



CENTRE FOR *culture*  
*ethnicity* & *health*

# Language Services: Good Practice in the Victorian Health and Community Sector



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# Acknowledgements

## Contributors

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## Abbreviations

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**CEH**      Centre for Culture Ethnicity and Health

**CALD**     Culturally and Linguistically Diverse/Cultural and Linguistic Diversity

**DHS**      Department of Human Services

**HACC**     Home and Community Care

**VOMA**     Victorian Office of Multicultural Affairs

Language services are allocated varying resources across the sector and raise constant challenges. As Victoria's ageing resident ethnic population grows and we see increasing numbers of smaller ethnic communities arrive, the way in which service providers deliver language services will need to change.

## Foreword

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In the last year, the Government has acknowledged the importance of language services through the production of a number of guides, policies and training packages. The Victorian Office of Multicultural Affairs continues to work towards improving access to interpreting and translating services for people from culturally and linguistically diverse backgrounds through its Language Services Strategy and DHS has recently produced a Language Services Policy. The standards and procedures these initiatives have promoted are important in articulating the obligations of service providers, as well as providing indicators of the basic requirements in the delivery of language services.

The Centre for Culture Ethnicity and Health (CEH) produced *Language Services: Good Practice in Victorian Health and Community Sector* to provide agencies in the health and community sector with an opportunity to reflect on and improve their own language services in light of the new Government strategies and policies.

CEH has looked at existing practice in the sector to identify 'good practice' in language services provision. This investigation has discovered a variety of initiatives across Victoria that demonstrate an investment in language services that is both creative and systemic, qualities which are critical success factors behind the approaches to language services delivery contained in this report.

Language services are allocated varying resources across the sector and raise constant challenges. As Victoria's ageing resident ethnic population grows and we see increasing numbers of smaller ethnic communities arrive, the way in which service providers deliver language services will need to change.

As a complimentary resource alongside other Government language services strategies, we trust that this report will assist health and community organisations to enhance their language services delivery and improve services for ethnic communities across Victoria.

**Demos Krouskos**, Director  
Centre for Culture Ethnicity and Health

This report highlights a model for good practice and showcases snapshots of good practice in language services delivery that reflect the current challenges and opportunities in health and community services today.

# Introduction



# Introduction

Victoria is Australia's most culturally diverse state. Over 23% of Victorians were born overseas and come from over 200 different countries. Of those born overseas, 72% were born in non-English speaking countries. This impacts on the English language proficiency of many Victorians. The quality of language services provision is a significant determinant of the accessibility and effectiveness of health and community services for people from culturally and linguistically diverse (CALD) backgrounds in Victoria.

There are compelling reasons for effective language services delivery in the health and community sector. Studies conducted locally, nationally and internationally demonstrate that the provision of high quality language services results in a range of benefits for both clients and practitioners. These benefits include:

- Improved quality of care
- Better health outcomes
- Increased access to health services
- Greater client and practitioner satisfaction<sup>1</sup>

Effective implementation of language services benefits organisations by reducing costs, ensuring compliance with legislative requirements and improving risk management<sup>2</sup>.

## Purpose of the Report

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The purpose of this report is to support service providers to reflect on their own delivery of language services and to consider ways in which to improve their approach to language services provision.

This report highlights a model for good practice and showcases snapshots of good practice in language services delivery that reflect the current challenges and opportunities in health and community services today.

The report also includes six resources that were developed by CEH in consultation with service providers from a range of health and community organisations. These resources provide 'how to' guidelines for the improvement of various components of language services and can also be downloaded from CEH's website.

## Policy Framework

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Importantly, good practice in language services delivery in the health and community sector is dependent on the extent to which the standards for language services delivery outlined in State Government policies and guidelines are achieved.

*Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures*, produced by VOMA, contains standards for when and how to use interpreters and translators. This guide provides direction for establishing policy and procedure as well as providing practical information for staff when working with interpreters and translators.

The Department of Human Services (DHS) now has a *Language Services Policy* which outlines Government requirements for enabling people who cannot speak English, or who speak limited English, to access professional interpreting and translating services. The policy identifies the critical points for interpreter usage in DHS funded programs to ensure that people can make informed decisions about their health and their lives.

Both of these documents are important guides for all health and community service providers seeking to implement good practice language services delivery. Each example of current good practice identified in this report comes from an organisation that applies the standards outlined in these guides.

<sup>1</sup> *Health Care Interpreter Research Project*, Centre of Multicultural Health Faculty of Medicine, The University of New South Wales, 2003 page 11.

<sup>2</sup> Ibid, page 11.

# Introduction

## Language Services

For the purpose of this report language services include:

- Use of accredited interpreters
- Provision of translated material
- Employment of staff who can provide services to clients in a language other than English
- Use of multilingual or bilingual staff to provide limited interpreting

## Methodology

Each year CEH conducts a Good Practice Project to explore and promote good practice that supports the health and well-being of Victoria's CALD communities. This ongoing CEH initiative researches and promotes good practice in a different area each year, and provides an evidence base upon which to build our training and consultancy services. Language Services were selected as a focus for 2004-2005 after emerging as a key issue in the *Community Health Service Needs Analysis* conducted by CEH in 2004.

A working group was established to assist with the planning and implementation of the project and a literature review was conducted to identify broad criteria for good practice. These criteria were further refined using the key enablers of effective service provision for culturally and linguistically diverse clients that were identified in the *Community Health Service Needs Analysis*.

The following criteria were applied by the working group to identify good practice examples in the health and community sector:

1. Demonstrated whole of organisation approach
2. Client or community participation (in service planning and evaluation)
3. Evidence of the effectiveness of the service
4. Evidence and mechanisms for continuous improvement
5. Evidence of ongoing staff development and support

Good practice examples were identified and collected in three ways. Nominations were called for from health and community organisations across the state. This elicited eighteen nominations from a range of health and local government agencies. Consultations were conducted with twelve individual agencies, and examples were also identified through the literature review.

These examples were then assessed against the criteria and used as a basis for analysis to determine the key elements of good practice in language services delivery that were apparent in each of the examples. We found that organisations met the criteria to varying degrees, however of the criteria listed above, the client or community participation in service planning or evaluation was the least demonstrated aspect of language services provision.

The model of good practice proposed in this report is a synthesis of the good practice examples and information elicited through the consultation process. The snapshots were chosen to highlight a range of strategies.

One of the limitations of this report is that it gives a service provider perspective about what constitutes good practice. There has been little research into the consumer perspective and what effective language services mean for CALD consumers. CEH hopes to undertake research in this area during 2005 to complement the work of this project.

An organisational commitment to improving responsiveness to CALD client and community needs is a success factor for all good practice in language services delivery.

# A Model for Good Practice in Language Services Provision



# A Model for Good Practice in Language Services Provision

Language services are delivered in different ways across the health and community sector in Victoria and approaches will vary according to a range of factors unique to each organisation. These factors include the size of the organisation, its geographic location, the catchment demographic, the type and nature of the service provided, the relationship with other service providers (stand alone/integrated) and the organisational structure.

While language service needs and approaches may be vastly different for a rural community health centre and a large metropolitan hospital, good practice demonstrates the same critical elements:

- Organisational commitment
- Client and community focus
- Organisational systems
- Aware and skilled staff members
- Effective language services

## Organisational Commitment

An organisational commitment to improving responsiveness to CALD client and community needs is a success factor for all good practice in language services delivery. Organisational commitment to improving language services cannot be achieved without senior management support. Where this support is not evident, organisations struggle to maintain adequate resources for long-term language services delivery and ongoing planning and evaluation.

Organisational commitment is demonstrated where human resources are dedicated to language services coordination. All of the organisations consulted in this project identified the need for a coordinated and integrated approach to language services delivery. This is most effectively achieved where a position or team is responsible for the planning, implementation, promotion and evaluation of the language services.

Organisational commitment is also demonstrated by policies and procedures that support the implementation of language services in accordance with current State Government policy and guidelines. However, the promotion and uptake of the policies and procedures by staff throughout the organisation is just as critical.

### **Does your organisation have a commitment to language services?**

- Are the Committee of Management and senior management committed to the development and implementation of effective language services?
- Does the organisation have policies and procedures to reflect this commitment?
- Are there on-going resources allocated to support the planning, implementation, evaluation and quality assurance of language services?
- Does the organisation have a range of strategies and initiatives in place to meet the language needs of clients?
- Does the organisation have a plan for improving language services delivery?
- Is there a planned and sustained approach to how staff are skilled up in the use of language services and to follow policy and procedures?

With new communities, and the ageing of many of Victoria's established CALD communities, the language service needs of communities will change over time. The collection of demographic data will assist in service planning.

## Client and Community Focused

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Language services are provided to enhance the quality of the care of CALD clients and to improve their access to agency services. In order to achieve these outcomes, organisations need to both promote their language services to communities and seek client input to inform the development and review of services.

Understanding the CALD demographic of the catchment area for health and community services is vital. Consideration of statistics about ethnicity as well as English language proficiency is also an important factor when engaging interpreters. With new communities, and the ageing of many of Victoria's established CALD communities, the language service needs of communities will change over time. The collection of demographic data will assist in service planning.

Engagement with CALD communities in service catchments will assist service providers to identify new trends and emerging issues in how communities access health and community services. CALD community engagement strategies also enable service providers to identify why particular communities may not be accessing services, identify ways in which available language services can be promoted to communities and raise the use of language services to more appropriate levels.

It is important for service providers to offer a variety of ways that CALD communities can contribute to the planning, implementation and evaluation of language services. The issues that can influence the participation of CALD communities include literacy levels, understanding of traditional feedback methods like suggestion boxes and focus groups, socio-economic circumstances, access to child care, gender issues, cultural sensitivities around being seen to be 'complaining', fear of having services withdrawn, and lack of knowledge of service structures, such as steering committees, which encourage participation.

### How well does your organisation engage CALD consumers?

- Does the organisation know the CALD community demographics for the service catchment?
- Does the organisation have statistics about English language proficiency in the service catchment?
- Is CALD client satisfaction with language services or health and community services captured by the organisation?
- Are clients or communities informed about available language services?
- Do CALD clients or communities participate in the planning of language services?
- Are a range of strategies employed to ensure community contribution to language services provision?

# A Model for Good Practice in Language Services Provision

## Organisational Systems

Good practice in language services delivery in the health and community sector is characterised by established and efficient systems that support language services. This includes interpreter booking systems, data collection systems for service usage and reporting and feedback systems.

A systems approach enables service providers to develop an evidence base for usage of language services so that new and emerging needs or problems can be identified as quickly as possible and unmet needs can be addressed. Efficient systems that are simple, easily accessible, streamlined, integrated and understood by all staff can save an organisation time and money. Cost effectiveness in language services delivery is of major concern to all organisations in the health and community sector.

Organisations can take advantage of opportunities where IT systems or programs are being reviewed or replaced to establish more efficient systems for data collection or interpreter bookings. A systems approach to good practice in language services delivery can be applied to the way new language needs are identified and addressed across an organisation through advisory groups or multicultural committees, or through feedback from staff about the effectiveness of interpreter sessions.

### **How effective are the support systems within your organisation?**

- Are staff able to easily engage interpreters when working with clients from CALD communities?
- Is there a consistent approach for booking interpreters and translators across the organisation?
- Are there systems in place to identify emerging or changing community needs?
- Are the language services usage data collection systems easy to use and is the data they produce accurate?
- Do the systems in place demonstrate cost effectiveness?
- Is there a system for recording any unmet needs?

## Aware and Skilled Staff Members

Growing a workforce with an awareness of language services and the skills to use them appropriately is critical for achieving good practice in language services delivery. Staff knowledge of the relevant systems, policies and procedures and the skills to work with interpreters, translators or bilingual workers ensures that language services are employed in the right way at the right time.

All staff working with CALD clients and communities need to understand the value of using language services from both a client and organisational perspective. This may require organisations to first develop cultural sensitivity amongst staff if this does not already exist.

Staff development and support is essential. This can occur during induction for new staff members, but it is also important to update and refresh staff skills and knowledge on a regular basis, in particular where language services policy or systems change. Hosting a one-off training session that staff members can elect to participate in is not as effective as implementing a range of strategies, such as annual ‘working with interpreters’ training for all direct service staff, or a staff award and encouragement strategy.

Another element of staffing that can contribute to good practice in language services delivery is the recruitment of bilingual workers. Ideally, the cultural and linguistic diversity of staff within an organisation will reflect that of the community it serves. This may provide an opportunity for the organisation to utilise staff cultural knowledge and linguistic skills, in particular in customer service areas, and provide a degree of cultural comfort and familiarity to clients.

Ideally, the cultural and linguistic diversity of staff within an organisation will reflect that of the community it serves.

#### How well supported are staff in your organisation?

- Are all staff in the organisation aware of the language services available to them and the systems that support them?
- Are language services utilised by staff in all services across the organisation?
- Do staff know how to identify the need for an interpreter?
- Are staff regularly provided with training on how to work with interpreters?
- Are staff provided with cultural awareness training opportunities?
- Is there an organisational expectation articulated in position descriptions that staff are culturally sensitive and competent?
- Is staff performance measured in regards to use of language services?

### Effective Language Services

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The provision of language services, integrated across all direct service areas of an organisation, is essential for the effective delivery of any health or care service. Language services can include: the use of interpreters – in-house, via an interpreter service, block bookings, telephone, video-conferencing; language aides and bilingual workers; translated materials – brochures, websites, videos, resources, posters. The strategies employed depend on the nature and needs of the organisation, however a multi-faceted approach to language services delivery can improve responsiveness to CALD clients and communities.

There are a number of standards that government funded agencies must adhere to in the implementation of language services. These standards can be accessed through DHS or VOMA and should inform any development or ongoing implementation of language services in the health and community sector.

Adherence to the *Victorian Government Standards for Data Collection on Interpreting and Translating* enables organisations to monitor the accessibility of the services they provide to clients with low English language proficiency. Monitoring and evaluation of the usage, quality and effectiveness of language services and reporting of these across the organisation is a key element of good practice in language services. This provides both feedback to staff and data that can be used to monitor processes and performance, providing a platform upon which to measure improvement.

#### How effective are the language services provided by your organisation?

- Is there a staff person overseeing the service?
- Is there a language service available for all critical service points?
- Are qualified interpreters/translators used?
- Does the current language service meet the minimum requirement for DHS and funded agencies?
- Does the current service meet the standards outlined in the VOMA Guide for *Improving the Use of Translating and Interpreting Services*?

# A Snapshot of Good Practice in Language Services across the Victorian Health and Community Sector



# A Snapshot of Good Practice in Language Services across the Victorian Health and Community Sector

## Multicultural Advisory Group

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### Greater Dandenong Community Health Service (GDCHS)

GDCHS provides health care and support to communities in Dandenong and surrounding areas. Fifty-four percent of residents in the City of Greater Dandenong were born overseas, and come from 151 countries. Forty-eight percent of residents are from non-English speaking countries. This local government area has the highest proportion of CALD residents in Victoria.

In order to meet the range of needs in this diverse community, GDCHS has established a *Multicultural Advisory Group* to provide advice to the executive team on the needs of clients from CALD backgrounds. The group meets monthly and is coordinated by the Multicultural Affairs Manager. Membership comprises representatives from each of the organisation's program areas – Aged Care and Disability, Business Support, Child and Family, Community Rehabilitation, Dental and Women's, Men's and Youth Health.

While the role of the group is broad ranging, a key function is to monitor and make recommendations on language services provision across the organisation, and to implement policies and processes that will improve service delivery to CALD clients.

The *Multicultural Advisory Group* provides a key forum for feedback to and from staff across all areas of the organisation. The group identifies emerging language needs, addresses issues of costing for interpreting and translating services, monitors data collection processes, coordinates in-service training and ensures that GDCHS is meeting the current guidelines and standards of language services provision. It is an effective mechanism for promoting policies, standards and best practice examples across the organisation, and supports a whole of organisation approach to improving language services.

The GDCHS *Multicultural Advisory Group* feeds into the Southern Health Cross Cultural Advisory Group where regional issues are raised and addressed, resources and strategies shared, emerging needs identified and solutions sought collaboratively.

## Interpreter Alert Sticker

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### Eastern Health

Eastern Health provides aged care, rehabilitation and acute, community and mental health services in a range of locations throughout the eastern region of Melbourne. Eastern Health has a Transcultural Services Unit that is resourced to work with all Eastern Health sites to develop and implement strategies to assist staff in responding to the needs of CALD clients. Whilst this Unit was responsible for developing the *Interpreter Alert Sticker*, its mandate is much broader than advice and information about language services provision. Ranging in activities from transcultural health audits to cultural awareness training, the Unit uses every opportunity to promote and educate Eastern Health staff about valuable tools like the *Interpreter Alert Sticker*.

All Eastern Health assessment and admission forms collect data on country of birth, preferred language and need for interpreter as a minimum requirement. If an interpreter is required, the language is indicated on an *Interpreter Alert Sticker*. These are kept on the inside of the client's medical record and act as a prompt for staff to arrange for accredited interpreters where necessary. The stickers are readily accessible through the supply department as a standard stock item and it is easy for staff to obtain them. The *Interpreter Alert Sticker* can be purchased from various suppliers and come in a variety of bright colours.

The sticker was introduced through a process of staff training and within the context of the other policies, procedures and initiatives put in place by the Eastern Health's Transcultural Services Unit to support language services across the organisation.

# A Snapshot of Good Practice in Language Services across the Victorian Health and Community Sector

## Generic Interpreter Brochure

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### Eastern Health

Nearly twenty percent of the population in the eastern metropolitan region were born in a non-English speaking country and over twenty percent speak a language other than English at home. As a major health and community services provider in the eastern region, Eastern Health actively works to improve their engagement with ethnic clients and communities.

The *Generic Interpreter Brochure* was developed in 2003 to increase the use of accredited interpreters within Eastern Health by promoting the organisation's language services to both clients and staff.

This initiative aimed to inform clients of their right to accredited interpreter services, to encourage client requests for the service by allaying fears about the costs and to explain what the service was about. The brochure also provides triggers to assist staff and clients to understand when interpreter services are needed.

The brochure was made generic so that it could be readily used across the range of Eastern Health's programs and services as well as in any publicly funded service including community services, residential care and health. It can be accessed by staff on the intranet and by other agencies via the Eastern Health website ([www.easternhealth.org.au](http://www.easternhealth.org.au)) and the Health Translations Directory ([www.healthtranslations.vic.gov.au](http://www.healthtranslations.vic.gov.au)).

The brochure has been developed in Arabic, Cambodian, Chinese, Croatian, Greek, Italian, Korean, Macedonian, Malay, Persian/Farsi, Polish, Serbian, Spanish and Vietnamese.

The introduction of the brochure into Eastern Health resulted in a 41% increase in interpreter usage in the first year of release. This level of interpreter usage has been sustained in subsequent years.

## Online Workplace Words and Phrases Glossary

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### Royal District Nursing Service

Royal District Nursing Service (RDNS) is a 24-hour, seven day a week service that provides a wide range of home-based nursing and healthcare services throughout metropolitan Melbourne and the Mornington Peninsula. Thirty-three percent of RDNS clients were born in non-English speaking countries. In total, RDNS clients come from 148 countries and speak 75 languages.

The *Online Workplace Words and Phrases Glossary* was developed to assist staff to build rapport with clients from three of the largest RDNS communities - Macedonian, Greek and Italian. The glossary was piloted by the Yarra RDNS in these three community languages.

The glossaries were developed in consultation with the target communities, and contain everyday words and phrases with translations and phonetic English pronunciations, to assist staff with greetings and simple health words and phrases. It was trialled with staff to ensure staff could easily and confidently use the glossaries. The glossaries can be downloaded from the RDNS intranet and can be accessed by staff while they are on the road.

Staff have found using the glossaries a creative way to have fun and foster positive relationships with clients and families. This initiative has also been well received by clients, their families and carers and similar resources are currently being developed for another 16 language groups.

After concerns were raised by a group of Macedonian clients and carers that some existing translated health materials were inadequate and inappropriate, RDNS set about developing organisational translation guidelines and standards.

## Translation Standards Guidelines

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### Royal District Nursing Service

To meet the needs of its diverse clients, RDNS employs a Cultural Liaison Coordinator to provide direction and leadership in multicultural communication and culturally appropriate care. The Cultural Liaison Coordinator works with a team of multicultural resource nurses located in each RDNS office across metropolitan Melbourne and the Mornington Peninsula. This team has been responsible for addressing issues arising from the poor quality of translated materials for CALD clients.

After concerns were raised by a group of Macedonian clients and carers that some existing translated health materials were inadequate and inappropriate, RDNS set about developing organisational translation guidelines and standards.

After reviewing current literature on producing translated materials in healthcare settings and extensive consultation with clients, carers and community groups, the 10-point *Translation Standards Guidelines* and tick were developed. The tick is administered by the Cultural Liaison Coordinator and indicates that the translated material produced by RDNS has met the following 10 standards for translation:

1. Develop the English text and test the translation with members of the LOTE speaking community
2. Undertake a professional cultural and linguistic assessment of the English text in preparation for its translation
3. Undertake a health professional assessment of the English text as appropriate
4. Organise for the English text to be translated by a professional translator
5. Undertake a professional cultural and linguistic assessment of the translation
6. Organise for the translation to be proofread by a professional translator
7. Include the title of the text in English on the translation
8. Include the name of the target LOTE in English, on both the English text and the translation
9. Distribute the translation in bilingual format – English and LOTE
10. Monitor, evaluate and update the English text and the translation as part of an ongoing review program

The same standards are also applied when RDNS staff want to use translated materials that were developed by other organisations.

The guidelines are promoted internally to all staff via a colourful training poster. This initiative continues to ensure the development of high quality translated materials for RDNS clients across the organisation.

# A Snapshot of Good Practice in Language Services across the Victorian Health and Community Sector

## Multicultural Home Support Services - Bilingual Workers

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### Northern Migrant Resource Centre

The Northern Migrant Resource Centre (NMRC) provides settlement, employment, aged and disability services for ethnic communities in the north-east region of metropolitan Melbourne. Each week over 1000 people from CALD backgrounds who prefer to access ethno-specific or multicultural support receive a service from the NMRC's Aged and Disability Services Team.

Within their home support service, the NMRC addresses the language needs of their clients by matching clients with service providers of compatible cultural and linguistic backgrounds. This helps to ensure effective communication and achieves a high degree of cultural comfort for the client and the families and carers who support them. It facilitates the accessibility of the service and ensures culturally appropriate care for ageing local communities.

To achieve this, NMRC recruits and manages a pool of bilingual home support workers. The pool currently comprises more than 60 workers and represents 25 cultural and language groups. Bilingual workers deliver more than 1000 hours of care per week. Non-traditional recruitment strategies that support applicants with limited English skills and encourage applicants from a diverse range of cultural and linguistic backgrounds are used to recruit for the pool of workers.

Staff found that traditional advertising in newspapers or online did not result in expressions of interest from suitable candidates and that the process of seeking formal written applications, or requiring applicants to respond to formal selection criteria, was likely to select out some of the most suitable and available applicants. Positive recruitment methods utilised by NMRC include relying on informal word of mouth mechanisms, ethnic community networks and ethnic radio and press.

As an alternative to seeking formal qualifications, workers are selected on the basis of their ability to communicate and relate with aged people, their ability and willingness to learn and participate in industry training, their capacity to demonstrate an insight into the purpose and needs of the multicultural home support service, their ability to speak relevant community languages and their reliability. Detailed discussion relating to the selection criteria and skills and qualities required for multicultural in-home support workers occurs in an informal interview context.

Through this initiative, the NMRC has achieved a high level of linguistic compatibility and culturally appropriate care.

The success of the inaugural **Awards for Multilingual Communication Excellence** in 2004 will see this initiative occur on an annual basis to support staff development and improve the standard and effectiveness of translated materials at Darebin City Council.

## Multilingual Communication Excellence Awards

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### Darebin City Council

Thirty three percent of the people living in the City of Darebin were born in a non-English speaking country and of these, one in four have limited English language skills. Over 40% of the local population speak a language other than English. Darebin City Council, like most local governments in Victoria, is responsible for delivering HACC services across their catchment.

The *Awards for Multilingual Communication Excellence* at Darebin City Council were introduced in 2004 to encourage and reward excellence within the organisation and to monitor the standard of translated materials developed by the organisation.

There are three categories of award – Best Practice, Good Practice and Encouragement. The Multicultural Affairs Unit provides vouchers of free translations for the award winners as encouragement to participate. More than 20 examples of translated material were submitted by staff for the 2004 awards. These included brochures, booklets, publications, surveys, fliers and general correspondence.

Entries are judged by the Multicultural Affairs Unit and selected on the basis of the following criteria:

- Identification of target audience and choice of languages
- Accessibility of content to target audience
- Quality of translation
- Consultation with the Multicultural Affairs Unit
- Positioning of translated messages within the material
- Clarity of translated messages
- Evidence of effectiveness of the communication

The winners were announced and awards presented at the end of the year and the best practice and good practice examples were promoted across the organisation. The awards have also enabled the Multicultural Affairs Unit to provide feedback to staff and management and to work towards achieving a minimum standard of practice that ensures access to Council services for non-English speaking residents.

The success of the inaugural *Awards for Multilingual Communication Excellence* in 2004 will see this initiative occur on an annual basis to support staff development and improve the standard and effectiveness of translated materials at Darebin City Council.

# A Snapshot of Good Practice in Language Services across the Victorian Health and Community Sector

## Language Aides

### Darebin City Council

*Language Aides* are one part of Darebin City Council's Multicultural Communication Service, which also includes a multilingual telephone line, a centralised translation service and a multilingual website in 12 languages other than English.

*Language Aides* are Darebin City Council employees who are selected to use their second language in assisting with the communication between English speaking employees and clients who have limited English proficiency. *Language Aides* are available to provide basic assistance with communication in a community language and English between a Council staff member and a resident, during face-to-face or telephone enquiries. *Language Aides* help with inquiries of a general or simple nature such as answering counter inquiries, providing directions to another office and making appointments for a further visit.

*Language Aides*, depending on their written skills, may be asked to do very basic translations of short, simple messages. When language services are required for legal, technical and more complex matters, professional interpreters are always employed.

Bilingual staff are selected following the lodgement of an expression of interest to enlist as a *Language Aide*. They are selected according to the languages they speak and the need for those languages within the Darebin Council. Other considerations are the type of work performed by that staff member, whether the individual is readily available to assist with communication, and their degree of fluency in the community language. Following successful selection, the bilingual staff member participates in training and assessment before they formally become a *Language Aide*. Vacancies in the customer service area are filled by recruiting bilingual customer service officers who speak a language that is relevant to the language needs of the organisation at the time of recruitment.

*Language Aides* record the details of each instance when they are required to use their second language. Darebin Council has developed a computer application specially designed to store, retrieve and analyse the data recorded. The data captures the number of calls, the type of calls, the topic, the time it took to complete the call, the department to whom the inquiry relates and the language used. It also records the outcome of the call, for example, whether it was successfully completed or had to be referred to a professional interpreter.

The service provided by *Language Aides* is monitored on a regular basis and reviewed annually. This helps to track the languages accessed by the community, the level of demand and the types of matters dealt with as well as to identify issues of concern and improvements for the service.

The *Language Aides* strategy has resulted in smoother and faster communication for non-English speaking citizens. It has been noted that some Darebin citizens, even if they are able to speak English, prefer to communicate through a *Language Aide* who shares the same cultural background. The *Language Aides* initiative rewards and recognises the bilingual and bicultural skills of internal staff through an allowance and a tailored professional development program. The strategy has standardised the ad-hoc, informal system which used to operate previously and has increased the accessibility of Council services to non-English speaking citizens.

[ These six resources were developed by CEH to provide "how to" guidelines for the improvement of various components of language services and staff development. ]

# Resources



## How to: ASSESSING THE NEED FOR AN INTERPRETER

### **Advise that interpreters are available on request and are free of charge**

<b>Why</b>	<ul style="list-style-type: none"> <li>• Clients may not request one because they believe there is a cost involved</li> <li>• Clients may not be familiar with the procedure for requesting or working with interpreters</li> <li>• Clients may not even be aware that such a service exists</li> </ul>
<b>How</b>	<ul style="list-style-type: none"> <li>• Have translated information in community languages in the foyer which states that interpreters are available</li> <li>• Include information about the code of ethics of professional interpreters regarding confidentiality, accuracy and the procedure for working with interpreters</li> <li>• Advise verbally that interpreters are available and free of charge</li> </ul>
<b>Client Issue</b>	<ul style="list-style-type: none"> <li>• Clients may be sensitive about their level of English proficiency</li> <li>• Client may have concerns about confidentiality</li> </ul>
<b>Service Provider Issue</b>	<ul style="list-style-type: none"> <li>• It is ultimately the (medico-legal) responsibility of the practitioner to make sure that communication is clear</li> <li>• Most of the time, it is easy to tell if an interpreter is needed</li> </ul>

### **Ask the client if they need or want an interpreter**

<b>Why</b>	<ul style="list-style-type: none"> <li>• This is the most effective way of finding out if one is needed</li> </ul>
<b>How</b>	<ul style="list-style-type: none"> <li>• Just ask 'Would you like an interpreter?'</li> <li>• You could get some information translated into community languages which you could use as a flashcard to ask this question</li> </ul>
<b>Client Issue</b>	<ul style="list-style-type: none"> <li>• Client may feel uncomfortable discussing sensitive issues with a third person</li> </ul>
<b>Service Provider Issue</b>	<ul style="list-style-type: none"> <li>• If the client declines, it is still the service provider's responsibility to assess if an interpreter is needed</li> <li>• Don't rely on the client's friends or relatives to stand in as interpreters, especially where children are being used to interpret</li> </ul>

### **Ask the client simple questions about their personal details**

<b>Why</b>	<ul style="list-style-type: none"> <li>• If the client is having difficulty understanding relatively simple questions, then an interpreter is definitely needed</li> <li>• A non-English speaking background client who has been in an English speaking country less than two years is likely to need an interpreter</li> <li>• Many clients from non-English speaking backgrounds who have been in the country more than two years may still need an interpreter</li> </ul>
<b>How</b>	<ul style="list-style-type: none"> <li>• Ask the client to spell out their address or say their date of birth – this can indicate both proficiency in spoken English and literacy level</li> </ul>
<b>Client Issue</b>	<ul style="list-style-type: none"> <li>• The client may have had to answer these questions a number of times already so may be frustrated</li> <li>• The client may not know their exact date of birth</li> </ul>
<b>Service Provider Issue</b>	<ul style="list-style-type: none"> <li>• A telephone interpreter could be introduced at this point if communication is difficult</li> </ul>

# How to: ASSESSING THE NEED FOR AN INTERPRETER *continued ...*

## Ask the client what main language they speak at home

<b>Why</b>	<ul style="list-style-type: none"><li>This will indicate which language the client is most comfortable using</li></ul>
<b>How</b>	<ul style="list-style-type: none"><li>Check if a dialect is spoken or if the client is of a particular ethnicity</li></ul>
<b>Client Issues</b>	<ul style="list-style-type: none"><li>Client may say English is the main language spoken at home, even though other languages are spoken</li></ul>
<b>Service Provider Issues</b>	<ul style="list-style-type: none"><li>This information is important for data collection in the agency about demographics of clients and to satisfy funding and service requirements</li></ul>

## Ask a more detailed question, which requires more than a 'yes' or 'no' answer or ask the client to repeat something you have said in their own words

<b>Why</b>	<ul style="list-style-type: none"><li>This will let you hear their fluency and the kinds of words that they use</li><li>The 'Do you understand?' question is likely to yield a 'yes' response regardless of the level of understanding</li><li>Even more advanced conversational English can mean the client will have trouble understanding terminology</li><li>Comprehension and spoken language ability are often at different levels</li></ul>
<b>How</b>	<ul style="list-style-type: none"><li>Ask 'How do you feel about that?' or 'Tell me what you think?'</li><li>Listen for the client's use of verb tenses – low level of proficiency with tense could influence treatment or clinical assessment considerably (e.g. "I have medicine" versus "I had medicine")</li><li>Avoid a familiar question like 'Where do you live?'</li></ul>
<b>Client Issues</b>	<ul style="list-style-type: none"><li>In stressful situations proficiency is likely to decrease</li><li>As clients age, their English skills may diminish</li></ul>
<b>Service Provider Issues</b>	<ul style="list-style-type: none"><li>If you can't understand what point the client is trying to convey, then an interpreter is needed</li><li>If you think that an interpreter is needed, it is important to explain to the client that it is just as important for your understanding as for their own</li></ul>

## Decide which type of interpreter is going to be most suitable

<b>Why</b>	<ul style="list-style-type: none"><li>Both telephone and on-site interpreting services are available</li><li>On-site interpreting may be limited in rural and regional areas</li><li>The gender of the interpreter may be of the utmost importance in some sensitive situations</li></ul>
<b>How</b>	<ul style="list-style-type: none"><li>Check with the client if they have any issues with working with interpreters</li><li>Use interstate telephone interpreters where confidentiality is an issue</li><li>Ask the client whether they would like a male or female interpreter</li></ul>
<b>Client Issues</b>	<ul style="list-style-type: none"><li>In small communities, the client may know the interpreter</li><li>The ethnicity of the interpreter may also be important to the client, particularly when they come from countries where there has been political or civil unrest</li></ul>
<b>Service Provider Issues</b>	<ul style="list-style-type: none"><li>There may be delays for interpreters</li></ul>

## How to:

# COMMUNICATING WITH CLIENTS WITH LOW ENGLISH PROFICIENCY

	<b>What to think about</b>	<b>How to make it work</b>
<b>Cultural Practices</b>	<ul style="list-style-type: none"> <li>Having some background information about your client's culture prior to meeting with them may be invaluable</li> </ul>	<ul style="list-style-type: none"> <li>Check out the following two websites for some basic outlines of cultural practices for clients from particular countries or ethnicities:               <ul style="list-style-type: none"> <li><a href="http://www.diversityinhealth.com/regions">www.diversityinhealth.com/regions</a></li> <li><a href="http://www.health.qld.gov.au/hssb/culdiv/home.htm">www.health.qld.gov.au/hssb/culdiv/home.htm</a></li> </ul> </li> <li>Contact an ethno-specific organisation or Migrant Resource Centre to find out more about a particular culture</li> </ul>
<b>Literacy</b>	<ul style="list-style-type: none"> <li>Some clients may have had a disrupted education through unrest in their home country and/or migration experiences</li> </ul>	<ul style="list-style-type: none"> <li>Try to locate (translated) information that contains explanatory diagrams as well as text</li> </ul>
<b>Meanings</b>	<ul style="list-style-type: none"> <li>Meanings of words or phrases can differ across cultures</li> <li>A 'yes' or 'no' answer won't necessarily have the same meaning as you expect – sometimes yes is an acknowledgement rather than an agreement</li> </ul>	<ul style="list-style-type: none"> <li>If you cannot explain without using difficult terminology, consider using an interpreter</li> <li>Try explaining things in more than one way, using different words</li> <li>Determine a logical sequence for the explanation</li> </ul>
<b>Time</b>	<ul style="list-style-type: none"> <li>Communicating cross-culturally takes extra time and effort</li> <li>The client is likely to be mentally translating everything you say into their first language, formulating a response, then translating back into English before they answer your question</li> </ul>	<ul style="list-style-type: none"> <li>Take the time to talk to other family members as well as the client, but only where this is culturally appropriate and the client has given permission to do so</li> <li>Be clear about the importance of punctuality and advising of a cancellation</li> <li>Allow a longer than usual time for a reply when asking the client questions</li> </ul>
<b>Proficiency in English</b>	<ul style="list-style-type: none"> <li>Be careful about assuming what someone's level of proficiency is</li> <li>Proficiency in speaking is not always equal to a person's ability to understand</li> <li>Proficiency in everyday language may not indicate proficiency in health and medical terminology</li> </ul>	<ul style="list-style-type: none"> <li>Use plain English and avoid idioms or Pidgin English</li> <li>Decide on the main point to communicate</li> <li>Stick to one topic at a time</li> <li>Use words the patient is likely to know</li> </ul>
<b>Understanding</b>	<ul style="list-style-type: none"> <li>Making the assumption that someone doesn't understand may mean you come across as patronising</li> <li>Understanding of English may diminish in stressful situations such as illness or injury</li> <li>Understanding may diminish with age</li> </ul>	<ul style="list-style-type: none"> <li>Ask some open questions to elicit understanding</li> <li>Confirm what the client has said</li> <li>Simplify the form of sentences you use</li> <li>Ask the client to repeat what you have said in their own words</li> <li>Limit the use of questions which require a 'yes' or 'no' answer</li> </ul>
<b>Beliefs and Attitudes</b>	<ul style="list-style-type: none"> <li>Your client may have different health beliefs</li> <li>Your client may have different notions of causes of illness, prevention, self-management and treatment</li> </ul>	<ul style="list-style-type: none"> <li>Ask the client to tell you their preferences, rather than assuming what they might be</li> <li>Show that you value their perspective</li> </ul>
<b>Speech</b>	<ul style="list-style-type: none"> <li>Making adjustments to the way you speak may influence the success of the communication</li> </ul>	<ul style="list-style-type: none"> <li>Speak slowly and do not raise your voice</li> <li>Repeat important information</li> <li>Use visual diagrams as an aid</li> <li>Avoid rhetorical questions</li> </ul>
<b>Listening and Observation</b>	<ul style="list-style-type: none"> <li>Giving the client your full attention will enable you to pick up both verbal and non verbal cues</li> </ul>	<ul style="list-style-type: none"> <li>Be aware that body language can differ markedly between cultures</li> <li>Try not to finish client's sentences</li> <li>Be comfortable with silences and long pauses</li> </ul>

## How to:

# TRANSLATING HEALTH PROMOTION MATERIALS INTO COMMUNITY LANGUAGES

When working with CALD communities to implement health promotion initiatives, sometimes translated written materials can be a helpful aid in communicating with the community on particular health issues. However, the health worker first needs to determine the appropriateness of undergoing the process of translation. The following demonstrates some steps to follow when deciding whether to translate health promotion materials into community languages and how to go about doing it if it is found to be appropriate.

### **Build partnerships with communities that will facilitate the process of health promotion**

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- Are key ethno-specific and community organisations being approached?
- Are community leaders being engaged?
- Is relationship building ongoing and not just for the purpose of a particular project?
- Is relationship building spread across different workers, agencies and sectors to ensure sustainability?
- Do partnerships have resources dedicated to them? e.g. workers, funds, venues, mentoring.
- Do the partnerships by their nature build the capacity of the community to participate in the planning, implementation and evaluation of services?
- Are you prepared to rethink your initiatives based on community input?
- Are you planning to work with the community to determine how best to address their needs?

### **Research community needs, values and cultural practices**

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- Is the health issue relevant to the CALD community you want to work with?
- Are CALD consumers contributing directly to the identification of the health issue?
- Have consumers indicated that translated materials are needed?
- Is printed material the preferred mode of delivery of health information for the community?
- Have the literacy levels of the community been taken into account?
- Would translation need to be into a number of different dialects to reach different parts of the community?
- Does the material respect the values and beliefs of its intended audience prior to translation?\*
- Will culturally relevant examples of healthy behaviour be included?
- Will graphics as well as text be adapted for different cultures?
- Is the use of medical terminology appropriate for the community?
- What are effective methods of dissemination for the community?
- Have you thought about other methods of communicating if you find that translation is not appropriate for the community?

\* Bronheim, S & Sockalingham, S. *A Guide to Choosing and Adapting Culturally and Linguistically Competent Health Promotion Materials*, Washington: National Center for Cultural Competence, 2003, p.1.

## How to:

# TRANSLATING HEALTH PROMOTION MATERIALS INTO COMMUNITY LANGUAGES *continued ...*

### **Survey the available resources for translation**

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- What is the budget for actual translation of materials?
  - Does the budget allow for two translators to work on materials to ensure accuracy can be checked through translation back into English?
  - Can consumers be reimbursed for their costs participating in the planning, implementation and evaluation of the materials?
  - Are resources available to effectively disseminate the materials to different groups?

### **Prepare the material for translation**

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- Are professional NAATI accredited translators available for the selected languages?
  - Can the materials be checked through back translation by a second professional translator in each language?
  - Will community members be available to message test the materials once they have been translated?
  - Have you read the document *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures*, which is available to download from [www.voma.vic.gov.au](http://www.voma.vic.gov.au)?
  - Have you read the document *We speak your language: A Guide to Cross-Cultural Communication* document which is available to download from [www.vits.com.au](http://www.vits.com.au)?

### **Message test the resource with the community once it has been translated**

- 
- Do you have a good structure in place to bring together a focus group to message test the material?
  - Have you organised interpreters for the focus group?
  - Have you checked not only the quality of translation but the accuracy and suitability of the message?
  - Have you asked the group how they understand the materials, not just if they understand them?
  - Are you willing to adjust the translation if necessary?

## How to:

# REVIEWING EXISTING TRANSLATED MATERIALS - CHECKLIST

Using existing translated materials may save you time and money, however to use them successfully it is essential that you review and focus test the materials to make sure they are going to have the effect you are hoping for.

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### Step 1

#### Consult with the original producer of the materials

*Translated materials can be very context specific and are often developed with a particular target audience in mind. Remember, ethnic communities are not homogenous – there are age, gender, economic and geographic variables to consider. It may not always be possible, but talking to the producers of the original materials will assist you to determine whether the materials are appropriate for your particular target audience.*

- Who was the target audience of the original materials?
- Was focus testing conducted?
- Do they have documentation of any focus testing?
- How have they used the materials?
- How effective have the materials been to date?
- How has the effectiveness of the materials been evaluated?
- Can they provide any advice in relation to meeting your needs?
- Are the materials copyrighted? Can you get permission to use or modify them?
- Is there an English version of the materials?

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### Step 2

#### Check the currency of the health messages

*As the health professional, it is up to you to determine whether the health messages and information contained in the resource are appropriate.*

- Are the health messages accurate, current and complete?
- Do the health messages reflect the values of your organisation?

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### Step 3

#### Focus test materials with the target audience

*A focus test is a qualitative research method in which a facilitator leads a small group of people through a discussion on a selected topic. Focus testing can be used to explore reactions to and understanding of materials or concepts and is an effective way of ensuring that the message or information both reads well and is appropriate for the target audience.*

- Are the health messages relevant and meaningful to your target audience?
- Does the material respect the values and beliefs of your target audience?
- Is the target audience comfortable with the content and messages?
- Are the materials appropriate for the target audience in format and style?
- Is the language used culturally relevant?
- Is the literacy level appropriate?
- Is the use of medical terminology minimal or adequately explained?
- Are the images or colours used culturally appropriate?
- Is the message persuasive for the target audience?
- Are written materials the best way to deliver this message or information to this particular target audience?

## How to: RECRUITING BILINGUAL STAFF

Bilingual staff in health organisations are an essential part of meeting the health and care needs of Victoria's culturally and linguistically diverse communities. A culturally diverse workforce, where the demographic composition of the service catchment is reflected in the staff employed, can enhance the attractiveness of the service for people from CALD backgrounds, provide a supportive and culturally sensitive setting for health service delivery and improve service access and utility.

### Exceptions under the Equal Opportunity Act

The Equal Opportunity Act 2005 (Part 3, Section 19, Exception – Welfare Services) allows an employer to limit the offering of employment to people with a particular attribute where the provision of services for the promotion of the welfare or advancement of people with the same attribute is concerned. The range of attributes includes gender, language and cultural background.

For details of the entire act, please visit <http://www.dms.dpc.vic.gov.au/>

### Language skills of current staff

It may not be necessary to recruit externally for bilingual staff. A language audit of staff can ascertain the level of cultural and language resources already available within the organisation. Assessment can also be done to determine the level of language skills of current bilingual staff. Depending on your organisation's needs, providing support for staff to undertake appropriate training and development may be a more cost-effective means of meeting language service needs than employing sessional interpreters or recruiting externally for bilingual staff.

### Preparing advertisements

Some suggestions for wording that may be used in advertising for bilingual staff include:

- Persons who speak...language are encouraged to apply
- Persons from non-English speaking backgrounds are encouraged to apply
- The ability to speak a community language is desirable
- Bilingual applicants are encouraged to apply

Providing applicants with guidelines about how to write a CV and application and what is expected in an interview may assist applicants from non-English speaking backgrounds to prepare for the recruitment process.

Furthermore, being flexible in how applicants can respond to the advertisement, e.g. through oral presentations or telephone pre-interviews instead of just a written response to selection criteria will allow applicants with a broad range of English language skills to be considered for the position.

### Advertising for bilingual staff

Employers may need to consider a range of options for advertising positions to reach and attract bilingual staff. The following may be of some assistance:

- Ethnic media and ethnic community organisation listings can be obtained from the Multicultural Resources Directory, published by the Victorian Office for Multicultural Affairs. It is available to download from [www.voma.vic.gov.au](http://www.voma.vic.gov.au)
- Job networks and employment agencies that specialise in recruiting people from non-English speaking backgrounds (e.g. AMES)
- Other bilingual workers in the sector may know community members that would be suitable
- Having relationships with communities will mean that information can be informally disseminated via community leaders and members through word of mouth
- Community venues such as churches or meeting places can be used to advertise positions
- Ethno-specific service providers may have networks for dissemination

### Interviewing process

Training can be provided to those staff within an organisation who sit on interview panels to raise awareness of the barriers to recruiting bilingual staff in mainstream recruitment practices. Different cultural communication styles can influence the capacity of applicants to comply with what are generally considered requirements of the interview process. By allowing a more flexible approach to how the interview is conducted, a broader range of applicants may be able to be considered for the position.

It may also be relevant to explore some strategies for assessing the non-English language skills of applicants at the interview phase. One approach might be to conduct the interview in English, and advise the applicant that they will be contacted by a professional interpreter by phone, following the interview, for a short conversation in the relevant community language. The interpreter can be briefed and provided with a short set of questions or topics to address and the interpreter can then brief the panel about the language skills of the applicant. Another strategy may be to have a person from the same culture on the interview panel, particularly when a specified culture or language is required. Staff from ethno-specific organisations could be engaged, provided that there is funding available to do so.

## How to:

# BILINGUAL STAFF ROLES AND ORGANISATIONAL SUPPORTS

Bilingual staff in health organisations play an important role in meeting the health and care needs of Victoria's culturally and linguistically diverse communities. Bilingual staff may be employed in a range of roles within a health organisation from customer service to direct health care. However, it is important to provide organisational support to bilingual workers to ensure that they are resourced appropriately to undertake their work.

Staff Roles	
Ethno-specific worker	Bilingual staff can be employed as ethno-specific workers for their language skills, cultural knowledge and links with a specific cultural group within the community. Ethno-specific workers can be employed in a range of roles within a health agency, including customer service, health care, case management, health promotion, project work and community development.
Language aides or language assistants	<p>There may be staff already employed by an organisation who are bilingual or multilingual and who could be called upon to use their language skills to assist communication between English-speaking employees and clients who do not speak English well or at all.</p> <p>Language aides (or language assistants) can provide basic assistance with communication during brief face to face and telephone communications through assisting with enquiries of a general or simple nature such as making appointments. Language aides may also be called upon to do very basic translations of short, simple messages. For more complex or technical communications it is important that an accredited professional interpreter with NAATI level 3 qualifications be used.</p> <p>Language aides do not need to have professional interpreting qualifications, but it is good practice for organisations to provide support for language training to NAATI Level 1, in order to develop skills and confidence. Organisational policies should reflect that language aides are doing extra work and different remuneration structures are required to cater for this.</p>
In-house accredited interpreters	For health agencies that have a high demand for interpreting in particular community languages, it may prove to be cost effective to employ bilingual staff who are suitably qualified (NAATI Level 3) interpreters to provide ongoing in-house language services.
Cultural consultant	Employed more for cultural knowledge than language skills, a cultural consultant can be useful in project work, service reviews, policy development and planning around cultural issues. A cultural consultant can be effectively employed for a limited period and/or for a specific purpose.
Staff from CALD backgrounds	Organisation's can adopt a recruitment strategy that encourages the employment of people from the range of culturally and linguistically diverse backgrounds of the community being serviced. This range can be ascertained through developing a community profile using demographic statistics available from federal, state and local governments. This kind of strategy demonstrates organisational commitment to cultural diversity and may improve the public perception of the agency. Such staff would not be called upon to use their language skills other than English unless their position description clearly identifies this responsibility.
Organisational Supports	
Clearly Defined Roles	Lack of attention to role definition may create workplace stress or conflict and could result in a high turnover of bilingual staff. It is very important that the roles of bilingual workers are made clear to both clients and staff, and that position descriptions accurately describe the tasks required and the breadth of the role.
Monitor Workload	Bilingual workers often report heavy workloads and unrealistic expectations from staff and clients that exceed the boundaries of their role and responsibilities. Because of their links with the community, it may be more difficult for bilingual workers to balance the competing demands of community needs and organisational responsibilities. Managers and bilingual staff can monitor and assess the level of workload through regularly scheduled meetings and through annual performance review processes.
Remuneration	Appropriate remuneration of staff with cultural and linguistic expertise will support them to do their work. This is articulated in the 1998 <i>Charter of Public Service in a Culturally Diverse Society</i> under the principle of effectiveness. Provision can be made both for staff who are employed specifically for their linguistic skills and also for workers who are called upon to use their language skills occasionally through developing a data collection system on community language use.
Workplace environment	It will not be easy to recruit or retain bilingual staff without fostering organisational culture, policies and practices that support workplace diversity. This may include mentoring support for bilingual staff, processes for dispute resolution and recognition of different religious and cultural practices and obligations.
Cultural Awareness Training for Other Staff	In-house training can be provided to other staff about cultural diversity in the workplace. This will contribute to a more supportive work culture for bilingual workers and more culturally sensitive service provision across the organisation.

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