

# Diversit-e

Australia's diversity health e-magazine

## Language and Language Services



**Diversity  
Health  
Institute**

Quality Health Care for a Diverse Australia

**Why multilingualism should make Australia a healthy nation**

Health care interpreters-vital partners in patient care

**Ethics and risk management in interpreter-mediated communication**

Bilingual staff: who, how and why

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Diversity Health Institute.

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## Welcome to Diversit-e



*Professor Abd Malak,  
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As one of the most culturally diverse nations in the world, Australia has over 3.1 million people who speak a language other than English at home. Hundreds of languages are spoken in Australian homes, including languages introduced by recently arrived migrants and refugees as well as the many indigenous languages.

This level of language diversity enriches us as a nation. However, the wide range of languages spoken in Australia provides challenges for health care service providers. Without adequate support, many Australians who do not speak English well are unable to access appropriate health care.

Therefore, this second issue of *Diversit-e: Australia's diversity health e-magazine* is focussing on the important role that language and language services play in the health care of Australia's culturally and linguistically diverse (CALD) communities.

Australians are fortunate to have a range of highly skilled professionals and services to reduce language barriers for health service providers and facilitate accessibility to health care for people who do not speak English. The type of language services varies with different health systems around the country but can include specialist health care interpreters and translators, bilingual health staff, and specialised language specific clinics and services.

Additionally, private medical practitioners and pharmacists can utilise the free priority telephone interpreting services through Translating and Interpreting Service (TIS) National, coordinated by the Federal Department of Immigration and Citizenship.

The recognition by governments at all levels within Australia of the importance of language services in health care by establishing and supporting these services pays positive dividends in the health outcomes of Australia's CALD communities.

The availability of appropriate translated information in community languages can facilitate the timely access to services for clients who do not speak English. Once within the health care environment, interpreters or other appropriate bilingual workers ensure that clients are equal participants in communication about their diagnosis and treatment. Better communication can lead to more accurate diagnosis and more appropriate treatment, reducing hospital stays and an overall reduction in health care costs. Importantly, appropriate communication can ensure that the client is informed and involved in their care.

Language services are a crucial partner in ensuring that health services are accessible to all members of a diverse society. We hope that you enjoy this issue of *Diversit-e*.

# Letter from the editor

Welcome to the second edition of *Diversit-e, Australia's diversity health e-magazine*. With over 17 percent of the Australian population speaking a language other than English at home, it is critical that Australia's health care system provides culturally appropriate services to reflect the needs of this significant population. Given the importance of language and communication in health care service provision, the Diversity Health Institute Clearinghouse and the *Diversit-e* editorial board have dedicated this edition to language and language services.

Setting the scene for this edition is Professor Michael Clyne who explains why multiculturalism makes Australia a healthy and vibrant nation. He believes bilingualism is a skill, which encourages new ways of thinking and expression, and should be more appreciated.

As Australia's multilingual community continues to grow, attention must be given to its policies on language and language services in health care. Associate Professor Paulin Djité provides his assessment of Australia's language policy, analysing how social, cultural and political developments have impacted on the development of language services in Australia.

It was during the multicultural phase of the 1970s that a national language services infrastructure was created to respond to linguistic pluralism. The Department of Immigration and Citizenship (DIAC) launched its translating and interpreting service (TIS), a service that continues to assist thousands of immigrants and refugees. These services were expanded in 2000 when DIAC launched a Doctors Priority Line, enabling doctors to access interpreters for the cost of a local call.

Interpreters play an important role in aiding communication between health care providers and patients. To reflect this important topic, this edition contains several articles on interpreting services. Additionally, the provision of appropriate translated print information is also discussed.

Interpreters and translators aren't the only multilingual employees in the health sector. The growing culturally and linguistically diverse (CALD) population in Australia means that more bilingual workers are being trained and employed in health care settings in a range of roles to improve the quality of services provided to diverse communities. There are a number of programs available for bilingual health workers and community trainers and some of the approaches for training are highlighted on pages 21 to 24.

This edition of *Diversit-e* highlights the complex roles of interpreters, bilingual workers and translators and presents some conflicting views on their contribution to health care. It also provides perspectives on using interpreters for research studies and showcases service profiles such as Co.As.It. that has language at the heart of its service provision for education and community services.

I hope you enjoy this edition on language and language services and it provides some useful information for you to consider in your current role.

**Editor – Monique Wakefield**

# Why multilingualism should make Australia a healthy nation

Professor Michael Clyne



*Professor Michael Clyne*

Australia is a multilingual nation, in a multilingual world in which there are far more bilinguals and multilinguals than monolinguals. Multilingualism has implications for society, including health in Australia.

Among the almost 400 languages used in the homes of Australia's residents are unique indigenous languages, Auslan, and community languages from all corners of the earth. The past 15 years have seen substantial changes in the home use of a number of languages with substantial decreases in most European languages and massive increases in some Asian ones.

### **Language fulfils several major functions in our lives:**

1. A medium of communication – to convey information, ideas and attitudes
2. A marker of group identity
3. An instrument of cognitive and conceptual development
4. An instrument of action – for example, there are particular speech acts such as promises, requests, complaints that can only be performed through language formulation

These functions are relevant to society, particularly to the health sector. Some Australians have received much of their early socialisation in a language other than English, including information about and attitudes towards health. Thus, they will express themselves and their attitudes about health in a different way.

In some languages, some parts of the body receive more attention than others, for example, the French place emphasis on the health of the liver, while the Vietnamese emphasise the blood. In German, Kreislaufstörung ('circulation disturbance') is an illness that does not really have an equivalent as such in English in which low blood pressure is an asset not a disease.

Bilingualism also enables us to operate in more than one cultural framework, understanding that there is more than one way of thinking and behaving, and assisting in understanding others. In the area of health communication between practitioners and patients, there is often much code-switching between languages as the ailment narrative incorporates various sectors of experience and hence appropriate language for both parties.

Bilingualism is a healthy asset to Australia because bilingual people think differently to monolingual people. Some people erroneously associate bilingualism with a deficit in one or both languages, however, it is actually an advantage to the individual and society. Bilinguals have more than one means of expression, so realise that words are arbitrary and they understand better the difference between form and context.



Stock image

Constant switching between languages can also develop more flexible problem solving strategies, and as bilinguals synergise the use of two languages they develop more economic ways of performing activities of the brain. Recent Canadian research by the psycholinguist Bialystok and colleagues have shown an average delay of four years in the onset of dementia correlating with the ongoing use of two or more languages. Thus, bilingualism has been shown to provide potential benefits for the individual, as well as enhance creativity and innovation in society.

The importance of bilingualism and multilingualism is well understood internationally. It is policy in the European Union and several Asian nations for people to study a second, and even third language. As the use of English becomes more universal, multilingualism will be increasingly valued and Australia needs to overcome its neglect of languages other than English.

There are still many barriers to accessing services, including health services for people who don't speak English, especially those from emerging communities. The Federal Government has developed a policy on social inclusion, oriented towards the needs of the poor, homeless and unemployed. However, the policy needs to be extended to include those with communication difficulties in English.

As a society, we need to work hard to train professionals to reflect the cultural and linguistic diversity of this nation, and ensure that advanced programs are available for the maintenance and development of community languages, and for the acquisition of additional languages.

By building on the multilingualism of our society and placing increased emphasis on language services, we can enhance access to services for vulnerable people. We can also benefit as a society from the creative and innovative aspects of bilingualism and multilingualism.

**This article is an adapted excerpt from Professor Clyne's keynote address at the Diversity in Health Conference, 2010.**

**Professor Michael Clyne is a leading Australian authority on linguistics. He is an Honorary Professional Fellow at the School of Languages and Linguistics, Research Unit for Multilingualism and Cross-Cultural Communication (RUMACC), University of Melbourne. Professor Clyne is also Emeritus Professor, School of Languages, Culture and Linguistics, Monash University, and Honorary Professor in Applied Linguistics, School of Languages and Comparative Cultural Studies, University of Queensland.**

# Language policy and language services in Australia

Associate Professor Paulin G. Djité

Faced with an increasingly multilingual population and language needs, and a growing prominence of people from non-English speaking backgrounds (NESB) pushing for services, Australia has moved away from a monolingual ethos and responded to the challenge of language diversity with great ingenuity and inventiveness, achieving remarkable advances in the area of language services along the way.

## Language policy and language services

The history of language policy in Australia has been one of constant shifts and realignments, with both socio-cultural (i.e. language and identity) and socio-political (i.e. ideologically-driven social engineering) underpinnings. This history can be summarised as follows (see Table 1 below):

Table 1: Australia's language policy phases

- |   |  |
|---|--|
| 1 | The 'accepting but laissez-faire' phase, up to the mid-1870s   |
| 2 | The 'tolerant but restrictive' phase, from the 1870s to the early 1900s                                    |
| 3 | The 'rejecting' phase, circa 1914 to circa 1970  |
| 4 | The 'accepting - even fostering' phase, from the early 1970s or the 'multicultural' phase                  |
| 5 | The 'Asianist', 'Economic rationalism' or 'English as literacy' phase, from the late 1980s and early 1990s |

The "laissez-faire" phase was characterised by a yearning for the motherland, when cultural policy framed Australian identity firmly within Empire and English. In this phase, Australia actively pursued a monolingual policy, seeking to assimilate all new migrants linguistically and culturally through English as the language of authority. New arrivals were expected to make the effort to accommodate to the Anglo-Australian mainstream by discarding their cultural backgrounds and linguistic practices.

This was followed by the "tolerant but restrictive phase", a top-down policy with an overt hostility to foreign languages, and speakers of these languages. This was a period when language shift was strongly encouraged, and languages other than English viewed with suspicion. Under this policy, anti-bilingual schooling provisions were incorporated into the education acts in most states, and legislation was passed forbidding the use of other languages as the medium of instruction in private schools (a feature that remained in force in some States (e.g. Victoria) until 2007). Broadcasting in languages other than English was completely forbidden at first, then liberalised later, only when accompanied by English translations.

The restrictive phase was followed by a "rejecting" phase, which saw hostility to foreign languages intensified with the economic depression of the 1930s and World War II, leading to the marginalisation of non-Anglo and non-Celtic background immigrants. The first languages of immigrants had no place in society, and their languages were relegated to the private sphere.



*Associate Professor Paulin G. Djité,  
University of Western Sydney*

But the emphasis on assimilation progressively gave way to the ‘accepting - even fostering’ phase, also called the ‘multicultural’ phase, from the early 1970s to the late 1980s. Multiculturalism was a paradigm shift to an acceptance of difference in response to a need for a new national identity, driven by (1) the mobilisation of language professionals, who produced an intellectual rationalisation of the intrinsic value of languages, (2) Indigenous and NESB community groups, who argued for a right to their respective languages, and (3) commercial/trade imperatives.

Already in train by the time the Whitlam Labor government was elected in 1972, multiculturalism gathered momentum under genuine political bipartisanship, as it was equally embraced by the Fraser Liberal-National coalition government, which followed on from the Whitlam Labor government (1975-1983), and continued under the Hawke Labor government (1983-1993).

It was during the multicultural phase in the 1970s that a national language services infrastructure was created to respond to linguistic pluralism. This national language services infrastructure comprised (1) the world’s first multilingual Telephone Interpreting Service (1973) - a service available across Australia 24 hours a day, seven days a week, in more than 160 languages and dialects, covering several areas of social services including health, police, immigration and employment services, (2) the National Accreditation Authority for Translators and Interpreters (NAATI) (1977), and (3) the Special Broadcasting Service (SBS), with its radio broadcasting arm established in 1978, and its television arm set up in 1980.

The shifting pendulum of language policy making in Australia has continued ever since, underscoring the fact that language policy always carries socio-political overtones and functions as a surrogate of national sentiment and ideologies. Hence, since the late 1980s and early 1990s, Australia has moved on to the ‘Asianist’, ‘Economic rationalism’ or ‘English as literacy’ phase, with a stress on Asia-literacy, for regional integration, as well as an emphasis on ‘English as literacy’. This new focus has been embraced by both Labor and Liberal-National governments. Despite these shifts and contradictions, one thing has remained a constant: Australia still boasts some of the most advanced language services in the world.

**Associate Professor Paulin Djité is from the School of Humanities and Languages at the University of Western Sydney, where he works in the fields of sociolinguistics, translation, interpreting and French.**



# Health care interpreters – vital partners in patient care

Sam Berner



Sam Berner, AUSIT

The cost of providing interpreter services for patients who do not speak English well is often seen as prohibitive. In reality the costs of failing to address language barriers in health care settings is greater. Inability to communicate effectively with patients from non-English speaking communities can compromise patient care and influence the capacity to obtain informed consent, ensure medication compliance and provide appropriate emergency treatment.

Successful communication between practitioner and patient is essential to effective health care provision. A medical consultation is more than an observation of symptoms. The conversation between practitioner and patient facilitates the collection of vital diagnostic information as well as allowing discussion and negotiation of treatment regimes. This conversation can be seriously compromised when a patient is unable to communicate effectively in English.

This is of particular concern in a diverse nation such as Australia. According to the 2006 census over 256,000 migrant Australians do not comprehend English well enough to be able to communicate effectively in that language. Among migrants over the age of 55 years, 70 percent do not speak English well or cannot speak English at all. 19% of Indigenous Australians also report that they are unable to speak English well or at all.

Research indicates that providing health care interpreters to non-English speaking patients can actually reduce costs. Using professional interpreters in hospital settings can shorten the time patients from non-English speaking backgrounds spend in emergency departments. Employing interpreters can also reduce follow up visits and ensure compliance with out-patient visit schedules and drug regimes. Patients are generally more satisfied with their hospital experience when a professional interpreter is provided.

Unfortunately, these factors are not always clear to health care practitioners themselves. Health care interpreter services are often not fully utilised. A 2010 study by Edward Zimudzi<sup>1</sup> indicated that only 50 percent of health care workers at Monash Medical Centre had used an interpreter over the past six months. Factors that affected the decision not to use a professional interpreter included the perceived cost, the difficulty of obtaining interpreters for

References:

<sup>1</sup> Zimudzi E, Thompson S, Terrill B. (2010) 'How accessible are interpreter services to dialysis patients of Non-English Speaking Background?' *AMJ* 1, 3, 205-212.

emerging languages and privacy concerns when interpreters are drawn from the same small ethnic communities as patients. Time restraints were also seen as an issue. Not surprisingly, up to 20 percent of the dialysis patients in the study experienced complications as a consequence of their inability to communicate effectively with staff. This resulted in poorer patient experiences and outcomes.

Studies also indicate that some doctors balance the perceived benefits of engaging a professional interpreter against their own time restraints and the convenience of using a family member to interpret. Doctors may also rely on their own language skills. The use of family members to interpret has a number of disadvantages. Primary among these is the possibility of misdiagnosis and mistreatment based on inaccurate or incomplete information. Family members do not often have the necessary skills and knowledge of medical terms to interpret accurately in the health care environment. Interpreting may also have harmful emotional consequences for the family member themselves, particularly when children are used.

Conversely, the use of professional interpreters can reduce communication and medical errors; increase patient comprehension; improve clinical outcomes; increase patient satisfaction and contribute to improved access to services. Professional medical interpreters are able to utilise a set of skills and understanding of medical terminology that is not generally available to family members. This contributes to less ambiguous and more precise communication between doctor and patient and lessens the chance of miscommunication and misdiagnosis. Professional interpreters also provide a guarantee of doctor-patient confidentiality and allow for a more open discussion of sensitive personal matters such as sexuality and domestic abuse. Nevertheless, many health care professionals continue to cope without an interpreter in their encounters with patients whose English language skills are limited.

Too few health practitioners in Australia receive training on working with interpreters. Greater awareness amongst health practitioners of interpreter's role and how to best work with them is essential to improving the health outcomes for Australians with limited English proficiency. Matching patients with interpreters who have an understanding of their language and cultural practices, country of origin, gender, age and historic religious and political conflicts is of paramount importance.

The Australian Institute of Interpreters and Translators (AUSIT) is the peak organisation for the language services profession in Australia. AUSIT's members provide high-quality interpreter services and cultural competence advice throughout the country. AUSIT can provide training to physicians, nurses, and other credentialed providers on procedures for using accredited interpreters effectively, the quality and safety implications of using accredited interpreters and language access issues affecting outcomes for patients.

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## NSW perspective: the complex role of a medical interpreter

Anna Kenny



*Anna Kenny, NSW Health Care Interpreter Service*

NSW Health medical practitioners and patients who do not share a common language are entitled to the specialised services of the health care interpreter, who can assist them in communication. Health care interpreters are not only bilingual or multilingual but also accredited by the National Accreditation Authority for Translators and Interpreters (NAATI), trained in medical terminology and bound by a professional code of ethics. The main ethical principles are accuracy, confidentiality and impartiality.

The role of the medical interpreter is very complex as they facilitate communication between clients who differ in terms of their linguistic, cultural, education and socio-economic background. As research shows (e.g. Wadensjo, 1998), dialogue interpreters perform a dual function: linguistic transfer and communication management, which can be particularly challenging. For example, interpreters can often sense that the culturally and linguistically diverse (CALD) client does not understand the medical discourse, while the health care provider is oblivious to the signs. If the

interpreter decides to act on her perception, she risks overtaking the session and patronising the client. Lack of action, on the other hand, may lead to miscommunication.

The job of the medical interpreter is made more challenging by the clients' unrealistic expectations resulting from not understanding the interpreter's role. For example, the CALD client may expect the interpreter to give them advice on treatment choices. The medical practitioner, on the other hand, may ask the interpreter not to interpret certain comments. Some clients complain about professional interpreters who maintain their ethical standards and refuse to perform tasks that are not accurate or impartial.

The above challenges and dilemmas can be minimised by professional development and reflection on practice. NSW Health Care Interpreter Service (HCIS) offers a wide range of short workshops for medical interpreters. The modules include mandatory two-day induction, ethics and role, interpreting skills development and interpreting in specialist health care areas such as speech pathology, neuropsychology and mental health. Training gives interpreters the opportunity to develop awareness of specific medical interpreting requirements, to debate ethical challenges with peers and to extend technical skills in interpreting messages in both content and style.

Education for health care providers on working with interpreters is essential to the success of interpreter-mediated medical consultations. Sydney West Area Health Service's HCIS offers training for medical students and practitioners that covers the role of the interpreter, the NSW Health policy and working with interpreters effectively. Similar sessions are offered to CALD community groups.

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# Ethics and risk management in interpreter-mediated communication in health care

Heather Glass

Attendees at the WA launch of a report into Indigenous interpreter services heard the heart-rending story of a mother who in good faith applied her baby's scabies cream orally. As the case is several years old, the point should have been well made that the child's death was avoidable had medical staff recognised the need to communicate through an interpreter. Unfortunately, similar recent cases confirm the health sector has still to learn that the single most powerful risk management strategy in communicating with NESB patients - particularly Indigenous patients from regional Australia - is working through an interpreter.

Certainly in the cities 'access accredited interpreters' has become somewhat of a mantra. Otherwise, so it goes, as a health professional you run a multitude of risks, from misdiagnosis, to your patient neither understanding nor following treatment. The trouble is, accreditation is available for only 60 of the over 200 languages used in the Australian community. Worse, being accredited in interpreting does not mean being trained or qualified in interpreting: it means being bilingual and passing a two-hour test. No surprises therefore: interpreting services are variable.

The simplistic response is to demand interpreters 'trained in health', which usually means spoon-feeding terminology and contextual knowledge. For competent interpreters such 'training' may constitute continuing professional development. For the untrained, it is at best a stopgap. Our health system is well blessed with 'interpreters' who have sector familiarity, but limited transfer or professional skills otherwise.

Interpreting is not mechanical: replacing one word with another, a la *Google Translate*, is not interpreting. Interpreting is a complex task requiring a very high level of language competence, a broad - as opposed to sector-specific - knowledge base, and a wide range of interpersonal, social, cultural and occupational skills. By the time this article is published, new skills-based qualifications for interpreting will have been nationally endorsed. The competency standards describe a comprehensive set of skills additional to language that must be mastered for competent occupational performance. Basic occupational competence should be achievable after at least 500 hours: in stark contrast to the 15-hour NAATI New Interpreter Project.

While in any other industry it would be a non sequitur, accessing an AQTF qualified interpreter is therefore Risk Management Strategy #2.

The hit television show, *Thank God You're Here*, was probably conceived by an interpreter working in health care. No other player in health is expected to work without clinical information, peer supervision, debriefing, or informed performance management. In the TV show, the stooge's disconnect with the discourse and the adlibs they are forced to are funny. In health they are dire, and happening on a daily, even hourly basis. What must be of concern is that only the grossest are identified.

An NESB patient suffered for months waiting on minor surgery they had previously - out of fear - refused. At the first admission attempt the doctor referred to documentation to explain the 1:100,000 risk of resulting incontinence. The interpreter, without information and reliant on their ears, had misinterpreted the numbers.

Most commiserate when highly trained health professionals complain they place patients at risk without adequate support. Risk Management Strategy #3 says that interpreters – even the untrained – who are appropriately supported, will perform beyond their competence.

In health care a common misperception is that interpreters are cultural consultants and there to 'help'. Legal, linguistic and human rights arguments led the WA Department of Health to confirm the interpreter as 'conduit' in policy for consent from NESB patients (OD 0198/09). The doctor has sole responsibility for ensuring understanding, and interpreters are prevented from any role other than conveying information between doctor and patient, including not 'reading' texts to NESB patients.

Professional interpreters have a Code of Ethics, which obligates the interpreter to communication, not to the parties communicating. Interpreters are responsible for accurate, faithful and impartial transfer of someone else's communication, not that person's wellbeing or interests. Where all around are focused on patient wellbeing, the interpreter's Code appears counter-intuitive. Detailed discussion is for another article, but at its simplest, the Code protects an interpreter in the language of a small community from 'pay back'.



*Heather Glass, Vice President of the Western Australian Institute of Translators and Interpreters, Inc.*

Risk Management Strategy #4 is therefore to not compromise the interpreter's role.

A model for interpreting risk management is found in the ground breaking WA Language Services Policy 2008. Developed in consultation with the profession, it extends interpreter competence beyond accreditation to formal qualification, and provides a framework for quality assurance founded in shared responsibility for effective interpreter-mediated communication. ([www.omi.gov.au/OMI\\_language.asp](http://www.omi.gov.au/OMI_language.asp))

**Heather Glass is a Japanese interpreter and translator, an industry and cross-cultural trainer and consultant, and Vice President of the Western Australian Institute of Translators and Interpreters, Inc. ([www.waiti.org.au](http://www.waiti.org.au))**

# NSW case study: SWAHS HCIS: innovating health care interpreting

Gordana Vasic

The Sydney West Area Health Service (SWAHS) Health Care Interpreter Service (HCIS) is an example of best practice in health care interpreting. It processes over 77,000 interpreter bookings per year and has won the prestigious Baxter Award for innovation in health.

SWAHS HCIS is a highly specialised clinical support service, which provides language services to CALD patients who are accessing health services in SWAHS, Northern Sydney Area Health Service, and the Children's Hospital at Westmead and health providers who care for them. This service is one of four HCIS in NSW.

SWAHS HCIS provides interpreting and translating services in 138 languages by utilising 48 staff and 400 contract interpreters. Interpreters are accredited in languages they interpret, highly trained, specialised in medical terminology and bound by the professional code of ethics.

The 24-hour provision of these crucial clinical support services to CALD clients and health providers is made possible not just by the highly professional interpreters but also by the highly skilled and committed Call Centre team responsible for allocating interpreter bookings.

The Call Centre was established in 2005 and won the prestigious Baxter Award for innovation in health in 2007. Each month, the Call Centre processes over 6000 requests received over the phone and over 700 requests received via email, fax or e-orders. Following the implementation of electronic medical records (eMRs) to replace paper patient files in SWAHS in 2008, the SWAHS HCIS Call Centre became the only interpreter service that processes e-orders for interpreters. Health providers can place e-orders for any clinical consultation, including interpreter services, by logging on to the patient eMR.

Apart from the regular booking line, the Call Centre has a dedicated hotline for Emergency Departments and Birthing Units, recognising these as the priority users with special need to promptly access interpreter service. In addition, SWAHS HCIS worked closely with the Multicultural Health Network team and successfully implemented the three way phones in all Emergency Departments making the telephone interpreting experience for both the patients and health providers more convenient and accessible.

While the current operations focus on face-to-face and phone interpreting as well as translations of the health related documents, the future of medical interpreting will be in videoconferencing.

Throughout 2008, Commissioner Garling undertook the most significant inquiry ever into the NSW acute care system. The Garling Report was published in November 2008 and highlighted strengths in the health system but also



*Gordana Vasic, Health Care Interpreter Service*

identified the need to re-focus on the patient as the centre of the health care system. As a result the report provided 139 recommendations into acute care services in NSW public hospitals.

SWAHS responds to the growing demand for its services by recruiting staff and contract interpreters. High competency standards of its workforce are ensured through the ongoing investment in training and quality assurance.

SWAHS HCIS will continue to deliver high quality services and empower those unable to communicate their health needs without interpreters' assistance hence ensuring their equal access to health services.

Following the Garling Report recommendations, high speed secure broadband network will be implemented in all NSW hospitals, which will enable the delivery of interpreter services via VOIP (Voice Over the Internet Protocol) and through videoconferencing making it more accessible to distant and rural health facilities.

**Gordana Vasic is the Manager, Health Care Interpreter Services (HCIS) for Sydney West Area Health Service (SWAHS).**

# TIS service profile: Doctor's Priority Line

The Department of Immigration and Citizenship (DIAC) has operated interpreting services since the 1970s – a service that continues to assist thousands of people who don't speak English well. Doctors in private practice, both general practitioners and specialists, can access free interpreting through DIAC's Translating and Interpreting Service (TIS) National when they are delivering services under Medicare.

Language barriers are a significant challenge to clear communication between culturally and linguistically diverse communities and service providers. Such barriers present particular risks in medical settings where patient health may be directly affected. The Doctors Priority Line (DPL) offers a free, easy-to-access service to overcome such barriers.

Launched in 2000, DPL enables doctors to access interpreters for the cost of a local call. This service operates 24 hours a day, seven days a week. The success of the line can be seen in its adoption rate – between 2009 and 2010 it received over 52,000 calls. This was a 21 percent increase on the previous year and the popularity of the service continues to grow.

"The introduction of the DPL recognised the importance of assisting doctors to communicate with non-English speaking patients," a spokesman for DIAC said. "It was also recognised that the DPL could offer more equitable services to those in rural and regional areas as it provides access to a national pool of interpreters and there is no requirement to book in advance."

"To the best of DIAC's knowledge, Australia is the only country in the world offering a free national service like the DPL. All Australians can take pride in the well-deserved reputation as an international leader in settling new communities" the DIAC spokesman continued.

TIS National's service standards state that 90 per cent of calls will be answered within 30 seconds and 90 per cent of callers will be connected to an interpreter in a major community language within three minutes.

Free telephone interpreting services are also available to pharmacies to assist them to communicate with culturally and linguistically diverse Australians about PBS medications. More than 1200 pharmacies around Australia have sought registration since the introduction of the service in 2008.

In 2009, TIS National interviewed 149 non-English speaking clients about their service as part of an annual client satisfaction survey. Of the respondents interviewed, 99 per cent would recommend the services of TIS National to their friends, family and members of their local community.

"Delivering the service does entail challenges, for example, due to changing patterns of migration, TIS National is continually encouraging and recruiting interpreters in new and emerging languages" said a DIAC spokesman.

"DIAC funds the New Interpreters Project to assist in meeting this challenge. The project funds the National Accreditation Authority for Translators and Interpreters (NAATI) to provide subsidies for participants attending NAATI preparatory workshops, and fees associated with NAATI credential testing" the DIAC spokesman continued.



# Using interpreters for research studies

Karen Wallace



*Karen Wallace, Clinical Neuropsychologist*

With Australia's rapidly growing heterogeneous culturally and linguistically diverse (CALD) communities, research should be conducted with interpreters to deliver culturally appropriate studies and obtain accurate results. To our knowledge the Chinese Australian Neuropsychological Normative Study (CANNS) is the first CALD normative neuropsychological study conducted in Australia. It is our hope that other researchers will add to this important body of knowledge and conduct similar normative studies across a range of CALD communities. This will not only better serve Australia's diverse communities but will improve the overall health of the nation.

The aim of the CANNS was to develop and validate neuropsychological tests on Chinese Australians aged between 55-89 years who have never had a brain injury. The main purpose of neuropsychological assessment is to assess thinking, emotional functioning and behaviour in those with known or suspected organic brain conditions such as stroke, brain injury and dementia. The challenges of accurate and precise neuropsychological assessment are compounded when working with those from a CALD background.

The best practice approach to conducting neuropsychological assessments on those from a CALD background when the examiner is not from the same CALD background is to use culturally unbiased tests and the assistance of professionally trained interpreters. Ideally, benchmark data (i.e., normative information) should come from the particular CALD population. With these factors in mind, myself and Jamie Berry (Associate Investigator & Clinical Neuropsychologist) set out to gather neuropsychological normative data from a large number of Chinese Australians across Sydney. Integral to this study was the use of the highly professional Sydney West Area Health Service – Health Care Interpreter Service (SWAHS HCIS).

The expertise of the interpreters was invaluable from the very beginning of the study. They provided expert advice about the cultural appropriateness of various test items and items that were inappropriate were replaced by more meaningful ones. Chinese-speaking health care professionals also assisted in providing the interface between engaging and recruiting participants. Professional translation of test protocols was undertaken for the study to ensure tests flowed naturally for the participants.

The interpreters were trained on the importance of standardization of instructions for neuropsychological tests. This ensures that random error is reduced in assessment results. It was also important to include more than one single interpreter on the study, to simulate the real world scenario whereby interpreters unfamiliar with neuropsychological assessment can optimally assist with the assessment of CALD clients.

The language proficiency of the HCIS interpreters across a range of Chinese languages/dialects (e.g., Mandarin, Cantonese, Shanghainese, Hokkien) was instrumental in the study as there was a rich heterogeneity in the preferred languages of our research participants.

Conducting such a large scale study required a co-ordinated approach to screening multiple participants, testing, and a follow-up session for a proportion of the participants. The interpreters were used at every step of this multi-level approach. The interpreters' familiarity with the purpose and rationale of the study, together with the use of a structured interview format allowed them to conduct the bulk of the screening independently, in the presence of the Principal Investigator.

The truly collaborative approach by all stakeholders of the study (SWAHS HCIS, SWAHS Multicultural Health Network, community group leaders, and Macquarie University) has resulted in an increased awareness of the importance of neuropsychological testing within the health and general community and provided greater opportunities for strengthening partnerships between health, university and community groups.

The results of our study will be applicable to all Chinese Australian communities. We anticipate that our research will result in more accurate diagnoses and description of cognitive impairment across a range of neuropsychological conditions, which will ultimately result in better health outcomes for Chinese Australians.

A potential deterrent for conducting health research specific to CALD communities is the cost of interpreters. This factor impacts upon all aspects of the research and can consume entire budgets that would otherwise adequately cover the expense of a project's needs. We gratefully acknowledge the financial support of SWAHS Multicultural Health Network in funding the cost of our interpreters for the project.

**Karen Wallace is a clinical neuropsychologist at St Joseph's Hospital Auburn. For more information on her research project, please contact Karen on [Karen\\_Wallace@wsahs.nsw.gov.au](mailto:Karen_Wallace@wsahs.nsw.gov.au)**

# Health is universal - language is not

Eva Hussain

Translations tell your CALD clients you have a serious commitment to creating services that respond to their needs. They are the first step in reaching out to the communities you serve and whilst translation can never become a one size fits all solution, it should form an important element of your communication strategy. As challenging as translation may seem, requiring a significant level of engagement, dedication and understanding of your target readership, the biggest mistake an organisation can make in translation is not to translate at all.

Today, most health information is written in English and whilst health is universal, language is not. Translated health information is not always just about specific health issues, such as diabetes, cancer or heart disease. Often, it is the associated content, such as privacy guidelines, consent forms and OH&S procedures that gets translated. And translation of that can be very challenging, as some concepts may not even exist in certain cultures but also because the information itself is written in a difficult to understand way. Let's take a short test:

*Where the linkage of health information is undertaken within an organisation using only information lawfully collected by the organisation in the course of providing a health service to the person, and the linkage is used to produce information for the funding, management, planning or evaluation of health services, this question can be answered in the negative.*

How much of that did you understand? How easy was it to read? How difficult will this be to translate? The plain truth of translation is that unless the original text is written well, the translation will read poorly.

The minimal research that is available indicates, however, that purchasers of translation services are often confused about the process and make many costly mistakes. They include writing the original text in poor English, choosing wrong languages to translate, translating glossy brochures and media releases, and not having any quality control procedures in place. Many organisations do not budget or plan for translation, so their efforts are often ad hoc and can be misguided. The concept of good practice in translation is another grey area.



*Eva Hussain, Polaron Language Services*

To add to the confusion, there is no accurate data on the size of translation market, demand for translation or effectiveness of translation in Australia. Anecdotal evidence suggests, however, that some translations are never read or understood by the intended readers. A pretty grim picture indeed!

So how do you make sure that your translations are correct, accurate but most of all, useful? Unfortunately, there is no magic button that can be pressed, and no one size fits all solution exists. Getting text translated will require engagement, interest and commitment on your part.

Questions worth asking before even considering translation, however, are: is your message important or critical; has this material been requested in other languages, is it available from other sources; does the target audience typically receive messages in written format?

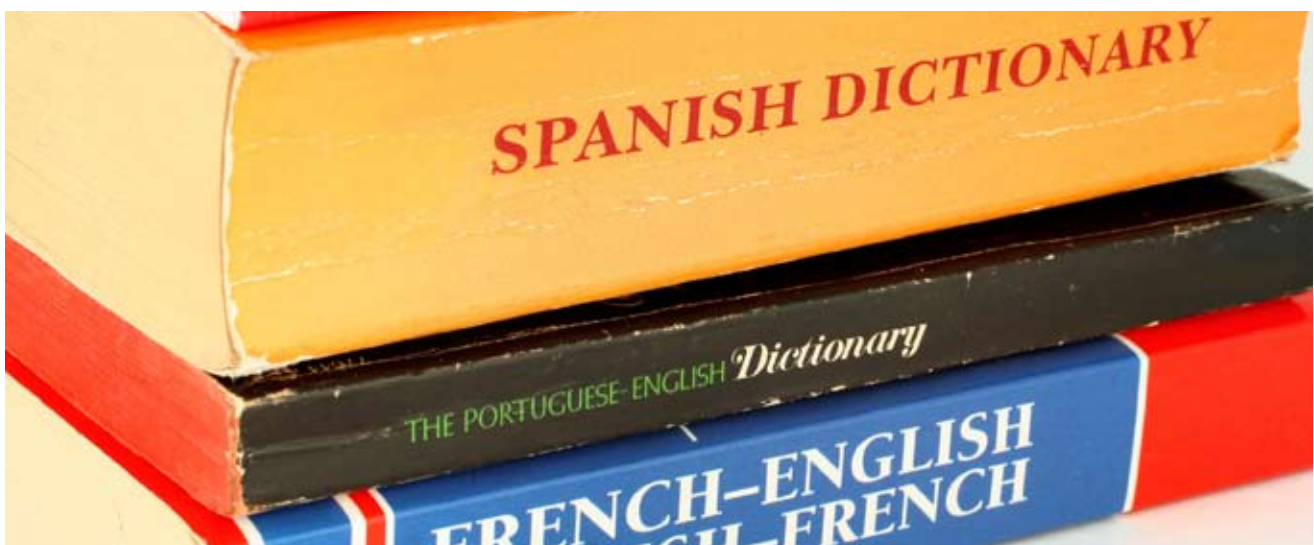
When choosing your translation provider, seek referrals from colleagues, get quotes from at least three companies and ask questions. Whilst you may not be able to understand the translated text, you can judge the performance of your translation provider by seeing how well they perform in treating you as your customer.

When choosing languages for translation, try to describe desired target audience as narrowly and clearly as possible. Don't just go for the top five or ten languages in your geographical region. Think about whether niche communities, although small in numbers, may have little or no access to information in their preferred languages and should therefore be considered first. Local councils, ABS, DIAC, community organisations and universities are often a good source of information on the emerging communities.

Make sure your text and design is culturally competent. Use images that reflect the community, and a medium that relies on pictorial messaging. Give your translation company detailed information on how you will use this material.

But most of all, talk to your translators and engage in the process. You will learn a lot about the communities you are targeting with your health message through it.

**Eva Hussain is an interpreter and translator. Eva is Vice President, of the Australian Institute of Interpreters and Translators (AUSIT) and Chief Executive Officer of Polaron Language Services.**



# Bilingual staff: who, how and why

Spase Veljanovski



*Spase Veljanovski, Centre for Culture, Ethnicity and Health*

Bilingual staff, along with interpreters and translations, are a legitimate part of language services. They are recognised as such in some Victorian department policies, albeit their roles are not as clearly defined. The Centre for Culture, Ethnicity and Health (CEH) has recently found there is not a shared understanding of who they are, how to work effectively with them, and indeed, why these and other questions need attention.

### **Who are bilingual staff?**

Within government departments and funded organisations some staff use English and a language other than English (LOTE) to communicate with clients. They are employed in a range of occupations such as receptionists, nurses, attendant carers, financial counsellors, community health educators and social workers. Qualified interpreters are in an occupation in their own right.

Bilingual staff, when used appropriately, are a valuable asset to organisations in the business of good service delivery to people with low English proficiency. When used inappropriately bilingual staff can experience workplace stress and leave themselves and their employers liable to contravening their duty of care to clients.

### **Differences between bilingual staff and interpreters**

There are a number of important differences between bilingual staff and interpreters.

Presently there are no universally accepted standards, qualifications or assessment measures for bilingual staff regarding their LOTE.

Language proficiency in two languages is a prerequisite to become an interpreter. Interpreters are then trained in the skills of transferral of information accurately and objectively from one language to another, utilising skills such as memory retention, turn taking, appropriate terminology and degree of formality.

Language proficiency is measured through assessment. Interpreters gain their qualifications from the National Accreditation Authority for Translators and Interpreters (NAATI) however many bilingual staff and their employers consider the NAATI assessment inappropriate for bilingual staff as it is not tailored to the work context.

Bilingual staff are not governed by a common code of ethics but may be governed by relevant professional standards and legislative requirements of their profession. In addition to professional standards, organisations often have codes of conduct, which are applicable to all staff.

Qualified interpreters are expected to adhere to a code of ethics developed by the Australian Institute of Interpreters and Translators.

It is important to understand the nature and implications of two types of communication encounters. Bilingual staff can communicate directly with a client (two-way communication) or facilitate communication between two parties (three-way communication). Interpreters only perform the latter. For example, a bilingual court officer may deal directly with enquiries appropriate to his or her position or facilitate communication where the information would not have legal consequences (refer to risk management, below).

### **Organisational considerations**

Organisational considerations for the effective use of bilingual staff need to balance supportive strategies with risk management strategies.

Due to the issues outlined bilingual staff should be used in situations where there are low levels of risk. In some settings the risk of an adverse event through miscommunication is minimal. Every organisation needs to assess levels of risk for the different types of communication encounters conducted across the organisation and then decide when and how to use bilingual staff.

The development of workplace policies and practices that encourage the use of LOTEs in client interactions greatly enhance the recruitment and retention of bilingual staff.

In some situations bilingual staff may feel pressured to use their LOTE skills. It is recommended that managers approach bilingual staff to ascertain how comfortable they are using their LOTE. Use of LOTE should be reflected within the staff member's position description and work plan and their workload be monitored.

Language proficiency can be enhanced. Organisations should consider requests for language assessment or language development as part of a professional development program.

Regardless of which position bilingual staff are employed in, it is important to provide organisational support to ensure that they are appropriately resourced to undertake their work. Remuneration is one form of recognition offered by an employer that bilingual staff are valued.

**Spase Veljanovski is a project officer with the Centre for Culture, Ethnicity and Health (CEH). CEH has published tip sheets, guidelines and a discussion paper on issues related to bilingual staff. In Melbourne, CEH also convenes regular meetings on issues related to bilingual staff workforce development in the health, local government and community sectors. For more information visit: [www.ceh.org.au](http://www.ceh.org.au)**

# Training bilingual health workers

Throughout Australia, multicultural workforces are being trained and employed in healthcare settings – in positions other than interpreters – to improve the quality of services provided to culturally and linguistically diverse (CALD) communities. There are a number of programs available for bilingual health workers and community trainers and some of the approaches for training are highlighted below.

## **VICTORIA:**

### **NMIT Course for Bilingual Health Workers**

A need for trained bilingual health workers to address health issues in the refugee and migrant communities has led to a unique course at Northern Melbourne Institute of TAFE (NMIT).

The Victorian Multicultural Commission funded a new project for Bilingual Refugee and Migrant Health Workers in 2007, with NMIT and the Victorian Foundation for Survivors of Torture. As part of the project, NMIT developed a 12-month training course that is offered each year at NMIT's Collingwood campus.

The aim of the course, based on the English as a Second Language (ESL) Frameworks curriculum, is to improve students' reading, writing, listening and speaking proficiency to assist them in finding employment in the health or community sectors using their bilingual and bicultural skills, and/or to undertake further study.

The course includes an introduction to the health and community sectors, workplace culture and communication, legal and ethical issues and working with diversity as well as exploring further study options for work in the health or community sectors.

Work placements in health or community agencies are a focus of the course where students gain direct, practical on-the-job experience. Students who complete the course are awarded a Certificate III in ESL, and Certificate II in Community Services.

NMIT course teacher Rachel Wilson said that newly arriving refugees often had so much to offer the health and community sectors, and there was a need in health and community agencies for people who are appropriately trained to provide culturally specific assistance to their communities.

**For further information about the project and the training course contact Anne Giddens at NMIT on (03) 9269 8320.**



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## **NEW SOUTH WALES:** **Bilingual Community Education Program**

Within the Sydney West Area Health Service (SWAHS), 28.85 percent of people speak a language other than English at home. In order to meet the health needs of culturally and linguistically diverse (CALD) communities in the area, the SWAHS Multicultural Health Network (MHN) is addressing health issues through delivering courses developed by the Bilingual Community Education (BCE) program.

The BCE program is built on a capacity building approach – it engages and trains community representatives on a contract basis to instil positive health messages in their communities. The program was developed to assist CALD communities build knowledge about preventative health care, increase access to health services, motivate individuals to take greater responsibility with their own health, build self-confidence and strengthen social networks and support systems.

Each year, approximately 40 courses are run in a variety of settings across SWAHS. The BCE program originated as a strategy of the Women's Health Program in 1990 and as a result of its origins, most of the BCE programs are directed at women's health.

The Bilingual Community Educators facilitate the groups, which are conducted in the first language of the participants and are run in community settings.

In order to be trained as a Bilingual Community Educator, individuals need to be fluent and literate in their first language and be sufficiently literate in English to be able to participate in the training course and understand the module. Participants need to complete a 12-day training program, which involves training two days a week over six weeks.

The introductory training program is called 'New Healthy Women Program' which teaches women from CALD backgrounds about health check-ups, stress-management and nutrition. In addition to learning about the content of the programs, participants are taught how to teach adults, how to deal with difficult situations and how to facilitate interactive discussions to involve group members

At the conclusion of the training, individuals are asked to present a part of the module and are assessed to determine if they are ready to professionally deliver the New Healthy Women program to their community and become a Bilingual Community Educator.

**For more information, please contact the Multicultural Health Network BCE Program Coordinator Eva Adamkiewicz on ph: (02) 9840 3907 or [Eva\\_Adamkiewicz@wsahs.nsw.gov.au](mailto:Eva_Adamkiewicz@wsahs.nsw.gov.au).**



## QUEENSLAND:

### Cert IV in Multicultural Population Health and Chronic Disease

Australia has a large culturally and linguistically diverse (CALD) population whereby many CALD communities have a higher prevalence of chronic disease compared to the Australian born population (Bond University 2009).

To target this health action area in Queensland, The Ethnic Communities Council of Queensland's (ECCQ) Chronic Disease Program has been funded, by various funding bodies to roll out a range of projects and initiatives. Within the Chronic Disease Program, a workforce of Multicultural Health Workers (MHW) has been established.

The uniqueness of the MHW model includes trained health educators who speak the community language and understand the cultural context of the healthcare situation and the challenges their community faces whilst navigating through the Australian health system. The need for a recognised training package has emerged based on the demand for MHWs from the community and health care professionals.

Recently the Chronic Disease Program has received funding from the Queensland Health Chronic Disease Strategy Unit to develop a training package to ensure MHWs are recognised within the health sector and appropriately trained to a para-professional level. The funding includes two components, the first being the development and contextualisation of the competencies for Certificate IV in Multicultural Population Health and Chronic Disease. The second component includes supporting 60 students over two years to undertake the training certificate.

The training package ensures that MHWs receive the appropriate training and recognition for their skills and brings about the opportunity of permanent employment within the health sector. Permanent employment of MHWs is a sustainable avenue to reduce chronic disease incidence and prevalence amongst CALD communities.



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Currently negotiations are underway with Queensland Health Cunningham Centre (a registered training organisation) to contextualise and develop competencies for the certificate. It is expected that by mid-2011 the first group of students will begin the course, having completed full-time training by the end of 2011.

**This article was written by Genevieve Hargrave, Chronic Disease Project Officer at the Ethnic Communities Council of Queensland.**

**For more information please contact Genevieve Hargrave on ph: (07) 3255 1540 or email: [genevieveh@eccq.com.au](mailto:genevieveh@eccq.com.au).**

## **WESTERN AUSTRALIA:** Certificate IV in Bilingual Work

Twenty-five years of empirical evidence has shown that interpreter training, which starts at Diploma level, is mostly out of reach of speakers of emerging and Indigenous languages.

Recent research has confirmed the need for pre-Diploma remedial language work (both language other than English {LOTE} and English), knowledge of mainstream Australian society, and understanding of basic principles of professional conduct and ethics. The research also established the need to train Bilingual Aides, who are generally recruited from the same cohort and face the same difficulties.

The Certificate IV in Bilingual Work aims to address the need for this training and offers several vocational pathways:

- Bilingual work (multicultural Australia, international business liaison)
- Interpreting and translating
- Cultural mediation or brokerage (multicultural and Indigenous Australia)
- Management of language services

The course comprises 16 core units, one compulsory pathway elective and two electives. All units are generic and conducted in English, apart from two LOTE units. It is therefore possible to have multiple languages in one class, with special arrangements for LOTE, including language-specific tutorials, supervised student/community partnerships, on-line study, mentoring, recognition of prior learning and on-the-job training.

The Certificate IV in Bilingual Work was developed under Australian Quality Training Framework guidelines by Central Institute of Technology WA with the co-operation of Western Australian Institute of Translators and Interpreters and placed on the National Training Information System for Australia-wide access. A comprehensive trainer guide is available through WestOne, and student manuals are in preparation.

Several units have been piloted in the Kimberley, and from feedback received, participants are keen to continue. Central Institute of Technology in Perth will start delivery of this training in September on a part-time basis.

**This article was written by Dagmar Dixon, Consultant to Central Institute of Technology Perth. For more information contact [enquiry.languages@central.wa.edu.au](mailto:enquiry.languages@central.wa.edu.au)**



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# Ethnic Link Services: linking language with aged care in South Australia

Angelika Tyrone

Recent statistics show that approximately one in six older people living in South Australia do not speak English as a main language at home. This figure indicates 36,200 people or 16 percent of the older population. Australia's ageing population face a number of challenges including language barriers, lack of information regarding services and difficulty in navigating the service provision system.

Compared with other states, which have larger agencies that provide a variety of services to the aged, South Australia has over 100 organisations in metropolitan Adelaide alone that provide aged care services. A challenge for service providers administering these services is that older people from CALD backgrounds are dispersed across the state and in country areas some speak little English and there are few interpreters. Many arrived in Australia when there were limited opportunities to learn English.

To meet the challenges posed, Ethnic Link Services (ELS) South Australia (SA) offers a unique fee-free service that aims to ensure people from CALD backgrounds have access to supports that include language assistance, advocacy and brokerage services, assistance with correspondence, medical and other appointments, and links to social programs for various CALD communities.

Created over 20 years ago in response to these needs and beginning with four CALD communities, ELS now provides services to older people from over 50 different cultures. Since 1992, ELS has been a part of Uniting Care Wesley Port Adelaide (UCWPA). Clients include the frail aged, younger disabled and their carers, which are the Home and Community Care (HACC) target group. Currently ELS has 45 staff who speak over 30 languages in the metropolitan area and we also service language groups in the Riverland and Whyalla areas.

ELS provides a language service, cultural expertise and advocacy to assist CALD clients with limited English fluency to negotiate the service system and link them to services. Services are provided by bi-cultural, bilingual workers that speak the client's language and share the client's community background.

These bilingual workers are different from interpreters as they have a broader role and direct service involvement with clients. They work in partnership during assessments and offer ongoing work with clients, offering language assistance to help the service providers to communicate with their clients. Our role is to ensure equity of access to mainstream service providers for our client group.

ELS recently identified social isolation as a problem among the aged from smaller communities. In response, ELS developed 11 social groups to relieve social isolation. While ELS provides the bilingual facilitator, supports and management, all groups are being delivered in partnership with local councils, CALD communities and others wherever the need for a bilingual worker is seen as being most effective in delivering a service to clients with minimal English.

**Angelika Tyrone is the Manager of Ethnic Link Services. For more information on Ethnic Link Services, visit: [www.ucwpa.org.au/community-services/ethnic-link-services/](http://www.ucwpa.org.au/community-services/ethnic-link-services/)**

References:

<sup>1</sup> Government of South Australia, September 2009 Cultural and Linguistic Diversity amongst Older People in SA: A Demographic Overview (p.6) [www.sa.gov.au/upload/franchise/Seniors/Office%20for%20the%20Ageing%20-%20Publications/Publications/OFTA%20CALD%20report%201-31.pdf](http://www.sa.gov.au/upload/franchise/Seniors/Office%20for%20the%20Ageing%20-%20Publications/Publications/OFTA%20CALD%20report%201-31.pdf)

# Co.As.It. – enabling effective communication with older people

Sara Vilella & Thomas Camporeale

At the heart of quality service provision is the ability of a provider to communicate effectively with clients. Communication can be hindered by a number of factors including the complexity of the health and aged care systems, a lack of understanding of consumer needs and the ability of individuals to engage with health professionals. This is further complicated by the inability of many older Australians to communicate effectively in English.

Australia's health and aged care systems are designed for the English speaker. Despite the best intentions of many care providers, individuals are sometimes left to make decisions regarding their own care without fully understanding the implications. Interpreters have proven to be a useful way to engage with individuals but for some people this process is detached and impersonal and messages are often 'lost in translation'.

Co.As.It. (Italian Association of Assistance) works to deliver services that "speak to the heart" of the Italian community in Australia. In the words of Nelson Mandela (2007):

*"If you speak to a man in a language he understands, you speak to his head.  
If you speak to a man in his own language, you speak to his heart"*

The organisation believes that practitioners can most effectively gain the confidence and trust of clients by being able to understand and communicate in their own language. This leads to an improved ability to address consumer needs and provide quality health care that is culturally appropriate. It also increases client compliance and leads to improved client satisfaction.

Co.As.It delivers a wide range of programs in Italian targeting older members of the Italian community. These include case management, information and referral, day care programs, visitor schemes, companionship programs and home help.

These programs have proven effective in assisting Co.As.It clients, however research has indicated, the need for greater cultural and linguistic competence in mainstream aged care services. Many older Italians are reluctant to use mainstream services because of language and cultural obstacles.

In response, Co.As.It. Sydney has developed a six-step Language Training Action Plan © (see figure 1.1 above) that aims to improve cultural and linguistic competence in mainstream organisations.

The first step to building competence is to create a map of an organisation's current cultural and linguistic resources. Once a map is defined, a detailed needs analysis questionnaire is administered and a sector review is conducted. This creates a picture of an organisation's current and future needs.

On the basis of this information, organisation specific programs are developed using a range of training solutions. A project manager oversees the delivery of these programs by experienced language and cultural trainers. The programs are evaluated throughout the process and a final report measuring linguistic and cultural competence is delivered at the completion of the program.

Co.As.It's Language Training Action Plan is an innovative evidence based program that aims to extend linguistic and cultural competence beyond ethno-specific organisations into the wider aged care sector.

**Sara Vilella is the Learning and Business Development Manager and Thomas Camporeale is the Deputy Chief Executive Officer for Co.As.It Sydney. For more information on Co.As.It please contact Sara Vilella on 02 9569 6648 or Sara.Vilella@coasit.org.au or www.coasit.org.au**

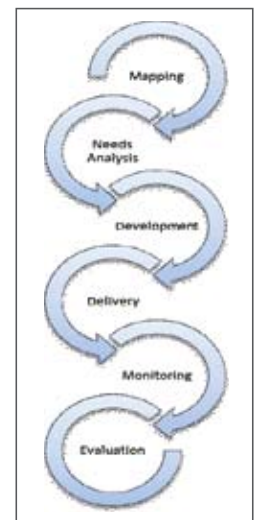


Figure 1.1

References:

- Co.As.It. 2005 'An investigation of the use of Aged Care Services by the Aged Italian Community in West/South West Sydney'.
- Co.As.It. 2005 'An investigation of the use of Aged Care Services by the Aged Italian Community in Northern Sydney'.

# Conference updates

## **Critical Link 6th International Conference**

The 6th International Critical Link Conference on Community Interpreting was held at Aston University, Birmingham, United Kingdom from 26 to 30 July 2010. The conference provided the opportunity for experts across the world to cross-pollinate information and to gain updates on the developments in the field of public service and community interpreting from across the globe.

The Critical Link International Conference is held every three years, and is a highly respected, global platform for practitioners, academics, researchers, interpreting service providers and service recipients. The conference was attended by 350 delegates from 35 countries including 15 participants from Australia. Conference delegates had the opportunity to exchange information, knowledge and skills on community interpreting.

The conference presentations and panel discussions demonstrated that interpreting standards differ considerably across the world with the leaders in the field being Canada, Australia, Sweden and the UK. Australia's status as a world leader in community interpreting was confirmed at the conference in terms of professional standards, accreditation and training for interpreters.

For more information visit: [www1.aston.ac.uk/lss/news-events/conferences-seminars/july-2010/critical-link/](http://www1.aston.ac.uk/lss/news-events/conferences-seminars/july-2010/critical-link/)

## **MyLanguage Conference**

The State Library of NSW hosted the first National MyLanguage Conference from 10 to 12 August 2010. The conference attracted speakers from around Australia, as well as internationally.

The theme for the conference focussed on exploring how digital technologies can be used to assist culturally and linguistically diverse (CALD) communities to achieve greater social inclusion and to maintain their linguistic and cultural identity.

Presentations included discussions on cross-cultural communication, languages in cyberspace, library services, ethnic language media, and Web 2.0 innovations in a variety of settings targeting CALD communities. Key messages included the current limitations of digital information, and the importance of equity of access to digital information and digital literacy for CALD communities.

The MyLanguage Consortium consists of State and Territory Libraries from across Australia. Full information about the MyLanguage Consortium and Conference can be obtained from the MyLanguage website: [www.mylanguage.gov.au](http://www.mylanguage.gov.au)

# Key contacts

## **National Accreditation Authority for Translators and Interpreters Ltd (NAATI)**

The National Accreditation Authority for Translators and Interpreters Ltd (NAATI) is the national standards setting body for the translating and interpreting industry in Australia. NAATI manages the testing and accreditation of translators and interpreters in Australia. It also serves the community by providing industry advice, consultancy services and skills training for people who use interpreters. NAATI accreditation provides quality assurance to the clients of translators and interpreters and gives credibility to agencies that employ practitioners who are credentialed appropriately.

For more information visit [www.naati.com.au](http://www.naati.com.au).

## **Translating and Interpreting Service (TIS)**

The Department of Immigration and Citizenship (DIAC) provides the Translating and Interpreting Service (TIS) National interpreting service for people who do not speak English and for the English speakers who need to communicate with them. TIS has access to over 1750 contracted interpreters across Australia, speaking more than 170 languages and dialects. TIS National is available 24 hours a day, seven days a week for any person or organisation in Australia requiring interpreting services. TIS National contracts interpreters who have language skills that are accredited or recognised by NAATI. General Practitioners, specialists and pharmacists can register for free interpreting services with TIS National.

For more information visit [www.immi.gov.au/living-in-australia/help-with-english/help\\_with\\_translating](http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating).

## **Australian sign language (Auslan)**

Auslan is the sign language of the deaf community. The term Auslan is an acronym of “Australian sign language”, coined by Trevor Johnston in the early 1980s. Though the precise number of signing deaf people in Australia is unknown, recent research suggests that there are about 6,500 severely and profoundly deaf users of Auslan. However, a much larger proportion of the population has various types and degrees of hearing impairment. Auslan has an online medical dictionary video that demonstrates signs for medical terminology.

For more information about Auslan visit [www.auslan.org.au](http://www.auslan.org.au).

## **Australian Institute of Interpreters and Translators (AUSIT)**

AUSIT is the professional association for translators and interpreters in Australia. AUSIT has a membership over 750 interpreters and translators across Australia. It was founded in 1987 and brings together existing local associations and specialist groups and has branches in each state and territory. The AUSIT website has Australia’s most up-to-date and comprehensive online directory of practitioners, information for consumers and a members’ section with regularly updated information.

For more information visit [www.ausit.org](http://www.ausit.org).

### 1 DIVERSITY IN HEALTH 2010 RESOURCES AVAILABLE

Resources from the Diversity in Health 2010 Conference are now available online. Visit the conference website to access post conference materials including PowerPoint presentations, audio of the key plenary sessions, The Rapporteur's Report, The Road Forward report as well as a variety of conference photos.

Visit [www.diversityinhealth.com.au](http://www.diversityinhealth.com.au)

### 2 NATIONAL CARERS WEEK 18-23 OCTOBER 2010

National Carer's Week is held from 18-23 October and celebrates the 2.6 million unpaid family carers who provide valuable support and contribution to Australian society. It is a time where their contributions are acknowledged and carer issues are put on public and political agendas. The theme for Carer's Week 2010 is 'Anyone, Anytime'. This theme expresses that the role of the carer can affect people from any cultural background and can occur at any stage in life. Carers help and support family members, relatives or friends with a disability, mental illness, terminal illness, chronic condition or the elderly. Caring for someone can be challenging and stressful and as a result this can have a serious effect on the carer's health.

For more information about Carer's Week 2010 or events in your state or territory visit [www.carersweek.com.au](http://www.carersweek.com.au)

### 3 LAUNCH OF MULTILINGUAL COOKBOOK

The Multicultural Health Communication Service (MHCS) launched a new multilingual cookbook with the aim to encourage multicultural communities to increase their daily serves of fruit and vegetables. The cookbook is a compilation of all the winning and finalists' recipes from the Chinese, Filipino, Italian, Samoan and Sri Lankan recipe competitions from the Ethnic Cook Off in 2009. The ethnic recipe competitions were part of the Australian Better Health Initiative's *Measure Up* campaign. The national program aimed to reduce risk factors for chronic diseases like heart disease, type 2 diabetes and cancer urged people to submit recipes relevant to their culture and using healthy food tips.

For free copies of the cookbook contact 9816 0347 or [mhcs@sesiahs.health.nsw.gov.au](mailto:mhcs@sesiahs.health.nsw.gov.au).

### 4 NEW MULTILINGUAL RESOURCES ON PREGNANCY CARE

The NSW Multicultural Health Communication Service has recently launched new resources on early pregnancy care which are available in Arabic, Chinese Traditional, English, Indonesian, Japanese, Khmer, Korean, Lao, Thai, Turkish and Vietnamese.

The resources can be downloaded from [www.mhcs.health.nsw.gov.au/topics/Maternity.html#8685](http://www.mhcs.health.nsw.gov.au/topics/Maternity.html#8685)

# Web watch

In every issue of *Diversit-e* we will be providing a collection of websites of interest that highlight issues of relevance to diversity health.

## NAATI

[www.naati.com.au/pdsearch/pdsearch.aspx](http://www.naati.com.au/pdsearch/pdsearch.aspx)

The National Accreditation Authority for Translators and Interpreters (NAATI) has released its *Directory of accredited and recognised practitioners of interpreting and translating for 2010-2011*. NAATI is the national organisation in Australia for standards and accreditation in translating and interpreting. The Directory is available free online and for purchase on CD-ROM. It serves as a guide to accredited translators and interpreters throughout Australia. The online directory includes contact details, as well as information on accreditation levels and language specialisation for individual interpreters and translators in each state. The Directory can be searched by language, type, level, state, suburb and name.

## My Language

[www.mylanguage.gov.au](http://www.mylanguage.gov.au)

*MyLanguage* is a partnership between the State Libraries and Information Services in every state and territory in Australia. The site aims to assist members of Australia's culturally and linguistically diverse communities to find information on the Internet in a range of non-English languages. The *MyLanguage* website provides access to search engines, web directories, government websites, digital library projects and news pages in over 60 languages. The site also includes how to guides on language font requirements and installation and keyboard layouts for different computer operating systems. There are also training materials on using the Internet and email in a range of languages.

## eLanguage

[www.elanguage.net/home.php](http://www.elanguage.net/home.php)

*eLanguage* is a project of the Linguistics Society of America. The site provides a portal to an extensive range of open access, peer-reviewed journals on language and linguistics. The digital format allows the rapid dissemination of information as well as the publication of articles on specialised topics that may not receive coverage in printed journals. Most of the content published on *eLanguage* can be downloaded free of charge. *eLanguage* also includes a book notices section, that provides reviews of the latest books in the field. In addition, the site facilitates the publication of "co-journals", which are independently managed electronic journals published on the *eLanguage* platform. All content on *eLanguage* is subject to extensive peer review.

## ELTWorldOnline.com

<http://blog.nus.edu.sg/eltwo/>

*ELTWorldOnline: Voices from the classroom* is a free, refereed online journal recently launched by the Centre for English Language Communication at the National University of Singapore. The journal focuses on English language teaching and learning. The interactive nature of the online format allows the journal to serve as a forum for participants to exchange ideas and discuss innovative ideas in teaching and learning. The journal is divided into four sections. The 'Features' section publishes professionally reviewed articles that address the practical issues of classroom teaching and learning. 'Activities that work' looks at specific activities and resources that enhance classroom learning. 'Media' provides reviews of the latest resources including websites, software and audio-visual materials and books. 'ELT Court' publishes reader responses to the latest issues in English language teaching, while 'ELT Lives' profiles individuals working in the field.



## Diversit-e forums: now discussing...

The Diversit-e forums are online discussion forums that accompany each issue of DHI's Diversit-e online magazine. The forums provide an opportunity for anyone with an interest in the theme of the latest Diversit-e magazine to contribute to a national discussion on the issue.

### What you said...

The forums accompanying the inaugural issue of Diversit-e discussed the Australian health reforms, the CALD representation in Australian health research and cultural competence in health.

One contributor noted the importance of institutional support for cultural competence initiatives in health:

*"These initiatives need to be further developed to maintain improvements - support from the top is vital. We need to have "diversity champions" to continue to have a commitment to implement diversity initiatives within health organisations."*

Another participant wrote about some of the barriers encountered when conducting research with CALD communities:

*"For a research project to be successful, it needs to consider CALD community involvement in the planning stage to get their support. In the design of the research methodology, the research needs to consider the sensitivity of certain information ...where patients may have to disclose information about their religious or socioeconomic background causing additional concern for privacy or racial stereotyping."*

Now it's your turn...join the discussion...

### **"What is the importance of language in health care? What is the need for policy to respond to this? What are some practical challenges for provision of language services?"**

Our latest Diversit-e forums will discuss the importance of language and language policy for ensuring the health of culturally and linguistically diverse Australians. We are without question a multilingual nation. What is the role of language in health care? Does current policy respond adequately? What is needed to improve policy response?

What do you think? Tell us about how language diversity impacts on your organisation. How have you responded to the challenges of multilingualism in your own practice? Is there policy in place to support your efforts?

Join in the discussion by logging on to the Diversit-e Forums at: [www.dhi.gov.au](http://www.dhi.gov.au)



# Resources

Every issue of Diversit-e will provide listings of new resources that highlight issues of significance to diversity health. Here are some interesting new resources that we found for this edition.



## Language Service Series Tip Sheets

These new tip sheets have been developed by the Centre for Culture, Ethnicity and Health's Multicultural Gambler's Help Program. The tip sheets aim to assist services to develop and implement language services that enhance communication with clients whose English language skills are limited. 'Developing a comprehensive language service response' outlines some of the key steps to planning for language services. Tip sheet two 'Assessing the need for an interpreter' assists service providers to determine if a particular client requires an interpreter. 'Arranging an interpreter' describes some of the cultural

and linguistic factors to consider when booking an interpreter. The fourth tip sheet 'Working with interpreters' looks at planning and conducting a session involving an interpreter. All four fact sheets can be downloaded from:

[www.ceh.org.au/mghp/problem\\_gambling\\_resources/tipsheets.aspx](http://www.ceh.org.au/mghp/problem_gambling_resources/tipsheets.aspx)



## Training refugees to become interpreters for refugees

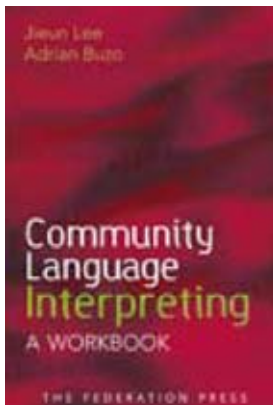
Miranda Lai & Sedat Mulayim  
Translation & Interpreting Vol 2, No 1 (2010) 48

This article presents the results of a study that explored the efficacy of the Diploma of Interpreting in a Rare and Emerging Languages program offered by the Royal Melbourne Institute of Technology (RMIT). The researchers used the Swahili and Burmese language streams held in 2008 as case studies to examine some of the challenges experienced by the university in running the program. The researchers surveyed the reactions of both students and teachers.

These surveys revealed a range of concerns, including the difficulties of recruiting suitably qualified teachers and developing bilingual teaching materials. Issues related to the oral nature of some emerging languages such as Swahili and the lack of literacy of some students as well as the preponderance of differing dialects and the fact that English was a third language for many students were also identified. The article can be downloaded from:

<http://trans-int.org/index.php/transint/article/viewFile/29/68>

For more resources visit: [www.dhi.gov.au/clearinghouse](http://www.dhi.gov.au/clearinghouse)



### Community Language Interpreting: A workbook

This book is designed for students of interpreting and professionals interested in expanding their interpreting skills. The authors, Jieun Lee and Adrian Buzo are both experienced interpreters and educators. The text emphasises the complex nature of the interpreting process and highlights the importance of maintaining professional ethics. It is divided into ten chapters, each looking at a discreet area of community interpreting, such as health care and legal interpreting. Each chapter presents an introduction to the subject before discussing some of the particular issues that might arise for interpreters in each context. This is followed by a series of practice exercises that aim to assist students in their preparation for NAATI accreditation testing. Further information about 'Community Language Interpreting: A workbook' is available from:

[www.federationpress.com.au](http://www.federationpress.com.au)



### A Practical Guide for Translators 5th Revised edition 2010

This is the fifth edition of this guide for translators. This edition has been extensively revised to provide updated information on developments in the field over recent years. This includes a discussion of the impact of machine and computer aided translation on the profession. Although the guide aims to provide practical advice to those intending to set up business as freelance translators, it includes information that would be helpful to all translators. It outlines the practical steps involved in setting up a business, the working environment and tools of trade as well as sources of reference and data management. The author Geoffrey Samuelsson-Brown, an experienced translator and teacher also discusses issues of quality control and accountability, appropriate presentation and delivery of translations and what to do when things go wrong.

[www.multilingual-matters.com](http://www.multilingual-matters.com)



### Routledge Encyclopedia of Translation Studies

This report, funded by NSW Premiers Department (Office for Women) and Clubs NSW details the experiences and barriers faced by women with disabilities from CALD backgrounds when accessing services after experiencing violence. The report also details suggested strategies to enhance service provision. The project was a partnership with Cumberland Women's Health, Immigrant Women's Speakout Association and NSW Strategy to Reduce Violence Against Women Unit. For further details access:

[www.mdaa.org.au/service/systemic/topics/violence\\_through\\_our\\_eyes.doc](http://www.mdaa.org.au/service/systemic/topics/violence_through_our_eyes.doc)

Do you have an interesting resource of relevance to diversity health that you would like to promote? Please email us the details at DHI Clearinghouse: [dhiclearinghouse@swahs.health.nsw.gov.au](mailto:dhiclearinghouse@swahs.health.nsw.gov.au)

# Upcoming conferences and training

## CONFERENCES

12 October 2010

**Cultural Diversity in Ageing 2010 Victorian State Conference and Expo: "Culturally Inclusive Quality Care at the End of Life"**

Sydney Convention and Exhibition Centre, New South Wales

[www.culturaldiversity.com.au](http://www.culturaldiversity.com.au)

18 - 20 October 2010

**Sydney 2010 Australasian Sexual Health Conference**

Sydney Convention and Exhibition Centre, New South Wales

[www.sexualhealthconference.com.au](http://www.sexualhealthconference.com.au)

20 - 22 October 2010

**22nd Annual Conference for the Australasian Society for HIV Medicine**

Sydney Convention and Exhibition Centre, New South Wales

[www.hivaidconference.com.au](http://www.hivaidconference.com.au)

4 - 6 November 2010

**International Human Rights Education Conference**

University of Sydney, Parramatta Campus, New South Wales

[www.humanrightseducationconference2010.com.au](http://www.humanrightseducationconference2010.com.au)

5 - 6 November 2010

**Australian Institute of Interpreters & Translators Inc (AUSIT) Biennial National Conference**

University of Notre Dame, Fremantle, Western Australia

<http://ausitconference.org>

5 - 6 November 2010

**Synergise: 2010 Biennial National Conference. Australian Institute of Interpreters and Translators**

Notre Dame University, Fremantle Western Australia

[www.ausitconference.org/index.php](http://www.ausitconference.org/index.php)

15 - 17 November 2010

**Making Links: "Where Social action and Technology converge"**

State Library of Western Australia, Perth, Western Australia

[www.makinglinks.org.au](http://www.makinglinks.org.au)

## TRAINING

20 October 2010

9am - 1.30pm

**Centre for Culture, Ethnicity and Health. Writing for cross-cultural communication**

81-85 Barry Street, Carlton Victoria

[www.ceh.org.au/training/workshops.aspx](http://www.ceh.org.au/training/workshops.aspx)  
[enquiries@ceh.org.au](mailto:enquiries@ceh.org.au)

17 November 2010

9am - 1.30pm

**Centre for Culture, Ethnicity and Health. Culturally relevant health promotion**

81-85 Barry Street, Carlton Victoria

[www.ceh.org.au/training/workshops.aspx](http://www.ceh.org.au/training/workshops.aspx)  
[enquiries@ceh.org.au](mailto:enquiries@ceh.org.au)

Do you have a conference or training event of significance to diversity health that you would like to promote? Please email the details to DHI Clearinghouse: [dhiclearinghouse@swahs.health.nsw.gov.au](mailto:dhiclearinghouse@swahs.health.nsw.gov.au)

# Dates for the diary

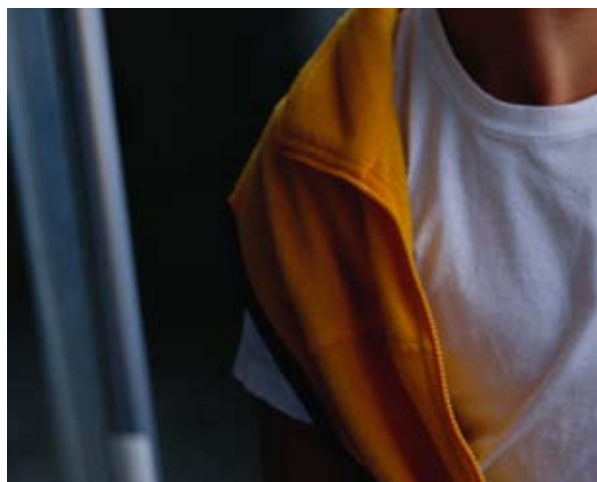
## OCTOBER

- Month of October**  
Mental Health Month "Good friends help us bounce back"
- Month of October**  
beyondblue Anxiety and Depression Awareness (ADA) Month
- 1 October 2010**  
National Walk to Work Day
- 4 - 11 October 2010**  
National Amputee Awareness Week
- 10 October 2010**  
World Mental Health Day
- 10 - 16 October 2010**  
Mental Health Week
- 17 - 23 October 2010**  
Anti-Poverty Week
- 18 - 25 October 2010**  
Carers Week



## NOVEMBER

- Month of November**  
Movember "Changing the Face of Men's Health"
- 11 November 2010**  
Heart Foundation Walking Day
- 14 November 2010**  
World Diabetes Day
- 14 - 20 November 2010**  
National Psychology Week
- 25 November 2010**  
International Day for the Elimination of Violence against Women



## DECEMBER

- 1 December 2010**  
World AIDS Day
- 3 December 2010**  
International Day of People with a DisAbility
- 5 December 2010**  
International Volunteer Day
- 10 December 2010**  
International Human Rights Day





Stock image

**Next Issue: December 2010**

**The next issue of Diversit-e will examine the increasing impact of chronic and complex illnesses on the Australian health care system, and issues for Australians of culturally and linguistically diverse backgrounds.**

**If you would like to contribute to this issue, please contact the editor of Diversit-e, Monique Wakefield at [Monique.Wakefield@swahs.health.nsw.gov.au](mailto:Monique.Wakefield@swahs.health.nsw.gov.au)**

**Diversity Health Institute Clearinghouse**

Ph: (02) 9840 3318, Fax: (02) 9840 3319

Email: [dhiclearinghouse@swahs.health.nsw.gov.au](mailto:dhiclearinghouse@swahs.health.nsw.gov.au)

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