



Better  
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**Language support:  
Challenges and benefits for  
users and providers of  
health and social care  
services.**

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## Key messages

- 1 The current multilingual landscape may present challenges to both the providers and the users of health and social care services, particularly since this era of 'super-diversity' coincides with a period of austerity.
- 2 Opinions on the best solutions to language barriers may vary from governmental strategies to teach English as a second language, to a preference for professional interpreters amongst some health practitioners or for informal approaches by some patients.
- 3 There are a number of different types of interpreting service available, each of which has advantages and disadvantages, depending on the situation.
- 4 The use of informal interpreting services may present some benefits in a time of austerity, not only because of potential cost savings, but also due to patient preferences, and the opportunity for practitioners to more actively engage in the interpreting process.
- 5 Through the use of toolkits and training, practitioners can ensure that the correct type of interpreting services is selected for any given scenario, recognising the difference in needs between, for example, mental health talking therapies and a service to help cancer patients to access benefits.

## Introduction

The last decade has seen increasing numbers of people moving across borders in pursuit of work, safety and refuge. An inevitable consequence of this is that there are many people accessing services who do not speak the official language of the country in which they find themselves. In London, UK, alone it is estimated that over 300 languages are spoken by schoolchildren (Burck, 2004:315). This multilingual landscape is challenging to both the providers and the users of these services.

There have been attempts to address this challenge over the past two decades with admirable results including:

- improvements in training;
- recognition of the status of community interpreters;
- improvements in guidelines for service providers working with interpreters.

The intention of this paper is not to erode good work and progress made so far, but to recognise that the range of situations in which language support is needed is very broad and varied. The pattern of language support needs have changed over recent years with Vertovec (2007) describing a new era of super-diversity due to dispersed patterns of settlement and migration from an increased number of countries. Combined with an era of austerity, this super-diversity is a challenge, but also an invitation to start a creative conversation about different ways of delivering appropriate language support. The paper takes account of a range of considerations including service users' preferences, quality, safety, financial constraints and service providers' responsibility in their practice to engage actively with the challenge of language support.

## 1 Working with language difference: patient and professional perspectives

One way of managing language difference is through the provision of language classes. It seems that this is the current government's preferred way of deploying resources to meet the language challenge. In 2011 The Department for Communities and Local Government made £10 million funding available in the 2011/12 academic year to support additional ESOL provision for adult learners with no or limited levels of spoken English.

Commenting on the government paper 'Creating the conditions for integration' (21<sup>st</sup> February 2012), Andrew Stunnell, the Communities Minister, observed that:

*"A poor command of English can blight both an individual's life chances and damage community relations. This fund will help to release people from the prison of not being conversant in English, give them access to the jobs market, build their self-esteem and help build relations within communities."*

However, people vary in their speeds at learning a new language, (Kinging, 2011) and the solution of providing more language classes may not eradicate the need for interpreting service provision. Other forms of language support include bilingual staff interpreting on an ad hoc basis (Meyer, 2010); ad-hoc members of the community working as interpreters (Alexander, 2004); professional interpreters (Tribe, 2003, in this paper, referring to paid and suitably qualified interpreters, including those with undergraduate and postgraduate degrees and diplomas); trained volunteer interpreters (Costa, 2011a, referred to in this paper as Language Supporters); and family and friends acting as interpreters (Antonini, 2010).

Mol (2008) has stressed the importance of choice and of respect for service users' preferences. This is a debate that is wide-reaching and goes beyond the language support issue. However it highlights that when using interpreters a sense of disempowerment and feeling of not being understood can occur when speaking through 'someone else's voice'. In his comprehensive review of research in healthcare interpreting, Pöchhacker (2006) observed that studies from the clients' viewpoint are not numerous. This quote from a service user, included in an unpublished MA thesis by Telvi (2006:29) demonstrates one service users' experiences of using interpreting services:

*You have problems ... You want to tell them to the doctor... You know Turkish... You can't tell them in English ... It makes you upset, of course it makes you upset.*

This example does not refer to the quality of interpreting, rather that any form of language support intervention can heighten people's sense of disempowerment and anxiety.

Likewise, some service providers may feel that they are passive recipients of language support, and are dependent on the interpreter to convey their message. However, a more proactive approach to use of interpreters is possible, assessing different models of language support and selecting those which are most appropriate to different types of health service provision (for example, for a repeat prescription compared

to a mental health assessment).

## 2 Different types of language support

There are a number of different types of language support. Through appropriate training, providers can become confident to assess the clinical demands of any situation and give due consideration to the pros and cons of different levels of language support (Gray, 2012).

### *Professional Interpreting services*

In the UK, Professional Interpreting services are either funded by the public sector or operate as businesses in the private or not for profit sector, contracted by the public sector. Some service providers may prefer to use professional interpreters due to concerns about safety, misdiagnosis, patients' dignity etc. and the belief that the use of more informal interpretation (for example, family and friends) leads to the user receiving inadequate care, and an inferior service (Flores, 2006; Ku, 2005).

It should be noted that even within the domain of Professional Interpreting services, there is no official inspection process and agencies tend to vary in quality of provision. Jan Cambridge (2012), who writes about the lack of suitable interpreters in a number of tragic cases in midwifery, recommends that: "they (interpreting services) should be subject to the same degree of rigorous governance as any clinical discipline in NHS institutions."

### *Non-professional interpreting interventions*

#### *Family and friends*

Although some researchers have expressed doubts about the use of friends and family members as interpreters, there are, however, several studies that show that people may prefer to use friends and family members rather than professional interpreters (Kuo (1999, Antonini, 2010: 10). Antonini (2010:10), for example, found that parents often prefer their children to interpret for them even if other forms of language support are available: "Because of cultural reasons, and for a host of other motives, immigrant parents will continue to ask their children to translate and interpret for them regardless of the law and of other resources available to them, such as professional interpreters and language mediators." Likewise, in a review of users' experiences of access to services via interpreters, Alexander (2004: 60) found that this preference may be because "they trust them ... they have an ongoing relationship with them and an emotional commitment and loyalty towards each other." Greenhalgh (2006), who conducted interviews with service users, believes that family and friends can make a contribution to improved care by shifting the power balance in favour of the service user.

Using friends and family is also more efficient in terms of funding and resources, which may be seen as a benefit in times of austerity. However, this approach is not without risks, due to a lack of accountability or clinical governance. Although De Maesschalck (2012: 51) commends the more comfortable atmosphere that can develop through the use of informal interpreters, she also cautions that family members may also be too close for the intervention to be effective.

### *Trained bilingual staff*

This approach allows the exploitation of language skills already possessed by existing members of staff. Training will ensure that staff members are suitably supported for the additional burdens that this interpreting role may involve. For example, Meyer et.al. (2010) describe a programme for bilingual medical employees and an evaluation of ad hoc interpreting services at Hamburg Universities Research Center on Multilingualism. This ensures that staff have received adequate training, are used appropriately, do not confuse their roles and that patients' satisfaction is monitored.

This approach is also likely to be significantly cheaper than the use of professional interpreting services, and also exploits one of the benefits of a super-diverse population.

### *Trained Volunteer Language Supporters*

The use of volunteer community interpreters may provide a solution to fill the gap in interpreting provision, at minimum cost. There is a tradition, in the U.K., of highly qualified and high quality volunteers delivering significant services, for example the Citizens' Advice Bureau and the Samaritans. In recent decades much of the counselling and psychotherapy in the voluntary sector and the NHS has been delivered by students in training on unpaid work placements. Although volunteers will often use their language skills informally, there have been a number of initiatives to raise standards for service provision, with courses and services which train volunteers to 'professional standards'.

For example, Professor Miriam Shlesinger of Bar-Ilan University has developed formal training for volunteer interpreters, establishing a course which trains students within the university to acquire basic translation skills. In a similar manner, in the UK, [Mothertongue](#) multi-ethnic counselling service has attempted to establish its Volunteer Language Support Service - training and using volunteers from the communities they serve.

This training emphasises the importance of working within professional boundaries, and managing challenges to professional behaviour and ethical standards when working cross-culturally. Supervision is also essential to give support to volunteer interpreters and to provide them with a reflective space to develop and learn (Costa, 2011). Although the training and support is usually for volunteer interpreters, it could be suitable for anyone who interprets for others informally, such as family, friends, and bilingual workers (Alexander, 2004; Gray, 2012; Meyer, 2010).

### 3 Suggestions for practical implementation in an era of austerity

Professional interpreters often prefer not to acknowledge non-professional interpreters or to dismiss them as a danger or risk, because of potentially challenging ethical issues in the highly charged emotional contexts in which interpreting can take place (Antonini, 2010:3). However, although professional, trained and regulated interpreting is clearly of great importance in sensitive contexts, not all contexts carry the same level of complexity or emotion.

Furthermore, it is also necessary to acknowledge the reality of budget constraints. If paid, professional interpreters are to be funded for complex cases in this age of austerity then alternative ways of providing unpaid interpreting support need to be considered seriously.

Likewise, it should be noted that even if informal practices are not supported, they are not likely to disappear. It may therefore be preferable to recognise the actual prevalence of informal approaches, such as use of family members, and to consider coping strategies that both respectfully acknowledge the preferences of service users and improve support for those who step informally into the interpreting role (Stallbrass, 2012), for example, through training. Alexander (2004:64) suggests that “training in the basics of interpreting should be made much more widely available to members of different minority ethnic communities who are bilingual, especially family and friends who regularly act as interpreters”.

Likewise, service providers should be trained to evaluate when and how to use these informal interpreters, and when safety may be compromised. Rosenberg (2007) observed that, when working with family interpreters, doctors tend to ignore the formal methods they have for working with professional interpreters, instead treating family interpreters primarily as caregivers. He suggests that doctors should be trained to use guidelines which can be incorporated into their general assessment and decision-making processes. Gray (2012: 55) has developed a toolkit and evidence-based process to help doctors to make appropriate decisions about levels of language support and corresponding risk, “weighing up all the issues involved (clinical, ethical, practical, social and financial).”

The toolkit also helps professionals to feel confident to stop an appointment if they feel that material currently being discussed has moved to an area where the level of language support is no longer suitable. This is in line with current good practice where practitioners who have reached the limit of their expertise or capacity, end a consultation and refer the person on to a different level of intervention. In this way everyone in the “team” will feel safe and the service users’ preference for a family member or friend to interpret for them will have been honoured up to the point where the practitioners assess that additional help is needed.

### Case study 1: The mental health context

There is no doubt that inadequate interpretation can lead be dangerous in certain contexts, including, for example, mental health contexts. The use of non-professional interpreters is therefore contraindicated in certain contexts, especially where family members may be implicated in the problems, or where confidentiality and privacy protect people's safety (Tribe, 2003; Costa, 2011; Doherty, 2010).

There are other demands of the mental health context which mean that a professional interpreter, trained to understand the clinical context is required. For example:

- The unconscious processes, with which mental health therapy engages, need to be addressed in the language in which those processes have been encoded.
- The interpreter needs to understand the role they play in the therapeutic dynamics.
- People may be prescribed medication rather than offered talking therapies because of communication difficulties (Fernando, 2010)
- People can be put at risk, misdiagnosed and expensive treatment given to them unnecessarily and ineffectively
- People may not access mental health services at all because of language barriers and a lack of interpreters (Bernardes, 2010)

It is therefore suggested that professional interpreters are used at all times in mental health and talking therapies.

### Case Study 2: Translating basic information for the Citizen's Advice Bureau

A trained volunteer can be used for interpreting in a context where basic information needs to be conveyed. For example, a local Citizens' Advice Bureau runs an advice service in conjunction with the Macmillan Benefits Service for patients diagnosed with cancer. A trained volunteer can interpret for the patient and the advice-giver so that the patient can identify the next steps needed in order to access the appropriate benefits.

Although the hospital employs professional, trained interpreters for their clinical appointments, the Citizens' Advice Bureau may not be able to access this service but can make use of the trained volunteer available for a non- clinical intervention.

## Conclusion

Different types and complexity of intervention require different and appropriate levels of language support. Non-professional interpreters and Volunteer Language Supporters are used widely and are often preferred by service users. Indeed situations can be imagined where service users' and their families' preferences for a family member to interpret for them should not be ignored for compassionate reasons (in the final days of end of life care, for example).

Practitioners, however, often prefer professional interpreters, and of course professional interpreters are recommended for sensitive and complex work. Volunteer Language Supporters can, however, also provide an excellent service if they are trained and supervised appropriately.

It is important to distinguish cases where a professional interpreter should only be used and to ensure that resources are used wisely so that this paid provision can continue. A model of language support is proposed which incorporates paid and unpaid forms of language support. The key to the success of this model lies with the willingness, commitment and preparedness of the service providers to engage in a formalised process of assessment of each situation. Training will provide guidance on working with language difference, assessing suitability and working with language supporters, to enable service providers to increase their sense of agency; collaborate with the people providing the language support, and provide the best service possible for the client.

Likewise, service users can feel confident that the appropriate level of language support will be provided for them, their wishes will be respected and worked with as far as is deemed safe and useful, and that resources have been managed in such a way that paid interpreting is available for the situations where they are needed.

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In 2008 Mothertongue won the Award for Excellence in the Practice of Counselling and Psychotherapy from the British Association for Counselling and Psychotherapy and in 2009, The Queen's Award for Volunteering.

Beverley has published a number of papers and chapters about language, culture and therapy. Her doctorate documented the genesis and development of Mothertongue multi ethnic counselling service.

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