**Canberra Health Services**

**Procedure**

**Language Services –** **Interpreters and Translated Materials**

|  |
| --- |
| Contents |

[Contents 1](#_Toc138238030)

[Purpose 3](#_Toc138238031)

[Alerts 3](#_Toc138238032)

[Scope 4](#_Toc138238033)

[Section 1: ACT Language Services Policy 4](#_Toc138238034)

[Section 2: Is an interpreter needed? 5](#_Toc138238035)

[Section 3: When a consumer declines professional interpreting services 6](#_Toc138238036)

[Section 4: Booking an interpreter – Languages other than English 6](#_Toc138238037)

[Booking a TIS telephone interpreter in advance 7](#_Toc138238038)

[Booking a TIS on-site interpreter in advance 7](#_Toc138238039)

[Tips for making a successful scheduled interpreter booking: 8](#_Toc138238040)

[Unscheduled or emergency interpreter use (including during an appointment or home visit) 9](#_Toc138238041)

[Booking an interpreter for Telehealth appointments 9](#_Toc138238042)

[Consumer-initiated TIS telephone interpreting 10](#_Toc138238043)

[Concerns about interpreting services 10](#_Toc138238044)

[Section 5: Booking an interpreter – Auslan 10](#_Toc138238045)

[Weekday regular hours bookings 10](#_Toc138238046)

[After hours, weekend, emergencies 10](#_Toc138238047)

[Section 6: Booking an interpreter – Aboriginal and Torres Strait Islander Languages 11](#_Toc138238048)

[Section 7: Non-professional interpreters 11](#_Toc138238049)

[Emergencies 12](#_Toc138238050)

[Non-emergency and low risk communication situations 13](#_Toc138238051)

[Section 8: Documentation of Interpreter Use 13](#_Toc138238052)

[Section 9: Financial Administration 13](#_Toc138238053)

[Section 10: Translated materials (use and development) 14](#_Toc138238054)

[Evaluation 15](#_Toc138238055)

[Related Policies, Procedures, Guidelines and Legislation 15](#_Toc138238056)

[References 16](#_Toc138238057)

[Definition of Terms 16](#_Toc138238058)

[Search Terms 17](#_Toc138238059)

[Attachments 17](#_Toc138238060)

[Attachment 1: Flowchart for Booking an interpreter 18](#_Toc138238061)

[Attachment 2: TIS Codes 19](#_Toc138238062)

[Attachment 3: TIS Onsite languages in the ACT as at March 2020 20](#_Toc138238063)

|  |
| --- |
| Purpose |

This procedure supports delivery of culturally appropriate and inclusive services and information to consumers. The provision of high quality and safe health services relies on accurate communication between staff, consumers, their carers and families.

Consumers can face significant challenges in communication including:

* consumers with limited English proficiency (LEP)
* those from culturally and linguistically diverse (CALD) backgrounds
* consumers who are D/deaf or hard of hearing
* Aboriginal and Torres Strait Islander people
* consumers who use sign language or have other language needs
* consumers with certain disabilities or cognitive impairment.

Canberra Health Services (CHS) needs to support consumers through languages services to be able to:

* support shared decision making, health literacy and patient choice
* understand information about their health, health services and their health care rights (including the right to access services, safety, respect, partnership, information, privacy and the right to provide feedback)
* access health services without reliance on family and friends
* provide necessary information to health professionals and administrative staff
* understand information and follow directions provided by staff
* ask questions about their appointments, health, treatments and other related matters
* make informed choices about their health care, including giving informed consent
* provide feedback or participate in CHS consultation processes
* ensure CHS meet its legal obligations.

This procedure supports the implementation of the ACT Languages Services Policy (contact CHS.ExecutiveDirectorofAlliedHealthOffice@act.gov.au for further information).

[*Back to Table of Contents*](#Contents)

|  |
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| Alerts |

Staff should be aware that:

* Interpreting services are free to consumers. Please see Section 9: Financial Administration for more information, noting the exception of NDIS.
* CHS uses professional interpreters accredited by the National Accreditation Authority for Translators and Interpreters (NAATI).
* Multilingual staff and sign language proficient staff (who are not accredited interpreters) or family/friends of the consumer should not be used to interpret, except in circumstances defined in this procedure (See Section 7 for further information).
* Children under the age of 18 must never be used as interpreters, including in emergency situations.

[*Back to Table of Contents*](#Contents)

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| --- |
| Scope |

This procedure applies to all CHS staff, volunteers, contractors and students.

In this procedure:

* “consumers” includes patients, carers and family members
* the term ‘multilingual’ means the ability to speak or sign in a language other than English, and the term ‘speaking’ includes ‘signing’.

This procedure includes translation services (services of a person who conveys written messages from one language into another written language).

Engaging a professional, accredited interpreter is the same for clinical and non-clinical areas and also applies to:

* multilingual CHS staff and their managers
* consulting on policy or service planning
* receiving and responding to consumer feedback.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 1: ACT Language Services Policy |

ACT Government have developed ACT Language Services Policy for use throughout all ACT Government Directorates. Canberra Health Services (CHS) endorses this policy for use throughout our organisation.

This Procedure articulates how the ACT Government policy is implemented within CHS.

ACT Language Services Policy ensures the communication needs of culturally and linguistically diverse people, including Aboriginal and Torres Strait Islanders, migrants, refugees, asylum seekers and people who use sign language, are met. The policy also refers to the communication needs of people with multiple or complex communication needs who require adjusted methods of interpreting support. For example, consumers with limited to no speech and those who are deaf and blind.

People who lack English proficiency can face significant barriers when accessing government services and participating in community life. English is the national language of Australia and the language most used in the ACT. However, a growing number of our community are unable to communicate in English or prefer to communicate in a different language.

For a growing number of Canberrans, access to interpreting and translation services and translated information is necessary to communicate effectively with government services. When providers and consumers do not share the same language and culture, difficulties may arise which impact on the quality of services received.

Language services facilitate effective communication between service providers and consumers to make services and programs more accessible to people, regardless of their proficiency in written or spoken English. This policy ensures that language services are offered to consumers as required, at no cost to them.

The ACT Language Services Policy can be accessed through the Community Services Directorate via the following link:

<https://www.communityservices.act.gov.au/__data/assets/pdf_file/0011/1286993/Language-Services-Policy_v1.pdf#:~:text=The%20ACT%20Language%20Services%20Policy%20aims%20to%20improve,of%20limited%20resources%20and%20acknowledging%20Canberra%E2%80%99s%20diverse%20communities>.

[*Back to Table of Contents*](#Contents)

|  |
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| Section 2: Is an interpreter needed? |

An interpreter is needed if there is any chance of misunderstanding due to language differences and/or communication challenges. Some consumers’ English skills may be reduced in traumatic or emotional situations.

Staff should not guess what language a consumer speaks based on the country of birth recorded in ACTPAS, their name, or their appearance (e.g. a person born in Burma may speak Karen or Mon rather than Burmese).

CHS staff must record in ACTPAS or Clinical Portal whether a consumer needs an interpreter and place a language alert in the ACTPAS or Clinical Portal systems with their preferred language. If the information in ACTPAS or the Clinical Portal is incorrect, the staff member must correct it as soon as possible.

Consumers may show an ACT Health Interpreter Card which states their preferred language. Staff can also [download](https://www.health.act.gov.au/about-our-health-system/multicultural-health-act/need-interpreter) the card from the “Need an Interpreter?” page on the ACT Health website and provide it to a consumer if needed.

Staff can also use [the Language Identification Chart](http://www.health.act.gov.au/sites/default/files/2018-09/LANGUAGE%20IDENTIFICATION%20CHART.pdf) from the ACT Health website to find out which language is required. This chart includes common languages but is not exhaustive.

If the consumer wishes, they may be accompanied by family or friends for support during a professional interpreter session.

For further education and training CHS staff should consider completing relevant courses in Capabiliti including:

* Working with Interpreters (e-learning, and face-to-face course)
* Healthcare Rights (e-learning)
* Diversity Training day (face-to-face, and course groups)
* Cultural Competence (e-learning and face-to-face course).

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 3: When a consumer declines professional interpreting services |

A consumer may decline a professional interpreter and may ask to have an adult family member or friend act as an interpreter instead, however this is not the preferred option. Professional interpreters are preferred as they are familiar with interpreting health related information, and this ensures the information provided by the clinician and patient is accurately interpreted, supports shared decision making, and the delivery of safe high quality care.

Consumers may decline an interpreter because they are concerned about cost, confidentiality, the interpreter’s gender, a personal connection to the interpreter, or any other reason. Staff should make reasonable attempts (using a family member, multilingual staff or a telephone interpreter) to understand and address these concerns and secure the consumer’s informed consent for using professional interpreting services. Staff should offer an interpreter each time it is required, even if declined previously, and explain that:

* the service is free
* interpreters must maintain confidentiality
* interpreters are available face-to-face or by telephone (the consumer can remain anonymous with a telephone interpreter)
* the consumer can choose 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
* professional interpreters are trained, insured, and bound by a code of ethics
* an interpreter will assist clinicians in providing the best possible and safest care
* it is CHS policy to use professional interpreters.

For clinical services, if a consumer declines professional interpreting services and/or decides to use an adult family member or adult friend to interpret, staff must document this in the clinical record and enter as a risk into RiskMan Incident Management System (IMS).

**Note**: Children under the age of 18 should **never** be used for interpreting services.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 4: Booking an interpreter – Languages other than English |

**Note**: Booking for Auslan – see Section 5

Booking for Aboriginal and Torres Strait Islander Languages – see Section 6

The Translating and Interpreting Service (TIS), operated by the Department of Home Affairs, is the preferred provider for CHS. To access TIS services you will need your work area’s TIS Client Code. Your Client Code starts with the letter ‘C’ followed by six digits (e.g., C123456). Your Client Code should be available:

* on a poster displayed in your administration area
* from your area’s administration staff
* in Attachment 2
* on the Intranet at <https://healthhub.act.gov.au/node/471>.

Other NAATI accredited interpreter services can be used, check the [NAATI website](http://www.naati.com.au/) to find an alternative accredited interpreter.

Wherever possible, staff should check if an interpreter is needed and book an interpreter if required before a scheduled appointment.

**Note:** Due to consumer privacy and small communities, some consumers may prefer a telephone interpreter rather than a face-to-face appointment. If face to face the consumer may know the person and the telephone interpreter is more likely to be from interstate

**Note**: If an appointment with a booked interpreter is changed or cancelled, staff must notify TIS or other agency as soon as possible to minimise late cancellation charges.

## Booking a TIS telephone interpreter in advance

* Complete the Interpreter Booking Form at <https://www.tisnational.gov.au/Agencies/Forms-for-agencies/New-Job-booking-form>. You will need your area’s TIS Client Code (see Attachment 2).
* TIS will allocate an interpreter and email a confirmation with a job number.
* Interpreter bookings through TIS can be made up to 90 calendar days in advance.

## Booking a TIS on-site interpreter in advance

* Bookings for on-site interpreters must be made through TIS Online at:  
  <https://tisonline.tisnational.gov.au/Login>.
* Interpreter bookings through TIS can be made up to 90 calendar days in advance.
* Not all languages are available on-site, for TIS availability of languages for onsite interpreters see Attachment 3.
* Access can be made available to individuals using their ACT Government email address, or to a group of staff sharing a generic email address.
* When granted access, you will receive an email from TIS giving you instructions as to how to complete the process and generate a password.
* Log in to TIS Online at <https://tisonline.tisnational.gov.au/> with your:
* Email address (individual or group);
* Client ID (this is the same as your area’s TIS Client Code); and
* The password you generated as an individual or for a group when completing the access process.
* Once you have logged in to TIS Online, click on the “Create new job” button at the top of the screen, and fill out the required information.
* Information about booked jobs can be found under “My jobs summary” at the top left of the screen.
* Support for TIS Online is available on 1300 655 082 or [tis@border.gov.au](mailto:tis@border.gov.au) (business hours) or see [A guide to TIS Online for agencies](https://www.tisnational.gov.au/Agencies/Help-using-TIS-National-services/TIS-Online-for-agencies).
* CHS Administrative staff should ensure that on-site interpreters present the TIS attendance record for signing at the completion of the visit and ensure that a copy of the attendance record is provided. CHS administrative staff should then photocopy the attendance record and place the copy in the consumer’s medical record and the original sent to patient accounts.

**Note:** TIS are also able to facilitate Telehealth video consultations through TIS Online. Please complete the booking form and provide the video conferencing platform (e.g. Webex, Zoom) and access codes, hyperlink to the meeting, and contact details should the interpreter encounter any issues.

## Tips for making a successful scheduled interpreter booking:

* In the first instance, try a telephone booking as it’s the most likely way to have an interpreter available. Telephone interpreting provides access to more languages and may sometimes be the only option.
* Staff should use a telephone interpreter unless using an on-site interpreter is likely to particularly help the consumer (e.g. in sensitive or complex situations, such as mental health assessments), for completion of legal documents (such as an Enduring Power of Attorney) and/or the consumer requests an on-site interpreter.
* Staff should not assume that all consumers prefer on-site interpreters. Some consumers may prefer a telephone interpreter, especially where they wish to remain anonymous (such as accessing sexual health services), and/or where the consumer’s preferred language is only spoken by a small local community and they are likely to know the interpreter.
* On-site Interpreters can be requested from interstate (e.g. NSW) however this will incur an additional charge for travel.
* Book at least one week in advance if possible.
* Specify in the booking request whether there are any specific requirements in relation to the booking, such as gender of the Interpreter, or Working with Vulnerable People Check.
* Select all relevant levels of interpreter when completing the job booking form <https://www.tisnational.gov.au/Agencies/Forms-for-agencies/New-Job-booking-form>.
* Wherever possible include additional relevant information about the job booking in the specific requirements section including the urgency of the need. (e.g. if the patient is traveling a long distance for the appointment).
* In general on the booking form, do not select the interpreter to have a security clearance as a security clearance is not required for general clinical care.
* If possible, provide alternate dates and times to increase the chances of getting an interpreter.

**Prior to the pre-booked job starting**

* Just before the start time of the pre-booked job:
* Telephone TIS on **131 450**.
* Say the language that needs interpreting (e.g. “Arabic”)
* Say “No” to the next question “Do you have an account?”
* Wait for the operator, and then quote the pre-booked job number and the operator will connect you with the interpreter. The operator can also connect to a patient’s number if they are not on-site for their appointment.

## Unscheduled or emergency interpreter use (including during an appointment or home visit)

* Staff can immediately access a telephone interpreter through **TIS ATIS Voice**.
* For a current list of languages available, check the [TIS website](https://www.tisnational.gov.au/en/Agencies/Help-using-TIS-National-services/Telephone-interpreting/Automated-Telephone-Interpreter-Service-ATIS).
* You will need your work area’s ATIS Voice Account Number, and ATIS Voice Access Code (these are different from the TIS Client Code). These should be available:
* on a poster displayed in your administration area
* from your area’s administration staff
* on the Intranet at <https://healthhub.act.gov.au/node/471>
* See Attachment 2
* Phone ATIS Voice on **1800 131 450** and follow the prompts.
* If you are a home visiting clinician, ensure you have the TIS code available prior to the visit.
* For immediate telephone interpreting in languages not covered by ATIS Voice, phone TIS on 131 450. You will need your work area’s TIS Client Code.

## Booking an interpreter for Telehealth appointments

TIS are currently unable to provide interpreting services into CHS Telehealth appointments. However, ONCALL is a provider who is able to work with the Health Direct platform used at CHS. For further details and an [ONCALL Interpreter Service Booking Guide](https://healthhub.act.gov.au/sites/default/files/2020-07/Oncall%20Interpreter%20Service%20Booking%20Guide.pdf) please refer to the [Interpreter Services](https://healthhub.act.gov.au/node/471) HealthHub page.

**National Disability Insurance Scheme (NDIS)**

A range of Rehabilitation, Aged and Community Services (RACS) provide NDIS funded supports to NDIS participants.  Once it is confirmed the services are NDIS funded the TIS Code can be used when required for:

* NDIS funded contacts and appointments with an NDIS participant.
* Arranging NDIS funded contacts and appointments with participants.
* Completing required NDIS documentation with a participant or their representative.

## Consumer-initiated TIS telephone interpreting

* Consumers can use a telephone interpreter to contact TIS by calling 131 450.
* TIS will then call the relevant area of CHS and ask if the charge for the interpreting service will be accepted.
* Work areas must state that the charge will be accepted and provide the relevant TIS Client Code.
* TIS will then connect the consumer and the interpreter in a three-way phone call.

## Concerns about interpreting services

* If the consumer has a complaint or feedback regarding the interpreting service, they can access the [CHS Consumer Feedback and Engagement Team](https://healthhub.act.gov.au/patient-care/person-centred-care/consumer-feedback-and-engagement). Ph: 5124 5932.
* From a CHS staff perspective, in the first instance discuss with your line manager if any TIS bookings were not optimal.
* Any incidents related to an interpreter services (including availability) should be reported in the RiskMan IMS.
* If CHS staff have any feedback related to TIS interpreters (complaints, compliments and suggestions) should be provided via: <https://www.homeaffairs.gov.au/help-and-support/departmental-forms/online-forms/complaints-compliments-and-suggestions>

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 5: Booking an interpreter – Auslan |

## Weekday regular hours bookings

* Staff communicating with consumers should use on-site Auslan interpreters wherever possible.
* Staff may also use Auslan Video Remote Interpreting (VRI), if the work area has access to an appropriate device (e.g. tablet or smartphone); Skype, Facetime or a similar video call program; and an internet connection. Consumers may wish to bring in their own device for VRI but this should not be expected.
* The National Interpreting and Communication Services (NICSS) provides on-site and VRI Auslan interpreters.
* Staff can book an interpreter by calling 1800 246 945 from 8am to 8pm AEST Monday to Friday (including state public holidays but excluding national public holidays).
* NICSS requires a client code to book an interpreter. NICSS will create a new client code for CHS areas that have not used the service before (there is no single CHS client code).
* Staff can use the NICSS interpreter booking form which can be found at [NICSS.org.au](https://www.nicss.org.au/form-builder/form/index/form/13418)

## After hours, weekend, emergencies

* Sign Language Communications (SLC), run by the Deaf Society of NSW, provides a weekend and public holiday service. Call or SMS **0412 422 059** to make a booking. They are available over weekends from 6:00pm Friday through to 8:00am Monday. NSW Public Holidays are observed, and availability is 8:00am – 6:00pm on the day of the Public Holiday.
* SLC does not require a client code to make a booking but will send an invoice to a nominated email address after the job.
* There are many options for communicating with people who are D/deaf, hard of hearing, or who have other language and communication needs. For example, the [National Relay Service](http://relayservice.gov.au/) offers internet relay, captioned relay, Speak and Listen, Type and Listen, SMS relay, and other services.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 6: Booking an interpreter – Aboriginal and Torres Strait Islander Languages |

There are many Aboriginal and Torres Strait Islander languages and it may not be possible to source an accredited interpreter. Contact the relevant Aboriginal and Torres Strait Islander Liaison Officer for assistance:

* Alcohol and Drug Aboriginal and Torres Strait Islander Liaison Officer  
  (6207 9977)
* Calvary Aboriginal and Torres Strait Islander Liaison Officer  
  (6264 7097)
* Canberra Hospital Aboriginal and Torres Strait Islander Liaison Service  
  (6244 2316)
* Mental Health Aboriginal and Torres Strait Islander Liaison Officer  
  (Gugan Gulwan Youth Aboriginal Corporation) (6296 8900)

For emergency situations outside business hours, call the Canberra Hospital Switchboard on 5124 0000 and ask for the after-hours social worker.

[*Back to Table of Contents*](#Contents)

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| --- |
| Section 7: Non-professional interpreters |

**Note**: This includes multilingual staff, family and friends

* Multilingual staff and family/friends can help to communicate with consumers with limited English proficiency, but they **must not replace professional, accredited interpreters, particularly in situations which may be a risk for consumers and/or CHS. Professional, accredited interpreters must be used wherever possible, due to the risks involved in using non-professional interpreters**. Interpreting is a professional skill and professional interpreters are trained, insured, and bound by a code of ethics.
* In situations where a professional interpreter is needed but not immediately available, such as emergencies, a staff member (with the consent of their manager) or a family member/friend, who speaks the required language and who agrees, may facilitate urgent communication, until a professional interpreter can be used.
* Multilingual staff and the consumer’s family or friends may also provide language assistance to consumers or staff to fill communication gaps, in situations where basic language skills are sufficient and the risk to the consumer and/or CHS from miscommunication is low.
* The role of family, carers and other support persons in advocating for and supporting a client is valued and understood as separate from the role of an accredited interpreter and does not replace the requirement for an accredited interpreter.
* All use of assistance with language interpretation whether professional interpreters or multilingual staff, relatives/friends of a patient must be clearly documented in the patient record.

**Note**: Children under the age of 18 must **never** be used as interpreters, including in emergency situations.

## Emergencies

* In an emergency where interpreting is required immediately but a professional, accredited interpreter is not available, staff should use the following options (in order of priority):

1. Multilingual CHS staff
2. Adult family members, carers or friends of the consumer.

Note: Please discuss consent appropriately with the staff member, or adult family member, carer or friends for them to be an interpreter in this instance. Document in the patient’s file and in RiskMan IMS that consent has been approved and a non-professional interpreter has been used.

* Follow these steps to use multilingual staff to interpret in an **emergency**:
* Contact the manager of the identified staff member to seek their agreement.
* If the manager agrees, contact the identified staff member.
* Identified staff members may reasonably decline in some situations, such as potentially traumatic situations, or if they know the consumer.
* An identified staff member may decline to provide interpreting services in emergency situations, even if their manager agrees.
* Managers should offer support (e.g. the Employee Assistance Program) to multilingual staff used as interpreters in emergency situations.
* Clinical staff may proceed with emergency treatment based on information from a non‑professional interpreter but they must use a professional, accredited interpreter to check this information as soon as possible.
* Clinical staff must document non-professional interpreter use in emergency situations on the consumer’s clinical record and in RiskMan IMS.
* If a non-professional interpreter is unavailable, clinical staff may proceed with emergency treatment and must record the unavailability of an interpreter on the consumer’s clinical record and in RiskMan IMS.

## Non-emergency and low risk communication situations

* Identified multilingual staff and family/friends of a consumer may interpret in low risk situations, such as:
* making an appointment
* giving directions within a CHS facility
* giving information about visiting hours.
* All staff should use the following options (in order of priority):

1. Multilingual CHS staff

* Identify a CHS staff member who speaks the required language and may be able to assist.
* Contact the manager of the identified staff member to seek their agreement.
* If the manager agrees, contact the identified staff member.

1. Adult family members or friends of the consumer
2. CALD Assist App if the area has an Apple device the App can be installed on.
3. Use of visual aids (e.g. diagrams and charts).

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 8: Documentation of Interpreter Use |

People from culturally and linguistically diverse backgrounds and/or with limited English proficiency are at greater risk of adverse incidents from health care, often due to communication issues. If staff do not use professional, accredited interpreters when required, there are risks for consumers to their healthcare and health outcomes and for CHS which may include legal action.

Staff must document the following information on consumer clinical records, including consent forms:

* each occasion of use of a professional, accredited interpreter
* each occasion where an interpreter is sought but unavailable
* each occasion of use of a non-professional interpreter (including multilingual staff, and family/friends of the consumer)
* when a consumer declines interpreting services and the reason, if known
* reasons for continuing the appointment/treatment/procedure without interpreting services.

If an accredited interpreter is not available, staff should also document the use of a non-professional interpreter (including family members, carers and friends) in clinical situations into RiskMan IMS.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 9: Financial Administration |

CHS staff must provide interpreting services to consumers at no cost. Please note that where RACS services may be provided under the NDIS, the consumer may incur a cost in that instance.

Staff must use interpreters when needed regardless of the cost.

For CHS, interpreter costs are centralised. CHS Divisions/Branches/Work Areas are not required to budget for interpreting services. Invoices for interpreter services should be coded to **Cost Centre 64421**, **Account Code 712107.**

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Section 10: Translated materials (use and development) |

* CHS staff should give relevant translated materials to consumers with limited English proficiency, if possible. If translated materials are not available, or if the consumer has low literacy, staff must explain necessary information to consumers using an interpreter.
* Consumer handouts in other languages are available from approved external sites. These sites can be found on the Policy and Guidance Register under Consumer Handouts - *Approved external websites for downloading and printing handouts for consumers* [here](https://actgovernment.sharepoint.com/sites/intranet-health/PPR/Policy%20and%20Plans%20Register/Approved%20External%20Websites%20for%20downloading%20and%20printing%20handouts%20for%20consumers.pdf)
* If handouts need to be made available in languages other than English, staff must use a translator services which is accredited by the NAATI which can be found [here](https://www.naati.com.au/).
* Translations of health-related documents provided by consumers may require translations.
* Translated consumer information developed by CHS should also have community testing done to ensure the translation accurately reflects the message.
* Translated material on the Australian Charter of Healthcare Rights are available from [healthfeedback@act.gov.au](mailto:healthfeedback@act.gov.au)

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Evaluation |

**Outcome Measures**

* Number of times professional interpreters have been used.
* Languages for which professional interpreters have been engaged.
* Quarterly expenditure on interpreter services.
* Number of times interpreters have been requested but are not available   
  (including language requested).
* Compliance with requirement to document interpreter use.
* Number of staff who have completed training in working with interpreters.
* Number of incidents reported related to interpreting.

**Method**

The following data will be collated with summary reports for distribution within Divisions:

* Interpreter usage.
* Audits of interpreter use and documentation.
* Routine CHS service data collection (including ACTPAS) for consumers to support needs analysis, i.e. main language spoken at home, English proficiency, country of birth.
* Data from Capabiliti about staff undertaking relevant training.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Related Policies, Procedures, Guidelines and Legislation |

**Policies**

* ACT Languages Services Policy

**Procedures**

* Admission to Discharge
* Consent and Treatment
* Clinical Handover
* Patient Identification and Procedure Matching

**Frameworks**

* CHS Language Services Plan
* Australian Safety and Quality Framework for Health Care
* Australian Charter of Healthcare Rights – Second Edition 2019
* ACT Multicultural Framework 2015 -2020 (Second Action Plan 2019 -2020)

**Standards**

* National Safety and Quality Health Service (NSQHS) Standards 2nd Edition
* Australian Bureau of Statistics – Standards for Statistics on Cultural and Language Diversity 1999.

**Legislation**

* *Charter of Health Care Rights 2019*
* *Mental Health (Treatment and Care) Act* 1994
* *Work Health and Safety Act* 2011
* *Human Rights Act* 2004
* *Discrimination Act* 1991
* *Health Act* 1993

[*Back to Table of Contents*](#Contents)

|  |
| --- |
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2. ACT Government - Need an interpreter? Accessed 19 Feb 2020 at <https://www.health.act.gov.au/about-our-health-system/multicultural-health-act/need-interpreter>
3. Health Care Consumers’ Association (n.d.). Who is a health care consumer? Accessed 19 Feb 2020 at <http://www.hcca.org.au/consumers/>
4. Government of Western Australia (2017) Western Australian Health System Language Services Policy 2017 and Guidelines.

[*Back to Table of Contents*](#Contents)

|  |
| --- |
| Definition of Terms |

Auslan: The language of the Australian Deaf community. Auslan is a unique sign language.

CALD: Culturally and linguistically diverse.

D/deaf: Someone who is Deaf (with a capitalised ‘D’) identifies culturally as Deaf, uses sign language and is actively engaged in the Deaf community. Someone who is deaf (with a lower case ‘d’) is hard of hearing but has English as their first language and may lip read and/or use a hearing aid.

Consumer: Anyone who uses, has used, or may use any health or health related service. It is not limited to those currently using a service.

Interpreter: A person who conveys oral or sign messages, concepts and ideas from one language into another language (including sign language), with a high degree of accuracy, completeness, objectivity and sensitivity to the cultures associated with the languages of expertise. The interpreter is responsible for the communication process between the two parties and not for the information provided.

LEP: Limited English proficiency.

Translator: A person who makes a written transfer of a written message or information from one language into another language to provide complete and accurate text reflecting the original material. The translator is responsible for the communication process between the two parties and not for the information provided.

[*Back to Table of Contents*](#Contents)

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| Search Terms |

Interpreter, interpreting, language, language services, Translating and Interpreting Service, TIS, Auslan, sign language, Aboriginal and Torres Strait Islander languages, culturally and linguistically diverse, CALD, limited English proficiency, LEP, booking, multilingual, staff, ESL, English as second language.

[*Back to Table of Contents*](#Contents)

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| Attachments |

Attachment 1: Flowchart for Booking an interpreter

Attachment 2: TIS Codes

Attachment 3: TIS on-site interpreter languages available in the ACT

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*Policy Team ONLY to complete the following:*

|  |  |  |  |
| --- | --- | --- | --- |
| *Date Amended* | *Section Amended* | *Divisional Approval* | *Final Approval* |
| *19/08/2020* | *Complete Review* | *Denise Patterson, EGM QSII* | *CHS Policy Committee* |
| *12/03/2021* | *Attachment 3 - TIS Onsite languages in the ACT as at March 2020* | *Senior Manager Consumer Participation and Incident Management* | *Policy Team* |
| *24/05/2023* | *Section Added to include ACT Language Services Policy* | *Felicity Martin, Senior Director Allied Health* | *Policy Team* |

*This document supersedes the following:*

|  |  |
| --- | --- |
| *Document Number* | *Document Name* |
| *CHS20/195* | *ACT Language Services Policy* |
| *DGD15-040* | *Language Services Interpreters Procedure* |

## Attachment 1: Flowchart for Booking an interpreter



## Attachment 2: TIS Codes

|  |  |  |  |
| --- | --- | --- | --- |
| Translating and Interpreting Service (TIS) Codes | TIS Standard | ATIS Voice |  |
| Division | Client Code | Account No | Access No |
| Canberra Health Services (CHS) |  |  |  |
| Cancer and Ambulatory Support (CAS) | C969379 | 626240 | 1234 |
| Clinical Support Services (CSS) | C969380 | 626241 | 1234 |
| Quality Safety Innovation and Improvement (QSII) | C946555 | 626250 | 1234 |
| Medicine (MED) | C468092 | 102087 | 3000 |
| Mental Health, Justice Health and Alcohol and Drug Services (MHJHADS) | C969382 | 626243 | 1234 |
| Pathology (PATH) | C492439 | 626248 | 1234 |
| Rehabilitation, Aged and Community Services (RACs) | C969384 | 626244 | 1234 |
| Surgery | C969385 | 626245 | 1234 |
| Women, Youth and Children (WYC) | C969386 | 626246 | 1234 |
| Health Information Services (HIS) | C951260 | 626251 | 1234 |

## Attachment 3: TIS Onsite languages in the ACT as at March 2020

|  |  |
| --- | --- |
| Amharic | Mizo Chin |
| Arabic | Mon |
| Cantonese | Myanmar |
| Croation | Polish |
| Dari | Portugese |
| Falam Chin | Punjabi |
| Farsi | Serbian |
| Finnish | Sinhalese |
| Greek | Somali |
| Hakha Chin | Spanish |
| Hazaragi | Tamil |
| Hindi | Thai |
| Indonesian | Tibetan |
| Italian | Tingrinya |
| Korean | Urdu |
| Mandarin | Uzbek |
| Mara Chin | Vietnamese |
| Matu Chin |  |