

Livewell Southwest

British Sign Language Interpretation Guideline

Version No.1

Notice to staff using a paper copy of this guidance

The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

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British Sign Language Interpretation Guideline

1 Introduction

- 1.1 British Sign Language (BSL) is the preferred language of between 50,000 – 70,000 people within the UK. It was officially recognised by the government of the United Kingdom as a minority language in 2003. This policy is intended to ensure measures are in place to support communication with those who use BSL to communicate. It describes arrangements for face to face interpreting.

2 Purpose

- 2.1 LSW is committed to ensuring that those who use BSL to communicate receive the support and information they need to access services, communicate with healthcare staff and to make informed decisions about their care and treatment.
- 2.2 The purpose of this policy is to:
- Describe the essential practices and processes for the proper provision of BSL interpretation services.
 - Raise awareness of BSL interpretation needs and to encourage staff to proactively plan for these needs.
 - Ensure that staff have knowledge of how to access BSL interpretation services and the confidence to use them.

3 Definitions

- 3.1 **Sign Language** is the visual means of communicating using gestures, facial expression, and body language. Sign Language is used mainly by people who are Deaf or have hearing impairments.
- 3.2 **British Sign Language (BSL)** is the most common form of Sign Language used within Britain. BSL has its own grammatical structure and syntax, and as a language it is not dependant nor is it strongly related to spoken English.
- 3.3 **Sign Supported English (SSE)** is another form of sign language used in Britain. SSE is not a language in itself. SSE uses the same signs as BSL but they are used in the same order as spoken English. SSE is used to support spoken English, especially within schools where children with hearing impairments are learning English grammar alongside their signing, or by people who mix mainly with hearing people.
- 3.4 The interpreter is impartial and the role is to interpret and not act as an advocate for the Service User.
- 3.5 A qualified interpreter must hold a current DBS (Disclosure and Barring Service) check and have successfully completed an interpreter course - (minimum level 3 – community interpreting).

4 Duties & responsibilities

- 4.1 The **Chief Executive** is ultimately responsible for the content of all policies, implementation and review.
- 4.2 **Directors** are responsible for ensuring managers are able to access and authorise funding to enable BSL interpretation to be provided in a timely manner to facilitate delivery of care.
- 4.3 **Line managers** are responsible for ensuring timely authorisation of funding to support the use of BSL interpreting services. Individuals using BSL to communicate should not experience a delay in the delivery of healthcare due to difficulties in authorising BSL interpretation.
- 4.4. It is the responsibility of **all staff** to ensure that the engagement of BSL interpreting services occurs in a timely fashion and in no way delays or limits the provision of healthcare to an individual.
- 4.5 All staff are required to communicate service user information in accordance with confidentiality and data protection principles. Information on how to email securely is given in section 6.2.3.

5 Provision of BSL Interpretation Services

The ability to communicate with healthcare staff is fundamental to clinical care.

The referring practitioner must have:-

- Highlighted the need for BSL support.
- Recorded this need in patient records.
- Know how to access BSL interpreting sources.

The need to provide interpretation depends on individual care needs/patient choice.

5.1 Use of Livewell Southwest (LSW) Staff

- LSW staff members who are not registered with an accredited interpretation provider may be used to help communicate basic information about care or personal history but **must not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care.** Further guidance on the use of staff for BSL interpretation is shown in Appendix A.
- LSW staff with BSL skills may apply to work for an external approved interpreting agency. However, such arrangements would be outside of their normal working hours and must therefore comply with their Organisation contractual responsibilities and any working time directives. Staff must sign a declaration of interests. **Staff who do choose to work for an outside agency are not the responsibility of LSW when fulfilling roles with other agencies.**

5.2 Use of Carers, Relatives and Friends

- Whilst some carers, relatives and friends may be able to interpret, staff must be aware that interpretation undertaken by people involved with the patient may be distorted (due to over-protectiveness, bias or conflicting interests) and may not be an appropriate way of communicating confidential information.
- For this reason, carers, relatives and friends should not normally be asked to interpret. Similarly, when a child primarily uses BSL, parents must not be asked to interpret for the child and an external interpreter must be used. In some circumstances it may be appropriate to use family but this would be the responsibility of the clinician's professional judgement. Any refusal to use a qualified interpreter by individual or family should be validated by an independent interpreter.
- In the case of acute emergencies, staff may use the accompanying person to elicit and communicate basic information such as 'what happened?', 'how did you get here?', or necessary demographic information such as 'where do you live?'

5.3 Children

- Children should not be asked to interpret. If the patient brings a child (under 16 years) to interpret, they should be discouraged from interpreting and the option of a professional interpreter offered. Even in the case of acute emergencies, staff should only use the accompanying child to elicit and communicate basic information - as detailed above.

5.4 Protection /Safety Issues

- Where there are concerns about Safeguarding (Children or Adults) or Mental Health Act issues, an approved external interpreter must be used, even for basic communication.

5.5 External Providers

- All patients who use BSL and whose first language is not spoken English should be offered access to an independent approved interpreter.
- Any interpreters must be provided by a LSW approved interpretation/translation service, Language Empire.

6 Procedure for booking an interpreter

6.1 Roles and Responsibilities

The responsibility for booking a BSL interpreter lies with the individual team to which the person is referred. It is the responsibility of the team to anticipate

where possible any need for BSL interpretation, in order not to delay assessment or the provision of care to that individual.

6.2 Procedure for accessing BSL interpreting services

6.2.1 A Flow Chart summarising the decisions and key steps for arranging Interpretation Services is shown in Appendix B.

6.2.2 Staff must not make individual arrangements outside the agreed process unless there are exceptional circumstances. Any arrangements outside of this must be approved by the Director on call.

6.2.3 **When emailing the BSL interpreting provider, it is important to bear in mind confidentiality and data protection rules.** NHS mail now has an encrypted email function. For guidance on the use of this function when emailing outside of NHS.net, please follow this link:
<http://nww.plymouthict.nhs.uk/HelpGuidance/NHSmalencryption.aspx>).

By putting [secure] at the start of your email subject, you can email securely and recipients can also respond securely.

6.2.4 The staff attending the appointment should e-mail the co-ordinator after the interpreting session to confirm that the interpreting took place. This process must be followed in order for payment to be authorised.

7. Training

7.1 An ongoing staff awareness and training on the use of interpreters including BSL needs to be developed at local level and integrated into diversity training. This should include:

- A clear definition of the interface between the role of the interpreter and advocacy roles to avoid misunderstanding and conflict of interests.
- An overview of the criteria for enlisting Interpreting services and the different provisions available.
- An outline of local procedures to arrange such services.
- Guidelines on how to work effectively with Interpreters (See Appendices D & E).

8 Monitoring compliance

8.1 The organisation should develop mechanisms to consult with patients, carers and staff about the quality, effectiveness and availability of BSL support services.

8.2 Any concerns about the quality of the BSL interpreters should be directed to the manager of the LSW team using them, with details of the date/time of interpretation, name of interpreter used, name of patient, relevant patient ID

number and brief details of the concern and an incident form completed. The team manager should liaise with Language Empire and the Professional Leads' Office.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety and Quality

Date: 21 May 2015

Appendix A

Guidance for LSW Staff Acting as BSL Interpreters

These guidelines are for staff who have BSL skills to assist in emergency situations or to help facilitate basic communication between patients and healthcare staff.

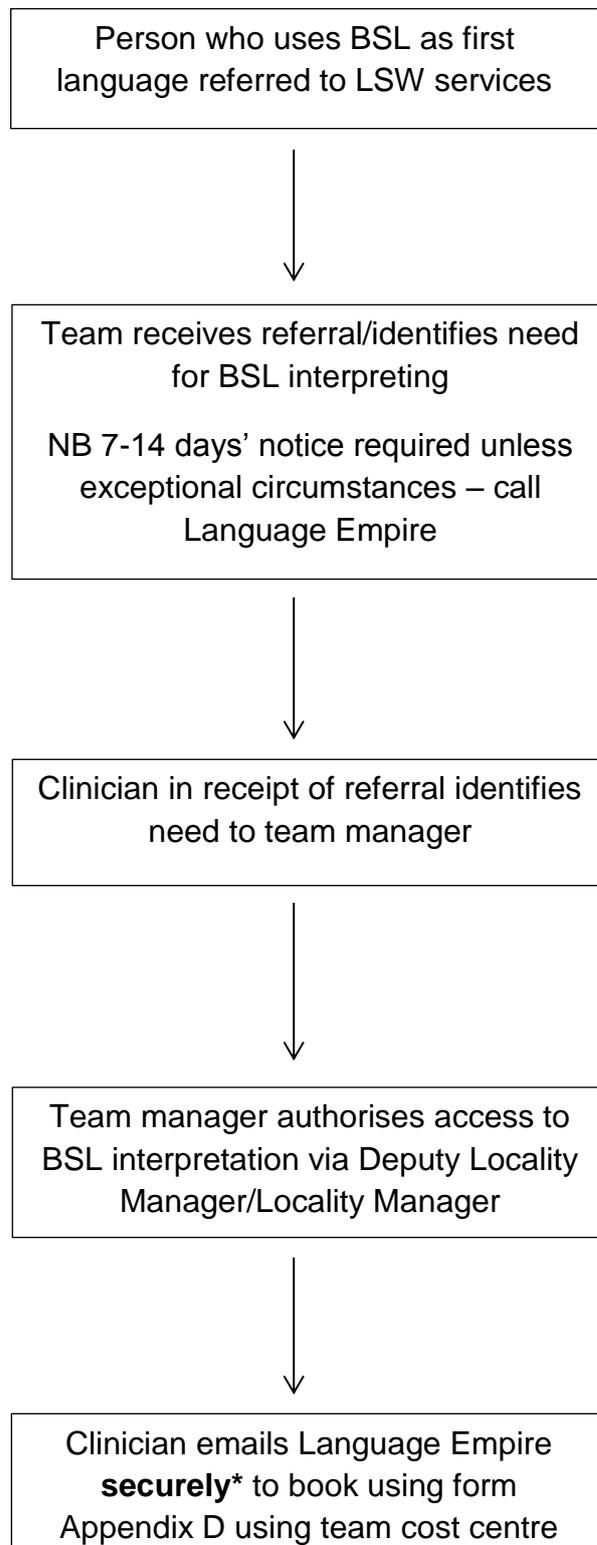
- i) Role**

Staff must not be asked to interpret clinical information or any medical terminology or to facilitate decision making about clinical care; but to facilitate basic/general communication only such as personal details, determining condition/how the injury occurred, discussions/help on toileting and feeding. If more than this is required, an external approved interpreter must be arranged.
- ii) Scope of Practice**

Staff with BSL skills can act as interpreters as above, provided this is within their current role/usual place of work. Staff should not be redeployed to other specialties/departments for their language skills.
- iii) Confidentiality**

All staff who act as interpreters are bound by the same confidentiality undertaking as for their normal contractual practice.

Appendix B flowchart for accessing BSL interpreter



*see section 6.2.3 or

<http://nww.plymouthict.nhs.uk/HelpGuidance/NHSmalencryption.aspx>

Appendix C: FAQs about booking BSL interpretation via Language Empire

Q: What is the process for accessing BSL interpretation?

A: Interpreters can be booked as with community language interpretation using the booking form in Appendix D.

Q: How much notice is required?

A: Language Empire ask for 7-14 days' notice to allow time to locate and book a BSL professional to deliver services for LSW, although they will endeavour to fill all requests if inside this timeframe.

Q: What information is needed?

A: All information requested by the booking form (Appendix D) plus the name of the service user and any preferred interpreter is required when making a request. You will also need purchase order information for your organisation if required.

Q: What qualifications do the interpreters have?

A: All interpreters used are members of the National Registers of Communication Professionals working with Deaf and Deafblind people (NRCPD) and will have a level 6 qualification plus experience and further qualifications to deliver these services. All BSL interpreters are screened and vetted before they are assigned any work.

Q: what checks are carried out on the interpreters?

- Disclosure and Barring Service
- Language qualification checks
- Employment history and experience checks
- Reference
- Address checks.
- Right to work
- NRCPD and code of ethics.

Q: How is our organisation charged for your service?

A: Language Empire bills directly to the organisation for this service at the end of each month.

Q: How do we feedback on the quality of the service we receive?

A: We have feedback forms which can be completed to feedback on the service and also forms for the deaf patient to complete if required.

Appendix D

LANGUAGE EMPIRE INTERPRETER REQUEST FORM BY FAX & EMAIL



TO: LANGUAGE EMPIRE
FROM: Your Organisation Name

Department: **Purchase Order/Cost Code:**

Patient/Client Initials: Patient/Client Reference No:

Appointment date: Client Gender M F

Time:

Appointment with:

Estimated duration:

Venue Name:

Dept/ Venue (Full Postal Address):

Language required:

Other requirements (e.g. gender):

Booking made by and job position:	Date:	Tel No
		Email
		Fax details

FROM: LANGUAGE EMPIRE **TO:** Your Organisation Name

We confirm that the above request has been booked:

Our reference:

Interpreter's name:

Signature:

Confirmed by Language Empire on:	Date:	Time
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Language Empire - Bookings, Deepish House, 174 Milkstone Road, Rochdale, Lancashire, OL11 1NA
Email: bookings@language-empire.com Tel No. 0845 370 2

Appendix E: Working with Face to Face Interpreters - Good Practice Guidance (Source: Adapted from Guidelines produced by Sussex Interpreting Services)

1) Before starting the interpreting session please:

- Ensure the Interpreter understands the service.
- Clarify your role within the service.
- Allow the Interpreter time to introduce themselves and their role to the client.
- Allow interpreter to arrange the seating for the session.
- Explain the purpose of the meeting.
- Ensure the Interpreter is aware that he can request clarification of terms if uncertain.

2) During the interpreting session please:

- Allow enough time for the interview.
- Avoid ambiguous complex or colloquial grammar.
- Use short sentences.
- Moderate the speed of speech.
- Summarise and check what you have understood.
- Keep eye contact with the patient rather than the interpreter.
- If session exceeds one hour the interpreter should be offered 5 minutes break.

3) Concluding the interpreting session please:

- Check with the client that they have understood everything.
- Allow the client to ask supplementary questions or seek clarification.
- Make any necessary follow up sessions and then confirm with the Co-ordinator by sending an email.
- If the session has been difficult, offer the Interpreter support.
- Feedback to the Co-ordinator if there have been any difficulties.
- Complete and sign the relevant sections of the Interpreter's Assignment Form.

4) Helpful things to remember:

Interpreting is the oral transmission of meaning from one language to another, which is easily understood by the listener. This covers the conversion of speech from one language to another.

- Interpreting meaning requires more than word for word processing. Time should be allowed for accurately interpreting unfamiliar concepts.
- Please check with the Interpreter before assuming that they are distorting or adding to your meaning.

- Trained Interpreters attempt to bridge the communication gap, which is made up of cultural knowledge, power and information as well as language.
- The pressure is on the Interpreter.
- The responsibility for the interview is yours.
- The Interpreter is *not* an advocate or a community representative.
- Do not assume that the Interpreter is automatically a skilled translator.
- Please read out documents to be interpreted slowly. Please do not pass documents and forms to the Interpreter and delegate responsibility for their explanation.
- To be patient and show compassion in a demanding situation.
- Working with an Interpreter requires twice as long (do you need to book a double appointment?).
- The Interpreter should be treated as a professional.