

Good Practice Guidance for Front-line Practitioners when Working with Interpreters

Before the session:

1. Before booking an interpreter, ensure that you have the correct details of the client's background (e.g. language, dialect, country of origin) to avoid a clash e.g. interpreter speaks a different dialect or is from a background that clashes politically with the client's.
2. Once you have details for the interpreter, check with the client that they consent to that particular interpreter being present. The client may know the interpreter socially and may not want to share personal stories.
3. Plan the session. Think how you will manage beginnings and endings of sessions. Allow enough time for de-briefing at the end.
4. Plan the session to ensure that the client and the interpreter are not left on their own at any point; before, during or after the session. If you need to leave the session for any reason (e.g. to collect paperwork, consult with colleagues, etc.) invite the interpreter to leave with you. This is vital to safeguard both the interpreter and the client and to ensure that you remain in full control of the session.
5. Spend time with the interpreter before the session and explain relevant background to the case, purpose of the interview, orientation and your style of practice. Share your expectations of working together and ask the interpreter to do the same. Check the interpreter is comfortable to interpret in terms of the expected contents of the meeting. Let the interpreter know if you will be using any specific terminology.
6. Remind the interpreter of the duty of confidentiality and explain that you will be asking the interpreter to explain this duty at the beginning of the meeting to ensure that the client feels safe and comfortable during the meeting. In situations where the client is uncomfortable with the use of an interpreter, it might be helpful to sign a confidentiality agreement at the start of the session. (Example provided at the end)

During the session:

1. Arrange seating so that everyone can see each other.
2. Speak directly to the client; speak in first person and make sure any communication is being interpreted as such.
3. Introduce yourself and the interpreter.
4. Set the ground rules including confidentiality and the fact that everything spoken in the room will be translated. This includes conversations that may take place between family members in the same room.
5. Clarify that you, the practitioner/clinician, have ultimate responsibility for the session. It is necessary that the interpreter feels able to trust you to hold that responsibility.
6. Actively monitor the body language of the client and the interpreter (including eye contact) and the tone and pitch of the spoken language.
7. If it becomes apparent that there are problems of communication between the interpreter and the client or if the client appears uncomfortable in front of the interpreter, the meeting should be stopped. The client may be reluctant to continue because of issues relating to ethnicity, gender, fear, guilt or other factors. In this event the meeting should be stopped in a manner which does not draw attention to the fact that the meeting has been terminated prematurely because of the client.
8. If it becomes apparent that the interpreter is struggling to interpret, either because the client is not accustomed to working with an interpreter, or because of fatigue or secondary trauma, it is your responsibility to stop the meeting and assess whether to continue after a short break or to adjourn the meeting entirely.
9. Be aware of cultural differences.
10. Ask for clarification if there is misunderstanding.
11. Speak in small chunks so that the interpreter can translate accurately.
12. Work collaboratively together with interpreter to form a team.

Issues to avoid during the session:

- Using a member of the family or friend to interpret certain parts of the conversation (see appendix)
- Use of jargon
- Referring to the client in the third person
- Giving responsibility for the session to the interpreter

- Having a private conversation with the interpreter in the client's presence
- Expecting the interpreter to be a general assistant or to look after the client
- Interfering with the interpreting process if you have some knowledge of the language

After the session:

1. The practitioner should accompany the client to the door when the client leaves or if it is a home visit, then the practitioner and interpreter should leave together.
2. After the session, spend some time with the interpreter; ask the interpreter to comment on whether they were comfortable with the content and conduct of the meeting and seek any suggestions for the conduct of future meetings.
3. Remember the interpreter works alone and does not have access to supervision. Where the meeting has involved discussion of particularly emotive, violent or upsetting events, try to actively discuss the interpreter's own wellbeing and encourage her/him to seek any available support from his/her employing agency if required. Accessing safe and appropriate support is important for the interpreter's wellbeing and also avoids situations where the interpreter breaks confidentiality by venting his/her feelings by discussing the session with his/her family and friends.
4. The practitioner should separately contact the client to ask whether s/he was comfortable with the interpreter's service during the meeting and seek any suggestions for the conduct of future meetings.

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Example of a Confidentiality Agreement:

Confidentiality Agreement

Date:

Name of client:

Name of practitioner:

I am an interpreter employed by (agency) and confirm that I have read and understood the confidentiality policy included in my contract.

I agree that I will not disclose the contents of this meeting in any way to any person other than the practitioner.

Name of interpreter: Signature:

Appendix 1

Why Relying on Family Members, Friends and Children is Not Advisable

There is some reliance that a patient's family members or friends can – or should – appropriately serve as interpreters. However, significant problems can arise from the use of family members, friends, and in particular, children rather than trained professionals as interpreters. Service users may suffer direct consequences because they do not fully understand.

One study noted that interpreting errors by “ad hoc” interpreters, including family members or friends, are significantly more likely to have potential clinical consequences than interpreting provided by trained hospital interpreters. Using trained interpreters can ensure confidentiality, prevent conflict of interest, and make sure that medical terms are interpreted correctly.

Adult family members or friends who act as interpreters often do not interpret accurately. Untrained interpreters are prone to omissions, additions, substitutions, opinions and volunteered answers. For example, family members or friends may not understand the need to interpret everything the patient says and may summarize information instead. They may also insert their own opinions or impose their own judgment as they interpret. Family members and friends who act as interpreters may themselves have limited English language abilities and may be completely unfamiliar with medical or other professional terminology.

Furthermore, many service users will not disclose sensitive or private information to family and friends: providers thus may receive incomplete information that can prevent them from correctly diagnosing the problem. For example, if a victim of domestic abuse is brought to an appointment by her abusing partner, who is then asked to interpret for her, the victim is not likely to reveal the scope or cause of the injuries or the nature of the abuse.

While many problems can result from using family members and friends as interpreters, additional problems arise when the interpreter is a minor. Children who interpret for their LEP parents may act as “language brokers” and informally mediate rather than interpret or translate all information. Children who act as language brokers often influence the content of the messages they translate, which in turn can affect their parents' decisions.

Other concerns when using children include:

- Requiring children to take on additional burdens such as decision-making responsibilities.
- Creating friction and role reversal within the family structure which can even lead to child abuse.
- Violating beneficiary confidentiality, which can lead to inadequate services or mistakes in the provision of services.

- Causing children to miss school.
- Causing children anxiety concerning their parents' health/ other issues.

These potential problems should caution profess from relying on family members, friends, and children to interpret in clinical settings, except in emergencies.