

**Using and working with Interpreters
A good practice guide
2017**

Equality and Diversity Team



Introduction

Pennine Care NHS Foundation Trust aims to ensure that everyone accessing its services is provided with information and care that is appropriate to them and responsive to the diverse needs of the communities we serve.

Under the Equality Act 2010, we are required by law to provide services in an accessible manner for the people who do not speak or understand English. It may be discriminatory either directly or indirectly if our services are not delivered in an accessible manner. It is therefore essential that we take positive steps to promote equality by using interpreters who can communicate with our service users in their own language. This will enable effective and accurate dialogue between a professional and a service user so that people access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment.

The Trust provides diverse range of language services, including face-to-face, British Sign Language (BSL) and telephone interpreting. These guidelines will help you to decide when to use an interpreter and how to work effectively with an interpreter.

When to use an interpreter

The Trust does not support the use of staff, friends or family members of service users to act as an interpreter or translator. Bilingual staff should not personally undertake such tasks unless it is in their job description. Staff can only undertake interpretation when a professional interpreter is not available and the consultation / treatment needs to go ahead and is agreed with the service user.

Friends and family members should not be asked or expected to interpret. The reasons for this are that Service user may wish to communicate confidential information and has a right for confidentiality to be respected. In addition, family or friends may not be able to communicate information on an impartial basis.

In exceptional, acute or emergency situation, where a professional interpreter is not available, friends or family member can be used to communicate basic information. However, all risks should be assessed and patient's informed consent must be sought. Children of 16 years of age and under are to be safeguarded and not to be used to interpret.

It is a risk to the Trust to allow interpreting or translation by anyone who is not professionally qualified. The communication of information may involve legal matters which could potentially put the staff concerned and the Trust at risk of litigation should the interpretation prove to be inaccurate. Therefore, services must use qualified interpreters.

Planning patient care is crucial - as soon you know you will require an interpreter to explore key issues, please ensure one is pre-booked. It is advisable that you book an interpreter even if you are in doubt about your client's ability to understand or communicate effectively in English. There may be occasions when your client speaks some English, but you should still think about booking an interpreter if the meeting involves higher level of clinical information. It is often the case that a

person speaks enough English to be able to arrange an appointment and talk through basic information. However, during a meeting they are unable to provide detailed information or understand the complex explanations that arise.

Information you require when booking for an interpreter

To book an interpreter, it will be helpful that you give the language interpreter provider as much notice as possible. It may be useful to book the interpreter at the same time when you arrange client's appointment

When you contact the interpreter provider (by telephone, fax, email, online) to book an interpreter the following information is generally required:

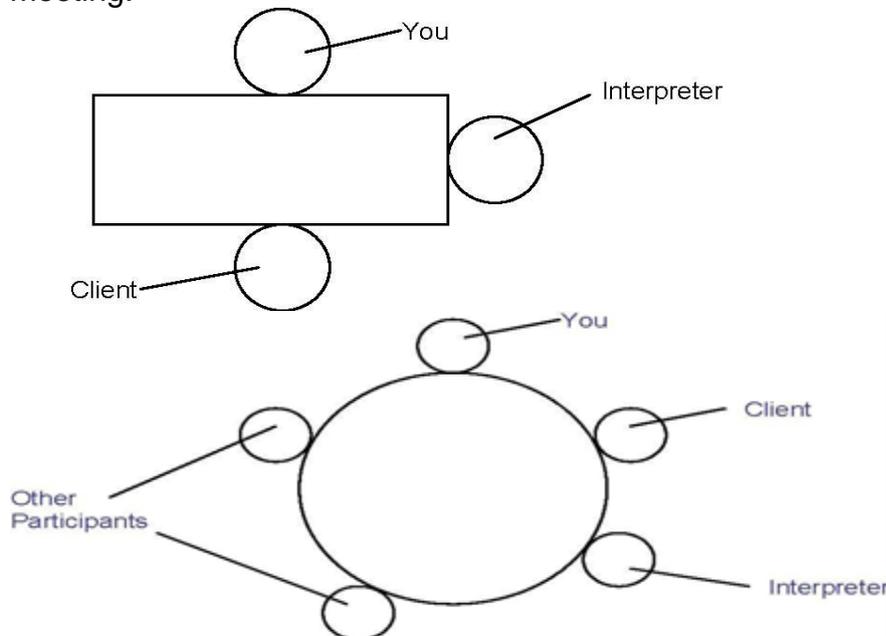
- Your service / team name and address
- Your name and contact number
- The date, time and location of the assignment
- Your budget code
- Your client's name
- The language required (and dialect if relevant)
- Approximate length of the appointment (if known)
- Any other specific requirements (e.g. gender of the interpreter)

Normally, the gender of the interpreter is of no relevance. However, there are few situations where the gender may be an important consideration. For example, in a situation where detailed medical history is to be discussed; and your client may feel more comfortable with a same-gender interpreter.

It may be useful to allocate a few extra minutes at the beginning of the meeting to brief the interpreter with the background information and the objective of the meeting. Highlight any key issues if the nature of the meeting is sensitive, specific information you require from the client or want to convey to the client. Discuss any medical terms or jargon that will be used during the meeting to make sure the interpreter understands it. Try to avoid a situation where your client speaks with the interpreter outside your presence either before or after the session.

Seating arrangement

Ideally, the seating should be arranged so that the interpreter can maintain eye contact with you and your client. If possible, you and your client should face each other; with the interpreter seated to the side between you and the client. For group meetings, there should be adequate seating for everyone involved. Your client and the interpreter should be seated close to each other and be able to see everyone at the meeting:



Opening the session

Once the client and interpreter have joined you in the meeting room you should:

- Confirm that your client and the interpreter speak the same language.
- Introduce the interpreter to your client and explain their role (only to interpret while maintaining confidentiality).
- Avoid long sentences and speak directly to your client as the first person (For example, when speaking to your client, “What is your name?” would be correct, whereas addressing the interpreter with “Ask her what her name is” would be incorrect. Another example would be; (speaking to your client): “You have slightly higher than normal pressure in your left eye. We will need to organise an appointment for you to come back so I can administer some eye drops” is correct. On the other hand, (speaking to the interpreter): “Tell her that she has high pressure in her left eye. Ask her when she can come back again for some eye drops” is incorrect.
- Use plain English / terms and try to avoid jargon. Speak slowly and pause frequently to allow for the interpretation
- Listen actively to the interpreter and your client. If you feel the interpreter and the client are speaking to each other rather than interpreting the conversation, ask the interpreter to keep you informed of what is being said. Challenge the interpreter if you think they are not following the "code of ethics".

- Ask the interpreter to confirm with the client that he/she has understood the session.
- Encourage the interpreter to ask for any clarification if they do not understand anything or there is a cultural reference which may lead to any misunderstanding on either side.
- Do not let more than one person speak at one time and only interrupt if necessary
- Allow a break of 10 minutes for every hour of interpreting time.

Closing the session

Before concluding the meeting you should:

- Give your client the opportunity to summarise and / or clarify any matters.
- Allow your client to ask any questions or give feedback.
- Allow your client to leave the premises before debriefing the interpreter and completing the necessary paperwork.

Debriefing the interpreter

You may wish to discuss the meeting with the interpreter if:

- He/she wants to tell you anything that could not be said during the interview.
- You want to clarify particular points
- There are cultural questions to be considered.
- You need to discuss any problems or misunderstandings.