

Good Practice Guide to Interpreting



WSPM Agape Community Project

Good Practice Guide to Interpreting

Edited by Al Hasaniya Moroccan Women's Centre

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Publication**

In association with

**Al-Hasaniya Moroccan Women's Centre
Chinese National Healthy Living Centre
Midaye Somali Development Network
Queens Park Bangladeshi Association
WSPM Agape Community Project**



1. Introduction

This guide was produced to assist you and your family to understand why you should communicate with health services through a formal interpreter. It explains why interpreting is important and how to use an interpreting service correctly.

If you do not feel very confident when speaking in English, using an interpreter will ensure that you are able to communicate clearly with your doctor and other health service professionals.

2. Why should I use an interpreter?

When you need information on a health issue, it is important that you are able to communicate clearly with health professionals so that they can understand your needs.

If you do not understand what is being said and cannot explain your needs to a health professional, the medical treatment you receive may be inappropriate and you may not receive the care you need. You might be given the wrong medication or denied the right choices in your treatment. And if you do not understand what is happening to you, you may feel anxious and helpless.

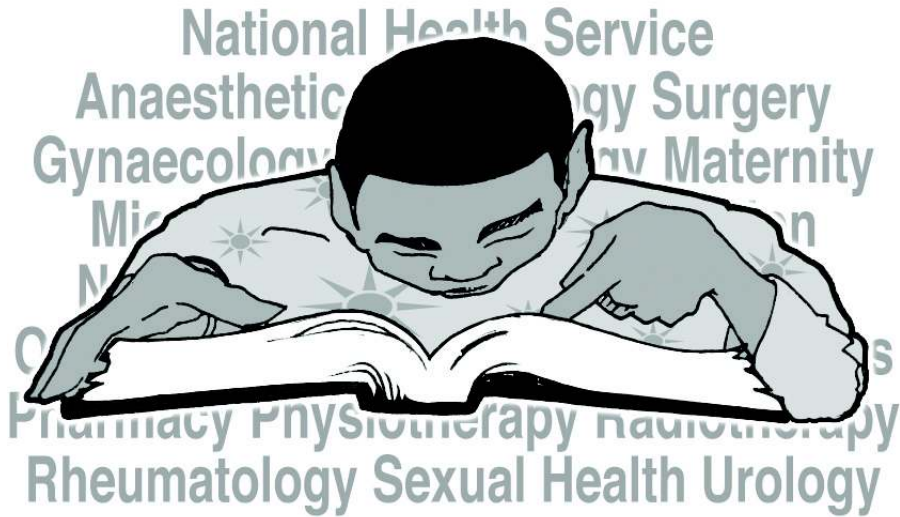
If English is not your first language, you are entitled to use an interpreter to assist you at any of your clinical appointments, for example, at your GP practice, at the hospital or at the dentist. This is your right.

You are entitled to an interpreter to support you.



3. What is the difference between formal and informal interpreters?

Formal interpreters, also called official or professional interpreters, have a high level of fluency in the languages they use and are trained to use and understand specialist medical and health related language.



They are specifically trained to work in medical or health-related settings and the service they provide is free of charge to you. They are here to help you so that you can effectively communicate with health professionals such as doctors, dentists and other health workers.

How do I get a formal interpreter?

You can request a formal interpreter to support you whenever you make an appointment with any part of the NHS. This might be at your GP practice, dentist, local Patient Advisory Liaison Service (PALs) or hospital.



Remember, with the support of a formal interpreter you will be able to communicate clearly with health professionals.

The interpreter will provide you with an explanation of everything that is being said and you can ask as many questions as you need so that you understand fully what is happening. Using a formal interpreter is the best way to ensure that your needs are identified correctly, and that you are able to make informed decisions without language difficulties getting in the way.

When you use a formal interpreter, you can expect:

- **Confidentiality**
- **Good understanding of medical terms**
- **Accurate translation**

4. Why should I avoid using family and friends as interpreters?

There are many reasons why you might like to use your friends and family to interpret for you. You may feel that they know you very well and that they have been interpreting for you for a long time. It is always helpful to use a family member or friend in an emergency or to help you book an appointment with your GP or to request an interpreter.

But before you consider asking a family member or a friend to interpret for you at a medical appointment or a meeting you need to consider the following:

1. Lack of knowledge and training

– it is unlikely that your friend or family member is completely fluent in both languages or that he/she understands specialist medical language.

3. Emotional involvement

- Things which upset you will probably also upset your friend or family member too. They know you and care about you and so it would be difficult, for example, if they had to give you bad news.

2. Embarrassment

– Family and friends could easily feel embarrassed by the illness or symptoms being discussed. They may also be reluctant to admit if they do not understand what is being said and feel too embarrassed to ask for help.

4. Confidentiality and professional boundaries

- Family and friends are not professionals and do not have to abide by any code of practice. They may not keep your information confidential.

REMEMBER: The consequences of an interpreting error could lead to a miscommunication or a misunderstanding of clinical information. Using your family and friends as interpreters at medical appointments can cause clinical errors and lead to serious consequences for your health.

Examples of the work of the Good Practice for Access & Wellbeing Programme' Community Projects

Client 1: An elderly illiterate Arabic speaking woman came to Al Hasaniya Moroccan Woman's Project for help with her translation. She had received letters from her GP which she was unable to read.

One of the letters concerned a referral to Westminster Rehabilitation Service which had been made by her GP. The letter explained that she had been given an appointment for a home visit to assess her walking difficulties. But as the client was unable to read the letter she had missed the appointment.

Al Hasaniya called the Rehabilitation Service and was told that as the appointment had been missed her case had been closed and the client needed another referral by her GP. Al Hasaniya wrote a letter to the client's GP explaining what had happened. The client took the letter with her to her next GP appointment.

Client 2: A French speaking client from Congo with a First Degree in Bio-engineering from Belgium. As a European Union national she has full entitlement to NHS Primary Health care services. A lone parent, she has lived in the UK for eight years with her young child.

The client attended a workshop at Kongolese Centre for Information & Advice (KCIA) on access and awareness of NHS Primary Care Services in September 2009. Following that workshop she told KCIA that she had a concern about her GP's assessment of her child's health condition. In addition, she said that she felt the service that she received from the GP surgery was unsatisfactory and that she had experienced discrimination. She explained that it was only when she listened to her instinct and took her child to the local Accident & Emergency (A&E) department that a consultant diagnosed a urinary infection.

KCIA provided this client with information on how the NHS works and what the Primary Care system is. She was also referred to the PALs because she sought information on making a complaint. The client reported that she felt empowered by the additional knowledge and that her understanding of NHS services had increased as a result of the information and support that she received from KCIA.

Client 3: A middle aged Somali woman who speaks reasonable English attended Midaye complaining that her GP repeatedly prescribed her anti-depressants, even though she was suffering from back pains and not a mental health condition. On each visit her GP increased the prescribed dosage.

This client lacked the necessary language skills to explain her back problem clearly. On each occasion that she attempted to describe her condition she became flustered and consequently her GP assumed that she was suffering from depression. The client is a single parent experiencing isolation, as well as cultural and linguistic barriers, conditions often associated with patients suffering from depression.

Midaye asked if she had ever used the help of an interpreter or community worker on any of her visits to the GP. It was explained to her that with the right language support she would be able to make her GP understand which that she was not suffering from depression. It became clear that she had never used a formal interpreter and that the continued misunderstanding was due to communication.

As a result of Midaye's intervention, advocacy and support, years of miscommunication and wrongly prescribed medication was resolved. The client was able to appreciate the value of a formal interpreting service. Her GP also understood that even when a patient speaks English in a confident manner, they may not always be able to convey their symptoms accurately. Both GP and client learnt a valuable lesson about formal interpreting and its importance when bridging communication gaps.

5. Why children should not be used as interpreters for clinical appointments

Under no circumstances should children (under 16) be used as interpreters except in an extreme emergency when there is no access to a phone or an adult to act as an interpreter!!



Evidence shows that the use of children as interpreters runs a high risk of misdiagnosis and incorrectly prescribed medication. An interpreter's job requires considerable language skills, training and knowledge of specialised vocabulary. It is unfair to ask a child to do an adult's job, particularly where errors may have significant medical consequences which could place a heavy burden on them and even affect their quality of life.

No child should have to learn of a parent's serious illness from a GP and have to pass that information on to their parent.

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When you ask a child to interpret for you in a medical setting you need to consider their feelings:

Could s/he be embarrassed or upset by what is being said?

Could what is being said damage her/him in any way? Adult conversations about your health will be beyond their comprehension and potentially upsetting.

Can you expect a child to be a reliable interpreter?

Have you considered that s/he may worry that they are not interpreting correctly and are getting things wrong?

Very often children, particularly younger children, resent having to be an interpreter; they may even resent you for needing them to do it. This is particularly so if they are missing out on school or on socialising with peers in order to attend appointments.

Interpreting can often be complicated and stressful. Think about how interpreting makes your child feel, and how frustrated and anxious they may be about what is happening to you!

Using young children as interpreters may have a negative impact on their health & wellbeing; it is damaging to them, and it is dangerous for the adult. Problems that arise when using children to interpret include:

Role Reversal -Your child ends up having to process information and provide help and support to you, the parent. This should not be the child's role.

Guilt - It is possible that your child will feel they are the cause of your condition because of something they said or did, perhaps because of a mistake they made during the process of interpreting for you or even if no mistake is made.

Your child may unintentionally interpret messages to suit his/her personal view of what is appropriate, convenient, or proper to say to spare parents from suffering embarrassment.

The following case studies illustrate the problems that too often arise:

CASE STUDY 1

'A young African girl aged 16, recently arrived from Sierra-Leone, had to attend her mother's GP appointment to interpret for her. The doctor explained that her mother might have a medical condition called fibroids. The mother was concerned as she was planning on having more children and she did not know how this would affect her. The young girl had to explain to her mother that it could affect her ability to have more children and that she would have to have an operation to remove the fibroids. Both mother and daughter were distressed about the situation. The mother felt uncomfortable about her daughter interpreting for her in such circumstances, but felt she did not have any other choice.'

CASE STUDY 2

'A Bangladeshi lady was prescribed medication by her GP for various medical conditions. However, due to her lack of English she wasn't clear as to which medication was for which condition.

When she returned home with the medication that she had collected from the pharmacy, she had to ask her children to look through her medicine and tell her which medication to take for which condition and also when they were to be taken.'

CASE STUDY 3

'A young student who was called out of class to tell her Cantonese speaking mother that she had cancer. She did not know the Cantonese words for surgery or chemotherapy. In shock and overcome with grief she could only tell her mother that the doctors were going to cut into her body.'

6. How do I get an interpreter?

Ideally, your GP practice should ask you if you need an interpreter when you book your appointment and they should keep this information on their records. If this does not happen you need to request for an interpreter. In emergencies and in situations where booking an interpreter is not possible you should be offered interpreting over the telephone. But if you are not offered any form of interpreting, or if the interpreter fails to turn up for your appointment, you must request for an interpreter.

If you have immediate concerns you may prefer to ask for a telephone interpreter to be provided immediately rather than make another appointment (Language Line currently provides telephone interpreting for the NHS in Kensington & Chelsea and Westminster). The service is free and confidential. If no interpreter has been booked for you or if s/he fails to turn up you will be asked to book another appointment. In emergencies and certain situations you will be offered telephone interpreting.

Remember: you have a responsibility to ensure that an interpreter has been booked for your appointment. If you are not offered an interpreter, request one yourself. This is important as your GP surgery or NHS service may need to book a double appointment for you, in order to allow for the extra time that you will need for interpreting.

Make sure when you ask for an interpreter that you explain what language and dialect you require. If you have a preference for a male or female interpreter make it known so that all reasonable steps can be taken to ensure that the interpreter meets your needs.

If you are not happy with your interpreter, you have the right to complain and request a different interpreter. Please see section 9 on page 15 for information about how to complain and raise concerns.

7. Common questions

Q1. Can I have the same interpreter for follow up appointments?

A. You can request the same interpreter but there is no guarantee that you will get him/her again.

Q2. I feel more at ease when a family member or friend attends appointments with me, can s/he still come if I have an interpreter?

A. Yes, as long as he or she is an adult. You have to use your judgement as to whether the issue is suitable for him/her to be involved.

Q3. Can I have an interpreter to help me with registration?

A. It will depend on the contract that that NHS has with that particular service, you will need to check with the service or contact your local PALS (see section 9 Patient Support)

Q4. If after my appointment I have further questions regarding my health, should I contact my GP or the interpreter?

A. You should always contact your GP.

Q5. What if I speak a dialect?

A. You should ask and your NHS service will do its best to find you an interpreter who meets your specific needs. However, the reality is that it is not always possible to secure interpreters for all dialects. If so, you will be offered the best alternative available.

8. What can I expect from an interpreter or a Language Support Service (LSS)?

Currently there are no agreed or accredited national standards or competencies for interpreters or interpreting support services. However the London Health Commission¹ has identified a standards benchmark checklist of *key features for a successful language and communication support service, which* service users have emphasised as being important when they use language and communication support services.

The areas covered are:

1. Availability
2. Accessibility
3. Structure
4. Operational
5. Flexibility
6. Staff/workforce

With regard to interpreters (staff/workforce), the following standards have been identified:

- The service provides training for the health worker in the organisation so that they fully understand the role of the LSS service, the organisational standards and how to use the service effectively.
- The service defines the basic competencies for LSS practitioners.
- The service employs professional LSS practitioners who are able to interpret accurately and who respect patients and health workers.
- The service trains LSS staff to an agreed local standard with appropriate competencies in terms of knowledge, skills, behaviour and attitudes.

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- The service ensures that LSS staff are helpful, friendly, punctual, courteous, non judgemental, appropriately dressed and empathetic.
- The service ensures that LSS practitioners are 100% accurate in their interpreting and can make information to service users accessible at their particular level.
- The service has good knowledge of cultures, social and economic background and religious / spiritual needs of local language groups.
- The service ensures that LSS staff have knowledge and understanding of relevant public sector structures and services and understand different professional terminologies and jargon used within different public sector settings.
- The service ensures that LSS staff are motivated, valued and their pay is appropriate.
- The service ensures that LSS staff are able to refer service users to relevant local organisations for further support.

London Health Commission, Language and Communication Support Project -
QUALITY AND CAPACITY BUILDING PHASE, LSS Resource Guidelines.
Silkap Consultants, November 2006

9. Patient support

If you wish to give feedback about the service that you or a relative have received from your GP surgery, NHS dentists or any other NHS service, or if you would like to raise any concerns or complain, you can choose one or more of the following options. Whenever possible, you should raise your concerns directly with the service concerned. However, if this does not resolve the issue or if you do not feel comfortable speaking to them directly, then contact the PALs for advice on how to approach the service or to complain.

It is the PALs' role to help the NHS improve services by listening to what matters to patients and their relatives and making changes, when appropriate. PALs will:

- Provide you with information about the NHS and help you with any other health-related enquires;
- Help resolve concerns or problems when you are using the NHS;
- Provide information about the NHS complaints procedure and how to get independent help if you decide you may want to make a complaint;
- Provide you with information and help introduce you to agencies and support groups outside the NHS;
- Inform you about how you can get more involved in your own healthcare and the NHS locally;
- Improve the NHS by listening to your concerns, suggestions and experiences and ensuring that people who design and manage services are aware of the issues you raise;
- Provide an early warning system for NHS Trusts and monitoring bodies by identifying problems or gaps in services and reporting them.

There is a PALs in every local NHS organisation, including NHS Kensington & Chelsea and NHS Westminster, and every hospital. To contact PALs, you can ask **WSPM Agape Community Project** to help you, your local Citizen's Advice Bureau or contact PALs directly at

NHS Kensington & Chelsea: Monday-Friday 9am-5pm 020 8962 4547, by fax on 020 8962 4828 or email pals@kc-pct.nhs.uk

NHS Westminster: Monday-Friday 9.30am-4.30pm on 0800 587 8818, by text on 07766 251 458 or email pals@westminster-pct.nhs.uk

- St Mary's Hospital: 0800 716 131
- Chelsea & Westminster Hospital: 020 8846 6727
- The Royal Brompton & Harefield Hospital: 020 7349 7715
- The Royal Marsden Hospital: 0800 783 7176
- Central & North West London Mental Health Trust: 020 8237 2329

Community Projects/Organisations: Talk to **WSPM Agape Community Project**

NHS complaints procedure: The NHS has its own complaints procedure, which is always the first step for any formal complaint. You can find detailed information about the NHS complaints procedure on the NHS Choices website <http://www.nhs.uk/Pages/HomePage.aspx>

NHS Choices: is a website designed to allow patients to access NHS approved information. You can comment on GP practices and NHS hospitals on this website <http://www.nhs.uk/Pages/HomePage.aspx>

Care Quality Commission (CQC): You can also make a complaint or raise a concern by getting in touch with the Care Quality Commission, which is the new health and social care regulator for England. CQC can be contacted as follows:

General enquiries

For general enquiries call our customer services team, who are available 8.30am to 5.30pm, Monday to Friday.

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Website: <http://www.cqc.org.uk>

Address: Care Quality Commission National Correspondence
Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA

Concerns and complaints

Find out how raise a concern or complaint with a health or social care service and how to make a complaint about us on the following website:

<http://www.cqc.org.uk/contactus/howtoraiseaconcernorcomplaint.cfm>

Telephone: 03000 616161

Address: Finsbury Tower, 103 - 105 Bunhill Row, LONDON EC1Y 8TG

The Parliamentary and Health Service Ombudsman:

If you have tried the NHS complaints procedure but are dissatisfied with the response to your complaint you can contact the Ombudsman, whose role it is to carry out an independent investigation into your complaint. If you need to make a complaint about a UK government department, or one of its agencies or the NHS in England, ring the Ombudsman's complaints Helpline, it is open 8:30am to 5:30pm Monday to Friday:

Telephone: 0345 015 4033

Email: phso.enquiries@ombudsman.org.uk

Fax: 0300 061 4000

or write to us at:

Address: The Parliamentary and Health Service Ombudsman
Millbank Tower, Millbank, LONDON SW1P 4QP

Acknowledgement

This guide was produced as part of the **BME Health Forum's Good Practices for Access & Well-being Programme** (GPAW), a programme developed to pilot approaches to improving access to primary care services for BME communities in Kensington & Chelsea and Westminster. The **BME Health Forum** (BME HF) is a formal bridging structure – a collaborative partnership network between statutory, voluntary and BME community organisations - that aims to improve health and reduce inequalities for BME communities in the Royal Borough of Kensington & Chelsea and the City of Westminster (KCW).

The programme was coordinated on behalf of the BME HF by **Migrants and Refugees Communities Forum**, which promotes the rights of migrants and refugees by supporting and strengthening development of their community organisations, ensuring access to services and opportunities, establishing effective partnerships with statutory and voluntary agencies, with the ultimate aim of developing self-sustainable community organisations capable of participation in and contribution to an inclusive society.

This guide was produced in partnership with the following community organisations:

Al-Hasaniya Moroccan Women's Centre: serving the needs of Moroccan and Arabic speaking women and their families;
Bays 4 and 5, Trellick Tower, Golborne Road, LONDON W10 5PL
Tel: 020 89 69 22 92

Chinese National Healthy Living Centre: promoting healthy living and access to health services for the Chinese community;
29-30 Soho Square, LONDON W1D 3QS
Tel: 75 34 65 46

Midaye Somali Development Network: serving the needs of the Somali community and ethnic minorities;
Unit 6, 7 Thorpe Close, LONDON W10 5XL
Tel: 020 89 69 74 56

Queens Park Bangladeshi Association: dedicated to the upliftment of Bangladeshi people in the Queens Park ward and the wider Bangladeshi communities in Westminster;
Office 2, the Beethoven Centre, Third Avenue, LONDON W10 4JL
Tel: 020 89 68 11 77

WSPM Agape Community Project: for disadvantaged groups, including West African and Caribbean communities, residing in Westminster and Greater London;
Unit 4, 51 Elgin Avenue, LONDON W9 3PP
Tel: 02079 98 16 47



Good Practice Guide to Interpreting & NHS Fact Cards



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