SUBMISSION

Canberra Health Services (CHS) Consultation:

Language Services Procedure - Interpreters and Translated Materials

July 2020

Health Care Consumers' Association

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Background

The **Health Care Consumers' Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

The Health Care Consumers' Association (HCCA) welcomes the opportunity to provide consumer input to Canberra Health Services' (CHS) Language Services – Interpreters and Translated Materials Procedure.

HCCA is a member-based organisation and to review this procedure we undertook a targeted consultation with consumers and member organisations to help inform our response. We held an online consultation via Zoom in early July and received some written feedback from consumers.

1. General comments

HCCA is pleased that CHS is working towards comprehensive advice and procedures for staff around language services, including interpreters and translated materials. The purpose of this kind of policy and procedure is to support effective communication, enable shared decision making and lead to good outcomes across health services[i]. The policy and procedure must recognise the additional support needed for consumers and carers who have communication challenges.

Effective communication relates to the entirety of the Australian Charter of Healthcare Rights (2nd edition)[ii]. The procedure for interpreters and translated materials also forms part of meeting Standards 2 and 6 (Partnering with Consumers and Communicating for Safety) of the National Safety and Quality Health Service Standards[iii]. These standards outline the need to partner with consumers in their health care, and to maintain systems and processes for supporting effective communication to ensure safety and promote good health outcomes.

It is good to see that the procedure aims to cover the practical details that staff need, down to phone numbers and cost-centre codes, when working through the process of booking interpreter services. In our review of the procedure, we have identified some potential gaps, and have provided a copy of the procedure with some tracked changes, along with this submission.

The issues covered below in our specific comments include:

- Clarifying the purpose of the procedure on interpreters and translated materials
- Scope of procedure & issues around the use of accredited interpreters
- Staff training around booking and use of interpreters
- Key points to cover with consumers when outlining using language services
- Translation

2. Specific Issues

2.1 - Purpose of the procedure on interpreters and translated materials

HCCA suggests that the purpose statement of this procedure needs to be broadened to include people with disabilities, in order to recognise possible additional communication needs. We have made some changes to the purpose section of the document (see attached procedure with track changes) to more clearly document the purpose of this procedure and identify those consumers who may be more likely to face communication challenges. In particular, people with disabilities, including those who are D/deaf but also others, may have special communication needs. More work may need to be done in order to better understand the particular communication needs of these groups. Consumers told us:

> *[consumers who are] Hard of Hearing... This group is rarely dealt with … I speak from personal experience as I have a significant hearing loss due to a medical condition. Sign language great for the deaf community, but for hard of hearing, can I suggest that staff get some training about dealing with this group. I think the local Hearing Society could [be invited to] run a few programs with the health providers.*

For people with hearing impairments accessing health care can be difficult. Serious communication issues can be experienced when receiving community care or attending as a patient in hospital or outpatient clinics. This can impact on consumers being able to understand treatment options or make informed decisions about care. There are resources available that help overcome these kind of communication difficulties. For example Princess Alexandra Hospital, QLD Health, has produced a communication kit for patients who are Deaf or Hard of Hearing[iv]. The kit, available in hard copy or with some resources available online, includes:

- useful hospital words in Auslan (Australian Sign Language)
- communication alert sign for staff to put on patient bedside charts
- hearing aid / cochlear implant information brochure
- page of stickers—to let staff know you are Deaf or hard of hearing
- plastic zip-lock bag for holding hearing aids
- visual pain scale—to help explain how you are feeling
- pen for writing short messages

- feedback form—for providing feedback on the kit.

Consumers in our consultation noted there was not a clear definition of what is meant in this procedure by defining 'interpreters' and 'translation'.

> *I didn't see a definition of 'translated materials'. It would be useful to include a definition of both terms… Regarding 'interpreters', it would be useful to include information… on who is NOT an 'interpreter'.*

2.2 – Scope of procedure & issues around the use of accredited interpreters

It is clear from this procedure that the standard is to use accredited interpreters wherever possible, mostly accessing these services through TIS (Translation and Interpreting Services – National)[v].

The scope of the document covers CHS staff who are receiving the Linguistic Availability/Performance Allowance (LAPA), however, the role of these staff members in interpreting and/or translating is not explained. It would be good to see some information, either in this document or referred to details elsewhere, about how staff can receive LAPA, and what training is available for interpreting, how they can be contacted across the organisation (could there be a register on the intranet that can be kept up to date, for example?) or effectively used by CHS as an integral part of the resources that can be drawn upon for delivering interpreting and translation services. The role of CHS staff receiving LAPA should be made clear so that all staff can understand where these onsite services can be used in providing care. In talking about the value of being able to use staff skills in this way, consumers commented that:

> *If staff are a reflection of the community/consumers – they will know how to communicate with those people.*
>
> *It is very important that multilingual staff also receive some training in dealing with multilingual situations –speaking a language may not be sufficient to interpret. Boundaries [are] really important. If [staff] receive an allowance then one would have leverage to ask that they come to some brief training. It would be great if the Migrant Health Unit or its newer replacement could run these.*

The opportunity to be able to draw upon multi-lingual staff or those receiving LAPA is even more important when considering that cancellations of booked interpreter services from TIS are relatively common, even when these services are booked a long way in advance. Access and availability are key issues for interpreting services in particular.

We note that note that even if staff are able to secure an accredited interpreter, there is no guarantee that the interpreter will have training in medical terminology, even if this has been requested (although we understand that where possible, TIS will try and match up those with medical training for medical appointments). It is unclear whether TIS informs staff who are booking interpreters as to whether or not the interpreter is trained in medical terminology. As such, there is still potential for

misinterpreting or miscommunicating information, even when used an accredited interpreter. In some cases, a CHS staff member who is a health professional and has received training in interpreting and is on a multilingual/LAPA list may be quite well-placed to provide interpreter services in certain situations. There may need to be flexibility around provide the best fit for communication for the individual consumer/situation.

Consumers told us their concerns about the use of family members to interpret. There was agreement, as the procedure emphasises, that minors should not be used as interpreters. This can result in a range of issues, notwithstanding the potential psychological impact. In cases of domestic violence or abusive relationships, the use of adult family members as interpreters could be catastrophic. Consumers told us:

> *In some cultures, there are strict codes of conduct and for example the wife may automatically accept her husband do the interpreting. If there is a policy of using professional interpreters, this would give the health worker more leverage.*
>
> *I do understand that having family members in with the patient would be great for the comfort of the patient in most cases but certainly not all cases.*
>
> *The sign about not using children for interpreting needs to be more prominent [throughout the document].*

Consumers also raised the issue of small communities and confidentiality/privacy around translation for particular language or cultural groups (particularly for Aboriginal people but not limited to these groups).

> *[consider] Liaison officers for Aboriginal communities. The issue of small communities is relevant here as well as for CALD groups.ie the group can be quite small and the individual may not want their community involved –tricky situation if language issues present. But there is a right to privacy that must be respected.*

2.3 - Staff training around booking and use of interpreters

During our consultation with consumers, comments around training and the understanding of procedures included:

> *Is training in these issues of interpreting and translation mandatory for all staff, volunteers, contractors and students?*
>
> *Alarmed at the complexity of the booking system for TIS: a deterrent if ever there was one.*
>
> *Whilst most of the procedures are great in intent I am concerned at the complexity of these procedures. I would be asking how much training staff are given in the implementation of these procedures, especially in the use of*

interpreters as it takes some getting used to having another person to talk "through", more so with telephone interpreters.

I am wondering if it would be useful to separate out the major principles and then have a separate document for administrators as the detail would be very difficult for operational staff (staff at the coal face as it were) to deal with this level of complexity especially in an emergency situation

HCCA's understanding is that the 'request for interpreter training' offered by CHS to staff is not currently considered to be part of 'essential staff training'. We suggest that, if effective communication is considered to be essential to health care, this should be considered, or at least could be mandated for some staff (such as those in the front-line) in order to ensure sufficient knowledge throughout the organisation in skills around recognising needs and booking interpreter services.

2.4 - Key points to cover with consumers when outlining using language services

The procedures in this document seem to be missing a clear set of points to be covered when staff are communicating with consumers about the option of using an interpreter. We suggest that this should not only be considered where a consumer has initially refused the option of using an interpreter (section 2).

It's important that those points [in section 2] be discussed with all consumers unless they obviously think having an interpreter is perfectly fine. Even so, important to ask them whether they prefer phone or on site (if there's a choice), and male or female interpreter.

It will help [consumers] to have an interpreter because we can serve them better.

If [consumers are] worried about a local interpreter (especially when the situation is outside the large cities), they can have a telephone interpreter who does not need to know who they are. Even so they may be very frightened, because many migrant and refugee communities have people in various parts of Australia but they still know each other because of family relationships, gatherings, etc.

Indigenous consumers may be worried about the possibility of an interpreter being used that they're not supposed to speak to, or who is not supposed to speak to them (even on the phone).

Another issue raised was that training for staff must be sure to cover a broad understanding of potential cultural reasons why consumers may decline interpreters, for example, there could be discomfort in discussing women's business with a male interpreter.

It is important that consumers know when and how these services for interpreters and translation are available – that these can be used across the patient journey, including on admission, during a hospital stay, at discharge, and for outpatient appointments. Having written information and/or translated information about interpreting and translation services may also help consumers to make an informed decision. HCCA notes that there is very little information provided to consumers about the free interpreter service and translated materials available, this may be due to a lack of staff awareness and training about these services. We are aware that the Interpreter Working Group is progressing updates to all waiting areas with this information in various languages using a poster that will be clearly visible in reception areas. The working group is also reviewing staff training to ensure it includes the information staff need to know, such as using interpreters, information that is available in languages other than English, and cultural competence.

2.5 - Translation

We note that the procedure is limited in its description of translation services and what might be available to consumers (and when) to help communication and understanding throughout a patient journey. Consumers wanted to highlight that NSW and VIC, for example, often hold good online libraries of translated consumer resources in a variety of languages available, so that these documents do not need to be re-created. Staff should be directed to use these in the first instance, and we suggest that advice on accessing resources could be part of training in this area. However, consumers noted that:

> *Not all languages can be represented in these libraries. The level of language used may not be appropriate for all patients and [will not help for those who are] illiterate.*
>
> *[for translated materials] using community testing where possible. There was a famous incident with a Centrelink translated document where a typo rendered a word [in another language to be] utterly offensive.*
>
> *This is where the old ethnic health worker scheme was so useful as these workers could identify gaps in a community's health knowledge and suggest ways to rectify this –usually by spoken rather than written word.*

3 Concluding remarks

Effective communication, including the use of interpreter and translation services, is important to ensuring that health care is accessible, equitable, appropriate and meets consumer needs. We hope that once finalised, this procedure will help staff to support consumers in overcoming any communication challenges, and lead to better health outcomes.

Please do not hesitate to contact us if you wish to further discuss any issues we have raised in our submission.

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[i] How to work with interpreters and translators: A guide to effectively using language services. State of Victoria, Department of Health and Human Services, March 2017. https://www.hwpcp.org.au/wp-content/uploads/2017/06/How-to-work-with-interpreting-and-translating-servicesDHHS.pdf

[ii] Australian Charter of Health Care Rights (2nd edition, 2019) https://www.safetyandquality.gov.au/australian-charter-healthcare-rights

[iii] National Safety and Quality Health Service (NSQHS) Standards (2nd edition, 2017) https://www.safetyandquality.gov.au/standards/nsqhs-standards

[iv] Communication kit for patients who are Deaf or Hard of Hearing https://metrosouth.health.qld.gov.au/princess-alexandra-hospital/about-us/hospital-communication-kit?fbclid=IwAR1aLcjeFSC94m39W9ymemNHkXvSmP1Vp9qul_kONSigUsAC4fGAkB9fXAw

[v] Translating and Interpreting Service, Department of Home Affairs, Australian Government. https://www.tisnational.gov.au/