Brighton and Sussex University Hospitals NHS Trust

Accessible Communications Guidelines

Equality, Diversity and Human Rights Department (SA)
Version 1

Contents

Introduction

Clear communication is central in everything the Trust does, however accessible communication is essential for ensuring the messages we are trying to impart are understood. Making communication accessible means understanding your target audience's requirements and adjusting the delivery or the message itself to meet their requirements.

This document has been written to support the 'Supporting Staff and Patient's Language and Communication Needs Policy'. It should be read alongside as it supports the practical application of the policy.

This document recognises that an individual's requirements can be unique, and aims to provide a framework of tools that can be used and adapted to meet these needs. It is therefore not prescriptive nor exhaustive, and encourages open discussion and engagement with individuals and groups to find out what methods of communication works for them.

What are the drivers for these guidelines?

There are a number of legislative and guiding principles this document supports including:

- Equality Act 2010 – specifically the duty to make reasonable adjustments
- Human Rights Act 1998
- The NHS Constitution
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) as amended: Regulations monitored by CQC 9 (person centred care), 10 (dignity and respect), 11 (need for consent), 12 (safe care and treatment) and 13 (safeguarding service users from abuse and improper treatment).
- Equality Delivery System 2 – specifically objectives 2.1 and 2.2
- European Convention for the Protection of Human Rights and Fundamental Freedoms 1950
- The United Nations Convention of the Rights of Persons with Disabilities 2008
- The United Nations Convention of the Rights of the Child 1989
- Mental Capacity Act 2005
- Principals guiding 'informed consent'

Who is this guidance for?

This guidance applies to all staff, especially those who have contact with patients, service users, carers and the general public.

Information for everyday communications

- Use a clear and easy to read font such as Arial

- Use a minimum font size (point size) of 12

- Keep your sentences short – this means an average sentence length should be approximately 15-20 words.

- Use the Trust's Design and Style Guidelines - http://nww.bsuh.nhs.uk/news/communications/communications-guidelines-and-templates/

- Think about using active verbs instead of passive. Active verbs tend to be straight to the point and less confusing. For example: 'The department had to be closed by the hospital' (passive) compared to 'the hospital had to close the department' (active).

- Simplify the language and make it appropriate for the reader – a guide of alternative words can be found on the Plain English Campaign website: http://www.plainenglish.co.uk/files/alternative.pdf

- There is some helpful tips on the Plain English Campaign website on writing medical information in plain English: http://www.plainenglish.co.uk/medical-information.html

- Could the information be displayed in an easier to read format? For example placing information in a table can cut down on the overall number of words being used

- **Please ensure any communication produced with the intention of it being patient information follows the Carer and Patient Information Group process.**

Information about patients/service users who communicate in an overseas language

What is in this section?

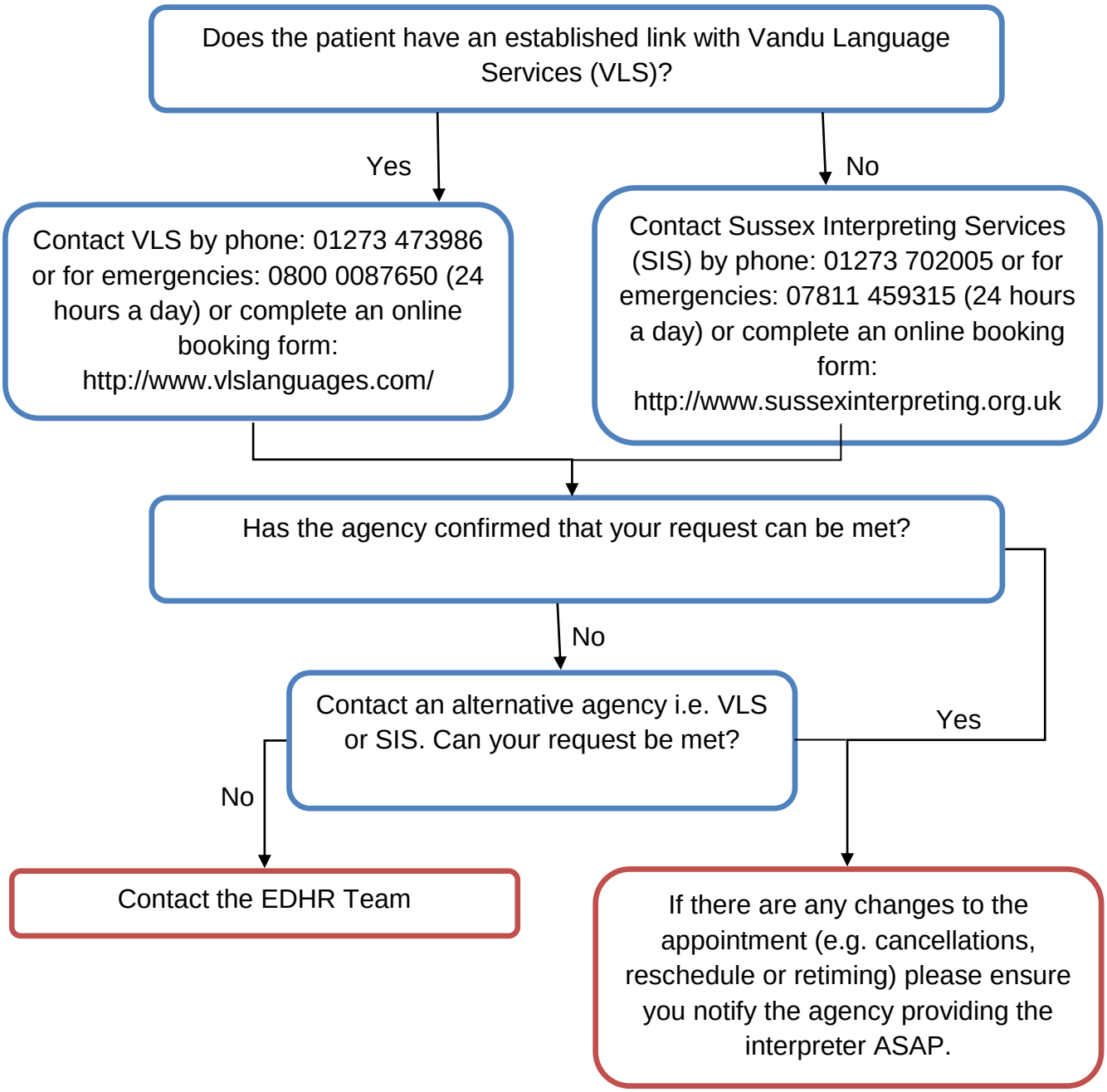
When to use an Interpreter

- All patients that have requested for an interpreter to be present or
- Patients you feel need the support of an interpreter to fully understand information
- If there is a language barrier and you need to have a conversation with a patient/service user which is sensitive, confidential in nature or could be related to a decision around consent/capacity

Is it best to use telephone or a face-to-face interpreter?

Consider telephone interpreting when	Consider face-to-face interpreting when
☑ a patient and healthcare professional is already communicating by telephone ☑ it is preferable not to have another party in the room ☑ patients can visit a service without an appointment (walk-ins) ☑ there is a need for quick interactions (for example a pharmacist providing information about medication) ☑ urgent matters that cannot wait for an emergency face-to-face interpreter to attend	☑ dealing with patients with mental health or safeguarding issues ☑ dealing with patients that have a hearing impairment or Deaf ☑ dealing with patients that are confused ☑ providing education that has visual components ☑ there are multiple individuals with limited English ☑ dealing with complex or sensitive situations (e.g. delivering bad news, serious diagnosis, advising on complicated medical procedures, etc.)

Booking process for overseas languages face-to-face interpreters



Booking process for telephone interpreters

Step 1
Dial 0800 206 1119

Step 2
Input your language access code see over the page

Step 3
If the patient is with you:

Ask the operator for the language you require.

Step 3
If you need to call your patient:

Tell the operator that you need to make a three-way call, you will also need to tell them the language and the telephone number of the patient.

Step 4
Wait on the line to be connected

See appendix 2 for access codes

Language Identification Chart

Unë flas Shqip	Albanian
አማርኛ፡ እችላለሁ።	Amharic
أنا أتكلم اللغة العربية	Arabic
Ես Հայերէն կը խօսիմ	Armenian
Мән азәрбајан дилиндә данышырам	Azeri
আমি বাংলা ভাষায় কথা বলি	Bengali
Govorim bosanski/hrvatski	Bosnian/Croatian
Аз говоря български	Bulgarian
ကျွန်ုပ် မြန်မာလိုတတ်ပါသည်။	Burmese
我說粵語	Cantonese
Mluvím česky	Czech
I speak English	English
Ma räägin Eesti keelt	Estonian
من فارسی حرف میزنم	Farsi
Je parle français	French
მე ვლაპარაკობ ქართულად	Georgian
Ich spreche Deutsch	German
હું ગુજરાતી બોલું છું.	Gujerati
Na yia Hausa	Hausa
אני דובר עברית	Hebrew
मैं हिन्दी बोलता हूँ	Hindi
Beszélek Magyarul	Hungarian
Anam asu igbo	Ibo
Saya bicara bahasa Indonesia	Indonesian
Мен казахша билемин	Kazakh
Nvuga ikinyarwanda	Kinyarwanda
나는 한국말을 합니다	Korean
من بەکوردی قسە ئەکەم	Kurdish
Es runāju latviski	Latvian
Na lobaka Lingala	Lingala
Aš kalbu lietuviškai	Lithuanian
Jas zboruvam makedonski	Macedonian
Saya bicara bahasa Malay	Malay
我说汉语	Mandarin
मी मराठी बोलतो	Marathi
Би Монгол хэлээр ярьдаг	Mongolian
म नेपाली बोल्छु	Nepali
Mówię po polsku	Polish
Falo Portugues	Portuguese
ਮੈਂ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹਾਂ	Punjabi
زه پښتو خبرې کولای شم	Pushto
Vorbesc limba română	Romanian
Я говорю по-русски	Russian
Ја говорим српски.	Serbian
Ndino taura Shona	Shona
මම සිංහල භාෂාව කථාකරමි	Sinhalese
Rozprávam po slovensky	Slovak
Waxan ku hadlaa af Soomaali	Somali
Hablo español	Spanish
Ninasema Kiswahili	Swahili
Marunong ako magsalita ng Tagalog	Tagalog
நான் பேசும் மொழி தமிழ்	Tamil
ผมพูดไทย	Thai
నేను తెలుగు మాట్లాడతాను	Telugu
ትግርኛ እዛረብ እየ።	Tigrignia
Türkçe konuşuyorum	Turkish
Meka Twi	Twi
Я розмовляю по-українськи	Ukranian
میں اُردو بول سکتا ہوں	Urdu
Мен ўзбекча гапираман	Uzbeck
Chúng tôi nói tiếng Việt	Vietnamese
me le so yoruba	Yoruba

Guidelines for service providers working with Sussex Interpreting Services and Vandu Language Services

Interpreting is;

"The accurate oral transmission of meaning from one language to another, which is easily understood by the listener".

Working effectively with interpreters requires some thought and planning. Service providers who work regularly with interpreters may have formulated their own preferred way of working but, more often than not, this is something that people do not think through. They are surprised to discover that some preliminary preparation is useful and that it can be quite a revelation considering the dynamics of the three-way relationship and examining each participant's perspective.

The following guidelines are not a substitute for proper training, but a useful reference.

The Interpreter's Role

The main aim of the community interpreter is to assist clients from black and minority ethnic communities to get the best possible service from the service agency. The starting point for this is good communication between the client and the service provider. To ensure this community interpreters working with Sussex Interpreting Services (SIS) and Vandu Language Services (VLS) receive accredited training. The training addresses interpreting techniques, linguistic accuracy, role responsibilities and boundaries, confidentiality, impartiality, providing factual cultural information and problem solving techniques. The training enables community interpreters to exercise professional judgment and to transmit information quickly, accurately and in a meaningful manner from the community language to English and vice versa (consecutive liaison interpreting).

Community interpreters are more than just language workers. It is necessary for people who work with interpreters to appreciate the demands made upon the interpreter, as well as making sure that they use the interpreter's knowledge of background and culture to create a better relationship with their clients. By consciously developing a method of working with interpreters many of the difficulties of communicating through a third party can be overcome.

Completing the Booking Form

When completing a Booking Form please consider and indicate;

1. whether you have allowed sufficient time for the appointment. Normally you need to allow twice as long for an appointment where an interpreter is used.
2. how long the session is likely to run.
3. the language you require. Information concerning dialect and the client country of origin are helpful in matching client and community interpreter.

4. possible political, religious or cultural differences that might affect your request for a community interpreter. Many asylum seekers, for instance, will have just arrived from traumatic situations and may find it very uncomfortable to be talking through someone who represents the opposing faction. In some countries religion can be a strong defining factor of cultural identity and political allegiance. On the other hand, people who share a language do not necessarily share a culture or the same vocabulary for institutions, values and concepts. For example, an asylum seeker from Zaire and an interpreter from France may share a common language but little else.
5. whether an age gap between interpreter and client might create discomfort. Particularly where sensitive information is being disclosed, a discrepancy in life experience between interpreter and client can cause tension and embarrassment, especially in cultures where respect for elders is emphasised. Although you should be sensitive to this as a potential problem area, if interpreters are well trained and professional they should be able to overcome any initial difficulties caused by an age/experience gap.
6. the nature of the interview**.**
7. your organisation and the role you play in it.
8. client name as clearly and fully as possible. Where the client has a hospital reference number please indicate this on the Booking Form.
9. Please be aware of false assumptions you may make about the client. Stereotyping is misleading and discriminatory.

Interpreting Practice

Please note that interpreters should never be alone with the client and if you are planning a home visit please meet the interpreter outside the property.

The interpreting assignment ideally has four parts:

1. Pre-session
2. Introduction
3. Interpreting session
4. Ending the session/Post session

1 Pre-Session

This is particularly important where the service provider has booked the interpreter. The length of the pre-sessions will depend on the time available and the complexity of the case. Pre-sessions are strongly recommended for appointments involving Child Protection, Domestic Violence, Terminal Illness and Mental Health Assessment. Pre-sessions should be used for:

* Presenting factual information about the case. Contextual information improves meaningful interpretation.
* Setting the aim of the present consultation
* Discussion of interpreting methods required

* Discussion of any previous incidents when the professional has not understood cultural implications.
* Discussion of any challenging behaviour that may occur and how the interpreter might respond.

It is important to respect the impartiality of the community interpreter**.** Be careful not to share your personal perception of the client as this may affect the impartiality of the community interpreter. Interpreters who are seen by the service user as spokespersons for the service providing agencies are often viewed with mistrust by members of their communities and feel pressure from both sides as a result.

It is impossible to summarise the impact of culture in a few sentences.
Within each language group or country of origin there will be as much variety of beliefs as there is within British culture. Before asking a question about culture ask yourself if it would make sense if asked about British people. It is acceptable to give factual information such as "most people from Bangladesh are Muslims", many refugees from Vietnam are ethnic Chinese" or "Thalasaemia does affect people from Turkey". However questions such as "Is it common for people to hit their children?", "Do women shout in labour?" or "Is it a patriarchal society?" cannot be answered without discussing the workers understanding of these issues in relation to British society.

2. Introductions

Allow time for introductions.
If you already know the client, you should introduce the interpreter. If you are not familiar with the client, it is easier if the interpreter makes the introduction. S/he can then explain what your role is.

Allow time for the interpreter to establish rapport with the client and to clarify his/her own role.
If the client has had a long experience of poor communication with the services, he or she may want to raise many issues now that a channel of communication has been opened up. Try to allow time to explain what your service can do and "sign post" the client to other relevant services where appropriate.

The community interpreter will need a few minutes to explain to the client that they work for SIS/VLS, that everything will be interpreted, including exchanges between family members, that information is confidential within SIS/VLS and that another interpreter can be made available if the client would prefer.

3. Interpreting Session

Be aware of seating and acoustic arrangements.
The usual arrangement is a triangular formation:

Service provider ***** ***** Client

***** Interpreter

This allows you to see and clearly communicate with the interpreter and the client and increases the client's confidence. Try to avoid interruptions to the session. Hold the interview in an area that allows respect for confidentiality.

Try to speak to the client, addressing them directly.
This will improve communication between you and the client. Do not speak to the interpreter, saying "Please tell him/her...", "Please ask him/her ..." as this is time-consuming and reduces directness. At the same time do not discount the interpreter and let him/her decide if s/he feels more comfortable speaking in the first or third person.

Speak in clear sentences with pauses in between for the interpreter to interpret what you are saying to the client.
Be careful to retain your train of thought and start speaking again as soon as the interpreter has finished interpreting. Continue with this until you finish what you had planned to say. If you speak at length before stopping, the interpreter will be unable to remember exactly what you said.

Avoid jargon, abbreviations or specialist terminology if possible.

Let the interpreter intervene for you if s/he needs to.
There could be many reasons for this: s/he may not understand a word or concept, you may be speaking too fast or being culturally insensitive towards the client. S/he may need to give a long explanation to the client because the word or term does not exist in their language, or s/he senses the client does not understand something, or misunderstandings are impeding the interview. Check regularly with the client that you have been understood.

The client may not leave pauses for the interpreter when speaking.
In this case the interpreter will summarise what s/he is saying. This may be satisfactory and effective where you are seeking factual information. However, if you are trying to assess an emotional state, you will probably need a more accurate picture of the client's speech. Explain this to the interpreter and ask him/her to give you a more precise version of what the client is saying.

Clients will almost certainly relate more closely to interpreters. You will probably find that some of the support-giving aspects of your role will be taken over by the interpreter. This is acceptable but be careful not to resign too much of your responsibility to the interpreter. It is not his/her job to make decisions about services or but to assist you to make the right ones.

Take extra care in explaining procedures, regulations and reasons for asking for certain types of information.
People who are unfamiliar with the system may not be clear about the implications of what is being asked or offered. Do not always leave the responsibility for this sort of elaboration to the interpreter.

Feed your perceptions or doubts back to the interpreter and client.

In this way misunderstandings can be clarified. At this stage you may want to address the interpreter but make sure the client knows what is being said. It is important to get all the information you need during the interpreting interview.

Be sensitive to the demands and pressures on the interpreter. Interpreting requires enormous concentration, especially liaison interpreting where the interpreter has to switch constantly between two languages. It will be even more demanding if the circumstances are sensitive or stressful. Do not expect interpreters to keep going indefinitely; they may need a break halfway or to continue at another appointment.

4. Ending the interview/Post Session

Check the client has understood everything. Is there anything else they want to know.

Check decisions taken during the interview. Is everyone clear about follow-up appointments, medication doses etc.? Have you completed a SIS or VLS Booking Form for each follow up appointment?
Any discussion with the interpreter should be about communication dynamics rather than about the client. Remember to respect the interpreter's impartiality. This is important if s/he is to retain the trust of the client.

Check with the Community Interpreter any factual cultural information required to make an appropriate assessment

The interpreter may need support or counselling. It is not necessarily your responsibility as service provider to support an interpreter after a distressing session. However, you may be the only one who is aware of the immediate circumstances and needs. Please feedback to the SIS Co-ordinator/VLS booking agent concerning any support needs. SIS/VLS will then offer a support session to the community interpreter.

Fill out and sign the interpreter's assignment form.

Feedback to interpreters and the SIS Co-ordinator/VLS booking agent as much as possible.
We value our community interpreters and wish to retain and develop their skills. Constructive criticism and feedback assist service evaluation, development and improvement. We maintain a comments database and encourage written feedback. If you are dissatisfied with the quality of service please contact the SIS Co-ordinator/VLS booking agent in the first instance. SIS/VLS has a clear complaints procedure.

N.B.
In some circumstances there may be a pre-session between the client and interpreter. This often happens in G.P. surgeries where the busy Doctor has no time for a pre-session**.** The interpreter has a chance to assess the client's interpreting needs and establish their expectations of the interview, as well as researching contextual background.

The interpreter should introduce himself/herself and the client to you if you have not already met. Introduce yourself and clarify your role if necessary. Remember institutions and services differ from one country to the next so the client may not be clear what service is offered by a social worker, health visitor, GP etc.

Information from the client/Interpreter pre-session is confidential. The interpreter will however encourage the client to disclose relevant information. You can assist this by checking with the client whether they would like to add anything.

Bi-lingual appointment Letters

If you are booking an appointment for a patient or service user, it may be useful to send a bi-lingual appointment letter with the standard appointment letter. These are available on the EDHR Info-Net site: http://www.bsuh.nhs.uk/work-and-learn/equality-diversity-and-human-rights/resources/information-about-interpretation-and-translation/

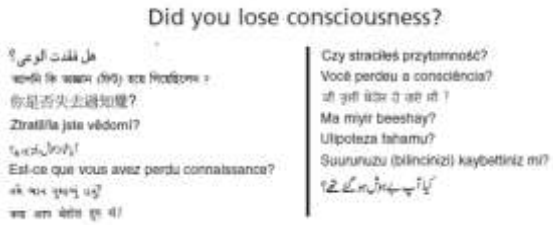
Currently there are letters available in English to: Arabic, Bengali, Cantonese, Farsi, Hungarian, Lithuanian, Mandarin, Polish, Portuguese, Romanian, Russian, Spanish, Turkish and Urdu.

Translation

Interpreters can be used to explain patient information to a patient or service user, however consideration should be given if interpreters are regularly used to explain the same information in frequently used languages. Generally it will become more cost effective to have patient information translated after 3-4 times an interpreter has been used to explain the patient information in a given language. In all instances please contact the EDHR team for access to centralised funds for translation.

Before requesting information to be translated you should search to see if there is relevant information from associations, charities, etc. that has already been translated in the requested language. Information that does not contain any private/confidential information, details about medical procedures and is generic in nature can be translated using Google Translate (see www.google.co.uk for further details).

The Multilingual Phrasebook takes frequently used medical related phrases and translates them into 15 different languages. The phrasebook has been sectioned into phrases used in clinical areas by discipline and can be accessed by going to: http://www.bsuh.nhs.uk/work-and-learn/equality-diversity-and-human-rights/resources/information-about-interpretation-and-translation/?p=1



The Hospital Communication Book provides a visual way of communicating with people, and can be particularly useful for those with Learning Disabilities, cognitively impaired, those with low levels of literacy or those learning English. Please refer to your department/ward Hospital Communication Book for further information.

Information about patients/service users with an acquired communication or language impairment

What is in this section?

Acquired Communication and Speech Impairments

Dysarthria

Dysarthria is a disorder of speech caused by a change in the function of the mouth and face muscles that we use for speaking. Dysarthria can occur as a result of stroke, injury to the brain or some neurological diseases. It can also be caused by damage to muscles and nerves e.g. post-surgery. This affects the intelligibility of speech. Speech can sound slurred, indistinct and may be quieter than normal.

Dyspraxia

Dyspraxia is a motor speech disorder. The messages from the brain to the mouth are disrupted, and the person cannot move his or her lips or tongue to the right place to say sounds correctly, even though the muscles are not weak.

Tips for the listener (dysarthria and dyspraxia)

- Talk normally to the person with dysarthria. Dysarthria does not affect understanding or intelligence.
- Be honest if you haven't understood. Ask the person to repeat, rephrase, write down, give you a clue, spell the word out on an alphabet chart or out loud.
- If speech is severely affected, try to establish clear signals of yes and no e.g. thumbs up or thumbs down.
- Encourage the person with dysarthria to use any strategies that they have been recommended e.g. slowing down or trying to articulate more.

Dysphasia

Dysphasia is a disorder of spoken and written language (sometimes also referred to as 'aphasia'). It affects the ability to understand words and to use words to express thoughts and can vary in severity.

Dysphasia can be receptive or expressive: receptive dysphasia is difficulty with understanding, whilst expressive dysphasia is difficulty finding the right words and putting them together to make meaning.

Dysphasia does not restrict the person's rights to express preferences and opinions but they may need support from staff / family / friends to do so.

Tips to support a person with dysphasia:

- Don't avoid communication.
- Try to make the environment quieter and free from distractions to help you give your full attention to the conversation. Turn off noisy radios or televisions.
- Speak slowly, don't shout.
- Keep sentences short and simple.
- Use gesture to support communication.
- Write down key words.

- Use the environment and keep conversations in context.
- Allow extra time for person with dysphasia to process information.
- Offer clear choices or used closed questions, but be aware that yes-no answers may not be reliable
- Don't interrupt the person when they're trying to communicate – it can take time for them to get their message across.
- Encourage them to use gesture, pointing, objects or pictures to support their communication
- Ask the Speech and Language Therapist for more information about the type of dysphasia each individual has, s/he will be able to give you more specific advice.

Dysfluency

Also known as stammering, is when the smooth flow of speech is disrupted in ways that are uncomfortable and difficult. Speech may sound forced, tense or jerky. Some stammering is obvious to others whilst some people only stammer rarely. The fear of stammering can affect the person as much as the stammering itself. Causes of stammering are many and varied. Specialist Speech and Language Therapist input can help.

Cognitive communication impairment

A cognitive communication difficulty can occur post brain injury and reflects a range of potential cognitive changes, such as:

- Attention and concentration difficulties
- Memory problems
- Literal interpretation
- Reduced reasoning and problem-solving skills
- Cognitive fatigue
- Slowed speed of information processing
- Impaired social communication skills
- Reduced insight

Tips to support a person with a cognitive communication impairment:

- Use clear language, take out unnecessary detail.
- Avoid sarcasm or double meaning.
- Explain your emotions rather than relying on the person to interpret your tone or facial expression.
- If the person says or does something unusual, explain sensitively why that was unusual and what would be expected.

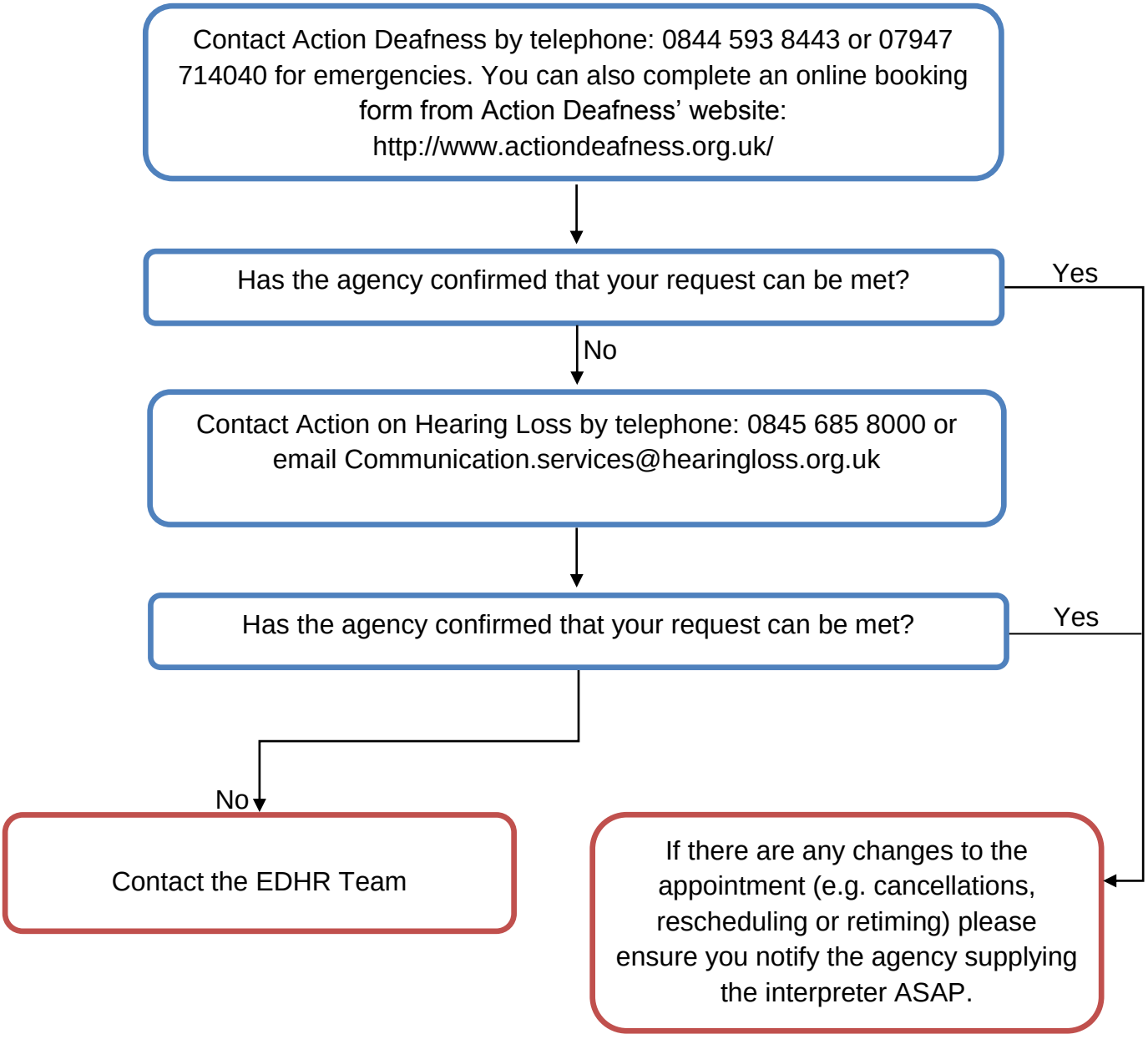
Details on how to contact the Speech and Language Therapist (SLT) team can be found in appendix 1 of this document.

Information about patients/service users with a hearing impairment

What is in this section?

Never assume that patients who communicate primarily with British Sign Language (BSL) are fluent in reading/writing English. A professionally trained interpreter should be used when conversing with patients, especially if the conversation is sensitive or confidential in nature or could lead to a consent or capacity decision.

Booking process for BSL/lip speaking interpreters



Tips for working with deaf or hearing impaired patients/service users

There are four main groups of deaf people - deaf, deafened, hard of hearing and deafblind. Each group has different communication and access to service needs. Staff should, where possible, try to establish a person's preferred method of communication prior to a meeting/appointment.

Key communication tactics

1. Get the deaf person's attention.
2. Establish the subject first and remember to do so again whenever you change the subject.
3. Don't shout or exaggerate lip movements.
4. Use plain language.
5. Slow down a little bit.
6. Avoid jargon and rephrase things rather than repeat the same words or sentences if the person does not understand.
7. Use natural body language.
8. Reduce background noise.
9. Stand 3-6 feet away.
10. Ensure that your mouth is clearly visible at all times.
11. Be aware of lighting (which may cause glare).
12. Be prepared to repeat.
13. Write things down – if the patient service user can read English.
14. Speak to the deaf person (not to a third party).
15. Use open ended questions (which will encourage a response and ensure the deaf person understands you).
16. Try not to feel irritated when your communication method does not work. Relax, look straight at them and try again.

Technical Aids

1. **Portable Induction Loops** - An induction loop system helps deaf people who use a hearing aid or loop listener, hear sounds more clearly because it reduces or cuts out background noise. Portable induction loops are available for use at all BSUH sites.

2. **Textphone** - Textphones have a small display screen, and a keyboard, so you can type what you want to say and read what is being typed from another textphone in reply. If you have a textphone, you can call someone else with a textphone directly.

3. **Next Generation Text** - If you have a voice telephone and want to talk to someone who has a textphone, or vice versa, you can use Next Generation Text, the national telephone relay service. This is available to all by simply dialling

18002 before the telephone number you require. Once the call is answered by a textphone user a Next Generation Text operator will join the line to relay the call. This service is available 24 hours a day, 365 days a year and is charged at standard telephone rates. However, because a third party operator is involved, the call is not confidential. There are comprehensive instructions in using this service further on in this section.

4. **SMS Text Messaging** – You can use a mobile phone to send SMS text messages. This can be a good way to keep in touch and can also be useful in emergencies, although you should remember that SMS messages may be severely delayed.

5. **Basic Sign Language** – Visit http://www.britishsignlanguage.com/ to see moving pictures which show the basic signs for British Sign Language.

Location of fixed induction loop systems within the trust.

Department	Location	Type of system	Contact details for ordering portable equipment in advance
Royal Sussex County Hospital			
ENT	Main reception	Counter system	
	Audiology reception	Counter system	
A&E	Patients reception	Counter system	
	Ambulance reception	Counter system	
AMU	Main Desk	Loop System	
OPD	Main reception	Counter system	
	Main reception	Portable system	Available from main reception
Sussex House	Board room	Loop system	
	Lecture room	Loop system	
Cancer Centre	Main reception	Loop system	
CIRU	Lecture hall	Loop system	
SEH	Reception	2 x Portable systems	
SEH	Pickford	Portable system	

Brighton General Hospital			
	Dermatology	Loop system	
	D2	Loop system	
Breast Care Centre Preston Park			
	3rd Floor reception	Loop system	
	2nd Floor reception	Loop system	
Princess Royal Hospital			
Downsmere	Boardroom	Loop system	
Main building	Main reception	System to be installed as part of current refurbishing scheme	
Downsmere		1 x portable system	
	Facilities & Estates	2 x portable systems	For prior booking and to arrange collection phone ext. 5929
A&E	Main reception	Portable unit	
Euan Keats Centre	Lecture rooms	3 systems attached to AV equipment	
Audrey Emerton Building			
	Lecture theatre	Loop system	
	Lecture hall	Loop system	
	Library reception	Counter system	
	Main reception	Counter system	
		5 x portable systems	Available through the room booking system

Royal Alexandra Children's Hospital			
Level 4	X-ray, Orthodontic and Social Work receptions	Loop system (x3)	
Level 5	Main reception, OPD reception, OPD sub-wait 1	Loop system (x3)	
Level 7	Day case reception	Loop system (x1)	
	Theatre anaesthetic rooms and recovery	2 x portable systems	
	OPD sub wait 2 & Respiratory	2 x portable systems awaiting purchase	
Levels 4,8 & 9	Seminar rooms	Infrared hearing support system	
Level 6	Meeting room	Infrared hearing support system	
Level 10	Medical school research rooms (x2)	Infrared hearing support system	

Using the Next Generation Text service

The Next Generation Text service, allows organisations to communicate with deaf or speech-impaired patients and service users directly.

Here is a quick guide on how to use the service, where the person you are calling may (or may not) answer the call using a textphone.

Starting a call

To start a call, dial 18002 then the full phone number of the person you want to call, including the area code (and international county code if you are calling outside the UK).

E.g.	**Prefix**	**18002**	**Area Code**	**01273**	**Number** **696955**

If the person you are calling picks up using a textphone, you will hear a recorded Next Generation Text greeting message while you wait for a relay assistant to join the call

"Please hold for the next available relay assistant."

If the person you are calling picks up using a telephone, the call will be treated like a standard telephone call.

"Hello Mrs Smith, is Mr Smith available?

Please could you ask him to pick up on his textphone?"

If at any point the person you are calling switches to a textphone, you will hear a recorded Next Generation Text message, while you wait for a relay assistant.

During a voice to text call

Each person takes their turn to speak or type. When you have finished, say **"go ahead"**

"Mr Smith, I am calling about you appointment. Go ahead."

Receiving a call from a textphone

If you received a call from Next Generation Text, after a short delay (up to 5 seconds) you will hear the following message:

> "Please hold for a relay-assisted call from a textphone user."

A relay assistant will then be connected to the call. Once connected, you will hear the relay assistant say:

> "Hello, you have a call from a deaf or speech-impaired person and I will be relaying the call. Please say 'go ahead' when you have finished speaking."

If you have not used the Next Generation Text service before, you can ask the relay assistant to explain how it works.

Ending a call

When you want to end your call, just say **'bye'** or **'goodbye'**

> "Thank you Mr Smith, we will see you at 10:00am on Friday. Goodbye."

Getting help with Next Generation Text Assist

If you are having problems trying to connect a call, Next Generation Text Assist can set the call up for you.

To contact Next Generation Text dial 0800 7311 888 from a telephone.

You can find out more information about this service by looking at http://ngts.org.uk/

The Hospital Communication Book provides a visual way of communicating with people, and can be particularly useful for those with Learning Disabilities, cognitively impaired, those with low levels of literacy or those learning English. Please refer to your department/ward Hospital Communication Book for further information.

Information about patients/service users with a visual impairment or those that are blind

What is in this section?

Tips for working with patients/service users that are blind or have a visual impairment

1. All staff should assess the needs of people accessing our service who are blind or partially sighted.
2. When producing information for, or communicating with, someone with a visual impairment, consider the size of the font as visually impaired people will need different sizes depending on their level and type of sight and can range between 14 and 22. Do not assume that the larger the font the better as this may be the case for some but others might prefer smaller font.
3. Font size 14 is generally a good size to use to cover most people with a visual impairment, however, staff should consider requests on an individual basis.
4. Always use Arial font and avoid printing anything in all capital letters, normal sentence case is easier to read.
5. Avoid using italics as much as possible.
6. If necessary use bold to increase clarity.
7. Leave extra spaces between lines of text and between paragraphs for greater clarity.
8. Always use dark ink on light paper - black on pale yellow is particularly good for people who are troubled by glare.
9. Be prepared to offer assistance to help the person navigate through the hospital or department.

Braille

1. Only a small percentage of people with a visual impairment are able to read Braille, however those who do should be able to receive information in Braille when they request it.
2. Staff should assess whether a patient can read Braille prior to arrangements being made to transfer information into this format.

Audio Tape/CD

1. Recording information onto tape or CD can be quick, easy and inexpensive and may be the preferred form of communication for someone with a visual impairment. Contact the Clinical Media Centre for more information (ext. 4318/4319).

Arranging transcription/translation of a document into Braille

The Trust contracts Pearl Linguistics to provide transcription into Braille. If you need these services please contact the EDHR team, you will need to have the document in an editable format e.g. a word file – you can email equality@bsuh.nhs.uk or telephone ext. 67251/64135.

Colour vision deficiency (colour blindness)

This affects a number of people in different ways e.g.:

- Not being able distinguish between a range of colours
- Not being able to identify deep or pale colours
- Seeing a different colour altogether
- Not seeing colour at all

The most common form of deficiency is 'red-green' which affects 1 in 12 men and 1 in 200 women. Consideration should be given to colour schemes when producing patient information, especially if it is colour dependent e.g. a diagram that uses colour to highlight something.

See below for examples of how the same image can be viewed by different people with colour vision deficiencies.

	Normal colour vision
	If you're diagnosed with deuteranopia, it's likely you'll confuse colours in the red-yellow-green spectrum. Deuteranomaly is a less severe form of red-green colour deficiency. If you're diagnosed with deuteranomaly, it's likely you'll have problems distinguishing different shades of the same colour in the red-yellow-green spectrum. It can vary in severity from mild to severe.
	If you're diagnosed with protanopia it means you're likely to confuse colours in the red-yellow-green spectrum. Protanomaly is a less severe form, where it's likely you'll have problems distinguishing different shades of the same colour in the red-yellow-green spectrum. People with protanopia or protanomaly are likely to see red colours as darker than normal.
	People with this type of colour deficiency have difficulty distinguishing between shades of blue and green. It's also known as tritanomaly or tritanopia. Blue-yellow colour deficiency isn't linked to the sex chromosomes and occurs equally in men and women.

For further information please go to: http://www.nhs.uk/Conditions/Colour-vision-deficiency/Pages/Introduction.aspx

Support and advice

Additional support and advice about supporting patients/service users with visual impairments can be sought from Kerry Leask, Action for Blind People Eye Clinic Liaison Officer based in Sussex Eye Hospital. Kerry can be contacted by email: Kerry.leask@brighton-hove.gcsx.gov.uk or on ext. 7528.

Information about patients/service users that are DeafBlind (Dual Sensory Loss)

What is in this section?

Information about patients/service users that are Deafblind (Dual Sensory Loss)

Patients that are Deafblind will require specialised help and support from a trained communicator guide/interpreter. Because of the level of support required in appointments and consultations it should be anticipated that appointments and consultations will need additional time.

You can arrange for a communicator guide/interpreter by contacting About Me (a subsidiary of DeafBlind UK) by telephoning: 01733 213490 or emailing: communicationsupport@aboutme.org.uk.

Tips for communicating with patients/service users that are DeafBlind

1. When you approach a person who is deafblind, let them know – by a simple touch on the shoulder or arm – that you are there. Reassure them of your continued presence in the same manner.

2. Immediately identify yourself by name or a sign name.

3. Communicate directly with the person who is deafblind, even when using an interpreter.

4. Make every effort to learn and use whatever method of communication the individual prefers, such as print-on-palm, fingerspelling, British Sign Language or writing with a bold, black pen, to name a few. Some individuals may have enough hearing to carry on conversations in quiet surroundings.

5. Use the words "see," "hear," "deaf," and "blind" naturally, without hesitation, if your conversation calls for them.

6. Inform the person who is deafblind of their surroundings, including people and activities in the area.

7. When involved in group discussions, let the person who is deafblind know when it is their turn to speak.

8. Always tell the person when you are leaving, even if it is only for a brief period. See that s/he is comfortably and safely situated. If standing, make sure they have something to place their hand on, like a wall, a chair or table.

9. When guiding a person who is deafblind, never place him/her ahead of you. Instead, let the person hold your arm above the elbow. In this manner, the person can usually sense any change in pace or direction. When ascending or descending stairs, pause and then continue on. When walking through a

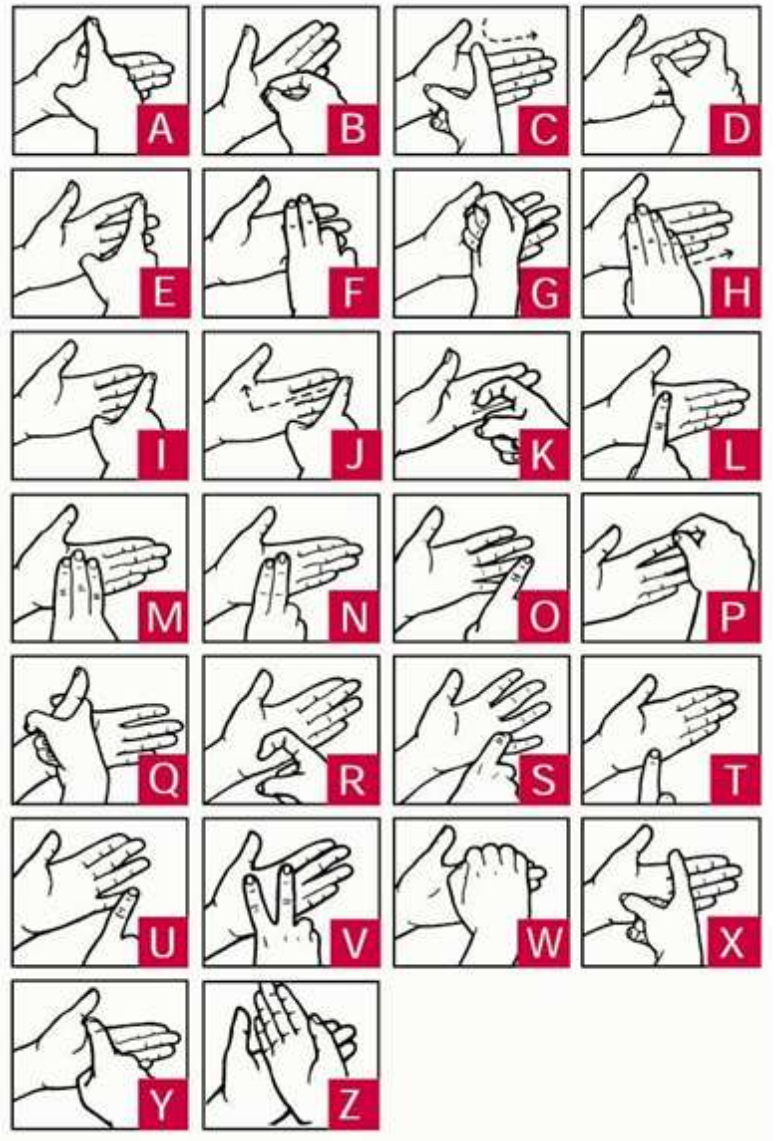
doorway, let the person who is deafblind follow directly behind you.

10. Treat a person who is deafblind as you would treat anyone else. Be courteous, considerate and use common sense.

11. Remember a Deafblind may have some hearing and/or sight, in these cases refer to the guidance earlier on for visual or hearing impairments.

DeafBlind manual alphabet

Deafblind manual alphabet is an adapted form of finger spelling taken from British Sign Language (BSL). Each letter is spelt out on the hand, enabling communication by touch alone. It's very simple to learn and having the basic skills will allow you to spell out words and sentences for a deafblind person. The most important thing to remember is that no matter how fast you can use the manual alphabet, you should manual at the deafblind person's pace.



Information about patients/service users that have a Learning Disability

Contents

What is a learning disability?

"A state of arrested or incomplete development of the mind that includes significant impairment of intelligence and social functioning". (World Health Organisation 1992)

Learning disability includes the presence of:

- A significantly reduced ability to understand new or complex information,
- to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning);
- which started before the age of 18

(Valuing People 2001)

What to do if you have a patient/service user with a learning disability on your ward

Please contact the Learning Disability Liaison Nursing Team:

- RSCH telephone: ext. 64975 (direct dial: 01273 664975)
- PRH telephone: 07833 436677
- Email: LDLT@sussexpartnership.nhs.uk

Availability: Monday to Friday, 8.30am - 4.30pm

The team are there to support you with your patient and their carers and family during admissions or attendances.

The Learning Disability Liaison Team can deliver training to any ward, department, group or area.

The team can be contacted directly to discuss your training needs and will provide training to be flexible to your departments hours, group size and level of understanding of working with patients with learning disabilities and their carers.

The most popular requests are for Learning Disability Awareness, Communication and Behaviour, Pain Management, and The Mental Capacity Act all related to working with patients with Learning Disabilities.

Training is free for BSUH staff.

To arrange a training session contact Helen Lambert or Mary Woods directly on ext. 64975.

Tips for working with people with Learning Disabilities

The term 'Learning Disability' covers a wide range of people with different communication needs.

- Some people understand well and communicate easily
- Some people understand well but struggle to communicate
- Some people have very limited understanding and find it hard to communicate.
- Some people communicate well but have limited understanding.

Both overestimating and underestimating a person's level of understanding causes problems. Don't assume someone has understood your message – double check.

The following things can cause communication to break down:

- **Hearing Loss** – as well as poor attention and listening skills
- **Not understanding the situation, concepts or language**
- **Poor memory skills** - having a limited vocabulary or unclear speech
- **Limited experiences**- unable to communicate about this the patient/service user does not know about.
- **Other disabilities** - Can affect your ability to use body movements, e.g. physical, visual signs, etc. and to pick up on clues from the environment.

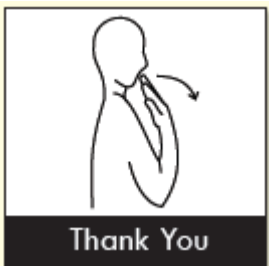
More Communication Issues

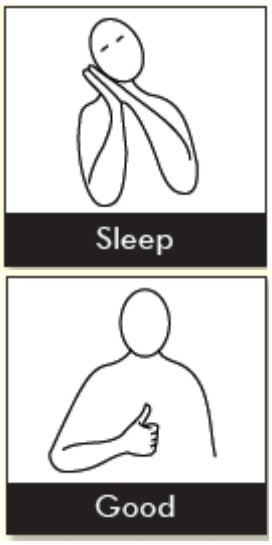
- **Echoing** – The person may echo back immediately words and phrases when they hear them. They may not know the meaning of these words and phrases. The importance of the person may be the interaction.
- **Choices** – some people may choose the last thing offered when given two verbal choices. They struggle to weigh up the options in their minds.
- **Learnt repetitive speech** – The person may use set words and/or phrases but not necessarily understand the words, e.g. "not too bad". Again, the interaction is the important thing.
- **Acquiescence** – People may be eager to please you and say yes to things they don't necessarily understand.
- **Situational understanding** – A person may understand what is happening from environmental clues rather than from speech. A regular routine helps their communication.

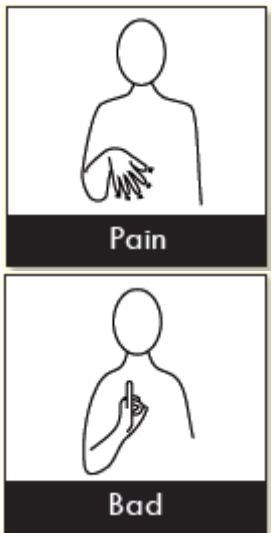
How to Communicate Clearly with People with People with Learning Disabilities

- **Be aware of the person's level of understanding** – Some people may only be able to pick out one, two or three key words in a sentence. It is important to keep sentences short and use everyday words rather than complex words and jargon.
- **Don't talk too fast** – It takes more time for many people to process the words they hear. Give people time to understand.
- **Use gesture, signing or pictures where you can** – visual clues help, and signing naturally slows your speech down.
- **Use literal language** - we often talk using abstract phrases. For example 'The doctor is doing her rounds'. Many people find it hard to interpret abstract meanings.
- **Find out how the person prefers to communicate** and try to adapt to their needs.

Useful Makaton signs







Patient Information - patients with mild to moderate Learning Disabilities may benefit from patient information in Easy Read. This is a particular way of writing, which incorporates sharp punchy sentences with descriptive pictures.

There is specific guidance from the Mencap document called 'Am I Making Myself Clear' which can be downloaded from: https://www.mencap.org.uk/node/6040. There is also a big database of patient information already translated in Easy Read which can be accessed by going to: www.easyhealth.org.uk.

Alternatively you can contact a member of the Learning Disabilities Liaison Team or Equality, Diversity and Human Rights Team for further help.

Easy Read appointment letters - if you are booking an appointment for a patient or service user, it may be useful to send an Easy Read appointment letter with the standard appointment letter. There is an online tool that can help you produce a letter in less than a couple of minutes, and they are customisable to make them relevant to the appointment or service.

If you would like to send an Easy Read Appointment letter please go to: http://www.surreyhealthaction.org/health-services-in-surrey-made-easy/easy-read-appointment-letters

The Hospital Communication Book provides a visual way of communicating with people, and can be particularly useful for those with Learning Disabilities, cognitively impaired, those with low levels of literacy or those learning English. Please refer to your department/ward Hospital Communication Book for further information.

Information about patients/service users who have Dyslexia

Contents

Dyslexia is a common learning difficulty that mainly affects the way people read and spell words.

Signs and symptoms

Dyslexia is a spectrum disorder, with symptoms ranging from mild to severe. People with dyslexia have particular difficulty with:

- phonological awareness
- verbal memory
- rapid serial naming
- verbal processing speed

These terms are explained in more detail below.

Phonological awareness

Phonological awareness is thought to be a key skill in early reading and spelling development. It is the ability to identify how words are made up of smaller units of sound, known as phonemes. Changes in the sounds that make up words can lead to changes in their meaning.

For example, a child with a good level of phonological awareness would understand that if you change the letter "p" in the word "pat" to "s", the word becomes "sat".

Verbal memory

Verbal memory is the ability to remember a sequence of verbal information for a short period of time.

For example, the ability to remember a short list such as "red, blue, green", or a set of simple instructions, such as "Put on your gloves and your hat, find the lead for the dog and then go to the park."

Rapid serial naming

This is the ability to name a series of colours, objects or numbers as fast as possible.

Verbal processing speed

Verbal processing speed is the time it takes to process and recognise familiar verbal information, such as letters and digits.

For example, someone with a good verbal processing speed has the ability to quickly write down unfamiliar words when they are spelled out, or write down telephone numbers they are told.

Read more about the symptoms of dyslexia.

Dyslexia and intelligence

Dyslexia only affects some skills and abilities, and is not linked to a person's general level of intelligence.

Children of all intellectual abilities, from low to high intelligence, can be affected by dyslexia.

Similarly, the difficulty a child with dyslexia has with reading and spelling is not determined by their intelligence, but by how severe their dyslexia is. Children with average intelligence and mild dyslexia are likely to be more skilled at reading and writing than children with high intelligence and more severe dyslexia.

How common is dyslexia?

Dyslexia is thought to be one of the most common learning difficulties. It's estimated that up to 1 in every 10 people in the UK has a certain degree of dyslexia.

Dyslexia affects people of all ethnic backgrounds, and has even been shown to affect languages based on symbols rather than letters, such as Cantonese.

However, a person's native language can play an important role in the condition. For example, dyslexia is less problematic in languages with consistent rules around pronunciation, such as Italian and Spanish.

Languages such as English, where there is often no clear connection between the written form and sound (for example, words such as "cough "and "dough"), can be more challenging for a person with dyslexia.

Accessibility and Dyslexia – it is a complex condition, and there is no one single thing that can be done to meet the needs of every dyslexic as it affects each person differently. However, here are some pointers which may help to make your information more accessible.

Font Style

- Use a san serif font such as Arial, Comic Sans, Verdana or Sassoon.
- Use a minimum of 12pt or 14pt font size.
- Use lower case letters. Avoid unnecessary use of capitals. Using all capital letters can make it harder to read, and it can also appear that you are shouting at the reader.

Paper

- Use a coloured paper, even cream or off white. Some individuals will have specific colour preferences, e.g. yellow or blue.
- Use matt paper to reduce glare.

- Don’t use flimsy paper which may allow text from the other side to show through. Good quality 80 or 90 gsm is effective.
- Avoid light text on a dark background.

Presentation Style

- Keep sentences and paragraphs short. Try to break text into short readable units.
- Use wide margins and headings.
- Use at least 1.5 line spaces between lines of text, if possible.
- Use bold print to highlight. Italics and underline should be avoided as they can blur text.
- Highlight important text in a box or use colour.
- Use bullet points and numbers rather than long passages of prose.
- Keep text left justified with a ragged right edge.
- Don’t use unnecessary hyphenation.

Writing Style

It is best to keep text as simple and concise as possible, to aid navigation and comprehension.

- Keep sentences short and to the point (15-20 words per sentence).
- It helps to imagine the reader is sitting opposite you and you are talking directly to them.
- Give clear instructions, and avoid lengthy explanations.
- Use short words and terms where possible – avoid unnecessary complex vocabulary.
- Good advice on producing text in ‘Plain English’ can be found online: www.plainenglish.co.uk/free-guides.html.

Posters and Leaflets

- Keep design simple.
- Avoid background graphics which can make text harder to read.
- Keep essential information grouped together, such as the time, date and place of an event.

Universal Accessibility

Everyone processes information in a different way. While some people may prefer long wordy explanations, others may need alternative presentation styles.

- Include useful pictures and graphics.
- Flow charts can help to explain procedures.
- Lists of “do’s and don’ts” can be more useful than long passages of text.
- A glossary will help to explain abbreviations, acronyms and jargon.
- Longer documents should have a contents guide at the beginning and an index at the end.
- It’s important to provide documents in a timely manner. Teachers and lecturers should make handouts available before the class begins.

Alternative Formats

In tandem with making all text as dyslexia friendly as possible, organisations should also provide information in a variety of formats, to meet the diverse needs of all their clients, e.g. audio, video, digital, braille. It is very important that clients are made aware of the availability of these alternative formats.

(Appendix 1) Communication Support Services available to our Patients

Overseas Language Interpretation

Sussex Interpreting Services

Non-Emergency: 01273 702005
Emergency: 07811 459315
Online booking form (non-emergency): http://www.sussexinterpreting.org.uk

If Sussex Interpreting Services are unable to fulfil a request OR the patient has an established link with an interpreter from Vandu:

Vandu Language Services

Non-Emergency: 01273 473986
Emergency: 0800 008 7650
Online booking form (non-emergency): http://www.vlslanguages.com

Telephone Interpreting (Overseas Languages)

Pearl Linguistics

Telephone: 0800 206 1119

you will need an access code to use this service, if you do not have one you can view them in appendix 2 of this document otherwise please see contact Barbara.Harris@bsuh.nhs.uk

British Sign Language (BSL) and Lip Speaking

Action Deafness

Non-Emergency: 0844 593 8443
Emergency: 07947 714040
Online booking form (elective procedures): http://www.actiondeafness.org.uk/

Vision Impairment Transcription (including Braille, Audio and Large Print)

Soundtalking

Telephone: 01435 869313
Email: soundtalking@rnib.org.uk

Dual Sensory Loss Interpreting (Deaf Blind)

About Me (Subsidiary of DeafBlind UK)

Telephone: 01733 213490
Email: communicationsupport@aboutme.org.uk

Patients with Learning Disabilities

The Learning Disabilities Liaison Team can provide support and advice for both Trust staff and Patients with Learning Disabilities. The team are available Monday to Friday between 08:30-16:30.

You can contact the team by:

Telephone: 01273 664975 (RSCH) or 07833 436677 (PRH)
Email: LDLT@sussexpartnership.nhs.uk

Patients with Speech and Language Impairments

The SLT can assess, support and provide therapy for patients with an acquired language or communication difficulty, which may have/are: post stroke, a progressive neurological impairment or a head injury or other acquired brain injury. SLT can also perform swallowing assessments and assess mental capacity for such patients.

You can contact the team by:

Telephone: extension 4891 (RSCH) or 8057 (PRH)

(Appendix 2) Pearl Linguistics telephone interpreting codes:

Please ensure you use the correct code that relates to the site, speciality of your ward or department and type of appointment – if you are unsure please contact Barbara Harris (Babs) or Simon Anjoyeb.

PRH Access Codes:

Access Code	Directorate	Department
P229148	Acute Floor	A&E, AMU, SAU
P229149	Acute Floor	Acute and General Medicine
P229147	Abdominal Surgery and Medicine	Bowel Screening
P229150	Acute Floor	Critical Care
P229170	Pre-operative	Day Surgery
P229155	Central Clinical Services	Dietetics
P229144	Abdominal Surgery and Medicine	General Surgery
P229145	Abdominal Surgery and Medicine	GI Medicine
P229159	Women's Services	Gynaecology
P229162	Musculoskeletal	Major Trauma
P229166	Neurosciences and Stroke Services	Neurology
P229167	Neurosciences and Stroke Services	Neurosurgery
P229160	Women's Services	Obstetrics and Midwifery
P229157	Head and Neck	Oral/Max Fax
P229163	Musculoskeletal	Orthopaedics
P229154	Central Clinical Services	OT
P229158	Head and Neck	Outpatients
P229164	Musculoskeletal	Pain Management
P229151	Cancer	Palliative/End of Life Care
P229152	Central Clinical Services	Pharmacy
P229153	Central Clinical Services	Physio
P229171	Pre-operative	Pre-Operative Assessment
P229169	Neurosciences and Stroke Services	Rehabilitation
P229165	Musculoskeletal	Rheumatology
P229156	Central Clinical Services	SALT (Speech and Language Therapists)
P229168	Neurosciences and Stroke Services	Stroke
P229161	Musculoskeletal	Trauma
P229146	Abdominal Surgery and Medicine	Urology

RSCH Access Codes

Access Code	Directorate	Department
P229105	Acute Floor	A&E, AMU, SAU
P229106	Acute Floor	Acute and General Medicine
P229103	Abdominal Surgery and Medicine	Bowel Screening
P229111	Cancer	Breast Care
P229140	Cardiovascular	Cardiac Surgery
P229141	Cardiovascular	Cardiology
P229108	Cancer	Chemotherapy
P229107	Acute Floor	Critical Care
P229129	Perioperative	Day Surgery
P229136	Speciality Medicine	Dermatology
P229134	Speciality Medicine	Diabetes and Endocrinology
P229118	Central Clinical Services	Dietetics
P229131	Speciality Medicine	Elderly Medicine
P229104	Abdominal Surgery and Medicine	Endoscopy
P229120	Head and Neck	ENT (Ear, Nose and Throat)
P229100	Abdominal Surgery and Medicine	General Surgery
P229101	Abdominal Surgery and Medicine	GI Medicine
P229137	Women's Services	Gynaecology
P229112	Cancer	Haematology
P229133	Speciality Medicine	HIV/GUM
P229135	Speciality Medicine	Infectious Diseases
P229125	Musculoskeletal	Major Trauma
P229139	Miscellaneous	N/A
P229138	Women's Services	Obstetrics and Midwifery
P229109	Cancer	Oncology
P229121	Head and Neck	Ophthalmology
P229122	Head and Neck	Oral/Max Fax
P229126	Musculoskeletal	Orthopaedics
P229117	Central Clinical Services	OT
P229123	Head and Neck	Outpatients
P229127	Musculoskeletal	Pain Management
P229113	Cancer	Palliative/End of Life Care
P229114	Central Clinical Services	Pharmacy
P229116	Central Clinical Services	Physio
P229130	Perioperative	Pre-Operative Assessment
P229115	Central Clinical Services	Radiology
P229110	Cancer	Radiotherapy
P229143	Cardiovascular	Renal
P229132	Speciality Medicine	Respiratory
P229128	Musculoskeletal	Rheumatology
P229119	Central Clinical Services	SALT (Speech and Language Therapists)

Access Code	Directorate	Department
P229124	Musculoskeletal	Trauma
P229102	Abdominal Surgery and Medicine	Urology
P229142	Cardiovascular	Vascular

RACH Access Codes

Access Code	Directorate	Department
P229172	Children's Services	Paediatric Medicine
P229173	Children's Services	Paediatric Surgery
P229174	Children's Services	Neonatology

(Appendix 3) Tips for working with face-to-face interpreters

1. Check the patient's notes to see if you have a record of the language they speak or sign and the name of an interpreter they have used before booked through the relevant interpretation provider.
2. Make the request as soon as you know there is a requirement for an interpreter, at least 72 hours before the appointment is to take place. (More time may be needed for languages which are less common in the local area and it would be advisable to call the agency and find out whether they can provide an interpreter, e.g. for languages such as Oromo).

   There is a national shortage of BSL interpreters and it can take up to three weeks to book one. However, last minute interpreters may be available for emergencies, so it is worth contacting the interpretation agency.
3. Remember to include any additional requests such as female/male interpreter
4. It is important to have a normal conversation with the client and not with the interpreter.
5. The interpreter is there to facilitate communication between staff and clients.
6. Please remind the interpreter of the need to respect confidentiality.
7. Be aware of your own verbal and non-verbal messages both towards the client and the interpreter. Speak to the client/patient not the interpreter and resist the temptation to look at the interpreter. Speak in the first person "How are you?" NOT "Please ask him how he is"
8. Stand or sit where you, the client and the interpreter can all see each other
9. The interpreter will only interpret communications and not act as an advocate.
10. The interpreter should not be asked to take on duties other than interpreting.
11. The interpreter is neither responsible for the client's behaviour or complaints, nor for the decisions of the professionals.
12. The interpreter's cultural knowledge is very important and can advise professionals on cultural matters, which will enable them to give a better service.
13. Make sure the interpreter's time is used wisely. They are paid for all the time they spend, including waiting time.

Practical things to note

- The interpreter will check that they speak or sign the same language or dialect as the client.
- Use simple clear language and short sentences.
- The interpreter should have time before the interview to talk with the client and professional in order to establish a rapport and to explain the interpreter's role. It is also an opportunity for the professional to explain what they need to gain from the session.
- It should be highlighted as a rule of thumb; appointments facilitated through an interpreter take twice as long as one without. You should also factor in time before the session to brief the interpreter and afterwards to de-brief.
- Sign language interpreters should sit next to the health professional and should face the patient. Be aware of any problematical environmental factors (e.g. shadows cast over an interpreter or direct bright light causing glare) that could cause difficulties for the patient, service user or carer in seeing the interpreter's body/facial movements.
- At the end of the interview check that the client has understood everything and is aware of any action/treatment/future appointments etc. Always de-brief with the interpreter to ensure that you understand the nuance of the conversation.
- Note in the patient's case notes which language they use and where possible the name of the interpreter who they have used, in this way we can request the same interpreter for each visit, building up a relationship between patient, service user or carer and interpreter.

(Appendix 4) Online simulations/tests

Asperger's and Autism Test:
http://archive.wired.com/wired/archive/9.12/aqtest.html

'Colour-blindness' Test:
http://www.colour-blindness.com/colour-blindness-tests/ishihara-colour-test-plates/

Dyslexia Test:
http://www.amidyslexic.co.uk/am-i-dyslexic.html

Dyspraxia Test:
http://www.dore.co.uk/learning-difficulties/dyspraxia/free-dyspraxia-test/

Hearing Test:
http://www.actiononhearingloss.org.uk/your-hearing/look-after-your-hearing/check-your-hearing/take-the-check.aspx

Colour 'blindness' Simulator:
http://www.vischeck.com/examples/

Distractibility Simulation:
http://webaim.org/simulations/distractability

Dyslexia Simulation:
http://webaim.org/simulations/dyslexia

Low Vision Simulation:
http://webaim.org/simulations/lowvision-sim.htm

Screen Reader Simulation:
http://webaim.org/simulations/screenreader

Vision Test:
http://www.essilor.com/en/EyeHealth/LensesForYourVision/TestyourEyes/Pages/home.aspx