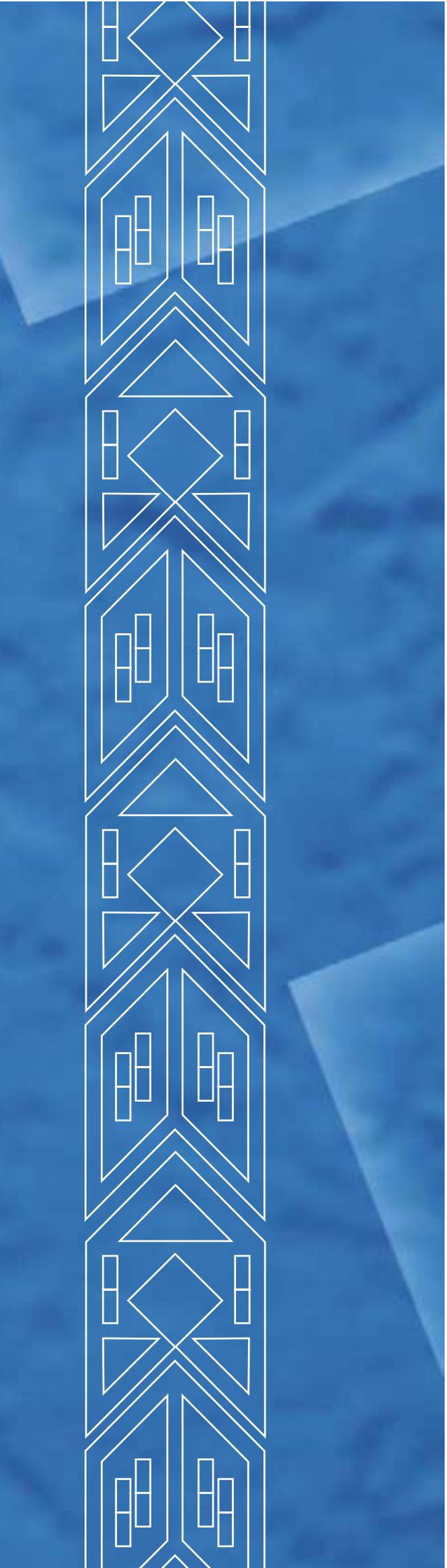


***Queensland Health
Language Services
Policy Statement***



March 2000



Introduction

The *Queensland Health Multicultural Policy Statement* aims for the following policy outcomes:

That individuals and groups from diverse cultural and linguistic backgrounds will be:

- informed about health issues and service options
- using health services and health promotion and prevention programs at levels appropriate to their health needs
- participating fully in personal health care decisions
- satisfied with the quality of communication and cultural sensitivity of health services and prevention and promotion programs
- participating equitably in all aspects of health planning and review.

In keeping with these intentions and the *Queensland Government Language Services Policy* Queensland Health will:

- work with interpreters¹ to facilitate communication
- produce and/or disseminate information regarding services, policies and public health issues in English and other languages where feasible and
- incorporate provision for meeting language service needs in service agreements with funded organisations.

Queensland Health will develop its capacity to meet these commitments by:

- planning to meet language services demand by incorporating interpreting and multilingual information provision into agency budgeting, human resource and health service management
- collecting client information about language use and English proficiency
- collecting timely information about interpreter use in health services
- developing local health service guidelines for language service provision
- maximising the development and use of the cultural and linguistic skills of our workforce.

Background

A significant number of Queensland Health's clients or potential clients do not speak English well enough to communicate with health professionals and other health staff or to engage in prevention and other public health initiatives conducted in English. This includes non-native English speakers and those people who are deaf or hearing impaired and communicate through a sign language such as Auslan.

Bilingual health professionals communicating in the patient/client's language are effective but their availability is limited. The majority of health professionals need to work with interpreters to enhance the accuracy, impartiality and confidentiality of their communication. Interpreters assist health professionals and health consumers by reducing the likelihood of mis-communication, enabling health services to obtain valid consent and allowing joint participation in decision-making.

Public health initiatives have to respond to linguistic and cultural diversity. Monolingual and monocultural approaches can restrict access to a proportion of the community. Greater coverage and success can be achieved by formulating strategies with this diversity in mind.

Implementation

MULTILINGUAL INFORMATION PROVISION

Queensland Health will:

- take linguistic and cultural diversity into account in public consultations, public health planning and other forms of communication with the public
- develop multilingual information strategies to ensure that those with limited English proficiency can benefit from public health initiatives
- consult with members of ethnic communities to ensure the appropriateness of health messages
- use community networks and ethnic media as channels for information provision.

HEALTH SERVICE PROVISION

Health services will:

- determine each patient/client's understanding of and ability to communicate in English (this also applies to parents/carers involved in health decisions.)
- decide on the appropriate service response for those who cannot communicate adequately in English either arranging an interpreter² or matching up bilingual health professionals with non-English speakers where available and appropriate.

In the former case this entails:

- engaging NAATI accredited interpreters where possible³; and
- ensuring that the interpreter is acceptable to the person involved (particularly for gender preference and where patient concerns about confidentiality in small communities arise).

- install equipment such as conference or speaker phones to facilitate telephone interpreting particularly in areas where access to on-site interpreting services is limited
- acknowledge that appropriate interpreting and other language services will be provided at Queensland Health's expense
- recognise language expertise in workplaces and encouraging access for staff to accreditation as interpreters and translators
- make information about interpreting accessible to staff and ensure that relevant health staff are skilled in working with interpreters
- make written information in other languages on health service matters available, as appropriate.

FOOTNOTES:

1 An **interpreter** is someone who conveys an oral message or statement from one language to another. For the purposes of this document, interpreters are defined as those accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) as interpreters. Since there are some language groups where accreditation is not currently possible, the definition includes those endorsed by the Translating and Interpreting Service (TIS) or the Queensland Deaf Society. (Translators differ from interpreters. They convey written messages or statements from one language to another.)

2 This will apply in situations where the person's health could be adversely affected without good communication or the quality of their health care could be enhanced. Following is a list of events in health care where interpreters should be engaged. This list is not exclusive and is a guide only.

KEY PHASES OF CARE

- Admission/Intake
- Interviews to establish clinical histories
- Assessments, diagnosis and development of treatment plans
- Discussions seeking consent for surgery, invasive procedures, investigations, treatment and research
- Pre-operative and post-operative instructions
- Informing patients of results of investigations and procedures
- Providing information about medication
- Discharge procedures and referrals

SPECIAL CIRCUMSTANCES

- Mental health assessment, diagnosis and treatment
- Counselling
- Psychological assessment
- Speech pathology
- Death of a patient and bereavement counselling
- Seeking consent for autopsy
- Following the birth of a child with a disability
- Seeking consent for organ donation
- Situations involving suspected sexual assault and emotional abuse or child abuse
- Patient Review and Mental Health Review Tribunals
- Complaint procedures
- Discussions concerning patient status, health insurance matters and accounts for services

3 Unaccredited bilingual speakers can be used to assist with communication in emergencies, urgent situations or where no accredited interpreter is available. In preference order this includes recognised interpreters for languages where accreditation is not possible, health professionals, other health employees and relatives or friends. The use of minors is inappropriate. Health services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available.

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