

Interim language services policy

Department of Health and Department of Families, Fairness and Housing

**Important information about the language services policy and guidelines (November 2023)**

**Please read this note before reading this document.**

The Victorian Government is currently revising the language services policy and accompanying guidelines.

The following remains current in this document:

* its strategic intent
* general advice on how departmental staff and funded organisations should use language services.

Detailed advice on using language services may be unavailable or no longer up to date.

Please contact your department or agency’s procurement team for further:

* information about using language services
* advice on engaging a service provider.

**Terminology**

We have used the terminology ‘Deaf’ noting that many Deaf people, particularly those who use Auslan, consider themselves to be part of the Deaf community. However, we note not all people who are deaf identify as being part of the Deaf community.

To receive this document in another format, email the Department of Health’s Diversity and Access team [diversity@health.vic.gov.au](mailto:diversity@health.vic.gov.au) or the Department of Families, Fairness and Housing’s Language Services and Workforce team [languages@dffh.vic.gov.au](mailto:languages@dffh.vic.gov.au).

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Available at:

* the [Department of Health website](https://www.health.vic.gov.au/publications/language-services-policy) https://www.health.vic.gov.au/publications/language-services-policy
* the [Department of Families, Fairness and Housing website](https://www.dffh.vic.gov.au/publications/language-services-policy) https://www.dffh.vic.gov.au/publications/language-services-policy.

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# Introduction

The Department of Health and Department of Families, Fairness and Housing play an important role in supporting the health and wellbeing of Victorians. This *Language services policy* supports the departments and their funded agencies in responding to the needs of linguistically diverse people including:

* migrants
* refugees and people seeking asylum
* those who use Auslan (Australian Sign Language).

A Victorian Government review of language services purchasing is expected to take place in 2024. We will update this policy to implement any recommendations from the review.

## Purpose

This policy and its translations guidelines will help departmental staff and funded agencies plan and deliver language services.

The policy and guidelines help ensure people with low English proficiency, or who use a form of sign (particularly Auslan), can take part in decision making.

The policy and guidelines cover when to offer language services to clients based on legal requirements and best practice service delivery. Carers of clients may also need language services. Department-funded organisations and services can also develop their own language services policies and procedures under this policy.

This policy replaces the former Department of Health and Human Services *Language services policy*. It extends to all funded health and community services. The *Language services policy* is consistent with Victorian Government guidelines outlined in [*Using interpreting services: Victorian Government guidelines*](https://dhhsvicgovau.sharepoint.com/sites/DFFH-FV-MulticulturalAffairs-IandRBranch-GRP/Shared%20Documents/Language%20Services%20Reform/G%20-%20WOVG%20Language%20Services%20Policy/Interim%20updated%20DHHS%20Policy%20and%20Guidelines%20-%20Jul%202023/Interim%20docs%20as%20uploaded%20-%20July%202023/Using%20interpreting%20services:%20Victorian%20Government%20guidelines) https://www.vic.gov.au/guidelines-using-interpreting-services.

## Context

Victoria is one of the most culturally diverse and fastest growing populations in Australia. More than a quarter of our population was born overseas. Of those born overseas, three-quarters come from non-English-speaking countries. Victorians come from more than 300 ancestries and follow more than 200 different faiths. Over a quarter of the community speak a language other than English at home.

The 2021 Census showed 233,000 Victorians had low English language ability. Given continuing migration and the potential for people to overstate their English language skills, the number of Victorians who need an interpreter is probably closer to 300,000.

Demand for language services, particularly interpreters, is increasing due to:

* a growing population of new migrants
* the ageing of established multicultural communities, who may go back to their first language.

Service providers will be aware that their clients include people with low English proficiency. In 2021–22 the Department of Health funded 67.27 per cent and the Department of Families, Fairness and Housing funded 14.44 per cent of government spending on language services. Interpreting and translating services help these clients make informed decisions about their health and life choices. This has significant implications for duty of care and informed consent for health and community services. Evidence suggests that services do not always offer language support when they should. The health and wellbeing benefits to people with no or low English ability are much higher when they use interpreting services.

People with limited English are at risk of adverse events and poorer quality of care, if not actual exclusion from services and resources. For example, patients may answer ‘yes’ to questions to avoid further dialogue or to disguise limited understanding.

Limited communication between providers and clients is a serious safety concern. It is a common cause of adverse events in healthcare delivery. It also excludes people from other community services, causing wider discriminatory impacts.

When using health and community services, it is crucial that service providers tell clients about free access to interpreters.

Service providers should also be aware that using an interpreter not only benefits the client but also aids clinicians and other staff.

## Language services

Effective communication between providers and clients is an important element of high-quality and safe health and human services. Inadequate communication with clients who have low English ability or who use Auslan limits their access to services. It also restricts their ability to take part in decisions that affect them. When providers and clients do not share the same language and culture, this can affect the quality of the services clients receive.

Language services aid effective communication between service providers and clients. This helps make services and programs more accessible to people, regardless of their written or spoken English skills.

Services should only use interpreters or translators approved through the National Accreditation Authority for Translators and Interpreters (NAATI). Sometimes an interpreter/translator credentialed at the professional level is not available. In this case, an interpreter or translator with a lower-level NAATI certification can be arranged to interpret simple information.

Language services include a range of tools for communicating with people including:

* credentialed interpreters to transfer oral or sign information from one language to another
* credentialed translation of written information in languages other than English
* credentialed audio transcriptions of documents/publications.

Non-NAATI credentialed staff who speak another language are not approved language services providers. These include:

* staff who speak another language to help clients and staff in low-risk communications
* bilingual workers who provide services to clients in a language other than English.

## Auslan definition

Auslan is the signed language of the Australian Deaf community and hard of hearing. Signed languages are unique to each country. Auslan is not simply English using the hands; it involves a distinct grammar and syntax. Auslan is a high-context visual-spatial language. Deaf people tend to learn sign language as their main way to communicate on top of the written or spoken language of the wider community. Not all Deaf people are fluent in written English.

More details on using a sign language interpreter can be found in [*Using interpreting services: Victorian Government guidelines*](https://www.vic.gov.au/guidelines-using-interpreting-services/understanding-language-services) https://www.vic.gov.au/guidelines-using-interpreting-services/understanding-language-services.

# Policy and legal context

## Legal requirements

Every year, the two departments report on their use of interpreting and translation services. This is in line with the *Multicultural Victoria Act 2011*. The departments and funded agencies must also follow other legislation:

* *Charter of Human Rights and Responsibilities Act 2006* (Vic)
* *Disability Act 2006* (Vic)
* *Disability Discrimination Act 1992* (Cth)
* *Equal Opportunity Act 2010* (Vic)
* *Health Service Act 1988* (Vic)
* *Racial Discrimination Act 1975* (Cth)
* *Racial and Religious Tolerance Act 2001* (Vic).

Section 38 (1) of Charter of Human Rights and Responsibilities Actrequires the departments and their funded agencies to act in a way compatible with human rights. Our staff must consider human rights when making decisions including the right to:

* equality
* informed consent to medical treatment
* privacy
* seek, receive and impart information.

These Acts state that the departments and funded agencies offer fair and equitable access to people from diverse backgrounds.

Organisations must not discriminate against people because they have limited English or use a form of sign language. Discrimination includes:

* refusing to provide a service
* delivering a poor-quality service
* having unreasonable requirements, conditions or practices that disadvantage clients because of their race, disability or other attributes.

Not promoting and using language services may have legal consequences for the departments and/or agencies.

## Policy

The government’s efforts to improve the health and wellbeing of people from diverse backgrounds are clear in its multicultural policies. These include the Department of Health’s *multicultural health action plan* https://www.health.vic.gov.au/populations/improving-health-for-victorians-from-culturally-and-linguistically-diverse-backgrounds.

How your organisation can support clients from diverse backgrounds is highlighted in the Department of Families, Fairness and Housing’s [*Better practice guide for multicultural communications*](https://dhhsvicgovau.sharepoint.com/sites/DFFH-FV-MulticulturalAffairs-IandRBranch-GRP/Shared%20Documents/Language%20Services%20Reform/G%20-%20WOVG%20Language%20Services%20Policy/Interim%20updated%20DHHS%20Policy%20and%20Guidelines%20-%20Jul%202023/Interim%20docs%20as%20uploaded%20-%20July%202023/Better%20practice%20guide%20for%20multicultural%20communications)https://www.vic.gov.au/communicating-multicultural-communities.

Language services support the departments and funded agencies to deliver culturally and linguistically appropriate services. Using language services alone does not mean organisations meet the need to deliver culturally safe and appropriate services. It is important that departments and funded agencies:

* offer ongoing cultural competence training
* hire people from diverse backgrounds
* involve diverse communities in developing new programs and services.

Always consider culture and language when designing and delivering services.

Healthcare services must follow relevant standards including the [*National Safety and Quality Health Service Standards*](https://www.safetyandquality.gov.au/standards/nsqhs-standards)<https://www.safetyandquality.gov.au/standards/nsqhs-standards>.

For health services, five domains for healthcare are outlined in the Safer Care Victoria [*Partnering in healthcare framework*](https://www.safercare.vic.gov.au/publications/partnering-in-healthcare) https://www.safercare.vic.gov.au/publications/partnering-in-healthcare:

* personalised and holistic
* working together
* shared decision making
* equity and inclusion
* effective communication.

A set of service quality standards for funded human service providers and department-managed services are in the [Human Services Standards](https://www.dffh.vic.gov.au/publications/human-services-standards) https://www.dffh.vic.gov.au/publications/human-services-standards. The Standards cover:

* **empowerment** – people’s rights are promoted and upheld
* **access and engagement** – people’s right to access transparent, equitable and integrated services is promoted and upheld
* **wellbeing** – people’s right to wellbeing and safety is promoted and upheld
* **participation** – people’s right to choice, decision making and to actively take part as a valued member of their chosen community is promoted and upheld.

References to using language services are also in other departmental documents including program guidelines and policies for standards of care. One example is statements of priorities for hospitals.

## Duty of care

The departments and funded agencies have a duty of care to anyone who is likely to be affected by their activities. Loss or injury caused by a failure to meet the duty of care can expose the departments or funded agencies to compensation claims.

In providing health and human services and programs, people who may be affected by the activities of a department or funded agency can include clients of services or programs, and families and carers of clients.

Offering language services is a quality and safety issue. For example, there are clear links between the health outcomes of patients and the communication between them and their health professionals. Partnering with clients empowers them and encourages a positive experience of the health and community service sector. Delivering safe, high-quality care requires effective communication between clients and healthcare providers. It also aligns with principles under the [*Australian Charter of Healthcare Rights*](https://dhhsvicgovau.sharepoint.com/sites/DFFH-FV-MulticulturalAffairs-IandRBranch-GRP/Shared%20Documents/Language%20Services%20Reform/G%20-%20WOVG%20Language%20Services%20Policy/Interim%20updated%20DHHS%20Policy%20and%20Guidelines%20-%20Jul%202023/Interim%20docs%20as%20uploaded%20-%20July%202023/Australian%20Charter%20of%20Healthcare%20Rights) https://www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/.

The departments and funded agencies must offer language services to suit a person’s needs. If a staff member does not provide (or does not ensure access to) language services, they may breach their duty of care.

Where a client has limited or no English language skills or uses Auslan, the organisation should offer an interpreter to ensure the client can communicate about the information provided to them. The interpreter should be credentialed at the professional level.

Where a department or funded agency arranges translations of policies or documentation, the department must ensure translations:

* are accurate
* are culturally appropriate
* are not likely to cause harm
* communicate concepts well.

Information on the Victorian Government’s duty of care responsibilities for language services are in [*Using interpreting services: Victorian Government guidelines*](https://www.vic.gov.au/guidelines-using-interpreting-services/understanding-language-services) https://www.vic.gov.au/guidelines-using-interpreting-services/understanding-language-services.

## Whole-of-government responsibility

The Multicultural Affairs portfolio leads whole-of-government policy development and procurement to support language services. The portfolio works with a range of stakeholders including:

* Victorian Government departments
* local relevant Commonwealth agencies including the Department of Home Affairs
* government authorities
* language services providers
* professional bodies such as the Australian Institute of Interpreters and Translators (AUSIT) and NAATI.

# Funding, planning and promoting language services

## Funding

Combined, the two departments spend more than $30 million each year on language services (based on 2021–22 data). This is likely to be an underestimate because funded services also pay for language services themselves.

As a general policy, departmental programs and services should try to include funding for language services in their operating budgets. How to provide this funding is a decision for the departments on a case-by-case basis. Options include:

* an integrated unit price
* specific block funding
* program-specific arrangements
* contribution to a language services credit line (refer below).

Non-recurrent project-related funding may also help with the cost of language services over the life of a project.

Departmental staff and services might also fund an interpreter or translator of their choice on a one-off basis from their general operating budgets.

## Procurement

Organisations will need to work out the most cost-effective way of sourcing language services. This is based on the predicted demand for interpreters and translated information. It should also be consistent with the funding arrangements attached to specific programs.

Cost-effective procurement strategies include:

* directly employing interpreters and translators
* block bookings or ad hoc purchasing from language services providers
* using IT communication such as videoconferencing.

Departments/agencies earmark funding for this in several ways depending on:

* the size and type of delivery agency
* the program context
* other factors.

The main mechanisms are:

* incorporating language services into the unit price for services (most notably as part of activity-based funding in the hospital system)
* allocating annual block funding to service providers of certain programs and services (generally for larger organisations and programs targeted to particular population groups)
* contracts with language services providers[[1]](#footnote-2) for agreed maximum volumes of service that funded agencies and departmental staff can access (the ‘credit line’ arrangement).

The first two methods are more common with larger service providers with capacity to broker their own purchasing arrangements. It ensures efficiency by averaging costs over large volumes.

Language services credit line arrangements generally apply to smaller service providers that benefit from a pooled, collective funding and contracting arrangement. These credit lines are managed centrally and incorporate funding from a range of different programs.

Currently, the departments offer access to language services credit lines for internally delivered services and select funded agencies. (This is generally for smaller organisations not receiving direct funding for language services.)

The credit lines are available in two streams – health programs or human services. Within each stream, several distinct lines are funded by and designated for specific program areas or types of services. These lines have a budgeted amount of funding available to them each month. This forms the basis of planning and monitoring of expenditure against demand.

Access to language services through the credit lines is available to eligible organisations on a first-come, first-served basis to book either:

* telephone-based services
* video-based services
* onsite services.

The departments will try to reallocate funds across lines to minimise the gap in service availability if monthly funding is already spent. Or, services can:

* continue to use telephone interpreting services (certain human services programs only)
* make an onsite booking for the following month
* fund the service from their own budget if urgent.

Both credit line streams are subject to contracts with VITS Language Loop.

* Direct Health Programs Language Services Credit Line queries by email to [dhlanguageservices@health.vic.gov.au](mailto:dhlanguageservices@health.vic.gov.au).
* Direct Human Services Credit Line queries by email to [languages@dffh.vic.gov.au](mailto:languages@dffh.vic.gov.au).

## Planning for language services

The departments and their funded agencies must plan and budget for providing language services. Knowing the organisation’s current and potential client base is important for planning and evaluating the effectiveness of language services. Demand for language services is worked out by the:

* written and spoken English ability of clients
* preferred languages of the client group
* number of clients and potential clients who need the services of an interpreter or access to translated material
* level of risk to the client, the organisation or the department from miscommunication
* rights of the client
* client’s preferences including telephone, onsite or video remote interpreting
* the nature of services the organisation delivers and the complexity of the language used.

Understanding the need for language services is a core responsibility for all departmental service delivery areas and funded agencies. This should be an integral part of service planning and monitoring, as well as part of broader strategic planning.

Detailed projections of the need for different languages (including Auslan) and types of language service are important for:

* the service itself
* to inform language services providers about likely needs.

Understanding the timing of demand is also important. This is particularly the case where certain language services may be in short supply or where credit lines are running low.

## Promoting language services

Departmental services and funded agencies and staff have an important role to play in promoting language services. This includes the availability of interpreters.

A range of communication methods can help with this, such as:

* prominent signage displaying the National Interpreter Symbol
* posters and brochures in client contact areas, reception and other public spaces
* on websites.

Giving clients other ways to find their way around a service, such as signs, also helps reduce their stress.

Interpreter Symbol


The Commonwealth, state and territory governments endorse the **National Interpreter Symbol**. The symbol provides a simple way of highlighting where people with limited English can ask for language help when using government services.

Download the symbol in JPEG and EPS formats from [Victorian Government – National Interpreter Symbol](https://dhhsvicgovau.sharepoint.com/sites/DFFH-FV-MulticulturalAffairs-IandRBranch-GRP/Shared%20Documents/Language%20Services%20Reform/G%20-%20WOVG%20Language%20Services%20Policy/Interim%20updated%20DHHS%20Policy%20and%20Guidelines%20-%20Jul%202023/Interim%20docs%20as%20uploaded%20-%20July%202023/Victorian%20Government%20–%20National%20Interpreter%20Symbol) https://www.vic.gov.au/national-interpreter-symbol.



The **Victorian Interpreter Card** gives clients an easy, non-verbal way to ask for language help. The card is wallet sized. It features the National Interpreter Symbol and the cardholder’s preferred language.

The card is on [Victorian Government – Interpreter card](https://dhhsvicgovau.sharepoint.com/sites/DFFH-FV-MulticulturalAffairs-IandRBranch-GRP/Shared%20Documents/Language%20Services%20Reform/G%20-%20WOVG%20Language%20Services%20Policy/Interim%20updated%20DHHS%20Policy%20and%20Guidelines%20-%20Jul%202023/Interim%20docs%20as%20uploaded%20-%20July%202023/Victorian%20Government%20–%20Interpreter%20card) https://www.vic.gov.au/interpreter-card.

Active and direct approaches can be successful, rather than waiting for clients to ask for services. Include identifying clients who need language services in referral information. This should be a part of standard first contact with clients. Where a client needs specific language services, such as an interpreter, record this as part of the client’s record. Include appropriate flags to alert others about the client’s needs.

## Auslan

Auslan is the sign language of the Australian Deaf community. Sign languages are unique to each country. Auslan interpreters are qualified to convey meaning between English and Auslan. Auslan is not simply English using the hands; it involves a distinct grammar and syntax.

In Victoria, Auslan interpreting services are available:

* onsite, where the interpreter attends an appointment between a signing Deaf person (Auslan user) and their service provider, or
* using video remote interpreting, also known as VRI.

Video remote interpreting uses video communication technology and the internet to connect to an Auslan interpreter.

## Providing a Deaf interpreter

A Deaf interpreter is a person who is themselves Deaf. Deaf interpreters are highly skilled at translating from one language to another. They transfer meaning between Auslan and an alternate form of communication (such as a highly visual form of gesture) that people who are not using standard Auslan can understand.

Because Deaf interpreters work with Auslan interpreters, two (or more) interpreters are employed for these interactions. Situations that might need a Deaf interpreter include interactions with:

* children (when their language is not yet formed)
* people with a mental health condition
* people with a cognitive or intellectual disability
* refugee and migrants arriving from other countries where the sign language system is different
* a person arriving from another country where a formal language (signed, spoken or written) was not taught
* people from rural or remote areas where access to language is difficult and restricted.

## Helping clients with multiple or complex communication needs

Some clients may have difficulty communicating because they have no (or very limited) speech. Clients may also be Deaf and blind, possibly needing an adjusted form of interpreting. It is important to ensure the interpreter knows about any client requirements. Clients with complex communication needs can access services in several ways including:

* electronic communication devices
* the written word
* pictures, drawing and object symbols
* using Deaf interpreters
* tactile interpreting.

More information on how to support clients with complex communication needs is on the following websites:

* Deafblind interpreting information: [Able Australia](https://ableaustralia.org.au/services/), https://ableaustralia.org.au/services/ and [Australian Deafblind Council](https://www.deafblind.org.au/), https://www.deafblind.org.au/, supporting people who have complex communication needs
* [Scope’s Communication Resource Centre](https://www.scopeaust.org.au/disability-services/communication-aids), containing information on communication aids, resources and training, https://www.scopeaust.org.au/disability-services/communication-aids.

### Sensitive situations and interpreting

Due to the nature of health and human services, there will be situations where extra sensitivity is needed.

The safety of clients is paramount. Where an interpreter might risk the safety of the client, take steps to ensure the client’s safety. For example, in family violence services, the perpetrator and victim should not use the same interpreter.

# Important considerations for language services

Language services are critical for staff and providers who cannot otherwise communicate well with a client. They help meet the standards under our duty of care.

The following outlines when to offer language services to clients with limited English or who use sign language.

Avoid assuming a client’s level of English is sufficient. It is important to offer clients an interpreter service. Departments and funded agencies must ensure clients know about:

their right to communicate in their preferred language

when and how to ask for an interpreter

interpreters being free of charge to the client

interpreters being professionals and that confidentiality is part of their code of conduct

interpreters also being there to help the health or human services worker.

Departmental services and funded agencies must provide appropriate language services when:

* 1. the client requests an interpreter or expresses a need to communicate in their preferred language and/or

staff cannot effectively communicate with a client.

Avoid using family members as interpreters. The role of family, carers and other support people in advocating for and supporting a client is valuable but is separate from the role of a credentialed interpreter. Emphasise the carer’s role as emotional support rather than communications support.

In situations of suspected or actual family violence, using perpetrators, children or any other family members as interpreters presents an unacceptable risk and should not be undertaken.

Make every reasonable effort to use a credentialed interpreter before asking a family member or friend to help. They can help communicate with a client if an interpreter is needed but not available and the matter needs to resolve quickly. Document the decision to do so, and the circumstances for that decision, in the client’s file. As soon as practicable arrange a credentialed interpreter to ensure the information is accurately conveyed. This is especially the case in medical or complex situations.

Never ask a person under the age of 18 to act in the place of a credentialed interpreter or to relay health information between a staff member and a client.

The following are critical points at which people with low English ability should have access to information in their preferred language:

* 1. the client is being informed of their rights (for example, privacy, confidentiality) and responsibilities (for example, fees)

the client has to make significant decisions about their lives (for example, receiving test results, medication regimes, other interventions, undertaking assessment and care planning, conducting assessment outcomes)

essential information needs to be communicated and understood to inform decision making (for example, procedures and referral options)

giving informed consent (for example, to treatment, release of information, power of attorney or guardianship matters).

*Note: Do not assume important information needed for informed consent has been communicated at earlier appointments. Given the general underuse of language services, staff should check a client’s understanding of their situation and the planned action and fill any gaps in their understanding before assuming they can make an informed decision.*

Language services involving interpreters or translators should engage people credentialed through NAATI wherever possible. Where an interpreter/translator credentialed at the professional level is not available, you can engage an interpreter or translator with a lower-level NAATI credential to interpret or translate basic information.

Bilingual staff whose duties involve communicating information with clients in languages other than English should not communicate information that is legally binding or that puts either the client or organisation at risk (unless they are a qualified interpreter). More information on bilingual and multilingual staff is in ‘Roles and credentials’.

Staff who speak a language other than English may provide language help to clients or staff to fill low-risk communication gaps. Avoid asking these staff to act in the place of a credentialed interpreter.

More detail on these is in the next sections.

# Roles and credentials

## Role of an interpreter

A credentialed interpreter takes information from an oral or sign language and converts it into another language. They do this accurately and objectively to enable communication between two parties who do not share a common language.

This means they will interpret everything that is said. They will not add, change or leave out information. This includes incoherence, hesitations, unclear statements, profanities or nonsensical mutterings.

Interpreters are impartial. They will not express an opinion or act as an advocate for the client. This is why interpreters use the first and second person (rather than the third person) when relaying what a client has said.

Interpreting is not always word-for-word. Some concepts may not exist in other languages so may need further explaining.

Interpreters and translators have different skills. A translator interprets written information. Interpreters are not permitted to do ‘sight translations’ beyond a certain word limit and should not be asked to do so. Refer to ‘Translating’ for more on translators.

## The need to engage credentialed interpreters and translators

Using uncredentialed interpreters, family members, carers or other support people in sensitive situations or where there is any possibility of misinterpretation is highly discouraged. It exposes the client and the organisation to risk, which could have legal consequences.

In Australia, NAATI ensures the quality of interpreters. Interpreters must act in keeping with the Australian Institute of Interpreters and Translators (AUSIT) [*Code of ethics*](https://ausit.org/code-of-ethics/) https://ausit.org/code-of-ethics/. This is a condition of their ongoing certification.

Auslan interpreters must follow the Australian Sign Language Interpreters’ Association (ASLIA) [*Code of ethics*](https://aslia.com.au/governance/policies-procedures/) https://aslia.com.au/governance/policies-procedures/.

People who are not trained as interpreters often have little or no understanding of specialist concepts or of the importance of accuracy and completeness of the messages conveyed. Some words, such as medical terminology and terms used by certain programs and settings, do not have an equivalent word in another language. So, new information is often added, or critical information left out. This leads to significant changes in the nature of the original messages.

Family members, carers and other support people have an important role in advocating for and supporting a client. This role should be valued and understood as separate from the role of an interpreter credentialed at the professional level. Respect and accommodate client preferences for having support people involved in significant discussions and decision making about their health and wellbeing. Emphasise their role as emotional support rather than communications support.

Avoid using automated interpreting and translating technologies in place of credentialed interpreters and translators. This is very risky. The digital interpreting and translation applications available via smartphones and tablets carry a high risk of miscommunication. For example, they might mistranslate key terminology or use unfamiliar dialects.

## Three main styles of interpreting

### Consecutive interpreting

Consecutive interpreting is the most common style of interpreting. This is where the speaker and the interpreter speak one after the other. The interpreter listens to a few sentences or messages and then relays this in the other language while the speaker listens. The speaker will continue and the process repeats.

### Sight translations

Sight translations occur when an interpreter has to provide immediate oral interpretation of a written text such as a consent form.

### Simultaneous interpreting

Simultaneous interpreting is common in conference settings. It is where the interpreter listens to the first words the speaker says, then begins interpreting. They continue to interpret as the speaker talks.

## Certification of interpreters and translators

It is Victorian Government policy that, wherever possible, organisations engage NAATI interpreters and translators credentialed at the professional level. Always arrange the highest level of credentialed interpreter available.

NAATI certification is the only qualification officially accepted for the profession of translation and interpreting in Australia. Credentialed interpreters and translators act in line with the AUSIT *Code of ethics*. NAATI also has an online directory of credentialed interpreters and translators. Multilingual language skills can also be verified through a NAATI language aide or interpreter test.

There are several certification levels relevant to communicating in the health and human service systems.

### Certified Conference Interpreter

Conference interpreters work in situations such as speeches and presentations at high-level international exchanges. These include international conferences, summits, meetings and negotiations.

### Certified Specialist Interpreter

**Certified Specialist Health Interpreters** have a detailed understanding of their role as members of a healthcare team. Their work might include:

* supporting a medical handover
* research consultations between international partners
* working in training sessions.

**Certified Specialist Legal Interpreters** have a detailed understanding of their role in legal settings such as courtrooms.

### Certified Interpreter

Certified Interpreters can work with complex but non-specialised content in most situations.

### Certified Provisional Interpreter

Certified Provisional Interpreters are usually used in non-specialised community dialogue interpreting jobs. For some languages, this is the highest certification available.

### Recognised Practising Interpreter

This credential acknowledges that the holder has met certain prerequisites and has experience as an interpreter. There is no test needed for one of these credentials, but applicants must show evidence of work practice. This is often the only credential available for practitioners working in new or emerging languages.

## When an interpreter is not available

At times it will not be possible to arrange an interpreter credentialed at the professional level. This may be because there are no credentialed professional-level interpreters available in a particular language, or none are available in an emergency. Rural areas may have difficulty finding qualified interpreters.

In these cases:

* See if you can reschedule the client’s appointment time to when a suitably qualified interpreter is available.
* If an onsite interpreter was planned but didn’t work out, arrange a telephone interpreter instead. They are often available when face-to-face interpreters are not.
* If an interpreter credentialed at the professional level is not available, book a NAATI interpreter credentialed at a lower level. Record the reason for this in the client’s file or relevant record. Interpreters credentialed at the paraprofessional level can communicate in general conversational situations or subject matter, but not specialist information. Don’t ask them to interpret beyond their level of competence.

## Staff who speak another language

Bilingualism is the ability to communicate in two languages with equivalent, or near equivalent, fluency. Employees who agree to communicate in English and a language other than English are known as bilingual staff. Bilingual staff can be used for the language services skills as part of delivering a culturally responsive service.

**Uncredentialed bilingual staff** can perform a simple interpreting role. But because they are not qualified interpreters, keep communication to low-risk content such as making appointments or getting basic personal details (name, address). Do not use uncredentialed bilingual staff to communicate information that is legally binding or puts the client or organisation at risk.

**Credentialed bilingual staff** are credentialed and employed for their language skills, such as ‘Macedonian health education worker’ or ‘Spanish-speaking financial counsellor’. They can be used when necessary for their interpreting skills. Their main role should be to conduct their daily functions in a language other than English. When employing staff for these positions, it is important to spell out the language skills needed for the role. Check their credentials as an employer would for other professional skills. These may include NAATI accreditation or equivalent evidence.

Bilingual staff who achieved their professional qualification in another language may not need language certification to practise their profession in the other language. More information on bilingual workers is at the [Centre for Culture, Ethnicity and Health](http://www.ceh.org.au/recruiting-bilingual-staff/) – Recruiting bilingual staff http://www.ceh.org.au/recruiting-bilingual-staff/.

Staff who speak a language other than English can help (when not a credentialed interpreter or employed for their language skills) in:

* helping a receptionist work out a client’s presenting issue
* telling a client the date
* helping with directions within the organisation
* confirming simple arrangements.

These types of communication exchanges involve basic-level knowledge of the language. The risk of miscommunication is minimal.

### Victorian Public Service Language Allowance

The Victorian public service provides a fortnightly language allowance to eligible staff who hold a NAATI credential. (Refer to the *Victorian Public Service Enterprise Agreement 2020*, section 35.4, p. 70).

The allowance is for employees who agree to use their skills in a second language to help people who have low English ability. They do this as an add-on to their regular duties.

More information on the language allowance is in [*Using interpreting services: Victorian Government guidelines*](https://dhhsvicgovau.sharepoint.com/sites/DFFH-FV-MulticulturalAffairs-IandRBranch-GRP/Shared%20Documents/Language%20Services%20Reform/G%20-%20WOVG%20Language%20Services%20Policy/Interim%20updated%20DHHS%20Policy%20and%20Guidelines%20-%20Jul%202023/Interim%20docs%20as%20uploaded%20-%20July%202023/Using%20interpreting%20services:%20Victorian%20Government%20guidelines)https://www.vic.gov.au/guidelines-using-interpreting-services/understanding-language-services.

## Children and interpreting

Requesting family, friends or a person under 18 years old to act in the place of a credentialed interpreter or to relay information between staff and a client is not acceptable.

This is because children:

* are unlikely to have the words to convey the intended message
* may not understand the importance of interpreting exactly what is said without changing it to what they feel is suitable for them to say to their parents
* may not understand about confidentiality
* may feel guilty because they had to say something painful or made a mistake in interpreting.

The child may also have to process difficult information or be put in a position where they have to support or help the adult. Adult patients may leave out important information because they do not want the child to know sensitive aspects of their lives.

In extreme cases, and where no other option is available, children can help get basic information in a language other than English, such as an adult’s name. Document the reason for making this decision in the client’s file or relevant record.

# Process for engaging interpreters and translators

Interpreters and translators are arranged through language services providers.

A list of language services providers is on the [National Accreditation Authority for Translators and Interpreters](https://www.naati.com.au/online-directory/) – online directory https://www.naati.com.au/online-directory/.

Depending on the funding arrangements, services may like to develop a list of preferred language services providers (not appropriate for organisations that use a credit line).

Train all staff on how to access language services.

## Arranging for an interpreter

There are three ways to arrange interpreting services:

* face-to-face
* telephone
* videoconferencing.

## Determining the need for an interpreter

The first step in working out if you need an interpreter is to assess how well the client can understand English.

Stressful or unfamiliar environments may affect a person’s ability to communicate well. This can be the case even if their English proficiency is suitable for that type of appointment or meeting.

Arrange an interpreter if a person asks for one.

## Assessing English proficiency

An effective method for assessing English proficiency is to conduct a short, informal interview with the person. Ask for basic details about their reason for attending and their background.

It is important to ask questions that will need a sentence to respond, rather than a simple word. This will test both their ability to understand and explain things.

Questions may include:

* What is the reason you came here today?
* How did you come here today?
* How long was the wait before your appointment?
* How would you describe your English language skills?
* Where were you born?

Another technique is to ask the person to repeat what you have just said in their own words.

If you are unsure about a person’s ability to understand and discuss their concerns, ask them:

* What language do you prefer to speak?
* Do you need an interpreter?

Book an interpreter if the client:

* shows no understanding of English when asked basic questions and cannot have an everyday conversation
* can only respond in English in a limited way, or uses English that is difficult for you to understand
* relies on family or friends to communicate on their behalf
* prefers to communicate in another language
* can communicate in English but is in a stressful or unfamiliar environment
* uses Auslan as their primary language.

## Promoting the availability of interpreters

It is important to let clients know that interpreters are available at no cost to them.

The best way to find out if the client wants or needs an interpreter is to ask: ‘Do you need an interpreter?’ Or, use a flashcard with the interpreter symbol to ask this question.

Arrange a credentialed interpreter if:

* the client asks for an interpreter
* the client wants to communicate in their preferred language
* staff have difficulty communicating well with the client
* the referring service has said the person needs an interpreter.

Clients may:

* not be aware interpreter services are available
* be unaware the service is free to them
* know how to ask for or work with interpreters.

## Identifying spoken language

Assuming a client’s language based on their country of birth can be unreliable. This is because many countries have multiple dialects or languages. Work out the right spoken language by:

* checking for information about spoken language, and dialect if relevant, in referral documentation
* asking the client which language and dialect they speak
* asking English-speaking friends, family or multilingual staff the client’s preferred language
* using visual aids that list languages (the client may be able to point to the language and dialect they speak)
* contacting a language services provider (they may be able to help via a telephone interpreter)
* asking the client if they speak another language or dialect and how well. If their first language is less common, or if an interpreter is not available in their preferred language or dialect, an interpreter may be available in their second language or dialect.

## Making a booking through a language services provider

Making a booking is essential for face-to-face interpreting. It might also be needed for some telephone interpreting. Staff should be aware of processes and contract details of their language services providers.

### Requesting a specific or preferred interpreter

If you have to document the name of an interpreter, record the name of the client’s preferred interpreter as well. With certain languages such as Auslan or in sensitive interviews such as family violence counselling, using a preferred interpreter aids the communication process because the client is comfortable with the interpreter.

Make any request for a specific interpreter at the time of booking. Although it is better to use the preferred interpreter, if that interpreter has a qualification lower than a professional level they cannot interpret for the client when:

* the client needs to make significant decisions, particularly decisions about their lives
* being informed of their rights
* being provided with essential information to inform decision making, including giving informed consent.

In these situations arrange an interpreter with a professional qualification to interpret this information.

## Working with an interpreter

Consider seating arrangements, appropriate lighting and avoiding windows that allow glare.

As with all interpreting, there is a delay between when a message is spoken or signed, and the interpreter producing the interpretation. It is important to be patient and to be clear about turn-taking. Allow enough time for the interpretation.

### Working with an Auslan interpreter

Auslan interpreters work in a similar way to other language interpreters. The interpreter will typically need to sit next to the service provider (English speaker). This allows the Deaf person to:

* maintain eye contact with the speaker
* read body language
* engage with the person speaking while receiving the message from the interpreter.

The service provider should ensure they speak directly to the client and not their interpreter.

Deaf people generally use language services their entire lives. So, many are familiar and often work with Auslan interpreters.

Auslan use varies in the community. Deaf people must regularly allow interpreters into their lives on both a personal and professional level. Many Deaf people request a specific interpreter or agency they feel they can trust. Accommodate this request if possible. But this should not affect the interpreter. The interpreter must work as a neutral party during the interaction and view both the Auslan and English speaker as equals.

It is important to remember that not all English words have a direct Auslan equivalent (and vice versa).

This may mean the interpreter may take some time to relay the message in a way suited to Auslan and the communication needs of the client.

In a similar way, the client may produce a lengthy utterance that can be conveyed by English in a few words or a very short signed utterance that needs a lengthy English interpretation.

This reflects the different natures of the languages.

## Video remote interpreting

Video remote interpreting is another way to deliver language services. The interpreter is offsite, and technology delivers the service. The client and service provider access the interpreting via audiovisual technology such as a:

* videoconference system
* laptop
* tablet.

A strong internet connection and suitable equipment is essential for the speed and data capacity needed to send the visual image.

Video remote interpreting is an alternative to onsite services. It is particularly useful:

* in areas where local Auslan interpreters may not be available
* when a client needs an interpreter at short notice.

Video remote interpreting is not suited to lengthy communications involving many people.

It is always the right of the client to express a preference for an onsite, telephone or video remote interpreter.

## When a client declines to engage an interpreter

Clients may decline the invitation to engage with an interpreter, even when the provider thinks they need one. They could, for instance, worry that an interpreter could pose a risk to their rights, such as their right to confidentiality, privacy, sensitivities, or their safety. They may also consider the gender, religious or ethnic background of an interpreter unsuitable.

Let the client know the interpreter is also for the clinician. Limited communication may result in an incomplete diagnosis. To manage that risk, you may need to reschedule the appointment if you cannot find a suitable interpreter.

## Assessing cultural and language issues

Consider a range of cultural and language issues when booking an interpreter.

The suitability of the interpreter is an important consideration. Ethnicity, religion and gender may be important to some clients or when discussing sensitive issues. Consider not disclosing the name of the person needing an interpreter to protect their confidentiality if, for instance, they are in a small community. This is particularly effective when using phone interpreters.

In some languages, there are few or no credentialed interpreters. Interpreters of rare and emerging languages are used to interpret in a variety of situations. Some of these situations may be sensitive and beyond their expertise. In some cases, the client may know the interpreter or vice versa. Knowing the name of the interpreter before the meeting may be helpful in predicting client concerns. You can use telephone interpreting in these instances.

## Complaints and feedback

It is extremely important to maintain and promote the professionalism of interpreting services. Health and human services providers and clients must have confidence in the quality of interpreting services.

Interpreters must follow the AUSIT *Code of ethics*. If an interpreter does not follow the *Code of ethics*, the organisation can take action.

Most language services providers have a complaints policy and processes to resolve issues. Discuss any concerns about the conduct of a specific interpreter with that interpreter first. If you cannot resolve the issue, contact the language services provider to make a formal complaint.

When making a complaint it is important to include information such as:

* the booking reference number
* the interpreter’s name
* the date(s) and time(s) of bookings
* a clear description of the issue.

This helps the language services provider pinpoint and then address the issue.

Address administrative complaints directly with the languages service provider. These might relate to:

* lost bookings
* incorrect fees
* interpreters with inappropriate levels of certification.

Be aware that a failure to respond adequately and appropriately to the language service needs of a client may be grounds for complaint to the relevant complaints authority[[2]](#footnote-3) or to the Victorian Equal Opportunity and Human Rights Commission.

The Victorian Equal Opportunity and Human Rights Commission offers guidance on the legal obligations for healthcare, hospitals and GPs [under the *Equal Opportunity Act 2010* and the *Charter of Human Rights and Responsibilities Act 2006*](https://www.humanrights.vic.gov.au/for-individuals/healthcare-hospitals-and-gps/)https://www.humanrights.vic.gov.au/for-individuals/healthcare-hospitals-and-gps/.

# Translating

Translation is communicating the meaning of a source language text into another language text. Translated information is another tool for communicating with clients and their support people. Providing translations does not replace the need to engage with interpreters. There are two reasons for translating material:

* distribution to a broader population for information and educational purposes
* translating documents to understand a client’s history (this can also be crucial to providing services).

Translated information can supplement interpreting services. It supplies information that the client can later refer to, or give to their support people to aid understanding. Some people prefer written information.

When determining the value of translated information, consider the following questions:

* What is the message?
* Who is the target audience?
* Is translation the best way of communicating with the target audience?

When deciding to translate it is important to consider the level of literacy as well as the health literacy of the target audience.

Some Victorians with less English ability or from refugee backgrounds may have had limited or broken education. They may not be able to read or write well in any language, including the language they speak. Also, there may be no written form of the language a person speaks. For communities where most members have low literacy levels, avoid written translation.

There are several ways to find out the communication preferences of the target audience:

* focus groups and interviews with community members
* service providers who already work with the community
* local committees and community groups.

Refer to:

* the [*Better practice guide for multicultural communications*](https://www.vic.gov.au/communicating-multicultural-communities) https://www.vic.gov.au/communicating-multicultural-communities
* [Language Maps of Multicultural Victoria](https://www.dffh.vic.gov.au/mapping-languages-spoken-victoria) https://www.dffh.vic.gov.au/mapping-languages-spoken-victoria
* the [Victorian Multicultural Commission](http://www.multiculturalcommission.vic.gov.au/) http://www.multiculturalcommission.vic.gov.au/
* the [Ethnic Communities Council of Victoria](http://www.eccv.org.au/) http://www.eccv.org.au/.

The purpose of the communication influences the method of communicating. Information such as instructions may be better conveyed through images, diagrams or storyboards. Other information will be too complex or variable to communicate visually. This is better translated or delivered in person through an interpreter.

Generally, the English language source text will not be suitable for translation straight into multiple languages. This is because each community group will have unique needs. For example, recently arrived clients may not have the knowledge of Victorian Government services or the health system of more established communities. Before sending the text for translation, prepare and adapt the content to suit the target audience.

## Deciding which languages to translate documents into

When deciding on the language(s) to translate a document into, consider the target audience for the material rather than relying on the top languages spoken in Victoria.

For information on the most suitable language choices, talk to organisations that work with the target group(s) the document is aimed at. They can give insight into the most suitable languages.

Also discuss language choice with the service provider doing the translation. They can also offer more information on dialects or which versions of a language are most suitable for written translations.

## Ensuring cultural sensitivity and appropriateness

There are various levels for checking the appropriateness and accuracy of a translated resource. The language services provider can let you know about options and costs. These will vary depending on the level of checking undertaken. You can check material to ensure it is suitable by translating material back to English.

Depending on the document, it is also important to check the translated resource with the community. This will show up any particular words or expressions in the translated resource that do not sound natural or are unclear. It will also highlight if there is anything about the topic that is sensitive or culturally inappropriate in that community. You might need to handle these issues another way.

## Managing translation costs

As a guiding principle and to avoid duplication, share translated resources across organisations and services.

Before deciding to translate, make sure a similar resource does not already exist. You can do this by:

* checking available translation directories
* scanning other organisations’ websites.

If it does not already exist, contact other organisations to explore developing the resource together. By sharing the cost, organisations can often develop a more comprehensive resource.

## Translator certification and recognition

Translated resources are an important way of delivering multilingual information to clients. As with interpreting, arrange a credentialed translator for this.

## Levels of translator certification and recognition

### Certified translator

Certified translators can work with complex but non-specialised content in most situations.

### Recognised Practising Translator

Recognised Practising Translators have met prerequisites and have experience as a translator. There is no test for one of these credentials, but applicants must show evidence of work practice.

## Plain language

Plain language involves taking complex language and making it as simple as possible without changing the meaning. It makes information accessible to people who have difficulty reading and understanding written text. It does this by using clear and simple language.

Producing a plain language version of the source information may be useful in situations where a community has a basic level of English ability. Ask relevant community organisations whether this is appropriate.

Plain language may also include simple pictures or symbols to relay meaning as well as:

* minimal punctuation
* simplified font
* basic layout and design.

Plain language is helpful for people with cognitive or intellectual disabilities.

## Health Translations online portal

The Victorian Government has an online portal for health professionals and the wider community to access multilingual health and wellbeing resources. This is the [Health Translations online portal](https://dhhsvicgovau.sharepoint.com/sites/DFFH-FV-MulticulturalAffairs-IandRBranch-GRP/Shared%20Documents/Language%20Services%20Reform/G%20-%20WOVG%20Language%20Services%20Policy/Interim%20updated%20DHHS%20Policy%20and%20Guidelines%20-%20Jul%202023/Interim%20docs%20as%20uploaded%20-%20July%202023/Health%20Translations%20online%20portal) http://www.healthtranslations.vic.gov.au/.

The directory gives multicultural communities access to high-quality translated health information needed to make informed health and lifestyle choices.

The directory has more than 28,000 resources in more than 100 languages. It attracts more than 30,000 unique visitors per year.

Health-related resources in written or audiovisual format that meet the following criteria are suitable for the directory:

* published in Australia
* covers one of the health-related topics listed in the collection policy
* translated into languages other than English by a NAATI credentialed translator and/or the translated version has been focus-tested with consumers
* includes a corresponding English version
* published or reviewed within the past three years
* supports improved health outcomes and the health literacy of individuals or communities
* considers the cultural sensitivity and linguistic diversity of consumers
* does not promote individual commercial products, therapies or services.

Program areas or organisations that produce suitable multilingual resources should register those resources on the directory as a standard part of their translation process.

As well as giving wider access to information it can also reduce translation costs by avoiding duplication.

Editorial guidelines and a collection policy are available to ensure the quality and currency of the information.

# Monitoring and evaluation

The use, quality and effectiveness of language services is tracked via the annual [Victorian Government report on multicultural affairs](https://www.vic.gov.au/victorian-government-report-multicultural-affairs) https://www.vic.gov.au/victorian-government-report-multicultural-affairs.

Organisations should review and strengthen their data collection around language services and cultural diversity to:

* ensure a detailed understanding of the types of services needed
* better understand peak demand periods
* learn about other factors that may influence purchasing choices.

Refer to the [*Using interpreting services: Victorian Government guidelines*](https://www.vic.gov.au/guidelines-using-interpreting-services/understanding-language-services) https://www.vic.gov.au/guidelines-using-interpreting-services/understanding-language-services. It has information on:

* collecting data on language services
* working out supply and demand
* documenting expenditure and available resources.

The standards help funded agencies and program areas to:

* improve their understanding of the needs of their client group
* track the accessibility of the services they provide to people who speak languages other than English.

All health services must complete two data elements in the:

* [Victorian Admitted Episodes Dataset (VAED)](https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset) https://www.health.vic.gov.au/data-reporting/victorian-admitted-episodes-dataset
* [Victorian Emergency Minimum Dataset (VEMD)](https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd) https://www.health.vic.gov.au/data-reporting/victorian-emergency-minimum-dataset-vemd
* [Victorian Integrated Non-Admitted Health (VINAH)](https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset) https://www.health.vic.gov.au/data-reporting/victorian-integrated-non-admitted-health-vinah-dataset.

Collections relate to preferred language spoken and interpreter required. These are proxy measures of local demand for language services.

Where practicable, the departments and agencies will record language service use through administrative datasets.

This Victorian Government will review this policy from time to time.

1. The term ‘language services providers’ refers to specified agencies set up to broker interpreter and translator services in a wide range of contexts. [↑](#footnote-ref-2)
2. Complaints authorities include the Health Complaints Commission, the Mental Health and Wellbeing Commission, the Disability Services Commissioner and the Commission for Children and Young People. [↑](#footnote-ref-3)