Policy Vs Reality: Interpreting in Health and Social Care Services. Insights from Refugees in North Yorkshire

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Aims

To highlight the difficulties that refugees have in accessing interpreter services within healthcare systems in North Yorkshire.

Methodology

In this qualitative research more than 40 refugees were consulted via focus groups. Locations included Ripon, Scarborough, Northallerton, Malton, Harrogate, Richmond and

Selby. In addition, mystery shopping took place in 25 pharmacies across North Yorkshire, and relevant documents were reviewed. It is important to state that the findings of the research project, however, were the result of inductive research: the original aim was to ask participants about general experiences of health and social care, but after the first few focus groups interpreter provision emerged as a common theme and for the remainder of the fieldwork this was asked about in more detail.

Key issues

- Guidelines for health service providers make it clear that patients should be able to access the same quality of primary care as others, regardless of language and communication needs and that there is an expectation that primary care staff should book interpreters when required. However, the guidelines do not make it clear that interpreting services are mandatory in this context, notwithstanding that, according to the Equality Act 2010, providers of public services have an obligation to guarantee equal access to public services.
- Health Trusts and Commissioning Committees also recognise the importance of interpreters but place the responsibility (including for funding) on practices and GPs themselves.
- The research found that refugees whose first language is not English face similar issues to the general public when

using health services, including long waits for appointments and a lack of communication between services; however, they also face additional barriers, primarily a lack of interpreter provision.

- For instance, in some cases, people reported being refused interpreters, or refused access to services unless an interpreter was present even though there was no mechanism for interpreter provision. In only 20% of the stories heard (10 out of 49 accounts), research participants stated they had access to interpreter services whilst using the healthcare system, and 70% of those accounts reported a positive experience, evidencing the value of interpretation services.
- Conversely, in the 49% of accounts where participants did not have interpreters, most of them (96% of accounts) described a negative experience.
- Furthermore, 10% of accounts referred to experiences where participants were told to expect an interpreter but there was no provision in their appointment. All of them reported negative experiences of medical services.
- Additionally, the mystery shopping revealed that of the 25 pharmacies attended in the research, only four said they provided interpreter services, but none of those four said they would provide vocal interpretation, as they confirmed they would use Google Translate. The rest facilitated some sort of alternative, such as suggesting patients contact their GP, accessing NHS 111 or trying to contact another pharmacy. Some pharmacies offered no signposting or

could not help, and one suggestion was to continue calling around pharmacies until they reach a ‘Muslim pharmacist’.

- The research revealed that some health practitioners use Google Translate, but this tends to end in a one-way-only conversation as some patients require a different alphabet to the keyboard in use and cannot easily communicate with the pharmacist or health practitioner.
- The lack of choice of gender-appropriate interpreters, the fact that appointments with an interpreter take twice the time, and the absence of mechanisms to book an interpreter when making an appointment with health services makes it difficult for patients to have a positive experience – for example, patients were not routinely being asked about their language requirements on registering with a primary care provider.

- Overall, the research suggested that staff and patients are not sufficiently aware of interpreter provision, guidance and responsibilities. There is also a perceived lack of explanation of treatment and of expectations from the healthcare system and procedures as a whole, to the extent that some accounts suggested that the lack of interpreter services could have led to misdiagnosis, lack of diagnosis, long waiting times, lack of available appointments, treatment not working, lack of treatment options available, food not being suitable and long waits for test results.

Recommendations

The research found that experiences of using face-to-face interpreters were more positive than other methods, and participants reported good experiences with GPs or dentists who can speak their language. Whilst interpreters on the phone can be unclear and difficult to hear, which can be made worse if accent or dialect varies, they are preferred to having no provision. The authors made the following recommendations:

- Healthcare services need to make it part of their routine to proactively offer interpreter provision and ensure this is available at every stage of the health service access.
- All GP practices and Primary Care Networks are required to provide an annual statement outlining their policy on provision of interpreters, and this should include access to face-to-face interpretation where necessary and access to an interpreter of an appropriate gender.
- Services need to follow their NHS guidance, and the provision of interpreter services should be more effectively monitored.
- Practices need to use professional impartial interpretive services and Google Translate should not be used in healthcare settings.
- Staff need to be trained about how to support patients to access interpreting services, and booking systems should be robust enough to identify those in need of interpreting services.

- IT systems should be planned to easily enable the identification of those in need of interpreting services at the earliest possible point of contact.
- Those with limited proficiency in English need to be given clearer information about healthcare services, to make them aware of their access rights, and the local authority and commissioners of health should develop or commission a short guide on access to health services for refugees and other residents who may not speak English.
- Pharmaceutical needs assessments should consider how access to interpretation can be incorporated.
- Further work needs to be completed in order to find out if this issue is replicated in social care services.

Web Link
https://www.healthwatchnorthyorkshire.co.uk/report/2020-01-01/policy-vs-reality…
Migrant Group
Refugees
Topic
Access to healthcare
Community and society
Health
Integration
Place
North Yorkshire
Year
2020
Month
1

Resource Type
Report

Source URL: *https://www.migrationyorkshire.org.uk/research-entry/policy-vs-reality-interpreting-health-and-social-care-services-insights-refugees*