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**10. Use of Interpreters, Signers or Others with Communication Needs**

Adults who have difficulty communicating in English and those who have specific communication difficulties should have access to the services of an independent interpreter with a relevant knowledge of culture.

Family members and friends should not be used in this role.

It may assist an interpreter, and would be good practice, to ensure that the interpreter has a briefing prior to an interview. This should ensure that the confidential nature of the meeting they are about to interpret is made explicit and that they are prepared for any disclosure that may be of a sensitive nature. The interpreter's job is to interpret, not to mediate or get involved in the case in any other way, but he/she needs this background preparation in order to be able to comprehend what is being said and to interpret as accurately as possible.

It is important that members of staff are aware of potential conflicts which may arise when using an interpreter and the need to ensure that the interpreter has no involvement in the case.

It is recommended and preferable that an interpreter is sourced from a contracted supplier with whom an existing confidentiality agreement is already in place. Rochdale Borough Council can advise on this as appropriate.

Any interpreters from a source that is not a recognised contractor must be required to sign a confidentiality agreement prior to undertaking any interpreter service. Interpreters must understand that they must not divulge any of the contents of a meeting or interview to any other person.

In addition, any contract for the provision of interpreting services must comply with the following overarching principles:

* The service user should be consulted about the acceptability of a named intepreter. There may be concerns for instance about gender, religion, confidentiality, and conflicts of interest. Every effort should be made to use an interpreter who is acceptable both to the service user and to the agency;
* Interpreters should also be asked to inform the worker if they know personally any of the people involved in the case. In this eventuality, the advocate should declare this relationship. Every effort should be made to identify another advocate who does not have such a pre-existing relationship.
* Interpreters should also be asked in advance about their own requirements during an interview or meeting e.g. the need for breaks or equipment;
* Any anticipated difficulties, e.g. with the behaviour of a third party, should be planned for prior to the event;
* Decisions about the way in which the interpreter will be used will depend on the interpreter's skills and training, the needs of the service user and the type of the interview or meeting;
* The interpreter may be a helpful source of practical advice about making culturally appropriate arrangements to interview family members. However, professionals should not use interpreters to gain assessment information about racial, cultural, religious and linguistic factors as they affect a particular family's lifestyle or attitudes. This is not a proper use of an interpreter and in any case, the interpreter's values and life experiences will not necessarily coincide with those of the family.

**10.1 Accessible Information Standard**

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

As part of the Accessible Information Standard, organisations that provide NHS care or adult social care must do five things. They must:

1. Ask people if they have any information or communication needs, and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Highlight or flag the person’s file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. Share information about people’s information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.