

## **Guidance in Using Interpretation Services**

### **Introduction**

With increasing numbers of people of diverse cultures and ethnic backgrounds settling, living and working in Ireland, it is estimated that approximately 167 languages are presently spoken in the country. Many health service users have limited proficiency in English. Inability to communicate effectively in the language of a host country forms a major barrier to accessing and participating in health service delivery and leads to misunderstanding, confusion, and ultimate poor outcomes for service users and providers.

Principles of equity, accessibility and person centredness are central to enhancing service delivery within a transforming HSE. These require that actions be taken around development of a standardised system of providing Interpretation services, which should be availed of by service users and HSE staff, where appropriate and necessary. Provision of interpretation services forms a small but essential element of addressing the HSE's stated 6 priorities within its Transformation programme ie.

- Simplified patient journeys,
- Easier access to primary care,

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- Easier access to high quality hospitals,
- Increased range of chronic illness programmes,
- More transparent and measurable standards, and
- Greater staff involvement in transformation.

Equality legislation places a further obligation on the HSE to ensure that service users from diverse backgrounds are facilitated – via interpretation and associated services – to access and use health services optimally, on an equal basis to all other service users.

The need to ensure provision of quality interpretation services in Ireland is not unique to the HSE, with similar themes around access, equality, legal risks and cost effectiveness common to a range of statutory service providers, including the Departments of Justice, Equality and Law Reform, Courts Services, Family and Social Affairs, Environment, Trade and Employment, and so on. The pressing nature of these concerns has led to commissioning of an extensive study by the National Consultative Committee on Racism and Interculturalism, funded by the Reception and Integration Agency, around the development of Quality, Cost effective Interpreting and Translating services for Government Service Providers. The HSE is an active participant in the Advisory Group established to guide and oversee this project. Findings of this study should inform the nature of further development of interpretation and translation services within the HSE.

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While policy is developed at different levels around aspects of interpretation, the urgency of addressing needs of service users presenting to health services with requirements for interpretation and associated services continues to grow. This paper offers some guidance around establishing need for Interpretation services, using Interpreters, and factors to be considered when availing of their services.

### **When is an Interpreter necessary?**

- Service users / patients may arrive at the GP surgery, health clinic or hospital, unable to communicate at all in English. In such instances, the need for an Interpreter is immediately obvious.
- Sometimes, service users may present for appointments, accompanied by family members or friends, ready to interpret on their behalf. In most instances, especially where situations are of an intimate or confidential nature, such an arrangement is inappropriate, and use of a professional Interpreter should be encouraged. The use of children as interpreters is absolutely inappropriate – except in emergency situations – and should be strongly discouraged. The use of staff members as Interpreters should also be avoided.
- Patients may indicate that they are proficient in English and do not require the services of an Interpreter. While this may be the case, it has to be remembered that assuming greater language skills on behalf of the service user holds potential for inaccurate diagnosis, inappropriate treatment and some disempowerment of the patient. Where a service user is able to communicate at a basic English

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language level, any stress or distress within the consultation or treatment may act to impede these basic language skills in significant measure.

- Where any doubt exists around language proficiency, it is advisable to encourage use of an Interpreter. If a patient refuses the services of an Interpreter, this should be noted in the file, together with the patient's signature.
- Consent of the service user should be obtained before booking services of an Interpreter. This should be recorded in a relevant folder.

### **Role of the Interpreter**

- The role of the Interpreter is to facilitate communication between two individuals, where, within the HSE context, one person is a health service staff member and the other is a patient requiring a health service.
- The Interpreter is thus expected to provide direct oral translation of statements made by staff member and service user. It is not appropriate for the Interpreter to omit or expand on statements made, to offer opinions or explanations around these, or to engage the patient in discussion.
- Depending on the nature of the consultation, different types of interpreting may be more practical:

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**On site / Face to Face Interpreting:** The Interpreter is present at the session, interpreting directly between parties. This type of interpreting is regarded as most ideal for health related situations and should always be employed in stressful situations, for example, when news of a distressing nature is imparted or in situations requiring counselling.

**Telephone Interpreting:** Here, an Interpreter is accessed by telephone, with a speaker phone used during the consultation. This type of interpretation is often a practical use of interpretation services as the agency contracted to provide the service is in a position to offer a range of languages, including ones which are not commonly spoken in Ireland, at short notice. This type of interpreting is useful for emergency situations and for routine matters, such as setting up and confirming appointments.

### **Communicating with the patient if no Interpreter is present**

- Before an Interpreter is booked, or has arrived, various visual aids may be used to ascertain the language / dialect spoken by the service user. These aids may include charts denoting various languages. An example of this is shown in the attached appendix. More detailed charts in a range of languages may also be used, where the patient points to appropriate symbols or sentences. These multilingual aids are very useful in initial contacts but are not a substitute for provision of a professional Interpreter.

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- Conversation with the patient should be calm and not convey a sense of time pressure or urgency. Short, simple sentences should be used with frequent pauses. It is not necessary to speak in a raised voice! Asking a simple question should establish whether the content of the communication has been understood.

### **Role of HSE Staff member/Service Provider**

- It is the responsibility of the staff member / service provider to source and engage an Interpreter. While the service user may request the services of an Interpreter, it is not his or her responsibility to secure these services.
- Where further appointments are needed for a specific patient, the staff member should ensure that associated Interpreter bookings are made well in advance. A distinctive note / flag should be placed in the patient's file, indicating the requirement to book an Interpreter before any appointed consultation. Where referrals are made to other services / disciplines, similar notifications should be effected.
- The staff member should confirm with the relevant Interpreter / Agency the language / dialect involved in any booked assignment, the Interpreter's competency or experience in interpreting medical terminology, and purpose of the appointment. Other administrative aspects should also be confirmed.

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- All interactions with service users should be effected by staff members who are culturally competent in working with people from diverse backgrounds. Training in this area may be necessary.
- The staff member should be sensitive to the cultural needs of the patient. Wherever possible, depending on these needs, for example, an Interpreter of the same gender may be requested when booking an Interpreter appointment.
- A consultation involving use of an Interpreter may take longer than a routine appointment. Additional time should be allocated for this when appointments are made.

### **Booking an Interpreter**

Different parts of the HSE may have a range of arrangements around sourcing and booking Interpreters. The following should be considered in all situations where interpreters are booked and assigned to a consultation:

- Service users should be aware that interpretation services are available, if required. Posters, or notices to this effect in different major languages should be clearly displayed in waiting and other public areas.

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- Interpreters should confirm their capacity to accept and carry out the assignment, indicating their proficiency in the required language, as well as in aspects of medical interpretation.
- Interpreters should be briefed around the nature of the consultation. This is especially necessary if the consultation is of a sensitive or emotional nature. Details in relation to the patient, diagnosis or condition, and other personal details should not form part of this briefing.
- Interpreters should confirm their identity via a badge, card or other professional means of identification. Identity should correspond with the name provided by the agency when the relevant booking was made.

### **Consultation Session**

- The Interpreter should be introduced to the patient and his / her role explained clearly to the patient. The Interpreter should confirm that the patient consents to use of an Interpreter. Assurance of confidentiality should also be reiterated. The staff member should be alert for any difficulties the patient may demonstrate in relation to acceptability of the Interpreter – issues around ethnic community / nationality may present in situations where previous war or conflict has taken place.
- Service user, Interpreter and staff member should be seated comfortably in a triangle or circle.

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- If a speaker phone is used, this should be placed between the staff member and the patient.
- The Interpreter relays statements directly; statements are thus communicated in the first person ie. “I” when the Interpreter wishes to clarify a point though, he / she refers to “the Interpreter” to avoid confusion. The staff member also talks in the first person.
- The patient should be addressed directly, with the service provider maintaining eye contact with him / her, both during the direct communication and when the Interpreter is speaking.
- Simple, clear sentences should be used, using specific terms eg. “every day”, instead of “often” or “occasionally”. Jargon and abbreviations should be avoided. After a few sentences, there should be a pause to allow the Interpreter to relay what has been said.
- The patient should also be reminded to speak slowly, using a few sentences at a time. The Interpreter should not interrupt while the patient is speaking.
- It is important to be aware that apparent understanding by the patient, through gestures such as nodding, does not indicate full comprehension.
- To ensure that the patient understands the content of the discussion, it may be useful to ask him / her to summarise this in his own words.

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- The Interpreter may take notes during the consultation, as a means of ensuring accuracy of facts being relayed and assisting memory. However, any notes should be destroyed at the close of the consultation.

### **After the Consultation**

- At the end of the assignment / consultation, the Interpreter should sign an Attendance sheet, containing details of time spent in the consultation, language spoken and other designated administrative details.
- Monitoring and evaluation of any interpretation services is advisable and useful. Consideration may be given to completion of feedback forms by service user and by members of staff involved in the consultation. The service user should be informed of the purpose of such feedback, and assured of its confidentiality.
- Interpreting in stressful, highly charged situations may be emotionally distressing for the Interpreter. Arrangements should be in place for “debriefing” and support in such situations.
- Attendance forms should be recorded, and other relevant information regarding administrative aspects of the consultation noted and filed.

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- Arrangements should be in place for validation and payment of invoices on receipt of these from the Contracting Agency or individual Interpreter. Records should be kept of monies spent annually on Interpretation, of languages used during sessions and of any other aspects relevant to the particular health service.

### **Interpretation Agencies**

The following comprises a list of known agencies offering Interpretation services. This will be updated to reflect new or previously unknown agencies. Please note that it is not possible to vouch for the quality of services offered by any agency – this list is merely supplied as a means of assisting staff to source an Interpretation service:

**Forbidden City:** Tel. 016174831

**Global Translations Ltd.:** Tel. 012960533 / 012960069

**Lionbridge International** (formerly Bowne Global Solutions : Tel. 01 2021200

**Word perfect Translations Ltd.:** Tel. 018262649

The **Irish Translators' and Interpreters' Association** ( Tel. 018721302) keeps a register of members, which contains names of individual members and their languages of proficiency.

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**For Further Information, please contact:**

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## **Acknowledgements and Useful References**

**British Red Cross: Emergency Multilingual Phrasebook.**

**Centre for Ethnic Minority Health:** Glasgow

**Irish College of General Practitioners:** General Practice Care in a Multicultural Society: A Guide to Interpretation Services and Cultural Competency, 2005

**Massachusetts General Hospital: Medical Interpreter Service.** [www.massgeneral.org/interpreters/working](http://www.massgeneral.org/interpreters/working)

**Resource file:** National Intercultural Hospitals Initiative

**Health Service Executive:** Draft National Intercultural Health Strategy, 2007

**Queensland Government's website on Multicultural Health:** [www.health.qld.gov.au/multicultural/](http://www.health.qld.gov.au/multicultural/)

**Language Line services:** [www.languageline.co.uk](http://www.languageline.co.uk) ( Language Identification sheet)