Policy Directive

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Non-English Speaking Background - Standard Procedures - Improved Access Area/Public Health Services

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Compliance with this policy directive is **mandatory**.

NSW HEALTH DEPARTMENT

CIRCULAR

File No	
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STANDARD PROCEDURES FOR IMPROVED ACCESS TO AREA AND OTHER PUBLIC HEALTH SERVICES BY PEOPLE OF NON-ENGLISH SPEAKING BACKGROUND

The attached Standard Procedures are intended to apply to all Area and other public health services in geographical areas where the resident population includes people of non-English speaking background.

They replace the Guidelines to Improve Migrant Access to Hospitals (83/60) and Guidelines to Improve Migrant Access to Community Health Services (84/248) issued on March 2nd 1983 and December 19th 1984 respectively.

The provision of health services to migrants rests on two policy. principles:

- the right of equality of access to health care services regardless of cultural origin or linguistic skills, and

- the responsibility of the health system to respond appropriately to its target population which includes people of non-English speaking background.

It is government policy that the full range of mainstream health services be accessible and appropriate to ethnic communities. Specially targeted programmes are provided where appropriate.

Access of people of non-English speaking background to appropriate health services is reviewed in the Department of Health's annual report to the Ethnic Affairs Commission of NSW. While significant progress has been made in many areas, problems which have been identified in the most recent Review include:

Distributed in accordance with circular list(s):

A	148	**1**	120	**2**	159	**3**	121	**4**	14		
F	77	**G**	82	**4.**	48	**I**	23	**J**	130		
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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

- Under-representation of people of non-English speaking background in the client groups of health services such as community health and sexual assault services.

- Some clients not being informed of the availability of the Health Care Interpreter Service and their right to request an Interpreter.

- Lack of ethnic consumer representation on many Ethnic Services Committees in hospitals and community health services, as well as on other relevant planning committees.

These Standard Procedures have been developed to assist in overcoming barriers to equitable access to health services by ethnic communities. The current Migrant Health resources which are available to assist in the practical application of the Standards are set out in Section A.

Area Health Services were constituted in metropolitan areas on 1st October 1986. Health services will increasingly be administered on an Area basis.

Accordingly these Procedures provide advice on Area planning and co-ordination in Migrant Health to ensure the implementation at the Area level] of the Department's Migrant Health policy principles.

In particular the Procedures deal with the need for:

- Appropriate Area Migrant Health Committee structures and the development of Area Migrant Health Plans as a part of strategic planning.

- The retention of Ethnic Access Committees based in hospitals and community health services particularly in metropolitan areas.

- The continued preparation of Ethnic Access Plans by hospitals and community health services.

- The continued appointment of Ethnic Services Co-ordinators in hospitals and community health services serving significant numbers of people of non-English speaking background.

All government agencies are now required to develop an Ethnic Affairs Policy Statement (EAPS) and to report annually to the Ethnic Affairs Commission on progress achieved in its implementation. This is to ensure that members of ethnic minorities have equal access to the full range of government services and that services are culturally and linguistically appropriate. The Department of Health will report on progress achieved in each financial year period and will submit its Annual Report by December 31 to the Ethnic Affairs Commission. Area Health Boards will be required to submit their annual reports to the Regional Director in July/August each year. Reporting will be based on implementation of these Standard Procedures and the Area Migrant Health Plans. Further details can be obtained from Regional Migrant Health Advisors/Co-ordinators or the Policy Analyst (Migrant Health).

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SECRETARY.

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AREA AND OTHER PUBLIC HEALTH SERVICES

A. BACKGROUND INFORMATION

1. Demographic Overview

According to the 1981 Census, 20.5% .of people in New South Wales were born overseas. Of these fifty-five per cent, or approximately 617,000, were born in non-English speaking countries. The numbers increase significantly if the children of migrants are included. The largest immigrant groups from a non-English speaking background are from Southern Europe, from Yugoslavia, Italy and Greece,. with smaller, groups from Eastern Europe. Newer arrivals, particularly refugees, are also from South East Asia, Central and South America and the Middle East.

Overall more than 70 ethnic groups are represented in the resident population of New South Wales, representing a multiplicity of cultures, languages and dialects.

Ethnic communities are concentrated in the Sydney metropolitan regions, with significant populations in the industrial centres of the Illawarra and Hunter regions. Smaller populations are located in other region's. In the last ten years, the number of migrants in the metropolitan regions has increased substantially.

The following table indicates the distribution of the overseas-born population of non-English speaking background between the regions. This is based on 1981 Census figures adjusted for subsequent changes in regional boundaries. It is expected that the 1986 Census will reveal significant increases in these estimates, particularly in the metropolitan regions.

Region	Population
Southern Metropolitan	199,703
Western Metropolitan	234,071
Northern Metropolitan	87,103
Illawarra	37,545
Hunter	21,012
South West	10,339
North Coast	7,798
South Eastern	7,655
Central West	4,545
New England	3,808
Orana/Far West	3,220
TOTAL	**616,799**

Source ABS 1981 Census

Note: These figures have been adjusted to take into account the changes in Regional boundaries associated with area organisation of health services.

2. Principles of Service Delivery

The provision of Migrant Health services rests on two policy principles. These are:

- the right of equality of access to health care services regardless of cultural origin or linguistic skill,

and

- the responsibility of the health system to respond appropriately to its target population which includes people of non-English speaking background.

It is government policy that the full range of health services be accessible and appropriate to ethnic communities. This objective is attained through the modification of mainstream services and the provision of .programmes such as the Health Care Interpreter service to facilitate access. In addition specially targeted programmes and services, for example in the area of health education, are provided where appropriate.

The following strategies should be adopted to implement the principles stated above. They form the basis of the Standard procedures.

1. Inservice training of administrative and professional staff. This aims to increase awareness of the implications of linguistic and cultural differences for effective health service delivery.

2. Appropriate use of Migrant Health staff, such as the Health Care Interpreter Service, Ethnic Health Workers and Migrant Health Education Officers, as well as other bilingual staff, the Health Translations Service and ethnic services in the community.

3. Effective structures, such as Area and facility based committees that promote and co-ordinate health service access for ethnic minority groups.

4. Liaison and consultation with ethnic community groups as well as representation by them on planning and co-ordination structures.

These strategies are an integral part of the implementation of the Department's Migrant Health Policy. Statements of policy are contained in the Department's "Ethnic Affairs Policy Statement" (EAPS) and the document "Health Service and Ethnic Minorities". These may be obtained from the Regional Migrant Health Advisors/Co-ordinators or the Policy Analyst (Migrant Health).

3. Current Health Services for People of Non-English speaking background

Regional Migrant Health Advisors/Co-ordinators

Regional Advisors/Co-ordinators have been appointed in the Southern Metropolitan, Western Metropolitan, Illawarra and Hunter Health Regions. In the latter two regions, they are based in Areas but retain their regional role. In the Northern Metropolitan Region, part-time Area Advisors have been appointed.

Health Care Interpreter Service (HCIS):

The interpreter service is available in the Sydney Metropolitan Regions, Hunter and Illawarra.

In these Regions, the HCIS provides a region wide service with bases located in approximately 20 hospitals. The administration of the interpreter service, including the booking system, is the responsibility a Co-ordinator in one Area in these regions.

There are currently 111 full-time and 20 part-time health care interpreters distributed over the 5 Regions. Up to 26 languages are covered.

In addition, there are more than 200 sessional interpreters, available on a contract basis, providing services for smaller communities whose numbers do not warrant full-time interpreters, and a back-up to the full-time interpreters when demand becomes excessive.

The Health Care Interpreters can be booked by telephoning the following numbers:

Southern Metropolitan Health Region	(02) 516-6999
Western Metropolitan Health Region	(02) 633-5444
Northern Metropolitan Health Region	(02) 438-7560
Illawarra Health Region	(042) 744-211
Hunter Health Region	(049) 263-533

Ethnic Health Workers:

There are currently approximately 50 Ethnic Health Workers located in Community Health Centres on a full time and part time basis.

Health Translations Service:

This service, located in Head Office, is a cross-regional resource responsible for the provision of printed health information in community languages.

A wide range of health education publications are available dealing with prevention and treatment. These are distributed in response to orders from all Areas/Regions.

Copies of all publications are provided free of charge from the Health Translations Service and free copies of the Catalogue of Translations may also be obtained. The Catalogue which is regularly updated, lists all publications currently available. Its accompanying English Language Manual provides the English texts.

New material is continuously in preparation, and requests for translation may be address to the Co-ordinator of the service, telephone 217 5924.

Other relevant Government Services include:

- Commonwealth Telephone Interpreter Service 211-1111
- Department of Immigration and Ethnic Affairs 239-3000
- Ethnic Affairs Commission 237-6500

B. STANDARD PROCEDURES

1. Applicability of the Standard Procedures

The Standard Procedures are intended to apply to all health services provided in the public sector where the resident population includes people of non-English speaking background. Increasingly these services will be administered by Area Health Boards. It is essential that Areas establish appropriate Co-ordination and Planning mechanisms to enable the implementation of these Procedures.

Areas are required to report annually on progress in relation to the implementation of the Procedures as part of the Department's EAPS reporting process.

The Procedures that apply to community health services are designed to be compatible with the standards contained in the Community Health Accreditation and Standards Project (CHASP).[1]

2. Area Co-ordination and Planning of Migrant Health Services

2.1 Area Migrant Health Committees

In areas with significant numbers of people of non-English speaking background, it is appropriate for Area Migrant Health Committees to be established to ensure that the full range of Area Health services are accessible and appropriate to ethnic communities resident in the Area. The Area Communities should advise the Area Health Board on these matters on a regular basis.

Terms of reference of such Committees should be drawn up in consultation with the Regional Migrant Health Advisor/Co-ordinator. Members of such Committees would normally include a member of the Area Health Board, Ethnic Services Co-ordinators, Ethnic Consumer representatives, the Chief Executive Officer or delegate, the Migrant Health Advisor/Co-ordinator and a representative of the Health Care Interpreter Service.

In addition, it is important that, where appropriate, Area planning committees include persons with professional or community interest in migrant health to ensure that the interests of people of non-English speaking background are catered for in health service development.

2.2 Area Migrant Health Plan

Areas serving catchment areas with significant numbers of people from non-English. speaking background are requested to draw up an Area Migrant Health Plan as a part of strategic planning.

This should be developed in consultation with the Regional Migrant Health Advisor/Co-ord1nator. It should contain objectives and strategies which facilitate the implementation of the Department's Migrant Health Policy and these Standard Procedures in a way that is appropriate to the needs of the Area. The Plan should be presented to the Area Health Board for formal endorsement.

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[1] The Manual of Standards for Community Health 1984, developed by CHASP, is available from the Australian Government Publishing Services, 120 Clarence Street, Sydney or PO Box 84, Canberra, ACT, 2601

Areas will be required to report to Regions on an annual financial year basis or achievements in relation to objectives in the Area plans and to revise the plans for the following 12 months.

2.3 Hospital Ethnic Access Committees

In hospitals serving significant numbers of people from non-English speaking background, Ethnic Access Committees should be retained to co-ordinate and monitor hospital activities in terms of implementation of the Procedures. This is particularly the case in the metropolitan regions.

Membership of these committees would normally include the hospital Executive Officer or delegate, and Nursing, Medical and Administrative representation.

2.4 Hospital Ethnic Access Plans

This committee should update its hospital Ethnic Access Plan at the beginning of each financial year to facilitate migrant access to appropriate hospital services.

Guidelines for these Ethnic Access Plans may be obtained from the Regional Migrant Health Advisory/Co-ordinator or the Policy Analyst (Migrant Health). The Plan should contain strategies to achieve the hospital related objectives contained in these Procedures for the following 12 months period.

Hospitals will be required to report to the Area on the implementation of their Ethnic Access Plans on an annual financial year basis as Part of the EAPS reporting process.

2.5 Hospital based Ethnic Services Co-ordinators

Circular 83/60 required that all hospitals serving significant numbers of people from a non-English speaking background appoint an existing Senior Staff member to co-ordinate implementation of the hospital's Ethnic Access Statement. This arrangement should continue.

2.6 Community Health Services - Ethnic Access Committees

Community Health Services serving significant numbers of people of non-English speaking background should continue to maintain a committee to co-ordinate and monitor activities concerned with facilitating access to appropriate community health services. This should be done in consultation with the Regional Migrant Health Advisor/Co-ordinator or the Policy Analyst (Migrant Health).

Membership of the Committee would normally include the Area Co-ordinator or Community Physician, Team Leader (where appropriate), the Senior Community Nurse, Health Education Officer, a Migrant Health Worker (where employed) and other delegated staff as appropriate. Representation from local ethnic communities should be ensured.

2.7 Community Health Services - Ethnic Access Plans

The Committee should update its Ethnic Access Plan at the beginning of each financial year. The Plan should set objectives and strategies for the subsequent financial year to ensure that community health services are accessible and appropriate to ethnic communities.

Guidelines for the Ethnic Access Plans may be obtained from the Regional Migrant Health Advisor/Co-ordinator or Policy Analyst (Migrant Health). The Plans should include information about the population characteristics of the area, assessment of utilisation (under-utilisation) of community health services by various ethnic groups, identification of obstacles to appropriate usage of community health services by ethnic groups and strategies to overcome these obstacles. They should include the strategies outlined in the following sections of the Standard Procedures.

Community Health Services will be required to report to the Area on the implementation of their Ethnic Access Plan on an annual financial year basis as a part of' the EAPS reporting process.

2.8 Community Health Services - Ethnic Services, Co-ordinators

The Ethnic Access Committee should nominate one of its members to act as Ethnic Services Co-ordinator to be a contact officer for the Regional staff and to represent the Committee at Area Migrant Health Meetings.

3. Use of the Health Care Interpreter Service (HCIS)

3.1 The role of the Interpreter Service is to provide:

- Professional and confidential interpreting which maximally facilitates communication.
- Cultural information relevant to the clinical and social needs of the patients.
- Emotional support and advocacy in a culturally appropriate manner.
- Information on such matters as hospital routine to patients and their relatives.
- Information about ethnic community resources.
- Translation of documents essential to a specific patient or client consultation (e.g. medical records, diets, medication instructions).
- Translation of short notices, signs etc. of **no more than** 50 words.,

3.2 To ensure optimum use of the Interpreter Service, it is **essential** that the following standard procedures are implemented by both hospitals and community health services:

- All clients of non-English speaking background should be informed of their right to a professional Health Care interpreter.

- The Health Care Interpreter Service is to be routinely notified of non-English speaking clients on admission even where they may be accompanied by English speaking relatives/friends. This is to ensure that they have access to confidential and professional interpreters if they so desire.

- Interpreters assess both a client's comprehension and ability to speak English and are to make this assessment if any doubt exists.

- In cases of emergency and after hours, the services of the Telephone Interpreter Service (TIS) are available.

  Use of the Telephone interpreter Service is facilitated by means of a loudspeaker telephone or by a dual handset.

- In cases of emergency or after hours, or when a Health Care Interpreter is not available and a non-professional interpreter is used, the Health Care Interpreter Service should be called as soon as possible to ensure that accurate information has been communicated.

- All hospital wards/clinics and community health facilities should display the telephone number of both the Health Care Interpreter Service and the Telephone Interpreter Service for appropriate use by both clients and staff.

- Interpreters should place a sticker such as "Greek Interpreter needed" in the client's records, indicating the language required.

- Interpreters should record information relevant to the clinical and social needs of the client in his/her medical record.

- Language spoken at. home is to be prominently recorded on clients' records for all patients who are of non-English speaking background.

- Interpreters are to have access to hospital wards to enable clients continuing needs to be relayed to staff, and to permit interpreters to perform their supportive role.

- Hospital clinics need to be modified, where possible, to permit optimum use of the Health Care Interpreter Service through group bookings of patients who speak the same language.

- It is essential that interpreters are used appropriately in all situations. It is imperative, however, that the Procedures be applied stringently in the following situations:

  1. Cases involving bereavement.
  2. Terminal illness.
  3. Diagnosis and treatment of sexually transmitted diseases.
  4. The seeking of informed consent.
  5. The birth and treatment of a disabled child.
  6. Preoperative or postoperative instructions.
  7. Explanation. of medication.
  8. Psychiatric assessment.

3.3 Procedure at Admission/Intake

- All clients of non-English speaking background should be Informed of their right to ask for a professional interpreter.

  This should be done verbally in addition to the provision of a multilingual sign and/or by the provision of a pamphlet in the client's own language. Multilingual signs should be prominently displayed at the Admission counter or reception desk.

- The Health Care Interpreter should be called to provide interpretation for client assessment and explanation of legal aspects of admission.

- For admissions/intake after normal working hours, where a Health Care Interpreter is not available and where a non-professional interpreter is used, the Health Care Interpreter Service should be called as soon as practicable to communicate with the client.

- Language spoken at home and country of birth should be recorded at admission.

- At Community Health Centres all non-English speaking clients should be seen by the Intake Officer with the assistance of a Health Care Interpreter or the Telephone Interpreter Service. This should occur regardless of the presence or absence at the centre of an Ethnic Health Worker.

3.4 Procedure at Discharge

- A Health Care Interpreter should be called when discharge instructions and medication are given.

- The patient should be .informed through the Health Care Interpreter of appropriate community services available after discharge. Examples include:

  - the telephone number of the Health Care Interpreter Service.

  - the location of Baby Health Centres particularly those which have block bookings of interpreters.

  - information about Ethnic Health Workers.

  - information about ethnic welfare agencies.

3.5 Consent for Surgery, ECT or Other Treatment

- It is imperative that an interpreter is present to ensure patient consent and understanding when a recommendation for surgery or other treatment is communicated to a non-English speaking patient.

- The consent form signed by a non-English speaking patient must contain a statement signed by the Health Care Interpreter which indicates that the Interpreter has interpreted the details to that patient.

- Bilingual consent forms should be used where available but these should not replace the use of personal communication by a Health Care Interpreter.

3.6 Responsibility for the use of the Health Care Interpreter Service

Responsibility for informing health services administrative and professional staff of the Procedures relating to the use of the Health Care Interpreter Service lies at Area level, or at Regional level where Area organisation has not been established.

Ethnic Services Committees should ensure that all Visiting Health Professionals are informed of their responsibility to use the HCIS and about the Procedures.

4. Ethnic Health Workers

Generalist Ethnic Health Workers provide services in the areas of:

- Community development
- Referral and information.
- Appropriate counselling and support.
- Liaison with ethnic community organisations.
- Health education group work.
- Assessment of client and community health need.

Ethnic Health Workers perform cross area roles where appropriate.

In some instances Ethnic Health Workers have a specialist role in areas such as Aged Care, Diabetic Education, Rehabilitation and Developmental Disability.

Ethnic Health Workers should not be used in place of Health Care Interpreters nor should they be used in place of other health centre professional staff. Their role is to improve access to health centre services for ethnic groups, not to provide all services to such groups themselves.

Ethnic Health Workers have a role in assisting Community Health Centre staff to understand the culture and needs of their ethnic community.

Ethnic Health Workers are directly responsible to the Directors of Community Health and where applicable to the Team Leader.

The Regional Migrant Health Advisors/Co-ordinators play an important advisory and monitoring role in relation to the Ethnic Health Worker programme.

In Hunter and Illawarra, where the Migrant Health Advisors/Co-ordinators are employed by the Area Health Services, the Advisors have a direct line of authority in relation to the programme.

5. Migrant Health Education Officers

(See also 12. Community Education).

Migrant Health Education Officers are employed by Area Health Services. They perform a cross Area role wherever appropriate. Their role includes:

- Provision of advice to health workers and others on migrant health education issues.
- Liaison with Health Education Officers to ensure that all health education projects include material suitable for local ethnic communities.
- Design, development and conduct of health information and education programmes directed to ethnic communities.
- Provision of support to Ethnic Health Workers in the areas of planning, implementation and evaluation of health education and community programmes.
- Staff training in migrant health education issues and cultural awareness.

6. Bilingual Staff

Bilingual professional staff play a vital role in improving access to hospital and community health services and in providing culturally and linguistically appropriate services.

Bilingual staff members should be encouraged to use their community language in the provision of direct client care in the normal course of their work. Bilingual staff members should not be used to interpret for other staff members.

Where practicable hospitals and community health services should arrange to have bilingual staff members linguistically tested. A number of tertiary institutions have testing facilities for this purpose. Advice can also be sought from the Co-ordinators of the Health Care Interpreter Service in each region. Bilingual staff members who fail a language test should not use their community language in the work situation.

Health professionals need to be aware of the areas of expertise and location of bilingual health professionals in their Area and Region. In certain situations, where complex assessment and counselling of non-English speaking clients is required, it may he appropriate to encourage ethnic minority clients to attend services staffed with appropriately bilingual health professionals.

7. Health Information in Community Language

The provision of written information in appropriate community languages should be seen as complementing the use of bilingual health workers. Written patient information should not replace the use of a trained interpreter where the patient has difficulty with English.

An adequate supply of relevant multilingual publications should be prominently on display at all public contact points, such as Accident and Emergency, Outpatients, waiting' rooms etc.

Specialist clinics should ensure that all available multilingual information is provided to people of non-English speaking backgrounds.

The Health Translations Service publishes and distributes over 300 different publications in up to 17 languages.

All publications currently available are listed in the Catalogue of Translations, which is regularly updated.

Copies of all publications listed may be obtained free of charge by completing an order form specifying file number, languages and quantities required. (A maximum of 100 copies of any text in any language may be ordered).

Order forms, publications and the Catalogue may be obtained by writing to the Health Translations Services, PO Box K110, Haymarket, 2000'or telephoning (02) 217 5927.

The English Language Manual which contains copies of the English text of all publications, may be purchased for $15 from the Service.

8. Requests for Translation of New Material

If translation is required of written medical records, diet or medication instructions of a patient or client during a consultation attended by a Health Care Interpreter, the interpreter will assist with translation.

Short notices or signs may also be translated by Health Care Interpreters (maximum 50 words).

Material of a general nature which is normally provided to patients/clients in English should be available in appropriate community languages.

Subject to available resources, such material may be translated by the Health Translations Service. All proposed translations should be discussed with the Co-ordinator (217 5924) or Assistant Co-ordinator of Translations.

Translating work is undertaken on Contract by professional translators (accredited with the National Accreditation Authority for Translators and Interpreters (NAATI) at Level 3 - Translating).

Full details about the Health Translations Service system are available in the document "Health Information in Community Languages - Policy and Procedures, Health Translations Service - 1987".

Ethnic Services Co-ordinators and Ethnic Access Committees will be kept informed by the HTS of all translation requests received from their hospital or centre but editorial details and any requests for clarification by translators should be negotiated directly between the HTS and the person initiating the request

9. Multilingual Signs and Symbols

Important hospital and community health public signs should be shown in universal symbols where appropriate Universal symbols have been developed by the Standards Association of Australia. Signs should include indication of the availability of the Health Care Interpreter Service. In many cases, however, it is necessary to use multilingual signs.

10. Staff Development

Information concerning the health needs of ethnic minorities should be incorporated in all inservice training curricula.

Orientation for all new staff and further inservice training for existing staff should provide education in:

- skills of communication through trained interpreters.
- the location and appropriate use of bilingual health workers, local ethnic community welfare support services and other migrant services provided by government and community agencies.
- Socio-cultural information of relevance to service provision.
- the Department's Migrant Health Policy.

The migrant component of inservice training should be developed in consultation with appropriate Migrant Health staff.

11. Employment Policies

Equal Employment Opportunity is New South Wales Government policy.

The Department has issued an Equal Employment Opportunity Management Plan for 1986/87. This includes the following objective:

> "To identify relevant duties and staff selection criteria for positions which would benefit from input from people with non-English speaking background and for Aborigines."

The Department has issued a Policy Statement on Equal Employment Opportunity for Area Health Services. This is available from the EEO Unit in Central Office and from Regional Offices. Area Health Boards are required in their first year to develop employment practices which reflect a sensitivity to the community being served.

The Policy Statement will be revised in 1987 to incorporate a requirement for identification of positions for which multicultural/multilingual skills are a relevant qualification.

Objectives listed in the Area Migrant Health Plans should include the objective of identification of positions for which multicultural/multilingual skills are a relevant qualification.

Regional EEO Co-ordinators and Regional Migrant Health Advisors should be consulted as part of the process of job identification and for the inclusion in job advertisements of a relevant statement under “desirable” or “essential”.

In general, health services serving significant numbers of people with non-English speaking background should seek to appoint staff with relevant community language skills in all public contact positions, whether professional, clerical or administrative.

12. Community Education

Health education programmes provided by hospital and community health services should be conducted in appropriate community languages, and should be culturally relevant to ethnic target groups.

Broadly orientated health promotion projects should be adapted to target ethnic communities. Specific health problem areas among ethnic communities may require specially formulated health education programmes.

Health education programmes for the English speaking population might usefully include information about the socio/cultural background of resident ethnic communities as a way of promoting positive community relations.

The Health Education Officer (Ethnic Media) in Central Office, Regional Migrant Health Advisors/Co-ordinators and Migrant Health Education Officers are available for advice concerning health education and the use of the ethnic media and other channels.

Bilingual community educators should be trained and engaged for specific programmes directed to ethnic communities.

If translated material is to be provided as part of a community education programme, multiple copies should be ordered from the Health Translations Service at least 4 weeks in advance. There is no charge for the supply of existing material.

If new material is required to be translated for a community education campaign the programme budget should include the cost of translating and printing as Health Translations Service’s resources are limited.

The Health Translations Service should be approached at an early stage, at least 4-6 months before the material is to be used, to discuss detail of content, presentation and printing, and to allow time for the translating/printing process.

13. Modification of Hospital and Community Health Services

It is important that wherever practical and relevant hospitals and community health services modify their services to meet the health needs of patients from non- English speaking backgrounds. This should include:

- Provision for different dietary preferences, in order to ensure the provision of culturally appropriate and nutritious meals. Ethnic-specific menus should be developed where numbers of particular ethnic clients are large.

- Reasonable flexibility in such matters as regulations concerning hospital patients' visitors to take account of cultural background, subject to proper consideration of other patients.

- Provision of multilingual pharmaceutical labels where feasible.

- Consideration of cultural and religious differences in dealing with issues such as birth, death and religious practices.

- Provision of Thalassaemia screening and referral to Thalassaemia counselling. The Department Policy Statement on Thalassaemia screening may be obtained from the Regional Migrant Health Advisor/Co-ordinator or Policy Analyst (Migrant Health).

- Provision of English classes for long stay patients in a psychiatric unit in conjunction with the Adult Migrant Education Service.

- Provision of female medical staff. Many women of non-English speaking background find it traumatic to be treated by male doctors, particularly for gynaecological conditions. It is important to provide female medical staff in these circumstances, wherever possible.

14. Childcare

Area Health Services should seek to provide for the childcare needs of clients attending group work and education sessions. Migrant Health staff are available for advice on the availability of bilingual child care workers.

15. Liaison and Consultation with Ethnic Welfare and Community Organisations

It is important that Area Health Services establish close links with and provide support to ethnic-specific community agencies to ensure that appropriate and responsive services are established. Agencies should be provided with information about available health services, migrant health staff and the Department's Migrant Health Policy.