**Notes from Interpreters in medical settings**

**MYAN WA Working Group meeting 1**

* Doctors and dentists are often refusing to use interpreters, Government bodies are also often not using to use interpreters for young people (or their families) – group discussed a couple of examples

**Action: Lianda to put a call out to the network to collect case studies**

Update: Completed, but no case studies collected

* Point was made that the public sector has a clear policy and that Government agencies are responsible for providing appropriate translation services. It was agreed that the challenges with this were three-fold:
* That these weren’t always (even when they should be)
* They aren’t always asked for by the patient even when needed
* That it didn’t cover GPs or private providers

There was a discussion around making complaints if/when interpreters are refused in this context or not used when needed, and that every Government department has a complaints procedure. It was agreed that this is highly inaccessible to people from refugee and also often migrant backgrounds, either through lack of knowledge, lack of language accessibility or fear of using such systems due to their background of trauma or prior experiences with authority.

* There was a suggestion that there needed to be more work done with those that are newly arrived around asked for interpreter. However, others felt that they were already overloaded with information when they first come to Australia.
* There was agreement that we needed to get more people from medical settings around the table, including Health Consumers Council and WA Primary Health Alliance

**Action: Lianda to invite people discussed to next meeting**

Update: Completed – Lianda invited Louse Forward from the HCC, someone from WAPHA (possibly coming), Black Swan Health (did not hear back); Mirrabooka Medial Centre (heard back but not able to attend, want to know about next one); Refugee Health (representative attending)

* It was agreed that young people’s access to interpreters in medical settings was broad and complex and that it might be good to narrow or target our focus on one particular area, i.e. GPs and that at the next meeting we’d need to look at our strategy and stakeholder engagement