Interpreters

## DRAFT FOR CONSULTATION

## June 2025

#### Information contained within this document is for consultation only and should not be shared outside of this.

The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rcslt.org.

We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

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# Key principles

Speech and language therapists (SLTs) must provide equitable services to all service users, including those who require communication support through professional interpreters. This guidance outlines best practice for working with interpreters in speech and language therapy and aligns with professional standards and legal obligations under the **Equality Act 2010**.

* **Interpreters are essential** for equitable access to speech and language therapy services for individuals who have an alternative home language to English.
* **Children, family members, and untrained individuals should never act as interpreters** due to ethical and confidentiality concerns (National Council on Interpreting in Health Care, 2011). However, education staff, such as a classroom assistant, can act as a communication advocate when deemed appropriate.
* **SLTs must plan interpreter involvement carefully,** including pre-session briefings and post-session debriefs.
* Legal requirements to provide equitable services ([**Equality Act, 2010**](https://www.legislation.gov.uk/ukpga/2010/15/contents); [**United Nations Convention on the Rights of the Child**](https://www.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf)) should be considered above any financial implications of working with interpreters.

Speech and language therapists (SLTs) should make every effort to use appropriate interpretation services when needed. In the case that it is not possible to find an interpreter, HCPC have stated that:

“Lack of appropriate interpreters should not be a barrier to service access. Where an interpreter is not available, registrants need to evidence their approach to using interpreters in consultation with service users to meet the standards. Failure to use an interpreter would not necessarily trigger a fitness to practice referral, and any such referral would be considered on its own merits and taking into account the particular context of the situation.”

# HCPC requirements

In September 2023, the HCPC updated its standards of proficiency for all registered professionals, reinforcing the importance of inclusive communication practices. The revised standards place a stronger emphasis on using interpreters where required and ensuring that SLTs adapt their approach to meet the needs of diverse linguistic communities. These updates align with the broader goal of enhancing accessibility and reducing health inequalities across speech and language therapy services. SLTs must document their decision-making when working with interpreters, ensuring compliance with professional expectations and regulatory requirements.

The **Health and Care Professions Council (HCPC)** sets out clear expectations for SLTs working with interpreters, including:

* **Standard 6.4:** Confidentiality in interpreting contexts.
* **Standard 7.6:** The need for appropriate interpreter use.
* **Standard 13.20:** Assessment and intervention should be conducted in the service user’s home language with a professional interpreter where possible.

# Bilingualism

Bilingualism does not cause or contribute to speech, language, communication, or swallowing disorders. The role of interpreters and bilingual staff is crucial in ensuring high-quality, person-centred care, and should be integrated into all stages of assessment, advice, intervention, and decision-making processes.

SLTs must challenge common myths about bilingualism, particularly the assumption that exposure to multiple languages hinders development. They should also promote home language maintenance while supporting additional language development.

Providing an English-only service may be considered discriminatory and can lead to poorer outcomes for bilingual service users. SLTs should work with professional interpreters and provide interventions in both the home and additional language where possible.

# The use of school staff as interpreters

In line with best practice and professional standards, school staff, including teaching assistants and speech and language therapy assistants (SLTAs), should not be used as interpreters in speech and language therapy contexts. This is due to significant concerns regarding confidentiality, impartiality, and the risk of inaccurate translation.

Classroom assistants can act as **communication advocates** in specific and appropriate circumstances, this role is distinct from that of a professional interpreter and should not include real-time language interpretation. The *Bilingualism guidance* reinforces this by advocating for the consistent use of trained, professional interpreters throughout all stages of service delivery.

Using untrained or ad-hoc interpreters, including school staff, undermines equitable access, may lead to miscommunication or safeguarding risks, and could potentially result in discriminatory practice under the Equality Act 2010. Therefore, services must prioritise the use of qualified interpreters with healthcare experience and avoid the use of educational staff for interpreting roles.

For further detailed recommendations, the [RCSLT bilingualism guidance](https://www.rcslt.org/members/clinical-guidance/bilingualism/) provides comprehensive information on working with bilingual service users and ensuring their needs are met effectively.

# 5. Working with interpreters

## 5.1 Choosing an interpreter

* Consider the nature of interpreting service you require and the rationale behind that decision. Clearly document this decision making and rationale within your clinical records.
* Use professional interpreters with training in medical and healthcare settings.
* Interpreter support should not be via online/text translation services (e.g. google translate).
* Avoid using family members, particularly children, or education staff, due to confidentiality and accuracy risks.
* Consider cultural knowledge and language variants when selecting an interpreter.

## 5.2 Pre-session planning

* Provide interpreters with an overview of the session’s objectives.
* Clarify any technical terminology, particularly in phonological assessments where direct translation may not be possible.
* Discuss confidentiality and the interpreter’s role as a neutral facilitator.
* Establish a start and end time – be prepared for the session to take twice as long.
* Discuss with the interpreter any culturally specific differences that may impact on the interaction.
* Explain safeguarding procedures and ensure that an understanding that any disclosure made in the home language will need to involve the interpreter in the safeguarding process.

## 5.3 During the session

Where the interpreter is required to provide a face-to-face service, either in person or via virtual means:

* address the service user directly, not the interpreter (e.g., avoid “Can you ask…” statements)
* use a seating arrangement that allows the service user, SLT, and interpreter to see one another’s facial expressions
* maintain professional rapport with both the interpreter and service user
* explain to the service user at the start of the session how it 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
* explain to the service user 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
* at the end of the session, check that the service user has understood everything and allow them to ask questions.

When the interpreter service is via telephone (if it is deemed appropriate or is the only available option):

### 5.3.1 Preparing for the call

* Be particularly mindful of safeguarding issues and discussing sensitive content.
* Have a clear plan for action if concerns arise during the call in line with local policy.

### 5.3.2 At the start of the call

* Ensure that the interpreter, SLT, and service user can all hear each other clearly.
* Confirm that the audio quality is good before beginning the session.
* Introduce everyone taking part in the call, including their names and roles.
* Explain that all spoken content will be interpreted and confirm the service user's consent to proceed on this basis.

### 5.3.3 During the call

* Take notes to capture clinical observations and any challenges experienced due to the nature of telephone interpreting.
* Maintain a structured flow to the session, as visual cues are unavailable.
* Speak slowly and clearly.
* Use short, simple sentences.
* Pause frequently to allow interpretation.
* Avoid using jargon, idioms, and culturally specific references that may not directly translate.
* Address the service user directly, not the interpreter (e.g., say “Can you tell me about...” instead of “Can you ask them...”).
* Check the service user’s understanding regularly and provide opportunities for clarification.

## 5.4 Post-session debrief

* Discuss the session with the interpreter to share, reflect and identify strengths and challenges encountered during the session.
* Clarify any aspects of the translation that may have influenced clinical observations.
* Ensure interpreters are supported, particularly when dealing with sensitive cases.

## Post-session documentation

Document that an interpreter was involved in the session, including:

* + the interpreter’s full name
  + the language and dialect interpreted
  + the type of interpreting used (e.g. in-person, virtual, telephone)
* Summarise the session content, noting key clinical observations and outcomes.
* Record any communication barriers or challenges encountered (e.g. delays, misunderstandings, technical issues).
* Include any relevant cultural insights that influenced the interaction or clinical decision-making.
* Highlight any safeguarding concerns raised and how they were managed in collaboration with the interpreter.
* Note if any adaptations were required due to linguistic or cultural factors.
* Identify follow-up actions, such as arranging further interpreted sessions or seeking cultural consultation.
* Reflect on interpreter impact on the session for your own clinical reasoning and professional development.
* Add an entry to your Continuing Professional Development (CPD) log if appropriate.

For structured guidance, refer to the [Working with interpreters checklist](https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/7Working-with-interpreterschecklist.pdf), which outlines key steps for effective collaboration with interpreters.

Where the session is taking place via video link, the SLT must take this into consideration and take responsibility for any additional support and training required to support the interpreter in their role prior to the session.

# 6. Special considerations

## 6.1 Assessments and interpreters

* Standardised assessments should not be directly translated, as linguistic structures vary across languages.
* Adapt phonological assessments appropriately rather than relying on interpretation.
* Use dynamic assessment and language sampling where necessary.
* Care should be taken when interpreting information gathered particularly in relation to syntax and linguistic structures due to potential differences of grammar and word structure in the service user’s chosen language.

# 7. Providing written translations

* Consider whether the service user is literate in their home language before providing written translations.
* Where written translation is not effective, offer verbal explanations or multimedia resources.
* It is important to understand the distinction between **interpreters** and **translators.** Interpreters work with spoken language, facilitating real-time communication between SLTs and service users. Translators work with written language, converting documents from one language to another. SLTs should ensure they are using the appropriate professional service depending on whether written or spoken language support is required.
* When providing written translations, ensure that materials are accessible, culturally appropriate, and accurately convey clinical information.

# 8. Accessing interpreter services in your setting

Accessing interpreters varies depending on the setting. In the NHS, interpreter services are typically commissioned centrally and accessed via internal booking systems, often including face-to-face, telephone, and video options. SLTs should familiarise themselves with local protocols for booking and funding interpreters and ensure adequate time is planned for sessions requiring interpretation. In school-based services, access may be more limited and depend on the local authority's arrangements or the school's budget. It is important for SLTs in educational settings to advocate for interpreter support as part of inclusive practice and to align with statutory duties under the Equality Act 2010.

In independent practice, access to interpreters is usually the responsibility of the practitioner or commissioning party, which may present funding challenges. Where no interpreting service is available, SLTs should consider writing a business case to demonstrate the clinical and legal necessity of interpreter use. This should highlight the risks of not providing equitable access, such as misdiagnosis or safeguarding concerns, and frame interpreter use as a means of improving outcomes and reducing long-term costs. Independent practitioners may also wish to explore partnership working or pooled funding with schools, local authorities, or health providers to facilitate access to interpreter services. [ASLTIP](https://asltip.com/) can provide Independent SLT’s with formulating a business case.

# 9. Resources and further reading

* [RCSLT bilingualism guidance](https://www.rcslt.org/members/clinical-guidance/bilingualism/) – essential reference for SLTs working with bilingual people
* [Working with interpreters (2023) (PDF)](https://www.rcslt.org/wp-content/uploads/2023/11/Working-with-interpreters_PDF-Feb-24.pdf) – new standards for speech and language therapists working with children and young people in their home language
* [Information for interpreters (PDF)](https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/6-working-with-interpreters.pdf) – information for interpreters
* [Working with interpreters checklist (PDF)](https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/7Working-with-interpreterschecklist.pdf) – a step-by-step guide for best practice
* The London Bilingualism CEN have also developed guidelines for [working with interpreters via video-conferencing software to deliver telehealth (PDF)](https://www.rcslt.org/wp-content/uploads/media/Bilingualism-CEN_Telehealth-Interpreters-Guidelines.pdf)
* [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents)

For additional support, contact the [RCSLT helpline](https://www.rcslt.org/help-and-support/contact-us)

10. Reflection question  
Consider the following question while reviewing the guidance: How can speech and language therapists ensure that they work effectively with interpreters to provide equitable and culturally competent care, while also addressing potential challenges such as linguistic nuances, ethical considerations, and resource limitations?