

Working with interpreters

Interpreter type and rationale

Consider the most appropriate format for interpreter involvement:

- ☐ Face-to-face (in person)
- ☐ Face-to-face, virtual (video call)
- ☐ Telephone interpreting.

Evaluate the needs of the client, including:

- ☐ Communication goals and complexity of the session
- ☐ Age, attention span, or additional needs of the client
- ☐ Safeguarding or emotional sensitivity of the session.

Consider technical/logistical factors:

- ☐ Availability of interpreters
- ☐ Location and timing
- ☐ Access to technology for virtual sessions.

Make a clinical judgement about the type of service most likely to enable effective communication. Document your decision in clinical notes, including:

- ☐ Type of interpreting used
- ☐ Rationale for choosing this format
- ☐ Any limitations acknowledged and how they were addressed.

Choosing an interpreter

- ☐ Interpreter is qualified, preferably with healthcare or medical interpretation training.
- ☐ Interpreter speaks the correct language and dialect (eg Pashto, Sylheti).
- ☐ Interpreter is independent – not a child, family member, or untrained staff.
- ☐ Interpreter has sufficient cultural competence for the context.
- ☐ Reason for interpreter selection and type of interpreting service is documented in clinical notes.

Pre-session briefing (10–15 minutes)

- ☐ Share session objectives and planned structure.
- ☐ Discuss key terminology, particularly technical terms.
- ☐ Explain confidentiality, safeguarding responsibilities, and neutrality of role.
- ☐ Agree on start and finish time – allow additional time if needed.
- ☐ Clarify the interpreter's ability to identify and report disclosures made in the home language.
- ☐ Discuss any cultural behaviours that may affect the session.
- ☐ Ensure the interpreter understands how to use any materials or resources.

During the session

- ☐ Introduce yourself and the interpreter to all participants. Explain each person's role.
- ☐ Ensure the interpreter interprets everything – check client consent for full interpretation.
- ☐ Use short sentences, allow pauses, and avoid idioms or jargon.
- ☐ Address the client directly, not the interpreter.
- ☐ Ensure seating or screen layout allows visibility of all faces and non-verbal cues.
- ☐ Maintain clinical observations and note any non-verbal cues.
- ☐ Do not introduce unexpected tasks outside of what was agreed in the briefing.
- ☐ Clarify and note any barriers or adaptations.

Post-session debrief

- ☐ Share impressions and clinical insights gained during the session.
- ☐ Review any language samples collected – record both the original and the translation.
- ☐ Discuss what worked well and any challenges or cultural observations.
- ☐ Document the interpreter's full name, the language/dialect used, and any translation notes.
- ☐ Write up a reflection (CPD log), if relevant.
- ☐ Provide emotional support to the interpreter if sensitive issues arose.

Additional considerations

- ☐ Standardised assessments must not be directly translated – use dynamic assessment and language sampling instead.
- ☐ Written translations: check the service user’s literacy level; if low, use verbal or multimedia alternatives.
- ☐ For virtual or phone interpreting, ensure platforms are suitable and interpreters are supported technically.

Post-session clinical notes

- ☐ Record that an interpreter was used, including their full name and the language/dialect spoken.
- ☐ Document the format of interpreting used (in-person, virtual or telephone).
- ☐ Include a summary of the session content and clinical observations.
- ☐ Note any communication challenges or difficulties encountered during the session.
- ☐ Record any cultural considerations that affected the session and their impact.
- ☐ Highlight any follow-up actions needed (eg further interpreter support, cultural consultation).
- ☐ Reflect on how interpreter involvement influenced clinical decision making.
- ☐ Add this session to your CPD log, if relevant.

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