

Policy No: 03-1603	Authorised: Pellagia Margolis	Date: 15/01/2020
COMMUNICATIONS MANAGEMENT INTERPRETER / TRANSLATION / LANGUAGE SERVICES		

The Organisation is committed to the provision of equality of access to Domiciliary Care Services for service users whose first language is not English. This will focus on improving communication and reducing the need to rely on family members and friends for interpreting, and to provide a completely impartial, accurate and confidential communication of relevant information. This Policy will summarise the measures in place within the Organisation to enable these objectives to be realised:

A: POLICY PRINCIPLES:

The Organisation recognises that there are challenges in providing a quality Care Service to people whose first language is not English. It is the key objective of the Organisation to embrace and minimise those challenges through the use of appropriate interpreter or translation services (“Language Services”). This will be done in key exchanges with the service user and family members, including developing the initial Baseline Assessment of Needs, and the development and review of individual Care Plans once they are in place.

B: POLICY IMPLEMENTATION:

1. Potential service users from culturally and linguistically diverse backgrounds who appear in an initial discussion to have a limited capacity to communicate in English will be offered the opportunity to have an interpreter at the initial Baseline Assessment of Needs Interview, and in the subsequent development and review of individual Care Plans.
2. In this respect, the Organisation undertakes to only use appropriately qualified, experienced and security vetted interpreters from a Language Service Provider (LSP) with whom they have entered into a contract. The interpreter service is classed as an *External Specialist Service Provider*, and listed on *Form No: 3-018* as part of the service user’s Care Plan records.
3. *Family Involvement and Risk Management:*
 - 3.1 Except in an emergency, or when an independent interpreter cannot be found, family members or friends of the family will not be used as interpreters.
 - 3.2 Using a family member or friend may prevent the non-English speaker from being honest or prevent them from disclosing sensitive information regarding their health or experiences.
 - 3.3 Along the same lines, family members or friends may try to protect the non-English speaker or themselves, as they may have religious cultural reasons to not repeat exactly what has been said.
 - 3.4 They may wish to prevent a situation they do not like, such as a hospital admission or a procedure they did not consent to. They may want to avoid discussing how the non-English speaker’s injuries actually happened, particularly if incidents of domestic violence or abuse are suspected.
 - 3.5 Interpreters used for interviewing children should have been subject to references, DBS checks and a written agreement regarding confidentiality. Whenever possible, they should be used to interpret their own first language. In the case of FGM (ref. *Policy No: 3960*) the interpreter must not have any connection with the family and their cultural beliefs must be examined.
 - 3.6 For children and / or parents requiring interpreters, it is vital to establish their dialect, pertaining to their country of origin, as it might have significant outcomes for the translation. It should also be noted that cultural issues between the interpreter and victim / witness might have a bearing on the translation or disclosure. When

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planning using an interpreter consideration should always be given to gender, and religious and cultural beliefs respected.

3.7 Where a child has specialist communication needs, refer to *Policy No: 1604*.

FORMS REFERENCES:

Form No: 3-018 External Specialist Service Providers - Master List of Agencies Used