



**Northern Ireland Health and Social
Services Interpreting Service**
Improving Access for Black and Minority Ethnic Groups

Code of Ethics and Good Practice Guidelines for Interpreters

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1. Code of Ethics

Observing the Code of Ethics forms part of the Terms and Conditions of registration as a sessional interpreter with the Interpreting Service.

Breaches of the Code of Ethics will be dealt with under the Non Compliance procedure (see appendix III).

1.1 The interpreter must ensure they abide by the Code of Ethics as outlined in this section. The interpreter must:

1.1.1 Be Punctual

1. Ensure you are punctual for appointments.
2. If you are delayed or unable to attend you should inform all parties immediately.
3. You should aim to arrive 10 minutes before their appointment time, at which point payment will start.

1.1.2 Respect Confidentiality

The interpreter must respect confidentiality (see section 1.2)

1.1.3 Be Impartial

1. The interpreter must maintain impartiality at all times.
2. Guidance on this is given in section 4.2

1.1.4 Refuse Unofficial Payment

The interpreter must NOT accept any form of payment or other reward for interpreting work other than the session fee.

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1.1.5 Declare Possible Conflicts of Interest

1. The interpreter must declare when assignments involve close relatives or friends to the Interpreting Service in case there is a conflict of interests.
2. This must be declared to the Interpreting Service for a decision to be taken as to whether the interpreter should undertake the assignment.

1.1.6 Be Sensitive to the client

1. The interpreter must be attentive and sensitive to the needs, wishes and individual background of the client at all times.
2. Further guidance on this is given in section 4.1

1.1.7 Be Respectful and Non Judgemental

The interpreter must be respectful and non judgemental to the client.

1.1.7 Be NON Discriminatory

The interpreter must NOT discriminate directly or indirectly on grounds of class, gender, sexual orientation, ethnic origin, national origin, political or religious beliefs, disability, martial status, having dependents or not, or age.

1.1.8 Do NOT Delegate Work

The interpreter must NOT delegate work they have accepted without the consent of the Manager of the Interpreting Service, nor will they accept delegated work without the Manager's consent.

1.1.9 Professional Conduct

Interpreters are expected to present and conduct themselves in a professional manner.

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1.1.10 Recognise Professional Limitation

Recognise Professional Limitation and:

1. Only work in the language(s) in which you informed the Interpreting Service of your competence.
2. Only undertake work that you are competent to accomplish in a satisfactory way.

Vulnerable Adults and Children

1. Interpreters can be requested to undertake work involving vulnerable adults and children.
2. Vulnerable adults are people who are vulnerable through illness, frailty or disability. A child is any person under 18.
3. Interpreters registered with the Service will have consented to, and undertaken, a Pre-Employment Consultancy Service (PECS) Check to reduce any risk to vulnerable people.
4. Under no circumstances should an interpreter place themselves, or be placed, in a position of risk in the presence of a vulnerable adult or child.
5. When interpreters are working with vulnerable adults or children, a practitioner or a member of staff should always accompany them.
6. Should circumstances arise when there is a possibility an interpreter may be left alone with a vulnerable adult or child they should report this and seek direction from the practitioner or withdraw.
7. The interpreter must report a record of such an incident to the Interpreting Service by the immediate completion and return of the Interpreter Monitoring Form. (A copy of which is in appendix VI)

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1.2 Confidentiality

Clients need to have trust and confidence in the interpreter, and Interpreting Service, and feel that total discretion will be observed.

The interpreter must observe and maintain the principles of confidentiality at all times in order to achieve this.

1.2.1 Interpreters will not take personal advantage of any information obtained during the course of their work.

1.2.2 Under normal circumstances NO information will be passed by the interpreter to anyone outside of the interpreting session.

Special Circumstances:

1. In special circumstances the interpreter will be required to consult with the Interpreting Service Manager on matters which have arisen in, or about, the interpreting session and which may necessitate further action or advice.
2. By special circumstances we mean, for example, an incident of child abuse that has been mentioned by the client outside of the interview.
3. If in doubt please consult with the Interpreting Service Manager.

When you know the client:

1. Interpreters may find themselves in delicate situations with clients personally known to them.
2. You should assure the client that confidentiality will be kept.
3. If the client does not feel comfortable with this situation, they should be advised that an alternative interpreter can be arranged.

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1.2.6 Forms and Other Information:

1. Forms and other information sheets carried by the interpreter, which contain confidential information, must be kept in a safe place and transported securely.
2. They must not be shown to anyone else except relevant Interpreting Service or Health and Social Services personnel involved in the appointment.
3. No personal information should be faxed.

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2. Interpreter's Rights

2.1 The interpreter may **refuse or terminate an assignment** when:

1. She or he feels they have been inadequately briefed
2. She or he feels that the subject is beyond her or his capacity
3. She or he is subject to unacceptable demands or behaviour from clients or practitioners.
4. When there is a serious incident of racial abuse or other discrimination (see 4.2.11)

2.2 To be treated and respected as a professional.

2.3 To be paid.

2.4 To ask for the time to carry out their required duties before, during, and after the interview (excluding emergency situations).

2.5 To be an interpreter - not a doctor, social or community worker, secretary etc.

2.6 Not to be expected to be an 'expert' on medical or cultural issues.

2.7 **Aftercare:** To get aftercare support, particularly when cases are particularly distressing or difficult.

1. As with other professionals in health and social services, interpreters may be exposed to stressful and traumatic circumstances.
2. Interpreters will work with clients who may be terminally ill or have suffered bereavements. There may be child protection issues. In addition, given the particular nature of a client group many will be isolated, at social disadvantage or be disadvantaged through racism or specific circumstance. For example, refugees may have suffered torture, persecution, displacement and uncertainty about the future.
3. As with other professionals working in the health and social services interpreters will have the right to aftercare following such assignments. In addition to a possible post interview with the

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practitioner further psychological or emotional support can be arranged. In all cases the interpreter should contact the Interpreting Service Manager to arrange this. Such requests for support will be dealt with on a confidential basis.

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3. Good Practice Guidelines:

The Stages of the interpreting Assignment

Before Accepting the Session

Preparation before the Session

The Pre Interview

The Beginning of the Session

The Interpreting Session

After the Session

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3.1 Before Accepting the Session

3.1.1 Information Provided

The Interpreting Service will provide the interpreter with the following information:

1. **Service Provider Details:** the name of the contact person setting up the appointment and their contact number. The name and role of the Practitioner who will be involved in the appointment.
2. **Client Details:** The name and gender of the client, their language and dialect, and their contact number (where appropriate)
3. **Appointment Logistics:** The date, day, time, estimated duration of appointment and the precise location of appointment.
4. **Appointment Content:** You will be given information on the general nature and context of the appointment.
5. **Pre Interview:** You will be told if the Practitioner has requested a pre interview.
6. **Additional Information:** You will also be advised, where known, if:
 - I. There is likely to be any sight translation
 - II. A relative, carer, guardian or other person will be present
 - III. The information is likely to be particularly serious or sensitive
 - IV. Terminology used is likely to be highly specialised or technical
 - V. The appointment is to take place in a specialised environment

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3.1.2 Considerations before accepting the Session

Before accepting offer of work the interpreter must consider the following:

1. **Availability:** date, time, place and travel arrangements
2. **Correct match:** Is there a suitable match in terms of language, dialect, gender or other factors?
3. **Conflict of interest:** is the client a close relative or friend?
4. **Professional limitation:** Is the subject matter of a complicated or specialised nature that goes beyond training or experience?

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3.2 Preparation for the Session

In preparation for the session the interpreter should:

- 1. Contact the client (where appropriate):** If requested contact the client by telephone to make sure she or he is aware of the appointment date, time and location. You will be told if it is inappropriate to do. In addition you will be told if it is inappropriate to leave a message rather than speaking to them directly.
- 2. Research:** Undertake research needed to familiarise yourself with the specific subject matter, including relevant vocabulary.
- 3. Locate Venue:** Make sure you are familiar with the venue and how to get there. If the venue is the client's home you need to take into account health and safety issues and may wish to arrange to meet the practitioner outside or nearby.
- 4. Paperwork:** You should fill in the appointment details on the Interpreter Invoice, Interpreter Monitoring Form and Practitioner Monitoring Form.

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3.3 The Pre Interview

3.3.1 When a Pre Interview with the Practitioner will be held

Before the appointment there may be an opportunity to be briefed on the history of the case by the practitioner. The Practitioner may request this or you can request it. There will not always be a pre interview.

1. **A Pre Interview is more likely** in relation to a specialist appointment. For example cases around: Child Protection, Domestic Violence, Terminal Illness and Mental Health Assessment.
2. **A Pre Interview is less likely** in relation to a routine appointment or an initial appointment when the practitioner is unlikely to be aware of what the specific issue is. For example in a busy General Practitioner's surgery.

3.3.2 What to Discuss in the Pre Interview with the Practitioner

Information improves meaningful interpreting. The Pre Interview should be used to:

1. Clarify terminology and procedures.
2. Discuss contextual factual information about the case.
3. Set the aim of the present consultation.
4. Discuss interpreting methods required.
5. Discuss any previous incidents when the practitioner has not understood cultural implications.
6. Discuss any challenging behaviour that may occur and how the interpreter might respond.
7. Establish how to pronounce the clients name.

You should only accept factual information and must not be influenced by the practitioner's perceptions as they may affect your impartiality.

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3.3.3 Discussing Cultural Information: The Positives

Some practitioners request ‘cultural information’ about members of black and minority ethnic communities. This can help by giving factual information to facilitate understanding. For example on the following areas, where relevant:

- 1. Cultural or religious practices.** For example the practitioner asking: Are most people from Bangladesh Muslims?
- 2. The circumstances of a particular minority ethnic community.** For example the practitioner asking: Is the client likely to be working long hours?
- 3. The understanding of health and social services based on being used to a different system.** For example the practitioner asking: What is the role of a Social Worker in Brazil?

Practitioners are encouraged to use the interpreters’ knowledge on such issues. Where such information is likely to be relevant to the Health or Social Services appointment.

3.3.3 Discussing Cultural Information: The Negatives

Discussing ‘Cultural information’ in the wrong way can help build up stereotyped views of particular groups. It is important to judge this balance and be careful to avoid making statements that could be used in this way. 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 practitioners understanding of these issues in relation to Northern Irish society.

Any stereotypes or statements that could be construed as prejudicial should be avoided.

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3.3.4 Having a Pre Interview with client

On some occasions the interpreter may also meet the client before the session and have a pre interview. This tends to take place when:

1. There is no Pre Interview with the Practitioner
2. The interpreter meets the client in a waiting area before the appointment.

3.3.5 What to discuss in a Pre Interview with client

Pre Interviews with the client can be useful to establish the client's expectations and level of interpreting support needed. A pre Interview with a client can be used to:

1. Formally introduce yourself to the client (see 3.4.2)
2. Assess the client's knowledge of English.
3. Assess as far as possible their familiarity with the particular service area they are using.
4. Obtain a brief history of the current care or service.
5. Obtain the background to any problems that the client has encountered prior to contact with the interpreter.

In the event of a Pre Interview with the client you should inform the practitioner at the beginning of the session that:

1. You have already formally introduced yourself to the client and the details of this (for details see 3.4.2).
2. You have held a Pre Interview. With the client's permission you need to summarise the main points of the pre Interview. For example, in a GPs appointment stating "I held a pre interview with the client and she or he mentioned they had been having headaches". Otherwise the client may assume you have already passed this information on and may not repeat it. Avoiding making diagnosis type statements.

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3.4 The Beginning of the Session

3.4.1 On Arrival

1. On arrival the interpreter should inform the relevant reception staff of their arrival, and of the client's arrival if they are aware of this.
2. Interpreters should show and display their Interpreter Identification on arrival and during the assignment.
3. **Health and Safety:** you need to take your own health and safety into account for all appointments but particularly if they are in a client's home.

Introductions to the Client

Interpreters should formally introduce themselves to the client and include the following:

1. **Your Name and Role:** State you are an interpreter and explain the role of the interpreter if needed.
2. **Who you work for:** Explain that you are working for the Northern Ireland Health and Social Services Interpreting Service.
3. **Free Service:** Explain the Service is free
4. **Confidential:** State the Service is confidential and explain if needed.
5. **Everything will be translated:** Explain that 'everything you say will be interpreted. If there is anything you don't want to tell the [practitioner], please do not tell me either because I will have to interpret exactly what you say'.
6. **Obtain Consent:** Ask permission to interpret. For example: 'You have the right to choose your interpreter. If for some reason you don't want me to be your interpreter, please let me know and we will

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try and arrange another interpreter for you. Is it alright for me to interpret for you today?

You need to let the practitioner know the details of your introduction, either verbally or by using the Services' Interpreter Introduction Sheet.

Introductions to the Practitioner

Interpreters should introduce themselves to the practitioner stating:

- 1. Your name, role and who arranged the appointment.**
- 2. Introduce the client if needed:** If the practitioner does not know the client the interpreter should introduce them to each other.
- 3. Pronouncing Client's Name:** If not done at Pre Interview you can share with the practitioner how to pronounce the clients name correctly and how to address the patient.
- 4. Information from the Pre Interview when applicable:** If you had a Pre Interview with the client, with their permission, you need to summarise the main points of the pre Interview. For example, in a GPs appointment stating "I held a pre interview with the client and she/he mentioned they had been having headaches". Otherwise the client may assume you have already passed this information on and may not repeat it. Avoiding making diagnosis type statements.

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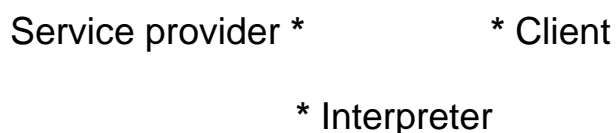
Managing the Interpreting Interview

3.5.1 Mobile Phones

The interpreter should ensure their mobile phone is switched off for the duration of the interview.

3.5.2 Seating

The usual arrangement is a triangular formation:



This allows you to clearly communicate with the practitioner and client, and increases the client's confidence.

3.5.3 Style of Speech

- 1 **Direct Speech: the First Person.** In most circumstances the interpreter should use the first person (direct speech). (that is “I have a pain in my stomach” not “He says he has a pain in his stomach.”)
- 2 **Indirect Speech: the third person.** In circumstances when speech is particularly emotional or if otherwise directed by the practitioner the interpreter may need to use the third person.

3.5.4 Repeating Back

Interpreters can ensure understanding has taken place by asking either party to repeat back. This is particularly useful when instructions have been given, for example when a course of treatment is prescribed.

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3.5.5 Intervention during the Interpreting Situation

Interpreters can intervene during the interpreting session for several reasons including the following:

1. **Clarification:** To ask for clarification if she or he has not fully understood the concept she/he is being asked to interpret.
2. **Misunderstanding:** To point out that the client or practitioner has not understood the message although the interpreter was correct.
3. **Missed Inference:** To alert either party to a statement that may infer a different meaning to its original intended meaning, or something that has been inferred but not stated and knowledge of which may have been assumed. **For Example:**

Different meaning Inferred:

A Health Visitor in attempting to determine a date of birth may ask to see a passport. Yet such a request to some client could infer their status was being questioned, an interpreter may intervene by explaining to the client why the request is being made and suggesting that any form containing a date of birth will do, this can then be reported back to the Health Visitor.

Inferred but not stated and Knowledge Assumed:

A GP may offer a hospital referral to a patient for minor surgery. The patient may be resistant as they are not sure if they can afford to pay for this yet may not say so from embarrassment. The GP may have assumed that the patient is aware such treatment is free. An Interpreter could prompt this by stating there may be confusion over the issue and asking for clarification.

4. **Cultural Information:**

To inform the practitioner (after consultation with the client) of systems within the client's culture that underpin her/his statements of behaviour. **For example:**

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Chinese Birth Traditions:

A Chinese mother who has recently given birth may be resistant to coming into an appointment until a month after childbirth, due to a traditional cultural practice of the mother and baby remaining in the home for this period.

5. **To Remind:** To remind the client or practitioner of any questions they wanted to ask.
6. **To Challenge discrimination or stereotypes:** To challenge stereotyped assumptions, cultural insensitivity or discriminatory practice. (see 4.2.10)
7. **Accommodation of the Interpreting:** To ensure adequate time (sentence length, speed of speech) is left for the interpreting process.
8. **At end of Session:** To ensure that at the conclusion of the session the client has fully understood all the information provided and has no further questions.

You must always inform BOTH PARTIES of the reason for the intervention.

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3.6 After the Session:

3.6.1 At the end of the Session

At the end of the session it is important to:

1. **Repeat Back:** Ask the client to check back to assure they have understood, for example, instructions. See 3.5.4
2. **Check the Client has no further questions:** Check the client has no further questions or remind her or him of questions they wanted to ask.
3. **Invoicing: Completing the Invoice**
 - I. You should fill in the details of the session on the invoice template (this is best done before the session)
 - II. Get the practitioner to sign and put the end time on the invoice.
 - III. The invoice must then be signed by the budget holder /authorised signatory of the relevant department. This could be the practitioners' line manager, ward manager, a lead administrator in reception or other person. Ask the practitioner to identify this person.
 - IV. When this has been signed by the authorised signatory you should send it to the relevant finance department for payment for a list of these please see appendix V. Guidance for the practitioner is also copied here.
4. **Invoicing: When authorised signatory is unavailable**
 - I. If the authorised signatory is unavailable then you should make a copy of the invoice.
 - II. Get a copy the invoice made with a photocopier if one is available. If not use a new template and copy the details.
 - III. The practitioner should then take the original invoice and process it by passing it to the authorised signatory to sign and then send it on to the relevant finance department.
 - IV. You should keep the copy of the invoice for your reference. The practitioner will put a line across this to indicate it is a copy.

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5. **Invoicing: Multiple Practitioners:** If you have seen more than one practitioner at the appointment in a particular department or centre, get the last practitioner you deal with to sign the invoice. If the appointment involves moving departments or organisations you should clarify with the practitioner who is to sign the invoice.
6. **Interpreter Monitoring Forms:** Fill in the interpreter monitoring form and return it to the Interpreting Service Manager of the within seven days of the appointment.
7. **Clarify Interpreter booking for future appointments:** If the practitioner refers or makes a follow up appointment for the client you can remind them they will need to book the interpreting through the Interpreting Service. You can also remind them that they can request the same interpreter.

3.6.2 Post Session and Post Interview

1. **Post Interview with the Practitioner:** The practitioner may wish for a post interview to clarify aspects of understanding, however, the interpreter should not discuss opinions of the client.
2. **Conclusion of the Session:** When the Session is over the Interpreter is a private citizen. However we recommend that you should be aware that staying with the client may lead to requests for voluntary advice and support work that can put you in a difficult position.

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4. Good Practice Guidelines II: Further Guidance

Introduction

- 1. These guidelines on sensitivity, impartiality and advocacy, and special situations are, as the name suggests, only guidelines.**
- 2. Therefore you will find that during the interpreting session there will be circumstances when the best course of action is not obvious.**
- 3. In these situations you are encouraged to inform the practitioner and seek advice from the Manager of the Interpreting Service.**

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Sensitivity

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4.1 Sensitivity

The interpreter should be aware of, and be sensitive to, the factors that vary among individuals and groups, and therefore are relevant to the delivery of and use of Health and Social Services. This is practically important, as a substantial proportion of the client group encountered by the interpreter is likely to be isolated and socially disadvantaged. These include:

1. Experiences of racism and/or other forms of discrimination
2. Previous negative experiences of the Health and Social Services
3. Beliefs about the causes of, and treatments for illness
4. Attitudes to illness in general, and in particular disorders
5. Problems encountered by refugees and recent migrants
6. Negative attitudes (stigma) to particular conditions e.g. mental illness or procedures for example compulsory admission to hospitals under the Mental Health Order
7. Fear of death
8. Financial and other social problems
9. Fear of attack and victimisation in everyday life
10. Other stressful situations

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4.2 Impartiality and Advocacy

Community Interpreting is the advocacy approach to interpreting, and some aspects of the interpreters work will involve elements of advocacy. However, sessional interpreters are not employed as full time health advocacy workers and should be careful not to take on the extra responsibilities of such a role. The following is provided as guidance as to the role of the Community Interpreter:

4.2.1 Do NOT Speak for the client

The interpreter should resist any temptation of speaking for the client, nor plead their case. This does not prevent the interpreter reminding clients of their rights or questions they wanted to ask.

4.2.2 Clarify Words and Terminology

The interpreter must make every attempt to clarify the meanings of words or terminology used by the practitioner or the client when these are unfamiliar, or where exact equivalents are not available. (It is always safer to acknowledge ignorance.)

4.2.3 Subconscious Messages

Information may be conveyed to the interpreter by way of indirect, discrete, unconscious or unclear messages and disclosures (either verbally or non-verbally) by the client or practitioner. In this case the interpreter should confirm whether this is to be conveyed. This can be achieved through asking for clarification.

4.2.4 Do NOT set yourself up as a cultural expert

The interpreter must be sensitive to the possibility of 'setting herself or himself up' as a cultural expert. When the practitioner shows curiosity or surprise on a specific matter the interpreter may inform the her or him of systems within the client's culture that underpin her or his statements or behaviour. The interpreter's personal view of such systems must not be allowed to intrude on the interpreting session, nor must the interpreter stereotype.

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4.2.5 Advice giving

The interpreter's task is not to provide advice or counselling to the client. This is often the task of the practitioner. If the client asks the interpreter for advice they can signpost the client to appropriate support organisations or agencies.

4.2.6 Role Boundaries

The interpreter is not a Social Worker or Community Worker and should not allow herself or himself to be used in these roles.

4.2.7 Consent

1. The interpreter should be aware that consent is a paramount issue and process in examination, treatment, or care and all areas of medicine.
2. The client has a right to choose after being fully informed.
3. The client may not consent to a particular procedure or consent may be withdrawn at any stage thereafter.
4. The consent of the client to is of particular relevance to those who have been detained under the Mental Health Order.

4.2.8 Medical and Psychiatric Procedures

1. The interpreter should not allow herself or himself to take sides when it becomes clear that the client is resistant to a medical or psychiatric procedure.
2. However in these circumstances the interpreter can remind the client of their rights to consent.

4.2.9 Children's Rights

The interpreter should respect the rights of the parents of children who are clients to be involved in care and decisions, but under the Children's (NI) Order 1995 must understand that the rights of the child are paramount.

4.2.10 Impact of Client Experience

The interpreter should be aware that a non-English speaking person may have been exposed to insult, stereotyping by others, exclusion by

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discrimination, and to being 'put down' because of 'racial' difference (racism).

All these factors may be of significance in the assessment of a medical condition by the practitioner or to the willingness of the client to be assessed and treated. The interpreter should respect the client's right to raise concerns on these matters.

4.2.11 Challenging Racism

In your special role of interpreting between ethnic groups, you may encounter situations of racism or other forms of discrimination. If you believe this is evident this may raise important issues concerning the rights of the client and should be dealt with in the following manner.

1. Verbal Challenge:

- I. Minor incidents of racism or cultural insensitivity can be dealt with by a verbal challenge.
- II. You should work to your own judgement in each case.

2. Termination of Interview:

- I. You have the right to terminate the interview if there is a serious incident of racial abuse.
- II. You should make it clear why you are doing so, but are not obliged to translate abuse unless the client specifically asks what was said.
- III. All such incidents must be reported to the Manager of the Interpreting Service, who will make a formal complaint to the relevant person, in compliance with Health and Social Services procedures.

4.2.12 Diet, Religious and Cultural Requirements

When relevant you should consult with the client and inform the practitioner on relevant matters of dietary restrictions and preferences and any other crucial matters, for example essential religious observance, personal care.

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4.3 Special Situations

4.3.1 Client right to Object to an Interpreter

1. You should respect the right of the client to object to you as the interpreter for the session.
2. The client may raise this objection at any time.
3. When this occurs, you should ask the client to give a reason for the objection and inform the practitioner of this.
4. You should then seek advice from the Manager of the Interpreting Service.

4.3.2 Gender Considerations

You may find that a female patient may be reluctant to share information with a male interpreter (or vice versa), but will not say this openly. An awareness of this possibility should prompt you to make enquiries into this matter.

4.3.3 Client Complaints

The interpreter should respect the right of the client to complain about the procedure of the interview, the way the medical system is organised, or other matters. The complaints procedure is outlined in appendix II.

4.3.4 Confidentiality / conflicts of interest in legal cases

An interpreter who has interpreted for a client in a Health and Social Services appointment and is subsequently asked to interpret in a court or legal scenario should declare this to those requesting the interpreting. In all cases the interpreter should observe confidentiality to the client.

4.3.5 Sexual Practice

The interpreter should respect the views of the client on matters of sexual behaviour.

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4.3.6 Client Travel Arrangements

1. Clients are responsible for their own transportation to and from the place of the appointment.
2. In special circumstances (for example, elderly, mobility) interpreters can assist with making travel arrangements as part of preparation time. This could involve calling a taxi (for which the client, not the interpreter, will pay.)
3. It is recommended that interpreters do not transport the client to and from appointments. If an interpreter decides to do this she or he should ensure insurance cover for this.

4.3.7 Treatment Trials

1. The interpreter may become aware that a practitioner wishes to include the client in a trial of treatment, for example, a drug trial.
2. If this occurs, the matter should be referred to the Manager of the Interpreting Service.

4.3.8 Non Response from Client

1. The interpreter may have to deal with circumstances when the client is refusing to talk or respond to questions in an interview.
2. In these circumstances the interpreter should share information with the practitioner on this and take guidance from them.

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4.3.9 Specialist Medical areas

The Interpreting Service will endeavour to match interpreters with specialist training to specific appointments. The following should be taken into account:

1. The interpreter should be aware of the special problems likely to be experienced by a practitioner in counselling a client on Genetic Disorders. Examples of these are sickle cell Anaemia, Thalassaemia and Down's Syndrome. When such counselling is to be carried out the interpreter should clarify whether the spouse or other relative or carer is to be present.
2. If during a session the subject matter becomes considerably more complex than anticipated the interpreter should consider professional limitation and if necessary arrange to have the session rescheduled with another interpreter.
3. The interpreter may become involved in an interpreting session that arises from the medical psychiatric effects of abuse. This may involve physical, sexual or racist attack. In these instances the interpreter should make special efforts to remain neutral.
4. The interpreter may be involved in procedures under the Mental Health (NI) Order 1996. In such circumstances the interpreter should be aware of the issues and procedures in relation to the Order.
5. Special difficulties will be encountered in the task of providing interpreting skills for the patient who is 'confused' because of head injury or for some other reason. In these circumstances the interpreter should approach the task with particular care and caution.

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Appendix I: Sources

This Code of Ethics and Good Practice Guidelines was drawn together from a number of sources in literature and Codes of Practice used by other services as listed below. It was also informed by a number of pieces of research conducted with interpreters and black and minority ethnic groups by the Regional Health and Social Services Interpreting Project.

We would also like to acknowledge the assistance of Thomas Chan, The Project Board, a number of Health and Social Services Practitioners and numerous interpreters undertaking the Project's Certificate in Community Interpreting Course for informing the content and format of the Code of Practice.

Eastern Health and Social Services Board (1997) **Protection of Vulnerable Adults: Policies and Procedures** (Belfast: EHSSB)

Equality Commission for NI and Department of Health, Social Services and Public Safety (2003) **Racial Equality in Health and Social Care Good Practice Guide** (Belfast: ECNI/ DHSSPS)

McPeake, Joanna, Johnstone, Richard et al (2002) **Translating, Interpreting and Communication Support Services Across the Public Sector in Scotland A Literature Review** (Edinburgh: Scottish Executive)

Sanders, Marsha (2000) **As Good as Your Word... a guide to Community Interpreting and Translation Services** (London: Maternity Alliance)

Shackman, Jane (1995) **The Right to Be Understood: A Handbook on Working with and Training Community Interpreters** (London: Medical Foundation)

Codes of Practice from:

Chinese Welfare Association, Belfast

Fife Community Interpreting Service

Glasgow Interpreting Service

National Register of Public Service Interpreters, Institute of Linguists, Britain

Newcastle and North Tyneside Health Authority Interpreter Service

Newham Language Shop, London

Scottish Translation, Interpreting and Communication Forum

Sussex Interpreting Service

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Appendix II: Complaints Procedure

Procedures for the handling of complaints concerning the Northern Ireland Health and Social Services Interpreting Service.

Under Paragraphs 5.6-5.8 of the Guidance on Implementation of the (Health and Personal Social Services) Complaints Procedure (March 1996) complainants are categorised as: -

Trusts and Boards

Complainants will be existing or former users of a Trust's or Board's services and facilities. People may complain on behalf of existing or former patients or clients provided they have their consent.

Family Health Services Practitioners

Complainants will be existing or former patients of a practitioner who has arrangements with a Board to provide family health services. People may complain on behalf of existing or former patients provided they have their consent.

In addition, complaints can be made about the purchase or provision of services, treatment and care for a client. Any person who has been refused any services, treatment and care can also complain under the Health and Personal Social Services Complaints Procedure.

Complaints in which the Interpreting Service is involved should be handled as follows: -

1. Local Resolution

Complaints against the Interpreting Service

Complaints raised by a client (or on behalf of a client) against the Interpreting Service itself should be addressed to the Service Manager and be handled under the Health and Personal Social Services Complaints Procedure.

This could include complaints being received from practitioners/Trusts on behalf of clients, provided they have consent.

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Any complaints against the Interpreting Service that do not relate to a particular client will be investigated by the Service under appropriate procedures, but **NOT** under the Health and Personal Social Services Complaints Procedure.

Complaints against an interpreter

Complaints raised by a client, or on behalf of a client, against an interpreter undertaking work for the Interpreting Service should be addressed to the Interpreting Service.

This could include complaints being received from practitioners or Trusts on behalf of clients, provided they have consent.

Complaints against a Family Health Services Practitioner

Complaints raised by the client (or on behalf of the client) against Family Health Services practitioner will be handled under the Health and Personal Social Services Complaints Procedure. They should be investigated by the Practice at which the Practitioner is based or, if requested by the complainant, by the Board with whom the Practitioner is registered to practice, acting as 'honest broker'.

Complaints against a Trust

Complaints raised by the client (or on behalf of the client) against a member of Trust staff will be investigated by the Trust with whom the member of staff is employed.

2. Independent Review

Complainants who are dissatisfied with the response under Local Resolution may request an Independent Review of their complaint by writing to a specially appointed layperson called a convenor. Health and Social Services Boards appoint convenors. Their role is to ascertain whether all opportunities for satisfying the complainant under Local Resolution have been explored and fully exhausted and what issues, if any, should be referred to an Independent Review Panel.

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Complaints against the Interpreting Service

The Eastern Board will handle all requests for Independent Review of complaints that have been investigated under the Health and Personal Social Services Complaints Procedure.

Complaints against an Interpreter

The Eastern Board will handle all requests for Independent Review of complaints that have been investigated under the Health and Personal Social Services Complaints Procedure.

Complaints against a Family Health Services Practitioner

The appropriate Board in whose area the client resides, or with which the Practitioner is registered to practice, will handle requests for Independent Review of complaints that have been investigated under the Health and Personal Social Services Complaints Procedure.

Complaints against a Trust

The appropriate Board in whose area the client resides will handle requests for Independent Review of complaints that have been investigated under the Health and Personal Social Services Complaints Procedure.

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Appendix III

Northern Ireland Health and Social Services Interpreting Service

Procedures for Dealing with Non-Compliance of Interpreter Terms & Conditions and Code of Ethics

Context

Wherever possible, complaints about individual interpreters within the context of an interpreting assignment should be resolved at the time of the assignment.

For problems that cannot be resolved at the time, a complainant can raise the issue with the Manager of the Northern Ireland Health and Social Services Interpreting Service (the Interpreting Service).

Complaints about individual interpreters providing an interpreting assignment will essentially be non-compliance of the Interpreters Terms & Conditions and Code of Ethics.

They may arise from a variety of sources including the client/patient, the practitioner/staff member of the practice or organisation who has requested the interpreter, or the Interpreting Service staff.

Principles

In handling any complaint the following principles will be applied;

1. Complaints will be treated fairly and openly
2. All complaints will be resolved as speedily as is practicable
3. All complaints and processes and outcomes will be recorded in writing
4. The interpreter who is the subject of a complaint to the Interpreting Service will be informed of the nature of the of the complaint, given a written copy of it, given the right to respond or attend with a right for

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representation to a Conduct Committee. In the case of a Conduct Committee, the individual will be given the right to appeal.

5. In linguistic matters, advice will be sought from sources of linguistic expertise.
6. The right to a fair trial – Article 6, Human Rights Convention
7. Communication in appropriate formats, as requested.

Complaints Handling Process

1. All complaints should be made as soon as possible to the Interpreting Service, and not normally more than five working days after the interpreting assignment or the time of the individual becoming aware of the breach of the Code of Ethics.
2. All complaints will be acknowledged within three working days of receipt.
3. Complaints from within Health and Social Services, including primary care practices, should normally be made in writing, or another appropriate format, to the Manager of the Interpreting Service.
4. Complaints from a black and minority ethnic client/patient (or a representative, carer, guardian) should normally be in writing however other formats such as tape or audiovisual formats will also be accepted. If presented in the client/patient's language the Interpreting Service will obtain an independent translation. Should it be necessary, in the first instance, to receive a complaint in person, the Interpreting Service will provide an independent interpreter.
5. Each complaint will be dealt with seriously and promptly within the confines of this procedure.
6. In the first instance this will entail a meeting with the interpreter concerned to detail the nature of the complaint, seek clarification about the incident, and listen to the interpreter's perspective.
7. The interpreter's reply, and the response of the Interpreting Service, will be directed back to the complainant, in the complainants requested format if required, for further comment.

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8. The complaint may well be resolved at this stage and no further action required. Alternatively the following formal procedures will be initiated

Precautionary Suspension

In certain circumstances, for example, where gross misconduct is suspected or alleged and there are prima facie grounds for further investigation and where continued working may give rise to further misconduct or interference in the process of a fair investigation, management reserves the right to immediately suspend an individual.

It should be made clear to the individual that suspension is not a sanction nor is it a presumption of guilt. Suspension is a means of facilitating a proper investigation and/or preventing further misconduct or allegation.

Informal Action

There are informal processes that operate before the formal procedures begin. An individual who displays faults of conduct or of work performance should be counselled as a matter of course. It is only if the faults are repeated or the work performance does not improve that, as a last step before the formal stage is reached, an informal warning is given.

This process is still informal but it should be recorded and a letter of confirmation sent or handed to the individual, without making this a formal warning.

In the event of these informal warnings being ineffective the matter should be reported to a Conduct Committee. The Conduct Committee will then give consideration to whether the formal process should be initiated.

Formal Procedures for dealing with non compliance

1. Where a complaint cannot be dealt with at the informal stage, formal proceedings will be instigated by referral to a Conduct Committee for consideration of appropriate action.
2. The interpreter will be informed of the matter and provided with a copy of the procedures, which are to be used. They will be provided the

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opportunity to present their case to a Conduct Committee either in person, or through a representative.

3. The interpreter may choose to be accompanied or represented by another member of the central register, interpreter forums or from a recognised trade union. Representation will not, in any circumstances, be by family members or the legal profession.
4. The Conduct Committee will be responsible for hearing the case and providing a written report identifying the key findings, conclusions and recommendations.

If the Committee concludes that the interpreter is in breach of the Interpreter's Terms & Conditions and /or Code of Ethics one or more of the following sanctions may be taken:

Extended probationary period

Where the individual is still within their probationary period, this may be extended for a duration set by the Conduct Committee. This will allow for further monitoring of the individuals performance and adherence to procedures.

Formal Warning

A Formal Warning may be provided to remain on the individuals record for a period to be determined by the Conduct Committee. In most instances this would not extend beyond two years.

Final Warning

A Final Warning may be given if the offence is a repeated offence and again will be for a period to be determined by the Conduct Committee. In most instances this would not extend beyond two years.

If a warning is given it is to be accompanied by advice to the employee on the consequences of any repetition or continuance of the offence that has given rise to the disciplinary action. Employees should also be advised of the duration of the warning and what remedial action is required from them.

Normally warnings will be confirmed, in writing, within five working days of the conclusion of the hearing.

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Expulsion

Interpreters may be expelled from the Central Register for a major breach of the interpreter's Terms & Conditions and/or Code of Ethics, or for repeated offences.

Major breaches / Gross Misconduct would include unprofessional conduct likely to discredit the Interpreting Service. This includes serious breaches in the areas of:

1. Health and safety
2. Confidentiality
3. Honesty & Integrity
4. Impairment through illegal drugs or alcohol
5. Sexual misconduct
6. Violence
7. Theft, fraud or corruption
8. Intimidation or abusive behaviour
9. Deliberate damage to property
10. Sexual, sectarian or racial harassment
11. Substantiated allegations of incompetence, such as major lapses in interpreting accuracy, serious professional negligence causing unacceptable loss, damage, injury or death.

(The above examples are illustrative and not exhaustive).

When a decision has been taken to expel an individual, the notice of the decision will include an indication as to which of the charges have been proven. The reasons for the dismissal, the type of dismissal and the effective date of dismissal will also be included in this notice. The notice will normally be issued within 5 working days of the conclusion of the hearing.

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If a decision is taken to expel an individual, and the individual appeals, there will be no payment during the period awaiting the Appeal. If the Appeal is ultimately successful any payments due to the individual will be honoured.

Future applications will not be considered from an interpreter who has been removed from the central register of the Interpreting Service as a result of disciplinary action.

All individuals will have the right of appeal which must be lodged in writing within seven working days from the date of receiving the outcome of the initial hearing.

Appeal

Where an appeal is lodged, an appeal panel will be convened. Where possible this will be convened within 20 working days. Any delay in this process will be communicated to the individual.

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Appendix IV

Equality Policy Statement

1. The interpreting service will implement affirmative and positive action to ensure that there is equal opportunity in all of its practices.
2. The interpreting service will monitor its progress in relation to the achievement of equality of opportunity.
3. The interpreting service will strive to create and maintain an environment in which interpreters do not feel apprehensive because of:
 - I. Religious belief
 - II. Political opinion
 - III. Gender and marital status
 - IV. Sexual orientation
 - V. Disability
 - VI. Age
 - VII. Race or ethnic origin
 - VIII. Domestic responsibility

The above list is not exhaustive.

Appendix V: Invoicing Addresses and Procedure Reference

Altnagelvin Area Hospital

John O'Kane, Finance Section, PO Box 69, L'Derry, BT47 5GP
Tel: 028 7134 5171 Ext: 4276 E-mail: jo'kane@alt.n-i.nhs.uk

Armagh & Dungannon Health & Social Services Trust

Denis Smyth, Finance Section, Paymenst Office, Gosford Place, The Mall,
Armagh, BT61 9AR
Tel: 028 3741 5294 E-mail: dsmyth@adhsst.n-i.nhs.uk

Belfast City Hospital Health & Social Services Trust

Raymond Compston, Finance Section, Nurses Old Home, Lisburn Road,
Belfast, BT9 7AB
Tel: 028 9032 9241 Ext: 3060
E-mail: raymond.compston@bch.n-i.nhs.uk

Causeway Health & Social services Trust

Rhonda Hilditch, Finance Section, Trust Headquarters, 8e Coleraine Road,
Ballymoney, BT53 6BP
Tel: 028 2766 1319 E-mail: rhonda.hilditch@chsst.n-i.nhs.uk

Craigavon & Banbridge Community Health & Social Services Trust

Lee Wilson, Finance Section, Lurgan Hospital, Sloan Street, Lurgan, BT66
8NX
Tel: 028 3861 3053 E-mail: lee.wilson@cbct.n-i.nhs.uk

Craigavon Area Hospital Health & Social Services Trust

Paul King, Finance Section, Lurgan Hospital, Sloan Street, Lurgan, BT66
8NX
Tel: 028 3861 3143 E-mail: pking@cahgt.n-i.nhs.uk

Down Lisburn Health & Social Services Trust

Laurence Mc Alinden, Finance Section, Bernagh House, Downshire
Hospital, Ardglass Road, Downpatrick, BT30 6RA
Tel: 028 4451 3838 E-mail: laurence_mcalinden@dltrust.n-i.nhs.uk

Eastern Health & Social Services Board

Jacqui Cairns, Finance Section, Champion House, 12-22 Linehall Street,
Belfast, BT2 8BS
Tel: 028 9055 3919 E-mail: jcairns@ehssb.n-i.nhs.uk

Eastern Health & Social Services Council

Brenda Devine, Finance Section, 1st Floor, McKelvey House, 25-27 Wellington Place, Belfast, BT1 6GQ

Tel: 028 9032 1320 E-mail: brenda.devine@ehssc.n-i.nhs.uk

Foyle Health & Social Services Trust

Mary O'Reilly, Finance Section, PO Box 70, L'Derry, BT47 6GR

Tel: 028 7186 5186 E-mail: moreilly@foylebv.n-i.nhs.uk

Green Park Healthcare Trust

Greta McAnulty, Finance Section, Forster Green Hospital, 110 Saintfield Road, Belfast, BT8 4HD

Tel: 028 9094 4411 E-mail: greta.mcanulty@greenpark.n-i.nhs.uk

Homefirst Community Health & Social Services Trust

Pat Lennox, Payments Office, Braid Valley HSST, Cushendall Road, Ballymena, BT43 6HL

Tel: 028 2563 5372 E-mail: pat.lennox@homefirst.n-i.nhs.uk

Mater Hospital Health & Social Services Trust

Bill Carleton, Finance Section, NEC Building, 47/51 Crumlin Road, Belfast, BT14 6AB

Tel: 028 9080 3116 E-mail: bill.carleton@mater.n-i.nhs.uk

Mental Health Commission for Northern Ireland

Stephen Jackson, Finance Section, Elizabeth House, 118 Holywood Road, Belfast, BT4 1NY

Tel: 028 9065 1157 E-mail: stephen.jackson2@dhsspsni.gov.uk

Newry & Mourne Health & Social Services Trust

Fiona Jones, Finance Section, Daisy Hill Hospital, 5 Hospital Road, Newry, BT34 8DR

Tel: 028 3083 5103 E-mail: fiona.jones@dhh.n-i.nhs.uk

North & West Belfast Health & Social Services Trust

Rosaleen McGinley, Finance Section, 16 College Street, Belfast, BT1 6BX

Tel: 028 9082 1430 E-mail: rosaleen.mcginley@nwb.n-i.nhs.uk

Northern Health & Social Services Board

Bride Harkin, Equality Unit, County Hall, 182 Galgorm Road, Ballymena, BT42 1QP

Tel: 028 2566 7629 E-mail: bride.harkin@nhssb.n-i.nhs.uk

Northern Health & Social Services Council

Noel Graham, Finance Section, County Hall, 182 Galgorm Road, Ballymena, BT43 7AA

Tel: 028 2565 5777 E-mail: info@nhssc.n-i.nhs.uk

Northern Ireland Ambulance Trust

Paul Nicholson, Finance Section, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8BH

Tel: 028 9040 0752 E-mail: pnicholson@niamb.co.uk

Northern Ireland Blood Transfusion Service

Noreen Bryans, Finance Section, Belfast City Hospital Site, Lisburn Road, Belfast, BT9 7TS

Tel: 028 9053 4618 E-mail: nbryans@nibts.n-i.nhs.uk

Northern Ireland Central Services Agency

Shan Munce, Finance Section, 25 Adelaide Street, Belfast, BT2 8SH

Tel: 028 9055 3665 E-mail: munces@csa.n-i.nhs.uk

Northern Ireland Guardian ad Litem Agency

Declan McAllister, CSA - Finance Section, Champion House, Linenhall Street, Belfast, BT2 8BS

Tel: 028 9031 6550 E-mail: declan.mcallister@nigala.n-i.nhs.uk

Northern Ireland Social Care Council

Dorothy Keefe, Finance Section, 7th Floor, Millennium House, 19-25 Gt Victoria Street, Belfast, BT2 7AQ

Tel: 028 9041 7600 E-mail: dorothy.keefe@niscc.n-i.nhs.uk

Royal Group of Hospitals Health & Social Services Trust

Catrina O'Hare, Finance Section, Royal Group of Hospitals, 2 Floor, College Street, Belfast, BT1 6BT

Tel: 028 9063 5107

E-mail: cationa.ohare@royalhospitals.n-i.nhs.uk

South & East Belfast Health & Social Services Trust

Barbara Cuthbertson, Equality Unit, Shannon Building, Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8 8BH

Tel: 028 9056 5330 E-mail: barbara.cuthbertson@sebt.n-i.nhs.uk

Southern Health & Social Services Board

Madeline Coulter, Finance Section, Tower Hill, Armagh, BT61 9DR

Tel: 028 3741 4581 E-mail: madelico@shssb.n-i.nhs.uk

Southern Health & Social Services Council

Collette Hart, Quaker Buildings, High Street, Lurgan, BT66 8BB

Tel: 028 3834 9900 E-mail: cmhart@shssc.n-i.nhs.uk

Sperrin Lakeland Health & Social Care Trust

Nigel Henry, Finance Section, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS

Tel: 028 8283 5346 E-mail: nhenry@slt.n-i.nhs.uk

Ulster Community & Hospitals Trust

Nikki Johnston, Finance Section, 39 Regent Street, Newtownards, BT23 4AD

Tel: 028 9151 2027 E-mail: nicola.johnston@ucht.n-i.nhs.uk

United Hospitals Trust

Phyllis Roberts, Finance Section, Whiteabbey Hospital, Doagh Road, Newtownabbey, BT37 9RH

Tel: 028 9055 2519 E-mail: phyllis.roberts@uh.n-i.nhs.uk

Western Health & Social Services Board

Peter McLaughlin

Western Health & Social Services Council

Maggie Reilly, Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS

Tel: 028 8225 2555 E-mail: mreilly@hilltop.n-i.nhs.uk

Appendix VI: Interpreter Service Forms

The following pages contain reference copies of the Interpreting Service forms listed below.

Interpreter Booking Form
Interpreter Introduction Sheet
Interpreter Invoice
Interpreter Monitoring Form
Practitioner Monitoring Form

Appendix VIII: Terms and Conditions for Sessional Community Interpreters (Pilot Phase)

Status of interpreters

Interpreters registered with the Northern Ireland Health and Social Services Interpreting Service (The Service) are self-employed sessional community interpreters.

Register procedure

All registered sessional interpreters must abide by the procedures outlined below and those contained within the Interpreter Code of Ethics and give due regard to the Good Practice Guidelines for Interpreters.

Any variance in procedures may lead to removal from the Register and a reduction in the quality of services provided. You will report to the Manager of the Northern Ireland Health and Social Services Interpreting Service in matters relating to agreed sessional work undertaken for The Service. Matters relating to invoicing and payment processes are the responsibility between the interpreter and the Health and Social Services organisation for which the interpreting has been undertaken.

Indemnity

In your role as interpreter, provided that you act honestly and in good faith, you will not have to meet out of your own personal resources any personal civil liability which is incurred in fulfilling of this function except where you act recklessly.

Interpreter's Procedure

Refer to the Interpreter Code of Ethics and Good Practice Guidelines for Interpreters.

Payment

1. You will be paid on a monthly basis by Health and Social Services organisations for which you have carried out face-to-face sessional interpreting.

2. Interpreters will be paid at the hourly rate. Income Tax and National Insurance will not be deducted. At the end of each financial year the Tax Office will decide whether you have earned enough to pay tax.

Rates Of Pay

The pay rate will be £20.00 per hour, or part of first hour.

After the first hour the rate will be £20.00 per hour, pro rated for minutes worked in excess of the first hour

A flat rate of £10.00 for preparation time before the interpreting session begins will be paid.

Travel Time

It is recognised that there may be distances when an interpreter may have to drive excessive distances. This could be due to the limited availability of interpreters for some languages. Travel time will therefore be considered where the distance from the interpreter's base to the appointment venue and back is greater than 60 miles. Travel time will be paid at a rate of 50p per mile for each mile in excess of 60 miles (return trip).

Parking fees and penalties will not be paid.

Travel Rate

Travel time will be paid at a flat rate of 43p per mile.

It will be the responsibility of the interpreter to inform the provider of their car insurance that they are using the car for business purposes.

Change Of Circumstances

It is in your interest to inform The Service of:

Changes in contact details.

Availability times

You acquire additional skills

Confidentiality Agreement

This is an agreement made between the **Northern Ireland Health and Social Services Interpreting Service** (hereinafter called "The Service") and the **Undersigned** (hereinafter called the "Interpreter") for the purposes of registering with The Service as a self-employed sessional community interpreter.

The Interpreter agrees to use his or her best endeavours to keep confidential and not to disclose to or discuss with any person, firm or company any information of a confidential nature obtained by him or her in the course of carrying out the service.

As witnessed by the hands of the Manager of the Northern Ireland Health and Social Services Interpreting Service and the Interpreter theday of200

Signed on behalf of the Northern Ireland Health And Social Services Interpreting Service in the presence of

.....

Signed on behalf of the Interpreter in the presence of

.....

Print full name and address of Interpreter

Name.....

Address.....

.....

I have read the Terms and Conditions and the Code Of Ethics And Good Practice Guidelines For Interpreters and fully understand what is expected of me whilst registered as a self-employed sessional community interpreter for the Northern Ireland Health and Social Services Interpreting Service.

I, the undersigned, agree to adhere to all the terms and conditions outlined above, and to abide by the Code Of Ethics and give due regard to the Good Practice Guidelines For Interpreters.

To be completed by the interpreter:

Signed.....

Please print full name.....

Language(s)

Date.....

To be completed by the Northern Ireland Health and Social Services
Interpreting Service

Assessment completed Yes / No

Checks Completed Yes / No

ID Issued Yes / No

Interpreter to be added to approved register Yes / No

Signature.....

Manager
Northern Ireland Health and Social Services Interpreting Service

Date.....