



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# **On Speaking Terms: Good Practice Guidelines for HSE Staff in the Provision of Interpreting Services**

**Compiled by: HSE Social Inclusion Unit (Office of the CEO)  
and the Health Promoting Hospitals Network - National Intercultural  
Hospital Initiative**

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### **Decontamination instructions:**

**If there is a risk of contamination it is recommended that the relevant pages of the Emergency Multilingual Aids are photocopied for single patient use.**

**It is recommended that the resource is stored in a dust free environment and cleaned on a regular basis. (It should not be stored with clean/sterile stores).**

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*“If you talk to a man  
in a language he  
understands, that goes  
to his head. If you talk to  
him in his language, that  
goes to his heart.”*

*Nelson Mandela*

## Introduction

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These guidelines have been produced for healthcare professionals to support good practice in the provision of interpreting services.

Everyone working with patients who have difficulty in communication, due to limited English proficiency or hearing disabilities will appreciate the importance of interpreting support in the delivery of health care to such patients.

Principles of equity, accessibility and person-centredness are central to the HSE and act as an important driver to the effective and efficient delivery of services.

The provision of interpreting services forms a small but essential element of addressing the HSE's stated 6 priorities within its Transformation programme, i.e.

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

These guidelines provide clear, precise and straightforward advice for staff in accessing and working successfully with trained interpreters.

The overall aim of these guidelines is to enable good communication between healthcare staff and patients by offering guidance on:

1. Assessing the language needs of patients
2. Letting patients know that they can have access to an interpreter
3. Arranging interpreting services (face to face and telephone)
4. Working effectively with interpreters
5. Good practice in interpreting

## Useful Definitions

<b>Interpreting</b>	the conversion of speech from one language to another
<b>Translation</b>	the conversion of written text from one language to another
<b>Sight Translation</b>	The interpreter reads out a translation of a document.
<b>Face to face Interpreting</b>	The interpreter will come to the organisation in person, and meet with a staff member and patients to provide an interpreting service.
<b>Telephone Interpreting</b>	The staff member will contact the interpreting agency, which will provide an interpreter in the language required over the phone. The interpreter, staff member and patient will communicate using the telephone.
<b>Sign language</b>	Irish Sign language, or ISL, is the indigenous language of the Deaf community. It is a visual, spatial language with its own distinct grammar. Not only is it a language of the hands, but also of the face and body. <i>Irish Deaf Society</i>

## **Why is it important to provide professional interpreters?**

### **For patients and staff**

It is important to use professional interpreters who are neutral, independent and who accept the responsibility of keeping all information confidential. Using professional interpreters should:

- Improve communication
- Reduce language and cultural barriers
- Reduce the scope for wrong diagnosis and treatment
- Enable patients to make choices
- Enable patients to understand their treatment
- Increase patient satisfaction and cooperation
- Reduce repeated visits

### **Professional interpreters:**

- are neutral, independent, and responsible for keeping all information confidential
- will only interpret what is said and will only intervene for clarification or repetition
- are not on anyone's "side"

## **1. Communication**

Using interpreters enables staff to provide high quality care and services through effective communication.

Using professional interpreters will help you:

- get an accurate and complete medical history – reduces the risk of misdiagnosis
- explain the treatments you are recommending – reduces the risk of medication errors and treatments not being followed correctly
- gain the trust and confidence of your patient – enables sharing of all information vital for a diagnosis and willingness to follow recommended treatment

## **2. Legislation**

The HSE has a duty under legislation to ensure that information and services are accessible to all.

The Equal Status Act (2000) prohibits discrimination on nine grounds:

1. Gender
2. Marital status
3. Family status
4. Sexual orientation
5. Religious beliefs
6. Membership of the Travelling community
7. Age
8. Race
9. Disability

The legal duty to provide services without discrimination includes the duty to ensure that services accessible to the majority community are also accessible to members of minority ethnic communities. The need to communicate in languages other than English is often implicit rather than explicit. Nevertheless, failing to

provide interpreting facilities in relation to service provision, when it is known that there is a language barrier, could be construed as unlawful racial discrimination.

### **3. Risk management and informed consent**

Informed consent is a legal requirement within the HSE. Patients must clearly understand what procedures are going to take place and the consequences of these procedures.

In any consultation, if you believe that the patient has not understood what you have said it is safer to stop the consultation and seek further help, than to risk either undertaking a treatment without informed consent or sending the patient away with incorrect or incomplete information about their condition or treatment.



## Assessing the Language Needs of the Patient

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### How to find out if someone needs an interpreter?

Example question to ask:

*What language do you speak at home?*

If the answer is anything other than “*English*”, ask:

*How well do you speak English?*

If the person answers anything other than, “*very well*”, you should arrange for an interpreter.

Before arranging an interpreter you will need to know what language/dialect your patient speaks..

Be aware that command of language may decrease in stressful situations such as illness and hospitalisation.

### How to find out which language you need?

You can ask the patient who is making the appointment:

*What language do you want to use?*

However, if the person is unable to understand what you are saying or unable to tell you what language he or she speaks you could try:

- Language identification cards, e.g. “I speak ...” cards (included in this Emergency Multilingual Aid) or posters – these are only useful if the person is able to read or recognise their language in writing
- Maps or flags to identify which country they are from e.g. interactive language, e.g. <http://www2.massgeneral.org/interpreters/cultural.asp>

## Letting patients know they can have an interpreter

Staff should let patients know that they have the right to an interpreter to assist in communication. It should be made clear that there is no cost to the patient and that staff will arrange for the interpreter (the patient does not have to do this). The patient can use or refuse the assigned interpreter.

### How to let people know they can have an interpreter

- Publicise the service available by displaying language identification cards in reception, waiting areas, etc.
- You can also give cards to your patients telling them about the interpreting service available.

### Highlighting language needs

Once you have confirmed that an interpreter is required it is important to record this in the patient's case notes.

#### Example:

Interpreter needed for all appointments\*  
Name  
Language/dialect  
Any gender requirement  
Any other requirements  
*\* Try to book the same interpreter for repeated consultations*

## Other roles and responsibilities of staff

- It is the responsibility of every staff member providing care to patients to assess their level of understanding and ability to communicate.
- Staff within the confines of their own profession, who feel they can communicate effectively in another language, may directly converse with their own patients who have limited English proficiency and/or who are Deaf, for general conversation such as greetings, informing patients of any delays, explaining any administrative problems relating to their appointment, gaining information in an emergency situation. However, staff should not be asked to interpret in clinical situations.
- A consultation involving use of an interpreter will take longer than a routine appointment. Additional time should be allocated for this when appointments are made.

## Arranging an Interpreting Service

### Organising an Interpreter

There are various arrangements throughout the HSE regarding sourcing and booking interpreters. The following should be considered in all situations where interpreters are booked and assigned to a consultation:

- Obtain approval from your supervisor/ manager to book an interpreter if applicable.
- Establish what language or dialect/local variation the patient wishes to use, by using the language Identification cards in this Emergency Multilingual Aid box if necessary.
- Take into consideration where possible, cultural, religious and gender needs when booking the interpreter.
- Telephone the interpreting agency and tell them:
  - Your name and specific department within the organisation
  - The exact language and dialect required. It may also be useful to indicate which country the patient is from.
  - Whether it is a face to face or telephone service you require. (see following page)

- Interpreters should be briefed around the nature of the consultation, e.g. breaking bad news, general check up. This is especially necessary if the consultation is of a sensitive or emotional nature. Personal details of the patient and their diagnosis should not form part of this briefing.
- Consider the safety of the interpreter, e.g. exposing a pregnant interpreter to an infectious disease.
- The interpreter should arrive a minimum of ten minutes prior to the stated booking time.
- Ensure the interpreter has identification.
- A briefing should be given to the interpreter as to what is required of them by the staff involved.

## Different types of interpreting

Depending on the nature of the consultation, different types of interpreting may be more practical, i.e. telephone or face to face.

Telephone interpreting	Face to face interpreting
<p><b>Use Telephone Interpreting:</b></p>	<p><b>Use Face to Face Interpreting:</b></p>
<ul style="list-style-type: none"> <li>• For conversations that would be done over the phone anyway</li> <li>• When the content to be discussed is relatively simple e.g. reporting normal laboratory results, making or changing an appointment, simple discharge instructions.</li> <li>• In an emergency situation</li> <li>• When you cannot get a professional face to face interpreter, e.g. rural or remote location, uncommon language requested.</li> <li>• When privacy and confidentiality are issues, especially when the patient is from a small community and is likely to know the interpreter</li> <li>• For quick questions to inpatients, including doctors' rounds, e.g. when staff want to ask simple questions</li> <li>• When it is preferable not to have another person in the room e.g. depending on cultural, religious or personal preference some patients may prefer not to have another person in the room especially when discussing sexual health issues. It is worth considering that the anonymity of a telephone interpreter can be an advantage at times, especially when modesty might be a consideration</li> <li>• When there are health issues such as highly communicable diseases</li> </ul>	<ul style="list-style-type: none"> <li>• For any consultation you would normally carry out face to face</li> <li>• For a new patient's initial visit</li> <li>• When delivering bad news – delivering bad news should be done in person.</li> <li>• When patients are afraid or distraught</li> <li>• Any consultation involving more than two participants, e.g. family conferences, consultation with a number of doctors.</li> <li>• For any mental health consultation</li> <li>• For any sight translation – where an English language document needs to be read to the patient</li> <li>• For Deaf patients</li> <li>• For patients who are not comfortable with using a telephone</li> <li>• For a consultation with a child – children often have difficulties communicating over the phone, therefore when communicating directly with a child it is better to have a face-to-face interpreter.</li> </ul>

## **Interpreting Standards and Qualifications**

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**At present there are no written regulations or legislation governing the Interpreting Industry; nor are there any accreditations, standards or qualifications. As a consequence, the quality and range of services can vary greatly. Your organisation should check if the interpreters you are using have relevant qualifications. Ideally all companies used should have a service level agreement with the organisation.**

## Working Effectively with Interpreters

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### Face to Face Interpreting

- Plan your interview beforehand if possible. **Ensure all staff who want access to the interpreter are informed, for example, nursing, medical, and clerical staff.**
- Provide an area where you can talk to the patient through the interpreter in private.
- Arrange seating comfortably in a triangle or in a circle.
- Explain the purpose of the interview to the interpreter before the patient arrives.
- Introduce yourself and the patient to the interpreter.
- Tell the patient that what is discussed in the interview will remain confidential for you and for the interpreter.
- Ask the interpreter to confirm that the patient consents to use an interpreter. Assurance of confidentiality should also be reiterated. The staff member should be alert to any difficulties the patient may demonstrate in relation to acceptability of the interpreter – e.g. issues around ethnic community / nationality may be present in situations where previous war or conflict has taken place.

- Look at the patient when speaking, and not to the interpreter.
- Speak directly to the patient. For example, say “How can I help you?” rather than “Ask him/her how can I help him/her?”
- Note that when you are using a sign language interpreter, the patient will be looking at the signs made by the interpreter. You should still look at the patient when talking to him/her and not at the interpreter. Ensure adequate lighting. The interpreter and the staff member should sit opposite the patient.
- It is your role as the staff member (not the interpreter’s) to manage the interview.

## When you are speaking

- Speak **slowly** and **clearly**. Try to use short sentences. Pause often.
- Use simple language. Minimise jargon, e.g. say: “Special Care Baby Unit” instead of “SCBU”.
- Be aware that different languages may not have corresponding words for certain illnesses so these might have to be explained through a set of symptoms.
- Summarise where necessary during and at the end of the interview. “Ask the patient if he/ she has any questions.
- If the interpreter needs to clarify a message with the patient in his/her own language, ensure that the interpreter informs you about what has been said. Check with the interpreter if he/she engages in conversation with the patient.
- Similarly, ensure that the patient is informed about what you discuss with the interpreter (if needed) in English.
- The interpreter will interpret everything that is said. If there is something you don’t want the patient to know then please don’t say it.
- Interpreted sessions take at least twice as long as monolingual sessions – plan for more time in advance.
- Remember, more than 60% of all communication is non-verbal.

## At the end of the interview

- Towards the end of the interview, give the patient details of follow-up appointments, services, relevant personnel, and contact information. Explain these details through the interpreter.
- All problems experienced with the interpreting service should be referred to management of the organisation and the interpreting agency.

## After the session – additional points to note

- Try to have a debriefing session with the interpreter as some sessions will be emotionally taxing for them.
- Attendance forms should be signed.
- Think about any ways in which the session with the interpreter could have been improved.

## Telephone Interpreting

- Choose a quiet area where there is a conference phone, dual handset or loudspeaker. If the patient is bed bound, try to organise a secluded area to ensure privacy.

- You and the patient can both use the telephone to speak with the interpreter.

- Deviation from the above may be required depending on patient's medical condition, mobility and the technology available.

- Remember to keep eye contact with your patient during the conversation.

- Ensure that you can comfortably take notes during the interview.

- Introduce yourself to the interpreter.

- Brief the interpreter. Describe the telephone equipment you are using (loudspeaker, conference phone, dual handset) and where you are (counter, office, ward area).

- Introduce yourself and the interpreter to your patient. Describe the purpose of the interview.

- Use short sentences, speak clearly and slowly.

- Speak directly to the patient, e.g. "Mr.\_\_\_\_\_, how can I help?"

- Pause after two or three sentences to allow the interpreter to speak.

- Make allowances for possible clarification by the interpreter because she/he has no visual cues (e.g. body language) to assist the interpreting.

- Towards the end of the interview, give the patient details of follow-up appointments, services, relevant personnel, and contact information. Explain these details through the interpreter

- Ensure that all required information is collected from and provided to the patient while the interpreter is on the line – there will be no chance to speak directly to the patient after the interviewer hangs up.

- Clearly indicate the end of the session to the interpreter.



## Confidentiality

Interpreters are obliged to keep confidential any information they may be privy to in the course of their duties. In all cases, the confidentiality of patient information must be safe-guarded. All patient information is regarded as sensitive personal data and is subject to a range of protections under the Data Protection Acts 1988 and 2003. The interpreter undertakes that in the performance of his / her duties, all obligations imposed by the Data Protection Acts will be fully complied with, and that full support and cooperation will be afforded in ensuring statutory compliance with this legislation.

Confidentiality agreements are recommended for professional interpreters.

## What kind of difficulties may arise in a consultation using an interpreter?

You may have a problem during the session if:

- The interpreter knows the patient
- The interpreter takes over
- The patient is uncomfortable with the interpreter being of a different gender
- The patient and interpreter ignore the interviewer
- The patient does not trust the interpreter
- The patient rejects the interpreter for a number of reasons (e.g. by refusing to speak, refusing to provide relevant information, or even refusing to proceed with the consultation)
- The interpreter feels distressed (through over-identification with the patient)

*There was nearly a major problem when the son of a female patient was providing interpretation for his mother in Accident and Emergency Services; the danger of misdiagnosis is always there."*

HSE Staff Member to the Dublin Consultation for the National Intercultural Health Strategy

If any of the above happens, stop the interview and try to resolve the issue. In most cases this can be achieved by restating the roles and the ground rules. You may need to terminate the session and request another interpreter.

## Follow up

- Any problems experienced with the service should be referred to management of the organisation and the interpreting agency.

## Monitoring and Evaluation

Monitoring and evaluating of interpreting services is advisable and useful. The following should be monitored/reviewed on an annual basis:

- costs
- usage of interpreters by department
- numbers and frequency of languages used
- average time per interpreting session
- breakdown of face to face/ telephone services provided
- obtain feedback from different staff members using the interpreting services (staff can be identified through the booking systems within the organisation).

*“One interpreter who had volunteered to interpret mistook the translation for gallbladder as a kidney problem; this nearly led to a loss of life. This is an example of how things can go badly wrong if there is no professional service.”*

HSE Staff Member to the Cork Consultation for the National Intercultural Health Strategy

## Do's & Don'ts

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### FAMILY AND FRIENDS

Using family or friends to interpret **is not recommended** for a number of reasons:

- Confidentiality is lost
- Accuracy of the interpretation cannot be guaranteed, for example:
  - Views of family/friends can influence the interpretation
  - Filtering of the information
- Additional barriers to communication, for example:
  - Patients might not want to discuss certain sensitive or personal issues in front of family/friends
  - Family or friends may wish to protect the patient from bad news
- Conflict of interest between patient and family/friend
- Safety and patient rights are compromised

Using family or friends to interpret must be discouraged. Attempting to 'muddle through' with a patient's family or friend is not good practice.

**Adult family members or friends are at risk of adding, deleting and changing what has been said as well as adding their own opinions and observations. They may struggle with even the most basic medical terminology. They often do not understand the need to interpret everything the patient says and may summarise the information instead.**

### What do I do if a patient wants to use a friend or family member to interpret?

If a patient wishes to use a friend or family member as an interpreter, you must explain to him/her the importance of using a professional interpreter.

If the patient still insists on using a friend or family member to interpret you should respect the patient's wishes but you must record this on the patient's notes and ask the patient to sign this.

## What if the family member is a child?

Children should never be used as interpreters. Using children as interpreters totally disregards the harmful effects it may have on the child.

- Situations may involve particularly disturbing material – and the child is unlikely to be mature enough to deal with what he or she hears.
- The child may be required to ask intimate or embarrassing questions – the child may reword or omit the question in order to minimise embarrassment.
- The parent becomes dependent on the child – resulting in role reversal that the child is unlikely to be mature enough to handle.
- The child is unlikely to have the vocabulary in either language to handle a health related conversation.
- The child may be kept away from school - this can affect educational progress.

*“When I arrived to Ireland I went to the GP and asked for medical treatment because I was severely beaten back home..... my English is very poor and I need the interpreter all the time and very few people from my community with good English are willing to do it for free. Once I brought my son, who is 13, to help me with translation. I had to describe to the GP where I was injured, where they’ve hit me and my son got very upset because he never knew about it... It’s not fair to put your children through that!”*

CAIRDE - Primary Care Needs Assessment 2006

**Under no circumstances can friends or relatives interpret where there are:**

- **Child protection issues**
- **Vulnerable adult issues**
- **Reasons to suspect domestic abuse**

## BILINGUAL STAFF

### Using staff to interpret is not recommended.

There may be occasions when staff members might interpret e.g.

- greeting patients
- informing patients of any delay
- explaining any administrative problems relating to their appointment
- gaining information in an emergency situation

However staff should not do this or be asked to do this if they are not comfortable with their level of skill in the language needed.

**Under no circumstances should staff be asked to interpret in clinical situations. It is unethical and unprofessional to use, or to ask, a member of staff to interpret in a clinical situation, regardless of their proficiency in the language needed.**

**Record any interpreting by staff in patient's case notes.**

## Useful Resources

- **British Red Cross: Emergency Multilingual Phrasebook.** [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4073230](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4073230)
- **Centre for Ethnic Minority Health:** Glasgow, [www.nrcemh.nhsscotland.com](http://www.nrcemh.nhsscotland.com)
- **Health Service Executive National Intercultural Health Strategy, 2007-2012** [http://www.hse.ie/eng/Publications/Social\\_Inclusion,\\_Asylum\\_Seekers,\\_Travellers/National\\_Intercultural\\_Health\\_Strategy\\_2007\\_-\\_2012.pdf](http://www.hse.ie/eng/Publications/Social_Inclusion,_Asylum_Seekers,_Travellers/National_Intercultural_Health_Strategy_2007_-_2012.pdf)
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- National Intercultural Hospitals Initiative and Social Inclusion, **Emergency Multilingual Aid – a multilingual illustrated phrasebook to assist patients and staff in communicating,** available on [www.hse.ie](http://www.hse.ie)
- **Queensland Government’s website on Multicultural Health:** [www.health.qld.gov.au/multicultural/](http://www.health.qld.gov.au/multicultural/)

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- British Red Cross Society, Emergency Multilingual Phrasebook, 2004
- Massachusetts General, Point to Talk booklets
- University of Leicester, A Communication Aid for Patients in Hospital
- National Resource Centre for Ethnic Minority Health, NHS Scotland, Now we're talking, Interpreting guidelines for staff of NHS Scotland.
- Report: Developing Quality Cost Effective Interpreting & Translating Services for government service providers in Ireland, Office of the Minister for Integration Policy, 2008



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

email: [socialinclusion@hse.ie](mailto:socialinclusion@hse.ie)  
[www.hse.ie](http://www.hse.ie)

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