East Sussex
Community Voice

No Barriers to Health:

A survey of interpreting or language support available for Deaf, BME and others who require it to access health and social care services in East Sussex.

********ABSTRACT********

This survey was commissioned by East Sussex Community Voice, as part of its Healthwatch East Sussex function, and undertaken between November 2013 and July 2014 by University of Brighton. Comments and feedback from agencies mentioned in the study have been incorporated into this final version

The overall aim was to explore the provision of language service professionals (LSPs) and bilingual advocacy services in East Sussex, in order to provide guidance at a policy level. Although the scope of the study embraced health and social care provision the report focusses mainly on the health arena as this is where the main concerns had been raised.

Final Report: November 2014

Contents

1. Executive summary

1.1. A scoping study was commissioned by East Sussex Community Voice as part of its Healthwatch East Sussex function, and undertaken between November 2013 and July 2014 by University of Brighton.

1.2. The overall aim was to explore the provision of language service professionals (LSPs) and bilingual advocacy services in East Sussex, in order to provide guidance at a policy level.

1.3. This report is a summary of the key findings, priority areas and actions for Healthwatch East Sussex (HWES) and local partners to consider, when setting their work programme priorities.

2. Stakeholder feedback

2.1. Stakeholders receiving this document are requested to work with HWES to explore any issues raised in the research, and to:

- Comment on the key findings; and
- Identify potential next steps for collaborative working, and/or service change.

3. Background

3.1. The aim of this study was to look at three questions:

- What would good quality interpreting and other language service support look like?
- What is the situation in East Sussex?
- What barriers exist in East Sussex to delivering the services?

3.2. Community and University Partnership Programme (CUPP): East Sussex Community Voice (ESCV) commissioned the University of Brighton who identified a senior research fellow at CUPP to lead on the investigation. Academic support was provided by the University of Brighton. Due to limited funds and time, it was agreed the research should be desktop in nature and use comparative data from local, regional, national and international sources. The emphasis of this work is primarily for the geographical area of East Sussex. It was delayed briefly while re-commissioning in Brighton and Hove was undertaken in May

3.3. Methodology: This investigation is a scoping study rather than primary research. The main sources of data came from published references gathered from a range of sources.

3.4. Following the initial report findings an offer was been made for all Trusts or Commissioners mentioned to check the initial findings before publication. Their comments have been included in this final report.

3.5. All Trusts, apart from East Sussex Healthcare Trust (ESHT), have taken up the offer to date. We are currently awaiting a response from ESHT

4. The current situation in East Sussex

4.1. Published guidance indicates a commitment in East Sussex to the provision of professional interpreting services; and also for patients from a BME background to be supported with bilingual advocacy in order to gain optimum access to services. However experiences of lack of service being offered, or problems accessing interpretation support continue to be reported.

4.2. NHS England is currently exploring the creation of a set of standards that will identify how disabled people will be able to access information, as well as how the public access interpreting (and other) services. The NHS England group began work in May 2013 and expect to see the implementation of a new set of standards by 2015; they will then focus on organisational compliance. Their draft regulations are now open for consultation, (feedback due 7 November 2014)[1]

4.3. How individuals from BME backgrounds may also face barriers to accessing the services offered by the community and voluntary sector has been the focus of a parallel study. Although access to English as a second language classes is touched on in the TIES[2] report their report also touches on whether there is access to interpreters for health and care services commissioned by the statutory sector, but provided by third sector agencies.

4.4. The Sussex Consortium Framework Contract for the Supply of Translators and Interpreting Services (SUSTI) is a commissioning framework shared amongst Brighton and Hove City, East & West Sussex and includes representation from NHS England. Although the central framework exists, some Trusts have established their own contracts with respective agencies and Brighton and Hove City have developed their own separate framework, although they are also members of SUSTI for purpose of supporting East Sussex residents. All NHS Trusts, Local Authorities and Clinical Commissioning Groups in East Sussex participate in the SUSTI Framework; therefore interpreters are available to all areas of health care; from primary to outpatient care. Bilingual advocacy is only available to members of the Black and Minority Ethnic community and for a maximum of six hours[3]. The SUSTI framework is chaired and coordinated by East Sussex County Council

4.5. The key providers of Interpreters in East Sussex include the following, although not all are contracted to provide in all situations:

Deaf community

- Action Deafness (sign language interpreters and lipspeakers)
- Action on Hearing Loss
- Remark!

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[1] http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/

[2] Transforming Infrastructure in East Sussex (TIES) *Engagement with Black and Minority Ethnic Communities*'. 45. This is a report of a piece of parallel research involving members of BME communities and focussing on how people access voluntary and community sector services.

[3] http://www.vlslanguages.com/Bilingual%20Advocacy%20Service/Bilingual%20Advocacy%20Service.aspx

BME communities

- Sussex Interpreting Services (spoken language interpreters)
- Vandu Language Services (bilingual advocacy and interpreting)
- Prime Production Ltd

As each company has a contract in its own right, issues of commercial sensitivity/ competition may make it difficult for them to work in partnership with each other. Language and BSL interpreters are self-employed and may work for more than one agency.

4.6. East Sussex Healthcare Trust (ESHT) has developed guidance for staff on procedures. It has recently suggested a change to how bookings are made, from the use of Patient Advisory Liaison Service (PALS) acting as an intermediary, to one whereby appointments are booked direct by departments. This has caused some confusion for people using the services.

4.7. The processes in place to book an interpreter appear complex. All bookings require authorisation from the department that requests the interpreter. Therefore, all bookings for interpreters need to be authorised by the relevant manager before the provision is booked. There appears to be very little information available on the ESHT website to inform patients on how language services are arranged[4]. HWES has received reports of people being told that they cannot have access to an interpreter as they are not provided.

4.8. ESHT has recently updated their guidance to remove PALS from the chain of authorisations, although PALS remain to provide advice and consultancy. There are some reports that staff who speak other languages are encouraged to be called in as interpreters for other units as part of their job. These staff are not necessarily trained interpreters or able to leave their work stations at short notice.

4.9. A patient is not able to book an interpreter directly with the interpreting agency, as it carries a risk of double booking and circumnavigation around the authorisation process. This policy therefore places the responsibility of booking an interpreter with the front desk staff members. The effective delivery of this service relies on staff training and clear/accessible processes for booking interpreters.

4.10. Sussex Partnership NHS Foundation Trust has secured its own contract with Sussex Interpreting Service (SIS) to cover East and West Sussex and Brighton & Hove. Their previous provider, who had caused some concerns due to lack of adequate provision of interpreters, withdrew from the contract during the time frame of this study.

4.11. The Sussex Partnership NHS Foundation Trust website has easy to access information on how to book interpreter services[5]. Ensuring the same interpreter is booked for a patient's sessions to ensure continuity and reduce disruption to

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[4] http://www.esht.nhs.uk/about-us/equality/
[5] http://www.sussexpartnership.nhs.uk/search?q=interpreter&Itemid=140

the therapeutic processes. The website can be easily translated into a different language.

4.12. Brighton and Sussex University Hospital Trust (BSUHT) uses a list of contracted companies for interpreters, but at the time of this inquiry had yet to enter into a contract for the provision of remote interpreting, including telephone interpreting. Their website has extensive supporting information and documentation, and clear guidance for staff. The BSUHT website has various supporting documents[6] including:

- BSL poster
- Information in the equality bulletin
- Telephone vs. face to face interpreting
- Appointment letters in different languages
- What to do if you can't get an interpreter
- Equality manual
- SIS presentation; and
- Equality, Diversity and Human Rights policy.

4.13. One area of concern that had been raised related to patients accessing services across different Trusts, and whether they can continue to use the same interpreter. There have been incidents whereby a staff member has refused to sign for an interpreters' time as they were not responsible for the booking in the first place. This is due to the fact that different arrangements are in place for different Trusts. A new booking needs to be created even if the same interpreter is to be employed.

4.14. Transfers via Ambulance would come under the responsibility of South East Coast Ambulance Trust (SECAMB) who provide a pocket phrase book resources for front line clinicians who also have pictorial communication guides to support effective communication. In addition, regarding support for people with learning disabilities the Trust has developed an alert card toolkit to enable people with learning disabilities to record any specific needs they may have with regard to communication. These are available free of charge to organisations in the South East Coast area that support people with learning disabilities[7].

4.15. When SECAMB who provide the 111 service were asked about what happens if someone with little or poor English rings it they stated that the Language Line can be made available; exactly the same as on the 999 service. Should a call be received, the call taker transfers to Language Line, who identifies the language spoken and provides interpretation.

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[6] http://www.bsuh.nhs.uk/search/?q=interpreter
[7] http://www.secamb.nhs.uk/about_us/news/2014/ld_alert_card.aspx

4.16. The 111 service can support access for hearing impaired people by Typetalk, but is not suitable for texting, due to the number of questions asked during the triage process. For those with hearing/speech impairment the 999 service is the alternative option.

4.17. NHS England now commissions the contracts for interpreter services at GP surgeries, dentists, opticians etc that were previously managed by the Primary Care Trust. This is to avoid a conflict of interest for GPs in the Clinical Commissioning Groups. Very little useful information could be found on the CCG websites for patients to identify what services are available to them.

4.18. As HWES has received calls regarding concerns that GPs are not willing to book interpreters or are even aware of the requirement to offer interpreters NHS England was asked to respond. The following statement was received from NHS England:

> *I can confirm that NHS England Surrey and Sussex Area Team are part of the SUSTI framework with East Sussex County Council and that GP and Dental contractors in East Sussex are covered by this agreement.*
>
> *However, they can also use other local suppliers if deemed appropriate. GP's and dentists will have received a contact list of all the framework suppliers and they would request these services according to the individual suppliers preferred method. We are not aware of any specific concerns about GP and dental contractors not offering these services*

4.19. There are some examples where good practice has been reported to Healthwatch East Sussex of GPs in Hastings proactively offering the service. This area merits further work though as concerns have also been received about the introduction of the telephone 'Doctor First' system, which could disadvantage non-native English speakers or BSL users.

4.20. In comparison, East Sussex County Council's Adult and Social Care, as well as Children's Services[8]; have clear guidance for staff teams on how to book interpretation support. The Equality and Engagement Team in Adult Social Care (ASC) also provide written guidance for operational and commissioning teams to follow, including good practice guidance and staff operational instructions. The team also commissions training which is available to the wider social care workforce (face to face interactive sessions with an interpreter); ASC staff also have case studies embedded in clear Equality and Diversity Standards.

4.21. However, there is little information on the outward facing ESCC website as most instructions are found on the staff intranet. The ESCC website is supported by Google translate. In the light of this observation ASC are working to address this through its web content project.

4.22. People are encouraged to access ASC Direct via the telephone where interpretation is available or via emails, which can be translated for people's

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[8] https://czone.eastsussex.gov.uk/specialneeds/pages/translation.aspx

language support

4.23. In addition ESCC through the *Commissioning Grants Prospectus* (CGP) *Equality Offer* third sector providers can request an element of financial support for:
- Access to training on working with interpreters (applies to all providers)
- Cost of translation of information/interpreting about the CGP service into languages as appropriate (e.g. for outreach)
- The cost of any assessment meeting with a client or carer. This should include an assessment of how communication support needs can be met if further sessions are necessary.

   In exceptional cases, further support with interpreting can be provided. However the overall objective is not for ESCC to take on all responsibility for providing communication support but to enable organisations to explore how they can develop strategies to meet such needs on a longer term basis, and to support them to begin working with clients in the meantime.

4.24. The provider companies SIS, Vandu and Action Deafness have a contract that requires them to provide services in Accident and Emergency. They offer a 24 hours per day availability that allows A&E departments to request an interpreter at short notice. It is not clear whether the service is used widely although the contract is in place. BSUHT have recently agreed a contract with Pearl linguistics for remote telephone interpreting and all staff have been provided with information as to how to access this.

4.25. Difficulties in supplying an interpreter may occur, especially when it is out of hours or in an emergency. Interpreters are in high demand. Alternatively, it is possible to access a remote interpreter through telecommunication. Red Dot Connect (Action Deafness) and Sign Video are two examples of British Sign Language services. Several interpreting agencies are also able to provide remote interpreting services in spoken languages. There are pilot schemes in Community Trust and BSUHT[9] to explore the use of remote interpreting services where access to the wifi or 4G connection is good, which is required by Red Dot Connect.

4.26. The demand for interpreter services has grown in recent years. For example for ESHT the number of invoices for Community Interpreters for Black, Minority and Ethnic communities (BME) increased from 86 in 2010 to 715 in 2013.

4.27. Provision of BSL/English Interpreters by ESHT increased from 54 in 2010 to 95 in 2013. There is a smaller population of Deaf BSL users in East Sussex compared to the BME community. It could be that the populations are more static or that Deaf people are still not requesting interpreters or they were not made aware that a service exists.

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[9] Being trialled BY BSUHT at both A&E departments, Audiology Clinics and the Claude Nichol Centre

5. Recommendations: access to interpretation for urgent care

5.1. Within the SUSTI framework, the contracted interpreting service providers do offer interpreting services for urgent care, including Accident and Emergency and overnight home visits. It is not always possible to identify an interpreter who is able to travel and provide a service at the time when it is required. Urgent care is often the most sensitive and the time when access to interpreting services is most essential.

5.2. Several Trusts already commission telephone interpreting services for members of the BME community but there is not yet an equivalent service in place for members of the Deaf community. As access to urgent care can be problematic, Trusts could jointly explore other options of provision such as:

- Sign Translate[10] – questions already translated into BSL are provided. On line remote interpreters are available if required.

- Red Dot Connect, Sign Video[11] – access to remote interpreting through a videophone or on line. The service is dependent on an accessible computer or access to wifi/4G when roaming.

- SignVideo[12] is specialist service for access to BSL interpreters on demand.

5.3. Although it would be possible to access services 24 hours a day with this technology, as it is relatively new, services are currently limited to working hours only. As the demands for this service grow it could expand. The use of the remote interpreting service is expensive and charged by the minute. However, in the long run, the cost of interpreting services could become cheaper compared to face-to-face interpreting.

5.4. Remote interpreting is not a replacement for face to face interpreting as it loses the element of personal interaction. The need for adequate technological infrastructure can also limit access to this service as it requires a broadband connected computer, Wi-Fi access and the availability of 4G connection.

5.5. **Recommendation 1:** Monitor how well the provision of short notice and emergency or urgent care bookings are delivered; including recording of situations where no interpreters were able to be provided.

5.6. **Recommendation 2:** Explore the possibility of remote interpreting for Deaf people as an alternative, and identify an equivalent to telephone interpreting already available for BME.

6. Recommendations: specific support for people with learning disabilities and interpretation needs

6.1. It would be wrong to presume that the prevalence of deafness is related to learning disability but some people with learning disabilities will also be deaf.

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[10] http://www.signtranslate.com/
[11] http://www.actiondeafness.org.uk/our-blog/news-views/news-articles/1566-introducing-red-dot-connect.html
[12] http://www.signvideo.co.uk/

Equally, people who identify themselves as BME and have other needs, may face dual barriers of communication and language access.

6.2. Easy to read documentation and use of visual aids are useful to enable people with learning disabilities to engage in decisions about their health. Deaf people who also have learning disabilities may require access to a deaf interpreter (i.e. a deaf person who is trained as an interpreter).

6.3. Deaf Interpreters may be more able to adapt their language to meet the needs of the deaf person with learning disabilities, adapting their language visually to make it more visually descriptive (or less so), in line with the patients preferred communication choices.

6.4. Where possible Deaf Interpreters should engage in advance with the patient or their carers before the appointment to identify the best approach. In line with the Total Communication ethos of the NHS, Deaf Interpreters can also employ other resources such as pictures, drawings, describing systems on paper, puppets and other creative means. There is information about this on the ESCC website[13].

6.5. The Community Care website describes the importance of using Deaf Interpreters for people with learning disabilities or mental health problems.

> *"Where there are a number of languages involved (for example, if the person's first language is a different sign language to British Sign Language) or other communication difficulties, you might want to consider using a deaf relay interpreter."*

6.6. Some people with learning disabilities will use Makaton as opposed to BSL. Makaton is best used when speaking and signing takes place at the same time, and the patient may already have a Personal Assistant or advocate who is already familiar with their communication preferences. Normal processes would also apply to check whether the carer is best placed to provide communication facilitation.

6.7. Community workers supporting people who have a learning disability could provide additional advocacy support. The choice to use an advocate should remain with the patient, along with consultation with the doctor/consultant. (Advice in BSUHT guidance).

6.8. **Recommendation 3:** Provide staff training to enable staff to communicate directly to people with learning disabilities, using Makaton and/ or other visual or easy read resources.

6.9. **Recommendation 4:** Where appropriate, consider the provision of a Deaf interpreter, who can also provide interpretation service for people with learning disability. The same service might also be used to engage with Deaf patients from overseas who use a different sign language.

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[13] http://www.eastsussex.gov.uk/socialcare/disability/learning/supportstaff/totalcommunication.htm

7. Recommendations: increase staff awareness

7.1. NHS Trusts have endeavoured to keep contracts, policies and booking procedures up to date on the provision of interpreting and related services. However, communication with departments is likely to involve many staff and it is hard to track whether the information has been received, read, understood and implemented. If information does not reach front line staff, it is likely services will be misrepresented and patients may be provided with the wrong information.

7.2. Awareness should take place at different levels:

- Training for staff members

- Raising awareness in the general population and directly to patients; and

- Clear guidance about appropriate interpreter services within the communities which they translate.

7.3. Most interpreter agencies have an information card or business card with the relevant details on how to book an interpreter. Front desk staff should also have access to the procedures and processes to guide the individual through the booking process. They could also be prompted to contact the relevant agency with support from information provided by the patient.

7.4. Interpreter agencies are often familiar with the range of patients who use their services and will actively engage with them. It is important for interpreter agencies and contract managers to have a conversation to identify gaps in provision and review needs.

7.5. HWES has heard that some front line staff in the NHS have used the current financial climate as a justification to not book interpreter services; even when there are clear policies that state interpreter services should be provided. It is not clear why front line staff should be concerned about costs if it is not their remit to do so and contractual arrangements are agreed at commissioning levels.

7.6. Following the models used by ESCC and BSUHT staff could be provided with training on how to carry out a consultation with an interpreter present. For example how to check that the patient has understood properly.[14]

7.7. **Recommendation 5:** Guidance on interpreter services needs to be available for health practitioners, front line staff and patients/community members. This will encourage patients to actively seek access through an interpreter and knowledgeable advocate for their needs. Posters should be placed in public places to advertise the availability of the service. BSUHT provides a wipe clean laminated sheet with instructions for all staff to have to hand.

7.8. **Recommendation 6:** Emphasis should be on rights, not costs. It should not be necessary for front line staff to be concerned about the cost of interpreter provision as policies and contracts are decided at commissioning levels. The focus should instead be on patient's rights to the appropriate level of support for them in their language if required. It could be more costly in the long run to

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[14] See Appendix B for example of training provided by Vandu

withhold access to an interpreter.

8. Recommendations: the SUSTI network

8.1. Translation and Interpreting Services - Framework Agreement Review meetings, are held from time to time and are chaired by ESCC.

With the development of the new Accessible Information Standard there is an opportunity for the role and purpose of this meeting to be reshaped and include representatives/community champions who can feedback on how services are delivered on the ground. There have been advisory forums who engaged with patients and community members in Brighton and Hove to gather feedback

8.2. There are problems raised by commercial confidentiality between providers, which inhibits the ability to bring contractors together to share progress reports with each other. This approach creates as reluctance to share and could reduce community engagement on access to interpreting services. Some competition can be healthy but only if staff can understand what each provider has to offer and judgements are not made on price alone.

8.3. It would be helpful if the SUSTI framework could address not just the commercial side of contract management, but also the collection of feedback on quality of delivery, finding ways of identifying gaps and issues and ensure the services are fit for purpose.

8.4. **Recommendation 7:** Develop and implement a way to monitor the delivery of the services via community groups or service users. Where issues require further investigation, establish a task group with community champions to link to the SUSTI review meetings.

8.5. **Recommendation 8:** Acknowledge that barriers / issues exist around competition. Aim to ensure the best services are provided for each patient, regardless of who and how they are commissioned. Be wary that the use of the market place does not drive down costs to the extent as to make services unviable for locally based agencies.

9. Recommendations: Carer awareness

9.1. Interpreting services are available for the patient's carers as well as the patient themselves. Carers of patients may be deaf or from a BME community, even if the patient is able to hear or speaks English, and will need to understand what is said during consultations so they are able to support and care for the patient through their treatment process.

9.2. There is a need to increase awareness of this across the Trusts, as well as amongst the carer networks themselves. In Brighton & Hove the community and voluntary sector can access funds to cover interpreter costs. In East Sussex funding is available for VCS organisations who are commissioned via the Commissioning Prospectus to draw on, however this may not be well know.

9.3. **Recommendation 9:** Engage with carers through Deaf / BME community groups as well as carer organisations, to disseminate information on access to interpretation for carers. Train staff members on the current policies that extend

interpreter contracts for carers as well as patients. Promote use of additional funding for ESCC commissioned support provided by the VCS.

10. Recommendations: specific support for Gypsies/ Travellers

10.1. Statistically, the numbers of people who identify as Travellers and with low levels of English (and not classed as BME/Roma), is a small number. Travellers who have low levels of literacy are likely to have difficulty reading leaflets and appointment letters. The Trusts already provide resources to transcribe texts into spoken English for people with visual impairment and this resource could be available as an option for Travellers.

10.2. Alternatively, there are community organisations and agencies that provide support within the Traveller communities, and their services should be engaged, especially when the patient's treatment is dependent on commitment to appointments and medication adherence.

10.3. **Recommendation 10:** Use existing resources including those available to partially sighted people, to support Travellers who have low levels of literacy to access health related correspondence and leaflets. In ESCC people can call on the Travellers Support Team for advice and in Brighton the BSUHT has a dedicated midwife available.

11. Recommendations: patient referral or transfer from one Trust to another

11.1. There is no clear guidance on how interpreter services are arranged when a patient is moved from one Trust to another (i.e. moved from an Eastbourne hospital to a hospital in Brighton via an ambulance). No-one will cover the cost of the interpreter when the patient is in transit as there needs to be a new interpreter booked in the subsequent Trust. The patient might expect the same interpreter to be with them through their journey to the target Trust however this is usually not possible. The Ambulance staff will have access to their Multilingual Phrasebook for use during the transit journey.

11.2. **Recommendation 11:** Explore procedures to ensure that an interpreter is booked for the patient in the receiving Trust, and ensure effective communication with ambulance staff about the patient's communication needs.[15]

12. Recommendations: streamline authorisations for interpreter bookings

12.1. A request for an interpreter could involve various parties before the booking is actually made. If the department manager where the patient is situated is required to authorise the booking, the invoice for interpreter services is charged back to the corresponding department. ESHT decided to remove PALS from the chain of authorisations thus simplifying the booking process. This has made things more complex for those who had become accustomed to using PALS in

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[15] http://www.secamb.nhs.uk/about_us/news/2012/multilingual_phrasebook.aspx

this way.

12.2. The process could be further simplified as the terms and conditions of each service are already agreed at commissioning levels. Is it necessary for a department manager to authorise the booking if the ward staff have already identified a need to book an interpreting service? Staff can be trained so that they understand the system for selecting and booking the interpreter.

12.3. If an invoice is challenged, it is more likely the contract manager/commissioner will challenge the invoice and not the department manager where the booking came from. Whenever a Trust updates their policies or procedures; it is essential the processes are well understood by staff members and easy to implement. It would be essential for staff members to receive communication on changes and receive training. Staff should be able to understand what they are authorising when they sign a timesheet.

12.4. **Recommendation 12:** Ensure the processes policies and procedures to request and book an interpreter is simplified, to enable (and enthuse) staff members to engage in and offer interpreting and translation. Reduce time delays and cost authorisation barriers.

13. Recommendations: information on websites

13.1. In the digital age many patients are able to find out whether they are able to access an interpreter through websites, and gather information prior to a medical appointment. There is a need to agree on what information is disseminated to the general public.

13.2. BSUHT, ESHT and Sussex Partnership NHS Foundation Trust all provide a range of information including details on which contracts have been commissioned and how services are booked. They should also include guidance on how staff should engage with patients and how to be culturally sensitive to patient's needs. It would be useful to promote the ability to get translation of website pages into main key languages, as demonstrated on the Sussex Partnership Trust website.

13.3. **Recommendation 13:** Share documentation and policies across Trusts which operate in East Sussex, and attempt to harmonise policies and procedures, as well as identify differences. Use the website for each Trust to state clearly how interpreters are booked and through which contracted agency. Offer web pages in different languages.

14. Recommendations: differences in standards

14.1. SUSTI only uses fully qualified interpreters although it appears that across the UK, the standard of support with communication is not consistent, as unqualified and unregistered interpreters have sometimes been used to provide a service for the patient's health care. This can lead to problems as research showed that 36% of patients have made a complaint about the 'interpreter' because they could not understand them; 46% are not happy with the standards of interpretation provided at a health appointment; 41% left their

appointment feeling confused about their medical condition because they could not understand the 'interpreter'; 29% of the respondents have been confused about how to take their medication because they could not understand their 'interpreter'. (Our Health in Your Hands 2013).

14.2. In the light of the events at Mid Staffordshire Hospital, there are questions about whether all professionals are scrutinised for professional competency, and this includes interpreters. As a result, the Professional Standards Authority (PSA) was formed to encourage non-medical/non-recognised professions to align their registering body, and their procedures, with the standards set by PSA. As a result, it could well be that only PSA accredited professions will be able to work in the health sector in the near future. Anyone 'interpreting' or 'advocating' without professional registration will become a liability for Health Trusts.

> "*The Professional Standards Authority for Health and Social Care oversees statutory bodies that regulate health and social care professionals in the UK. We assess their performance, conduct audits, scrutinise their decisions and report to Parliament. We also set the standards for organisations holding voluntary registers for health and social care occupations and accredit those that meet them.*" (PSA)

14.3. A potential consequence of this new standard of voluntary registration of occupations will challenge the use of unqualified and unregistered 'interpreters', as they will be perceived as people who could potentially do harm. Additionally the use of relatives and friends as 'interpreters' would be construed as 'unprofessional'. In contrast and still today, hospital staff members are recommending patients to bring relatives or use unqualified individuals to provide 'interpreting' services, which is detrimental to patient's health and wellbeing.

14.4. The PSA is being implemented across many services related to health and social care. Already, there are discussions between PSA and National Register of Communication Professionals working with Deaf and Deaf blind people (NRCPD), to explore whether the sign language interpreting profession could be accredited via NRCPD. The consequence of the validation is that only PSA accredited professions will be able to work in health and social care.

14.5. The Trusts will need to ensure that all contracted agencies employ interpreters who are registered with a body that is accredited with PSA. In the case of language service professionals working with Deaf people, all providers are already registered with NRCPD. In the case of the BME community, it is not currently mandatory for interpreters to be registered with a professional body, which can provide yearly validation for each interpreter and manage complaints.

14.6. Community Interpreters are validated by their qualification and the reputation of the agency they work for. In time, interpreters may be required to register with a PSA accredited registering body.

Recommendation 14: Promote professional registration and engage with agencies to ensure their interpreters are accredited with the PSA. All interpreters should have a card to show their accreditation and the organisation they represent.

Definitions of terms used in the study

BME	People from Black or Minority Ethnic background
Deaf or hearing impaired	People with varying degrees of hearing loss.
The Deaf community	People with hearing loss who use British Sign Language as their preferred means of communication, and participate in Deaf culture.
Deaf Blind	People who have a combined sight and hearing impairment that causes difficulties with communication, accessing information and can be isolated. This includes people with an existing sensory impairment combined with progressive loss of the other.
Health bilingual advocacy	Advocates who support the patients to have access to health care.
Health practitioners	People who provide health care consultations including consultants, GPs, people who carry out tests, nurses and other supporting professionals.
Interpreting	Live interpretation between one spoken or signed language to another spoken and signed language.
Lipspeaking	A professional role to re-represent English words on the lips so they are clear to a deaf person who lipreads.
Remote interpreting	An interpreting service provided through technology (e.g. telephone for spoken languages and videophone for signed languages).
Statutory obligations	Statutory duties to ensure equality of access to services and to not directly or indirectly discriminate against service users due to race or disability. Also to provide services in line with standards that are set down by regulatory authorities.
Speech-to-Text Reporter	The STTR reporter uses a keyboard to type the conversation in verbatim or in summarised version of text that can become subtitles.
Translation	Conversion of a piece of text in one language into text/video of another language. This may be done by hand or automatically using web based technology.
Transcription	Presenting information in written English into a format that can

be understood by the service user, e.g. Braille or easy read symbols.

Traveller   Communities who move from location to location, and may have problems accessing public services without a fixed abode. Travellers are often distinguished from Roma and gypsies who may be classed as BME groups.

Example of staff training programme

Vandu
Language Services

Interpreting • Translation • Cultural Support • Bilingual Advocacy • Training • Language Tuition

Training Workshop for Service Users

Cross Cultural Communication

This half day training is offered to VLS Service users to ensure that effective communication is achieved when working across cultures. The training creates awareness and understanding of cultural differences and the problems that may arise in meetings of mixed cultures, examines national characteristics and breaks down negative stereotypes. This workshop also covers best practice advice and guidelines on how to work effectively with interpreters.

A role play of practice will be used to make sure professionals will make sense of the common misunderstandings between cultures and systems and the balance of power between the professional, client and interpreters.

During the workshop, the following topics will be covered:

- Working across cultures
- Identify cultural assumptions
- Tips for communicating with cultures and languages different to your own
- Using professional interpreters, Bilingual Advocates and Bilingual and Cultural Support workers
- The relationship between the interpreter and the professional
- Managing the interview
- Dos and Don'ts - How to avoid pitfalls
- Role play
- Questions and Answers

These topics are addressed through presentation, discussions, role-play questions & answers and interactive activities including case studies.

This training is aimed at social workers, mental health teams, speech and language therapists, health visitors, nursery staff and teachers, receptionists, GP Practice managers, hospital PALS teams, medical staff and anyone motivated in learning about cross-cultural communication.

There is evidence that staff who joined this course are more aware of how to access interpreting services and also how to save cost of interpreting.

For more information please e-mail Mebrak at Mebrak@vlslanguages.com or call on 01273 473986

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