

# Using interpreters to access health and social care support in Oxfordshire



A report for all commissioners of health and care services in Oxfordshire.

March 2022



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# 1 Executive summary

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In June 2021, Healthwatch Oxfordshire launched two surveys to gather views on using interpreting services when accessing and using NHS health and care. This focus arose in part from what we heard from local communities and within local meetings, about interpreting services, as well as about a related topic - the lack of accessible information in different languages about health and care, and particularly during COVID-19.

Surveys were provided both in paper form and online, and distributed via local links, health providers, county, local and parish councils, voluntary sector, Patient Participation Groups (PPGs), RNID the national hearing loss charity, Oxfordshire sensory impairment team, and collected with the support of local communities themselves. Information was shared via Healthwatch Oxfordshire news bulletins, social media, local and parish newsletters, on posters, and via local radio. Translated surveys were offered and subsequently provided on request to reach Oxfordshire's Arabic speaking and Chinese communities.

We heard from 97 people - 34 health professionals and 63 service users and analysed a further 30 additional comments from people through our ongoing conversations with communities. The 34 health and care professionals who responded represented a variety of organisations including: hospital (18), community health services (6), maternity and mental health services; local authority (3), GP (2) as well as a range of voluntary sector groups. Those who defined themselves as 'other' (7) fell across the above categories.

Both surveys were anonymous, and all information provided in the main report has the explicit permission of those who took part. The short Executive Summary can be found on the Healthwatch Oxfordshire website <https://healthwatchoxfordshire.co.uk/our-work/research-reports/> with provider responses.

It is important to note gaps in who we reached. Of 63 responses, Oxfordshire Chinese Community and Advice Centre (OCCAC) gave proactive support in reaching 33 members of the Chinese community with the survey. As a result, over half of the responses of service users came from this community and thus had an impact on *findings*. We also did not hear from professionals or users of emergency and frontline services. However, despite this, common themes emerged across all responses and comments, and help to shed light on common experiences.

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## 2 Key findings

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Views of people who use interpreters:

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***“I was not able to request interpretation services due to my language difficulty”***

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### 2.1 Mixed awareness about availability of interpreter services

When asked *how they knew* they could have an interpreter, of 62 responses:

- 70% respondents told us they had found out about interpreting services via family members, or their local community group.

33% also told us they had learnt about the service via a GP (19%), health professional (8%) or receptionist (6%).

### 2.2 Not everyone is offered an interpreter when booking an appointment

When asked *if they were offered an interpreter*, responses varied:

- 40% of survey respondents said they *had* been offered this support.
- However, 52% told us their either *had not* been offered, or were “not sure” if they had been offered an interpreter.

When asked *when they were offered an interpreter* in their interactions with health and care services, of 60 responses:

- 33% told us “I was not offered an interpreter”
- 28% “during my appointment”.
- 23% told us they were offered an interpreter when booking online or on the phone
- 6% at reception

### 2.3 Satisfaction with access to interpreter

Of 60 survey respondents who had accessed an interpreter (some more than once and via different routes):

- 56% had received interpreting support via phone
- 41% told us they had used a friend or family member
- 30% used face to face interpreter (Use of phone was predominant during the survey time due to COVID-19).

When asked about if this was their preferred choice of receiving interpreting support, 50% of responses told us it was their preferred choice, 22% said “no”, and 26% were “not sure” (of 53 respondents).

Overall people told us they were happy with the quality of interpreting support they received. Of 47 survey responses to this question:

- 74% said support was either “excellent, very good or good”.
- 24% said the support was “okay” or “poor”.

#### 2.4 Views of health and care professionals:

Health and care professionals told us that overall they were satisfied with the quality of interpreting service support they received. Of 34 responses, 78% told us quality of service was either “Excellent”, “Very good” or “good quality”. 20% told us it was “ok”. Issues identified included:

- Availability for appropriate language, dialect, and gender
- Some barriers with administration whilst booking an interpreter
- Responses from the hospital sector indicated some frustration over use of equipment - reach and signal, ease of use, training and operation, for supporting interpreters. Whilst much progress has been made in some services, for example in providing headsets for maternity services, comments indicated there are still some improvements to be made.

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## 3 Recommendations

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1. Better promotion of interpreting support and patients’ rights, and access to interpreter across all services and communities:
  - a. Clear and accessible information on all service websites regarding rights to have an interpreter and the websites are easily translated.
  - b. Ensure that interpreting providers can offer all community languages
2. Ongoing training and awareness within services regarding:
  - a. the use of interpreters to be offered at booking at appointments
  - b. why an independent interpreter is preferred from family and friends (confidentiality, safeguarding) and offer choice.
  - c. d/Deaf awareness.
3. Investigate existing use and effectiveness of headphones during clinical procedures and appointments.
4. Further research about the access to and use of interpreters by the South Central Ambulance Service, NHS Foundation Trust, 111 and other frontline emergency services, as well as Community Pharmacies.
5. Engage with the voluntary sector to understand access needs for affordable interpreting services.

**Healthwatch Oxfordshire will convene a round table discussion for key stakeholders to discuss the recommendations.**

## 4 Main report: Background

*“I felt doctor did not understand my situation because of language; I felt very angry ... It is very upsetting - I always need interpreter in my appointment. I don't want to complain about a doctor, but this problem it is serious and need to improve”*

*“Was on the phone and I use a hearing aid, and was unable to understand what the person was saying - very difficult situation”*

*“Language is communication ... if you don't have communication, you don't feel safe”*

This report focuses on patient experiences of using **interpreting services** in the county for health and care support and treatment, as well as feedback from professionals who make use of interpreters to support the people they see.


Interpreting services provide support both through foreign language interpreting and Deaf/deaf interpreting, via British Sign Language (BSL), and other means of communication. The report does not focus on *translated materials* for communication.

*“Not being able to communicate well with health professionals can impact on health outcomes, increase the frequency of missed appointments, the effectiveness of consultations and patient experience”* (NHS England, 2018).

Barriers of communication, be it of language, or disability, remain in health and care, and can significantly affect a person's experience of care. For example, a report in 2012 by Action on Hearing Loss, indicated that 28% of people with hearing loss left their GP unclear about a diagnosis, and 19% had been unclear about their medication (Ringham, 2012).

Equity of access to NHS and other services is a fundamental right, embedded within policy including the NHS Accessible Information Standard (2016), NHS Constitution (2012), Health and Social Care Act (2012), and more widely for disabled people under the Equality Act (2010). General Medical Council guidance also states that every possible effort must be made to ensure effective communication with patients. Eight guiding principles underpin an NHS approach to interpreting services for primary care. These principles inform decision making by local commissioners and are based on consideration of equity, access, safety and quality (NHS England, 2018, see appendix).

In Oxfordshire, the main commissioners and providers of NHS health and social care (that is Oxfordshire Clinical Commissioning Group (OCCG), Oxford University Hospital NHS Trust (OUHT), Oxford Health Foundation Trust (OHFT), and Oxfordshire County Council (OCC)), commission interpreting services to support access to care (See Appendix). This includes provision of foreign language and



Deaf/deaf interpreting from a variety of providers (see appendix). Support is offered and provided through a mixture of ways including via phone, video, and face to face, depending on individual need. Each organisation has its own policy and good practice guidance for using interpreting services and provides varied support to service users and training to health professionals to help access and navigate the systems in use.

For commissioned services, provision of interpreter is free to the patient and their family. The provision of services is managed by and paid for the respective NHS Trust. In addition, local, district and town councils have their own arrangements and local voluntary sector providers may make use of interpreting support, on basis of need and funds available.

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## 5 What we did

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In June 2021, Healthwatch Oxfordshire launched **two surveys to gather views on interpreting services** when accessing and using NHS health and care. This focus arose in part from what we heard from local communities and within local meetings, about interpreting services, as well as about a related topic - the lack of accessible information in different languages about health and care, and particularly during COVID-19.

Surveys were provided both in paper form and online, and distributed via local links, health providers, county, local and parish councils, voluntary sector, Patient Participation Groups (PPGS), RNID the national hearing loss charity, Oxfordshire sensory impairment team, and collected with support of local communities themselves.

Information was shared via Healthwatch Oxfordshire news bulletins, social media, local and parish newsletters, on posters, and via local radio. Translated surveys were offered and subsequently provided on request to reach Oxfordshire's Arabic speaking and Chinese communities.

What we heard from the survey and in other conversations was developed into the themes in this report, which is written to ensure people's voices and views are heard. Both surveys were anonymous, and all information provided in this report has the explicit permission of those who took part.

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## 6 Who did we hear from?

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The two surveys aimed to hear the views of:

- people who use interpreters for their health and care appointments and treatment
- health and care professionals who access interpreters for their clients

In all we heard from over 120 people:

- 63 survey responses from users of interpreting services
- 34 from health and care professionals
- 30 additional comments from people through our ongoing conversations with communities

It is important to note gaps in who we reached. Of 63 responses, Oxfordshire Chinese Community and Advice Centre (OCCAC) gave proactive support in reaching 33 members of the Chinese community with the survey. As a result, over half of the responses of service users came from this community and thus had an impact on *findings*. We also did not hear from professionals or users of emergency and frontline services. However, despite this, common themes emerged across all responses and comments, and can hopefully help to shed light on common experiences.

Another factor to note is the impact of COVID-19, which pushed appointments to be via phone or online. This meant that interpreting during this time was often via phone support and not face to face.

34 health and care professionals responded from a variety of organisations including hospital (18), community health services (6), including maternity and mental health services; local authority (3), GP (2) as well as a range of voluntary sector groups. Those who defined themselves as ‘other’ (7) fell across the above categories.

COVID-19 restrictions made it challenging to reach people face to face, and particularly those who may not traditionally pick up on surveys. However, we did hear about interpreting services in our wider work, reaching out to members of specific communities, including Albanians, Syrian and Arabic speakers and those from African heritage, through additional focus groups, conversations and in-depth interviews.

Full demographic data, pictorial graphs and all detailed comments received from respondents in both surveys is provided in Appendix 9.



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## 7 What we heard from users of interpreting services

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### 7.1 Awareness, access to and offer of interpreters

We asked people using services about their **awareness of interpreting services**, how they found out about them, and to tell us if and how they were offered an interpreter.

The majority of the 63 survey respondents told us they had used interpreters during GP appointments (74%) and 41% in hospital. Others told us they had used interpreters for pharmacy, dentist, mental health, social care and community and voluntary service support. Of respondents, 81% had used foreign language interpreting, and 11% British Sign Language.

Information gathered from health and care services indicated the varied ways in which interpreting services are promoted, including via video, leaflets, website information and carrying cards, as well as direct offer at booking. However, when asked **“how did you know you could have an interpreter”** awareness of respondents about this was mixed, indicating there was need for better promotion of this offer. (Note: respondents could pick more than one choice).

Of 62 responses, 70% of respondents told us they had found out via family members, or their local community group (N.B. this being mainly via reliance on the Chinese Community and Advice Centre). 16 % responded that they “did not know” they could ask for an interpreter. 33% also told us they had learnt about the service via a GP (19%), health professional (8%) or receptionist (6%)<sup>1</sup>. Others had learnt via a leaflet, or online.

*“Oxford Chinese Community Advice Centre told me and helped me register with my surgery”*

*“More promotion for interpretation service is needed”*

When asked **if they were offered an interpreter**, responses varied. 40% of survey respondents said they *had* been offered this support. However, 52% told us their either had not been offered, or were “not sure” if they had been offered an interpreter.

*“They know I need interpret they offer every time”*

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<sup>1</sup> N.B. In a survey of 67 GP websites by Healthwatch Oxfordshire in November 2021, 26% have information on access to interpreters. However, information given was varied, not patient focused, and often hidden within other documents. Report available on [www.healthwatchoxfordshire.co.uk](http://www.healthwatchoxfordshire.co.uk)

*“I always have to ask for an interpreter”*

## 7.2 Experience booking and using interpreters

We asked people to tell us **when they were offered an interpreter** in their interactions with health and care services. Of 60 survey responses, 23% told us they were offered an interpreter when booking online or on the phone, 6% at reception, and 28% “during my appointment”, 33% told us “I was not offered an interpreter”.

Comments from other sources indicate some challenges in access, when interpreting support is not always offered.

*“She can’t book with the GP because she can’t speak any English and in the reception they don’t have an interpreter, they don’t offer it at reception, they never do it ...” (Arabic speaking woman)*

*“I cannot do anything without my daughter, it is very difficult, I don’t have English, when you book an appointment in the reception, they don’t provide an interpreter. My husband has long term illness, he always needs an interpreter, sometimes they don’t offer an interpreter” (Arabic speaking woman)*

*“Because we don’t speak good English, when we ask for interpreter they said, “Your English is ok”, but we don’t have enough ... we wonder why they don’t offer interpreter all the time, it is very important to have interpreter, it makes us feel safe” (Arabic speaking woman)*

We asked people about how easy it was to get an interpreter for their appointment. Of 57 survey responses, 35% said it was “very easy”, 35% “not very easy” to get an interpreter. 26% said they “were not offered” an interpreter for their appointment.

*“Usually very straightforward”*

*“I was not able to request interpretation services due to my language difficulty”*

Ease of accessing seemed dependent on setting.

*“The dentist refuses to use the interpreter, which makes it difficult to communicate with him”*

*“Easy in GP, but not easy in hospital”*

We asked people to tell us **how they had received interpreting support** during their appointment. Of 60 survey responses, 56% had received interpreting support via phone, 41% told us they had used a friend or family member, and 30% face to face interpreter (Use of phone was predominant during the survey time due to COVID-19).

When asked about if this was their preferred choice of receiving interpreting support, 50% of responses told us it was their preferred choice, 22% said “no”, and

26% were “not sure” (of 53 respondents). However, additional comments indicated that there was a strong preference for use of face-to-face interpreting.

*“I prefer face to face interpretation”*

*“Face to face communication would be much easier to understand”*

### **7.3 Quality of interpreting support**

We asked people to tell us about the quality of support received; what worked well and what was difficult.

Overall people told us they were happy with the quality of interpreting support they received. Of 47 survey responses to this question, 74% said support was either “excellent, very good or good”. 24% said the support was “okay” or “poor”. Comments about what worked well, indicated that good interpreting support enables a patient to feel safe, respected, and understood

*“He understood how I was feel and what want to say in that time”*

*“interpret helped me understand better”*

When asked about what made using interpreters difficult, responses indicated challenges in understanding, accent of interpreters, and difficulty with medical concepts, and trust of interpreters.

*“Sometimes he expresses what he thinks more than my thoughts”*

*“Although rare, sometimes the interpreter struggles with explaining certain concepts (usually with regards to legislation) - either because of their own understanding or the lack of translation for it”*

*“The difficulty of hearing the interpreter’s voice clearly, the communication was bad, all the interpreters do not have any experience with medical terminology, and they failed to communicate important information to the patient or it was communicated in a way that is different from the true meaning”*

*“Accent some time we can’t understand”*

*“I feel anxious talking to strangers”*

*“I am worried to let a stranger know my personal details”*

### **7.4 Impact on experience of care**

Being able to communicate is essential to a sense of trust and care, particularly at times of vulnerability.

*“I had heart operation having interpret was very useful and reassuring”*

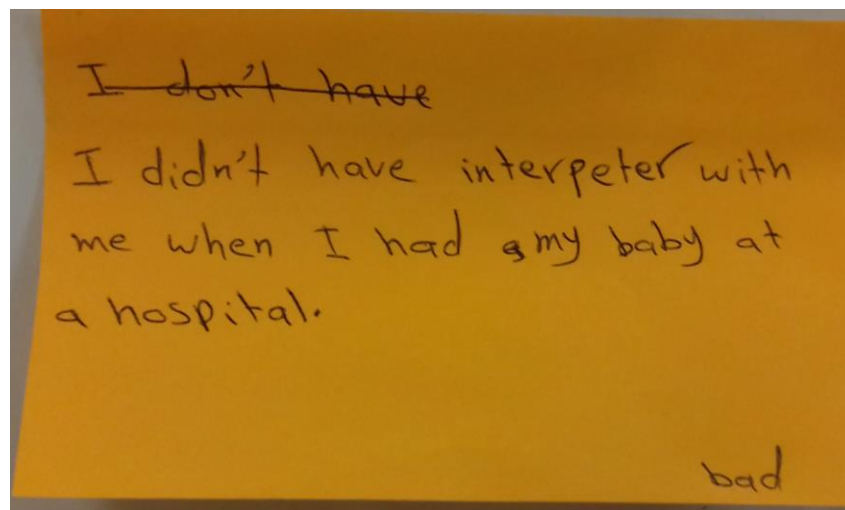
Language barriers, or lack of interpretation support, for some impacted on their feeling of safety and security when interacting with health services and their care:

*“I felt awful and insecure at hospital (without an interpreter) ... it is extremely hard to use NHS without language” (Arabic speaking woman)*

*“I felt doctor did not understand my situation because of language I felt very angry” (Arabic speaking woman)*

*“When I came here the language it's really hard to talk with other people. When I go with the midwife how I explain to her because my husband is work and me alone, I use my finger. I wish somebody to support me to help me with her and explain but she's really can't do keep support me. Can I show her what does I have pain?”*

*“I had my little boy in lockdown, it was strange, everyone was very careful, they did not let me stay in the hospital. I did not have an interpreter with me when I had my baby”*



## 7.5 Using family members to interpret.

Using family members for interpreting during support from health and care services is actively discouraged under NHS guidance, for reasons of safeguarding, confidentiality, and understanding within often complex medical processes<sup>2</sup>.

However, in practice, use of family members remains common. Of service users, 41% (25 of 60 respondents) told us that they used a friend or family member to interpret during their care. Of professionals, 39% (13 of 33 respondents) told us that they made use of friends or family members to interpret during their consultations and care. The reasons behind this are nuanced, and involve issues of patient choice, convenience, and speed.

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<sup>2</sup> See: [Language interpreting and translation: migrant health guide - GOV.U.K. \(www.gov.U.K.\)](https://www.gov.uk/guidance/language-interpreting-and-translation-migrant-health-guide) Where language is a problem in discussing health matters, [NHS England](https://www.nhs.uk) guidance stipulate that a professional interpreter should always be offered, rather than using family or friends to interpret.

## 7.6 Accessing health and care

Some service users described dependence on family members or community support for accessing health services.

*“It is not easy to book an appointment with the GP, my daughter always books for me. Going to the GP is difficult” (Arabic speaking woman)*

*“My English very poor. I tell on the Chinese Centre Advice to book appointment with interpretation for me”*

*“I arrived in 2017 ... without any English courses I cannot book an appointment, I use my community to help with that, and I have a card to show to the GP saying I need an interpreter ... but without my community I cannot get to the GP ... I need to ask someone to contact the GP for me” (Arabic speaking woman)*



Card distributed by OCCG for patients to use


*“The older generation are very much dependent ... on younger people to translate for them, when they go to receive services from the NHS ...” (Albanian man, 40’s)*

*“At the beginning my husband was with me every time, and he helped me ... I had some essential English ... my husband translated for me” (Albanian woman)*

## 7.7 Preference for using family support

Some service users told us that they preferred using family members to interpret during their care, for reasons of trust, confidence and feeling of safety. They would like the choice.

*“Yes, I felt very sad that I was initially not allowed to ask my daughter to interpret who was already with me at the appointment. In the end after the failed interpretation on the phone it was my daughter who helped me in the end”*



*“I arrived at my appointment with my daughter who is aware of my health issues, and I was forced to have an interpreter because the medical professional explained that my daughter was not allowed to translate for me. This made me feel extremely uncomfortable because my daughter knows my medical history and I can understand what my daughter is saying. In the end it was my daughter who had to interpret as I was not able to understand the interpreters”*

Some noted that they felt more confident with support of a family member, than speaking with a stranger about personal issues.

*“I sometimes don't feel comfortable telling the interpreter about my health condition”*

*“Having the options of using my own interpreter my family member as I am more confident with disclosing personal information to, rather going through a stranger”*

## **7.8 Difficulties of using family members to interpret**

Others noted that relying on family members was not always easy, and not necessarily a choice. Some felt they did not want to bother busy family.

*“I wish I could use an interpreter instead of bothering my daughter she is too busy”*

Some noted concern that family members providing interpreting do not have good understanding of either English, or their family member's mother tongue, to be able to provide accurate information,

*“My doctor asks if I can go to the GP, he said I need to bring interpreter with me; my daughter was busy, my son in law went with me. When we went doctor used my son in law as interpreter, he doesn't speak good English. We tell doctor he doesn't have enough English. But he said he is ok. I felt doctor did not understand my situation because of language”*

*“My son understands what the doctor was talking about, but found it difficult to explain for me in Cantonese”*

*“I prefer an interpreter because sometime my son may not understand medicine and misinterpreted”*

## **7.9 Health professionals' views on using family members to interpret.**

Health and care professionals also gave their views on making use of family members to interpret. Again, this involved issues of patient choice, convenience, availability and time.

*“We try to discourage partners or friends interpreting for the patient, but sometimes the patient only wants their family member/friend to interpret”*



*“Family members becoming offended by using translation service rather than using them to communicate”*

*“I have witnessed NHS staff advise patients that friends and family are not allowed to be used as interpreters, this has been not an easy watch, especially when the patient is elderly and has a trusted family member with them”*

For some using family members was seen as more effective,

*“Though we are not supposed to use family members, I find that if it is not sensitive material (domestic Abuse etc.) and the woman is happy to do so, it is often much more effective and functional to use family members, as they may already have children or given birth in the UK, which really helps”*

Others made use of family, when interpreters were not available, or when the language was uncommon and difficult to source.

*“Friends/family - tend to avoid using this but there are some languages where it can be very hard to find an interpreter who speaks the language/dialect needed, or if unaware ahead of the appointment that an interpreter might be needed.”*

*“Absolute is used for Tetum but rarely is there an available translator. Then family members are used which is not very acceptable”*

However, others were concerned with the issues of safety and confidentiality.

*“GP staff are happy to encourage patients who have no English to use family members or friends to translate for them for making appointments and hospital/doctor appointments without knowing how good their quality of English is. They don't know if they are indeed who they say they are or whether there could be issues of exploitation going on. It's extremely unethical but endemic in our GP surgeries, opticians and dentists”*

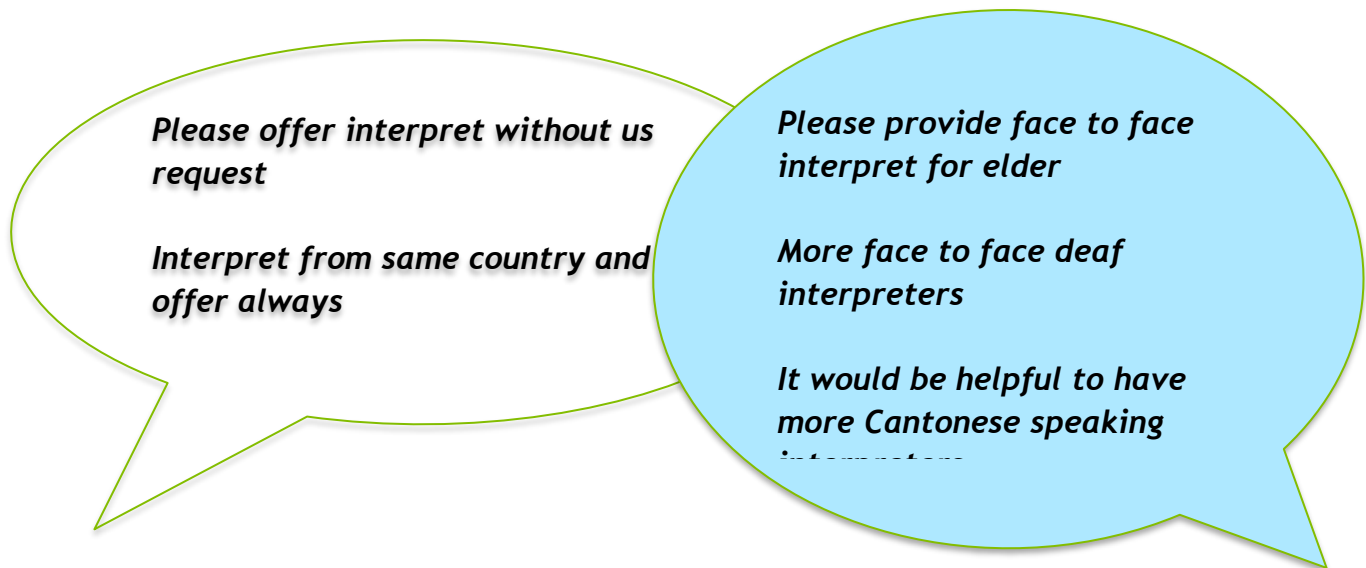
*“Data protection issues using relatives /friends - we don't know if they are conveying our questions correctly and when it comes to non-speaking Asians and contraception and other non-English speaking individuals whose families hold religious views on contraception, I have my doubts especially when working in Oxford”*

## **7.10 What improvements could be made?**

People who used interpreting services were able to make comments about what improvements could be made. Comments indicated that interpreting services should be:

- Better promoted and advertised so that those who need support are aware of the offer
- Always offered, without having to ask or request

- Be offered by health professionals who have the training in making best use of interpreters, and from interpreters who are able to understand and interpret medical terminology, and can listen and respect
- Be able to have the choice to use family members, or have clear explanation as to why this is not advised
- More availability of interpreters, for some services, and languages, as well as face to face support where needed, for example for d/Deaf service users, or older members of the community



*“Just be patient to deliver the information, give long time to listening and repeat the questions more to get right answers”*

*“Having the options of using my own interpreter my family member as I am more confident with disclosing personal information to, rather going through a stranger”*

*“Please provide interpreter for social care services I really struggled when interpreter was not provided. Chinese community help me but it is hard for them due to lack of funding”*


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## 8 What health professionals told us

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The separate online survey for health and care professionals received 34 responses, representing a mix of statutory and third sector views. Appendix 9 provides the full survey responses including graphic information about organisational affiliation, languages and formats accessed, how interpreters have been used, and service





provider, giving comments and responses to each question. It also highlights where gaps were identified in provision of interpreting for some less common languages, for example Tetum.

Rather than present the entirety of data, this section will briefly pull-out key themes and point towards where we were told things are working well, or could be improved for professionals and services using interpreting support.

## 8.1 Brief overview

Responses showed that overall, health and care professionals were satisfied with the quality of interpreting service support they received, but comments also highlighted some areas for improvement. Of 34 responses, 78% told us quality of service was either “Excellent”, “Very good” or “good quality”. 20% told us it was “ok”.

*“The female interpreters from Language Line are usually amazing. They interpret wonderfully and are skilled at phrasing the question differently if the woman doesn't understand. They have a good medical/gynecological vocabulary and are friendly & compassionate whilst remaining professional”*

When asked about the booking and administration process, of 32 responses, 25% said it was “very easy”, 56% “quite easy”, and 18% “not easy”. Barriers faced by health professionals offering interpreting support included, 32% commenting it “takes too much time”, and 32% said they “don't have the right equipment”. Other reasons included, “don't get enough notice” (29%) (31 responses).

Themes picked out below reflect some of the comments made.

## 8.2 Factors affecting quality of interpreting service and support

Whilst comments about quality of support were positive, they also indicated some areas of improvement. These focused around availability of interpreter for appropriate languages, dialect, and gender, as well as training and professionalism, and reliability. Cost was also noted by those from the voluntary sector.

### Availability of language, dialect or gender

*“We use so many telephone interpreters it's impossible to answer this question. Quality ranges from excellent to poor. Sometimes the woman just can't understand the interpreter, particularly if it's the wrong dialect or the wrong countries Arabic”*

*“The interpreter for the language you need cannot be reached, the interpreter has poor connection, interpreter speaks same language but different dialect”*

*“Ok if it is a common language. Difficult if it's a dialect or uncommon language. Sometimes when I specifically ask for a female they will provide a male without warning me”*

## Training professionalism and accuracy in use of interpreting service

*“Usually very good, rarely poor but I have ended the telephone conversation and requested another interpreter via Language Line and this has been facilitated”*

*“It varies significantly in their level of training and professionalism. It doesn’t help that a lot of the services they interpret for have no training themselves in how to use interpreters and so encourage bad interpreting behaviors, by talking to the interpreter instead of the client, talking too much in one go, asking the interpreter to summarise or only interpret parts of what is being said, rushing the meeting when double the time of a normal meeting should be given. Interpreters and interpreting when done correctly should be to create an environment where the interpreter doesn’t seem to be there and they should just be a parrot, repeating what each side says, which is spoken directly to one another, only asking for clarification”*

*“There is also no way of knowing if what the interpreter is relaying to a client is correct. There have been a number of instances where there’s been misinterpretation which have only been found out long past the initial appointment”*

## Reliability

*“One of biggest frustrations has been arranging appt time with patient and booked interpreter only to find latter unavailable when consultation starts. Has happened in around 5 consultations in past 6months. Feedback to provider- all we get is “an apology” and to try again for future appt”*

*“Myself and other colleagues have had more face to face interpreting appointments cancelled last minute/day of than we have had interpreters actually show up. It would be good to have more confidence that these appointments will be upheld”*

*“Not have face to face interpreters cancel the morning of an appointment without a replacement”*

## 8.3 Booking process and time

Whilst most professionals noted booking was easy, they also noted barriers with administration processes.

Ability to provide spontaneous, faster responses and support for example in emergency settings, did not always meet the needs of the situation.

*“Booking is okay in ‘appointment’ settings, where meetings are arranged in advance. However, if ad hoc or emergency meetings take place, the provision is limited to mobile interpretation which is not ideal”*

Planning ahead was sometimes difficult,

*“Making it easier to book interpreters. Knowing ahead of time if someone needs interpreting to accommodate the time necessary”*

*“Booking an interpreter through HITS or Absolute interpreting is a nightmare because it requires advanced booking and 9 times out of 10 when the appointment time comes around either the interpreter is not available or the woman DNAs!”*

*“Calling up on the day to language line has always worked well, but not for languages where there aren't many interpreters. For these we book them in advance, but it can be difficult to get them confirmed as the booking has to go through your manager before it can be accepted or you may not be carrying out the appt and booking in advance for another clinician”*

32% commented that “**not enough time**” was a barrier to them offering interpreting support, particularly in busy schedules.

*“Double appointments needed, can be very difficult to incorporate in a busy clinic if all the appointments are needed, especially if you do not know ahead of time that they require interpreting services”*

*“Adds more time to an appointment especially if waiting for an interpreter to become available”*

*“It's safer to use translation but time consuming due to a three way conversation”*

*“Takes more time which can cause delays with the next patient”*

## 8.4 Frustrations with equipment and technology

Responses from the **hospital sector** indicated some frustration over use of equipment - reach and signal, ease of use, training and operation, for supporting interpreters. Whilst much progress has been made in some services, for example in providing headsets for maternity services, comments indicated there are still some improvement to be made.

*“Often the interpreter can't hear very well. Sometimes the headsets don't reach to certain areas. Easy to contact and generally able to speak to interpreters quickly”*

*“Good interpretation service. Bad equipment with the headsets not working/not reaching certain area*

*“Challenges- sometimes connected to interpreter from overseas- time lag apparent on telephone which can be frustrating for all parties”*

*“Labouring women are not able to use phone headsets effectively”*

*“In maternity- using telephone interpreters is a challenge in labour (headsets are not practical, challenges with cleaning etc.)- tends to be more reliance on birth partner/family member to interpret if they are already with the woman”*

*“Very often find headsets for language services aren’t working which delays use (this has been noted in several areas around maternity). Using phone on loudspeaker for telephone interpreter is much easier”*

*“The wireless equipment provided by the hospital can sometimes be out of range depending on the patients room location, The equipment is difficult to setup and doesn't always work right- which is not ideal for emergencies or time limited procedures, the equipment does not offer solutions for emergencies, some patients prefer to use their family members as interpreters rather than strangers on the phone-especially for sensitive discussions, another member of staff can interfere with the docking station- ending the whole conversation, otherwise equipment, equipment, equipment”*

*“For acute clinical areas e.g. labour ward, some innovation for portable easy to clean telephonic equipment would be immensely helpful”*

*“Simplify the equipment, help with access during emergencies”*

*“Call quality poor at times, sometimes interpreters not available, calls drop out and lose interpreter...”*

## **8.5 Safety, trust and rapport**

Comments highlighted some of the nuances of using interpreters with patients, particularly those in more vulnerable positions, for example in mental health settings. Working to interpret requires skill, sensitivity, awareness, time and understanding on the part of both health and care professional, and interpreter.

*“It has helped me to hear from interpreters about “soft communication” aspects for example BSL use can look sharp/ angry but the interpreter can say that the person was sad and fearful with no anger, or say if there was idiosyncratic signing communication” (ASC or psychotic possibilities)*

Building trust, and person centred approach was essential, for example when working with vulnerable women,

*“With face to face, sometimes physical presence can inhibit discussion (I have seen some women become very self conscious even with female interpreter-as some of discussions are around reproductive health matters/genitals- seems easier when don't have to see the interpreter. telephone sometimes easier)”*

*“Some women who have fled honour-based violence- fearful that interpreter not to be trusted (e.g. Kurdish women) despite assurances re. code of conduct/confidentiality”*

*“When working with vulnerable clients it can be difficult working with an interpreter you and the client have just met, without time to build rapport or trust. 2) Some interpreters are not used too or trained in working with vulnerable individuals where trust and relationship building are absolutely vital to ensuring effective communication”*

*“I’ve had some good experiences, but this has primarily come through trained volunteers in which a working relationship and understanding has been built, over time, between professional, client and interpreter. A vast amount of communication is reliant on body language and context. This is lost in phone interpretation and face-to-face interpretation when the interpreter is new. Clients may also be uncomfortable with speaking to someone they don’t know”*

For d/Deaf service users this trust and rapport was also essential, as well as consistency,

*“For sensitive case work it is better to have consistency in interpreter, the first 10 minutes with a new interpreter is spent with the interpreter gauging the language level and style of the Deaf person. New interpreters each time can be anxiety provoking for a Deaf person”*

**Gender issues** also came to the fore, in building trust, where provision of same sex interpreter could be key, but not always available or provided.

*“Sometimes interpreting services are unable to provide us with a female interpreter”*

*“Very rewarding when I can get a woman interpreter that the woman understands. Really enables her voice to be heard.”*

*“Challenges - when the interpreter is a male. Not only lack of understanding of pregnancy & childbirth but also reluctance on the woman’s part to engage with a strange man over the phone (not only, but mostly Muslim women)”*

## **8.6 Suggested improvements**

**Better promotion and understanding within services, including within training and contract management,**

*“The issue of interpretation/translation also needs to be brought into any safeguarding training provided across the U.K. Including OSAB”*

*“Online booking, more video interpreting so interpreters can see text and translate”*

*“Contact all Primary Care Networks to discuss”*

*“Training needs to be provided with all service providers that have interpreting facilities built into their service contract and they should be proactively advertising this to clients. The actual process is very simple - I use it everyday - and the more they become accustomed to it, the easier they'll find it”*

### Promotion for the public

*“Accessible publicity materials (translated videos etc.) need to be made for the public so they are aware of their right to interpretation”*

### More availability of interpreters for less common languages

*“Recruit more of the uncommon language speakers: Tetum, Indonesian Bahasa, Hazaragi, Dari”*

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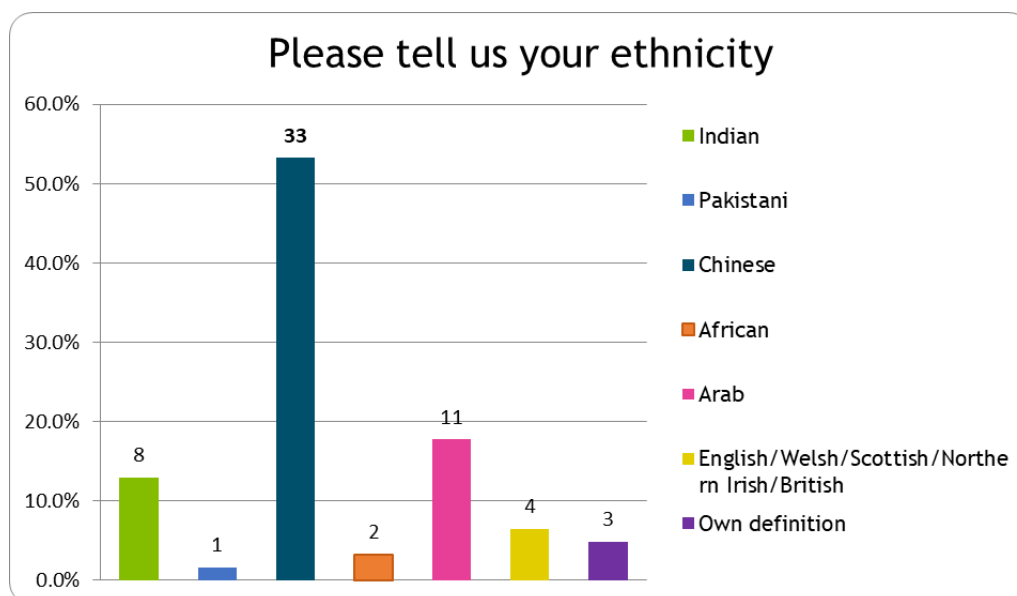
## 9 Appendix

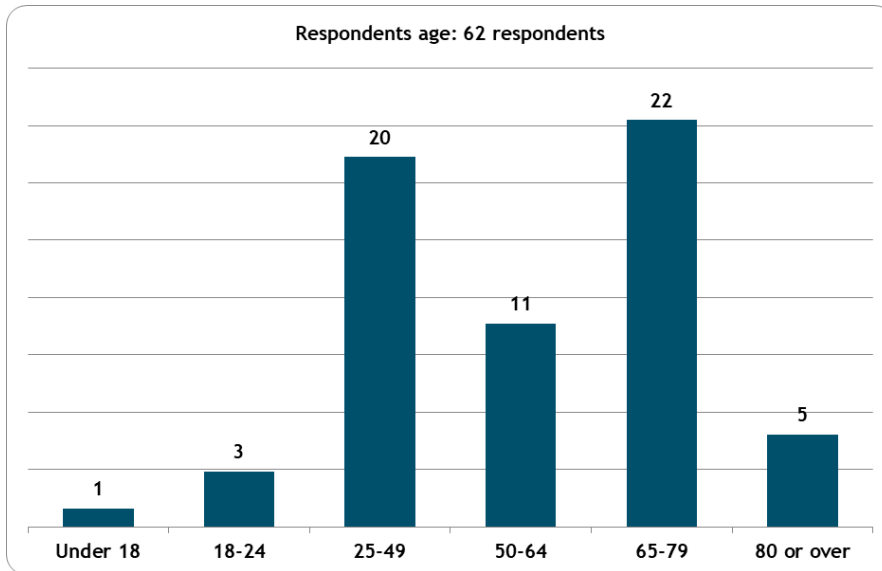
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### 9.1 Summary of survey responses from people who access interpreters

N.B. Survey responses are influenced by high number of respondents from Chinese communities (33 of 63 responses)

Respondent profile: Age and ethnicity (62 responses)

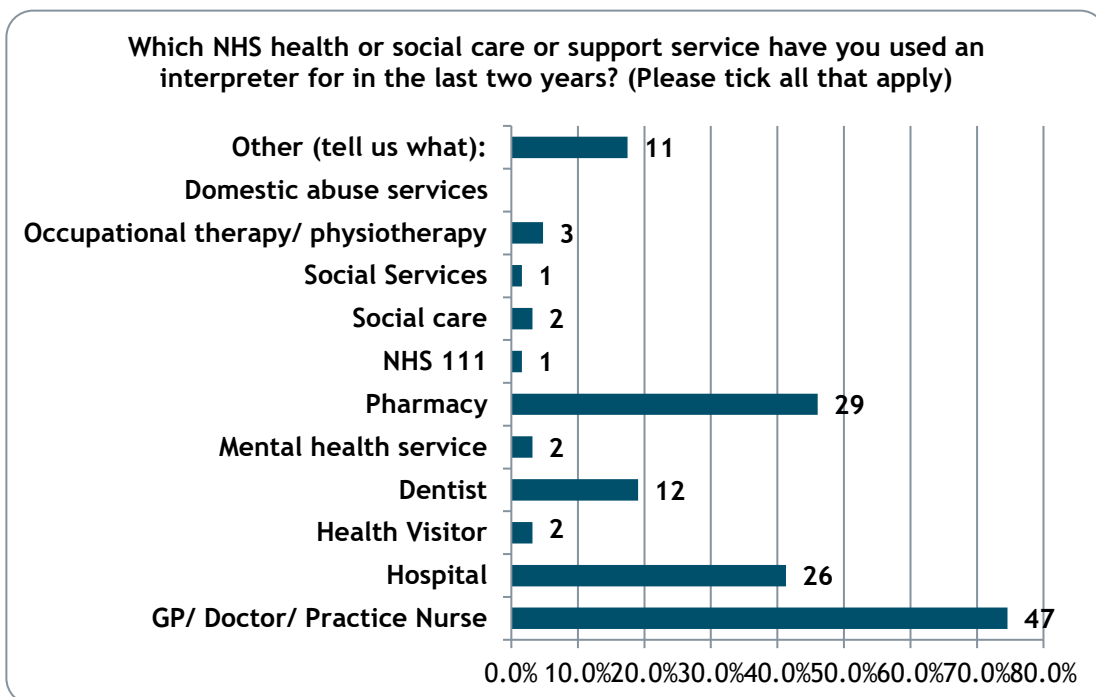




Gender: 42 women, 18 men and 1 ‘prefer not to say’.

Postcode representation: 23 from OX4, 5 OX14, others: OX3, OX11, OX15, OX26, OX28, OX41, OX44.

**Q3. Which NHS health or social care support service used interpreter for? (63 responses)**



**Further comments:**

*“Recommend by doctor”*

*“My company used to supply interpreters for overseas patients”*

*“Supported accommodation”*

*“I use an interpreter service for work”*

*“Social Prescribing”*

*“In person at a TAF meeting”*

*“Optician”*

*“Most reliable patients realise if they don't speak the language of the country they live in, they must make other arrangements”*

*“I've family issue problems and I need some help from social services to help and support”*

*“Used the service for Young Person to speak to his solicitor”*

*“We use Big Word and Sign Lingual to allow residents access to our services, irrespective of their understanding/accessibility of the English language”*

*“Prefer face to face”*

*“Excellent I was taken care”*

#### **Q4. What interpretation support did you need?**

Of 60 responses the following support was used:

- Language interpretation 82%
- British Sign Language 12%
- Other (various) 6%
- ‘Other’ comments included use of Arabic, Kurdish, Cantonese, Mandarin, and British Sign Language interpreters.

#### **Q5. Were you offered an interpreter for your appointment?**

Of 62 responses: 25% said ‘yes’ they were offered an interpreter, 12% ‘not sure’, 40% ‘no’, 6% ‘other’

*“Only if I ask for one”*

#### **Comments included:**

*“Yes. Sometimes I'm ask to provide interpreter to explain more”*

*“They know I need interpret they offer every time”*

*“Interpreter through a telephone call”*

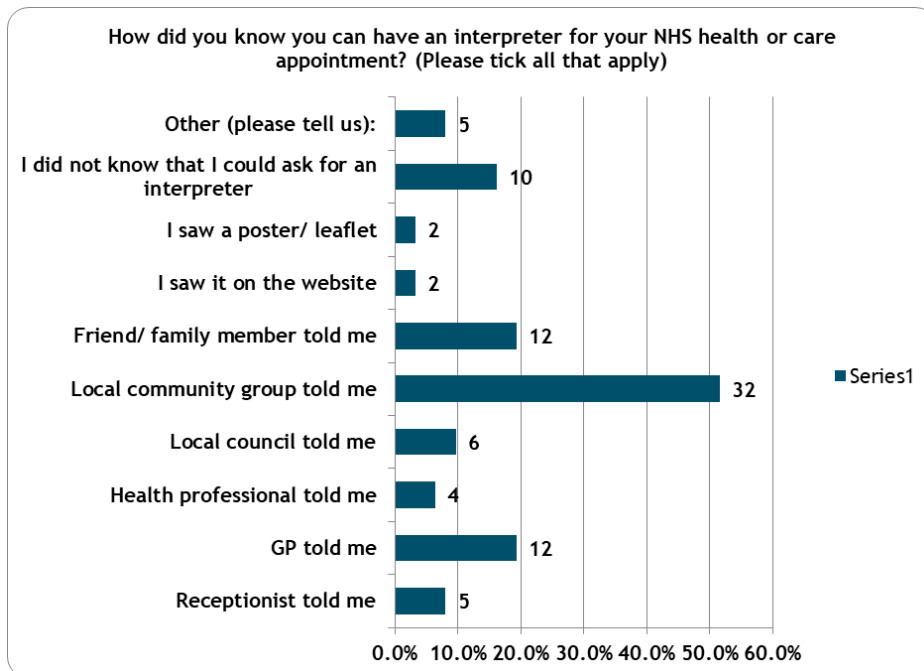
*“The Sign lingual interpreter I used recently called me. He had been contacted by a member of the public wanting to access our services. With regards to Big Word, I contacted this service for a customer who only spoke Arabic as she was struggling to understand me”*





- “The advice worker at Oxfordshire Chinese”*
- “My son interpreted for me”*
- “No interpretation for pharmacy and social care”*
- “Chinese community help me to book an interpret”*
- “Some time my friend helped me”*
- “My son help me most of the time”*
- “Telephone interpretation was provided sometime”*
- “My daughter help me”*
- “I really used NHS but I used the interpretation services long time ago. if i need to go to the hospital I wish to have a Cantonese”*
- “My daughter help me sometime”*
- “My husband normally help me”*

**Q.6. How did you know you can have an interpreter? (62 responses)**



*“Every time I phone for an appointment, even though I am sure I sound as if I speak English, I am automatically offered an interpreter. We do out of our way to do this, yet NO other country in which I have lived is so accommodating”*

*“Yes, GP told me about this service especially in hospital appointments”*

*“We advertise these services on our website, but some residents (for Big Word) are not aware until we suggest using them. Others use them regularly even though they can speak and understand the language very*

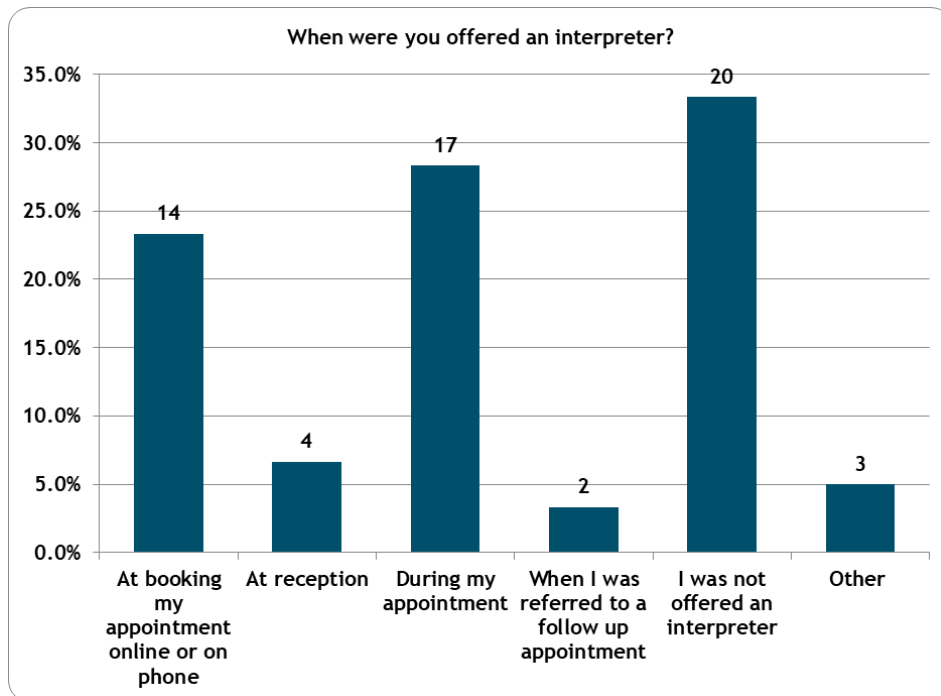


*well. This is a real shame, as due to the cost involved, their actions could prevent others having access to the service going forward”*

*“Have used service before”*

*“Oxfordshire Community and Chinese Advice Centre told me”*

**Q7. When were you offered an interpreter? (60 responses)**



Comments included:

*“Yes, during my appointment because sometimes need to know more information”*

*“Solicitor meetings”*

*“We are usually contacted direct by Signlingual as the customer goes to them first. Alternatively, if an operator establishes the need for either service, we will contact them whilst the customer is on the phone to us”*

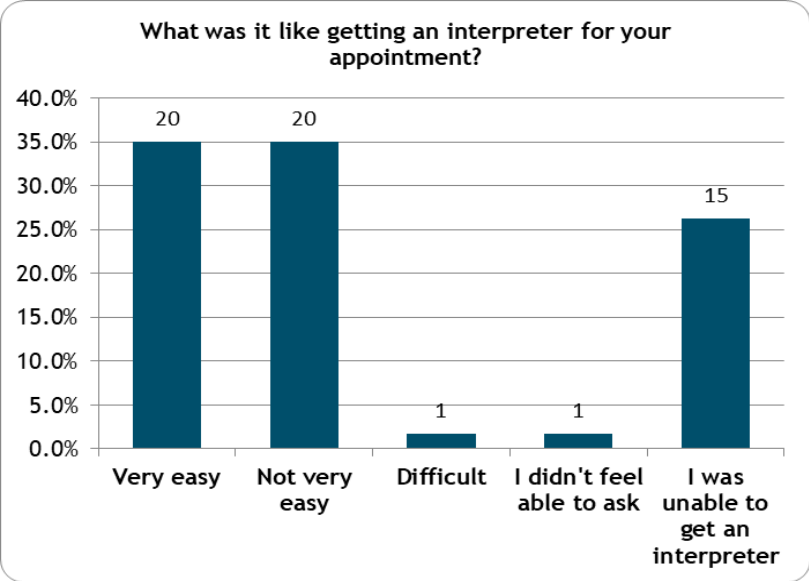
*“I was given a choice of a video interpreter or face to face interpreter for my home visit appointments by one service; but the others offered only video interpreter as you can book these sooner”*

*“I prefer an interpreter because sometime my son may not understand medicine and misinterpreted”*

*“The hospital arranged an interpreter for me when I arrived and they told me my husband cannot be my interpreter”*



**Q.8 What was it like getting an interpreter for your appointment? (57 responses)**



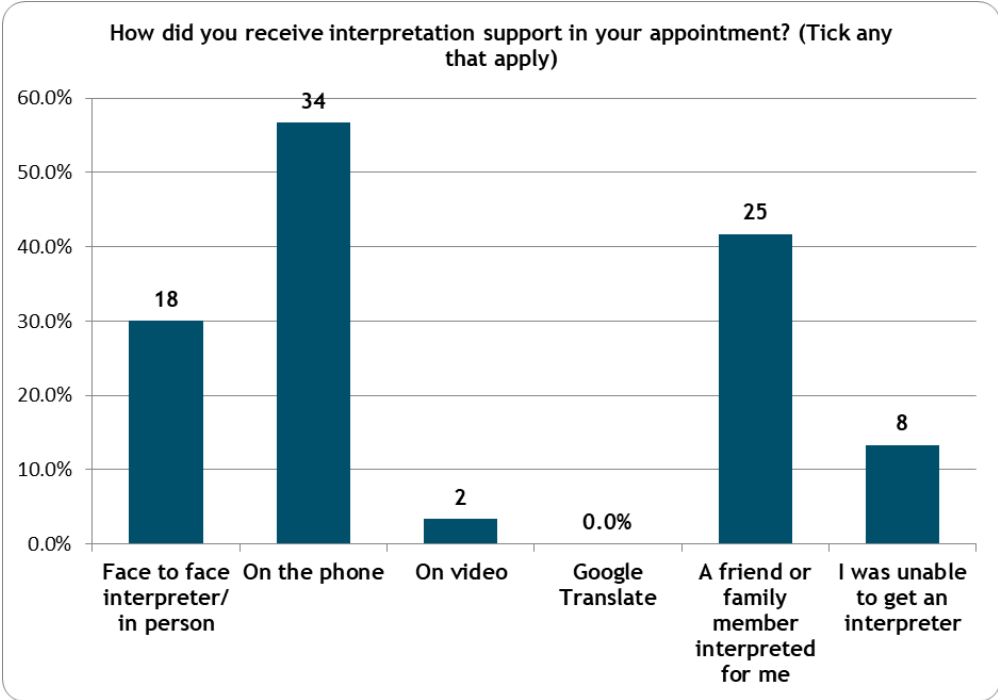
**Comments:**

- "Just help me to get all the information and support me to deliver all the massages"*
- "On recent occasion easy through solicitor"*
- "Previously for key working also easy."*
- "Usually very straight forward"*
- "The dentist refuses to use the interpreter, which makes it difficult to communicate with him."*
- "I don't like video interpreters it is not the same when you are deaf"*
- "Easy in GP but not easy in hospital"*
- "Easy in GP but not some place is difficult"*
- "Easy in GP not in hospital"*
- "Didn't need"*
- "I was not able to request interpretation services due to my language difficulty OCCAC help me"*
- "Some time I cannot hear it clearly by phone"*
- "My daughter interpret"*

One person commented on the long wait for a face-to-face interpreter.



**Q9. How did you receive interpretation support at your appointment? (60 responses)**



**Comments:**

- “Body language is good way to get the information”*
- “Since Covid-19 every time on the phone”*
- “Help with interpretation can be given in a number of ways, but despite the cost, Big Word and Sign lingual are the most efficient”*
- “I always prefer face to face”*
- “In covid time no face to face”*
- “No face to face at the moment”*
- “My English very poor. I tell on the Chinese Centre advice to book appointment with interpretation for me”*
- “My daughter helps me” (3 respondents)*
- “My daughter in law help me most time”*
- “I arrived at my appointment with my daughter who is aware of my health issues, and I was forced to have an interpreter because the medical professional explained that my daughter was not allowed to translate for me. This made me feel extremely uncomfortable because my daughter knows my medical history and I can understand what my daughter is saying. In the end it was my daughter who had to interpret as I was not able to understand the interpreters”*

## Q 10. Was the way you were given support your preferred choice?

When asked about if this was their preferred choice of receiving interpreting support, 50% of responses told us it was their preferred choice, 22% said “no”, and 26% were “not sure” (of 53 respondents).

### If it was not your preferred choice tell us more.

*“None of the above”*

*“Because make the communication easy and quick”*

*“No choice due to Covid”*

*“Prefer face to face” (7 responses)*

*“I wish I could use an interpreter instead of bothering my daughter she is too busy”*

*“I prefer face to face interpretation”*

*“I prefer interpret rather than bothering my daughter”*

*“I wish I could use an interpreter”*

*“To have my daughter explain things to me, who is already aware of my health issues and needs”*

## Q.11. Quality of support received (47 responses)

*“He understood how I was feel and what want to say in that time”*

*“Very helpful”*

*“Both recent examples were very good”*

*“Sometime the phone signal is weak”*

*“My son understand what the doctor was talking about, but found it difficult to explain for me in Cantonese”*

*“It help me understand more”*

*“Was on the phone and I use a hearing aid, and was unable to understand what the person was saying- very difficult situation”*

## Q 12. What worked well using an interpreter (31 responses)

*“Make good communication between me and other”*

*“Make feel safe”*

*“Help me understand my problem I do not speak English I have a lot off health problem”*

*“Everything”*

*“The young person had understanding”*

*“Using an interpreter removes any embarrassment for the customer if they are using family or friends, it avoids children having to understand, discuss and worrying about things that really shouldn't concern them at a young age and it removes ambiguity both ways when relaying information”*

*“The delivery of information to the doctor was fast”*

*“It was very useful I understand my situation”*

*“Comfortable let us know to help”*

*“Let us understand what we have”*

*“Understand our problem”*

*“Made us aware about our problem”*

*“Help me understand better”*

*“I understand better what doctor was talking about”*

*“Understand better with interpretation”*

*“My interpreter was very patient”*

*“Understand better”*

*“I prefer face to face” (x 3)*

*“Interpret helped me understand better”*

*“Direct interpretation with gesture”*

*“I can understand and easier to ask question”*

*“Interpretation helped me understand better”*

*“Face to face communication would be much easier to understand nothing”.*

**Q.13. What was difficult using an interpreter? (29 responses)**

*“Sometimes he expresses what he thinks more than my thoughts”*

*“Some time it is different accent”*

*“The process is obviously slower”*

*“Although rare, sometimes the interpreter struggles with explaining certain concepts (usually with regards to legislation) - either because of their own understanding or the lack of translation for it”*

*“The difficulty of hearing the interpreter's voice clearly, the communication was bad, all the interpreters do not have any experience with medical terminology, and they failed to communicate important information to the patient or it was communicated in a way that is different from the true meaning”*

*“Accent some time we can't understand”*

*“Accent” (x 4)*

*“It was difficult to hear interpreter some time”*

*“It is not easy to understand the interpreter when they are in the call”*

*“I cannot hear well sometimes”*

*“I feel anxious talking to strangers”*

*“The appointment took longer than with interpretation”*

*“Telephone interpret is difficult for me”*

*“I am worried to let a stranger know my personal details”*

*“I have hearing difficulty by phone is not easy for me”*

*“My son cannot speak Cantonese very well and cannot read Chinese”*

*“I sometimes don't feel comfortable telling the interpreter about my health condition”*

*“Not understanding them”*

**Q.14. What suggestions could you make to improve interpreting support? (34 responses)**

*“Just be patient to deliver the information, give long time to listening and repeat the questions more to get right answers”*

*“Training the interpreter”*

*“In every services should have interpreters”*

*“Always offer interpreter”*

*“They do a great job, but possibly have a greater understanding of the services we provided and an overview of the rules and regs. Maybe complete a basic Revs and Bens course if they are going to be dealing with such calls”*

*“Choosing interpreters who have experience with medical terminology or giving the interpreter an idea of the diseased condition before calling at least 10 minutes, so that he can see all the terms accompanying the case. Sometimes the literal translation leads to the deviation of the meaning, so it is necessary to reformulate the sentences correctly before transferring them to the other party”*

*“More face to face deaf interpreters”*

*“Interpret from same country and offer always” (x 4)*

*“Training interpreter”*

*“More experienced interpreters”*

*“It would better to have face to face”*

*“Please provide face to face interpret for elder”*

*“I wish to have face to face interpreters”*

*“face to face for elder”*

*“It would be helpful to provide assistant to help with special needs”*

*“It would be helpful to have the same interpreter for my appointments”*

*“better to arrange an interpreter every time when I book an appointment”*

*“Please more (?Mandarin) speaking”*

*“More promotion for interpretation service is needed”*

*“MORE PROMOTINION AN INTERPRETIATION Service please”*

*“Hire more interpret”*

*“It would be helpful to train more qualified Chinese interpreters”*

*“Please offer interpret without us request”*

*“Having the options of using my own interpreter my family member as I am more confident with disclosing personal information to, rather going through a stranger”*

*“I felt very unease talking to a stranger”*

**Q 15. Any other comments about your experience of using interpreters?**


*“I speak English language, I have never experienced any difficulty with NHS or across the board”*

*“With my experience in supplying interpreters for medical appointments, I would say that we are unique in Britain. I have even had people tell me “We chose to come to Britain because unlike Canada and USA you don't demand that we learn your language. Whilst the NHS is strapped for cash, we must look at cost of interpreters, and perhaps tell patients that they have to bring a family member to do this, as they do in other countries. When I lived in Europe, if I needed to have a medical appointment it was taken that I either spoke the language, or would bring an interpreter with me for which I would pay. Here in Britain, many of the interpreters who do this work say they frequently turn up at the hospital, only to find the patients hasn't bothered”*

*“I had heart operation having interpret was very useful and reassuring”*

*“If the interpreter knows the user is fully understanding of the language, they should say that and suggest ending the call. This isn't a cheap service and it should be reserved for those customers who really need it and rely on it to obtain access to the help that's available”*





*“It would be helpful to have more Cantonese speaking interpreters”*

*“My daughter works full time. I prefer to use an interpreter if someone can understand my dialect not standard mandarin”*

*“Please hire more Chinese health professionals to help an elderly and non English speaking like me”*

*“I am completely lost without my daughter help”*

*“My daughter is really busy but I have to rely on her to interpret for me as I do not understand any English. It would be good to have more Chinese health professionals”*

*“Hire more Cantonese speaking staff”*

*“Please provide interpreter for social care services I really struggled when interpreter was not provided. Chinese community help me but it is hard for them due to lack of funding”*

*“It would helpful to hire more doctors who know multiple language”*

*“OXFORDSHIRE Chinese community and advice centre recently helped me register my need for a Mandarin speaking interpreter with my surgery”*

*“More multilingual healthcare professional”*

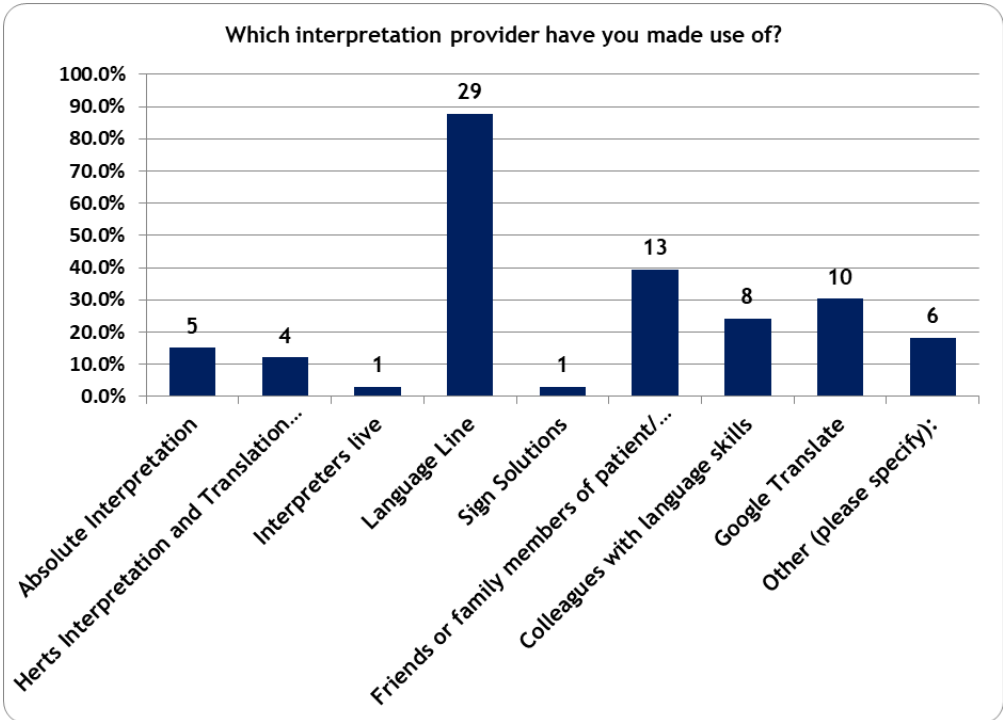
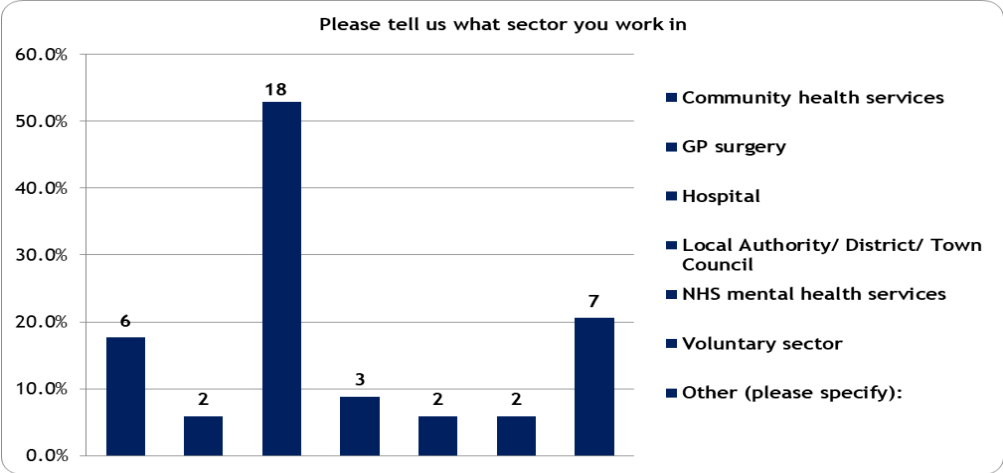
*“Please promote NHS interpreting service my daughter was not offered the interpretation service”*

*“Yes, I felt very sad that I was initially not allowed to ask my daughter to interpret who was already with me at the appointment. In the end after the failed interpretation on the phone it was my daughter who helped me in the end”*



## 9.2. Survey summary responses from health and care professionals

### Q 2. Organisational sector of health and care professionals (34 responses)



### Q.4. Which interpreting provider have you made use of? (33 responses)

Comments included:

Language Line:

*“We use Language Line on headsets”*

*“Often I’ll use Language Line, which is usually very helpful. We try to discourage partners or friends interpreting for the patient, but sometimes the patient only wants their family member/friend to interpret”*

*“Language Line is preference and meets our guidelines. If Language Line are unavailable, I have at times used a colleague or a friend/family member but this is not ideal”*

*“Language Line used over the phone for both telephone and in-person appointments”*

*“Language Line used to be instant and efficient but no longer”*

*“I am a Community Midwife and sometimes use Language Line when caring for women with minimal/ no English”*

#### **Absolute Interpretation:**

*“Absolute is used for Tetum but rarely is there an available translator. Then family members are used which is not very acceptable”*

#### **Sign Solutions:**

*“Sign Solutions used f2f”*

*“Being a National Service for deaf people we have need for BSL interpretation and captioning across Central England. We used to use Sign Solutions but their terms and conditions were poor for London and London borders. We have Deaf staff and good working relationships with a lot of interpreters so we book them all direct for better rates and better speed of booking”*

#### **Google, Apps or other:**

*“We worked with: a local interpretation service, a local professional translator”*

*“a voiceover service in India, colleagues with language skills”*

*“Ideally use independent language support but if a patient requests it or if no interpreter available, no option but to use other means e.g. Google translate or friend/family”*

*“Translation services would be the preferred / most appropriate language but in an emergency if an appropriate clinical professional spoke the same language I would consider this”*

*“For patients who have reasonable English but do not understand a few medical terms I have used Google translate”*

*“Interpreting app Tetum to English & English to Tetum. Can cope with simple phrases”*

*“Google translate used to translate e.g. signposting information for service users, as I'm not aware of any document-translating services”*

*“I have used Google to translate information and local community leaders”*



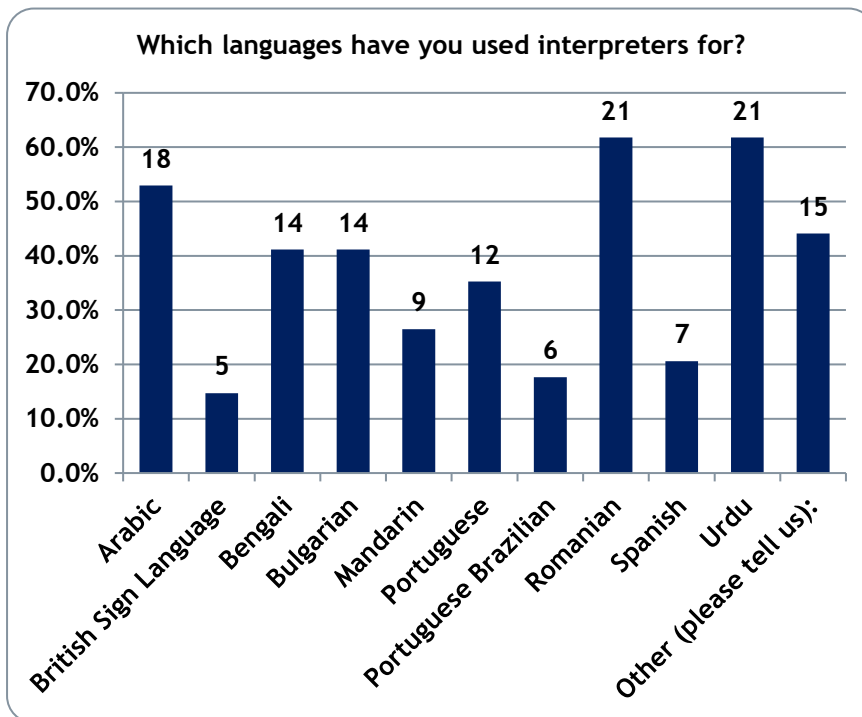
**Friends or family:**

*“Friends/family - tend to avoid using this but there are some languages where it can be very hard to find an interpreter who speaks the language/dialect needed, or if unaware ahead of the appointment that an interpreter might be needed”*

*“Data protection issues using relatives /friends - we don't know if they are conveying our questions correctly and when it comes to non-speaking Asians and contraception and other non-English speaking individuals whose families hold religious views on contraception I have my doubts especially when working in Oxford”*

*“Interpreters are recruited, trained and supported by ourselves”*

**Q 5. Which languages have you used interpreters for? (34 responses)**



**Which “Other languages” health and care professionals have used interpreters for or struggled to provide?**

Additional languages interpreters provided for (15 responses)	Have ‘struggled to provide’ interpreters for (17 responses)
<ul style="list-style-type: none"> <li>• Punjabi (x 3)</li> <li>• Tetum (x 6)</li> <li>• Indonesian, Indonesian Bahasa, (x 4)</li> <li>• Mandinka Oromo, Amharic, Tigrinya, Sorani</li> </ul>	<ul style="list-style-type: none"> <li>• Tetum (x 9)</li> <li>• Female interpreters for Mandinka, Sorani; Oromo (male and female)</li> <li>• East Timor</li> </ul>



<ul style="list-style-type: none"> <li>• Kurdish, Polish, Turkish</li> <li>• Greek, Romanian</li> <li>• Many, too numerous to list</li> <li>• Norwegian, French, Pashto, Turkish, Farsi, Persian, Slovak, Dari, Hazaragi, Kurdish, Bengali, Sylheti, Hebrew, Telugu, Hidari, Romanian, Albanian, Fataluku, Kiswahili, Nepalese, Greek</li> <li>• Kurdish Bahdini, Hungarian, Polish</li> <li>• Uncommon African languages</li> <li>• Tagalog, Amharic</li> <li>• Farsi, Dari, French, Turkish, Tigrinya, Swahili, Albanian, Kosovan, Serbian, Russian</li> <li>• Vietnamese, Tamil, Albanian</li> </ul>	<ul style="list-style-type: none"> <li>• Romanian</li> <li>• Indonesian</li> <li>• Fataluku</li> <li>• A Kurdish dialect, Tetum</li> <li>• Indonesian, Bengali</li> <li>• Bahasa</li> <li>• As above</li> <li>• Dari, Hazaragi, Tetum, Fataluku, Indonesian Bahasa(sometimes)</li> <li>• Kurdish</li> <li>• one of the Papua New Guinea languages</li> <li>• Sri Lankan</li> </ul>
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**Q6. How have you worked with interpreters? (34 responses)**

Of 34 responses, 97% had worked with interpreters via phone, 57% face to face or in person, 17 % on video.

Comments included:

*“In Covid, using mainly phone interpreters”*

*“Often the interpreter can’t hear very well. Sometimes the headsets don’t reach to certain areas. Easy to contact and generally able to speak to interpreters quickly”*

*“Unable to get a face to face interpreter”*

*“Used either to make a three way conversation to conduct a telephone triaging call or with the patient in the room using the translator via headsets or on loud speaker”*

*“We call the service once the patient has arrived and then use speakerphone to speak with them and the translator”*

*“Pre booking doesn’t even work as they can’t always get through on busy GP phones”*

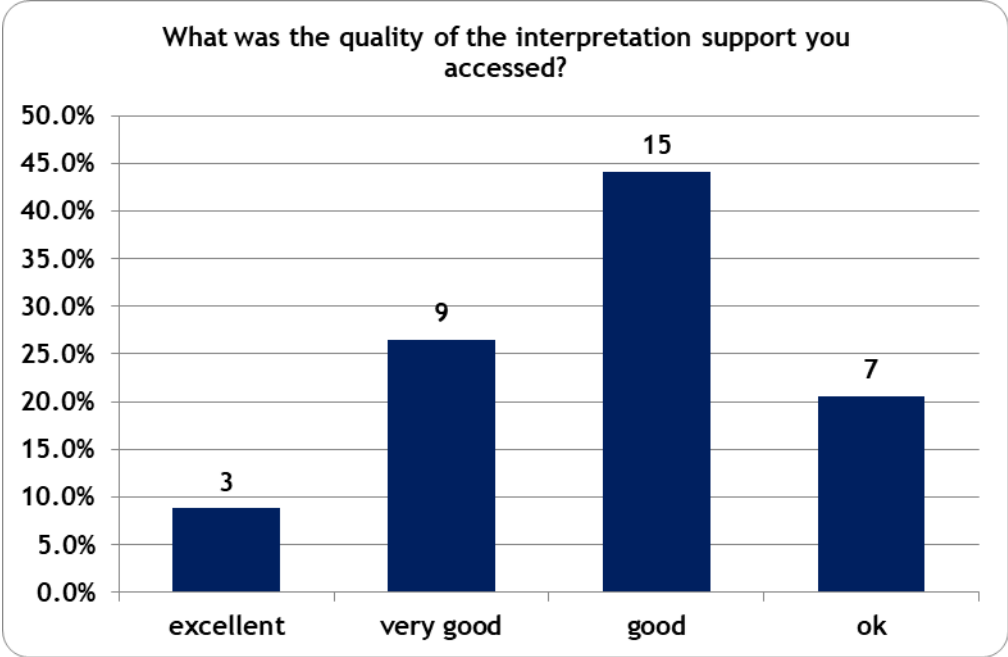
*“In groups for outreach work - as a prescriber and educator in general practice - in order to facilitate a chronic disease review or to carry out a cervical smear”*

*“Experienced and comfortable with interpretation across a range of formats”*

*“Usually with the woman in the room and Language Line on the phone”*



**Q.7. What was the quality of the interpretation support you accessed? (34 responses)**



**Comments included:**

*“Translating written and film materials accurately for abuse services is tricky - even translations by professional services have to be checked for meaning as we work in a specialist area and great care has to be taken to consider our audiences when translating terms around sexual health, for example For work with vulnerable women, have been v impressed with several of the telephone interpreters Really varies, sometimes the line is very poor or the interpretation is very slow and can make appointments very long. But majority of the time is a good service”*

*“Good interpretation service. Bad equipment with the headsets not working/not reaching certain area”*

*“Some delays in accessing interpreter when out on hold with patient waiting”*

*“Majority of the time the interpreter is very helpful, it can just be difficult when they don't understand medical terms”*

*“When available!”*

*“Usually very good, rarely poor but I have ended the telephone conversation and requested another interpreter via Language Line and this has been facilitated”*

*“We use so many telephone interpreters it's impossible to answer this question. Quality ranges from excellent to poor. Sometimes the woman just*

*can't understand the interpreter, particularly if it's the wrong dialect or the wrong countries Arabic. Sometimes interpreting services are unable to provide us with a female interpreter & sometimes the male interpreters don't have the gynaecological vocabulary to cope. Often they also don't have the medical vocabulary to cope"*

*"Call quality poor at times, sometimes interpreters not available, calls drop out and lose interpreter"*

*"Only use trusted, registered BSL interpretation, note taking and palantypists who are experienced in mental health work/ work with all age ranges"*

*"When discussing birth plans or preferences, or breastfeeding etc it is harder to be confident on translation services compared to direct yes/no or single word answers"*

*"It varies significantly in their level of training and professionalism. It doesn't help that a lot of the services they interpret for have no training themselves in how to use interpreters and so encourage bad interpreting behaviours, by talking to the interpreter instead of the client, talking too much in one go, asking the interpreter to summarise or only interpret parts of what is being said, rushing the meeting when double the time of a normal meeting should be given. Interpreters and interpreting when done correctly should be to create an environment where the interpreter doesn't seem to be there and they should just be a parrot, repeating what each side says, which is spoken directly to one another, only asking for clarification"*

**Question 8. Was the booking and administration process easy to use? (32 responses)**

Of 32 responses, 56% told us booking and administration process was 'quite easy', 25% 'very easy' and 18% 'not easy'

**Comments included:**

*"Dept secretary does this side of things for us if we are booking in advance. Otherwise, it's ok. Sometimes having to wait for over 15mins for interpreter"*

*"Easy to contact"*

*"Face to face and video interpreting is very difficult to book"*

*"Very smooth service"*

*"Easy for most languages, but often very difficult to book a Tetum/Bahasa interpreter"*

*"Long online forms, always needing codes rather than saying where you are from"*

*“Again, a difficult question to answer. For the most common languages, through Language Line, booking is easy. For the more rare, it's complex, time consuming & the luck of the draw if an interpreter registered for example to speak Indonesian Bahasa might also be able to interpret Tetum. Booking an interpreter through HITS or Absolute interpreting is a nightmare because it requires advanced booking and 9 times out of 10 when the appointment time comes around either the interpreter is not available or the woman DNAs!”*

*“Sometimes an interpreter is not available which can be inconvenient as I work in an outpatient setting”*

*“Booking direct is far better than using a agency, you get the communication support worker you trust and know that they are skilled”*

*“I have usually been able to access a translator of the appropriate language almost immediately”*

*“Using Big Word and Clear Voice this is very simple. But many other providers have not experience or training so put off arranging this and often say it failed, when we know this not to be the case as you can usually get an interpreter in a matter of minutes on the phone and all you need is your passcode and client number”*

**Q.9. What works well and what are the challenges you face in booking an interpreter?  
(26 responses)**

*“One of biggest frustrations has been arranging appt time with patient and booked interpreter only to find latter unavailable when consultation starts. Has happened in around 5 consultations in past 6 months. Feedback to provider- all we get is "an apology" and to try again for future appt”*

*“Having good connection”*

*“Very easy to use telephone language line*

*“Connection and trust. I wish translations could offer a transcript for accuracy”*


*“Female interpreter for maternity, right language”*

*“The interpreter for the language you need cannot be reached, the interpreter has poor connection, interpreter speaks same language but different dialect”*

*“Easy to access. Available room with a phone may be a challenge. Not sure how I would do it if visiting or at a home birth”*

*“Calling up on the day to language line has always worked well, but not for languages where there aren't many interpreters. For these we book them in advance, but it can be difficult to get them confirmed as the booking has to*





*go through your manager before it can be accepted or you may not be carrying out the appt and booking in advance for another clinician”*

*“Online forms, unavailable languages”*

*“Can be very time consuming”*

*“Usually an interpreter is provided within a few minutes”*

*“Ok if it is a common language. Difficult if it's a dialect or uncommon language. Sometimes when I specifically ask for a female they will provide a male without warning me”*

*“Finding the right language at the right time, long waits for some languages. Even booking in advance sometimes an interpreter isn't available and you have to try again on the day when the service user is expecting an appointment - sometimes there isn't anyone and the service user is let down at the last minute”*

*“If I call in the morning it is unlikely I will get an interpreter, even if I book in advance I have been told no interpreter is available”*

*“timing in the emergency setting - timing a call with language line - not immediate”*

*“Book at least two weeks in advance, try to block book in advance. The later you leave it the fewer good, experienced and rated communication support workers will be available. All the freelance interpreters are available via different local agencies. The agencies charge a mark up and offer bookings to all of those on their books, clinicians can end up with whoever is available rather than the best interpreter for the task in hand, there can be little continuity. For sensitive case work it is better to have consistency in interpreter, the first 10 minutes with a new interpreter is spent with the interpreter gauging the language level and style of the Deaf person. New interpreters each time can be anxiety provoking for a Deaf person. Another tip is to ask the deaf person which interpreters they like working with (or don't recommend), you can then book that interpreter either freelance or via the agency that your Trust favours”*

*“Direct questions with short or yes/no responses are usually okay, but where there is more discussion/ nuance it is hard to know what is being said by the translator and what the woman is getting”*

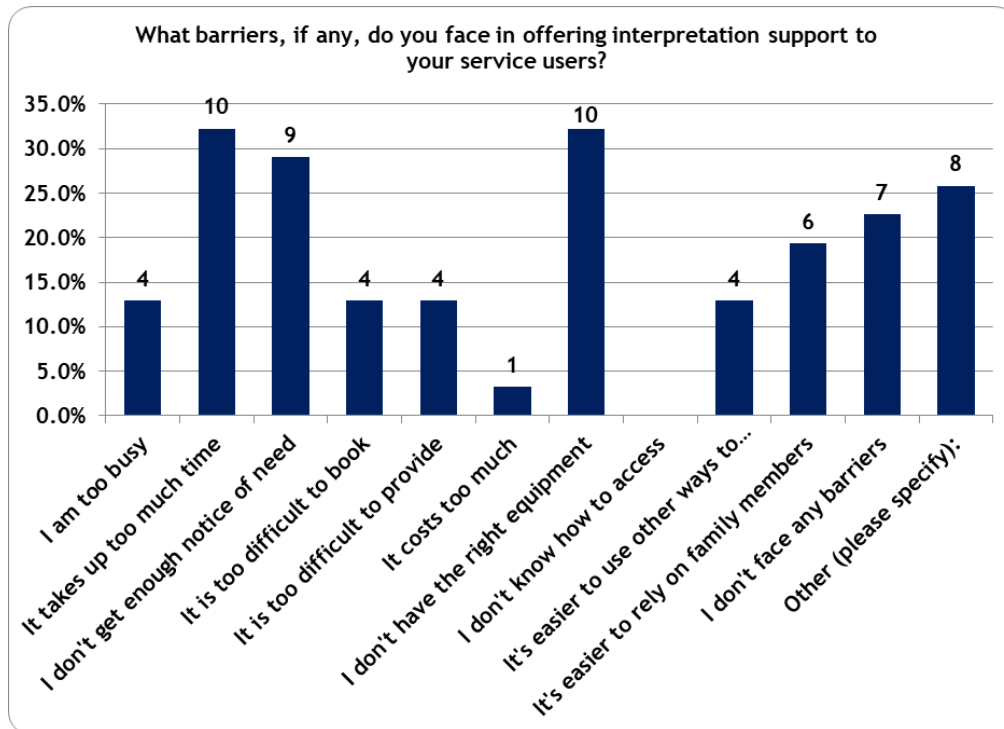
*“Booking is okay in 'appointment' settings, where meetings are arranged in advance. However, if ad hoc or emergency meetings take place, the provision is limited to mobile interpretation which is not ideal”*

*“Ensuring timings work for all of us. Helping interpreters understand the therapeutic process”*

*“There are waiting times. Usually the issue is not with the interpreting but with providers like GPs, Opticians and Dentists refusing to acknowledge that they should provide interpreting and have the facilities to arrange it under the NHS contract”*

*“Costly service and not widely available face to face”*

**Q10. What barriers, if any do you face in offering interpreter support to your service users? (31 responses)**



**Comments included:**

*“Family members becoming offended by using translation service rather than using them to communicate”*

*“Finding an interpreter, organising an interpreter for long consultations- trying to cover everything in one call”*

*“Usually I have managed to use”*


*“Labouring women are not able to use phone headsets effectively”*

*“Lack of availability of female interpreters in the language required”*

*“No interpreter available when needed”*

*“We do offer but it is time consuming especially as we are still in a covid pandemic - few F2F opportunities 3 way on the phone difficult”*

*“Providers of interpreting have some of the issues above and use them to avoid their responsibility to provide interpretation”*



*“In maternity- using telephone interpreters is a challenge in labour (headsets are not practical, challenges with cleaning etc)- tends to be more reliance on birth partner/family member to interpret if they are already with the woman. Sometimes though, this person's grasp of English is not good enough for more nuanced discussions which is a challenge”*

*“Very often find headsets for language services aren't working which delays use (this has been noted in several areas around maternity). Using phone on loud speaker for telephone interpreter is much easier”*

*“It is easier to use family although this is not ideal. Quicker to use google translate for short episodes of communication”*

*“I use interpreters but the above reasons make it difficult to use”*

*“The wireless equipment provided by the hospital can sometimes be out of range depending on the patients room location, The equipment is difficult to setup and doesn't always work right- which is not ideal for emergencies or time limited procedures, the equipment does not offer solutions for emergencies, some patients prefer to use their family members as interpreters rather than strangers on the phone-especially for sensitive discussions, another member of staff can interfere with the docking station- ending the whole conversation, otherwise equipment, equipment, equipment”*

*“Double appointments needed, can be very difficult to incorporate in a busy clinic if all the appointments are needed, especially if you do not know ahead of time that they require interpreting services”*

*“Some languages are very difficult to book and take a lot of time to fill in the booking form”*

*“When women are in lots of pain and are very distressed they are unable to hear the interpreter via language line and nor can we”*

*“I have heard all these excuses before. The NHS is subject to the Equality Act and Accessible Information Standard, reasonable adjustments to allow deaf people access to support, advice and treatment on a par with hearing people is a basic requirement. Relying on pen and paper, family members etc risks communication break down, can create conflict of interest and communicates “your needs to participate are not important”. A clinician or teams lack of planning to allow notice to arrange communication support and try to “get by” half cocked is “failure to make a reasonable adjustment”. I have examples of acute clinical staff working hard to book the correct interpretation and conversely staff ignoring patients requests and Deaf CAMHS advice on a person's communication access needs”*

*“Though we are not supposed to use family members, I find that if it is not sensitive material (domestic Abuse etc.) and the woman is happy to do so,*

*it is often much more effective and functional to use family members, as they may already have children or given birth in the UK, which really helps. Many of the interpreters I have used are USA based where maternity care is very different”*

*“GP staff are happy to encourage patients who have no English to use family members or friends to translate for them for making appointments and hospital/doctor appointments without knowing how good their quality of English is. They don't know if they are indeed who they say they are or whether there could be issues of exploitation going on. It's extremely unethical but endemic in our GP surgeries, opticians and dentists. It could also risk lives as the wrongly interpreted information could result in the wrong amount of medication taken for example. The only reason for this seems to be a lack of training and an unwillingness to start providing these services because of the very small amount of extra admin”*

*“I find it very difficult to arrange for face to face interpreters and the cost seems to be very high”*

**Q11. What works well and what are the challenges of using an interpreter during appointments and treatments?**

25 responses included:

*“It's helpful to have a double-checking system - so someone academic/qualified to translate written materials and then someone who knows the language but also understands the issues to double-check meaning”*

*“Generally, patients are relieved at being able to speak fully with clinician via interpreter. Some challenges- mainly culture-specific/topic-specific”*


*“with Face to face, sometimes physical presence can inhibit discussion (I have seen some women become very self conscious even with female interpreter-as some of discussions are around reproductive health matters/genitals- seems easier when don't have to see the interpreter. telephone sometimes easier)”*

*“Also have some women who have fled honour-based violence- fearful that interpreter not to be trusted (e.g. Kurdish women) despite assurances re. code of conduct/confidentiality”*

*“Challenges- sometimes connected to interpreter from overseas- time lag apparent on telephone which can be frustrating for all parties”*

*“It's safer to use translation but time consuming due to a three way conversation”*

*“Unable to prebook, continuity of interpreter”*



*“what works well: handsets that can be put on loud speaker. They don't need to be within any range and other staff can easily recognize when they are in use. Don't need a set-up, just dial the number and take to room. Don't have to worn overhead”*

*“Once booked, interpreters are very good. It can make it harder to establish a relationship with the patient and does change the flow of the conversation”*

*“Takes more time which can cause delays with the next patient”*

*“The main problem is that mainly the information is sensitive and sometimes you can feel that the patient doesn't feel comfortable disclosing this to an interpreter”*

*“When it works it's fine”*

*“Occasionally the interpreter becomes engaged in a conversation with the patient rather than simply translating information”*

*“The female interpreters from Language Line are usually amazing. They interpret wonderfully and are skilled at phrasing the question differently if the woman doesn't understand. They have a good medical/gynecological vocabulary and are friendly & compassionate whilst remaining professional”*

*“Challenges - when the interpreter is a male. Not only lack of understanding of pregnancy & childbirth but also reluctance on the woman's part to engage with a strange man over the phone (not only, but mostly Muslim women)”*

*“It does make the appointment time longer”*

*“challenges - mental health appointment, hard to actively listen when you're not listening in 'real time”*

*“Role involves a lot of signposting. telephone interpreters who are not local (often in America) are not familiar with the options I am talking about and it can be hard to communicate what a service is/its name, where it is etc. as this requires local knowledge”*

*“Works well as able to communicate with and offer support to people who would otherwise struggle. Especially important for mental health where someone might struggle to find the right words to explain how they feel in a second language, even if they are relatively fluent”*

*“In a mental health appointment, patients often will talk for long periods of time and doing this and being listened to is part of the support really. When there is an interpreter there, they need the pace to be slower and might need the person to stop mid-flow so they can interpret what they have just said. So, I think the function of the appointment ends up being*

*much more practical and information-focused than therapeutic in its own right”*

*“Generally interpreters are patient, clients are grateful for the support”*

*“Ask the patient for pointers before the main conversation starts, ask the interpreter to interrupt you and voice pointers should they need to during the session (an interpreter should interrupt if clarification is needed, expect and appreciate it). Allow the patient thinking time, there will be a small delay in using an interpreter and clinicians may feel the need to fill gaps with speaking, don’t. Allow the interpreter (note taker/ palantypist) and patient a few minutes break every 30 minutes in a longer session. It is tiring to interpret and use an interpreter, breaks are necessary to maintain clarity. At the end debrief with the interpreter; ask about language levels, mood and cognitive aspects of the patient, the interpreter “feels” a lot of what a patient feels in a clinical session. It has helped me to hear from interpreters about soft communication aspects for example BSL use can look sharp/ angry but the interpreter can say that the person was sad and fearful with no anger, or say if there was idiosyncratic signing communication (ASC or psychotic possibilities)”*

*“Interpreters have usually been very polite and helpful and generally seem to have reasonable medical knowledge”*

*“Getting longer answers or opinions can be difficult, but hard to know if this is due to the service or the reticence of the woman”*

*“There is a huge range of quality of interpreters through professional services. 1) When working with vulnerable clients it can be difficult working with an interpreter you and the client have just met, without time to build rapport or trust. 2) Some interpreters are not used too or trained in working with vulnerable individuals where trust and relationship building are absolutely vital to ensuring effective communication. 3) There is also no way of knowing if what the interpreter is relaying to a client is correct. There have been a number of instances where there’s been misinterpretation which have only been found out long past the initial appointment. 4) Professional interpretation services (word360 etc.) are not easily accessible to everyone and are exceptionally expensive. This leads to people relaying on friends or family of the client. 5) Some professional workers have not provided interpretation to clients as they are unaware of the illegal nature of not doing so. 6) Phone interpretation is good for quick fixes, but is heavily reliant on mobile signal in some situations. 7) Dialects of languages is not always taken into account. For instance, many interpretation services offer ‘Arabic’, without specifying which regional variety (for instance Levantine or Egypt-Sudanic). If a client can only*



*understand one regional version, communication can be completely ineffective. This is often only discovered at the appointment”*

*“We need to make the time to support the interpreter and ensure boundaries are kept to outside sessions”*

*“Challenge - Difficult to manage a difficult conversation especially if the customer does not allow the interpreter to interpret in both directions”*

*“GP staff are happy to encourage patients who have no English to use family members or friends to translate for them for making appointments and hospital/doctor appointments without knowing how good their quality of English is. They don't know if they are indeed who they say they are or whether there could be issues of exploitation going on. It's extremely unethical but endemic in our GP surgeries, opticians and dentists. It could also risk lives as the wrongly interpreted information could result in the wrong amount of medication taken for example. The only reason for this seems to be a lack of training and unwillingness to start providing these services because of the very small amount of extra admin”*

*“I have witnessed NHS staff advise patients that friends and family are not allowed to be used as interpreters, This has been not an easy watch, especially when the patient is elderly and has a trusted family member with them”*

**Q12. What suggestions would you make to improve booking, access and support when using interpreter for your clients?**

18 responses included:

*“When service-users need to share information about abuse or sensitive issues, they would rather speak in their first language, even if they have a good understanding of English, as they are feeling distraught and it's difficult to find the right words in a second language. Service-users also prefer in-person interpretation, provided the interpreter is not known to them and can be completely trusted to keep the information confidential”*

*“For acute clinical areas e.g. labour ward, some innovation for portable easy to clean telephonic equipment would be immensely helpful”*

*“Better connection”*

*“Face time”*

*“On telephone booking works well and usually quickly”*

*“Simple equipment, easy to access, maybe put language line on speed dial to help with emergencies, Language line to prioritise medical personal and reduce waiting times as most times it's an emergency”*



*“Knowing ahead of time if someone needs interpreting to accommodate the time necessary”*

*“Not have face to face interpreters cancel the morning of an appointment without a replacement”*

*“Not sure what the pay structure is but when I recommended to a woman that she apply for a job as telephone interpreter she said she had looked into it but could earn more money in Tesco’s”*

*“Recruit more of the uncommon language speakers: Tetum, Indonesian Bahasa, Hazaragi, Dari”*

*“Online booking, more video interpreting so interpreters can see text and translate”*

*“contact all PCNs to discuss”*

*“Firstly ask the service user for their pointers, they will often tell you exactly their needs, even deaf children can. If the service knows that a patient is a BSL user, use simple English in an email, text or letter to say that a BSL interpreter will be booked. Or even better call the Deaf person via Interpreter Now (brief video BSL service- free) to chat with them about appointment arrangements. Do not use Interpreter Now for clinical conversations that are sensitive in nature, book a registered interpreter. Have posters in Service Receptions to say Interpreters can be booked. Translate reports into BSL videos for deaf service users. Embed BSL videos into questionnaires. Call on Deaf Services for advice/ consultation if it seems confusing, I’m always delighted to hear from hearing colleagues who are trying to make services more accessible to deaf people. Learn some basic BSL (and remember to smile). Put a small sign next to buzzer entrances saying “if you are deaf, buzz 3 times and someone will come to the door”...*

*“Knowing the background/ knowledge of the interpreter would help, and them being honest about what they don't understand”*

*“For voluntary sector, where professional interpretation services are expensive and thus 'informal interpretation' is relied on (google translate etc.), a service needs to be created to provide organisations free (or heavily discounted) interpreters that are available for appointment or phone. The paid interpreters for this service not only need to be trained in interpretation, but also trained in working with vulnerable clients, safeguarding etc. This service could also act as advocacy for the need of interpretation as well as act as a training provider for local bi- or multi-lingual residents to gain work”*

*“All professionals that may work with individuals who have poor English, need to be made fully aware of the duty to provide effective*

*communication under the Equalities Act. They also need to be made aware they are eligible to be sued if they don't"*

*"The issue of interpretation/translation also needs to be brought into any safeguarding training provided across the UK. Including OSAB"*

*"Accessible publicity materials (translated videos etc.) need to be made for the public so they are aware of their right to interpretation"*

*"Training needs to be provided with all service providers that have interpreting facilities built into their service contract and they should be proactively advertising this to clients. The actual process is very simple - I use it everyday - and the more they become accustomed to it, the easier they'll find it"*

*"Each customer should be given the choice if the matter is about asking basic questions. Would be good to upskill staff who already speak a second language rather than relying on separate costly services"*

**Q13. Any other comments? (14 responses)**

*"I would prefer if we have transcripts available as evidence of conversation"*

*"Difficult with equipment issues"*

*"Simplify the equipment, help with access during emergencies"*

*"Myself and other colleagues have had more face to face interpreting appointments cancelled last minute/day of than we have had interpreters actually show up. It would be good to have more confidence that these appointments will be upheld"*

*"Can be challenging. Time pressure as using a telephone interpreter takes longer. Often kept waiting on hold whilst Language line try to provide an interpreter"*

*"Very rewarding when I can get a woman interpreter that the woman understands. Really enables her voice to be heard"*

*"Overall, it is a excellent service and helps with equal access to care despite there being a language barrier"*

*"Health Advocates worked well"*

*"It can feel odd the first few times you use an interpreter, maybe it felt hard making the booking, but once you see how much better communication is via an interpreter it makes it all worth it. A bit of preparation goes a long way"*

*“Please be aware of the difference between BSL, Sign Supported English and access for deaf people who use spoken language. Your questionnaires focus on interpretation might miss the range of deaf communication support”*

*“I don't use the service very often but it is a valuable resource”*

*“I've had some good experiences, but this has primarily come through trained volunteers in which a working relationship and understanding has been built, over time, between professional, client and interpreter. A vast amount of communication is reliant on body language and context. This is lost in phone interpretation and face-to-face interpretation when the interpreter is new. Clients may also be uncomfortable with speaking to someone they don't know”*

*“Although things are improving, over the past few years, I've routinely struggled to get interpreters booked via the NHS - some dentists/opticians have denied it is their duty to provide interpretation, some interpreters provided by language line have not been good enough (client has struggled to understand). Sometimes I've asked for an interpreter at a hospital appointment (which a GP has made note of) only for an interpreter not to be provided on the day. If a client does not have a support worker or equivalent to provide help in booking appointments with interpreters I don't know what they can do”*

*“It is generally terrible and discriminatory. GP staff are happy to encourage patients who have no English to use family members or friends to translate for them for making appointments and hospital/doctor appointments without knowing how good their quality of English is. They don't know if they are indeed who they say they are or whether there could be issues of exploitation going on. It's extremely unethical but endemic in our GP surgeries, opticians and dentists. It could also risk lives as the wrongly interpreted information could result in the wrong amount of medication taken for example. The only reason for this seems to be a lack of training and unwillingness to start providing these services because of the very small amount of extra admin”*

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## 10 Interpreting services - useful links

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Oxford City Council video on access to interpreting:

<https://localgov.offchan.com/how-to-access-a-free-interpreter-nhs-services-english-subtitles>

Oxford Health NHS Foundation Trust <https://www.oxfordhealth.nhs.uk/support-advice/getting-help/interpreting-service/>

Oxford University Hospitals NHS Foundations Trust  
<https://www.ouh.nhs.uk/about/equality/interpreting.aspx>

Oxfordshire County Council <https://www.oxfordshire.gov.uk/residents/social-and-health-care/disability-and-sensory-loss/sensory-impairment/using-our-video-interpreter>

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entaun telephone ami iha **01865 520 520** husi tuku 9 dader to’o tuku 4 lokraik, Loron Segunda to’o Sesta.

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haruka email mai ami iha [hello@healthwatchoxfordshire.co.uk](mailto:hello@healthwatchoxfordshire.co.uk)

**ሄልዝዎች አክሲደንሽን (ኦኛ)** ተግባቢ ባልደረቦች አሉን፤ ጥያቄዎቻችሁን በመመለስ ለመርዳት እንዲሁም በአክሲደንሽን ውስጥ ሰላላ የጤናና የእንክብካቤ አገልግሎቶች መረጃ ለመስጠት የሚችሉ ናቸው። ተጨማሪ መረጃ እና ምክር ቢያስፈልጓችሁ በስልክ ቁጥር **01865 520 520** ደውሉልን፤ ከሰኞ እስከ አርብ፣ ከጥዋቱ 3 ሰዓት እስከ ቀኑ 10 (9 ኤኤም – 4 ፒኤም) ጥሪ እንቀበላለን። ደግሞም

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