

Equity of Access to Health Care Policy Directive

Incorporating Interpreting and Translating Requirements

Version No.:1.1
Approval date: 15/05/2020

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

Contents

1.	Policy Statement	1
2.	Roles and Responsibilities	2
2.1	Role of the Chief Executive SA Health	2
2.2	Role of Local Health Network (LHN) Governing Boards	2
2.3	Role of all Chief Executive Officers of LHNs/SA Ambulance Service (SAAS), The Commission on Excellence and Innovation in Health (CEIH) and Wellbeing SA	3
2.4	Role of Interpreting Coordinators/Managers.....	3
2.5	Role of all staff	3
3.	Policy Requirements	3
3.1	Key Policy Elements	3
3.2	Communication and Information.....	4
3.3	Interpreting and Translating Procedures	4
3.4	Person Centred, Trauma Informed, Culturally Safe and Respectful Care	5
4.	Implementation & Monitoring	6
5.	National Safety and Quality Health Service Standards	7
6.	Definitions	7
7.	Associated Policy Directives / Policy Guidelines and Resources.....	10
8.	Document Ownership & History.....	11

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

Equity of Access to Health Care Policy Directive - Incorporating Interpreting and Translating Requirements

1. Policy Statement

The purpose of the Equity of Access to Health Care Policy Directive – Incorporating Interpreting and Translating Requirements (this Policy Directive) is to ensure access to public health services is fair to all South Australian health consumers. SA Health is committed to ensuring that the services it provides, and the way in which they are provided support equity of access to our consumers.

This Policy Directive is consistent with SA Health’s Vision that states: *“Our people and our partners are actively engaged in improving the health and wellbeing of all South Australians. Consumers and communities are at the centre of our decisions and inform the design and provision of health and wellbeing services.”*

SA Health acknowledges that all South Australians have a right to access health services that meet their identified needs, as well as rights to safety, quality, respect, information, participation, privacy and comment as set out in the [Health and Community Services Complaints Commissioner’s Charter of Health and Community Services Rights](#) (the HCSCC Charter). Where a service is not available, advice and information about options for treatment and care will be provided.

This Policy Directive has been developed to also comply with the [South Australian Interpreting and Translating Policy for Migrant and Non-Verbal \(Sign\) Languages](#) which were updated in 2019.

Scope

This Policy Directive aims to ensure SA Health employees, or people who provide health care services on behalf of SA Health, provide compassionate and responsive services which recognise the barriers and inequities that may be faced by health consumers including, but not limited to, the following diverse groups:

- Aboriginal and Torres Strait Islander people;
- people living with a disability or cognitive impairment;
- people living with a mental health illness;
- people with complex and chronic health needs/conditions;
- people living with stigmatised diseases/health conditions (e.g. HIV);
- people living with alcohol and other substance abuse problems;
- people from culturally or linguistically diverse backgrounds;
- people from migrant, refugee and asylum seeking backgrounds;
- people who identify as lesbian, gay, bisexual, intersex, transgender, queer or gender diverse;
- children and young people, especially those who are or have been under the guardianship of the Chief Executive (e.g. care leavers);
- older people;
- people from different faith groups;
- people who are homeless;

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

- people who are prisoners;
- carers;
- people living in regional, rural or remote locations;
- people affected by forced adoption or removal of children;
- people who are experiencing or have experienced trauma such as domestic or family violence, elder abuse, war (including Australian Defence Force Personnel and Veterans), rape, torture, removal from their birth family or other adverse life events.

It is acknowledged that people may identify with one or more of these groups, potentially compounding disadvantage or their vulnerability. Additional strategies for equitable access and inclusion may be needed.

Ensuring equitable access to health care means taking into account the impact of various factors:

- socio-economic status (education levels, health literacy and housing);
- physical (structural, design, distance, transport);
- systemic (planning, organisational culture, appropriate staff); and
- care (person centred, culturally safe and respectful and trauma informed care)

Principles

The following principles are the foundation of accessible, equitable and inclusive health care:

1. Patients/consumers have an inherent right to be treated with respect, equality and dignity no matter what their background, sexuality, age, ability or experiences.
2. Person centred, culturally safe and respectful, trauma informed and compassionate care must be provided to all, and tailored to the individual.
3. Information about services, treatment, options and costs must be provided in an open, clear and timely manner (including ensuring access to an interpreter where required), to ensure a person with limited or no English proficiency, or other language difficulties, can participate in and make decisions about their care.
4. A variety of system and statewide strategies and interventions are required to improve access and inclusion, particularly for vulnerable groups who experience the highest levels of disadvantage, including responding to stigma and discrimination.

2. Roles and Responsibilities

The Equity of Access to Health Care Policy Directive applies to all SA Health employees and those who provide health care services on behalf of SA Health.

2.1 Role of the Chief Executive SA Health

Take high level of ownership and leadership and take reasonably practical steps to develop and issue system-wide strategies that promote equity, access, diversity and inclusion across SA Health.

2.2 Role of Local Health Network (LHN) Governing Boards

Take reasonably practical steps to ensure that effective clinical and corporate governance frameworks are in place to ensure the LHNs are compliant with this Policy Directive.

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

2.3 Role of all Chief Executive Officers of LHNs/SA Ambulance Service (SAAS), The Commission on Excellence and Innovation in Health (CEIH) and Wellbeing SA

- Take high level ownership and leadership of the implementation of access, equity, diversity and inclusion within and across their services.
- Ensure the delivery of services to health consumers operates in accordance with this Policy Directive, and that processes and procedures are developed that guide implementation of this Policy Directive.
- Ensure that the responsibility for establishing and monitoring the implementation of this Policy Directive is delegated to the relevant senior managers.
- Ensure all staff (employees, contractors and consultants) in LHNs/SAAS, hospitals and health services are aware of, have access to and comply with this Policy Directive.
- Ensure that all staff (employees, contractors and consultants) have access to and undertake appropriate training that equips them to address the needs of our diverse health consumer group.
- Ensure that staff access the Employee Assistance Program should they need support through their work with consumers (including but not limited to the impact of vicarious trauma).

2.4 Role of Interpreting Coordinators/Managers

- Will co-ordinate a customer responsive Interpreting and Translating service for their LHN/ SAAS, or other affiliated services.
- Will liaise on interpreter services within their own health services, with the Interpreting Service Providers and with DHW (Procurement & Supply Chain Management).
- Will undertake monitoring of compliance and reporting on access to, and the use of Interpreter Services on a regular basis

2.5 Role of all staff

- Adhere to the principles and aims of this Policy Directive.
- Adhere to local inclusive practices, processes and procedures established to support the effective implementation of this Policy Directive.
- Undertake appropriate training that equips SA Health employees with the awareness, understanding and skills to address the needs of our diverse health consumer group.

3. Policy Requirements

3.1 Key Policy Elements

SA Health systems, services and staff all have key roles in the provision of accessible, equitable, inclusive care.

Our System

SA Health provides services to a diverse South Australian population. SA Health must provide a pro-active approach to ensure that services meet the diverse needs of consumers, carers and their families. Providing access, diversity, equity, and inclusion means that our health care services will promote understanding about the disparities in health outcomes experienced across the various groups and identify and address barriers to achieving inclusive care, enabling our diverse consumers and carers to effectively participate in their own health care.

Our staff will work together with consumers, carers and their families to ensure inclusive services and improved, equitable health outcomes for all.

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

Our Services

SA Health services will ensure high quality equity and diversity practice, which supports improved outcomes for all, by:

- Recognising the disparities in health outcomes for diverse population groups and ensuring the delivery of services which are appropriately accessible and culturally safe for all;
- ensuring services treat everyone with dignity and respect;
- providing access to clear information in various formats and media and using appropriately accredited interpreters;
- recognising the effects of disadvantage and promoting and enabling the involvement of consumers, carers and their families in their care, especially in supporting their capacity to understand and self-manage their ongoing care;
- supporting initiatives that create or strengthen pathways that create better health outcomes for at risk or vulnerable people.

Our Staff

Our staff are key to providing high quality, inclusive, respectful and responsive care that meets the needs of all consumers, including and especially those whose health outcomes are affected by social and other factors. This will be best achieved through the practice of person centred, culturally safe and respectful, and trauma informed care.

To deliver services which reflect high quality access and diversity practice in SA Health means all staff members must understand and respect:

- what is meant by access, diversity, equity and inclusion;
- what their responsibilities are to ensure person centred, culturally safe, respectful and trauma informed care.

3.2 Communication and Information

Outpatient and inpatient consumers have the right to be fully informed about health services, costs, and treatment options available to them, and to receive this information in a way that they can understand.

Patients who are not proficient in English, including those who are deaf or hearing impaired, are at higher risk of ineffective communication which can compromise patient safety.

Effective and empathetic communication between health practitioners and consumers can improve consumer satisfaction and contribute to better long-term health outcomes. A good understanding of the information provided can positively impact on self-management, on health care decisions, and on a person's ability to follow instructions that can enable better health outcomes and prevent adverse events.

Staff must use plain language, appropriate to consumer needs. Communication about important and sensitive information will occur in an appropriate place or setting for the person, with recognition of the incapacitating effects of hospitalisation, especially for vulnerable or disadvantaged consumers and their families. Illness and hospitalisation can affect English proficiency for people whose first language is not English; this includes some people from Aboriginal and Torres Strait Islander communities.

A professional interpreter must be used during the informed consent process to ensure patients understand the implications of diagnosis and treatment plans and avoid adverse outcomes.

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

For people who need more support, the use of aids (e.g. communication boards and assistive technology) may be appropriate.

3.3 Interpreting and Translating Procedures

Each LHN, SAAS or agency within SA Health providing public health services to patients or clients must have procedures in place to address their operational details about:

- when to engage an interpreter;
- how to procure interpreting and translating services;
- which are the preferred providers;
- preferred mode/s of interpreting (in person, telephone or video);
- when and if it's appropriate to engage bilingual staff members (bilingual staff must not be used for formal interpreting, unless an interpreter is unavailable); and
- the risks associated with using family and friends as an alternative to using an accredited interpreter.

Staff will ensure:

- professional interpreters (including AUSLAN interpreters) are available during critical communications such as consent to medical treatment, discussion of diagnosis and prognosis, medication or treatment regimen requirements, and at discharge;
- they access training on how to access and use interpreters; and
- parents, guardians, Substitute Decision Makers, Persons Responsible or other responsible family members are present (with the consent of the person and/or where appropriate) during significant care communications about treatment, medications, self-care requirements and on discharge.

Professional translating services (to assist with written documentation needed in another language or in English) must be engaged to provide written documents for patients/clients where practicable.

Professional interpreting and translating services are particularly important where informed consent is required and/or where there is potential for a decision to impact upon a person's wellbeing.

The South Australian Interpreting and Translating Policy and fact sheets are available at www.dpc.sa.gov.au/responsibilities/multicultural-affairs/policy. These fact sheets provide useful details to support the applicable procedures under this Policy Directive.

3.4 Person Centred, Trauma Informed, Culturally Safe and Respectful Care

Person Centred care

When decisions are being considered, staff will ensure that consumers are properly informed and given options, and their preferences, needs and rights are supported as appropriate. Patient centred care goes beyond individual concerns and informs how patient communications, information, policies and services are designed and structured to meet the needs of diverse consumer groups. Consultation should occur with different consumer groups to ensure inclusiveness and relevance of patient information and communication.

Trauma Informed care

Health care must be provided with awareness and sensitivity to the possibility that all health consumers, carers and families may have experienced or be experiencing trauma in their lives. Staff must recognise that some groups, such as people from Aboriginal and Torres Strait Islander backgrounds, Veteran's, people who have been in State care as

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

children or experienced domestic or other violence, migrants, refugees and asylum seekers often have significant experience of trauma.

Ensuring a trauma informed service allows all services to be delivered in a way that avoids inadvertent re-traumatisation, and facilitates better engagement of vulnerable consumers in their treatment and care. Staff need to be aware of their own health needs (including the effect of vicarious trauma responses) when working in their health service.

Culturally Safe and Respectful care

The significant diversity of our consumers, carers and families in South Australia highlights the importance of cultural safety and respect being embedded in SA Health service delivery and staff work practices. Cultural safety requires the person providing care to reflect on their own cultural and social assumptions in order to work in a genuine partnership with health consumers from diverse backgrounds.

Culturally safe and respectful environments must be provided where consumers are not exposed to bias, discrimination or inappropriate behaviour. Such environments empower consumers to make better decisions for their own health and wellbeing.

4. Implementation & Monitoring

Implementation

Implementation of this Policy by LHNs, SAAS, CEIH, WBSA and services provided on behalf of SA Health must be consistent with and recognise the requirements of the:

- [SA Health Strategic Plan 2017-2020](#);
- [South Australian Interpreting and Translating Policy for Migrant and Non-Verbal \(Sign\) Languages](#);
- [SA Health Framework for Active Partnership with Consumers and the Community](#);
- Aboriginal Health Care Framework (under review); and
- [Charter of Health and Community Services Rights Policy Directive](#).
- [SA Health – Interpreters and Translators Buyers Guide \(2018\)](#)

Developing operational protocols, staff information and resources will support giving effect to this Policy Directive. Fact sheets and other information resources for staff will be developed in consultation with stakeholders to support this Policy Directive's implementation.

Each LHN, SAAS or agency within SA Health providing public health services to patients or clients must have procedures in place to address their operational interpreting and translating requirements and use.

Monitoring

Local Health Networks are responsible for regular review of consumer feedback (consumer reported complaints, outcomes and experiences) in the Safety Learning System by relevant clinical governance committees. This is a requirement of the National Safety and Quality Health Service Standards. Consumer Feedback is categorised in SLS against the SA Charter of Health and Community Services Rights.

Consumer feedback mechanisms should confirm engagement of diverse consumer groups (as appropriate) to ensure that there is quality information available about all experiences to inform service delivery and redesign.

INFORMAL COPY WHEN PRINTED









Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

Additionally all LHNs are required to comply with the National Safety and Quality Health Service Standards (V2) in order to meet their accreditation requirements. Specifically for this Policy Directive, the Standards involved are Standard 1: Clinical Governance; Standard 2: Partnering with Consumers and Standard 5: Comprehensive Care.

Information about consumer rights must also be available to health service consumers in appropriate accessible forms. Consumer feedback systems should encourage all to be able to register complaints, provide information on their experience, compliment, or suggestions about the services offered.

Interpreting Coordinators/Managers record, monitor and report on access to, and use of Interpreter Services on a regular basis, both within their services and quarterly at meetings with Procurement and Supply Chain Management where conduct and performance reviews are undertaken. SA Health has three agencies contracted to supply Interpreting and Translating Services, one of these is for those who need Auslan. For those who need Aboriginal languages they currently access services through a number of different providers.

5. National Safety and Quality Health Service Standards

							
National Standard 1 Clinical Governance	National Standard 2 Partnering with Consumers	National Standard 3 Preventing & Controlling Healthcare-Associated Infection	National Standard 4 Medication Safety	National Standard 5 Comprehensive Care	National Standard 6 Communicating for Safety	National Standard 7 Blood Management	National Standard 8 Recognising & Responding to Acute Deterioration
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Definitions

In the context of this document:

Access

Access to health services means "the timely use of health care services to achieve the best health outcomes." It requires 3 distinct steps: Gaining entry into the health care system; accessing a location where needed health care services are provided (geographic availability) and finding a health care provider whom the consumer trusts and can communicate with (creating a rapport).

Asylum seeker, Refugee or Migrant

An Asylum seeker is an individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which he or she has submitted it. Not every asylum-seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum-seeker.

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

Refugee is a person who meets the eligibility criteria under the applicable refugee definition, as provided for in international or regional refugee instruments, under UNHCR's mandate, and/or in national legislation.

Migrant An umbrella term, not defined under international law, reflecting the common lay understanding of a person who moves away from his or her place of usual residence, whether within a country or across an international border, temporarily or permanently, and for a variety of reasons.

Auslan

Australian sign language - a recognised language used by the Deaf community in Australia.

Bilingual employee

Bilingual employee is an employee who has the ability to speak two languages fluently. In the context of this Policy Directive it refers to someone with verbal fluency in English and one or more other language(s). Often the bilingual person speaks English as a second language.

Care Leavers

A person of, or over 18 years of age who, as a child or young person, was provided with out of home care and under the Guardianship of the Chief Executive.

Carer

A carer is a person who provides care and support for their parent, partner, child or friend who has a disability, is frail, or who has a chronic mental or physical illness. An individual is not a carer merely because he or she is the spouse, defacto partner, parent, guardian, child or other relative of an individual or lives with an individual who requires care. Carers can include parents and guardians caring for children and children caring for parents and guardians.

In the context of Aboriginal communities and kinship systems, caring is a collaborative act with many people helping care for a single person. Because of this, people looking after family and friends often do not recognise themselves as carers.

Consumers

Consumers are people who use, or are potential users of health care services. When referring to consumers, SA Health means patients, families, carers, friends and other support people.

Disadvantage

Disadvantage refers to an unfavourable circumstance or condition that reduces the chances of success or effectiveness. Social disadvantage is a consequence of the complex interplay between the characteristics of residents living in a community (e.g. unemployment, low income) and the effects of the social and environmental context within the community (e.g. weak or poor social networks, lack of opportunities, experiences of abuse, disrupted family environment).

Discrimination – Direct & Indirect

Direct discrimination happens when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics. Indirect discrimination occurs when there is a rule or policy that is the same for everyone but has an unfair effect on people who have a particular attribute.

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

Diversity

In the context of this document, diversity means the varying social, economic and geographic circumstances of consumers who use, or may use, the services of a health service organisation, as well as their cultural backgrounds, disability status, religions, beliefs and practices, languages spoken, sexual orientation, gender identity and gender expression, and sex characteristics.

Elder Abuse

Elder abuse occurs when an older person is prevented from exercising their rights. It is any deliberate or unintentional action, or lack of action, carried out by a person in a trusted relationship, which causes distress, harm, or serious risk of harm to an older person, or loss or damage to property or assets, likely to be carried out by a relative or friend, such as a son, daughter, grandchild, spouse or domestic partner; a friend or neighbour; or a paid or unpaid carer.

This abuse might be physical, financial, psychological, emotional, chemical, sexual, and/or spiritual.

Equity

The concept of equity derives from social justice and is about fairness. It is important to understand the difference between equity and equality; while equality is about treating everyone the same, equity is about making sure everyone has the same outcomes and recognises that some people or groups of people will need additional help to achieve those same outcomes.

Inclusion

Inclusion refers to the action or state of including or of being included within a group or structure. Social inclusion is the manner in which institutions understand and engage their communities, as well as how they explore, view, and challenge barriers, values, and behaviours.

Interpreting

Interpreting means the transmission of messages between two spoken languages, between a sign language and a spoken language, or between two sign languages.

Lesbian, Gay, Bisexual, Transgender, Intersex

Lesbian, gay and bisexual are terms that people may use to describe their experiences of romantic, sexual, and/or affection or attraction to other people of the same or different genders.

Transgender and other people with diverse gender identities are people who experience or express their gender differently to their sex assigned at birth (e.g. a person who is assigned female at birth, but identifies and expresses their gender as male). This may also include people who identify as non-binary, gender queer or other forms of gender identity that are different to male and female.

People with **intersex** variations are born with physical, biological or chromosomal sex characteristics that do not fit the typical expectations for male and female bodies. Some people with intersex variations may also describe themselves according to their individual variation or using other context-dependent language.

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

NAATI

NAATI means the National Accreditation Authority for Translators and Interpreters. NAATI sets the national standards in translating and interpreting for Australia. NAATI also accredits or certifies interpreters and translators under the national standards.

Person with a Disability

The *Disability Discrimination Act 1992 (Cth)* defines a person with a disability as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Professional Interpreter

Interpreters accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) at the para-professional, Interpreter or Conference Interpreter Levels or with NAATI Recognition. Conference interpreters are members of the International Association of Conference Interpreters (AIIC).

Translating

Translating means the transmission of messages between two written languages.

7. Associated Policy Directives / Policy Guidelines and Resources

South Australian Policies and Resources

- [Staff Information on Respecting patients' privacy and dignity with patient centred care](#)
- [Consumer Information on Respecting your privacy and dignity with patient centred care principles \(PDF 278KB\)](#)
- [A Framework for Active Partnership with Consumers and the Community](#)
- [Guide for Engaging with Consumers and the Community](#)
- [Consumer and Community Advisory Committee / Group \(CACAC / CAG\) Policy Guideline and Toolkit](#)
- [Guide to Engaging with Aboriginal people](#)
- [Partnering with Consumers Accreditation Resource](#)
- [Consumer experience](#)
- [Health literacy](#)
- [Multicultural Action Plan for South Australia 2017-2018](#)
- [South Australian Aboriginal Languages Interpreters and Translators Policy Framework](#)
- [South Australian Aboriginal Languages Interpreters and Translators Guide](#)
- [SA Health Strategic Plan 2017-2020](#)
- [Partnering with Carers Policy Directive](#)
- [Partnering with Carers Strategic Plan 2017-2020](#)
- [Cultural Inclusion Framework for South Australia](#)
- [HCSCC Charter of Rights](#)
- [South Australian Interpreting and Translating Policy for Migrant and Non-Verbal \(Sign\) Languages](#)
- [Strategy to Safeguard the Rights of Older South Australians 2014-2019](#)
- [Action Plan to Safeguard the Rights of Older South Australians 2015-2019](#)

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements

National Resources and Guides

- [National Statement on Health Literacy](#)
- [Aboriginal and Torres Strait Islander Health Framework](#)
- [Cultural Competency in health: A guide for policy, partnerships and participation, NHMRC](#)
- [National Carer Strategy](#)
- [National Disability Strategy 2010-2020](#)
- [National Mental Health Strategy](#)
- [Veterans' Health Care Framework 2016-2020](#)

South Australian legislation

- [Carers Recognition Act 2005](#)
- [Disability Services Act 1993](#)
- [Equal Opportunity Act 1984](#)
- [Health Care Act 2008](#)
- [Health and Community Services Complaints Act 2004](#)
- [Racial Vilification Act 1996](#)
- [Consent to Medical Treatment and Palliative Care Act 1995](#)
- [Advance Care Directives Act 2013](#)
- [Mental Health Act 2009](#)
- [South Australian Public Health Act 2011](#)

8. Document Ownership & History

Document developed by: Corporate Affairs, Corporate and System Support Services

File / Objective No.: A661445

Next review due: 03/09/2022

Policy history: Is this a new policy (V1.1)? **N**
Does this policy amend or update an existing policy? **Y**
If so, which version? V1.0
Does this policy replace another policy with a different title? **Y**
If so, which Policy (title)?
Equity of Access to Health Care Policy Directive

ISBN: 978-1-76083-272-8

Approval Date	Version	Who approved New/Revised Version	Reason for Change	Date From	Date To
15/05/2020	V.1.1	Director, Corporate Affairs	Incorporating Interpreting & Translating Requirements	15/05/20	03/09/22
13/09/2019	V.1.0	SA Health Policy Committee	Original approved version.	13/09/19	03/09/22

INFORMAL COPY WHEN PRINTED

Equity of Access to Health Care Policy Directive Incorporating Interpreting and Translating Requirements