

How to conduct research involving interpreters and translators



This is the second part of our two-part guide for researchers. Part one is ‘How to calculate the costs of involving interpreters and translators in health and social care research.’

This part covers

Be vigilant about standards.

Which qualifications?

The National Register of Public Service Interpreters (what they check and what they don't)

Don't be caught out

Things you can do to save time/ money

Part one covers

The basics

Who can you approach for a quote?

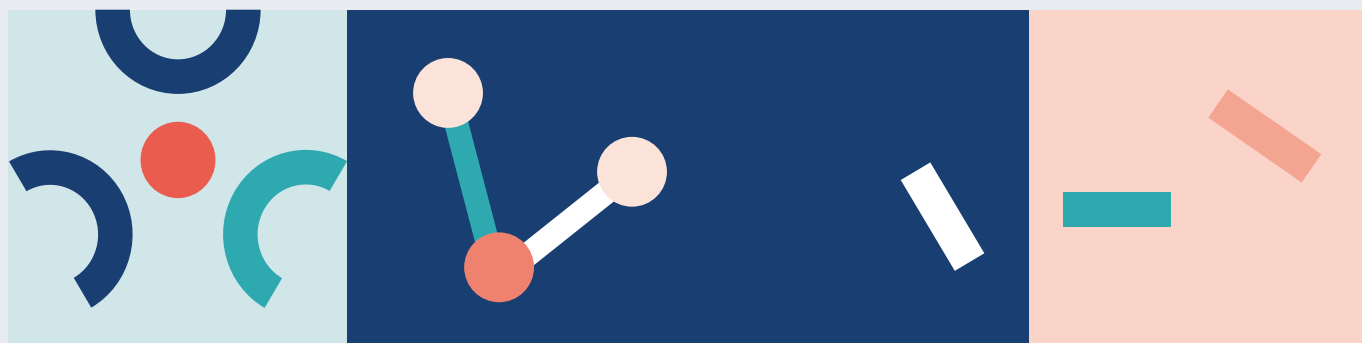
What influences the cost?

What you need to provide to get a quote from an agency

Realistic time expectations

Summary

Please note that this guide refers to spoken word interpreters (not British Sign Language). This guide is aimed at researchers who need to commission interpretation or translational support as part of their research work, or who might need to include estimated costs in a research funding bid.

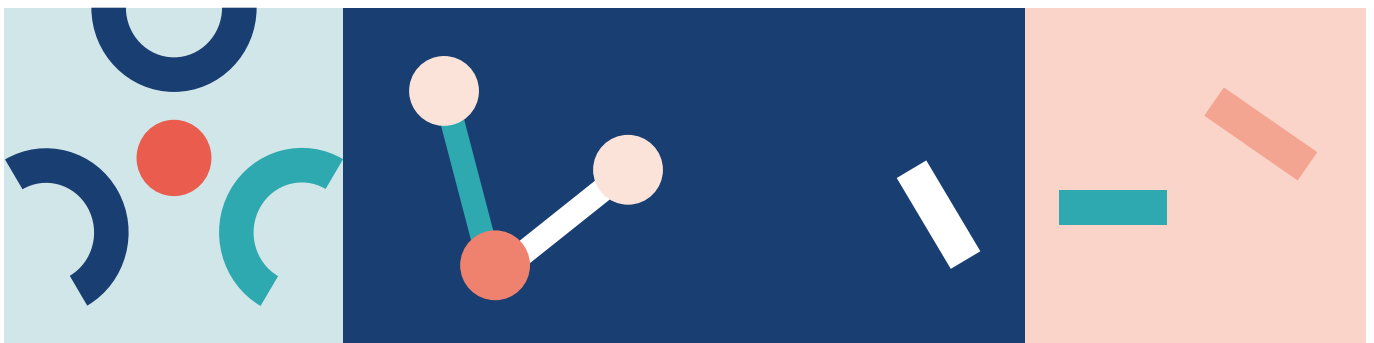


Be vigilant about standards

Remember that agencies are not obliged to send you someone qualified. Be prepared to complain if the appropriate standards are not met. If you are not vigilant it could negatively impact participant retention and the reliability of your findings.

Below are three links to resources to help you ensure quality:

- [The surprising truth about interpreter qualifications](#), with five tips.
- Download this '[expected standards](#)' leaflet by Everyday Language Solutions so you know when to query your interpreter's actions or make a complaint about them.
- [Training by English Unlocked](#) on how to work effectively with interpreters enables you to get this right.



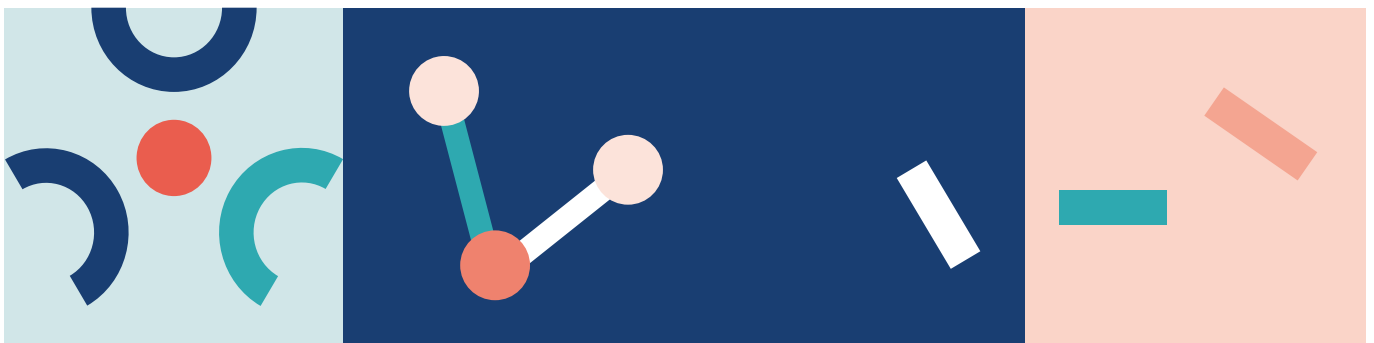
Qualifications

Request someone with a Diploma in Public Service Interpreting (DPSI).

- This is a Level 6 qualification, equivalent in difficulty to a degree.
- Diplomas are available in three specialisms – Health, Law and Policing. As a health or social care researcher you should look for an interpreter with a DPSI Health.
- The DPSI exam includes translation, meaning that all interpreters who have a Level 6 qualification are also qualified to translate. However:
 - Some DPSI qualified interpreters do not accept translation assignments
 - A really good translator will also hold a DipTrans which is a Level 7 qualification.

Level 3 interpreters

NHS England recommends (but does not enforce) Level 6 as a minimum. If you are unable to find a Level 6 interpreter, the next best thing is a skilled and experienced Level 3 interpreter. They are known as 'Community Interpreters' (as opposed to Public Service interpreters.) For less complex or technical assignments their skill level might be sufficient. The Association of Community Interpreters (ACIS) supports and safeguards standards for certification of community interpreters and has a searchable [Member Directory](#).



The National Register of Public Service Interpreters

Searching the NRPSI database is one way to assure the quality of interpreters. The interpreters listed here represent just a fraction of all the people working as public service interpreters in the UK because membership is not obligatory.

If you use the NRPSI

You can be assured

Identity (all registrants have an ID card which is updated annually)
Experience (400 hours minimum)

They have a Level 6 interpreting qualification (therefore their ability to translate has also been tested)

There is a rigorous complaints mechanism

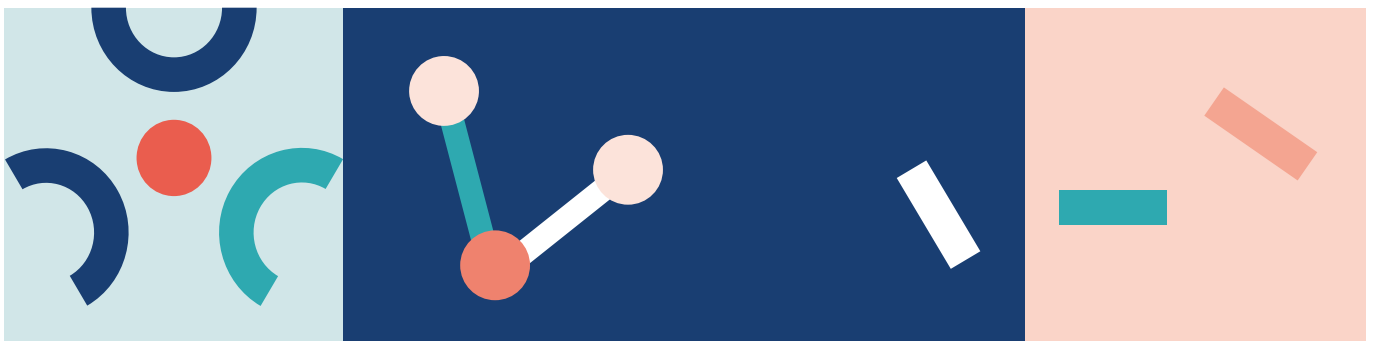
DBS is checked at the time of application (agencies check this too)

Check for yourself

Check for yourself whether the interpreter has:

- The right to work (you cannot employ them if not)
- Standard or enhanced Disclosure and Barring Service (DBS) certificate. [Follow this link to find out more.](#)
- Professional indemnity insurance

Note: Registrants will follow the NRPSI code of ethics but if you require them to follow a different one (for example NHS) you need to make them aware of that.



Don't be caught out

Use someone qualified

- Family and friends might interpret for free but this can jeopardise your study. Don't be surprised if you meet people who are accustomed to being translated for by their friends or family and resist the temptation to follow suit. [This one page guide](#) explains the consequences for you and for them.
- It is also not advised to ask international students at your university to interpret or translate unless they hold the required qualifications.

Can the participants read? If they have a low reading age in their own language, translated documents will be inaccessible. A voice file might be better, ask the translator if they provide this service.

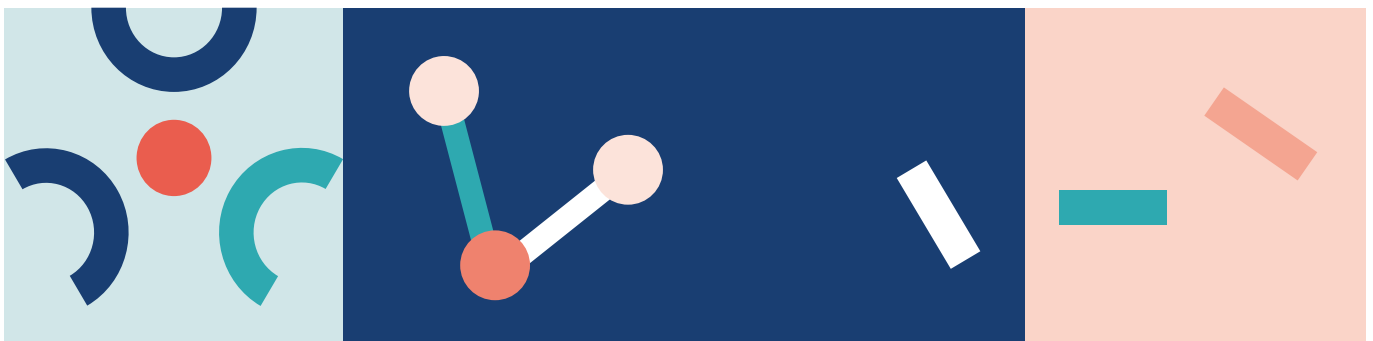
Do you have the right to get the document translated? Or does the copyright belong to someone else?

Might you be asked later for a statement of truth? For example, if your study will influence policy or NICE guidelines it might be queried and a statement of truth will be required, which includes the name of the translator. This may be included as standard or you may have to request it and pay a small additional fee.

Some translators use machine translation as their starting point, which means that any identifying information in the document **is not secure**. Consider redacting this.

Do you need a record of informed consent? Consider recording the conversation. The participant can keep a copy to refer to in the future (don't spring this on your interpreter).

Be careful of dialects and regional language varieties. Include the languages followed by the region and specify the direction, for example English (UK) to Portuguese (Brazil), or English (US) to and from French (DR Congo).



Things you can do to save time and money

Review your key documents yourself before sending them to be translated, through the eyes of a diverse readership. **Are they written in clear and accessible English?** It's true that an experienced translator should understand medical texts, but why make it harder for them than it needs to be?

There are free tips on how to be understood by readers who speak English as a second language in this [free eBook](#) by English Unlocked.

Translation is more expensive than interpretation. It may be more cost efficient for the researcher to **read aloud the questions** and conduct an interview that way, via an interpreter, instead of getting it translated into their native language.

You might just **limit translation** to the documents which you know the patient will need to take away with them. If you do get questions translated, **send them to your patient in advance** so they can begin to think of answers, that way the interpreter's time is being spent wisely

Brief your interpreters in advance. They might bring up cultural differences you hadn't anticipated, prior knowledge of which could save you time. Briefing them also means they are more able to interpret well on the day. They may require payment for a briefing or they may see it as part of their preparation, this is something to negotiate in advance.

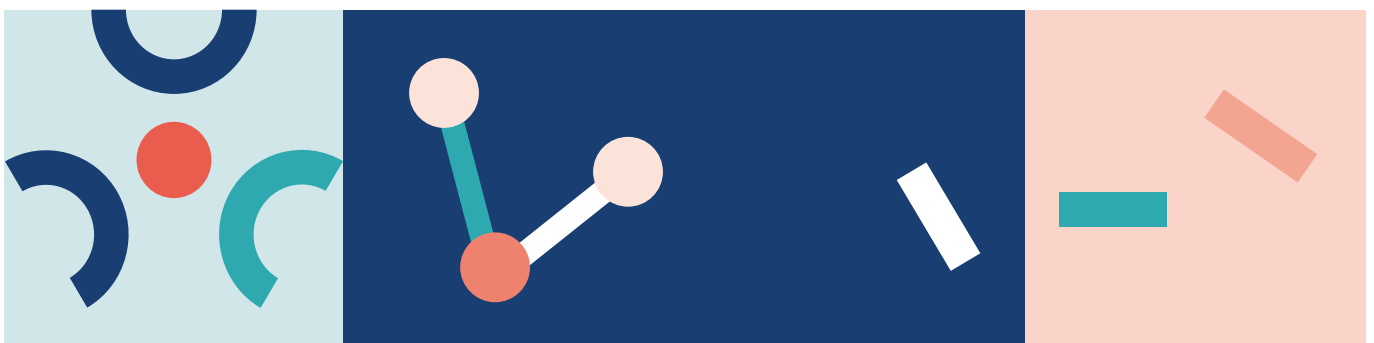
Translations via an agency will **cost more per word**.

If you know when the appointments will be, **book the interpreter assignments in advance** because interpreters get busy. Consistency will save you time, and therefore money, because you will have to spend less time briefing someone if they have worked on this project before.

Once you have a document translated, **save it as a template** for re-use with future speakers of the same language instead of sending it away to be translated again.

If you are getting a completed questionnaire translated, it is a waste of money to get the questions translated over and over again. **Just get the answers translated.**

Send documents for translation **well in advance** of when you'll need them, or you may incur higher fees.



About this guide

This project was funded and commissioned by the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (ARC) North East and North Cumbria (NENC).

This information was gathered by Shelley Purchon (Director of English Unlocked).

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