



# GP and Practice Staff Guidance on Using Interpreting Services



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**Produced by the Safeguarding Children Team**

# Contents

- Introduction.....1
  - Why are interpreting services so important?..... 1
- Standards..... 2
  - Role of the Interpreter..... 2
  - Communication and Consent.....2
- Best Practice..... 3
  - Working with Interpreters..... 3
- Language Line..... 4

## Appendices

Suffolk Population: Most Commonly Spoken Languages

***NB. For the purpose of this policy interpreting refers to verbal communication; transferring ideas expressed orally, or by the use of gestures as in the case of sign language, from one language to another.***

# Introduction

## Why are interpreting services so important?

The high profile Serious Case Review (SCR) undertaken by Coventry LSCB in relation to the tragic death of Daniel Pelka found that there were significant safeguarding lessons to be learned in relation to agencies failing to use interpreting services and subsequently missing opportunities to identify and explore safeguarding and wellbeing concerns and take steps to protect and safeguard.

**The Daniel Pelka SCR recommended that agencies should consistently use interpreter services with families who do not have English as a first language and that Interpreters must be used to interview children alone or to enable them to understand their wishes and feelings, when they are the subject of safeguarding concerns.**

**Remember: the welfare of the child is paramount (Children Act 1989).**

The NHS Constitution, published on 21 January 2009, states that:

*“The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.”*

Other benefits in relation to using interpreting services include:

- Cost: limited English Speakers without Interpreters incur higher charges and longer stays than other patients, increasing the cost of patient care.
- Efficiency: without effective in-language communication “Did Not Attend” (DNA) costs increase. DNA expenses are currently estimated to cost the NHS over £400 Million per annum.
- Accessibility and responsiveness: limited English speaking patients without interpreting access return to emergency care more frequently than interpreted patients, increasing the cost of patient care. Many limited English speaking people admit they wait for an emergency to seek health care, as they fear a situation where they cannot clearly communicate.
- Patient care: Interpreters ease the tension and frustration experienced by patients who do not speak English and thus improves the quality of patient care.
- Compliance: the risk of litigation is significantly increased if care is not provided in line with equality, human rights and regulatory frameworks.

**This guidance document has been produced by the Suffolk CCG Safeguarding Children Team. It seeks to outline good practice around using interpreting services and support primary care practitioners to access these services.**

## Standards

It is a legislative requirement to ensure that patients who have a hearing or speech impairment/loss, or whose first language is not English, should be provided access to an appropriate communication support service.

It is well recognised by legislation that using family members, friends and other patients for interpreting is highly inappropriate and lends itself to a degree of risk e.g. patient confidentiality, inappropriate admissions, lack of informed consent.

Interpreting is a professional skill which requires appropriate and effective use. Health professionals must therefore identify patients communication needs, where possible, on initial contact and document these in the patients' notes. This will facilitate a proactive response to meet individual need.

## Role of the Interpreter

- To interpret accurately what is said, without anything being added, omitted or changed.
- Respect confidentiality at all times and not seek advantage of any information disclosed during the interview.
- To act in an impartial and professional manner.
- Disclose immediately if having difficulties with dialect or medical terminology.
- Disclose immediately if the patient is known or related to them.
- Be non-judgmental and not to give advice or reaction to people involved in interpreting session.
- To intervene only:
  - to seek clarification;
  - to point out if someone has not understood something;
  - to identify any cultural misunderstanding.

*Based on Institute of Linguists Code of Practice*

## Communication and Consent

GMC guidance 'Consent: patients and doctors making decisions together' states that you should always check whether the patient needs any additional support to understand information, to communicate their wishes, or to make a decision. You should bear in mind that some barriers to understanding and communication may not be obvious; for example, a patient may have unspoken anxieties, or may be affected by pain or other underlying problems. You must make sure, wherever practical, that arrangements are made to give the patient any necessary support.

This might include, for example: using an advocate or interpreter; asking those close to the patient about the patient's communication needs; or giving the patient a written or audio record of the discussion and any decisions that were made.

## Best Practice

Check patients notes for specific communication needs e.g. Deaf/deaf-blind, language etc.

Interpreter services should be used consistently with families who do not have English as a first language

Interpreters should be used for all planned admissions, assessments, clinical consultations, informed consent and discharge.

**Interpreters must be used to interview children alone or to enable them to understand their wishes and feelings, when they are the subject of safeguarding concerns.**

**If you are worried that a child, young person or adult is at risk of abuse, harm or neglect call the Multi Agency Safeguarding Hub (MASH) via Customer First on 0808 800 4005.**

The patient can also request an interpreter/communication aid without the agreement of the health practitioner. In this case practitioners must ensure that the patient has access to an appropriate service.

**It is professionally and ethically not acceptable to use children (under 16) as Interpreters.**

## Working with Interpreters

Working effectively with interpreters requires thought and planning.

Health professionals working in busy clinics and practices may have their own preferred ways of working, therefore may be unprepared for the dynamics and complexity of a three or four way dialogue.

It is important to recognise that some preparatory work can be useful. When arranging interpretation the following procedure should be allowed:

- ✓ Provide patient information to the interpreter on pertinent issues e.g. a patient's mental state or a patient's inability to communicate verbally.
- ✓ Allow enough time for the interview – twice as long as an interview without an Interpreter. Explanations of cultural perceptions and backgrounds may be required.
- ✓ Indicate how long the session is likely to run.
- ✓ Ensure that the interpreter and the patient speak the same language and dialect.
- ✓ Match the gender of interpreter and patient if appropriate. Explain the nature of the interview.

## Language Line

This telephone interpretation service is available 24 hours a day, 365 days a year.

Check the preferred language with the patient. Language cards should be easily accessible in your practice if the patient cannot tell you which language they speak. Extra language cards can be ordered direct from Language Line by email: [supportmaterials@languageline.co.uk](mailto:supportmaterials@languageline.co.uk)

***Remember: whenever you contact Language Line you will need your Department account number and your site ID – if you have misplaced your access information you can call Language Line on the number below, choosing Option 3.***

Contact Language Line on 0845 310 9900

The operator will ask for the following:

- your ID code;
- your organisation name (and department where appropriate);
- your initial and surname;
- the language required (say if you require a specific interpreter);
- the patient's location i.e. with you.

Stay on line while the operator connects you to a trained interpreter. This takes about 30 seconds.

Note the interpreter's ID code; introduce yourself; brief the interpreter; say what phone you are using (e.g. single/dual handset, speaker phone, mobile).

Ask the interpreter to introduce you and themselves to the patient, and give the interpreter your first question or statement.

Give the interpreter time to interpret between you and the patient, and remember to speak clearly and slowly.

Let the interpreter know when you have finished.

# Suffolk Population: Most Commonly Spoken Languages

## West Suffolk

Results from the 2011 Census indicates that the top 10 most spoken languages other than English in West Suffolk (Forest Heath, St Edmundsbury and Babergh areas) are:

1. Polish
2. Portugese
3. Lithuanian
4. Filipino
5. Spanish
6. French
7. Russian
8. German
9. Malayalam
10. Slovak

## Ipswich and East Suffolk

Results from the 2011 Census indicates that the top 10 most spoken languages other than English in East Suffolk (Ipswich, Mid Suffolk and Suffolk Coastal) are:

1. Polish
2. Portugese
3. Lithuanian
4. Bengali
5. Kurdish
6. Chinese
7. Russian
8. Filipino
9. Malayalam
10. French