



“Working with interpreters via Video-Conferencing Software to Deliver Telehealth”

Background

Covid-19 has further exposed the vulnerabilities for people from different ethnic, linguistic and cultural backgrounds and has brought challenges for health staff to provide efficient and effective intervention to all those who need support. This may affect access to health, education, and care services.

As communication specialists, Speech and Language Therapists (SLTs) have a range of experiences and knowledge which can help to meet the needs of clients for whom English is not their preferred language.

The NHS has accelerated the adoption of digital technology to manage the demand for care via Telehealth. The shift from face-to-face consultations to Telehealth is likely to become adopted as routine practice for the foreseeable future and will be part of the recovery period and long term reforms. The London Clinical Excellence Network on Bilingualism (Bilingualism London CEN) recognises the need to include Telehealth to deliver speech and language therapy.

This document provides guidelines and a checklist which can be used by SLTs to prepare and deliver telehealth sessions.

These guidelines draw on over 30 years of tried and tested best practice in the field of bilingualism. They should be read in conjunction with the RCSLT checklist at <https://www.rcslt.org/-/media/Project/RCSLT/7Working-with-interpreterschecklist.pdf>.

They are intended to help manage the current ongoing challenges of COVID 19 within the known limitations for many to access digital technology. Individual SLTs and teams may already have systems and processes in place to support home language speakers. The technology will continue to improve, but there will always be people who can only communicate in their home language or who communicate best in the home language. There will be people who do not have access to smartphones, or may use signs or symbols to communicate.

We welcome the sharing of any experiences with colleagues, service users and with the professional and regulatory bodies. These guidelines are written to support individuals to reflect on how they are managing the issues and challenges for service users who don't share the language of the SLT. We hope that they will help address concerns for SLTs to provide an equitable service. It is recommended that these guidelines will form the basis of negotiated local guidelines for those situations where demand for second language interpreting is high. As things change and the circumstances surrounding the pandemic alter, there may be a blended model of service delivery. That is, a combination of virtual and face to face sessions that form part of regular packages of intervention.

The context of COVID-19

RCSLT has provided rapidly produced highly responsive advice and guidance to the altered situation with COVID-19 and has work ongoing about telepractice and telehealth.

These guidelines for working with interpreters should be read together with the existing guidelines for working in Telehealth. We have not repeated points made in that document, for example, on considering the most appropriate software tool, issues relating to screen sharing, the use of passwords to access sessions, recording of sessions, information governance, data protection, and technology. (see <https://www.rcslt.org/members/delivering-quality-services/telehealth>) (accessed July 2020)

Basic principles and practical considerations

The offer to collaborate with interpreters must always be discussed in advance with clients and families, and these discussions must allow informed decision making and be properly recorded in the clinical notes.

The arrangement of seating and the use of virtual waiting rooms may have added complexity when working with more than two individuals, and across different languages. An interpreter and SLT should ensure that there is no part of the session where anyone does not understand. Consider whether all members of the session have capacity to read, see the screen, listen and use a mouse, trackpad or touch screen. Be aware that there are barriers and potential areas for misunderstanding in both verbal and non verbal communication across languages and cultures. There may be a need to be clear about which part of the session or sessions are Assessment, which parts are Therapy and how these stages in the care pathway are explained to all participants in their strongest or preferred language. If Assessment or Therapy materials are to be used, which require the client, family members and interpreter to see the same picture or objects, consider how best to arrange the camera, adjust positioning as needed. If the session is to concentrate on parent training then be explicit about that to all. Be clear what the clinical priorities for the session and future sessions are. Allow time to plan these aspects.

If the purpose of the session is to contribute to an Education and Health Care Plan (EHCP), be explicit about this and decide how much to include the interpreter in this.

Interpreting is a highly developed skill. Interpreting over video is another set of skills which needs to be developed. Interpreters, SLTs and others involved must recognise the need for training and practice in the use of video calls. For an interpreter to work with a child or adult with communication disabilities is again an additional skill. The SLT must take account of this and take responsibility for the provision of support and training in working with people with complex needs. Without the provision of interpreters with such training and support, families, children and adults who do not share the language of the SLT will be excluded from the session, leading to poor outcomes.

On occasion, if there is no professional interpreter available, it may be necessary to consider the use of family members. This is not recommended good practice but if we are in a situation where there is no alternative then we must be clear about what we can and cannot do in the absence of a trained interpreter. Further discussion of this issue is provided at

<https://www.gla.ac.uk/research/az/gramnet/research/trainingmodel/resources/> (accessed June 2020)

Written by Jane Stokes, Victoria Farrell, Nita Madhani, Marie Newton, Emma Nunn, Sai Bangera- UK based speech and language therapists, May-August 2020.

Acknowledgments

Many thanks to Dr Beverley Costa in the writing of the document these guidelines are based on. We recommend further reading at <https://www.pasaloproject.org/resources.html#TIWT> accessed May 2020.

With acknowledgement and thanks to Sunita Shah, Dr Sean Pert, Specialist advisors in Bilingualism at the Royal College of Speech and Language Therapists.

The Bilingualism London CEN is on twitter @LondonBilCEN

The website is <https://www.bilingualismcen.com/>

Further advice from RCSLT can be found at:

<https://www.rcslt.org/speech-and-language-therapy/clinical-information/bilingualism>

<https://www.rcslt.org/-/media/Project/RCSLT/1main-learning-points.pdf>

<https://www.rcslt.org/-/media/Project/RCSLT/5-impact-of-bilingualism-slcd.pdf>

<https://www.rcslt.org/-/media/Project/RCSLT/6-working-with-interpreters.pdf>

<https://www.rcslt.org/-/media/Project/RCSLT/7Working-with-interpreterschecklist.pdf>

<https://www.rcslt.org/-/media/Project/RCSLT/8-strat-increase-cult-comp.pdf>

<https://www.rcslt.org/-/media/Project/RCSLT/9-cult-competence-checklist.pdf>

Key Recommendations Checklist

Before the session

- Discuss your planned questions, and introduce your working methods, (give examples of activities you may carry out in the session)
- Establish a beginning and end time. Be prepared that the session may take at least double the time as a session in which only one language is being used <https://www.rcslt.org/speech-and-language-therapy/clinical-information/bilingualism>
- Agree with the interpreter how best to help him/her to be most effective. For example, when do you need to pause.
- Allocate, and ensure time after the session for the interpreter to make comments, share information that may be culturally specific to the interaction. Acknowledge his/her perceptions and observations. These are not clinical observations.
- Negotiate timings, e.g. therapist will not interrupt the interpreter, and will not leave them alone with the client(s) and explain to all that the therapist will require the interpreter to stay behind at the end of the session
- Explain safeguarding issues to the interpreter and that any disclosure in the home language will need to involve the interpreter in safeguarding procedures.

During the session

- Talk through with the client at the start of the session, explaining how the session is going to run and that the therapist is running the session. Allocate time to ensure everyone is introduced (names and roles) and understand their role and the way the session will run.
- Consider agreeing on a hand gesture at the beginning of the session so that any party can request that the rate of speech is slowed down.
- Explain to the client/patient that everything that is said will be interpreted, and check whether that is OK. If they do not consent to this, there must be an agreed procedure guided by local policy
- Acknowledge that you are aware that there may be unexpected interruptions, and distractions for any of the participants.
- Lead the session referring to the plan you explained at the beginning. When two people are speaking a language you don't understand, it can be hard to stay engaged in the interactions.
- Pace of interaction needs to be slowed down online as processing may take longer in view of reduced visual clues and lag.
- Use people's names more frequently in order to gain attention. Make it explicit to whom comments or questions are directed
- Manage expectations. Discuss the possibility that technological issues, freezing, buffering may interrupt the flow of the session, and may impact on the ability to properly interpret fully and clearly what is being said.

After the session

- Immediately after the session, set aside time to debrief and reflect with the interpreter, feeding in any thoughts about what went well, what went less well and things that the therapist can consider for further development/improvement.
- Access supervision and line manager to reflect, discuss, feedback and develop solutions to any unexpected or difficult situations.

Top Tips

- Avoid leaving the client and interpreter alone
- Schedule a pre-meeting and a de-briefing session
- Set the ground rules at the pre-meeting
- Clarify that you, the clinician, have the ultimate responsibility for the session, it is necessary that the interpreter feels able to trust you to hold that responsibility.
- Allow sufficient time
- Think about what support can be offered to interpreters who may hear and speak about distressing material

Before the session	During the session	After the session
<p>Discuss the following with the interpreter:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The need for confidentiality and impartiality <input type="checkbox"/> Confirm that everything said will be interpreted (Consider use of hand gestures as prompts) <input type="checkbox"/> Your professional role and what you do <input type="checkbox"/> The plan for the session <input type="checkbox"/> The appropriateness of the equipment/assessment materials/tasks for telepractice <input type="checkbox"/> How to translate words specific to your profession <input type="checkbox"/> Encourage the interpreter to share about cultural differences that would be important for you to know before the session 	<ul style="list-style-type: none"> <input type="checkbox"/> Introduce each person and their role <input type="checkbox"/> If necessary remind the interpreter they need to keep interpreting everything <input type="checkbox"/> Address the client not the interpreter <input type="checkbox"/> Avoid ambiguous/complex language <input type="checkbox"/> Ensure pace of the session is appropriate and consider breaks within the session <input type="checkbox"/> Avoid having a private conversation with the interpreter in the client's presence <input type="checkbox"/> At the end of the session, check that client has understood everything allow them to ask questions 	<ul style="list-style-type: none"> <input type="checkbox"/> Discuss the whole session to share, reflect and identify strengths and areas of improvement with the interpreter <input type="checkbox"/> Discuss issues that may have arisen during the session <input type="checkbox"/> Consider working with the same interpreter to help build/develop relationship with client