

Language services policy

Department of Human Services

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Ministers' foreword

The Victorian Government is proud of our State's cultural diversity, and recognises its contribution to our social, cultural and economic strength.

Today in Victoria there are over 180 languages and dialects ranging from established languages like Auslan, Arabic and Greek to newer languages like Dinka and Oromo. One in five Victorians use a language other than English at home.

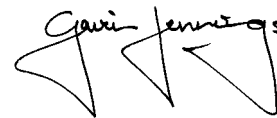
Government policy acknowledges that the human services sector – including the Department of Human Services – can face particular challenges in ensuring that Victorians with a low level of English proficiency or who use Auslan as their first language, enjoy the same level of access to high quality services as the broader community.

The Department of Human Services *Language services policy* recognises this challenge and has identified minimum requirements, as well as key strategies, to ensure that people with low English proficiency or people who use Auslan as their first language have access to a quality service.

This policy reflects the department's commitment to ensuring that all Victorians have access to quality services that protect and enhance the community's physical, mental and social wellbeing.



Candy Broad MLC
Minister for Housing



Gavin Jennings MLC
Minister for Aged Care



Hon Sherryl Garbutt MP
Minister for Children
Minister for Community Services



Hon Bronwyn Pike MP
Minister for Health

Acknowledgements

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Introduction



The *Language services policy* recognises that effective communication is essential to the delivery of high quality services.

This policy outlines the requirements necessary to enable people who cannot speak English, or who speak limited English, to access professional interpreting and translating services when making significant life decisions and where essential information is being communicated.

This policy also addresses the language needs of people who are Deaf and who use sign language as their primary mode of communication, particularly Australian Sign Language (Auslan).

The policy assists in the identification of critical points within each program area to ensure people can make informed decisions about their lives and their health.

The Department of Human Services *Language services policy* is consistent with Victorian Government guidelines outlined in the Victorian Office of Multicultural Affairs (VOMA) publication *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures* (2003), (available on-line at www.voma.vic.gov.au).

The purpose of this policy

This policy is a guide for the Department of Human Services programs and funded agencies on the implementation of Government language services policy.

The VOMA guidelines remain the primary source for language services policy and contain much information that is not reproduced here.

Department funded agencies are encouraged to develop agency specific language services policies and procedures consistent with this policy. A list of resources has been provided at the end of this document to assist.

People from culturally and linguistically diverse backgrounds may not want or need to access interpreter services every time they have contact with a human services agency. This will depend on their level of English proficiency and the type of assistance they are seeking or require. This policy will help identify if and when an interpreter is necessary.

How do language services fit with other diversity measures?

Department of Human Services is committed to providing equitable and responsive human services to Victorians from culturally and linguistically diverse backgrounds. Providing quality language services is an integral part of this, but is not the only step that department programs and funded agencies should take to ensure they are responsive to the clients they serve. An effective language services policy should supplement other diversity initiatives. For advice about making services culturally responsive, see the department's *Cultural diversity guide* (www.dhs.vic.gov.au/multicultural/index.htm).

What are language services?



In this policy, the term “language services” includes the following tools for communicating with people who speak little or no English, or whose first language is Auslan (Australian Sign Language):

- the use of accredited interpreters;
- the provision of translated material;
- employing staff who can provide services to clients in a language other than English; and,
- using multilingual staff to provide limited interpreting.

Each of these tools is described in more detail below.

Professional interpreting and translating services

Interpreting is communicating between spoken or sign languages; translating is communicating from written information.

In Australia, interpreters and translators are accredited by the National Accreditation Authority for Translators and Interpreters (NAATI). There are three accreditation levels that are relevant to communicating in the human services:

- Professional: the interpreter/translator is competent across a wide range of subjects, including communicating specialist information;
- Paraprofessional: the interpreter is competent to communicate in general conversation situations, but not when the subject matter is specialist; and,
- Recognised: the interpreter/translator works in an emerging or rare language that cannot be tested by NAATI.

It is Government policy that wherever possible, organisations use interpreters and translators accredited at the professional level. In some languages there will be no accredited interpreter or translator available, in these instances it is important to follow the critical path detailed in Appendix B. (This is particularly relevant where there is only a very small group of speakers living in Victoria or it is a fairly new language within the Victorian population)



Interpreting

Interpreting services can be provided via face-to-face interpreting, where the interpreter is physically present at the appointment; by telephone, using a speaker phone or a conference call; or by video and internet conferencing, where the interpreter can be located anywhere in the world.

When identifying the need for an interpreter it is important to also note if the ethnicity and gender of the interpreter are relevant.

Example

Mrs Ling is attending a rehabilitation group following a fall. Her first language is Mandarin, but her English is good enough to make appointments and to follow simple instructions in the group. Mrs Ling needs an interpreter in more complex situations, such as an individual appointment with a physiotherapist to discuss her progress and receive instructions for exercises to do at home. The agency has recorded this and knows to book an interpreter for Mrs Ling's treatment reviews.

Translating

Translating written information from English into other languages can be an effective method of communicating and may be crucial in situations where informed consent is required.

Example

A rehabilitation centre wants to develop a range of phonetically based language resources so that staff can communicate simple terms such as bath and dressing to their clients who do not speak English. After checking the Health Translations Online Directory (HTOD) to make sure that such a resource does not already exist, the centre contacts similar organisations to propose developing the resource collectively. By sharing the cost, the organisations develop a more comprehensive resource, which they then make available via the HTOD.

Further information

See: The VOMA Guide, section 3, particularly pages 48-49.

The Health Translations Online Directory – www.healthtranslations.vic.gov.au

The NSW Multicultural Health Communication Service *Guidelines for health staff producing multilingual information* and *Seven steps – Guidelines for checking a translation*. www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/resources

Providing services in languages other than English

A worker who speaks a language other than English may conduct their normal work in that language and English. In these cases, the agency and the worker should be aware of the limits to the worker's fluency and when they should seek additional assistance.

Example

An Italian speaking disability advocacy case worker conducts interviews with clients in Italian. Sometimes the case worker uses a professional interpreter to explain technical terms and jargon, eg. legal matters, to the client because she does not have sufficient Italian language skills to confidently communicate them.

Multilingual staff

A staff member who speaks a language other than English may be used to communicate basic information to a client. Multilingual staff should be used only when a basic level of knowledge of the language is required. This might include helping a receptionist determine a client's presenting issue and telling the client the date, time and nature of an appointment. Workers with this skill may be eligible for a Victorian Public Service Language Allowance (see the VOMA Guide, page 18). Agencies may assist such staff to obtain NAATI accreditation.

It is not appropriate to use multilingual staff for long appointments. Professional interpreters or translators are required in these circumstances.



Example

A neighbourhood house employs an administration officer who is fluent in Russian. When Russian speaking clients arrive at reception, it has been agreed that the officer may leave their other duties for a short period, subject to their workload, to assist the receptionist to book the client into an appointment. A professional interpreter is booked to attend that appointment.

The Department of Human Services programs and funded agencies' legal responsibilities

Department programs and funded agencies must comply with the *Racial Discrimination Act 1975* (Cth), the *Disability Discrimination Act 1992* (Cth) and the *Equal Opportunity Act 1995* (Vic). The Acts require that:

- Department programs and funded services provide equitable access to services to people from culturally and linguistically diverse backgrounds, including people with disabilities;
- Agencies must not directly or indirectly discriminate against people on the basis that they do not speak English well or at all, or that they use a form of sign language.

Other legislation and regulations which may be relevant to a program area or agencies' language services obligations are:

- the *Multicultural Victoria Act 2004* (Vic);
- the *Racial and Religious Tolerance Act 2001* (Vic);
- the *Children and Young Persons Act 1989* (Vic);
- the *Health Services Act 1988* (Vic);
- the Mental Health Regulations 1998; and,
- the Residential Tenancies Regulations 1992.

The provision of effective language services may also be essential to agencies meeting their duty of care obligations to clients.

Duty of care

The law of negligence sets minimum standards for the way that the department and the agencies it funds deliver services – this is known as the ‘duty of care’.

Broadly speaking, a duty of care is a duty to take reasonable care to avoid causing loss or injury to a person. The department and its funded agencies owe a duty of care to anyone who is reasonably likely to be affected by the department’s or the agencies’ activities. Loss or injury caused by a failure to satisfy the duty of care can expose the department or funded agency to a claim for compensation. Persons who may be affected by the activities of the Department of Human Services or a funded agency can include:

- clients; or,
- the families and carers of clients.

The level of vulnerability of a client including family and carers, affects the standard of care that the department or its funded agencies must meet to satisfy their respective duties of care. A client’s vulnerability can be increased if they have limited or no English language skills.

In the context of the provision of services by a funded agency or the department, the duty of care may be breached if a staff member unreasonably fails to provide or to ensure appropriate access to language services.

(For more information, see the department publication *Duty of Care* at: http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/prov_policies_p_dutyofcare?Open)

Minimum requirements for Department of Human Services programs and funded agencies

To comply with Government policy as outlined in the VOMA Guide, all departmental programs and funded agencies must have policies and procedures in place to meet three minimum language services requirements (VOMA Guide, pages 9 and 14).

Requirement 1

Clients who are not able to communicate through written or spoken English have access to information in their preferred language at critical points. That is, when they:

- need to be informed of their rights;
- need to give informed consent; and,
- need to be advised of critical information relating to their health and wellbeing and/or participate in decision making related to medical and other human service matters.

Requirement 2

Language services are provided by appropriately qualified professionals.

Requirement 3

Persons, including family members, under 18 years of age are not used as interpreters.

To assist services to meet these minimum requirements, further guidance relating to these three requirements is provided below.

Requirement 1: critical points for language service provision



The Department of Human Services provides services to the Victorian community in the areas of housing, community services, children services, health and aged services. Within these areas, the department funds different types of services, such as advocacy and direct care.

Department of Human Services funded agencies need to identify the critical points for language service provision in their respective services. Generally these critical points will relate to two areas:

- a) client critical information and/or decision making; and/or
- b) service risk management.

These are discussed below.

Client critical information and/or decision making

People who are not able to communicate through written or spoken English must be provided with access to appropriate language services when:

- essential information needs to be communicated; and/or
- they are required to make significant decisions concerning their lives.

Agency/departmental risk management

Department programs and funded agencies must use appropriate language services to:

- protect the state from legal liability; and,
- ensure that prosecutions are not compromised.

The critical points where language services must be provided may be easier to identify in hospital settings, but they are no less important in other human services. The impact of inadequate language service arrangements on clients and services can still be significant in these settings.

Example

An agency does not use an interpreter to explain to a client with poor English that the waiting time for a specialist appointment is six weeks. As a consequence, the client does not understand the delay and continues to call the agency at least once a week seeking an appointment. This causes staff and the client immense frustration and wastes agency resources, both of which could have been avoided by the agency using a telephone interpreter at the first contact.

Minimum critical points for Department of Human Service programs and funded agencies

The Department of Human Services has identified the following minimum critical points at which people with little or no spoken English should have access to information in their preferred language:

- Life-threatening situations.
- Obtaining information from the client (and carer where appropriate); undertaking assessments and care planning, including conducting tests; and forming diagnoses to inform treatment and service provision decision-making.
- Communicating to and receiving important information from clients to enable them to make informed decisions about services, options, and the implications of these options, such as:
 - information about entitlements, fees, rights and responsibilities, for example, privacy and confidentiality;
 - assessment outcomes, test results, or diagnosis;
 - treatment options;
 - referral options; and,
 - information about procedures, treatments, prescribed medications and medication regimes and other interventions.



- Direct service delivery that is based on conversation or other form of verbal/signing communication, eg counselling, speech therapy.
- Obtaining client consent to treatment or release of information.
- Interviews related to:
 - refusal of treatment;
 - Freedom of Information requests;
 - client/carer complaints;
 - residential care applications, tenancy or resident agreements; and,
 - Power of Attorney and guardianship matters.
- Communicating and receiving information from the parents or guardians of a child regarding treatment, care and other service options.

Department program areas have identified additional program-specific critical points for language services provision. These are included at Appendix A.

Identifying critical service points and choosing appropriate language service

In order to meet this requirement, department programs and funded agencies will need to develop policies and procedures in the following areas.

1. Informing clients about the availability of language services:
 - The availability of language services is prominently displayed at client intake points.
2. Determining client need for language services:

The program, service or agency has:

 - identified critical points in its service provision where duty of care and informed consent issues are involved;
 - identified situations where clients may be particularly vulnerable and therefore have a greater need for language services, for example, when clients are upset or nervous;



- analysed the service target group's language characteristics and likely need for language services; and,
- developed mechanisms to record instances of unmet need for language services and the reason for the service gap.

3. Assessing the adequacy of various types of language services:

The program, service or agency has:

- staff recruitment policies that reflect the target population;
- guidelines for when multilingual workers may be used;
- guidelines outlining when staff who provide direct services in a language other than English should use professional language services;
- trained staff to assess clients' English language proficiency;
- guidelines for determining which type of interpreting service is appropriate;
- identified situations in which specialised language services are required, for example, those related to speech pathology, mental health or legal matters;
- trained staff to be sensitive to the impact of gender, disability, sexuality, culture and ethnicity on clients' language services needs;
- developed systems for accessing language services in emergencies and after hours if relevant to the service; and,
- language services resource allocation methods which are based on population data.

Example

Mrs Aden is Somali and has presented at a housing support service with her children having left a violent relationship. The receptionist has received training in the use of interpreters and so is careful to obtain a female interpreter from a cultural group acceptable to Mrs Aden. She knows that this may require arranging a telephone interpreter who does not live in Victoria to protect Mrs Aden's privacy.

Further Information

See: The VOMA guide, Section 1.

Goulburn Valley Primary Care Partnership (November 2004) *Quality Language Service Provision: A Practical Tool Kit for Rural Primary Health Care Providers* available online at <http://www.humehealth.com.au/community/gvpcp/resources.php>

Eastern Health Interpreter Bookings Policy, at www.easternhealth.org.au/language/transcult-templates.html

Requirement 2: using qualified language services



Programs and funded agencies must make sure that the interpreters and translators they use are competent, that is, that they have a sufficient language skill level and act impartially. To ensure this, Department of Human Services programs and funded agencies must wherever possible use interpreters and translators who have been accredited by the National Accreditation Authority for Translators and Interpreters Inc. (NAATI) at the professional level (formerly known as Level 3).

In some cases, agencies can put themselves at risk of being sued by not using professional interpreters. Legal proceedings may also be jeopardised if an agency fails to ensure that clients understand what is being communicated to them.

In cases where risk is involved and a professional interpreter is not available it may be possible to minimise the risk to the agency and/or the investigation by only obtaining limited factual information (such as name, address and date of birth) from clients through other means such as family members or friends, then waiting until a professional interpreter can be obtained to continue communicating with the client.

In all situations, the reason for making a particular communication decision should be noted in the client's file.

Why carers, friends and family members should NOT be used as interpreters

Carers, family members, friends or other people (such as housemates) should not be used as interpreters because of:

- potential breaches of confidentiality;
- possible misinterpretation;
- conflict of interest;
- potential for loss of objectivity; and
- conflict of roles.

(Using Interpreters and Translators: Policy and Procedures (2001), NSW Home Care Services)

Examples

- A pregnant woman brings her young daughter to interpret for her at an outpatients clinic when attending for abdominal pains. The doctor questions her about her past history of pregnancies. The woman has had a previous miscarriage but does not want her daughter to know about this so does not mention it in the interview.
- A woman, recently arrived in Australia and who speaks no English, has just had her first baby. Baby is well, but the mother is having difficulties breast-feeding. The husband acts as interpreter for his wife when the midwife tries to help her with breast-feeding by explaining about expressing milk. The woman does not want to expose her breasts in front of her husband and the midwife. The husband does not want to interpret some of the terms used by the midwife and instead tells his wife that there is something wrong with her breasts.
- A man brings a family friend to interpret when applying for housing. He is asked to provide information about his financial status, which he is reluctant to give in front of his friend. He gives veiled answers, responding with “I don’t know” or “I don’t remember”. Both men are embarrassed and the worker is frustrated.

Trouble shooting

What if an interpreter accredited at the professional level is not available?

Sometimes it will not be possible to use a professionally accredited interpreter or translator. For example, there are no interpreters or translators accredited to that level in a particular language or a professionally accredited interpreter cannot be located in an emergency. Rural areas in particular may experience difficulty locating suitably qualified interpreters.

In these cases:

- decide whether it is possible to reschedule the client's appointment to a time when a suitably qualified interpreter is available;
- if use of an onsite interpreter was planned, try to obtain a telephone interpreter instead – they are often available when face-to-face interpreters are not;
- use an interpreter or translator accredited at a lower level and record the reason for this in the client file.

What if a client refuses to use an interpreter?

Clients may sometimes refuse to use an interpreter. This could be because of concerns about confidentiality and privacy, particularly in smaller ethnic communities. It might also reflect the client's concern about the gender or religious/ethnic background of an interpreter.

What should be done in these cases will depend on a range of factors, but action could include:

- trying to explore the reasons for the refusal with the client via a telephone interpreter or family members or friends (not persons, including family members, under 18 years of age);
- explaining to the client the possible consequences of not using a professional interpreter;



- if possible, communicating without an interpreter for a period and then reassessing the situation; or
- as a last resort, using family members or friends as interpreters, but not persons including family members under 18 years of age.

If the client still refuses to use an interpreter, this should be recorded in the client file.

Detailed advice about what to do in this situation can be found in:

Minas, H., Stankovska, M. and S. Ziguras (2001), *Working with Interpreters: Guidelines for Mental Health Professionals*, Victorian Transcultural Psychiatry Unit, available online at www.vtpu.org.au/programs/servicedevelopment/index.php.

The language services decision making process is presented diagrammatically in Appendix B.

Providing appropriately qualified interpreters and translators

In order to meet this requirement, programs and agencies will need to develop policies and procedures in the following areas.

1. Using language services appropriately

The program, service or agency has:

- procedures to ensure clients' interpreting needs related to gender, disability, sexuality, culture and ethnicity are recorded and met;
- systems for maximising the use of interpreter services, including determining when telephone interpreting, face-to-face interpreting or video conference interpreting may be used;
- trained staff to use interpreters;
- procedures for maximising the resources used for translating;
- procedures for giving feedback to language service providers and contractors;
- mechanisms for ensuring that clients' need for language services are met when they move between services and service providers;

- arrangements for receiving reports about language service usage;
- a complaints policy for language services;
- systems for collecting data to improve service delivery;
- processes for ensuring that wherever possible, interpreters used are accredited at the professional level; and,
- scheduled time for briefing and debriefing interpreters where required.

2. Minimising risk

The program, service or agency has:

- procedures for responding to client refusal to use an interpreter;
- staff guidelines on the use of family members and friends as interpreters;
- systems for recording and communicating instances when an appropriately qualified interpreter is not available.

Further Information

See: The VOMA Guide, pages 13,33

Detailed advice on how to book interpreters and translators is provided in Sections 2 and 3 of the VOMA guide.

Minas, H., Stankovska, M. and S. Ziguras (2001), *Working with Interpreters: Guidelines for Mental Health Professionals*, Victorian Transcultural Psychiatry Unit, available on line at www.vtpu.org.au/programs/servicedevelopment/index.php.

Requirement 3: protecting children



The use of persons including family members under 18 years of age as interpreters is not acceptable.

In extreme cases where no other option is available, children may only be used to interpret basic information such as an adult's name. The accuracy of this information must be checked with the client through an accredited interpreter as soon as possible and the reason for using the child to interpret clearly documented.

Protecting children and young relatives aged under 18 years

In order to meet this requirement, programs and agencies will need to develop policies and procedures in the following areas.

1. Minimising risk

The program, service or agency has:

- staff guidelines prohibiting the use of children to interpret;
- procedures for responding to client refusal to use an interpreter;
- systems for recording and communicating instances when an appropriately qualified interpreter is not available.

Further information

See: The VOMA Guide, page 14.

Helpful resources for language services



The following list is not exhaustive, but is a starting point for agencies looking for advice and guidance about developing a language services policy or about improving their responsiveness to diversity.

Language services guidelines

- Victorian Office of Multicultural Affairs (2003) *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures*
Outlines the Victorian Government language services policy and minimum standards for the provision of interpreting and translating services. Available online at www.voma.vic.gov.au.
- Goulburn Valley Primary Care Partnership (October 2003) *Quality Language Service Provision: A Practical Tool Kit for Rural Primary Health Care Providers*
A comprehensive example of health service policies and procedures for delivering language services. Available online at <http://www.humehealth.com.au/community/gvpcp/resources.php>
- Minas, H., Stankovska, M. and S. Ziguras (2001) *Working with Interpreters: Guidelines for Mental Health Professionals*, Victorian Transcultural Psychiatry Unit
Provides guidance on implementing a language services policy in a mental health setting. Includes specific advice on responding to client refusal to use an interpreter. Available online at www.vtpu.org.au/programs/servicedevelopment/index.php
- Vicdeaf Fact Sheets (1999), Manual Communication and Sign Languages, also available online at www.vicdeaf.com.au or info@vicdeaf.com.au

Creating a culturally responsive agency

- Department of Human Services (2004) *Cultural diversity guide*
A guide to assist agencies to identify strategies for improving their cultural responsiveness. Includes a comprehensive list of resources.
Available online at www.dhs.vic.gov.au/multicultural/index.htm.

- The Disability Services Cultural and Linguistic Diversity (CALD) Strategy
A guide to assist Department of Human Services and its funded agencies to plan and deliver culturally appropriate supports to people with a disability, their family and carers from culturally diverse backgrounds. It provides examples of good practice and a list of resources. Available online at <http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/caldstrat>
- Centre for Culture, Ethnicity and Health (November 2003) *Diversity In Hospitals: Responding to the Needs of Patient and Client Groups from Non-English Speaking Backgrounds – Policy and Resource Guide*
Provides guidance on creating policy development processes which are responsive to the needs of people from culturally diverse backgrounds. Includes a list of useful links and resources. Available online at www.ceh.org.au/acute.asp.
- The CALD Report
Profiles of Victorian ethnic populations and details the services offered by Victorian multicultural organisations. Available online at www.voma.vic.gov.au through publications.

Appendix A

Program specific critical points for language services

The following critical points supplement the points included in the main document.

Acute and sub-acute

No additional requirements.

Aged care and HACC

No additional requirements.

Child protection

Due to the sensitive and complex nature of the work undertaken by protective services staff, it is crucial that appropriate language services are used on each occasion of contact with a client who requires them in order to fulfil practice standards and legislative requirements.

Community health

As identified in the main body of the Department of Human Services *Language services policy*, clients with little or no spoken English should have access to information in their preferred language when critical information needs to be communicated to or received from them and when they are required to make significant decisions regarding their health care. It is also critical to ensure that agency legal responsibilities are met, particularly regarding informed consent to treatment and the release of information.

Access to language services is critical at the following key points for community health services:

1. When undertaking service specific assessment and treatment. This will include accessing counselling services where employing or referring to bilingual counsellors may be a preferred option.

2. When implementing service coordination elements including:

- Collecting client information at initial contact and initial needs identification via the Service Coordination Tools;
- For clients with both multiple agency involvement and complex needs communicating with the client and carers in the formulation of a service coordination plan; and,
- Obtaining informed client consent for specified use and disclosure of information.

3. At additional critical points when people with little or no spoken English should have access to information in their preferred language, including:

- Health promotion information and involvement in health promotion activities; and,
- Involvement with the agency's community engagement work through:
 - Community development;
 - Client and carer feedback; and,
 - Community participation in internal agency advisory and governance processes.

The nature of language services used will depend on the situation. For example community engagement work is likely to involve working with and through bilingual community members, agency staff and committee and board members.

Disability

Additional critical points:

- Providing information about access and eligibility under the *Intellectually Disabled Persons' Act 1986 (Vic)*(IDPSA) and the *Disability Services Act 1991 (CTH)* (DSA).
- Facilitating, implementing and monitoring individual plans.
- Providing information to clients about other means of seeking resolution for example, the Community Visitors Program, Office of the Public Advocate (OPA), Ombudsman, Housing appeals, Privacy Commissioner, Health Services Commissioner and Intellectual Disability Review Panel (IDRP).

- Providing information about reversible decisions under the IDPSA.
- If a person with a disability is involved in the criminal justice system, all interactions should be facilitated with the use of an interpreter(s).
- Facilitating client reports on outcomes through the Disability Services Self-Assessment (DSAS) process.

See Disability Services Cultural and Linguistic Diversity (CALD) Strategy which is available online on the Department of Human Services website at <http://hnb.dhs.vic.gov.au/ds/disabilitysite.nsf/pages/disabilityhome?Open>.

Drug services

No additional requirements.

Family and community support

No additional requirements.

Housing

See *Interpreting and Translating Services*, Chapter 3, Business Practices Manual, June 2004, www.housing.vic.gov.au

Juvenile justice

Statutory case management with juvenile justice clients is complex, and it is critical that young people, and their family members, have a good understanding of the process. Where necessary, appropriate language services should be used on each occasion of client or family contact.

Mental health

See the mental health branch's program management circular on language services, www.health.vic.gov.au/mentalhealth/pmc/language

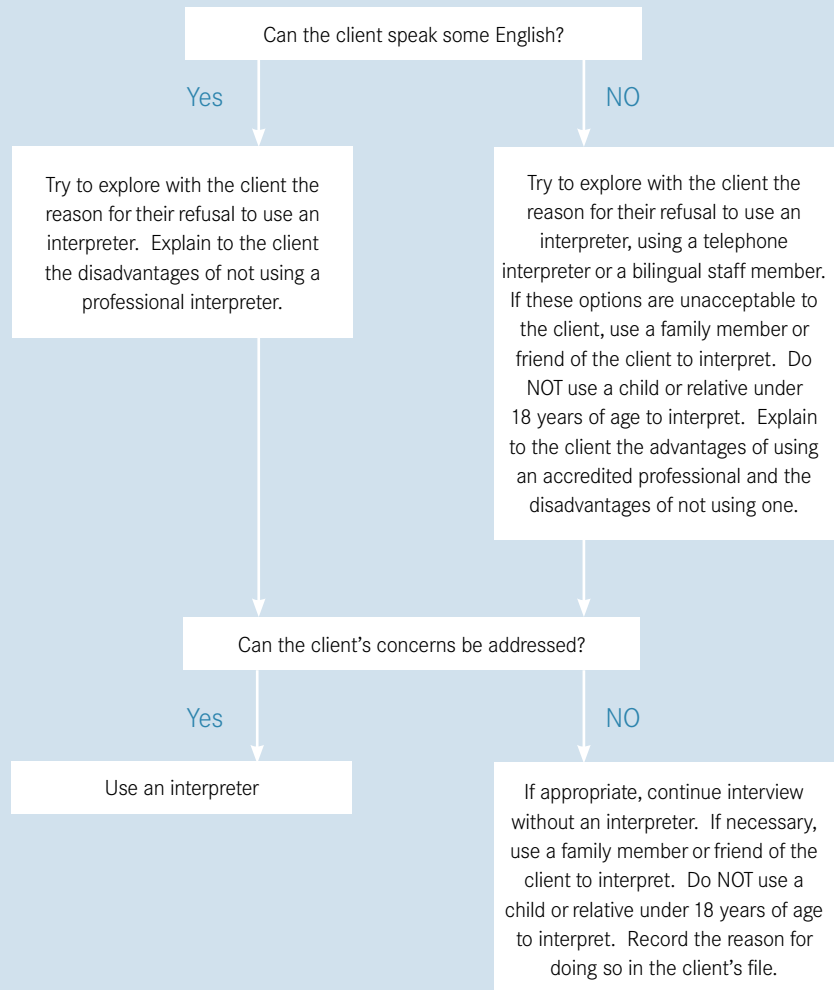
Public health

Additional critical points:

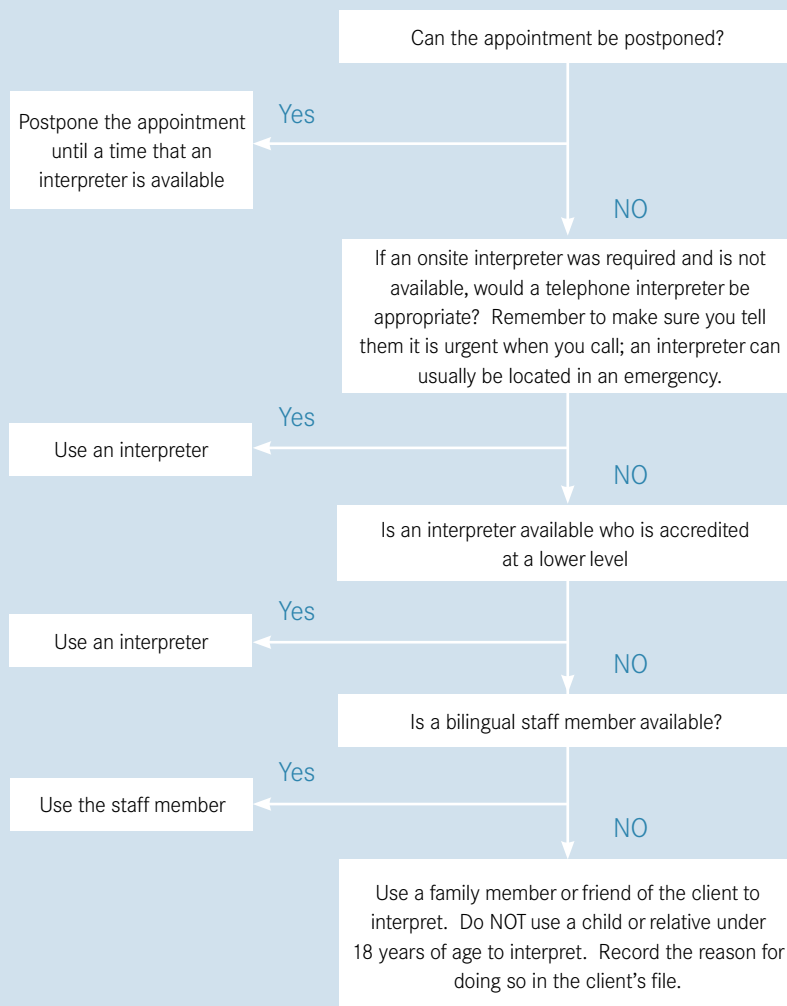
- Counselling clients for communicable and non-communicable diseases.
- Communicating to the general public information about critical/major public health emergencies.
- Communicating to the general public information about major health promotion initiatives.

Appendix B

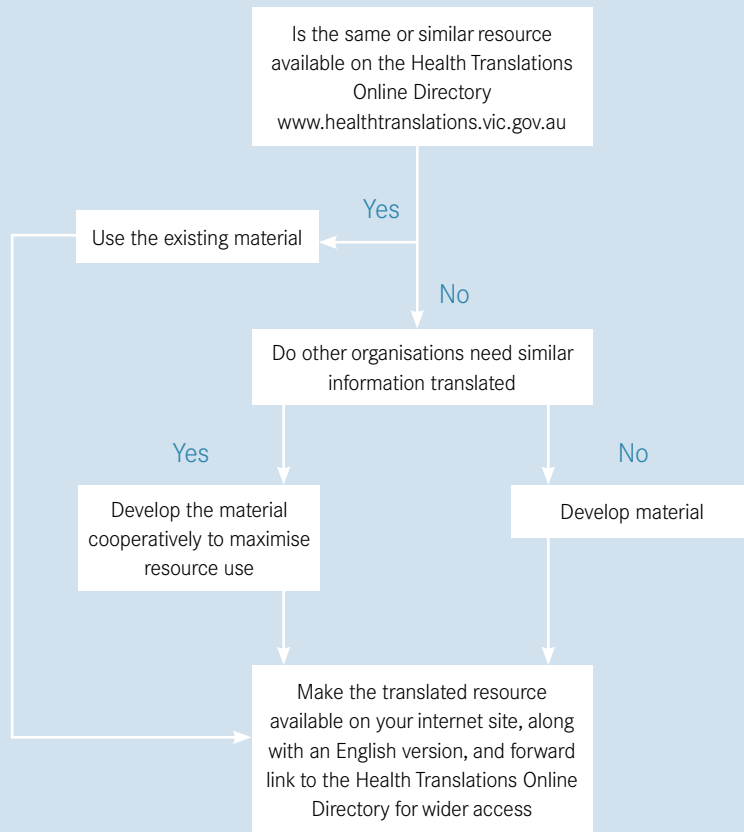
Decision tree 1: when a client refuses to use an interpreter



Decision tree 2: when an interpreter is not available



Decision tree 3: translating resources



Appendix C

Language services: a whole of Government responsibility

There are many issues that impact on the delivery of effective language services to clients that are broader than any individual agency or health service, such as:

- the availability of interpreting in both emerging and established languages;
- standards for the accreditation of interpreters and translators;
- the training of interpreters and translators in areas that require specialist knowledge, such as the health or legal sectors; and
- the development of government-wide standards for purchasing contracts with language service providers.

Addressing these broad workforce planning and language services quality issues is the responsibility of the Victorian Office of Multicultural Affairs (VOMA) (part of the Department for Victorian Communities). VOMA works with a range of stakeholders including:

- State Government departments (including Department of Human Services);
- relevant Commonwealth agencies, including the Department of Immigration, Multicultural and Indigenous Affairs;
- local government authorities;
- language service providers; and,
- professional bodies such as the Australian Institute of Interpreters and Translators and the National Accreditation Authority for Interpreters and Translators.

The Department of Human Services, through the diversity unit, works cooperatively with VOMA to ensure that the needs of the human services sector are considered when policy and workforce development work is undertaken. Disability services within Department of Human Services also takes a lead role in progressing workforce issues related to Auslan interpreting, in cooperation with the diversity unit.

Agencies and health services can contribute to this work through their departmental liaison officers or by contacting the Department of Human Services diversity unit.

For more information on the work being undertaken by VOMA go to:
www.voma.vic.gov.au