healthwatch Kensington and Chelsea

‘Lost for words’

Language support and Interpretation Services in Primary Care

Community engagement report: June 2023

Contents

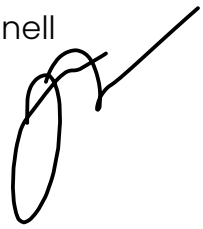
Foreword from Service Manager:

One of Healthwatch RBKC's set priorities is around bridging the gap between residents and services. In this report we have successfully captured the issues surrounding community groups, and accessing services. Through our connection with local services, drop ins and engagement we have captured the current situation translation services and how their reach client groups.
We are set to continue this work into our future projects and work with our partner to iron out these findings and ensure residents are safe.

This report has set the tone for all our future surveys and how we establish connections. I want to thank our team for their passion and work. We are here for our residents.

Many thanks,

Danni O'Connell



Introduction

Overview

This is a joint project between Healthwatch Royal Borough of Kensington and Chelsea (RBKC) and Healthwatch Westminster. The project was designed by the previous provider of Healthwatch RBKC and Westminster, and started in September 2022. At the time, the two services were operating as one programme, until it was transferred to the current provider and two new Lead Officers were appointed for Healthwatch RBKC and Healthwatch Westminster. Therefore, though Healthwatch RBKC and Westminster are now two separate services, the project plan made no distinction between the two boroughs.

The project aim is to explore the experiences of residents from diverse backgrounds in using language support and interpretation services provided within primary care settings across the bi-borough. Our objective is to understand whether the existing language support provision is meeting diverse patients' needs and develop recommendations to improve interpretation and language support services for primary care patients.

Project implications

Healthwatch's mission is to understand and amplify residents' experiences and needs in health and social care, and to bring these findings to those with the power to make change happen. We focus particularly on residents who experience elevated barriers to accessing care and services. Healthwatch therefore chose this project as it targets the barriers experienced by people whose first language isn't English in accessing healthcare, with the goal to eliminate gaps in service provision in the boroughs of RBKC and Westminster.

We collected this data to better understand how residents who don't speak English as a first language navigate and use healthcare in the bi-borough. London is hugely diverse in language and culture, and data show that migrant populations experience some of the greatest health and social inequities. Lost for Words, a report produced by Healthwatch England and six local Healthwatch, outlined how a lack of appropriate language support in NHS services caused barriers and delays in receiving care for patients who didn't speak English. Given these findings, we need targeted programming to ensure that these

communities don't face additional barriers to timely, appropriate and high quality health and social care.

Methodology

Following the project scope and design by the previous provider, surveys and focus group discussions were used to engage residents through different methods and provide us with a combination of insights. Our team reached out to cultural and social organisations across the bi-borough. We gave out surveys at the North Paddington Food Bank Banquet Hall (20 June 2023), a joint food initiative co-hosted with Westbourne Park Baptist Church for refugees and asylum seekers from local hotels. We organised three focus group discussions with Make It Happen (23 February 2023), Mosaic Community Trust (13 March 2023), and Hear Women (21 June 2023) (more details on organisations on p9.)

Through our outreach to community organisations, we received 22 survey responses and had 50 residents participate in our focus group discussions. Additionally, we received two responses through our link to the survey on the Healthwatch RBKC and Healthwatch Westminster websites.

In the surveys and focus groups, we explored topics such as residents' language-related difficulties in healthcare, experiences with interpretation services and suggestions to improve interpretation services. In some cases, Healthwatch staff and interpreters from other organisations provided language support for non-English-speaking residents in completing the surveys.

Findings

Summary

There was generally mixed feedback among the residents who responded to the survey and participated in the focus group discussions about the interpretation services offered in primary care settings. Positive feedback included appreciation that the service was offered, interpreters' professionalism, and quality of the interpretation services. Negative views were focused on challenges accessing the service, the lack of diversity in languages and dialects offered, and quality issues such as miscommunication and misinterpretation.

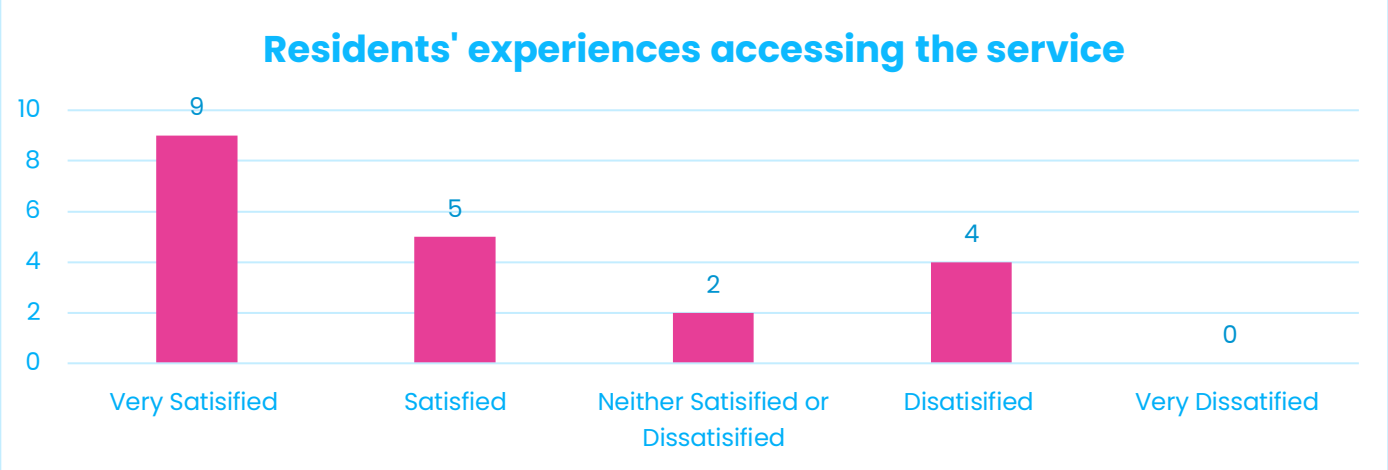
Demographics and language support needs

The majority of residents who participated in this project were women aged 25 to 49 years. Half of the surveyed residents reported having long-term health needs or disability, and most described either not having enough or just having enough money to cover basic necessities (see Appendix for more details). Among the residents who completed our survey, the primary spoken language was Arabic (n = 18), followed by Punjabi (n = 3). There was greater diversity in languages spoken among the 50 residents who participated in the three focus group discussions, with primary languages including Arabic, Bengali languages (Shlyet, Dahaka, Chittang, Monshing), Chinese, Dari, Hindi, Italian, Pahto, Punjabi, Somali and Urdu.

18 of the 22 surveyed residents reported previously using an interpreter for their GP appointments. Several described typically relying on partners and children to accompany them for visits, and only seeking interpretation services if their family and friends weren't available. Among those who participated in the focus groups, residents relied on a mix of family, friends, neighbours, acquaintances, and interpretation services for language support during their appointments.

Residents' experiences accessing the service

Among the 22 service ratings from residents who responded to the survey (2 didn't respond to the service rating question), 9 reported being 'very satisfied' and 5 'satisfied'.



"It was easy and good; the GP was willing to help."

"It was very easy to get a translator".

Residents who were confident in their English ability but did not speak English as their first language had a better experience accessing the service than those with lower English ability. According to one resident who speaks Arabic:

"It was a smooth process simply because I understand English. However, I struggle with understanding the medical language the Doctor refers to."

In contrast, residents who were dissatisfied with the service felt that staff attitudes and competency compromised the quality of accessing the service. Several residents shared their experiences with us:

"I cannot make an easy appointment through the receptionist".

"It used to be easier to receive a translator when I went to the GP in the past."

"Poor, you always have to request it. It is never a permanent action for GP appointments which is rather annoying."

An Arabic-speaking woman from Saudi Arabia shared her negative experiences at a GP clinic, which deterred her from seeking interpretation services:

"One time I went to the GP and they responded with racist remarks about the country I come from, asking why I came to the UK when Saudi Arabia is a rich country. I didn't feel comfortable asking for an interpreter anymore and now I go to a clinic where Arabic is spoken."

Other residents felt the lack of interpreters and the long waiting times compromised the quality of accessing the service. According to one resident who speaks Arabic:

"Sometimes it is difficult to request an interpreter, and it takes a lot of time."

For residents with low or no confidence in English, the lack of support from staff in accessing and giving feedback about the service was extremely challenging. In the opinion of one resident who speaks Arabic:

"When I first came to the country it was difficult accessing the service especially when I want to make a complaint."

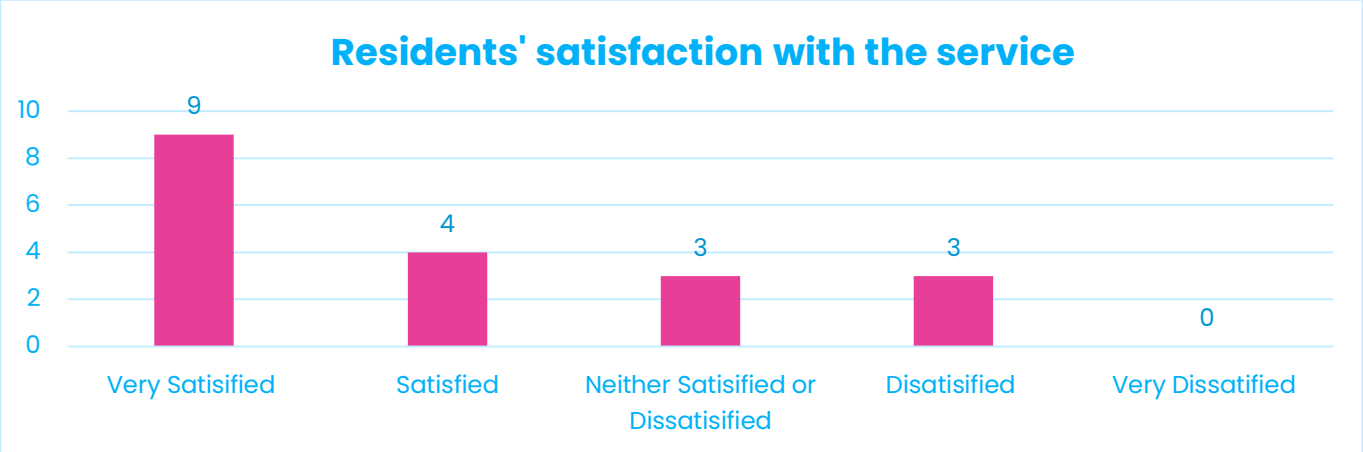
Residents also recounted experiences of changing GP practices because they were unable to access an interpreter who spoke their native language. According to one resident who speaks Chinese:

"I request for an interpreter sometimes when my daughter, who lives in Hong Kong, is not available to help out over the phone. I was registered at the North-Paddington green surgery. However, there wasn't any available Chinese

interpreter. So my daughter had to call from Hong Kong to help me register with Soho Chinese Practice instead."

Residents' experiences with using the service

Among the 22 service ratings from residents using the service (3 residents did not respond to the service rating question), 9 reported being 'very satisfied' and 4 'satisfied'.



Across the survey responses and focus group discussions, resident's responses were mixed regarding the quality of the service. Interpreters' communication and comprehension skills were a consistent theme.

Many residents praised the interpreter's ability to understand and communicate residents' concerns clearly:

"I was very happy that someone could help me communicate with my doctor."

"It was a very clear and professional translation service."

"It's been good, I am okay using either an Arabic or Italian interpreter and they have always been very good."

However, some residents expressed concerns about the interpreters' communication and attitude. Residents shared with us:

"The interpreter does not let me explain."

"When my daughter is present with the translator, she tells me the translator did not fully communicate the information. She will tell me "No mummy, you didn't say that."

"The interpreter does not translate the issue correctly."

In some instances, residents relied on family members over interpreters, even though it strained their relationships.

"I was told by an interpreter to bring a family member along to support me. However, there are some things I would not like to disclose to my family member."

"It's always a burden on my relationship with my daughter when the interpreter does not translate my views correctly. I always have to depend on [my daughter] even though she's at university."

"If I have to leave my job to help translate for my mum on behalf of the interpreter, who compensates me for my time?"

A significant challenged highlighted by residents was the lack of interpreters from different ethnic backgrounds, who spoke different dialects or had different accents. Residents described how this sometimes affected communication with their interpreters:

"I have problems understanding the accents."

"The French translator from African continent is not frequently available. I end up with French European translator which is different with communication and sometimes not even native of French speaking countries and their accent is difficult to understand."

A woman from Morocco explained:

"The interpreter didn't know medical words and didn't understand the doctor well. She couldn't tell me exactly what was happening. My husband later called the doctor for more information and what he found out was different from what the interpreter had told me during my appointment. She spoke Arabic but she was not from Morocco like me, so there were some communication problems. I would prefer an interpreter who is also Moroccan – then, five stars!"

Several residents suggested that they would benefit from being assigned a healthcare provider who speaks their language. One resident from Egypt said:

"I seek an Arabic-speaking doctor when possible."

Some residents expressed their concerns regarding the poor quality of online services, which became the default during the COVID-19 pandemic. According to one resident who speaks Arabic:

"There is often disturbance over the phone. I prefer face-to-face because the interpreter can take see my body language and facial expression when communicating."

Limitations of findings

Representation of residents

A key limitation of our analysis is the lack of diversity in participant ethnicities and spoken languages. Our data had an overrepresentation of Arabic-speakers and middle-aged women. Although, besides English, Arabic is the most widely spoken language in the bi-borough, we didn't engage with as many residents who spoke the other key languages like French, Portuguese and Spanish.

Language support and interpretation

We only organised focus groups and printed surveys in English, as we didn't have enough interpretation support for all languages or the ability to translate responses written in other languages into English. When speaking with residents, we relied on either Healthwatch staff's language skills, partnered organisations' staff or people's own interpreters. This meant that our surveys and focus groups discussions excluded people who had very limited or no English proficiency and had no interpretation support, or for whom we couldn't find language support to participate in the project. This also meant that residents who had higher English proficiency could contribute more than those with lower English proficiency.

The accuracy of some of the residents' stories and narratives that we collected may be limited for numerous reasons. Some details may have been erased or misinterpreted by speaking to residents and conducting surveys via interpreters, many of whom were not professional interpreters. As many residents could not read or write in English, we asked the questions in person and recorded their responses on paper. This may have affected the accuracy or detail of what was recorded, especially because we didn't audio record our conversations. Findings from residents who didn't rely on an interpreter during our conversation may be inaccurate because these residents may have misinterpreted some questions.

Accuracy of residents' narratives

Several residents described how they used to need interpreters in primary care settings but have since gained enough English proficiency to attend their appointments without an interpreter. Since they were sharing their past experiences of using interpretation services, findings from these residents may not be as reliable due to time lag and memory, and additionally may not be reflective of the current language support provided.

Recommendations

In our surveys and focus group discussions, we asked residents to share some ways that the interpretation services and language support can be improved within primary care settings to better meet their needs. We organised the recommendations in order of priority based on how often each theme was raised in our conversations and surveys.

Priority one: Increase access to and awareness of interpretation services

Residents suggested offering more diversity in languages, dialects and accents to increase access to residents of different language, ethnic, and cultural backgrounds. Some residents additionally recommended allowing patients to choose an interpreter of the same ethnic origin, to account for accent, dialect, and other linguistic or cultural factors. One resident suggested:

"Assign patients interpreters that not only speak the same language, but are also from the same country or ethnic background, because of challenges with understanding different accents and words."

Some residents described how community members were sometimes unaware of interpretation services available, and suggested providing more information and increasing awareness of language support services for non-English speakers. One resident highlighted the role that healthcare providers could play:

"Doctors could be more proactive in offering an interpreter."

Priority two: Improve quality of interpretation services through recruitment, training, and regular evaluations

Residents expressed a need for better training and recruitment of interpreters. Many described interpreters' lack of medical knowledge and medical vocabulary as a cause of miscommunication and misinformation during their medical appointments. At the same time, one resident suggested advising interpreters to avoid using technical jargon or acronyms where possible.

Another key issue surrounded interpreters' attitudes, with some residents expressing a need for training around professionalism, confidentiality, and compassion to build trust in interpretation services. One resident told us:

"The interpreters could be more polite and less patronising with the users."

In the focus group discussion, one resident suggested a regular review of interpretation services and interpreters, asking patients for feedback on their experiences using the service.

Priority three: Provide additional support and accommodation for non-native English speaking residents

Residents suggested that, where possible, in person GP appointments should be made for non-native English speakers to avoid communication problems during virtual appointments. If appointments are virtual, their preferred method would be a video call to reduce miscommunication and misinterpretation.

One resident shared that it would be helpful to keep a note of language support needs on patients' files, and to keep the same interpreter for each patient where possible:

"It's always a different person who has no clue on the patient health conditions. You always have to request it. It is never a permanent action for GP appointments which is rather annoying."

Residents also requested that more time be allocated for their medical appointments, as using an interpreter often meant that it took longer for issues to be communicated and addressed. For emergency services, such as when calling 111, residents wanted better language support and interpreters on hand.

In the focus group discussions, some residents suggested that organisations and charities provide workshops and training to empower non-native English-speaking patients to be more independent, confident, and self-sufficient in seeking and using medical care.

Acknowledgements

We would like to thank all the team members at Healthwatch RBKC and Healthwatch Westminster for their contribution to this project, as well as the organisations and individuals that supported us in its co-development.

This project wouldn't have been possible without the support of the partnered organisations in helping us to reach residents, as well as the collaboration of residents in sharing their valuable experiences and perspectives with us.

Hear Women Foundation

Hear Women Foundation's Hear Women Centres provide women from East and North African communities with spaces to learn, speak, gain support and guidance, and connect with one another. Their services include workshops and training on gender-based violence, interpersonal skills, rights and advocacy, financial planning and money management, and other topics.

Make it Happen

Make it Happen is an organisation that supports parents and carers of children and young people (up to age 25) with disabilities or specifical educational needs in Westminster. They organised drop-in sessions for parents to meet and ask questions, signpost parents and carers to information and services, and get parents and carers involved in sharing their views and improving services such as health, social care, and education.

The Mosaic Community Trust

The Mosaic Community Trust aims to empower BAME communities, promoting community cohesion, health, and wellbeing, and offering diverse activities aimed to unite, empower and celebrate different communities and identities. Under the "Mosaic Women" programme, the organisation trains BAME women to become community advocates and representatives. Some examples of activities and services include wellbeing drop-in sessions, housing and benefits advice sessions, and a monthly police workshop.

North Paddington Food Bank

The North Paddington Foodbank supports residents in Westminster from low-income backgrounds with food support, emergency income for food, information and advice, and other resources. To receive assistance, residents need a referral from one of the organisation's registered partners.

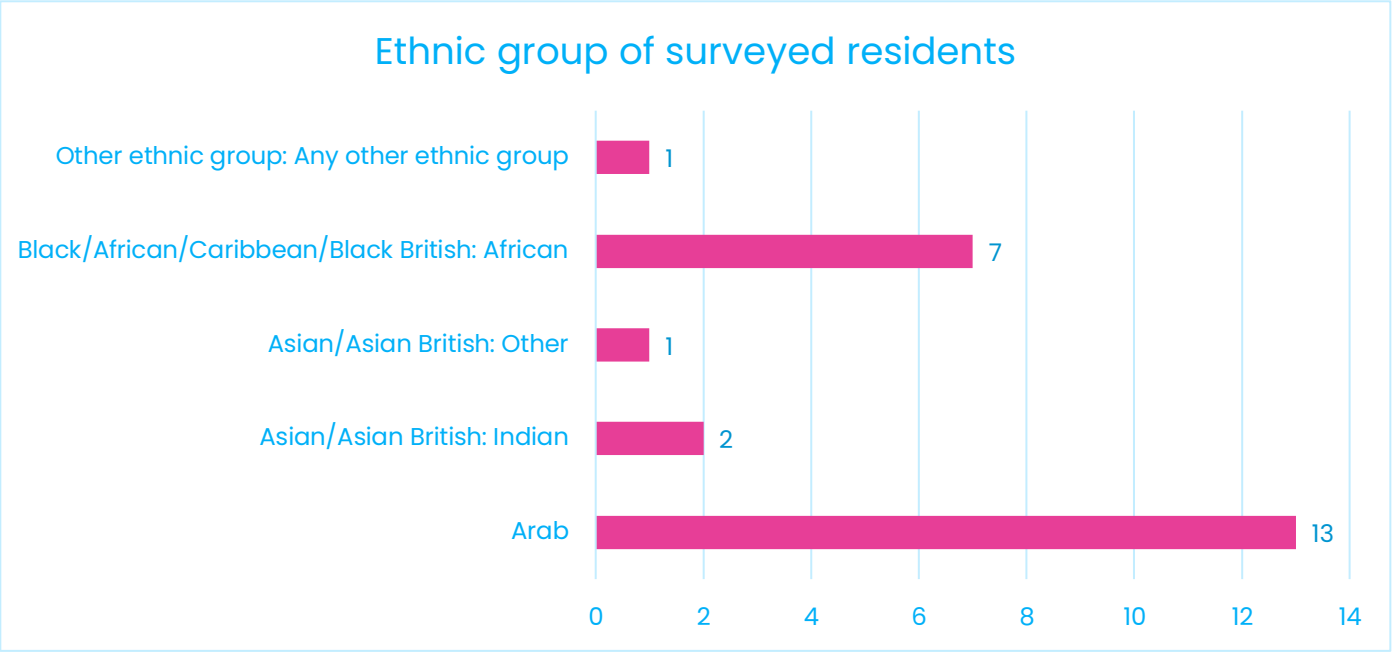
Westbourne Park Baptist Church

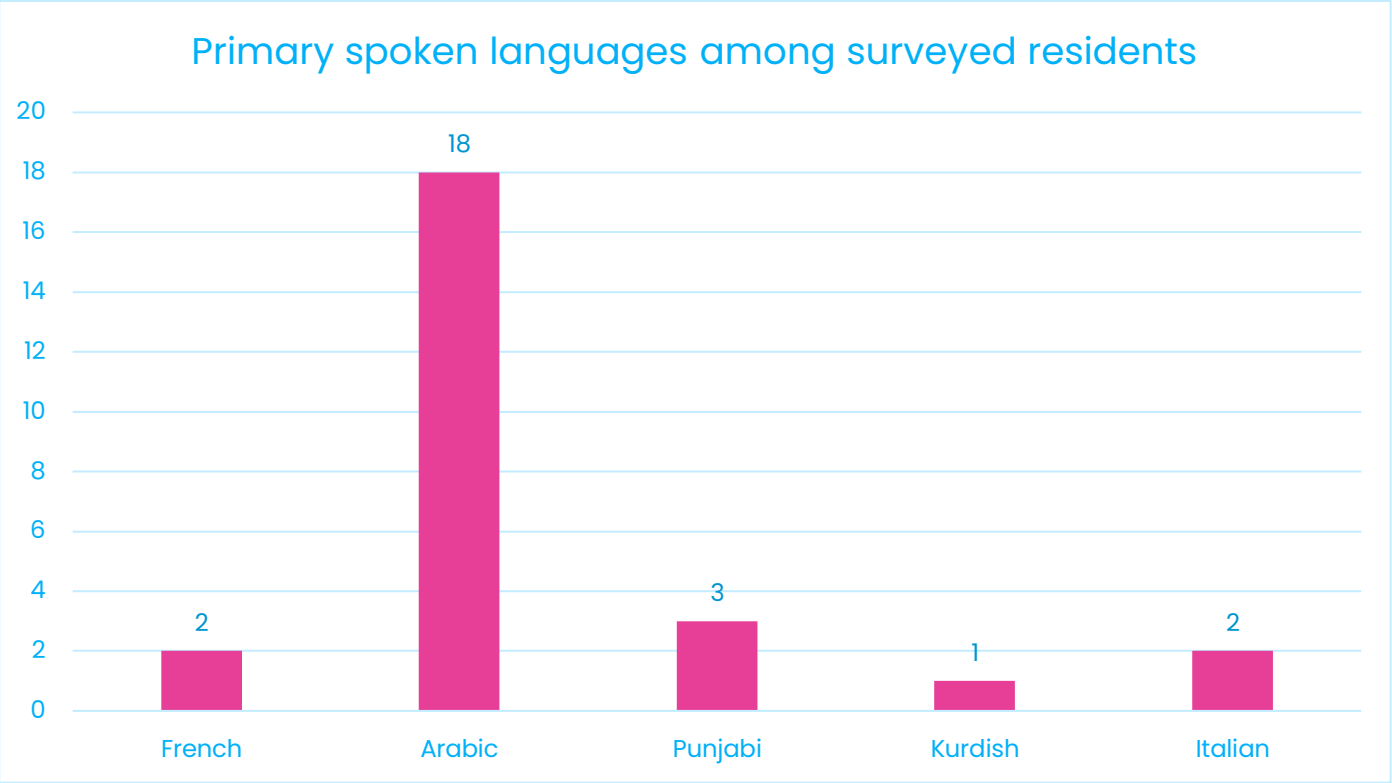
Westbourne Park Baptist Church provides social support and social events for Westminster residents. Membership to the food pantry, for a weekly subscription of £5, is open to all local families and communities.

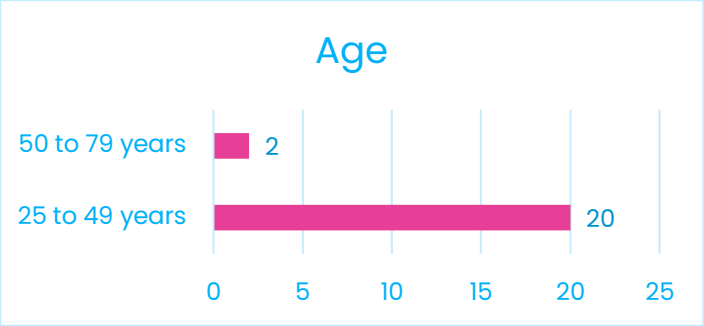
Appendix

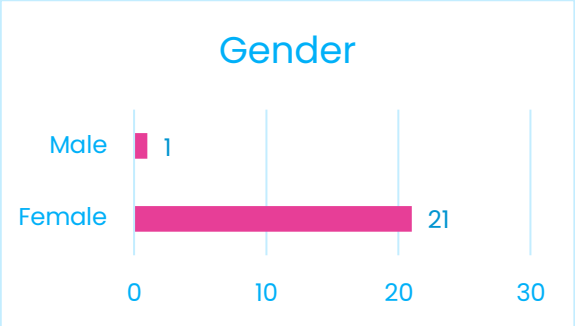
Note that this section includes only the demographic information and feedback of residents who completed the survey. We did not collect the demographic information of the residents who participated in the focus group discussions.

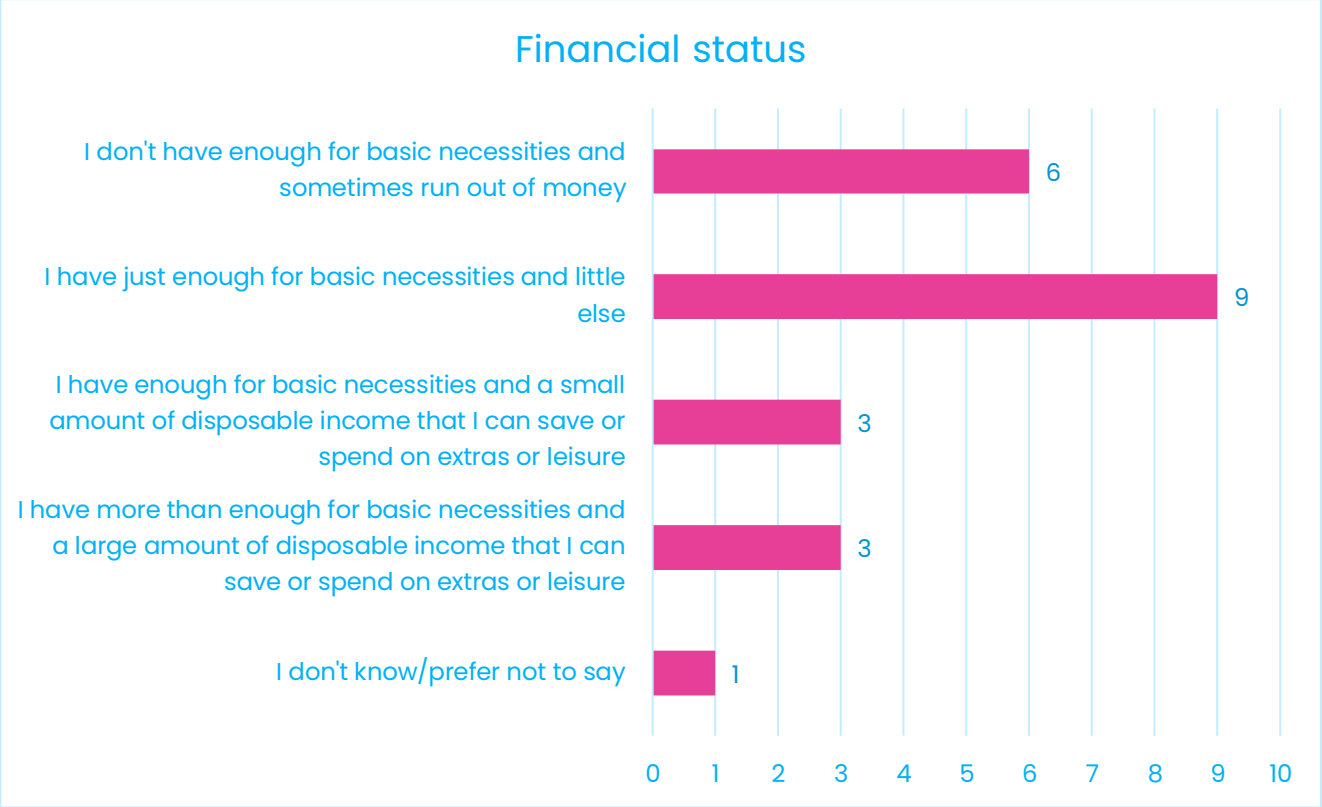
Demographic information: survey responses

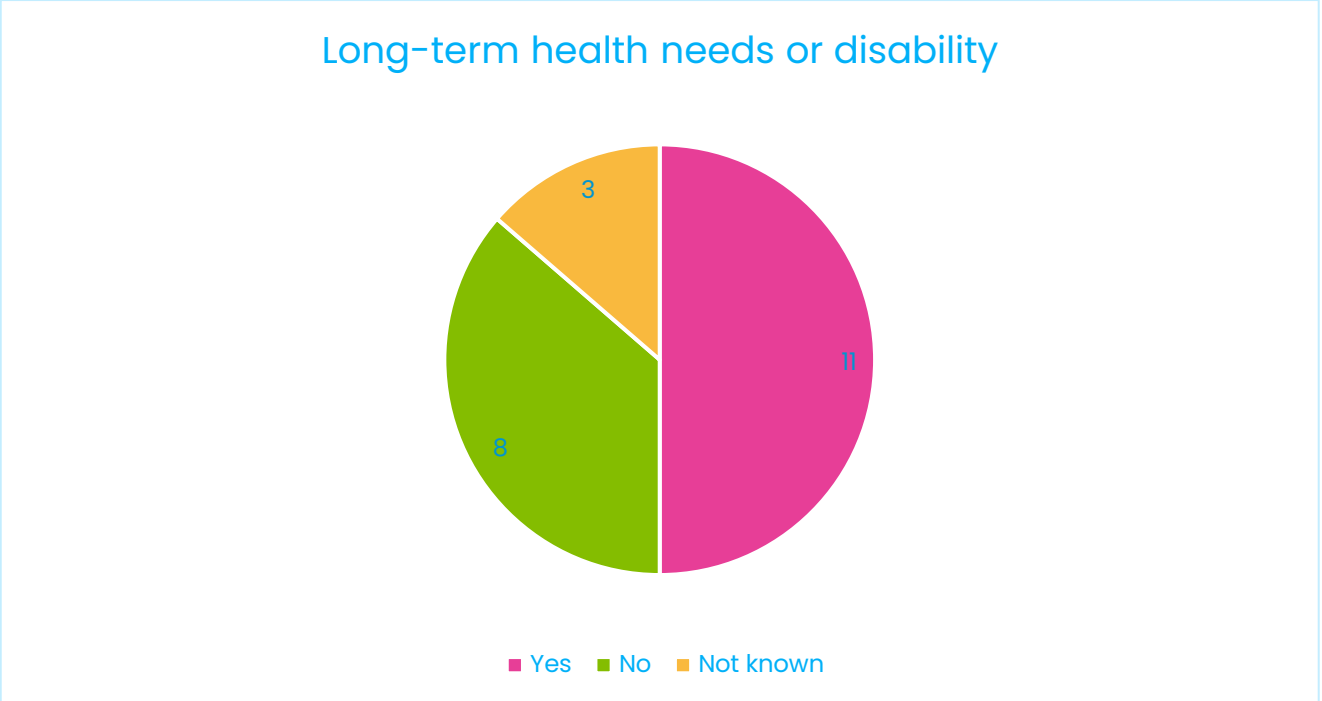


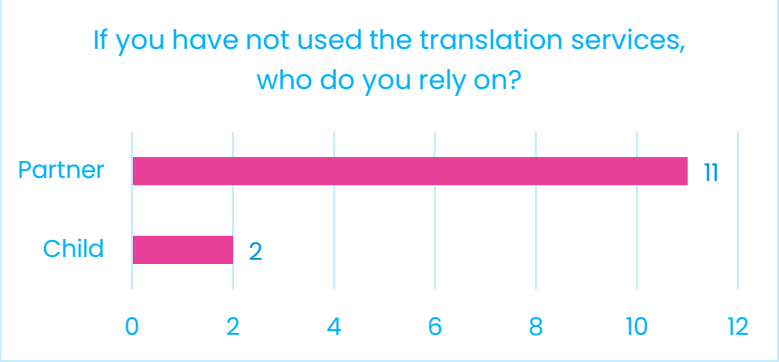


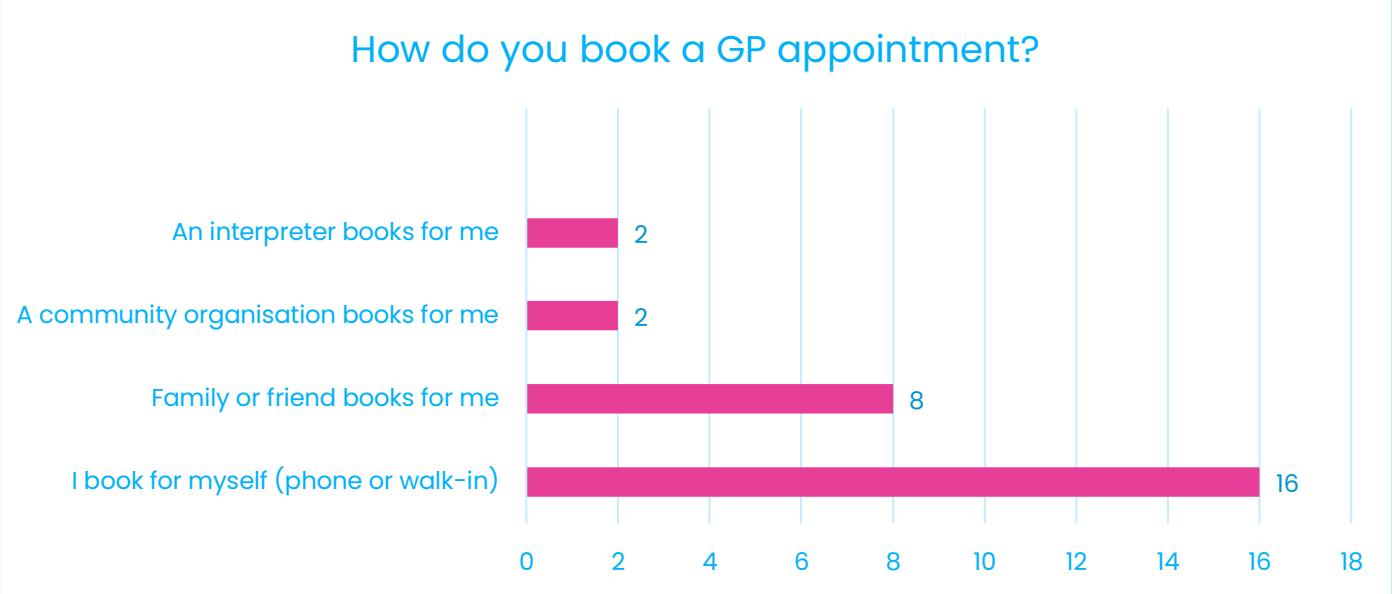

Age
50 to 79 years
2
25 to 49 years
20
0
5
10
15
20
25

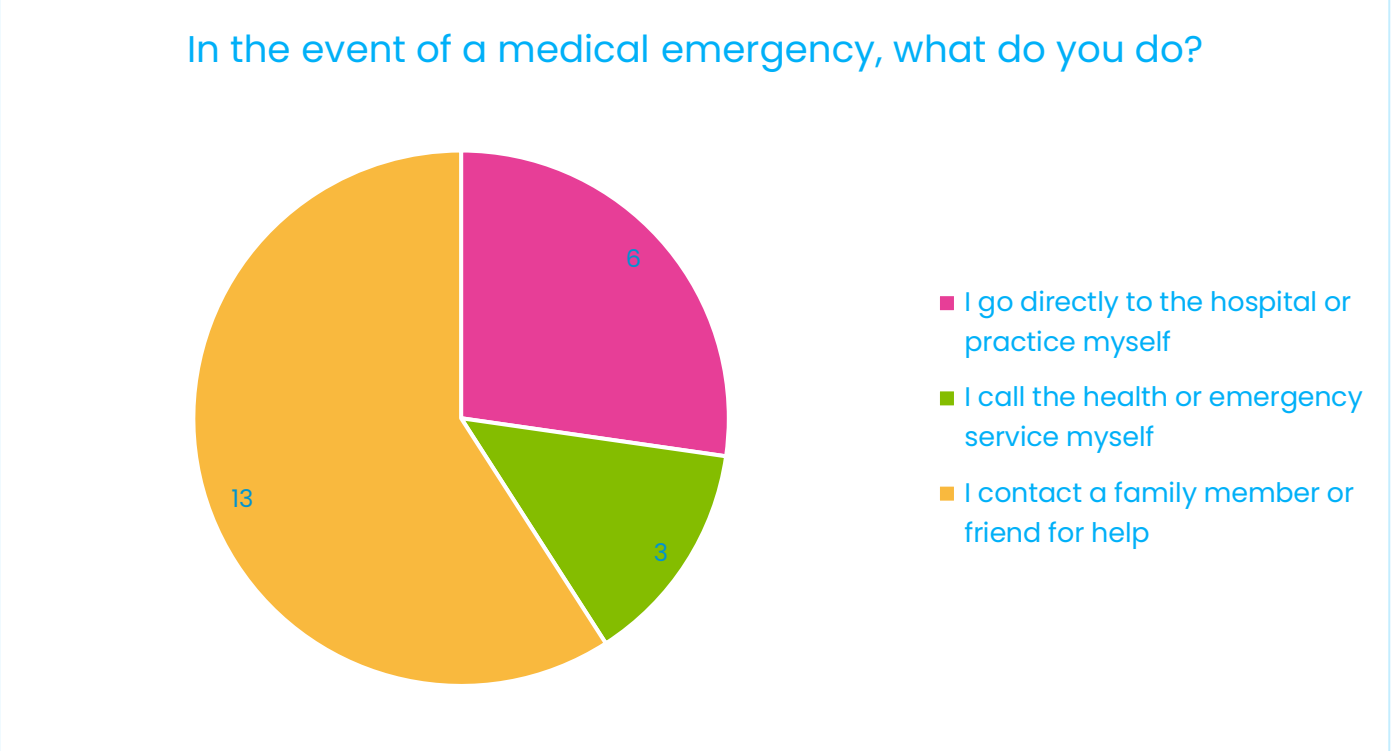

Gender
Male
1
Female
21
0
10
20
30


Financial status
I don't have enough for basic necessities and sometimes run out of money
6
I have just enough for basic necessities and little else
9
I have enough for basic necessities and a small amount of disposable income that I can save or spend on extras or leisure
3
I have more than enough for basic necessities and a large amount of disposable income that I can save or spend on extras or leisure
3
I don't know/prefer not to say
1
0
1
2
3
4
5
6
7
8
9
10


Long-term health needs or disability
3
11
8
Yes
No
Not known


If you have not used the translation services, who do you rely on?
Partner
11
Child
2
0
2
4
6
8
10
12


How do you book a GP appointment?
An interpreter books for me
2
A community organisation books for me
2
Family or friend books for me
8
I book for myself (phone or walk-in)
16
0
2
4
6
8
10
12
14
16
18


In the event of a medical emergency, what do you do?
6
3
13
I go directly to the hospital or practice myself
I call the health or emergency service myself
I contact a family member or friend for help

healthwatch Kensington and Chelsea

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