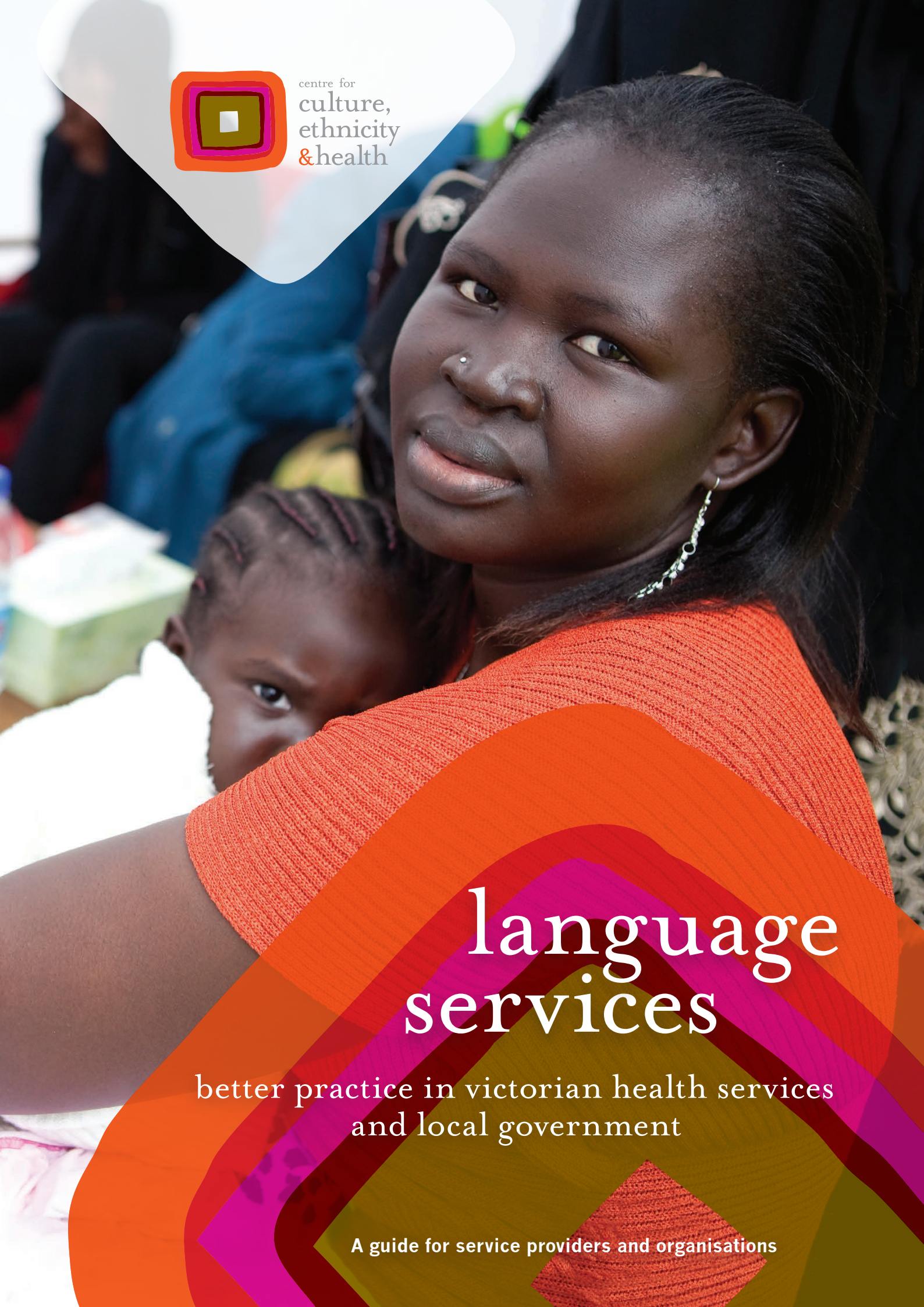

centre for
culture,
ethnicity
&health

language services

better practice in victorian health services and local government

A guide for service providers and organisations

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CEH thanks Reference Group members for their contribution to this publication and for their commitment to improving the provision of language services in Victoria.

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introduction

In 2005, the Centre for Culture Ethnicity and Health (CEH) published, *Language Services: Good Practice in the Victorian Health and Community Sector* to encourage and support organisations to improve their provision of language services.

Almost a decade has passed since CEH released this publication and an update with new examples of language service initiatives is timely and necessary. With Victoria becoming a more linguistically diverse State, the need for such a guide is greater than ever. The 2011 Census reveals that 1.23 million Victorians speak 260 languages other than English at home. This represents 23.1% of all Victorians, compared with 20.4% in the last census in 2006.

Moreover, 212,651 Victorians who speak another language report difficulty with speaking English. This represents 4% of all Victorians, but that is likely to be a conservative figure as more than 240,000 Victorians did not respond to the census question: 'How well does the person speak English?' For these Victorians with limited English proficiency, some form of language service is required to support them in engaging successfully with service providers, particularly in situations that demand more complex communications or an understanding of technical or specialised terms and concepts.

purpose of this guide

The Guide aims to inspire and encourage all agencies, no matter how established or confident they are in their practices, to aim for continuous improvement in their provision of language services. It includes considerations for good practice and examples from service providers across Victoria. These examples, in the form of case studies, also function as 'how to' guides - enabling agencies to consider how they could implement these or similar practices in their organisations.

The purpose of this Guide is to assist individual service providers and organisations to reflect on their own delivery of language services and to consider new ideas, different approaches and better ways of providing these services.

The Guide is aimed at service providers working in the health, local government and community services sectors in Victoria in rural, regional and metropolitan settings. The emphasis on 'better' practice acknowledges that service providers in these sectors vary in the progress they have made in providing language services to their communities. Ultimately, the Guide aims to support the improved provision of language services to enable better communication between service providers and people with limited English proficiency.

1.23

million victorians

2011 Census reveals that 1.23 million Victorians spoke 260 languages other than English at home.

260

languages

language services

For the purposes of this Guide, language services include:

- Qualified interpreters - interpreters with an accreditation or recognition credential from NAATI (National Accreditation Authority for Translators and Interpreters)
- Translations undertaken by qualified translators
- Bilingual staff – employees who agree to communicate with clients in a language other than English and are not employed as qualified interpreters.

methodology

CEH prepared an invitation to submit examples of better practice in language services, accompanied by a cover letter and a template for completion. The invitation was sent by email to 200 individuals and organisations identified as likely to provide feedback or referral. The same information was disseminated through the CEH e-newsletter. Flyers were distributed at events in which CEH participated. The invitation was also circulated through CEH's networks and by the project's Reference Group members.

Only basic information was requested in initial submissions, with examples that met the criteria followed up by CEH. The criteria were drawn from a literature review and decided in consultation with the Reference Group. Submitters were asked if their language initiative demonstrated one or more of the following elements:

- A whole of organisation approach
- Client or community participation in service planning and evaluation
- Evidence of the effectiveness of the service
- Evidence and mechanisms for continuous improvement
- Evidence of ongoing staff development and support.

Once examples were submitted, the project officer made further enquiries with the nominated contact person. If approved by the Reference Group, the project officer – in consultation with the contact person – developed the case studies as they appear in this Guide.

considerations for better practice in language services provision

Since the first Guide was released in 2005, the landscape in which language services are delivered has changed. There has been a move towards client and community participation in service planning and evaluation, and new thinking has emerged on cultural competence and health literacy when delivering a quality service to clients, particularly those with limited English proficiency.

In 2006, the Department of Health released *Doing it with us not for us: Participation policy 2006-09*. Reflecting the Victorian Government's commitment to involving people in decision making about their health care services, the policy promotes participation by consumers, carers and communities in the public health system. Demonstration of client and community participation in the planning and evaluation of language services is an important element of the policy: who better to tell you if translated information is relevant and understandable than the intended audience?

By 2006, the term 'cultural competence' was gaining currency in Australia, spurred by the need for service providers across a range of disciplines to better address the requirements of a growing multicultural population. The Diversity Health Institute had released a position paper on cultural competence in health care and the National Health and Medical Research Council published a guide on cultural competency in health.

There is no universally accepted definition of cultural competence; however, the following definition is one of the most frequently cited and is used by CEH:

> ***Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals; enabling that system, agency or those professionals to work effectively in cross-cultural situations.***
>
> Cross TL, Bazron BJ, Dennis KW and Isaacs MR (1989) Towards a Culturally Competent System of Care, Vol. 1.
>
> Georgetown University Child Development Centre, Washington DC

CEH has adopted a framework for cultural competence through which every aspect of an organisation can be measured, assessed and improved to ensure that all clients receive high quality and culturally appropriate services. One of the framework's domains, Communication, focuses on language services. The reality is that each of the other six domains in the framework – organisational values; governance; planning, monitoring and evaluation; staff development; organisational infrastructure; and services and interventions – impact on language services. Indeed, all five elements sought in the language service initiatives submitted for this Guide overlap with the broader framework for cultural competence.

In Victoria's culturally diverse society, literacy generally - and health literacy in particular - continues to grow as a significant issue for the health sector. In 2006, the Australian Bureau of Statistics *Adult Literacy and Life Skills Survey* found that 59% of Australians are functionally health illiterate.

There are contested definitions of health literacy; however, from a service provider's perspective, a health literate organisation is:

> ***...an organisation that makes it easier for people to navigate, understand, and use information and services to take care of their health.***
>
> Brach et al (2012) Ten Attributes of Health Literate Health Care Organisations
>
> Washington, DC: Institute of Medicine, The National Academies Press Health Literacy

For this reason, language service initiatives submitted by organisations were considered for efforts to make their messages better understood by the client or community and not simply translated into another language.

59 %

australians

59% of Australians are functionally health illiterate.

This Guide aims to improve the provision of language services to enable better communication between service providers and people with limited English proficiency.

case studies of better practice

The case studies included in this Guide show a range of language service initiatives from a variety of services providers. In some cases, similar initiatives exist elsewhere and the case studies included here should not be seen as the only, or best, examples.

To guide the reader, key words are highlighted for each case study, reflecting the importance and relevance of the language initiative to better practice in a particular area. At the end of each case study, a comment is provided to deepen the reader's understanding of the initiative's merit.

The language initiatives that appear must be read in context: what works in one place may not be suitable in another. Furthermore, some initiatives are more recent than others and achievements must be viewed in this context.

These case studies function as 'how to' guides enabling agencies to see how they may implement each example of better practice in their organisation.

partnering with refugee communities

what	**Interpreter-assisted hospital tours for refugees**
who	**Goulburn Valley Health**
organisation/agency type	**Regional hospital**
language service type	**Interpreters**
initiative commenced	**2010**
key words	***Sustainable, health literacy, community engagement, hospital system***
major change(s)	**Increased participants' confidence in accessing Goulburn Valley Health services. Significant improvement in participants' knowledge of the health system.**

The Goulburn Valley has a well-established history as a region for migrant and refugee settlement. Based in Shepparton, Goulburn Valley Health (GVH) is a 280 bed acute and extended care facility that provides surgical, medical, paediatric, obstetrics and gynaecology, intensive care and psychiatry services as well as extended care and regional services. GVH provides community services that complement its inpatient role.

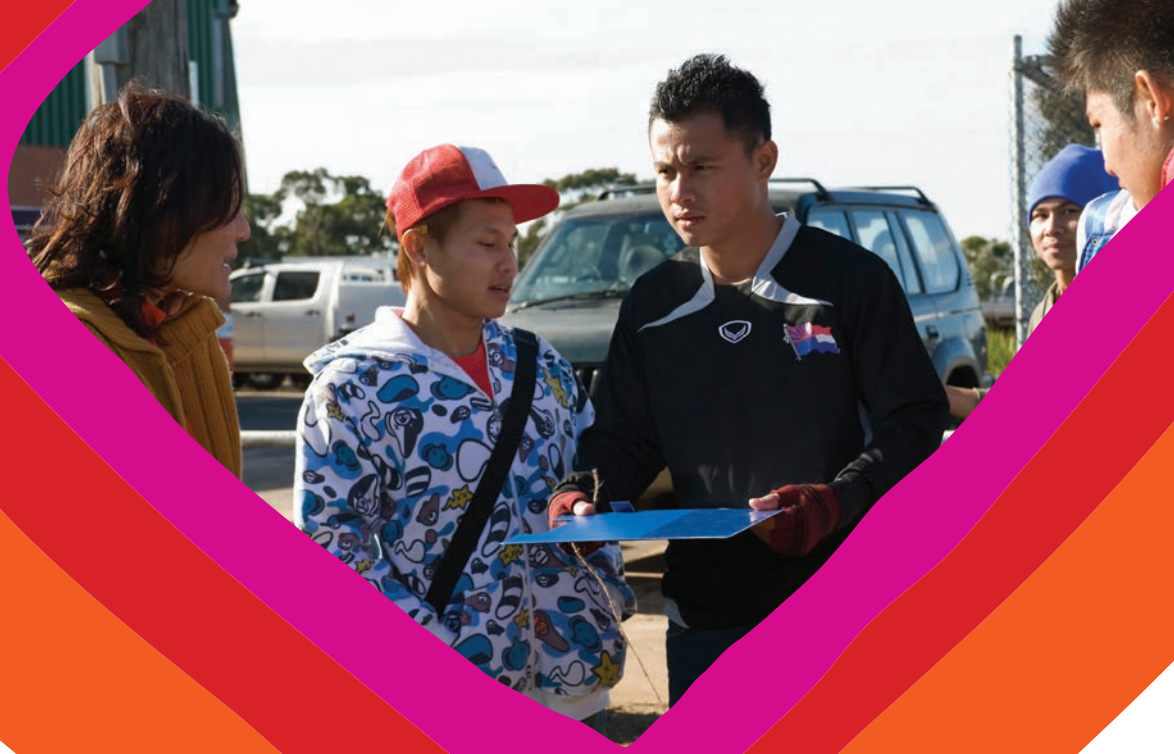
A 2010 survey of members of the recently arrived Iraqi, Afghan, Sudanese and Congolese communities by the Ethnic Council of Shepparton and District Inc. identified concerns about how to access hospital services and the role of local health agencies. The survey also revealed dissatisfaction about long Emergency Department waiting times. This survey was followed by a series of GVH medical and nursing staff consultations that further defined specific health gaps and barriers faced by newly arrived refugees in the Shepparton region. The need for a new approach to communication was highlighted as a means of engaging more effectively with refugee communities as partners in health.

In 2010, a pilot program of hospital tours commenced, supported by GVH's Diversity Committee. The tours aim to familiarise small groups of refugee English language students with the hospital layout and to introduce health literacy based 'take-home messages' about the hospital system at selected departments such as pharmacy, pathology, medical imaging and emergency. The tours are also intended to provide an opportunity for refugees to speak with GVH staff.

The core tour program is conducted over three one-hour sessions. The sessions are held one week apart to enable time between visits for participants to consider what they have learned and identify issues and questions.

The program incorporates approaches designed to foster effective engagement with consumers, staff and key community agencies, including creating opportunities for GVH staff to meet with and work alongside interpreters and refugee community leaders.

A key contributor to the success of the tours is the participation of qualified interpreters to encourage dialogue between staff and community participants. The cost for interpreters and translations associated with the tour are met by GVH.



comment

GVH considers the cost of conducting the tours as a good financial investment in addressing the needs of an 'at risk' population whose lack of knowledge about hospitals and hospital procedures might otherwise result in over-reliance on and high use of the hospital's Emergency Department.

Several factors have enabled the long-term sustainability of the project, including high level in-kind support from the participating departments in GVH, high status and priority attached to the hospital tours by senior staff and departmental heads, strong partnership with external organisations and minimal start-up costs for piloting the hospital tours.

Ongoing evaluation of the program has informed changes to the service model and led to the establishment of an inter-agency Working Party to guide further development.

further information

Website **www.gvhealth.org.au**

Position **Executive Director, Community and Integrated Care, GV Health**

Telephone **(03) 5832 2700**

280

beds

Goulburn Valley Health is a 280 bed acute and extended care facility.

a new survey tool delivers positive changes

what	**Innovative interpreters: making a hospital survey more meaningful for CALD inpatients with limited English proficiency**
who	**St Vincent's Hospital Melbourne**
organisation/agency type	**Metropolitan hospital**
language service type	**Interpreters**
initiative commenced	**2011**
key words	***Health literacy, cultural competence, flexibility, improved overall patient satisfaction, sustainable***
major change(s)	**St Vincent's CALD inpatients post-discharge will now be asked for their feedback on a regular basis using a telephone survey. The methodology will be used for all future surveys. All patients have benefited from improvements to the hospital food menu.**

St Vincent's Hospital Melbourne (SVHM) is part of St Vincent's Health Australia and a leading teaching, research and tertiary health service active across 18 sites throughout Melbourne. The main hospital is located in Fitzroy.

The project developed from a need to find an effective satisfaction survey tool for discharged inpatients from culturally and linguistically diverse (CALD) backgrounds. The Victorian Patient Satisfaction Monitor (VPSM) previously used by the Department of Health was a written survey that measured patient satisfaction with the care and services provided by public hospitals and helped hospitals to improve their services. However, it is particularly difficult to engage patients from CALD backgrounds with limited English proficiency (LEP) in written surveys even if translated, resulting in a low response rate. The new CALD survey tool has proved to be more appropriate and effective in engaging patients and meeting Department of Health consumer participation requirements. For example, the tool can be used to meet Standards 4 and 5 of the *Cultural responsiveness framework: guidelines for Victorian health services*, which require CALD patients' feedback on whether they received culturally appropriate care.

The survey tool required an understanding of the health literacy issues affecting particular CALD patient target groups. The Interpreter Services and Cultural Diversity team at St Vincent's had the requisite background knowledge and experience about the barriers and enablers to good communication between clinicians and CALD patients, supported by research and literature on health literacy.

The resulting survey reflected the cultural and communication styles of CALD patients with LEP. It was written in plain English and then translated for colloquial, verbal delivery by interpreters who recorded the patients' answers verbatim. Many of the questions were open-ended to allow for narrative responses from which it was possible to deduce answers and identify barriers to care. Accredited interpreters administered the survey by phone in six languages (Arabic, Cantonese, Mandarin, Greek, Italian and Vietnamese). One hundred people were contacted and the response rate for the survey was 90%. Patients were delighted to provide feedback.

The pilot survey was conducted initially with agency interpreters to avoid a potential problem arising from hospital staff interpreters seeking feedback from patients who may be concerned about how the information they provide might affect their future hospital care. However, this appeared not to be a concern for the majority of patients, demonstrated by the quantity and quality of positive and negative feedback.

One finding of the survey was low patient satisfaction with hospital meals. A further smaller survey (35 CALD patients) was undertaken in collaboration with the Nutrition and Food Services departments to learn more about patients' food preferences. This led to a new culturally appropriate menu with more diverse options for all patients. The successful survey methodology used for both surveys has been embedded into regular CALD survey planning to be conducted by staff interpreters (or bilingual staff).

comment

Surveys are often written and translated with little thought to health literacy, literacy in the community language and preferred cultural communication styles. At St Vincent's, the Interpreter Services and Cultural Diversity team used their cultural and language knowledge and experience to contribute to a new survey tool that addresses these issues and has brought about positive changes to hospital services.

The cultural responsiveness and menu surveys and the methodology are sustainable and adaptable as they take 10-15 minutes to conduct. This means interpreters can fit them in when convenient, such as between booked interpreter appointments. The initial long survey required a budget for external interpreters; future ones will not.

further information

Website www.svhm.org.au

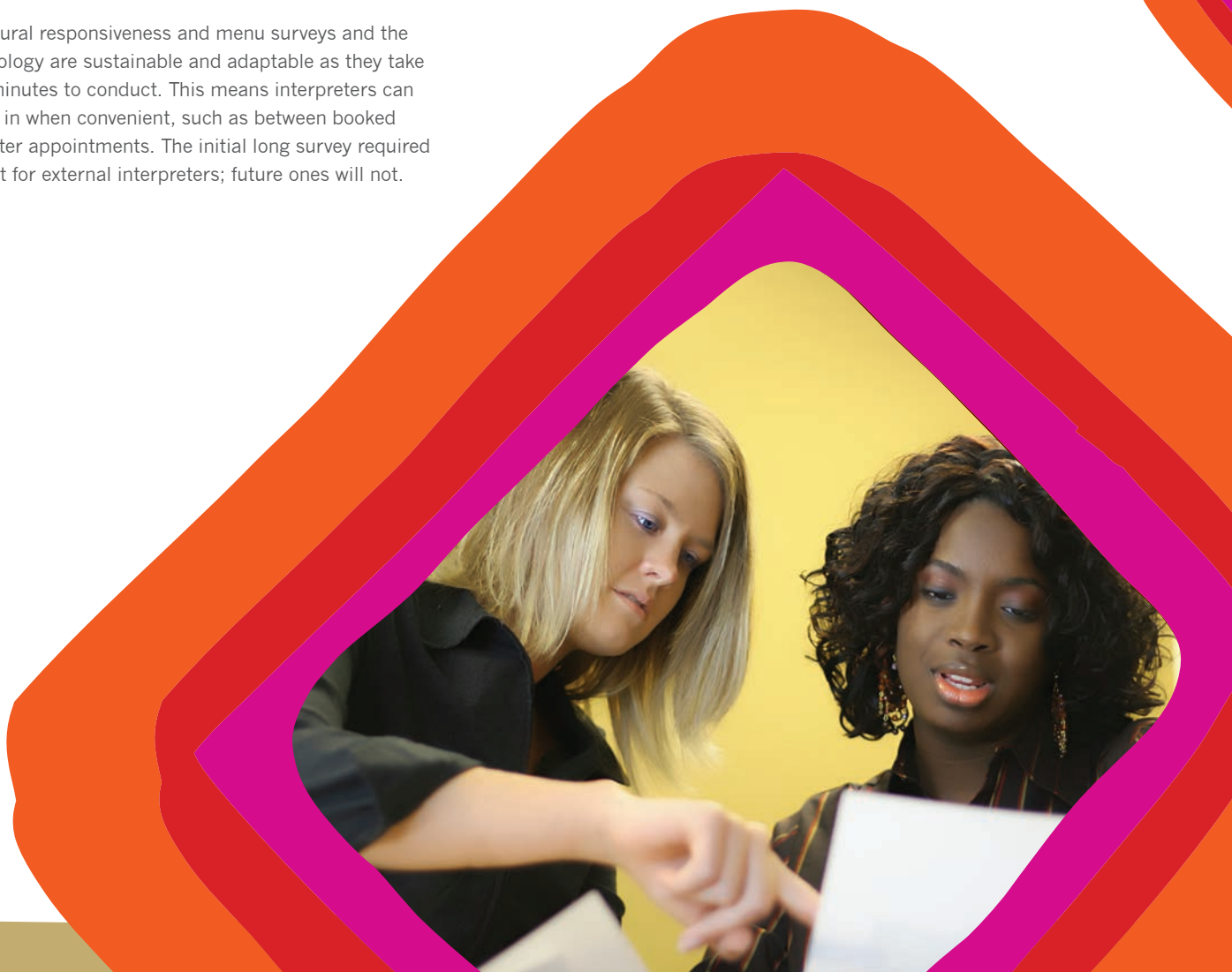
Position Chief Interpreter, Interpreter Services

Telephone (03) 9288 3482

90 %

patients

One hundred people were contacted by accredited interpreters by phone in six languages (Arabic, Cantonese, Mandarin, Greek, Italian and Vietnamese) and the response rate for the survey was 90%.



an interpreter for every patient who needs one

what	**Integrated interpreter booking system**
who	**Mercy Health**
organisation/agency type	**Metropolitan hospital**
language service type	**Interpreters**
initiative commenced	**2010**
key words	***Integrated booking systems, opportunistic block booking***
major change(s)	**Accurate data collection on interpreter usage for analysis and planning.** **More patients that require an interpreter now have access to one.**

Mercy Hospital for Women (MHW) is a tertiary hospital that provides maternity, neonatal, gynaecological and oncology services to women and families in Victoria. A centralised interpreting service is provided to the hospital in Heidelberg and satellite clinics in Preston and East Melbourne. In 2012/13, 9,432 services were provided in 42 languages.

An increased demand for interpreters combined with a growth in the number of requested languages prompted a review of interpreter provision at MHW and led to quality improvements in service delivery. Data analysis initially showed that interpreters for outpatients were provided based only on phone or email requests. This indicated that it was possible that a proportion of patients did not receive an interpreter, although the exact figure was difficult to determine.

MHW developed and implemented an interpreter booking report to link with the statewide HealthSMART integrated patient and client management system (iPM) to reduce reliance on individual requests for interpreters and minimise the number of booking errors.

The Interpreter Bookings Coordinator generates a report that identifies all outpatients who require an interpreter and their appointment details. The system is complemented by other strategies such as a clear process to identify the need for an interpreter and a centralised interpreter booking system that operates across the hospital and its satellite clinics.

The point of difference with this system compared to most other health services where booking of an interpreter relies on an individual request from a clinic/ward is that it eliminates the reliance on receiving individual requests for an interpreter and the chance of missing some bookings (through not being notified of changes due to cancelled or rescheduled appointments). Instead, the system allows the Interpreter Bookings Coordinator to identify and book interpreters as required - ensuring, for example, that an interpreter is available for every patient who requires one for an outpatient appointment.

The rate of outpatients who require an interpreter and received one increased from 82% in 2009/10 to 96% in 2012/13. The rate of inpatients who require an interpreter and received one increased from 77% in 2010/11 to 81% in 2012/13.

The system also facilitates opportunistic cluster bookings of the same language patients. A daily list of all patients who require an interpreter enables the Interpreter Bookings Coordinator to identify same language patients and, where possible, book them into a cluster. This strategy reduces the cost of interpreting services.

comment

The streamlining of the interpreter booking system reduces the occasions on which a patient who requires an interpreter misses out on one. An important change has been the initial identification that the patient requires an interpreter and the language required. The MHW's staff training program includes information on how to elicit this information.

further information

Website **www.mercy.com.au**

Position **Manager, Multicultural Services**

Telephone **(03) 8458 4255**

96 %

outpatients

81 %

inpatients

96% of Outpatients that require an interpreter received one and 81% of Inpatients that require an interpreter received one in 2012/13.

making better use of bilingual staff

what	**Organisational recognition and support for bilingual staff**
who	**Western Region Health Centre (now cohealth)**
organisation/agency type	**Community health service**
language service type	**Bilingual staff**
initiative commenced	**2011**
key words	***Cultural competence, bilingual staff***
major change(s)	**Developed systems to guide and support bilingual staff to use their language skills in the workplace.**

Western Region Health Centre (WRHC) offers medical, dental, counselling and allied health services across the local government areas of Maribyrnong, Hobsons Bay, Wyndham, Melton, Brimbank and Hume. WRHC's catchment has enormous ethnic and linguistic diversity and the centre has a long history of employing staff whose language skills reflect the local demographic profile. In 2013, 34% of staff spoke one or more languages other than English (LOTE) at home. Some of these staff are employed because of their bilingual and cultural backgrounds, while others are employed primarily for their professional backgrounds. Their ability to speak another language makes them particularly valuable to the organisation.

In 2010, an organisational cultural competence review found that staff were unclear about when and how to use their own or their colleagues' bilingual skills. One of the report's recommendations was to develop formal policies and procedures, including clear definitions and guidelines, alongside staff education.

To inform the development of effective policy and procedure in this area, in 2011 WRHC surveyed all staff to identify existing LOTE skills and staff attitudes to bilingual staff using their LOTE in service delivery. The findings from this survey, and consultation with the WRHC Bilingual Staff Network, have informed the development of a suite of organisational responses. These include:

- Bilingual Staff Policy and Procedure
- Language Services Policy that references and draws on the Bilingual Staff Policy and Procedure
- A Register that identifies staff with proficiency in a LOTE who are willing to communicate in that language with clients if needed
- Training for staff who manage and support bilingual staff
- Documentation of language skills and use in Individual Development Reviews, including a mechanism for self-assessment of skills.

comment

WRHC recognised that bilingual staff are a valuable asset to the organisation and developed formal mechanisms to support their communication with clients in their preferred language. In a survey of bilingual staff, options for how their contribution might be recognised were explored and financial recognition was not rated as highly important to the majority of respondents. WRHC has taken steps to clarify the roles and responsibilities of bilingual staff, with clear boundaries communicated to all staff around the distinction between bilingual staff and accredited interpreters.

The development of multiple strategies to support bilingual staff has achieved a range of benefits for bilingual staff, the organisation and clients. These include:

- Addressing concerns from bilingual staff about competency, accountability and quality in relation to the use of their language skills
- Improving recruitment and retention of staff from communities the organisation services
- Minimising risks to client safety and improving service quality through clear guidelines, policies and boundaries.

34%

staff

34% of staff spoke one or more languages other than English at home in 2013.

further information

Website www.cohealth.org.au

Position Manager Access and Engagement

Telephone (03) 9680 1116

building organisational cultural competence

what	**Transcultural and Language Services: an engine room for organisational change**
who	**Northern Health**
organisation/agency type	**Metropolitan hospital**
language service type	**Interpreting, translation**
initiative commenced	**2007**
key words	***Research, organisational cultural competence, consolidation of language services and expertise***
major change(s)	**The length of bed stay for patients with limited English proficiency dropped more than for all patients overall.** **Patients with limited English proficiency must now be included in all patient research conducted at Northern Health.**

Situated in Melbourne's northern suburbs, Northern Health comprises five major healthcare campuses: Broadmeadows Health Service, Bundoora Extended Care Centre, Craigieburn Health Service, Northern Health and PANCH Health Service.

In 2007, the Transcultural and Language Service (TALS) department was created to consolidate separate language services into one centralised service. Internal research found that contracting external interpreters in large numbers was very expensive and also restricted the quality control of interpreting services.

A business case for employing in-house interpreters was successfully presented to management. As a result of this and other strategies, TALS now contributes significantly to staff training, clinical research and education at Northern Health.

TALS currently:

- Employs 17 in-house interpreters (15.1 effective full time), up from four in 2007
- Provides 46,000 occasions of service per year in more than 100 languages
- Delivers 85+ transcultural training sessions per year
- Participates in internal and external research projects.

TALS' many strategies have contributed to a greater decrease in average length of stay for patients with limited English proficiency compared to English-speaking patients. From 2007/08 to 2012/13 the reduction was 2.5 days compared to 1.5 days.

TALS also plays an important part in building Northern Health's organisational cultural competence by offering high quality language services (comprising interpreting and translation of medical material), providing transcultural training to clinical staff and contributing to research and education. For example, Northern Health's Ethics Committee guidelines for research involving patients require the inclusion of 25% of people with limited English proficiency in the research group. Clinicians are expected to consult TALS to ensure that their research is culturally sensitive. Researchers access in-house interpreters and educate these interpreters for their role in the research. This process develops mutual expertise between clinicians and interpreters within Northern Health and is more effective than contracting external interpreters specifically for occasions of contact with research patients.

TALS' strength is built on four pillars:

1. A strong in-house interpreter model of the highest standard
2. In-house translation of medical literature
3. Training to clinicians and other hospital staff on communicating effectively through a qualified interpreter
4. Advice and collaboration in internal and external research projects and student education

comment

To get to this position of strength, TALS implemented incremental changes. The starting point was to ensure reliable data was collected regarding the use and cost of interpreters. It took almost two years to arrive at a meaningful unit cost. After a Finance department enquiry about how interpreters used their 'down time', interpreters were encouraged to undertake translations with a view to acquiring translation qualifications. This change not only increased language services productivity, but also the breadth and depth of expertise among the staff interpreters.

Professional development has been another growth area for Northern Health staff. The program started with a one-hour transcultural training session offered 30 times a year. Currently, 90 sessions are offered. Training is now targeted to specific professions such as nurses, allied health clinicians and doctors and is embedded in the hospital's education calendar. The training program has been adapted to make some content accessible online to staff on the Northern Health intranet.

further information

Website www.nh.org.au

Position Coordinator, Transcultural and Language Services

Telephone (03) 8405 2881

46,000 services

TALS currently provides 46,000 occasions of service per year in more than 100 languages.

‘talking book’ explains immunisation in 13 languages

what	**Immunisation Talking Book**
who	**Networking Health Victoria (formerly General Practice Victoria)**
organisation/agency type	**State based organisation**
language service type	**Translation**
initiative commenced	**2012**
key words	***Technology, audio, low literacy in language other than English, shared costs***
major change(s)	**Adults with low English proficiency and low literacy in their community language are better informed about immunisation for their child.** **The initiative has been taken up by other general practices across Victoria.**

In 2011, the Australian Government established new local organisations, Medicare Locals, to work with general practitioners and other primary health care providers to improve access to frontline health services. Networking Health Victoria (NHV) is a state level organisation working with Medicare Locals to better integrate general practice, other primary health care providers and the broader state health system to meet the healthcare needs of the Victorian community. The NHV Immunisation Program is the state-based operation of the National Immunisation Program.

The main focus of the immunisation program is to assist Victorian Medicare Locals to support and encourage general practice in all aspects of immunisation. NHV, with support from Victoria’s Department of Health, also undertakes some targeted activities with local government immunisation teams and Aboriginal services.

Working in areas in Victoria that had been identified as having low immunisation coverage, NHV and local immunisation providers became concerned that proper informed consent procedures regarding immunisation were not being followed with families with limited English proficiency and low literacy in languages other than English.

An audio recording was made of the pre-immunisation checklist used to prompt people to disclose health information to their doctor or nurse before immunisation. This ‘talking book’ is offered to people presenting for immunisation or to a parent/carer of a child being immunised. The A5 book comes with plastic sleeves in which information is inserted in English and a selection of community languages. There is one language per page. At the bottom of each page is a button that when pressed starts and stops the language audio recording of the text on that page.

The book was first trialled in 2012 in Goulburn Valley and in 2013 in Greater Dandenong and Hume. Several other councils and Medicare Locals will be adopting the 'talking book' in 2014. They will contribute funding to purchase the book and NHV will meet the cost of translations into other languages. The translations are undertaken by qualified translators, independently checked by a second translator and then recorded. The audio translated recordings are then offered by NHV at no cost to other organisations who wish to use the 'talking book' technology to produce their own versions. The number of translations into different languages will increase from four to 13 in 2014.

13

translations

The number of audio translated recordings into different languages will increase to 13 in 2014.

To date, the evaluation of the 'talking book' has been anecdotal. Feedback has indicated the 'talking book' is more effective when there is a protocol ensuring that all people presenting for immunisation are offered the book, are shown how to use it and allowed sufficient time to listen to the information. Community feedback that some parts of the translation are not well understood has resulted in changes to the English source document to address health literacy issues.

comment

The 'talking book' is used as a supplement to, and not a replacement for, communicating via an interpreter. It aims to improve communication between the health professional and client.

Costs are shared by other organisations adopting the NHV talking book, which increases the likelihood that this initiative is sustainable over the longer term.

further information

Website **www.nhv.org.au**

Position **Immunisation Program Consultant**

Telephone **(03) 9341 5265**

a better start for children from migrant and refugee families

what	**Shopping Centre Based Multicultural Playgroups with bicultural workers**
who	**Brimbank City Council, Families and Early Years Unit**
organisation/agency type	**Council**
language service type	**Bilingual staff**
initiative commenced	**2012**
key words	***Early intervention***
major change(s)	**An increase in uptake of early childhood services by migrants and refugees from non-English speaking countries.**

Brimbank is the second largest municipality in Melbourne and the largest in the Western Region. Ethnic and linguistic diversity is high, with 46.1% of residents born overseas and 56.2% speaking a language other than English at home.

Brimbank has a low uptake of early childhood services. Playgroup is considered a good entry point into the system but, for many parents in the municipality (especially those from migrant and refugee backgrounds), playgroup is a new concept.

Brimbank manages two multicultural playgroups with Bicultural Early Years Support Officers, which operate from shopping centre shopfronts in Deer Park and Sunshine. Families are more likely to approach the playgroups when they see workers who are from their ethnic group and the high visibility venues support this. The workers speak English, Arabic, Dinka, Burmese, Chin, Vietnamese and several Indian languages. The playgroups operate 1.5 hours per week. Each session has additional time allocated for set-up, pack-up and group reflection. Staff are employed on a casual basis.

The bicultural workers have also helped to build capacity for other early childhood staff. Childhood development concepts in the Australian context are difficult to grasp and understand for culturally and linguistically diverse families. The bicultural staff are learning about these concepts and educating the communities about early childhood services through the playgroups. They are also educating council staff about how these communities respond to concepts of early childhood services, such as 'intervention'.

Brimbank has employed Bicultural Early Years Support Officers specifically to take advantage of the short window of opportunity to foster social connectedness in early childhood (0-6 years) and strengthen community links. Families are developing an interest in and knowledge of their child's development through the playgroups and are also receiving more general information about council services for their families.

comment

Despite the critical importance of language, the choice of the term 'bicultural' over 'bilingual' reflects the important cross cultural work these workers are doing with families and other council service providers. Brimbank acknowledges that workers have not undergone formal language testing as they are not required to interpret but instead engage directly with families in their languages other than English.

This initiative is identified in general terms in the Municipal Early Years Plan. The shopping centre based playgroup model was developed by another council, but Brimbank added emphasis on communicating with migrant and refugee residents in their community languages.

further information

Website **www.brimbank.vic.gov.au/SERVICES/Child_Care_Kindergartens_Playgroups/Playgroups**

Position **Best Start Facilitator**

Telephone **(03) 9249 4038**

46%
residents

56%
residents

46.1% of the residents of Brimbank born overseas and 56.2% speaks a language other than English at home.

three steps to better translations

what	**Three-stage translation process**
who	**MonashLink Community Health Service**
organisation/agency type	**Community Health Service**
language service type	**Translation**
initiative commenced	**2012**
key words	***Health literacy, translation standards, consumer input, quality processes, organisational cultural competence.***
major change(s)	**All consumer publications go through a three-stage evaluation process guided by local consumers using health literacy principles. Translation standards are applied to publications for translation and include checking for contextual accuracy and relevance.**

MonashLink Community Health Service provides an extensive range of primary care, oral health and counselling services, as well as health promotion and service coordination. These services are located across four sites in the City of Monash.

After feedback on translations commissioned by MonashLink indicated that these were not effective with the target communities, the health service added a new first step. Material for translation now goes through a three-stage documented process:

1. A Marketing and Publications Reference Group (MPRG) manages the process. The MPRG includes consumers and clinicians and reports to the organisational quality committee. The group develops content and format for translated material based on health literacy and consumer engagement principles. The group engages clinicians in ongoing education about consumer health literacy.
2. The text is translated by accredited translators into selected local community languages.
3. The completed translation is tested with consumers to ensure it reads well and is relevant for local needs. Bilingual staff are also a source for checking the translated material. Translations are checked by individuals as well as by a group, allowing issues to be resolved with group input and discussion. The Royal District Nursing Service (RDNS) Translation Standards guide the overall translation process.

This process is useful for the development and publication of any consumer-focused material. At the MPRG, consumers give feedback on the content and how it can be edited for clear communication in plain English, not just for audiences with limited English proficiency.

All translations are text-based. No audio-visual materials are developed as the organisation has a limited budget. However, in 2013 the marketing and translation budgets were consolidated to contribute to cost savings, which may provide more scope for presenting material in other formats in the future.

The MPRG conducts a self-review, including a baseline audit and subsequent periodic audits of its work.

comment

The three-stage process is consumer-centred and observes good practice principles for health literacy and translations. Documentation supports the process, including the organisation's strategic plan and policy and procedure manual. The MPRG has terms of reference and a position description for consumers. This work around translated material also appears in the position descriptions and work plans of the Community Engagement Coordinator and the Quality and Policy Coordinator, ensuring a strong consumer focus and quality perspective on the work.

further information

Website **www.monashlink.org.au**

Position **Community Engagement Coordinator or Quality and Policy Coordinator**

Telephone **1300 552 509**

embedding an interpreter with local aged and disability services

what	**Value adding staff interpreter**
who	**City of Greater Dandenong, Aged and Disability Services**
organisation/agency type	**Council**
language service type	**Interpreter**
initiative commenced	**2008**
key words	***Cultural competence, sustainable, cost efficient, improved quality***
major change(s)	**Positive experiences working with a staff interpreter increased the overall use of interpreters for clients speaking Vietnamese, Cantonese and Mandarin.**

The City of Greater Dandenong is the most culturally diverse municipality in Victoria and the second most diverse in Australia, with 60% of its residents born overseas and 55% from nations where English is not the main language spoken. Of residents aged 70 or over, 54% speak languages other than English at home. The most common languages are Italian, Greek, Vietnamese, Cantonese and Mandarin.

Due to the high proportion of aged clients with limited English proficiency, the council's Aged and Disability Services (ADS) quickly reached the credit line cap for language services provided by the Department of Human Services.

ADS noticed an increased gap in language service provision when a bilingual case manager went on extended leave. Initially, it was decided to cover the bilingual case manager's position with an agency interpreter and a case manager. This worked for a short time but was expensive. ADS then piloted a 12-month, full time in-house interpreter position, funded through the council's general budget. At the time, no qualified staff interpreters were employed in local government in Victoria. The council advertised for a Vietnamese accredited (or willing to become accredited) interpreter who also spoke Cantonese and Mandarin.

During the 12-month pilot period, each phone call, answered and unanswered, was logged; every home visit and Planned Activity Group session was documented; and any other interpreting work was noted. An external evaluation was conducted using this data and interviews with ADS staff, the interpreter, clients and families. The evaluation concluded that it was extremely valuable to have a qualified interpreter in the ADS team and that the staff interpreter position compared favourably to accessing agency interpreters in terms of costs and quality.

Some staff referred to the staff interpreter being 'more than an interpreter', indicating that the role is more versatile and helpful than that of an agency interpreter who has no background knowledge of ADS. Staff reported that communicating to their clients via a staff interpreter was quicker and easier than through an agency interpreter, which generally took more time and was more complicated.

comment

The position description has been reviewed annually for the last five years, with an increased focus on opportunities for professional development. The position has evolved from a narrow interpreter role to something more flexible that is now embedded productively within ADS. The expanded role has allowed the interpreter to bring different skills, knowledge and information into the ADS team and led to changes in staff induction training about how to work with interpreters. The role now extends to working with other areas of council and assisting in community consultations, particularly in the areas of health, wellbeing and community building. The position is a sustainable and a long-term investment for the City of Greater Dandenong, with demographic projections indicating that there will be a high need for an interpreter in these three languages for the next ten to 15 years.

further information

Website **www.greaterdandenong.com**

Position **Access and Quality Coordinator**

Telephone **(03) 8571 5229**

60 %
residents

55 %
residents

60% of residents of the Greater Dandenong born overseas and 55% are from nations where English is not the main language spoken.

a strong consumer focus improves translations

what	**Multilingual resources**
who	**Centre for Culture, Ethnicity and Health**
organisation/agency type	**Statewide program**
language service type	**Translation**
initiative commenced	**2008**
key words	***Community participation, tailored content, format and dissemination.***
major change(s)	**Community participation in development and dissemination of translated information aimed at their own community.**

The Centre for Culture, Ethnicity and Health (part of North Richmond Community Health) works closely with communities affected by problem gambling to produce culturally appropriate information resources.

Existing Gambler's Help information translated into community languages was found not to resonate with targeted culturally and linguistically diverse communities. Furthermore, the existing resource format and dissemination methodology did not incorporate community specific information channels.

To produce each resource, the CEH uses the following process:

1. Target communities are identified through demographic data, prevalence of problem gambling and community interest.
2. Key stakeholders, including service providers and community leaders, are approached for advice and feedback.
3. Focus groups are held to understand community attitudes to gambling and to determine culturally appropriate messages and images for the resource. Consideration is also given to the format of the resource and the method for dissemination.
4. Drafts and design mock-ups are tested with key stakeholders.
5. Translated versions of the resource are verified by key stakeholders.

Examples of the format, dissemination method, key message and image for different communities are outlined below.

targeted community and language	format and dissemination	key message and image
Chinese international students in simplified Chinese characters	Poster disseminated through international student associations and universities	'Five things to know before you put your cards down'. Each key message was printed on the image of a playing card.
Tigray-Tigrinya in Tigrigna	Posters distributed at a community launch and through community leaders, organisations and businesses	'Don't let gambling problems tear our families apart'. In foreground mother crying holding an infant accompanied by young child - all are walking away from father standing in front of poker machines.
Khmer in Khmer	Pocket fold out and poster distributed by community and religious organisations at major community festivals	'Don't hide your problems. Let's help our families stop problem gambling.' Man holding his head over bills spread on kitchen table.
Sudanese in Sudanese Arabic and Dinka	Three panel brochure disseminated through a community organisation and Gambler's Help Services	'Is gambling taking too much of your money and your time?' Main image of head of anguished man with playing cards around him.

In all examples, the information is repeated in English with the same accompanying images. This bilingual format helps to reach community members, such as teenagers, who are stronger in written English than their community languages. It also allows Gambler's Help counsellors and community workers to see what information they are distributing.

comment

While the starting point and the process are similar for each community, the end result is unique regarding content, images, format and dissemination method. Consulting key stakeholders through all stages of development strengthens the likelihood that the final product will be culturally appropriate to the target audience. Involving community members in the consultation process educates them about gambling issues. These people potentially become another means of spreading the message within their communities.

further information

Website **www.ceh.org.au/resources/publications**

Position **Communications Officer, Centre for Culture, Ethnicity and Health**

Telephone **(03) 9418 9929**

further information and resources

consumer participation

The Victorian Department of Health has published *Doing it with us not for us: Participation policy 2006-09:* **http://docs.health.vic.gov.au/docs/doc/Doing-it-with-us-not-for-us:-Participation-policy-2006-09**

cultural competence

CEH has developed tip sheets for each of seven domains that make up a framework for cultural competence: **http://www.ceh.org.au/culturalcompetence**

Sarah Stewart (2006), *Cultural Competence in Health Care: Diversity Health Institute Position Paper*, Diversity Health Institute: **http://203.32.142.106/clearinghouse/ search with words 'position paper'**.

National Health and Medical Research Council (2006), *Cultural competency in health: A guide for policy, partnerships and participation*: **https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/hp19.pdf**

health literacy

CEH has been involved in several health literacy projects and has developed tip sheets that cover a range of aspects of health literacy: **http://ceh.org.au/health-literacy**

The Australian Commission on Quality and Safety is a government agency that leads and coordinates national improvements in safety and quality in health care across Australia: **http://www.safetyandquality.gov.au/**

The Ophelia project is a three-year Victorian initiative that will identify and test new interventions to address health literacy needs in people attending a broad range of Victorian agencies: **http://www.ophelia.net.au/**

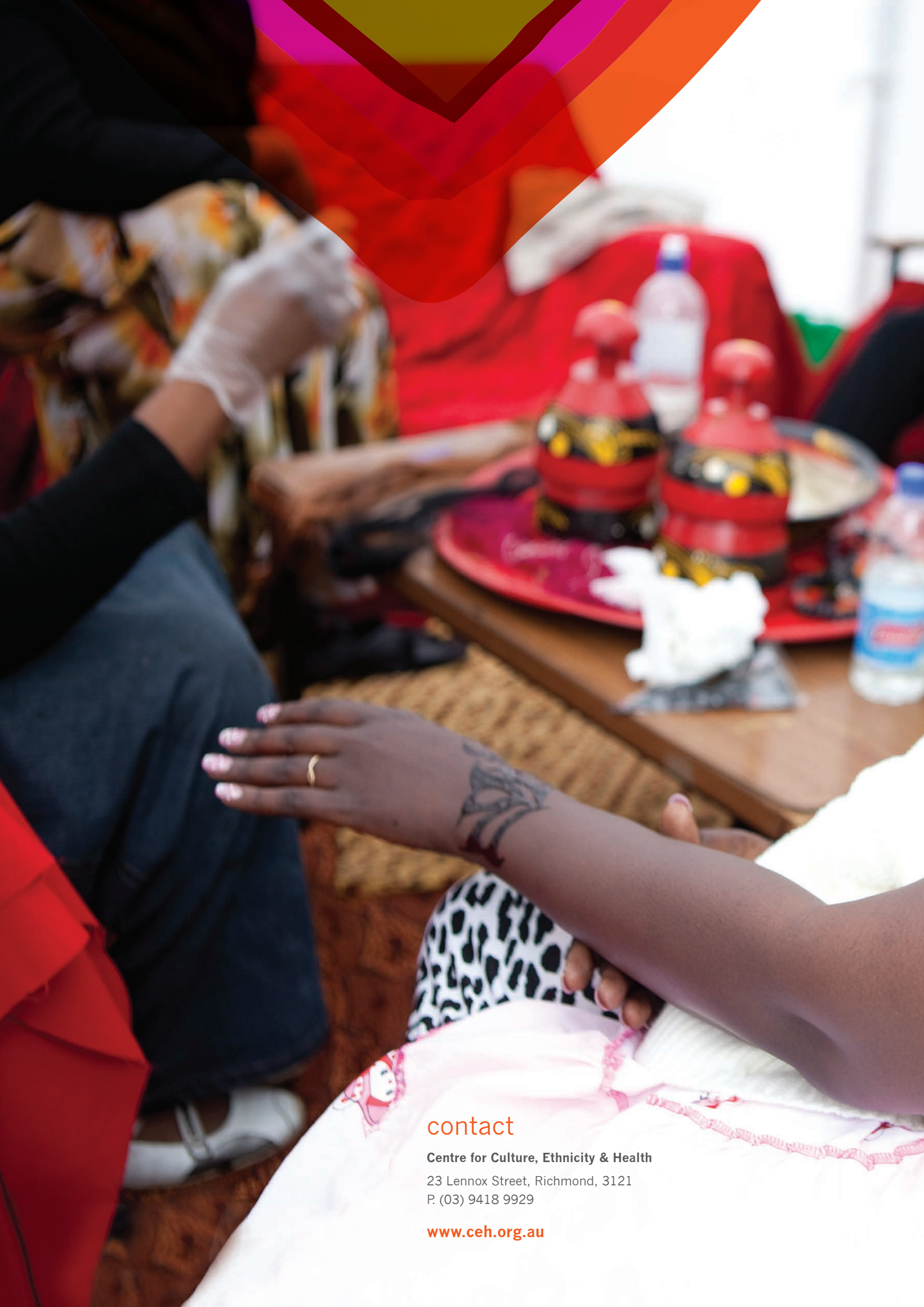
language services

CEH has developed tip sheets that cover interpreters, bilingual staff and translations: **http://www.ceh.org.au/resources/publications**

Victorian Government Guidelines on Policy and Procedures for Interpreting and Translating can be accessed from **http://www.multicultural.vic.gov.au/projects-and-initiatives/improving-language-services/standards-and-guidelines**

The Victorian Department of Health's *Language Services Policy* can be accessed from **http://www.health.vic.gov.au/diversity/cald.htm**

Michael, J., Aylen, T. and Ogrin, R. (2013), Development of a Translation Standard to support the improvement of health literacy and provide consistent high-quality information', *Australian Health Review*, vol. 37, issue 4, pp. 547-551



contact

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