their Duty of Care in relation to the provision of language services to clients, their families and carers.

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Recommendation 1

ECCV recommends that the DH Language Services Policy includes a requirement under Duty of Care for training for all staff regarding the provision and use of language services.

Whole-of-Government responsibility

3. ECCV emphasises the importance of the availability, training and accreditation of interpreters and translators for both established and emerging language groups and urges DH to work closely with OMAC to improve the training, accreditation and availability of professional interpreters for the health care sector

Implementing language services – Policies and Procedures

4. ECCV agrees that effective communication between health providers and clients is important for the quality, safety and good health outcomes for people from non-English speaking backgrounds. ECCV believes it is important for health service providers to adopt sound policies and procedures, and provide resources that will enable staff to apply them.

Recommendation 2

ECCV recommends that the DH Language Services Policy document mandates the adoption of sound language services policies and procedures which include compulsory cultural responsiveness training for all staff in the health sector.

Promoting language services

5. ECCV agrees that organisations and staff have an important role to play in actively promoting language services especially the availability of interpreters. In recent years there has been increasing provision of information on service providers' website and a push for greater consumer choice and independence in seeking assistance. In such an increasingly self-directed climate it is important for interpreter services to be clearly signposted for consumers and clients from non-English speaking backgrounds. ECCV community feedback indicates that clients from culturally diverse backgrounds have had difficulty locating language services promotion. Some websites required extensive navigating in order to find the National Interpreter Symbol.

Recommendation 3

ECCV recommends that the DH Language Services Policy encourages providers to prominently display the National Interpreter Symbol at the provider and website consumer contact point.



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6. ECCV notes that the Policy Paper suggests that interpreter and cultural awareness training for organisations that regularly engage interpreters. As 24 percent of Victorians are from non-English speaking backgrounds and particularly 31 percent of the population aged 65 and over in Victoria are from non-English speaking backgrounds, ECCV believes it is important that all departmental funded service providers make provision for training in how to work effectively with interpreters.

Recommendation 4

ECCV recommends that the DH Language Services Policy states the need for all departmental funded service providers make provision for interpreter and cultural awareness training for their staff.

Monitoring and evaluation

7. ECCV welcomes the data collection of preferred languages of clients as well as their interpreter requirements. ECCV stakeholder feedback indicates that timing confusion sometimes arises through the complexities of bringing together clients and patients, their families, health professionals and interpreters leading to missed opportunities for the provision of language services. ECCV believes it is important to capture such incidents through narrative reporting, in addition to quantitative data collection.

Recommendation 5

ECCV recommends that the DH Language Services Policy clearly states the value and need for narrative reporting in data collection about the use of interpreter services with people from non-English speaking backgrounds.

Minimum requirements for language service provision

8. ECCV agrees that it is the responsibility of health services and funded organisations to ensure clients are made aware of their rights and how to ask for an interpreter. Many older people and refugees from non-English speaking backgrounds have difficulty reading in their first language as well as English. They are often accompanied by family members and carers. ECCV notes that providing informative DVDs about rights and how to work effectively with interpreters is an effective method.

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Recommendation 6

ECCV recommends that the DH Language Services Policy includes the use of multilingual DVDs to inform people for non-English speaking backgrounds of their rights and effective ways to work with interpreters and health professionals and allied health staff.

9. ECCV supports the policy document's flexible examples of when to use bilingual staff and accredited interpreters. ECCV feedback from ethnic aged care providers indicate that incidents of pain management and changes in medication are critical points that require interpreters for patients, residential aged care clients and their families. In addition many individuals, their families and carers from non-English speaking backgrounds have little or no understanding of concepts such as palliative care.

Recommendation 7

ECCV recommends that the DH Language Services Policy lists some key issues such as pain management, changes in medication and palliative care arrangements as examples when accredited interpreters must be used.

PART B: IMPLEMENTATION SUPPORT

10. ECCV welcomes the detailed guidelines for when working with accredited interpreters, translators and bilingual staff in health care settings is appropriate.

Arranging for an interpreter

11. ECCV agrees with the importance of the provisions of access to free telephone interpreter services. In order to better promote the benefits of using interpreter services, ECCV has found the existing DIAC youtube clip useful [see web link at <http://www.youtube.com/watch?v=Q4voquDnkbM>.]

Recommendation 8

ECCV recommends that the DH Language Services Policy lists the DIAC video regarding tips for working with telephone interpreters as a useful resource.



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Working effectively with interpreters

12. ECCV welcomes the detailed suggested guidelines in the Policy document on how to work better with interpreters. ECCV is aware that in the busy day-to-day affairs in health settings staff and medical professionals sometimes fail to set aside time to brief interpreters prior to a consultation. ECCV community stakeholder feedback indicates the importance of pre and post-interpreter briefings for interpreting sessions especially in sensitive areas like palliative care, medication review and other related situations.

Recommendation 9

ECCV recommends that the DH Language Services Policy stresses the need for pre and post-consultation briefings where an interpreter is used in sensitive health care settings.

Translating written information from English into other languages

13. ECCV stresses the importance of plain language and use of standardised terms when translating information into languages other than English. ECCV community consultations indicate that there are several useful existing resources. ECCV believes that good practice in translating takes account of the Glossary of Terms on the website of the Centre for Cultural Diversity in Ageing [see web link at www.culturaldiversity.com.au/glossary?view=page]. In addition RDNS (Royal District Nursing Services) have developed effective Translation Standards Guidelines which they apply to their services.

Recommendation 10

ECCV recommends that the DH Language Services Policy includes in a list of translation resources, the Glossary of Terms of the Cultural Diversity in Ageing and the RDNS Translation Standards Guidelines.

For further information please contact Nikolaus Rittinghausen, Policy Officer Aged Care, at email: nrittinghausen@eccv.org.au or phone: 9349 4122.

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