



INTERPRETATION AND TRANSLATION SERVICES POLICY

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Documents to read alongside this Policy	UHB Welsh Language Scheme All Wales Standards for Accessible Communication and Information for people with Sensory Loss, July 2013
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EXECUTIVE SUMMARY

Overview:	To provide a process for health professionals to enable service users who are not fluent in English, have language hearing difficulties or who are deaf to communicate effectively during their encounter with health service providers.
Who is the policy intended for	All staff and service users
Key Messages included within the policy	<p>It is essential that a patient/service user is able to fully understand what is happening to them:</p> <ul style="list-style-type: none"> • To effectively communicate the diagnosis and treatment to the service user. • To clearly communicate procedures and further care management to the service user. • To enable service users to ask questions and make informed decisions about their treatment • To ensure appropriate consent can be given <p>Key procedural areas are: Section 12 and Appendix 1 and 2 – Procedure for booking face to face interpreters and BSL interpreters. Section 12 and Appendix 1 and 3 – Procedure for booking language line telephone interpretation service. Section 12 and Appendix 1 and 4 – Procedure for accessing written translation.</p> <p>The use of family and friends for interpretation Carers, relatives or friends should not be asked or expected to interpret as they may have difficulty in relaying medical advice and information accurately. It may also be inappropriate to share with them matters of a sensitive nature. There is also the issue of patient confidentiality. In addition, clinicians may not be able to assess whether the patient is making the treatment decision of their own free will. However in some cases family and friends may be the only option if efforts made to gain independent interpretation are unsuccessful and lack of any interpretation may be detrimental to the care of the patient. If an apparently competent relative or friend is at hand to undertake interpretation then the balance of risk needs to be assessed and recorded by the healthcare professional who is delivering care.</p> <p>A professional interpreter should always be offered but it may be appropriate to suggest that the family member/friend can stay with the patient to advocate or clarify issues via the interpreter. Try to use the same person to interpret if several contacts are required to enable a relationship of trust and understanding to develop between the service user and the interpreter.</p>

Children should never be used as interpreters for medical or personal information except in dire emergencies.

Try to back up information where possible with written information in the appropriate language/medium.

For the purposes of this document the word 'Interpreter' is used to cover any of the communication services used to perform this task.

PLEASE NOTE THIS IS ONLY A SUMMARY OF THE POLICY AND SHOULD BE READ IN CONJUNCTION WITH THE FULL POLICY DOCUMENT

1 PURPOSE OF POLICY

The Policy provides the basis for health professionals to enable service users who:

- are not fluent in English
- wish to use the Welsh language
- have hearing and/or visual impairments
- have other sensory loss or difficulties

To communicate effectively during their encounter with health service providers.

2 DEFINITION AND SERVICE PROVIDERS

An Interpreter is a person who facilitates spoken communications between two people who speak different languages (Poonam Knight, 1998). Within the Cardiff and Vale University Health Board (the UHB) interpreter services are grounded in the best interests of the patient and essential if patients are to make informed decisions about their health care. The interpreter is usually independent and not employed by the NHS.

A British Sign Language (BSL)/English Interpreter is a person who facilitates communication between deaf, sign language users, and people who do not use sign language. The BSL Code of Ethics can be found at Appendix 6.

A Sign Supported English Interpreter facilitates communication using a variation of BSL where the signs follow the exact order in which they are spoken.

A Tactile Signing Interpreter facilitates communication for deafblind people where words are spelt out on the individual's hand.

A Makaton Interpreter facilitates communication for people with learning disabilities and communication problems. (A regular supplier is currently being sourced).

Wales Interpreter and Translation Service (WITS) is the UHB's Interpretation Service of choice. They can provide a 24 hour, 365 days a year booking facility to allow public service staff to continue with their own roles whilst WITS locates an interpreter or translator for them. Interpreters are professional, trained and security checked.

Language Line and The Big Word provide the UHB with a 24 hour telephone line service which allows the health professional to have a three-way telephone conversation between an interpreter and the service user. The service has qualified interpreters who are specifically trained and monitored in their performance. The Language Line service provides over one hundred languages and can be accessed in the community as well as in the hospital.

Telephone Interpreting is not considered good practice for sensitive or complicated situations (Sanders 2002). Nevertheless this service can be very useful for short consultations and during unsociable hours and when interpreters may not be available.

LFB Cymru provides the UHB with written Welsh translation.

3 POLICY STATEMENT

Cardiff and Vale UHB is committed to enhancing access to healthcare services for its linguistically diverse patient population through professional interpretation and cross cultural communication.

The UHB is committed to ensuring that an interpreter is provided whenever the need exists to ensure patient safety and consent.

In the case of BSL, WITS employs a BSL interpreter and this interpreter will always be used in the first instance. The UHB is unable to offer a choice of interpreter, but may suggest a preference when making a booking with WITS if the in house interpreter is unavailable. There can be no guarantee that WITS will be able to meet this preference.

4 BACKGROUND

It has been established that good communication is one of the most important aspects of effective care and that without it inappropriate treatment, complaints and litigation increase (Audit Commission, 1993).

Individuals, regardless of what language they speak, have a 'fundamental right' to proper treatment and care. This is often jeopardised when the health professional and client speak a different language (Alexander, 1999).

Ensuring the needs of people with sensory loss are met is also fundamental to ensuring that safe services and high quality clinical outcomes are delivered and that they receive the care, support and advice they need via a range of communication support services including BSL and Deaf Blind Interpretation.

The use of the service user's relatives, friends and/or children is deemed highly inappropriate and has implications regarding confidentiality, accuracy and the validity of any subsequent consent to treatment. The use of bilingual staff to interpret is also not recommended (Sanders, 2002) except in the case of the Welsh language (see UHB Welsh Language Scheme).

Cardiff and Vale UHB has a legal duty under the Equality Act 2010 to provide information in the most appropriate ways so that people from black and minority ethnic communities and people with an impairment or disability have access to the same quality of information and receive fair, equitable and appropriate services. This also includes interpretation services which may also require bilingual link workers. The policy also conforms with the Welsh Language Act and the UHB's Welsh Language Scheme in facilitating the provision of services and information through the medium of Welsh.

5 GROUPS OF STAFF AND SERVICE USERS AFFECTED BY THE POLICY

Groups of staff include any health professionals working within Cardiff and Vale UHB who may come into contact with the service user. The important aspect is that it affects any service user who is unable to communicate effectively in English or receives services through the medium of Welsh. Other groups affected by this policy would be the interpreter liaising between the health professional and service user.

Information to support the effective management of face to face interpretation can be found at Appendix 5.

6 AIMS

To establish a clear process for staff in the use of and access to interpreters as appropriate in their service areas e.g. a clinical consultation.

7 OBJECTIVES

The objectives of the Policy are to ensure equal access to healthcare services and treatment provided by the UHB. The policy takes account of human rights issues, particularly in recognising that no-one should be treated in a degrading way in regard to their communication abilities.

8 ROLES AND RESPONSIBILITIES

The Nurse Director is the Lead Executive for Interpretation and Translation Services.

It is the responsibility of staff providing the health interaction to book interpreters when required, and where possible well in advance of the consultation.

Directorates are expected to review all information received on interpretation and translation (both internally and externally) for accuracy. Any inconsistencies should be investigated and the appropriate action taken.

Directorates are expected to monitor their use of interpretation paying particular attention to costs around late booking, last minute cancellations and DNA.

Directorates should audit, at least annually, the application of the policy.

9 UNDERTAKING A RISK ASSESSMENT

Service Risk Assessment

When planning services and treatment, Managers should first undertake a risk assessment to assess the most appropriate means of providing the service and identify the steps necessary to address the needs of patients who may not speak or hear English and require interpretation and/translation. In doing so, the patients views on the level of assistance required must be taken into account.

Individual Risk Assessment

An individual patient risk assessment will only be required when it has been identified that a professional independent interpreter is required but is unavailable. Whenever possible the consultation should be postponed until an interpreter is available. However, there may be urgent or exceptional circumstances where it is necessary to proceed. Under such circumstances it may be appropriate for staff, relatives or friends to provide support and interpretation. The individual's wishes regarding who should act as a temporary interpreter should be respected whenever possible.

The balance of risk will need to be assessed by the healthcare professional who is delivering care. In such circumstances the assessment and subsequent decision must be fully and appropriately documented at the time within the health record.

It is not appropriate to use children to interpret for family members who do not speak English. This is to protect both the adult and the child. Children are also protected by Section 11 of the Children Act 2004 which places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children, thus reinforcing the view that it is not appropriate to ask a child to interpret or translate.

NB – In life threatening situations, health professionals must act to preserve life. They should attempt to explain to the patient what they are doing and seek their agreement, by any possible means. They should not delay treatment pending the arrival of an interpreter in the best interests of the patient. (The exception to this is where the patient lacks capacity – e.g. is unconscious and has made a valid and applicable advance decision to refuse treatment).

10 CONSENT

For consent to treatment to be valid, the patient must:

- Have mental capacity to give it
- Have been provided with enough information to make a choice
- Not be coerced into making a decision one way or another

The use of interpreters is essential for patients to make a treatment decision and for health professionals to assess whether a patient's consent is valid.

11. MENTAL CAPACITY ACT 2005

Where there is reason to doubt whether a patient, aged 16 years and over, has the mental capacity to make a particular decision – e.g. about medical treatment or nursing care – the Mental Capacity Act must be followed.

Situations where it may be important to use an interpreter include –

- Providing support to the patient to help them make the decision themselves
- Assessing their mental capacity
- Determining their best interests

It is most important not to confuse a patient's communication or language needs with a lack of mental capacity.

12 WELSH LANGUAGE

If a service user wishes to communicate through the medium of Welsh, you should refer to the UHB's Welsh Language Scheme, which is available on the intranet or in hard copy from the Welsh Language Officer who can be contacted on extension number 42265 at UHW. All Departments should have staff with the ability to communicate effectively in the Welsh Language. Managers should take steps to assess how many of their staff have adequate Welsh language skills to provide this service. Written Welsh material should be provided through LFB Cymru – see Appendix 1 and 4. If staff are unable to provide this service locally, an interpreter must be sought.

13 BOOKING INTERPRETER SERVICES

Where possible, identify the need for an interpreter or for translation of written material before any appointment is made and check if the patient has had an interpreter or link worker before. It is good practice to use the same individual where possible to ensure continuity of care.

Establish what language and dialect is spoken.

Where it is not possible to obtain a face to face interpreter or link worker, Telephone Interpretation can be used if appropriate for short consultations and there are no complex health issues or terminology involved.

For service providers and procedures for accessing the service see Appendix 1, 2, 3 and 4.

14 THE USE OF FAMILY AND FRIENDS FOR INTERPRETATION

It is most inadvisable to use family and friends for interpreting as they may have difficulty in relaying medical advice and information accurately. There may also be confidentiality issues in addition, it will be difficult for the clinician to assess whether the patient is making the decision of their own free will, or whether they are being coerced one way or another. However in some cases family and friends may be the only option if efforts made to gain independent interpretation are unsuccessful and the lack of any interpretation may be detrimental to the care of the patient. The balance of risk needs to be assessed by the healthcare professional who is delivering care. In this case the individual's wishes regarding who should act as a temporary interpreter should be respected whenever possible.

Children should never be used as interpreters for medical or personal information except in dire emergencies.

Try to back up information where possible with written information in the appropriate language, pictures or diagrams.

It cannot be assumed that a parent will act as an interpreter for their child as their presence at a consultation is as primary carer of the child.

15 TRAINING

Clinical Boards will be expected to ensure that all staff have an appropriate level of understanding of the difficulties faced by patients who have a sensory loss or who do not speak English. Training includes: mandatory training – quality and diversity (e learning) and corporate induction.

16 COMPLAINTS/CONCERNS

It is important during every situation where an interpreter is used that the interpreter is conducting his/her duties in a professional manner. If there is any doubt, whether it is a face-to-face or telephone consultation, then the consultation must be terminated and a report made to the Head of Operations and Delivery or Clinical Board Nurse for the area providing the care.

17 EQUALITY IMPACT ASSESSMENT

An equality and impact assessment has been undertaken for this policy. This document has been written to provide a clear process for health professionals to enable service users who are not fluent in English, wish to converse in Welsh, have language and/or hearing difficulties or who have other sensory difficulties to communicate effectively during their encounter with health service providers. The assessment found that the policy was low risk to the UHB.

18 AUDIT AND BILLING

Directorates should audit, at least annually, the application of the policy via the following mechanisms:

- Monitoring of the clinical incident reporting system
- Monitoring of the complaints and claims system
- Annual self assessment against the Healthcare Standards for Wales
- Specific audits e.g. of the monthly financial reports provided by WITS

Directorates will be billed monthly.

19 REVIEW

The Policy will be reviewed after 3 years. However, any changes to legislation or NHS requirements may necessitate an earlier review.

20 ACKNOWLEDGMENTS

This Policy has been updated incorporating best practice from procedures which exist in NHS Wales.

21 REFERENCES

All Wales Standards for Accessible Communication and Information for People with Sensory Loss NHS Wales July 2013
Children's Act 2004
Equality Act 2010
Mental Capacity Act 2005
Welsh Language Act
Alexander Z (1999) Study of Black and Ethnic Minority Issues. Department of Health, London
Audit Commission (1993) What seems to be the matter? Communication between hospitals and patients. National Health Service Report No. 12 HMSO. London
Macpherson W (1999) The Stephen Lawrence Inquiry Report. CRE: London
Sanders M (2002) As Good As Your Word – a guide to community interpreting and translation in public services. The Maternity Alliance: London
Poonam Knight A (1998) How to provide information to Bangladeshi, Chinese, Indian and Pakistani People. National Information Forum: London

Appendix 1

**PROVIDERS OF TRANSLATION AND INTERPRETATION SERVICES TO
CARDIFF AND VALE UHB
to support quality, equality, dignity and respect**

**FACE TO FACE INTERPRETATION
(Including BSL, Sign Supported English and Tactile Signing)**

All languages	WITS wits@gwent.pnn.police.uk	01633 245300
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TELEPHONE INTERPRETATION

All languages (need to quote departmental "L" code)	Language Line	0845 310 9900
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Note – Asylum Seeker Service and Obs/Gynae use "the big word"
0800 757 3053 (need to quote departmental "8" code) or 0800 694 5093

WRITTEN TRANSLATION

Foreign Languages	WITS	01633 245300
Welsh	Languages for Business (LFB Cymru)	029 2044 4400

Remember your budget will be charged for accessing these services

Tips to save money

- Consider using telephone interpretation for very short consultations where a face to face interpreter is not available and there are no complex health issues or terminology involved
- Try to schedule appointments consecutively for patients requiring an interpreter
- Interpreter's claim form – only sign for the time spent translating (from appointment time to end of appointment)

Appendix 2

PROCEDURE FOR BOOKING FACE TO FACE INTERPRETERS THROUGH THE ALL WALES INTERPRETATION AND TRANSLATION SERVICE (WITS)

1. Identify need for an interpreter or for translation of written material and phone the Wales Interpretation and Translation Service (WITS) to make the booking.
2. WITS will book an interpreter and will ask for the following information:-
 - Name and hospital number of the patient (and consultant's name for outpatients)
 - Language (and dialect if appropriate) required
 - Date, time and venue of appointment
 - Name of the person making the booking and department where the interpreter is required (WITS will have a list of each department and their cost codes so that this can be placed on the booking form and matched up for payment)
3. Once the interpreter has been booked, WITS will confirm the booking with the person who requested the interpreter by phone and will send an electronic record of the booking form to the designated department or directorate signatory immediately.
4. Following the appointment, a member of staff will sign the WITS Claim Form provided by the WITS interpreter to confirm that the interpreter has attended the appointment with the patient. This is required by the interpreter to validate their payment and it is their responsibility to get it signed by a member of staff. If a patient fails to attend the appointment ensure this is written onto the interpreter's claim form as they will still be paid for their time.
5. WITS will send one monthly bill to the UHB Finance Department. This will be divided into each cost code area and invoices will be sent out for authorisation by Directorates who will be able to check against their records.
6. Once electronic validation has been completed, payment will be made to WITS.



Accessing a Telephone Interpreter

When your client is with you

1. Phone **0845 310 9900**
2. The operator will ask you for:
 - Your ID Code (L_____)

(Please note: this code is **confidential** to your organisation or dept.)

 - Your organisation name (and department where appropriate)
 - Your initial and surname
 - The language you require (say if you need a specific interpreter*)
 - Your client's location, i.e. **with you**
3. Stay on line while the operator connects you to a trained interpreter (about 30 seconds).
4. Note the interpreter's ID code, introduce yourself and brief the interpreter saying what phone you are using, e.g. single/ dual handset, speaker phone or mobile.
5. Ask the interpreter to introduce you and themselves to your client and give the interpreter the first question or statement. Give the interpreter time to interpret between you and your client. Continue the conversation.
6. Let your client and the interpreter know when you have finished.

*whenever possible we meet specific requests, e.g. for a female interpreter

Making outgoing client calls

The operator will connect you to an interpreter, then conference your client into the call.

1. Have your client's name and telephone number ready.
2. Follow steps 1 and 2 for **'When your client is with you'**, but advise the operator your client is **NOT with you**.
3. Give the operator your client's name and telephone number.
4. Stay on line while the operator connects you to a trained interpreter (about 30 seconds).
5. Note the interpreter's ID code. Introduce yourself and brief the interpreter: explain the operator is phoning your client. Ask the interpreter to introduce you and themselves to your client and give the interpreter the first question or statement.
6. The operator introduces your client into the call. The interpreter proceeds as you directed above.
7. Give the interpreter time to interpret between you and your client. Continue the conversation.
8. Let your client and the interpreter know when you have finished.

Handling incoming client calls

If you have conferencing facilities

1. Put your client on hold using your organisation's conference call facilities (try to obtain your client's telephone number in case they hang up while on hold).
2. Follow steps 1 and 2 for **'When your client is with you'**, but advise the operator your client is **ON HOLD**.
3. Brief the interpreter, then conference your client into the call.

If you do not have conferencing facilities

1. Note your client's telephone number, language and, ideally, name.
2. Assure your client that you will call back shortly with an interpreter.
3. Follow the procedures for **'making outgoing client calls'**.

Useful Numbers

1. **General enquiries, feedback and materials**
Tel: 0800 169 2879
Fax: 0800 783 2443
Email: enquiries@languageline.co.uk
Website: www.languageline.co.uk
Post: Floor 25, 40 Bank Street
 Canary Wharf, London, E14 5NR
2. **Document Translations**
Tel: 0800 917 6564
Fax: 0800 783 2443
Email: translations@languageline.co.uk

Appendix 4

ACCESSING WRITTEN TRANSLATION

The UHB has contracts for written translation services with the companies below. No other suppliers of written translation services should be contacted.

If Welsh translation is required telephone Languages for Business/LFB Cymru Telephone 029 2044 4400. An order number will be required.

If foreign language interpretation is required telephone WITS Telephone 01633 245300 and provide WITS with your Department details

Appendix 5

MANAGING FACE TO FACE INTERPRETATION SESSIONS

- The interpreter is independent and should be fluent in both English and the identified other language. The interpreter and client must speak the same language dialect.
- The interpreter through initial brief conversation ensure that the client fully understands the language and dialect being used and that this assurance is recorded in the patient record.
- Check that the interpreter is acceptable to the client – e.g. a male interpreter may be unsuitable for a Muslim woman.
- It is important for the health professional to have a discussion with the interpreter immediately prior to the appointment with the client to set the scene and clarify any points that may arise.
- The health professional must not leave the interpreter on their own with the patient before or during the consultation and never encourage them to go and speak to the patient on their own in the waiting room before the consultation.
- The health professional must not ask interpreters to fill in any forms or questionnaires for the patient on their own – it must be part of the consultation.
- The health professional should introduce the interpreter and the client and explain the role of the interpreter in the consultation.
- Allow more time for the consultation. The interpreter will interpret everything that is said without adding, omitting or changing anything. Interpreting from one language to another can be difficult. Sometimes there are differences in grammatical structure and the way in which words are expressed.
- It is important that the interpreter understands the meaning of what is being said. Sometimes literal interpretation does not convey the message correctly.
- The interpreter should be treated as an equal in the consultation process but is not allowed to give advice or his/her opinion.
- Ensure that the interpreter can see everybody's face and that they can hear clearly. Excessive background noise can make the session difficult.
- Actively listen to the interpreter and the client. Speak and look directly at the client during the consultation.
- Use simple language – avoid jargon and abbreviations.
- In some situations the interpreter may receive the direct impact of the client's distress, grief or anger and may need support to deal with this during the consultation.
- Pause frequently to allow the interpreter to translate. (S)he may take notes to help memory and will hand these in to the health professional at the end. The interpreter is bound by confidentiality.
- Check that the information being conveyed to and from the patient is understood.

- At the end of the consultation ensure that the major points are understood by the interpreter, and allow time for the client to ask questions. (Schott & Henley, 1996).
- If the interpreter needs to interrupt for any reason, (s)he will use a hand signal and explain the reason in both languages.
- The health professional must take time away from the client after the consultation to debrief the interpreter. There may have been elements of the interaction that they found upsetting.
- **Please ensure that you sign the Claim form for the Face to Face Interpreter at the end of the session as this will be their record for payment.**

BSL CODE OF ETHICS

Definition

In this code “interpreter” means any person who is registered with CACDP.

- 1. Interpreters shall conduct themselves responsibly and professionally.**

This includes:

Seeking to increase their skills and knowledge within the profession
Safeguarding professional standards in every practicable way
Offering other interpreters reasonable assistance
Respecting the ethics and best practice of other professions

- 2. Interpreters shall interpret truly and faithfully and to the best of their ability between the parties without anything being added or omitted from the meaning.**
- 3. Interpreters shall only accept work which, having taken relevant factors into account, they judge to be within their competence.**

In exceptional circumstances, where a suitable interpreter is not available, an assignment may be accepted provided that all parties have given their consent after having been informed of any implications and potential risks involved.

In the event of unforeseen difficulties arising during an assignment, interpreters should admit any limitations and seek to overcome them in a professional way. If this is not possible the interpreter should withdraw from the assignment.

When accepting work, the interpreter’s status must be stated. Amongst relevant factors to be taken into account would be the professional advice and guidance available to interpreters through employers, mentors or other support networks.

- 4. Interpreters shall treat as confidential any information which may come to them in the course of their work including the fact of their having undertaken a particular assignment.**

This does not preclude sharing experiences on a strictly confidential basis within recognized structures of professional support and training, whilst respecting client confidentiality.

This does not preclude disclosure when legally required to do so or when not disclosing information could render the interpreter liable to prosecution.

It is recognised that the presence of an interpreter at an assignment which is in the public domain need not be treated as confidential. Where evidence is being collected for training/assessment purposes, e.g. for NVQ witness statements, steps must be taken to preserve the client's right to confidentiality. This could be achieved by excluding certain agreed information from the statement or by obtaining the consent of the client(s) involved in the preparation of the statement.

- 5. Interpreters shall act in an impartial way and shall be seen to do so, i.e. taking the side of neither one party or the other.**

Any business or vested interests which the interpreter may have in an assignment must be disclosed beforehand or as soon as practicable.

- 6. Interpreters shall not use information obtained in the course of their work to benefit themselves or anyone else improperly.**

- 7. Interpreters shall not give advice or offer personal opinions in relation to topics discussed or people present in an interpreting assignment.**

It is a legitimate part of the interpreter's role to take appropriate steps to ensure good communication is facilitated between people who have differing linguistic and cultural backgrounds. Such steps should always be taken in as professional and unobtrusive a manner as possible.

- 8. Interpreters may advertise their services providing the information is factual, relevant and neither misleading nor discreditable to the profession.**

- 9. An assignment, once accepted, should not be cancelled by the interpreter without good reason. If an interpreter cannot attend an assignment the parties concerned should be informed immediately and a written explanation provided.**

After consultation with the parties concerned, it is the interpreter's responsibility to make every reasonable effort to find an appropriate substitute. Interpreters must not delegate accepted assignments nor accept delegated assignments without the consent of the parties concerned.