



# Communicating in person

## When the main spoken language isn't English

### The main points

1. Interpreters are not expensive. Responding to language needs can reduce costs.
2. Even if a person can speak basic English, they may still need an interpreter.
3. Use interpreters accredited through the National Accreditation Authority for Translators and Interpreters.
4. For employees of the Tasmanian Government, see: the [Multicultural Language Services Guidelines](#), Department of Premier and Cabinet, Hobart.

### Interpreters are not expensive

Quality of care and health outcomes are better if language needs are met. Adverse events experienced by non-English speaking health consumers are more likely to cause physical harm or death than those experienced by English-speaking consumers.<sup>i</sup>

The benefits of using credentialed interpreters outweigh the costs for consumers, staff and services. Responding appropriately to language needs can reduce costs through:

- better quality of care and self-management
- lower risks (including clinical and ethical/legal errors)
- shorter hospital stays and fewer unplanned re-admissions.



## Even a person who can speak basic English may need an interpreter.

If a person can chat in English, it doesn't necessarily mean they can understand English spoken by health care workers or service providers, or that they understand written English. If there is any doubt about a person's ability to communicate in English, you can:

- ask a question that requires them to answer in a sentence, not a question that can be answered with a 'yes' or 'no', and not a familiar question like '*what is your address?*'
- ask the person to repeat a message you have just given, in their own words
- ask them if they would like an interpreter.

## Use interpreters accredited through the NAATI

Using people other than interpreters accredited through the National Accreditation Authority for Translators and Interpreters (NAATI) is risky. Potential problems include:

- reduced confidentiality of patient/client information
- lack of skills in interpreting health information
- subjective decision-making about the information to be shared
- lack of quality control
- ethical issues, including intentional incorrect misinterpreting
- miscommunication that can affect a person's ability to understand advice given.

## Speak clearly, not loudly

Many people speak louder when a person has difficulty understanding. Unless the person has a hearing difficulty, speaking loudly will not help and can be disrespectful. Speak clearly. Use plain English and short sentences, and pronounce words carefully. Avoid running words together, add a small pause between words if they seem to be struggling. Avoid colloquialisms (e.g. 'the Royal') and filler words ('yeah'). If asked to repeat something, first repeat it as you said it the first time. If they still don't understand, try saying it differently.

Avoid contractions, especially 'can't', which sounds similar to 'can'. Use 'cannot'.

## More information

The [Department of Premier and Cabinet](#) have published [Multicultural Language Services Guidelines](#) for communicating with people whose main language is not English.

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<sup>i</sup> C Divi, R Koss R et al. 'Language Proficiency and adverse events in US hospitals: a pilot study,' *International Journal for Quality in Health Care*, 19(2), 2007. pp. 60–67.