

Patient Matters Manual for Public Health Organisations

Chapter 14 – Migrant Health

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Note

Where a number appears at the bottom of an amended page [such as 252 (17/09/15) – amendment number, date] an alteration has been made or new section included. Amendment numbers are sequential, the date represents the date the source document was published on the Policy Distribution System (PDS).

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Interpreters – Standard Procedures for Working with Health Care Interpreters

Document number [PD2017_044](#) rescinds PD2006_053.

PURPOSE

Effective communication between patients, families and their carers and health services is critical to ensure accessible, safe and high quality services for people who are not fluent in English or who are Deaf. It is also essential to ensure equitable social and health care outcomes.

Working with professionally accredited or certified interpreters (referred to as 'health care interpreters' – refer to Section 1.4) aims to overcome the communication barriers faced by people who are not fluent in English or who are Deaf.

The Policy Directive provides clear direction to health care staff and services about when and how to work with health care interpreters, including in an emergency or if a health care interpreter is not available.

The detailed standard procedures for working with health care interpreters are set out in the attached *Interpreters – Standard Procedures for Working with Health Care Interpreters*. This Policy Directive has been updated and replaces PD2006_053, but retains the same title.

MANDATORY REQUIREMENTS

All Health organisations are required to comply with this Policy Directive. They are required to develop systems and procedures which ensure that patients who are not fluent in English or who are Deaf are provided with access to a health care interpreter when they access health care services.

Health care interpreters are to be engaged in all health care situations where communication is essential for patients/clients who are not fluent in English, including people who are Deaf.

Working with health care interpreters allows health professionals to fulfil their duty of care and ensures that the quality of communication is the best it can be when a language other than English is involved.

In particular, working with an interpreter is essential when patients/clients are required to give valid consent for medical treatments, such as an operation, medical or surgical procedures or blood transfusion, or to participate in medical research, except where immediate treatment is necessary to save the person's life or prevent serious injury to health.

The Policy Directive is not to be amended, added to or otherwise altered or rebadged.

IMPLEMENTATION

Roles and responsibilities of the NSW Ministry of Health:

- Provide NSW Health Organisations (including affiliated health organisations) with advice and assistance on implementation of this Policy Directive.
- Monitor and review the implementation of this Policy Directive.

Roles and responsibilities of Chief Executives:

- Assign responsibility, personnel and resources to implement the Standard Procedures for Working with Health Care Interpreters.
- Ensure that this Policy Directive is communicated to, and complied with, by all staff caring for patients/clients who are not fluent in English or are Deaf.

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- Report annually on access to, and the use of, Health Care Interpreter Services.

Roles and responsibilities of all staff caring for patients/clients who are not fluent in English or are Deaf:

- Ensure their work practices comply with the Standard Procedures for Working with Health Care Interpreters.

Key Performance Indicators:

- Proportion of patients/clients with an 'interpreter' or 'interpreter required' flag who are offered and receive the assistance of a health care interpreter.

313 (19/12/17)

Domestic and Family Violence Migration Regulations: Relevance for Health Workers

Document number [IB2018_017](#) rescinds IB2005_004.

PURPOSE

This Information Bulletin outlines the special provisions relating to domestic and family violence (DFV) contained in the *Migration Regulations 1994* (the provisions) of the *Migration Act 1958*. It also describes support which can be offered to victims of DFV, in addition to clinical services, by certain professional experts within NSW Health.

This Information Bulletin expands on issues raised in the NSW Health *Policy and Procedures for Identifying and Responding to Domestic Violence 2006*, regarding clients from culturally and linguistically diverse backgrounds affected by DFV, who hold certain temporary visas.

KEY INFORMATION

The provisions ensure that persons in Australia on certain temporary visas do not feel compelled to remain in abusive relationships in order to stay in Australia.

The provisions are usually invoked by persons on temporary partner visas or prospective marriage visas, who are in the process of applying for a permanent partner visa. The provisions allow these persons to remain in Australia and apply for permanent residence, even though, as a result of DFV and a relationship breakdown, they do not meet the ordinary requirements to obtain a permanent partner visa.

The provisions can also be invoked by persons on certain skilled stream visas in some circumstances.

Victims of DFV seeking to invoke the provisions must substantiate their claims by proving their relationship was genuine until it ended and that DFV took place during the relationship in Australia.

If the victim's claim of DFV has not been heard by a court, that person can provide the following as evidence that DFV took place during their relationship:

- a statutory declaration (form number 1410 for DFV claims first made on or after 24 November 2012, or form number 1040 for claims made on or after 15 October 2007); and
- two items of evidence from **professional experts**.

The Migration Regulations 1994 - Specification of Evidentiary Requirements - IMMI 12/116 (IMMI 12/116) provides information on acceptable items of evidence from **professional experts**. Victims of DVF must present at least two of the types of evidence listed in IMMI 12/116 in support of their claim. They cannot present two items of evidence of the same type.

NSW Health workers categorised as **professional experts** include registered medical practitioners, nurses or psychologists and members or eligible members of the Australian Association of Social Workers. Professional experts within NSW Health may provide a statement in a statutory declaration or an official letter with relevant supporting documents in their professional capacity, including a medical report, hospital report or a discharge summary. Their evidence must include:

- details of the violence, identifying all individuals involved;
- evidence or reasons for any opinion or assessment;
- details about their professional relationship with the victim; and
- information regarding services and support offered or provided to the victim.

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Professional experts within NSW Health should proactively follow up by asking about the safety of the victim - if they are safe to go home, if they need assistance to go home or a safe place as per the NSW Health policy on *Identifying and Responding to Domestic Violence* PD2006_084.

Professional experts within NSW Health should also identify if children are involved in the violence by asking victims directly. If so, questions should be asked about this - if children have been hurt or witnessed violence, where and who are the children with, and if victims are worried about the children's safety.

Professional experts within NSW Health are also required to follow mandatory reporting protocols if they suspect that a child is at risk of significant harm.

The NSW Mandatory Reporting Guide should be used as part of this assessment and reports to the Child Protection Helpline should be made where indicated.

REFERENCES

1. NSW Ministry of Health. 2006. Domestic Violence - Identifying and Responding. [ONLINE] Available at: http://www1.health.nsw.gov.au/PDS/pages/doc.aspx?dn=PD2006_084. [Accessed 14 March 2018].
2. Australian Department of Home Affairs. 2016. Statutory Declaration - Form: 1410. [ONLINE] Available at: <https://www.homeaffairs.gov.au/forms/documents/1410.pdf>. [Accessed 14 March 2018].
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4. Minister for Immigration and Citizenship. 2012. Migration Regulations 1994 - Specification of Evidentiary Requirements - IMMI 12/116. [ONLINE] Available at: <https://www.legislation.gov.au/Details/F2012L022377>. [Accessed 05 April 2018].
5. Australian Medical Association. 2016. Supporting Patients Experiencing Family Violence. [ONLINE] Available at: <https://ama.com.au/article/ama-family-violence-resource>. [Accessed 14 March 2018].
6. Childstory Reporter. 2016. Mandatory Reporter Guide. [ONLINE] Available at: <https://reporter.childstory.nsw.gov.au/s/mrg>. [Accessed 14 March 2018].

313 (24/05/18)

NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023

Document number [PD2019_019](#) rescinds PD2012_020.

PURPOSE

The NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019- 2023 is the strategic statewide policy for meeting the health needs of culturally and linguistically diverse consumers for the next five years. It aims to ensure people of culturally and linguistically diverse backgrounds have equitable access to health care services that are culturally responsive, safe and high quality. The Plan also affirms the commitment of NSW Health to the principles of the *Multicultural NSW Act 2000* in particular respecting and making provision for the culture and language of others. The Plan serves as the NSW Health multicultural plan under the NSW Multicultural Policies and Services Program.

MANDATORY REQUIREMENTS

NSW Health organisations are required to take action to work towards achieving the outcomes of the NSW Plan for Healthy Culturally and Linguistically Diverse communities: 2019-2023. These are:

1. Strategies in place to improve access and quality of care for people of culturally and linguistically diverse backgrounds
2. Support provided for people of culturally and linguistically diverse backgrounds to build their health literacy so they can be actively involved in decisions about their health
3. Health organisations are responsive to people's individual needs, language and culture
4. An understanding of the needs, experiences and identities of culturally and linguistically diverse communities in NSW.

Local health districts, specialty health networks, pillars, statewide specialist multicultural health services and statewide health services, should use the Plan to develop a local plan or include elements of the Plan in relevant strategic plans.

IMPLEMENTATION

NSW Health organisations should:

- Nominate a senior officer to sponsor implementation and reporting on the Plan
- Have a multicultural or diversity committee to oversee implementation
- Identify local needs and develop strategies in partnership with consumers
- Have a local-level plan of action to implement the Plan
- Engage and include consumers in policy, service and program planning, implementation and evaluation processes
- Include evaluation in multicultural health projects and program
- Monitor and report on progress towards achieving the outcomes of the Plan.

The full policy implementation plan with outcomes, strategic objectives, indicators, and responsibilities are listed in the Plan on pages 10 - 13, and actions to implement the plan are listed on page 14.

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Under the NSW Multicultural Policies and Services Program (MPSP) reporting program, the Ministry of Health will:

- Provide policy support and guidance to NSW Health organisations in implementing the Plan for Healthy Culturally and Linguistically Diverse communities: 2019-2023.
- Monitor progress towards achieving the outcomes of the Plan including coordinating the NSW Health annual MPSP reporting process.
- Draft the consolidated NSW Health MPSP report for submission to Multicultural NSW.
- Provide MPSP policy advice to the Minister for Health, the senior executive of the Ministry of Health, local health districts, specialty health networks, pillar organisations, statewide health services and programs.

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