



# **BEST PRACTICE GUIDANCE FOR BSL/ENGLISH INTERPRETERS WORKING IN SOCIAL CARE SETTINGS**

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**by Caron Wolfenden**



## Foreword

This document has been produced to support the work of sign language interpreters in social care settings. It is intended that as an ASLI member-approved document, this will provide best practice guidance to support members when undertaking work in this domain. It can also be used to explain the nature of our work to service providers. It is intended that a separate guide for service users be published.

This document is not intended as a training manual for working in this domain. All sign language interpreters are required to ensure competence in any work undertaken and adequate conversance in the nature of the bookings. Ongoing supervision will prove essential to your overall wellbeing as this work can be emotionally challenging.

Familiarising yourself with local services and safeguarding procedures will stand you in good stead and there are recommended resources at the end of the document. ASLI will also have a resource page for members dedicated to social care. Please see the Resources Centre of the Members' section on the website.

This document is divided into sections focusing on experience and qualifications of interpreters, preparing for assignments, working conditions and other recommendations around VRS/VRI and safeguarding. There is a list of useful resources at the end and these documents will be available on ASLI's website in the members' Resources Centre.

## Acknowledgements

This document was created by Caron Wolfenden at the request of the ASLI Board. However, this was not a lone project and was sent to members for consultation. Thank you to all this who submitted feedback with special thanks to detailed contributions from Elvire Roberts, Jill Henshaw, Jules Dickinson, Ramon Woolfe and Wendy Ledoux. Where possible all feedback has been incorporated. We appreciate members may come across additional and/or new resources, please send these to [board@asli.org.uk](mailto:board@asli.org.uk) so that these can be added to the website. Thanks also go to Sarah Butt for formatting the document.



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## Introduction


The Association of Sign Language Interpreters (ASLI) was established in the United Kingdom in 1987 as a forum for professional discussion on all issues relating to sign language interpreting and the provision of interpreting services. From the beginning our aims have been simple - to encourage good practice in sign language interpreting and translation and to support our fellow professionals. We have sought to achieve this by:

- Providing a forum for professional discussion on all interpreting issues
- Promoting the raising and maintenance of standards in interpreting
- Encouraging training and other initiatives
- Supplying information to interpreters and consumers
- Promoting research into areas of relevance to interpreters or interpreting services
- Advising and cooperating with others interested in sign language interpreting

## Purpose of this Document

This document offers guidance on best practice for sign language interpreters working in social care settings and can equally be used to inform professionals and agencies engaging the services of an interpreter. Information sharing ensures that we have a common understanding of roles and responsibilities and encourages discussion around optimum working conditions to achieve best results for all participants.

Social Care covers a wide range of settings working across all groups within the community. Most local authorities across the UK will have a dedicated sensory team working with Deaf and DeafBlind people, however there is no consistency in how services are organised. When engaged in this work you may encounter a number of professionals such as: Social Workers for Deaf People (SWDP), generic Social Workers covering all disabilities, Children's Services, Transition Services, Adult Services, Social Care Assistants, Rehabilitation Officers for people with Hearing Impairment (ROHI),



Independent Reviewing Officers (IROs) and so on - this list is not exhaustive and all interpreters are encouraged to research local authorities within which they work. There may or may not be Deaf professionals working within those teams.


Other professionals may have little understanding of our work and misconceptions about our role can occur. This document aims to support sign language interpreters to be seen as part of any team working within social care, treated as equal professionals in the room and involved in planning communication for meetings with the individual or family based on a practice professional approach.

## **Recommended Qualifications & Experience for Interpreters**

Any interpreter working in social care settings should be a Registered Sign Language Interpreter (RSLI) with a recognised professional body. RSLIs will have extensive knowledge around linguistic and cultural norms working within Deaf/hearing communities. Social care proceedings can be life changing for Deaf/DeafBlind clients and RSLIs should always consider if they have the required skills for the work.

Whilst there is no domain specific training in the field of social care, it is advised that any RSLI considering undertaking this work have a sound knowledge of the social care domain, including safeguarding, and have the support of a trained/qualified mentor and/or supervisor.

Other professionals may not have worked with Deaf/DeafBlind sign language users before and ask the interpreter for advice. Interpreters need to have confidence in their own ethical decision-making and be comfortable when offering professional advice about communication, always considering if the information is useful, relevant and within the boundaries of the relevant Code of Conduct. Working towards a practice professional model will enable interpreters to consider their place within the team and also empower interpreters to raise any concerns they may notice. Ongoing reflections can be noted and taken to mentoring or supervision.



The interpreter should always consider the benefits of working alongside a Registered Deaf Interpreter/Translator and/or advocate/intermediary. The engagement of such services should be discussed with the social care team. Working alongside Deaf professionals may help to reduce processing stress for the clients by offering increased access to language used and therefore easing the communication process.

RSLIs will have access to knowledge and information that others in the room do not have, for example, the interpreter will know about the above specialist services and specialist mental health services and may need to share that information. Being considered part of the professional team allows for discussions as part of briefings and debriefings. Any concerns over boundaries can be taken to supervision/mentoring.

## **1 Preparing for Assignments - Considerations**

*All of the following points are assignment specific and based on the individual needs of the client/assignment.*

### **1.1 Making Contact with Other Professionals**

Many assignments are now being sourced via agencies and this can make it difficult to access the contact details of the professional who is engaging interpreter services. It is crucial the interpreter makes contact with the professional involved to discuss information about the case and the purpose of the booking. Assignment briefing and debriefing meetings should be the norm. Part of the initial briefing with the lead professional will allow the interpreter to explain their role and the importance of participating in team discussions, including sharing information about the potential need for the engagement of Deaf professionals (RSLI / RSLT / Advocate / Intermediary as appropriate).



## 1.2 Reports/Documentation Shared at Meetings

Reports are confidential and whilst some services may send the interpreter encrypted documentation, it is more usual for these to be provided on arrival. These documents are often lengthy and can difficult to digest on the day, so the telephone discussion and/or being part of the professional briefing meeting prior to the assignment can be more useful.


Many Deaf/DeafBlind people are disadvantaged by the quantity of written information and it is rare for these to have been translated into BSL. Most Deaf/DeafBlind people will benefit from a live interpretation of the reports. It may be that the interpreter needs to advise on the need for a 'pre' meeting for Deaf/DeafBlind people to have this access. It is important not to take on the responsibility of translating reports without a key professional being present, the interpreter is not there to answer questions about the content of any report.

## 1.3 Concentration Fatigue

Professionals may arrange a 'pre' meeting just before the 'main' meeting. Deaf/DeafBlind people can become overwhelmed with too much information, suffer from concentration fatigue and become stressed with emotional reactions to the meeting content. Interpreters may need to raise this issue and recommend separate meetings on different days, including the need for breaks. During assignments, interpreters may be the only ones aware that a Deaf/DeafBlind person has 'switched off' and may need to suggest or request breaks to ensure genuine access to communication can continue. Including this discussion topic as part of the assignment briefing with the lead professional will ensure working towards best access for Deaf/DeafBlind people.

## 1.4 Knowledge Deficit & Jargon

Another key area for briefings is to discuss 'knowledge deficit'. As interpreters we know that often Deaf/DeafBlind people have been disadvantaged educationally and lack of access to knowledge can mean limited understanding of processes and procedures. For example, being on a child protection plan may not seem that serious to a



Deaf/DeafBlind parent, however, the use of words by professionals like ‘if things escalate...’, ‘we will be keeping an eye on things...’ or ‘we may seek legal advice if things don’t change’ all have serious implications. Again, highlighting this in briefing meetings is useful to explain the need for potential clarifications on domain specific jargon.

## 1.5 Sharing Information

Interpreters are engaged in a variety of settings that might mean they see the same clients at different times and are party to additional knowledge of them. With longevity of interpreting experience, the interpreter may find themselves working with the same family over decades. The interpreter may be influenced by prior knowledge that other professionals in the room do not share. At all times the interpreter needs to consider safeguarding and reflect on the position of least harm as per the Code of Conduct. Safeguarding concerns are the responsibility of all and there is further guidance on this later in this document. The interpreter may need to share or disclose information and due consideration of the above will inform the decision-making process.


The interpreter may decide prior knowledge is negatively influencing the interpretation and consider withdrawing from the work. The interpreter may be the one constant individual that the Deaf/DeafBlind person sees (either over years and/or in different settings) and at all times needs to monitor themselves to maintain impartiality within the assignment/s.

It may be necessary for the interpreter to disclose information to another professional as safeguarding concerns will always override confidentiality concerns. Reflecting on the work is essential to monitor ethical decision-making, taking these reflections to supervision/mentoring for further discussion.

## 1.6 Practical Considerations

### 1.6.1 Home Visits





ASLI's Lone Working Guidelines offers advice on staying safe when engaged for a home visit. Main considerations for social care interpreting are:

- Make contact with the visiting professional/s prior to the date/time and arrange where to meet (a location away from the home address is recommended).
- Share contact details between interpreter/social care professional.
- Ensure personal needs have been met prior to visit e.g. toilet, food and drink.
- Check if the professional/s has/have any concerns about the home, for example, any in-house recommendations not to visit a family alone. In this case the interpreter is not an 'accompanying' professional and needs to make this clear to the professional.
- Check re animals in the house in case of danger, allergies, phobias and so on.
- Consider clothing as conditions may not be 'hygienic'; think about personal tolerance levels.


### 1.6.2 Meetings

Consider the waiting area prior to the start of a meeting. The interpreter may be placed in a 'holding' space with Deaf/DeafBlind clients with or without accompanying professionals. This may or may not be appropriate depending on the nature of the meeting. If there is any risk of disclosure the interpreter should ensure they are not alone with the client. Discussing this prior to the assignment can reduce any awkwardness on arrival.

As with all assignments, the interpreter should dress according to the code of the meeting: this may not mean too formal or overly smart. For example, chairs of meetings tend to dress 'smart casual' to relax the clients.

## 2 Recommended Working Conditions

### 2.1 How many Interpreters?



For some social care appointments, the engagement of one interpreter may be adequate e.g. a home visit or a 1:1 meeting in an office. However, in many cases there is a need for two interpreters to reduce processing and message fatigue and also to ensure monitoring and accuracy of the interpretation. For example, in a child protection case conference there is an Independent Reviewing Officer (IRO) and a number of professionals present in the room (police, schools, health visitors, mental health workers etc.), all giving their reports and using their own jargon. If the parents are Deaf / DeafBlind, their norms of communication may be affected by heightened emotional responses. All of this can lead to processing fatigue and it is imperative that messages in both languages are conveyed with the meaning and intent with which they are produced. Having two interpreters ensures monitoring and accuracy of the interpretation.


## 2.2 Deaf interpreters

ASLI fully supports the engagement of Deaf registered interpreters working within the interpreting team. Interpreters need to discuss how they will work together, for example, will the Deaf interpreter fulfil their role by interpreting information between the RSLI and the Deaf/DeafBlind participants or will they be monitoring and checking understanding. In either case, consider the length of the assignment and the potential need for two hearing and two Deaf RSLIs.

In proceedings where the case has received court recommendations, there will often have been psychological assessments of Deaf/DeafBlind people, including their language use and advice on how best to communicate. The engagement of Deaf RSL and/or advocates/intermediaries may well be explicitly stated and hearing RSLIs may need to advise on how to secure this service.

## 2.3 Interpreter Consistency

Where possible, continuity of interpreters is preferable. Deaf/DeafBlind people who fall under a social care remit may have many appointments and see a number of different professionals. A typical child protection plan may involve weekly visits from




both social workers and family practitioners; there may be multiple social workers for the children, the parents/carers and the foster placement; there may also be educational meetings, mental health and health appointments all running alongside the case plus possible police involvement. Whilst it would not be recommended for any interpreter to do all of these appointments, it would make sense to have consistency by having a core team of interpreters. Interpreters need to be mindful of their own limitations and triggers and, as with the above 'Sharing Information' section, be mindful of over or under involvement, reflecting on any positive or negative influences this may be having on the interpretation or on the interpreter's personal life.

The use of national agencies to source social care contracts has made coordination of interpreter teams more challenging. If the service provider wants to book the same interpreters for consistency, they need to make that clear to the agency to avoid bookings being sent out on a generic request list. It may be useful for dates to be agreed directly between professional and interpreter and then both parties can inform the agency of the request. Having a team of interpreters allows for flexibility and ensures bookings can be covered.

Service providers need to consider that an ever-changing team of interpreters may negatively impact on both Deaf/DeafBlind people and the professionals involved and possibly have a detrimental effect on the case. Most lengthy, ongoing cases would benefit from consistency of an interpreter team who will develop an understanding of the case, language use and how participants interact. Both the positives and negatives of this approach would benefit from discussion with key professionals involved and reflections taken to supervision.

## 2.4 Case Fatigue/Wellbeing

Working long-term on a case can be challenging for the interpreter, particularly due to the stresses and strains that social care systems are under. In some cases, the



interpreters may be the one constant in the team of professionals, have access to more information and have to repeatedly explain working terms & conditions. Some cases are open for years or close and then open again. Some of the processes can lead to negative feelings, especially when interpreters see services not meeting the needs of Deaf/DeafBlind children and adults.

At all times interpreters need to pay special attention to their own tolerance levels and be aware of vicarious trauma, or stress, related to any particular case. This can lead to case fatigue and interpreter wellbeing is paramount in continuing to interpret effectively. Engaging with a qualified supervisor will enable the interpreter to offload, discuss cases, review ethical decision-making and even consider taking a 'case' break if needed.


## 2.5 Court proceedings

Should the case enter court proceedings, ASLI recommends that the court interpreters be a separate team from those interpreters who have been working regularly with the clients in social care meetings. The interpreters working in social care meetings may still be engaged for solicitor meetings and supporting clients outside of the court. This ensures there is no conflict of interest in the interpretation (*ASLI's Best Practices for BSL/English Interpreters Working in Legal Settings*: 13.6). The court process may highlight the need for not only Deaf RSLIs, but also the need for a Deaf Intermediary. All interpreters involved have a duty to ensure best practice is adhered to and to raise any concerns to the court at any time during proceedings.

## 3 Additional Information

### 3.1 Working with DeafBlind clients

These guidelines have been written with both Deaf and DeafBlind people in mind. If there are Deaf and DeafBlind participants, there will be a need for more than two interpreters dependent on communication needs and length of meeting, for example



Deaf and hearing interpreter teams covering the communication needs of all participants.

### 3.2 Remote / Video Interpreting

Due to the length of meetings and the complexity of cases, ASLI does not recommend the use of video interpreting in social care settings, unless the matter is of extreme urgency and no face-to-face interpreter can be sourced. However, even in this case, an interpreter should continue to be sought so that a face-to-face meeting can be arranged as soon as possible.

### 3.3 Safeguarding

All individuals have responsibility for safeguarding. ASLI recommends that all interpreters have an understanding of safeguarding policies and procedures, reporting, accountability and responsibilities. Each local authority will have its own safeguarding reporting procedures for adults and children which can be found on their websites.

If the interpreter has any concerns these can be discussed with other professionals in the team, in supervision/mentoring and/or directly with the local authority (some offer anonymous reporting and/or informal discussions before making any formal report). Discussions are dependent on the concerns and interpreters need to always consider boundaries and duty of care when deciding whom to contact. As already discussed, teams around a family or individual may change and often the interpreter may be the only consistent professional in their lives. The interpreter has a responsibility to report any safeguarding concerns to the appropriate source.

#### 4 Resources for Interpreters

Interpreters should seek to educate themselves around relevant law relating to social care. [www.gov.uk](http://www.gov.uk) is an excellent resource for topics such as safeguarding with additional links to legal frameworks ([www.legislation.gov.uk](http://www.legislation.gov.uk)):


Health and Social Care Act 2012

Children Act 1989 (in particular section 44 “Orders for emergency protection of children”)

Mental Capacity Act 2005

The following documents offer information and advice and are available online and/or on the ASLI website:

- *ASLI Lone Working Guidelines* ([www.asli.org.uk](http://www.asli.org.uk); Member’s Guidance Section)
- *ASLI - Legal Interpreting Best Practice*
- *ASLI – Best Practice Guidelines for Interpreters working in Mental Health*
- *Deaf Children: Positive Practice Standards in Social Services* (2002); Association of Directors of Social Services, BDA, Local Government Association, National Children’s Bureau, NDCS, RNID
- *Social care for deaf children and young people: A guide to assessment and child protection investigations for social care practitioners* (2011); NDCS
- *Deaf and disabled children talking about child protection* (2015): The University of Edinburgh/NSPCC Child Protection Research Centre
- *Guidance for commissioners: Interpreting and Translation Services in Primary Care v1* (2018): NHS England
- Schofield M & Mapson R, ‘Dynamics in interpreted interactions: An insight into the perceptions of healthcare professionals’ (2014); *Journal of Interpretation*, Vol 23, Issue 1: University of North Florida digital commons (this document offers a professional perspective on having consistency of interpreters in ongoing assignments)
- Tipton R & Furmanek O, *Dialogue Interpreting; A Guide to Interpreting in Public Services and the Community* (2016); Routledge Interpreting Guides
- The NSPCC have useful resources on key topics like safeguarding and online training on safeguarding and child protection via <https://learning.nspcc.org.uk>

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- *Working with Deaf People in the Criminal Justice System Guidance for End-Users of the Witness Intermediary Scheme*

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/909109/working-deaf-people-cjs-guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/909109/working-deaf-people-cjs-guidance.pdf)

- For more information on the Ministry of Justice register of Registered Intermediaries for working with vulnerable victims and witnesses see <https://www.gov.uk/guidance/ministry-of-justice-witness-intermediary-scheme> and <https://www.theadvocatesgateway.org/intermediaries#england-and-wales-intermediaries-for-victims-and-witnesses-in-criminal-cases>