Somerset Partnership NHS Foundation Trust

INTERPRETING, TRANSLATING AND ACCESSIBLE INFORMATION POLICY

Version:	4
Ratified by:	Senior Management Team
Date ratified:	January 2017
Title of originator/author:	Head of Corporate Business
Title of responsible committee/group:	Patient and Carers Involvement Group
Date issued:	**January 2017**
Review date:	**January 2020**
Relevant Staff Groups:	All staff, but in particular to any member of staff working in the delivery of care services.

This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Trust Equality and Diversity Lead on 01278 432000

DOCUMENT CONTROL

Reference AS/Jan117/ITP	Version 4	Status Final	Author Head of Corporate Business
Amendments	Reviewed to reflect template changes; new appendices and further guidance on BSL Interpreting.		

Document Objectives: This document provides guidance on working with interpreting and translation services.

Intended Recipients: This policy is relevant to all staff, but in particular to staff working the delivery of care services.

Committee/Group Consulted: PPI Group

Monitoring arrangements and indicators: Monitored through the Regulation Governance Group

Training/resource implications: Detailed in Policy.

Approving body and date	Patient and Carers Involvement Group	Date: September 2016
Formal Impact Assessment	Impact Part 1	Date: November 2016
Clinical Audit Standards	NO	Date: NA
Ratification Body and date	Senior Management Team	Date: January 2017
Date of issue	**January 2017**	
Review date	**January 2020**	
Contact for review	Head of Corporate Business	
Lead Director	Director of Strategy and Corporate Affairs	

CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
Andrew Sinclair	Head of Corporate Business
Phil Brice	Director of Strategy and Corporate Affairs
Members	Senior Managers Operational Group
Members	Regulation Governance Group
Members	Public and Patient Involvement Group

CONTENTS		
Section	**Summary of Section**	**Page**
Doc.	Document Control	2
Cont	Contents	3
1.	Introduction	4
2.	Purpose and Scope	4
3.	Duties and Responsibilities	5
4.	Explanation of Terms Used	5
5.	Interpreting and Translation	6
6.	Professional Interpreting and Translation Services	8
7.	Confidentiality	9
8.	After the Interview: Interpreter Support and Feedback	9
12.	Training Requirements	9
13.	Equality Impact Assessment	9
14.	Monitoring Compliance and Effectiveness	10
15.	Counter Fraud	10
16.	Relevant Care Quality Commission (CQC) Registration Standards	10
17	References, Acknowledgements and Associated documents	11
Appendices		12
Appendix A	Good Practice Guidelines for Face to Face Interpreting	12
Appendix B	Good Practice Guidelines for Telephone Interpreting	13
Appendix C	Good Practice Guidelines for Using BSL Interpreters	14

1. INTRODUCTION

1.1 All NHS services must be accessible to all patients and their carers irrespective of their individual needs. However, people who have a language barrier or hearing and/or visual impairment often face unacceptable difficulties when they use NHS services.

1.2 The Trust is committed to equality of access for patients and their carers who do not use spoken English as their first or preferred language. The Trust will ensure non English speakers, patients whose first language is not English and those with sensory communication needs receive the support and information they need to access services, communicate with staff and make informed decisions about their care and treatment. This extends to people who are Deaf or Deafblind and who might use British (or another form of) Sign Language.

1.3 The Trust recognises reducing care inequalities as part of its obligations under the Equality Act 2010 including ensuring equality of opportunity in terms of accessing services. Comprehensive translation and interpretation services significantly aid this, providing clear information for staff, patients and others.

2. PURPOSE AND SCOPE

2.1 This policy applies to all Trust staff and to providers of professional interpreting and translation services but in particular to those working with patients and their carers.

2.2 This policy will:

- provide background information to assist staff working with interpreting and translation services;

- provide clear guidelines as to when a face to face interpreter and when telephone interpreting should be used;

- provide staff with a clear reference point for interpreting and translation services and how to access the services when required.

2.3 This policy has been developed to:

- improve patient/carer experience by ensuring their specific communication needs are met;

- ensure patients/carers have access to information allowing them to make informed decisions about their care;

- meet the requirements of the Equality Act 2010, the Mental Health Act (1983) and the Care Quality Commission Standards.

2.4 This policy describes the proper provision of interpreting and translation services. It raises awareness of interpreting (including sign language) and translating needs and to encourage staff to proactively plan for these needs. It will ensure staff have knowledge of how to access interpreting and translation services and the confidence to use them.

3. DUTIES AND RESPONSIBILITIES

3.1 The responsibility for ensuring equality of access to Trust services lies with all Trust staff at every level of the organisation. As well as this general responsibility, there are the following specific duties and roles.

3.2 The **Chief Executive** has the overall accountability for ensuring equality of access to Trust services including the use of professional interpreters and translators.

3.3 The **Director of Strategy and Corporate Affairs** is the Executive Lead for equality and diversity. The Director will ensure standards are met and the Trust Board is fully briefed and kept informed about the Trust's work in this respect.

3.4 The **Head of Corporate Business** is responsible for the operational management and provision of interpreting and translation services within the Trust.

3.5 The **Head of Communications** acts as the Trust's Equality and Diversity Lead, including providing assurance of the Trust's compliance with its equality legal duties through the NHS Equality Delivery System 2.

3.6 All **Trust managers and staff** are directly accountable and responsible for actions within their area and for ensuring equality, diversity, dignity, respect and human rights are at the core of all the Trust's work with staff, patients and their carers. Trust staff are responsible for ensuring the patient receives a sensitive and professional service. This will help to ensure the Trust is meeting the needs of the service user.

3.7 The **Interpreter/Translator's role** is to be a channel of communication between the Trust and the patient/carer. The interpreting should be an accurate translation of what is being communicated. Interpreters are trained not to engage in personal dialogue with the patient. Staff should note interpreters are not support workers and are not engaged to visit patients so the patient can talk to someone.

4. EXPLANATION OF TERMS USED

4.1 **Accessible information** is information which is able to be read or received and understood by the individual or group for which it is intended.

4.2 **Accessible Information Standard:** this standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need. The Standard also advises organisations how to support people's communication needs, for example by offering support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

4.3 **Alternative format** is information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.

4.4 **Braille** is a tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some

smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.

4.5 **British Sign Language (BSL) Interpreting:** BSL users have differing needs in terms of interpreting due to the physical nature of the communication. Individuals should be offered a choice of interpreters from an interpreting agency if possible.

4.6 A **d/Deaf** person identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and / or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all of their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.

4.7 **Deafblind**: the Policy guidance [Care and Support for Deafblind Children and Adults (Department of Health, 2014)](#) states "The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" ([Think Dual Sensory, Department of Health, 1995](#)). The needs of Deafblind people can seem more complex than others with disabilities; however, there are skills and techniques which can be employed to facilitate communication and which would be used by a qualified Deafblind interpreter. Interpreters and patients would need to be able to communicate using an agreed approach, such as Deafblind manual or hands -on signing.

4.8 **Deafened** - People who have experienced hearing and lose it, are known as 'deafened'. As they come from a hearing culture, they usually communicate through lip-reading and voice.

4.9 **Easy Read:** written information in an 'easy read' format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.

4.10 For a person with **English as a Second Language**, a trained and experienced interpreter enables effective two-way communication between the patient and staff. This greatly improves the care provided and their whole experience of the service.

4.11 **Hard of Hearing** are predominantly older people who can often be assisted by using hearing aids. However, for many, hearing aids do little to restore functional hearing, and age-related deafness also distorts speech.

4.12 **Interpreting** is defined as the oral or signed transmission of meaning from one language to another, which is easily understood by the listener. This includes the conversion of spoken language into British Sign Language, (which is a recognised language in its own right) and other sign languages. Interpreting can be provided face to face or by telephone. Interpreting is not

advocacy, which is intended to further the views and interests of the patient. Interpreters must not be used for this purpose.

4.13 **Large Print**: Printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper size.

4.14 **Learning disability** : this term is defined by the Department of Health in Valuing People (2001) as people with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.

4.15 **Lip Speakers** are people who are hard-of-hearing who rely upon lip-reading to assist communication. They should be offered a lip speaker who is trained to speak very clearly, especially as most words cannot be distinguished by lip-reading alone. If a lip speaker is not available, the staff member must make every effort to enable themselves to be lip-read.

4.16 **Translation** is defined as the written transmission of meaning from one language to another, which is easily understood by the reader. This includes the conversion of written information into Braille.

5. INTERPRETING AND TRANSLATION

5.1 When considering the need for an interpreter for patients/carers whose first language is not English or for Deaf and hearing impaired people, it is important to remember the following:

- people have a right to communicate in the language of their choice. This may require qualified interpreters, lip speakers or note takers;

- Deaf people will need access to communication support whenever discussions are likely to be complex, lengthy and important;

- it is the Trust's responsibility to ensure patients and their carers are able to express their needs, requirements, opinions and views using their preferred language or mode of communication of their choice.

5.2 To ensure the patient's requirement for an interpreter or additional support with communication is known, staff should record their first or preferred language or mode of communication within the clinical record and indicate if an interpreter is required. This is a requirement of the Accessible Information Standard.

5.3 **The use of Children/young people as interpreters;**

- their understanding and interpreting ability cannot be guaranteed;

- it is not appropriate for children to interpret sensitive or difficult information on behalf of others and they must not be allowed to do so;

- parents may not feel able to speak freely through a child;

- the practice can cause long-term damage to the family relationships;

5.4 **The use of Spouses/partners, relatives, carers and friends as interpreters:** even in an emergency situation family and friends should still not be used as this could lead to misinformation or misdiagnosis. Care needs to be taken when using a face-to-face interpreter from the same local community as the patient. This may result in the patient fearing they may be judged or stigma directed at them whether valid or not. This could potentially result in the patient not disclosing a full medical history. In an emergency situation the Trust has a 24-hour telephone interpreting service which will provide access to an over the phone interpreter in under a minute.

5.5 **Staff members who are not registered with an accredited interpretation provider can be used** to help communicate basic information about care or personal history but must not be used in assessments or to interpret clinical information, medical terminology or to facilitate decision making about care. The Trust will not maintain a list of staff who speak languages other than English.

5.6 Failure to follow all of the above could lead to a detrimental outcome on the interpretation received by the patient and hence affect understanding and decision making which could impact on that patient's care. This could leave the Trust liable to litigation. The Trust's use of an accredited service, which provides trained interpreters and translators familiar with health information and insured in their activities, gives protection to both patients and to the Trust.

5.7 **If a patient refuses to use an interpreter/translator:** there may be patients who refuse to use an interpreter but instead wish to rely upon a spouse, member of the family or friend. The Trust cannot enforce the use of an accredited interpreter, but the member of staff must verify the patient understands the consequences of this decision. This must be **recorded accurately in the patient's notes** to absolve the Trust of any responsibility for misinterpretation. The patient must be aware they can reverse their decision at any point.

5.8 Where **emergency care is needed** and it is not possible to engage an interpreter at short notice, staff may use an accompanying person (but not a child/young person) to elicit and communicate basic information.

5.9 A face-to-face interpreter may not always be available for emergency appointments. In these circumstances, the use of **telephone interpreting** should be considered as an interim measure until such time as a face-to-face interpreter can be secured.

5.10 Where there are concerns about **child safeguarding or vulnerable adult concerns or issues under the Mental Health Act**, a professional interpreter **must** be used, even for basic communication. In the case of British Sign Language interpreters, they must either have experience of interpreting in mental health settings, or have a certificate for interpreting in mental health settings. Interpreters should be able to produce proof of their qualifications when required by the Trust.

5.11 Professional interpreters employed through the Trust's professional language support providers must have received a **DBS Check** before they are able to provide a service for the Trust. Interpreters should be able to produce their DBS certificate when required by the Trust.

5.12   All interpreters must carry proof of their identity and this should be checked and recorded in the clinical record**.**

5.13   Interpreters and Trust staff should work together to ensure, as much as possible, patient's decisions are influenced by the information they acquire and their own needs and not by pressures exerted by other parties.

5.14   To ensure neutrality, objectivity and confidentiality an interpreter engaged to assist in an interview with a patient **should not be related or known to them**. If this situation does arise the interpreter should notify the Trust at the earliest opportunity and an alternative interpreter found. If this is not possible the patient must be advised and consulted about the arrangement. If the patient objects to the interpreter, the interview cannot go ahead. If the interview does go ahead the Trust must ensure the patient is fully aware of the Trust's confidentiality policy and told whom to contact if they have further concerns.

5.15   When recording the clinical outcomes/progress within the clinical records, staff should record details of the interpreter's name (as evidence that proof of identify was checked), and whether the consultation was face-to-face or over the telephone.

6.   PROFESSIONAL INTERPRETING AND TRANSLATION SERVICES

6.1   The Trust contracts with professional interpreting and translation service providers who can be contacted 24 hours a day. Details of these services can be found at:

http://intranet.sompar.nhs.uk/a_-_z_directory/interpreting__translation.aspx

6.2   Face-to-face and telephone interpreting can be booked through these services. Staff should follow the information on this webpage.

6.3   The Trust recognises some interpreting will need to be supported with translated material and this should be provided when needed. Due to the cost of translation, agreement should be sought from the line manager for translating any documents other than care plans and correspondence.

7.   CONFIDENTIALITY

7.1   Interpreters must be familiar with the Trust's Confidentiality and Data Protection Policy and follow this at all times.

7.2   Information gathered by an interpreter during an interview should not be repeated or referred to outside the interview, either with the patient, member of staff, or any third party. Fears about confidentiality are a major factor in patients deciding to withhold important information.

7.3   There may also be cultural reasons for patients/carers withholding information, including discussing subjects considered 'taboo' or being required to provide information to a member of the opposite sex- staff or interpreter.

7.4   Staff need to be sensitive to cultural differences and the diverse needs of patients and carers and must take these into account where possible when arranging interpreting services.

8. **AFTER THE INTERVIEW: INTERPRETER SUPPORT AND FEEDBACK**

8.1   Interpreters may encounter distressed and very traumatised patients/carers who may wish or need to share information about sad or horrifying events. This process can be difficult to manage not only for the patient but also for both staff member and interpreter. Both should remain sensitive to the level of distress experienced within the interview and not hesitate to request or suggest a break if this could be useful. Staff and interpreters should try and support each other by discussing difficult or sensitive issues raised in the course of the interview, and should ensure they seek support as needed.

8.2   The Trust should ensure there is an opportunity for post-interview support with the interpreter after the interview.

9. **TRAINING REQUIREMENTS**

9.1   It is intended this policy will require minimal training for staff. However, an introduction to translation and interpretation services will be made available through the Corporate Induction Training for new employees and further guidance can be obtained from the Head of Corporate Business and on the Intranet.

10. **EQUALITY IMPACT ASSESSMENT**

10.1   All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

11. **MONITORING COMPLIANCE AND EFFECTIVENESS**

11.1   **Process for Monitoring Compliance:**

- overall monitoring will be by the Patient and Public Involvement Group.

11.2   **Responsibilities for conducting the monitoring:**

- the Head of Corporate Business will be responsible for monitoring the effectiveness of the policy and for reporting concerns or issues to the Regulation Governance Group or Executive Management Team as appropriate.

11.3   **Methodology to be used for monitoring**

- incident reporting and monitoring;
- equality and diversity reports.

12. COUNTER FRAUD

12.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

13. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

13.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 13:	Safeguarding service users from abuse and improper treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 17:	Good governance
Regulation 20:	Duty of candour

13.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents

13.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf

Relevant National Requirements

Equality Act 2010

14. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

Cross reference to other procedural documents

Confidentiality and Data Protection Policy

Equality and Diversity Policy

Equality Delivery System 2 (EDS 2)

Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet.

GOOD PRACTICE GUIDELINES FOR FACE-TO-FACE INTERPRETING

Providing advice to patients/carers is the responsibility of Trust staff, and not the interpreter. If an interpreter feels it is necessary to offer ideas or supplementary information, these should be given to the member of staff in a break or after the interview, not during the interview. This is to make sure it remains clear which information is coming from the Trust and which from the interpreter.

Before starting the interpreting session:

- ensure the Interpreter understands what is required of them;
- explain your role within the service;
- allow the interpreter time to introduce themselves and their role to the patient;
- arrange seating for the most direct communication between you and the patient;
- explain the purpose and likely outcome of the meeting;
- ensure the interpreter is aware of the meanings of technical terms.

During the interpreting session:

- allow enough time for the interview;
- avoid ambiguous or complex grammar;
- use "sign-posts" like "for example" or "lastly" to explain the purpose of your speech;
- avoid colloquial expressions which might be difficult to interpret;
- explain the purpose of questions you ask;
- use short sentences;
- reduce the speed of speech;
- check assumptions and clarify impressions;
- summarise and check what you have understood;
- allow the interpreter time to intervene where necessary;
- try to use words which you think the interpreter and patient will understand.

Concluding the interpreting session:

- check with the patient/carer they have understood everything.
- allow the patient/carer to ask questions or seek clarification;
- book any necessary follow up sessions using the same interpreter if possible to ensure continuity;
- if the session has been challenging, offer the interpreter support;
- complete and sign the relevant sections of the Interpreter's Assignment Form.

GOOD PRACTICE GUIDELINES FOR TELEPHONE INTERPRETING

If telephone interpreting is possible, it should ideally be arranged via a three-way telephone conference call between the interpreter, the patient and the member of staff.

Communication over the phone is more difficult than a face-to-face process and speech needs to be slower and clearer. The member of staff and the interpreter should check patient understanding at regular intervals as the discussion progresses.

Before starting the interpreting session:

- introduce yourself and give the interpreter a brief outline of the situation;

- inform the interpreter whether you will be passing the phone handset, using a teleconferencing facility, hands free device or using a dual handset, where available, for the discussion.

During the interpreting session:

- allow the interpreter a few moments to introduce themselves to the patient/carer and give them a brief outline of the situation;

- all communication should be in the first person e.g. "Hello, could I have your account number please?" There is no need to ask the interpreter to ask the questions;

- consider the interpreter as a human language link, facilitating communication between languages without omitting, adding, condensing, or changing what has been said;

- be aware of linguistic differences. Different languages often require a different number of words;

- group your questions or thoughts in order to help the flow of the conversation e.g. ask for a name and address as one question;

- avoid unnecessary jargon;

- feel free to ask the interpreter to repeat a response.

Concluding the interpreting session:

- check with the patient/carer they have understood everything.

- allow the patient/carer to ask questions or seek clarification;

- book any necessary follow up sessions using the same interpreter if possible to ensure continuity;

- if the session has been challenging, offer the interpreter support;

- complete and sign the relevant sections of the Interpreter's Assignment Form.

GOOD PRACTICE GUIDELINES FOR USING BRITISH SIGN LANGUAGE (BSL) INTERPRETERS

Please note that signing used with people with learning disabilities is not usually the same as BSL.

These guidelines are appropriate only when treating a patient who is pre-lingually Deaf i.e. someone born profoundly Deaf.

The vast majority of patients you meet will have acquired hearing loss and wear hearing aids, or be fitted with a cochlear implant if they have a more profound loss. It is not usual for these people to be sign language users because they will be able to use a spoken language even if they have great difficulty in hearing.

It is important to establish with a hearing impaired patient his or her preferred method of communication.

What do BSL/English interpreters do? (Source Action on Hearing Loss)

A BSL/English interpreter can help a sign language user and a hearing person to communicate. They interpret from one language to the other. In the UK this will usually be from British Sign Language (BSL) to spoken or written English, or spoken or written English to BSL. Interpreters train for many years and need a good level of English, relevant qualifications in BSL and they should have completed approved interpreter training.

BSL/English interpreters are used by people who are deaf and:

- whose first or preferred language is BSL;

- who use Sign Supported English (SSE).

What kind of interpreter?

Interpreters should be registered with The National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD). See http://www.nrcpd.org.uk/.

They should be registered as a:

- Member of the Register of Sign Language Interpreters (MRSLI);

- Trainee Interpreter (TI);

- Junior Trainee Interpreter (JTI).

Make sure that the interpreter has the right qualifications and experience for the assignment. In some situations – for example, legal and mental health bookings – you should only use MRSLIs. Try to book one who knows about special terms or words that may be used. Ask about this when you make the booking. Do not expect someone who only has basic sign language skills to interpret for you.

Code of conduct

MRSLIs, TIs and JTIs follow a strict code of conduct and guidelines for professional practice. Everything that is said in an assignment is strictly confidential. They will not give advice or opinions while working with you.

How many interpreters should I book?

When booking the session provide as much background information as possible. This will help identify the most appropriate interpreter for the session and allow repeated use of same interpreter if appropriate.

When you make a booking ask for advice on whether you will need one or two interpreters. For an event such as a full day conference, with few breaks between speakers and where presentations are highly technical, you will need two interpreters. For a two-hour meeting between two people you will usually need just one interpreter. Interpreting can be very tiring, even for an expert, so they need enough breaks throughout the day to provide a professional and accurate service. Do not expect them to work through lunch and coffee breaks, unless you have agreed this with them beforehand.

Positioning

To communicate effectively, the sign language user and interpreter need to see each other clearly. Anyone relying on spoken English will need to hear the interpreter well. Interpreters will advise on the best place for them to sit or stand and will take into account lighting and visibility. If you are using an overhead projector, handouts, film clips or practical demonstrations, they must be positioned near to the interpreters so that the BSL user does not have to change the direction of his or her attention.

Top Tips   (Source: NHS England)

It is good practice for only one person to speak at a time. It is impossible to interpret two people speaking simultaneously. Other tips include:

- **Profoundly Deaf people do not all communicate in the same way.** Some are full BSL users and use no voice; others use their voice to communicate with hearing people, but cannot understand a hearing person without sign language interpreting support; still others have only been able to develop a deeply idiosyncratic signing skill which only a fully qualified and experienced BSL interpreter will be able to support.

- **Never assume an accompanying family member with a Deaf patient can act as interpreter.** In many families where there is a single Deaf person, communication often does not develop to the level we are used to between hearing people. In medical situations where symptoms, diagnosis and treatment need to be imparted accurately and safely, interpreting needs to be undertaken by a fully qualified interpreter who will also be emotionally neutral.

- **Try to avoid speaking to the interpreter and referring to the Deaf patient in the third person**, eg 'Can you ask him. . .?' Your communication is with

the Deaf person, so always look at him or her and speak as though you are having a direct conversation. Think of the interpreter as a telephone!

- **To understand you, a Deaf patient will watch the interpreter and not give you eye contact as you speak**. This can be disconcerting but you should continue to look at the Deaf patient, not the interpreter.

- **BSL interpreters require a break every twenty minutes or so.** Interpreting is extremely hard work, both mentally and physically. If you are having a long meeting, ensure the interpreter has regular breaks. If the interpreter is happy to continue for a bit longer than 20 minutes, that's fine, but avoid taking advantage.

- I**f you are sitting alongside hearing colleagues, don't enter into private conversations that exclude the Deaf patient.** If another hearing person can overhear your conversation, anticipate that the interpreter may feel obliged to interpret your conversation for the benefit of the Deaf patient he or she is supporting.

- **Don't talk over when someone is signing.** Consider how you might feel if someone talked over you while you were speaking.

- **If you need to catch a Deaf patient's attention,** use a hand wave and smile. If that doesn't work, use a light touch to the arm, or tap a nearby table/desk for the vibration to alert them.

- **Speak plainly and avoid professional jargon** which will be meaningless to someone who has not heard spoken language. Put your trust in the interpreter to recognise when your patient is not following you: if necessary they will know how to try a different angle or create an example to help the Deaf person to understand better.

- **Some Deaf people have an acquired learning difficulty** that is a result of communication under-stimulation since birth. A Deaf patient may not be able to read or write well, but their cognitive abilities are very different to someone born with learning difficulties. It is important to recognise this difference, because you may find it particularly difficult to engage with this type of Deaf patient, but at the same time they will be extremely alert and sensitive to feeling patronised or disregarded. Trust the interpreter to help you find the right way of asking your questions to draw the answers you need.

How much do interpreters charge?

Interpreters' costs, travel expenses and minimum call-out charges vary, so check these when you book.

Where can I get more information?

National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD)

http://www.nrcpd.org.uk/

Barriers to communication and suggestions for overcoming these:

Remember: always talk to the patient and / or their carer and ask how you can help make yourself understood.

Patient	Patient might need	For immediate/ unexpected appointments:	For planned appointments:
• Hard of hearing or • Deaf	• Help with their hearing aid • Loop system to be used • Written instructions • British Sign-Language Interpreters	• Face the patient so they can lip-read: do not cover your mouth • Write down information	• Make longer appointment • Ensure that the patient's name is not called by the staff – they will not hear
• Sight impaired or • Blind	• Verbal instructions • Help navigating the building • Larger print	• Verbal instructions • Help navigating the building	• Make longer appointment • Send letters in large print or Braille if requested
• Cannot speak English	• Interpreter • Translation of letters/leaflets	• Call 24-hour translation line • Speak through adult family member *only if patient insists*	• Make longer appointment • Book interpreter • Translate leaflets or information
• Learning Difficulties	• Easy-read information • Clear, concise information	• Talk is slowly and clearly, using easily understandable words. • Draw information if you can	• Make longer appointment • Provide easy-read letters and information • Ask if the person would like to bring their advocate

• Memory problems	• Written information • Clear, concise information	• Write down information	• Make longer appointment • Write down key points

APPENDIX E:

Tips for communicating (from the Alzheimer's Society)

Before you speak

- When possible, if you are rushing or feeling stressed, try to take a moment to calm yourself.
- Consider what you are going to talk about. It may be useful to have an idea for a particular topic ready, or to ask yourself what you want to achieve from the conversation.
- Make sure you have the person's full attention.
- Make sure that the person can see you clearly.
- Try to make eye contact. This will help the person focus on you.
- Minimise competing noises, such as the radio, TV, or other people's conversations.

How to speak

- Speak clearly and calmly.
- Speak at a slightly slower pace, allowing time between sentences for the person to process the information and to respond. This might seem like an uncomfortable pause to you but it is important for supporting the person to communicate.
- Avoid speaking sharply or raising your voice, as this may distress the person.
- Use short, simple sentences.
- Don't talk about people with dementia as if they are not there or talk to them as you would to a young child - show respect and patience.
- Humour can help to bring you closer together, and may relieve the pressure. Try to laugh together about misunderstandings and mistakes - it can help.
- Try to include the person in conversations with others. You may find this easier if you adapt the way you say things slightly. Being included in social groups can help a person with dementia to preserve their sense of identity. It can also help to reduce feelings of exclusion and isolation.

What to say

- Try to be positive.
- Avoid asking too many direct questions. People with dementia can become frustrated if they can't find the answer. If you have to, ask questions one at a time, and phrase them in a way that allows for a 'yes' or 'no' answer.
- Try not to ask the person to make complicated decisions. Giving someone a choice is important where they can cope with it, but too many options can be confusing and frustrating.
- If the person doesn't understand what you are saying, try to get the message across in a different way rather than simply repeating the same thing. You could try breaking down complex explanations into smaller parts and perhaps also use written words or objects.

- As dementia progresses, the person may become confused about what is true and not true. If the person says something you know to be incorrect, try to find ways of steering the conversation around the subject rather than contradicting them directly. Try to see behind the content to the meaning or feelings they are sharing.

Listening

- Listen carefully to what the person is saying, and give them plenty of encouragement.
- When you haven't understood fully, tell the person what you have understood and check with them to see if you are right.
- If the person has difficulty finding the right word or finishing a sentence, ask them to explain it in a different way. Listen out for clues. Also pay attention to their body language. The expression on their face and the way they hold themselves and move about can give you clear signals about how they are feeling.
- If the person is feeling sad, let them express their feelings without trying to 'jolly them along'. Sometimes the best thing to do is to just listen, and show that you care.
- Due to memory loss, some people won't remember things such as their medical history, family and friends. You will need to use your judgement and act appropriately around what they've said. For example, they might say that they have just eaten when you know they haven't.

Body language and physical contact

- A person with dementia will read your body language. Sudden movements or a tense facial expression may cause upset or distress, and can make communication more difficult.
- Make sure that your body language and facial expression match what you are saying.
- Never stand too close or stand over someone to communicate: it can feel intimidating. Instead, respect the person's personal space and drop below their eye level. This will help the person to feel more in control of the situation.
- Use physical contact to communicate your care and affection, and to provide reassurance - don't underestimate the reassurance you can give by holding or patting the person's hand or putting your arm around them, if it feels right.

Tips: communicating with someone with dementia and hearing loss

Most people over 70 will have some degree of hearing loss. Many will have significant hearing loss or may be deaf. People who are born deaf or become deaf at a very young age are said to have profound or 'cultural' deafness. Many people with profound deafness consider themselves to be part of the Deaf community. In the UK, Deaf people use British Sign Language (BSL) as their first language. People with 'acquired hearing loss' have become deaf over their lifetime, due to illness or injury.

If you are trying to communicate with a person with dementia but they are unresponsive, consider that hearing loss may be a factor. If you suspect that someone has a problem with their hearing the person should see their GP.

How you can help

- Speak slightly more slowly than usual but try to keep the natural rhythms of your speech.
- Do not shout or over-exaggerate words as this will distort your speech.
- Do not cover your mouth as this will interfere with lip-reading. The person should be able to see your face clearly - get onto the same level as them so that they are looking at your face straight on.
- Consider the physical environment - make sure the area is quiet and well-lit.
- Use visual clues - write your message down if the person is able to read and use objects or pictures to help the person understand. For example, show the person the meals they can choose from.