Is anybody listening?

the user perspective on interpretation and translation services for minority ethnic communities
About the Scottish Consumer Council

The Scottish Consumer Council (SCC) was set up by government in 1975. Our purpose is to promote the interests of consumers in Scotland, with particular regard to those people who experience disadvantage in society. While producers of goods and services are usually well-organised and articulate when protecting their own interests, individual consumers very often are not. The people whose interests we represent are consumers of all kinds: they may be patients, tenants, parents, solicitors’ clients, public transport users, or simply shoppers in a supermarket.

Consumers benefit from efficient and effective services in the public and private sectors. Service-providers benefit from discriminating consumers. A balanced partnership between the two is essential and the SCC seeks to develop this partnership by:

- carrying out research into consumer issues and concerns;
- informing key policy and decision-makers about consumer concerns and issues;
- influencing key policy and decision-making processes;
- informing and raising awareness among consumers.

The SCC is part of the National Consumer Council (NCC) and is sponsored by the Department of Trade and Industry. The SCC’s Chairman and Council members are appointed by the Secretary of State for Trade and Industry in consultation with the First Minister. Martyn Evans, the SCC’s Director, leads the staff team.

Please check our web site at www.scotconsumer.org.uk for news about our publications.

Scottish Consumer Council
Royal Exchange House
100 Queen Street
Glasgow G1 3DN
Telephone 0141 226 5261
Facsimile 0141 221 0731
www.scotconsumer.org.uk

Research conducted by Linda Nicholson,
The Research Shop

Written by Linda Nicholson, The Research Shop and Jennifer Wallace, Scottish Consumer Council

With assistance from Anna Ritchie, Scottish Consumer Council, Researcher and Fiona Rait.

Published by Scottish Consumer Council
May 2005

ISBN 0-9549004-4-9

The SCC assesses the consumer perspective in any situation by analysing the position of consumers against a set of consumer principles.

These are:

ACCESS
Can consumers actually get the goods or services they need or want?

CHOICE
Can consumers affect the way the goods and services are provided through their own choice?

INFORMATION
Do consumers have the information they need, presented in the way they want, to make informed choices?

REDRESS
If something goes wrong, can it be put right?

SAFETY
Are standards as high as they can reasonably be?

FAIRNESS
Are consumers subject to arbitrary discrimination for reasons unconnected with their characteristics as consumers?

REPRESENTATION
If consumers cannot affect what is provided through their own choices, are there other effective means for their views to be represented?

We can often make our publications available in braille or large print, on audio tape or computer disk. Please contact us for details.
Foreword

UK citizens who do not speak English as a first language have the same rights to access public sector services as English speakers. However, too often their ability to use services is limited by the lack of interpretation and translation services. In 1999, the Commission for Racial Equality in Scotland recommended establishing the feasibility of a national strategy for interpreting and translating which might incorporate a national agency, properly resourced to oversee the development of national standards. However, despite this and repeated calls from other agencies and researchers, the Scottish Executive has yet to establish a national strategy.

Last year, the SCC became aware that these calls for a national strategy for interpretation and translation services had not yet led to action and commissioned a series of focus groups with participants from minority ethnic communities who do not speak English as a first language. The research aimed to explore whether language remained a barrier to accessing public services for the minority ethnic community.

The findings are disappointing – people from minority ethnic communities are still experiencing difficulties accessing services due to language barriers. Those involved in the research described concerns that they may not have received fair treatment by public services due to language barriers. Despite moves to provide more professional interpreters, the use of informal interpreters such as family members and friends was common though professional interpreters were preferred by most of the participants. For those who did have experience of using an interpreter, many experienced what they considered to be poor quality of interpreters.

The Scottish Consumer Council is adding its voice to the recommendation of the Commission for Racial Equality for the Scottish Executive to develop and implement a national strategy on interpretation and translation services for the public sector. Both the CRE and SCC strongly believe that this agenda needs to be taken forward to ensure that people from minority ethnic communities are not discriminated against when accessing public services.

Kay Hampton Graeme Millar
Deputy Chair of the CRE Chairman of SCC
(Scottish representative)
Acknowledgements

Firstly, and most importantly, we would like to thank all the focus group participants for giving up their time to take part in this project. This report has also benefited from comments and advice of several people involved in interpretation and translation services and we thank them all for their comments.

We would also like to thank Linda Nicholson, Director of The Research Shop for carrying out the literature review and conducting the focus groups that form the basis of this report. Chapters 3 and 4 were written by Linda. We also express our thanks to Fiona Rait for her assistance in setting up the focus groups.

Anna Ritchie, Researcher at the SCC provided assistance throughout the project and carried out the additional work into local authority provision (Appendix 3). The introduction, context and recommendations (Chapters 1, 2 and 5) were written by Jennifer Wallace, Policy Manager at SCC.

The SCC’s Housing, Education and Local Government Committee oversaw the work for this report. The members of the committee at the time were Ann Clark (chair), Drew Hunter, Ashok Khindria, Peter Hunter, Jon Harris, Graeme Millar (ex-officio), Heather Brash (ex-officio) and Martyn Evans (ex-officio).
Chapter 1: Introduction and Methodology

Since the implementation of the Race Relations (Amendment) Act 2000, in April 2001, public authorities have had a duty to promote race equality in Scotland. Public authorities include local authorities, courts, schools, hospitals, GP surgeries, prisons and public libraries as well as the Scottish Executive itself. This duty means that listed public authorities must have due regard to the need to:

- eliminate unlawful racial discrimination;
- promote equality of opportunity; and
- promote good relations between people of different racial groups.

In the foreword to the 2001 Scottish Translation, Interpreting and Communication Forum ‘Good Practice Guidelines’ (originally published in 2001 then reissued in 2004) the then Minister for Social Justice, Iain Gray, stated:

Under…the Race Relations (Amendment) Act, for example, public bodies have to make sure that people have access to their services, and this means, among other things, ensuring that appropriate translating and interpreting provision is in place.

Despite this duty, concerns regarding translation and interpretation services (see Box 1 for definitions) have emerged repeatedly in research involving members of minority ethnic communities.

<table>
<thead>
<tr>
<th>Box 1: Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Translation</strong> - The conversion of written text from one language to another.</td>
</tr>
<tr>
<td><strong>Interpretation</strong> - The conversion of speech from one language to another.</td>
</tr>
</tbody>
</table>

In Scotland, calls have been made by a variety of bodies for a greater co-ordination in the provision of such services, underpinned by national standards and recognised training for the professional staff involved. To date, however, no such framework has been produced and members of minority ethnic communities continue to report difficulties created by language barriers in accessing public services.

1.1 The purpose and scope of this report

Against this background, the Scottish Consumer Council (SCC) is concerned that despite translation and interpretation services remaining priority issues for minority
ethnic communities (see Blake Stevenson, 2003), no national strategy for the provision of such services has been established. Key information which could assist the development of such a strategy includes the views of potential and existing users of translation and interpretation services. However, Scottish-based evidence from the user-perspective is relatively sparse with much of the previous research focusing on experience in England. Although findings from English-based research may have some relevance for Scotland, distinct Scottish issues such as dispersed communities, smaller minority ethnic populations and the short supply in Scotland of qualified translators and interpreters demonstrate the need for further study of the issues within Scotland.

This report looks only at interpretation and translation services for minority ethnic languages. One of the key interests of SCC was to examine the field in relation to possible discrimination against minority ethnic communities. We are aware and supportive of the work being carried out to develop services for Gaelic speakers and for people with disabilities. Some of the findings and recommendations may be of interest to those working in these fields; however it is not the purpose of this research to look at those issues in depth.

The focus group findings discussed in Chapter 4 centre on interpretation services with considerably less attention paid to translation services. This was because the focus group participants themselves had little experience of translated documents. We have kept the focus of the literature review and recommendations on both interpretation and translation as considering them together complements a strategic approach to planning communications support for people from minority ethnic communities who require these services.

1.2 Methods

The research consisted of two elements:

- A review of previous relevant UK research literature relating to translation and interpretation services in the public sector, focusing particularly on the user-perspective.
- Focus groups with members of minority ethnic communities to explore translation and interpretation needs and prior experiences within the public sector context.

Five focus groups involving a total of 35 minority ethnic participants were conducted. The ages of participants ranged from 17 years to 76 years. Sixty per cent of participants were male. One group with Pakistani participants, was all male, the others were mixed in gender. Table 1 summarises the key characteristics of each focus group.
Table 1: Key Characteristics of Focus Groups

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>No. of males</th>
<th>No. of females</th>
<th>Age range (approx)</th>
<th>Main languages spoken</th>
<th>Residence of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td>5</td>
<td>3</td>
<td>56 - 70</td>
<td>Hakka</td>
<td>Stirling</td>
</tr>
<tr>
<td>Pakistani</td>
<td>5</td>
<td>-</td>
<td>45 - 69</td>
<td>Urdu</td>
<td>Lothians</td>
</tr>
<tr>
<td>Indian</td>
<td>1</td>
<td>4</td>
<td>57 - 76</td>
<td>Gujerati/Urdu</td>
<td>Edinburgh</td>
</tr>
<tr>
<td>Turkey/Iraq (Refugees)</td>
<td>8</td>
<td>4</td>
<td>17 - 49</td>
<td>Arabic/Turkish/Kurdish</td>
<td>Edinburgh</td>
</tr>
<tr>
<td>Brazil/Portugal (In-migrant workers)</td>
<td>2</td>
<td>3</td>
<td>20 - 30</td>
<td>Portugese</td>
<td>Duns -Scottish Borders</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21</td>
<td>14</td>
<td>17 - 76</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The groups were selected to represent a broad range of participants. The three largest minority ethnic communities in Scotland, Pakistani, Chinese and Indian, were included amongst the focus groups. Older members of these communities were targeted for inclusion as those most likely to experience difficulties caused by language barriers. The two remaining focus groups included younger participants. One group comprised refugees, the other, people of working age who had migrated to Scotland to take up employment. Each of the groups required an interpreter who assisted with all or some of the discussion. Two interpreters were present at the refugee group, one to interpret between English and Turkish, the other to interpret between English and Arabic.

Previous experience has suggested that within the context of focus groups it can be beneficial to use interpreters not previously known to the participants. However, we considered that on this occasion, deploying a professional interpreter could interfere with the research process. As the quality of interpretation services was to be a central topic of discussion for this research, it was felt that using a professional interpreter could inhibit a frank and open discussion. The topic guide for the focus groups can be found in Annex 2.

In Chapter 2 of this report we outline the social and political context for this examination while Chapter 3 considers the research evidence on interpretation and translation in detail. The findings from the focus group research are discussed in Chapter 4 before making conclusions and recommendations in Chapter 5.
Chapter 2: The Social and Political Context

2.1 Scotland’s minority ethnic population

The profile and needs of minority ethnic communities in Scotland are continually changing. Census data demonstrates an increase in Scotland’s minority ethnic population between 1991 and 2001. While the total population of Scotland increased by 1.3% between Census dates, Scotland’s minority ethnic population increased by 62.3% during the same period (Scottish Executive, 2004a). However, the number of people from minority ethnic communities as a proportion of the total population has remained relatively small at only 2% (see Table 2).

Table 2: Scottish population by ethnicity (Scottish Executive, 2004a)

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Scottish</td>
<td>4,459,071</td>
<td>88.1</td>
</tr>
<tr>
<td>Other White British</td>
<td>373,685</td>
<td>7.40</td>
</tr>
<tr>
<td>White Irish</td>
<td>49,428</td>
<td>1.00</td>
</tr>
<tr>
<td>Other White</td>
<td>78,150</td>
<td>1.50</td>
</tr>
<tr>
<td><strong>Total white population</strong></td>
<td><strong>4,960,334</strong></td>
<td><strong>98%</strong></td>
</tr>
<tr>
<td>Indian</td>
<td>15,037</td>
<td>0.30</td>
</tr>
<tr>
<td>Pakistani</td>
<td>31,793</td>
<td>0.63</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>1,981</td>
<td>0.04</td>
</tr>
<tr>
<td>Other South Asian</td>
<td>6,196</td>
<td>0.12</td>
</tr>
<tr>
<td>Chinese</td>
<td>16,310</td>
<td>0.32</td>
</tr>
<tr>
<td>Caribbean</td>
<td>1,778</td>
<td>0.04</td>
</tr>
<tr>
<td>African</td>
<td>5,118</td>
<td>0.10</td>
</tr>
<tr>
<td>Black Scottish or other Black</td>
<td>1,129</td>
<td>0.02</td>
</tr>
<tr>
<td>Any Mixed background</td>
<td>12,764</td>
<td>0.25</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>9,571</td>
<td>0.19</td>
</tr>
<tr>
<td><strong>Total minority ethnic population</strong></td>
<td><strong>101,677</strong></td>
<td><strong>2%</strong></td>
</tr>
<tr>
<td><strong>Total Population</strong></td>
<td><strong>5,062,011</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Many families from the largest minority ethnic groups in Scotland (Pakistani, Chinese and Indian) are very well established, with different generations, even within the same families, having different English language support needs.
Recent developments in the patterning of Scotland’s in-migration include the location of asylum seekers and refugees largely within Glasgow and Edinburgh, and new initiatives to attract people from other countries to work and live in Scotland (see Box 2 for definitions). Such schemes bring diverse groups of migrants to Scotland, increasing the white minority ethnic population, and an increase in the diversity of languages spoken. A 1999 report by the Centre for Education for Racial Equality in Scotland (1999) found 60 languages are spoken in modern Scotland (HomePoint, 2001).

Box 2: Definitions

**Minority ethnic** - any national or racial group not indigenous to the UK who hold cultural traditions and values derived, at least in part, from their countries of origin.

**Refugees** – people who have a well-grounded fear of persecution for reasons of race, religion, nationality, membership of a particular social group, or political opinion; are outside the country they belong to or normally live in; and are unable or unwilling to return home through fear of persecution (from the 1951 Convention on Refugees).

**Asylum seekers** - people waiting for their application for ‘refugee status’ to be assessed by the government.

**In-migrants** – a general term that includes all people who have moved into an area.

2.2 ‘Needs not numbers’

As discussed in section 2.1, Scotland’s minority ethnic population had not grown past 2% at the time of the last census. However, this does not tell us about geographical dispersal of the minority ethnic population. The 2001 Census shows how the percentage of the ‘non-white’ population is dispersed across Scotland (see Table 3).

From Table 3 (on page 6) we can clearly see that Scotland’s minority ethnic population is concentrated across the central belt, with the exception of the cities of Dundee and Aberdeen. Rural areas such as Angus, Argyll and Bute, Scottish Borders and Orkney Island have a low representation of ‘non-white’ individuals, with Orkney Islands having the lowest representation in Scotland at only 0.5%, equivalent to under 100 people. While the census provides useful information on geographical representation of Scotland’s minority ethnic communities, it does not provide any information on languages spoken or the numbers who do not speak English. Census data is therefore only an indicator of the likely extent of language support needs, not an exact figure, no specific data is available on the numbers of non-English speakers in Scotland.
Table 3: Geographical representation of minority ethnic population (General Register Office for Scotland Census of Population 2001)

<table>
<thead>
<tr>
<th>Percentage of population 'non-white'</th>
<th>Council area and percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 3%</td>
<td>Glasgow City (5.5%), Edinburgh City (4.1%), East Renfrewshire (3.9%), Dundee City (3.7%), East Dumbartonshire (3.1%)</td>
</tr>
<tr>
<td>Between 1% and 3%</td>
<td>Aberdeen City (2.9%), Stirling (1.5%), West Lothian (1.3%), Fife (1.3%), North Lanarkshire (1.3%), Renfrewshire (1.2%), South Lanarkshire (1.1%), Shetland Islands (1.1%), Falkirk (1.03%)</td>
</tr>
<tr>
<td>Under 1%</td>
<td>Perth &amp; Kinross (0.97%), Midlothian (0.9%), Inverclyde (0.9%), Moray (0.9%), Clackmannanshire (0.8%), Highland (0.8%), Angus (0.8%), Argyll &amp; Bute (0.8%), East Lothian (0.7%), Aberdeenshire (0.7%), West Dunbartonshire (0.7%), North Ayrshire (0.7%), South Ayrshire (0.7%), East Ayrshire (0.7%), Dumfries &amp; Galloway (0.7%), Eilean Siar (0.7%), Scottish Borders (0.6%), Orkney Islands (0.5%)</td>
</tr>
</tbody>
</table>

The very small number of those likely to speak minority ethnic languages has meant that some local authorities and public services have failed to prioritise their language and communication needs. In 2001, NHS Scotland published ‘Fair for All’, a report on the audit of policies and practices used by Boards and Trusts in integrating health issues with their mainstream work. The audit found that Health Boards and Trusts were at very different stages in responding to the health and service needs of ethnic minority communities and that the priority accorded the issue has been low in some areas. In relation to priority the report concluded:

*Given the relatively low numbers of people from ethnic minority communities in some parts of Scotland, the key issue that emerged during the early stages of surveying was ‘why is this issue a priority?’*

*It has to be recognised that numbers are not, and must not be, the only determinants of priorities. Everyone is entitled to fair access to health care and the right to opportunities for better health.* (Scottish Executive, 2001, p.6)
This NHS Scotland report highlights issues experienced across Scotland’s public sector, where small numbers are seen as a justification for not providing interpretation and translation services. However, the small numbers of some minority ethnic communities does not mean that their needs should be given low priority by public services. All public service users in Scotland have equal rights of access, and should not be subject to indirect discrimination because their language needs place them in the minority.

### 2.3 The legislative and policy context

A duty to promote equality was placed on public authorities under the Race Relations (Amendment) Act 2000. The Act differentiates between direct and indirect discrimination with lack of communications support such as interpreting and translation services considered to be indirect discrimination. The Scottish Executive highlighted the need for services when it stated:

> **Issues around language provision and translating and interpreting services** are key to ensuring access for all. The provision of translating and interpreting services is important as it cuts across many different areas of life, from access to services and information through to sports and leisure pursuits and business advice. (Scottish Executive, 2003, p.27)

In addition to the legislative duty and national statements, specific public services in Scotland have also made policy statements on the importance of interpretation and translation services. Table 4 (on page 8) outlines the legislative and policy basis for providing interpreting and translation services.

Table 4 shows that while public authorities are under a general duty to promote racial equality, only the Courts have an additional duty under the Human Rights Act 1998 to provide **free** interpretation and translation services.
Table 4: The legislative and policy basis for the provision of interpreting and translation services

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Policy Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health</strong></td>
<td>General duty under the Race Relations Amendment Act 2000.</td>
</tr>
<tr>
<td><strong>Courts</strong></td>
<td>The Human Rights Act 1998 established the right to have a free interpreter if you cannot understand the language spoken in court. Also under the general duty of the Race Relations Amendment Act 2000 to promote equality</td>
</tr>
<tr>
<td><strong>Police</strong></td>
<td>Under the general duty of the Race Relations Amendment Act 2000 to promote equality.</td>
</tr>
<tr>
<td><strong>Local authorities</strong></td>
<td>Under the general duty of the Race Relations Amendment Act 2000 to promote equality.</td>
</tr>
</tbody>
</table>

Each local authority in Scotland has its own policy on Race Equality. In order to explore these in more detail a short investigation of available policies and information was carried out. We wanted to find out if a local authority had:

- a Race Equality Strategy or Scheme;
- guidelines or standards on translation and interpreting; and/or
- a translation and interpretation service.
The first phase of the examination consisted of looking at the website of each local authority and searching for details of both a Race Equality Strategy or Scheme and a translation and interpretation service. A second phase of examination was then required to fill in the gaps from the information on the local authority websites. This entailed telephoning local authority switchboards to collate further, often very basic, information that was not available online, such as:

- whether or not a Race Equality Strategy had been published;
- what type of translation and interpretation service was offered to users, if at all;
- whether there was a published policy on the provision of this service; and
- if there had been any changes made to policies or services, or information updated.

Our examination into the provision of translation and interpretation services by local authorities has shown disparities throughout Scotland. We found differences in the provision of services and in the accessibility of these services. While several local authorities offer extensive translation and interpretation services, with published policies and regularly used services, staff from other local authorities were unsure about whether the authority offered these services.

The results of the first phase were fairly patchy while only three local authorities did not have a Race Equality Strategy available on line, these did not always include information on translation or interpreting services. Other local authorities however, provided easily accessible and clear online information on both of these.

One important point that arose from the second phase conducted via telephone was the differences in accessing the information about the services. In some cases, it was relatively easy to reach an individual who could deal with our enquiry and provide the information that was being sought. Many staff were very helpful, providing the required information both over the telephone and via email. Telephone calls to other local authorities revealed difficulties, with the call being passed to several different people, each unable to deal with the enquiry and occasionally unaware of the subject matter.

Table 5 shows at a glance the information collated on local authorities’ policies on translation and interpretation services.
Table 5: Availability of information on Race Equality Schemes and translation and interpretation policies or guidelines

<table>
<thead>
<tr>
<th>Local authorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race Equality Scheme available online</td>
</tr>
<tr>
<td>Translation and Interpretation Services offered</td>
</tr>
<tr>
<td>Translation and Interpretation Policy or Guidelines available</td>
</tr>
</tbody>
</table>

Table 5 shows a wide disparity in the range of translation and interpretation services offered. It is important to stress that while our investigation highlights where repeated efforts to gather this information failed, it may be that these services and policies do exist.

We found that eight out of the 32 local authorities offer their own translation and interpretation services. Those local authorities in the Lothians (East Lothian, West Lothian, Midlothian) have access to the service at City of Edinburgh Council, yet do not themselves have such services. Almost all, 29 out of the 32 local authorities have a Race Equality Scheme or Strategy online, yet only 18 local authorities have published policies or guidelines on translation and interpretation.

We found four authorities (Aberdeen City, South Ayrshire, South Lanarkshire and Stirling) which used the Language Line service. Language Line is a UK company which provided quality assured interpreters via telephone or face to face. Their 24-hour telephone service provides a rapid response to emergency or unplanned situations. They also provide translation services.

2.4 Development of guidelines and standards

Over the past four years, a number of developments have been made in relation to guidelines and standards.
Audit of Translation, Interpreting and Communications Support

The Scottish Executive convened the translation, interpreting and communication support group (TICS) to bring together key stakeholders from across the public sector. The TICS group commissioned a literature review of research, policy and practice (McPake et al, 2002). In 2003, the Scottish Executive reported that a development worker had been appointed to establish a database of translators and interpreters, promote best practice by public sector bodies and develop a training needs analysis and training strategy. However, by the 2004 Race Equality Annual Report (Scottish Executive, 2004b) this work had been delayed while a further two-stage research study is conducted. This research, currently being carried out by Heriot-Watt involves:

- An audit of translation, interpreting and communication support provision in Scotland in order to better understand the service that is currently available.
- A fuller investigation of the practice of providing interpreting and translating support to users of community languages and deaf people in need of communication support.

The aim of the Heriot-Watt review is to provide policy makers with a picture of the services that are currently available, while also opening up consideration of the actions that are required to help develop provision of future services. Following the publication of this research the Scottish Executive is committed to revising its policies on translating and interpreting (Scottish Translation, Interpreting and Communication Forum, 2004).

Guidelines on Good Practice

In 1998 an independent network of public authority interpreting services set up the Scottish Translation, Interpreting and Communication Forum. In the course of the Forum’s work a literature review of services was published in 2002 followed by Good Practice Guidelines. The guidelines were endorsed by the Confederation of Scottish Local Authorities (CoSLA). The guidelines were reissued by the Scottish Executive in 2004 and discuss people’s rights to quality communication support, and call on public authorities to develop a strategic and coherent approach which includes ensuring access to interpreting, translation and communication support (Scottish Translation, Interpreting and Communication Forum, 2004).

Professional standards

There is currently a UK national register of public service interpreters, which has a selection criteria, based on qualifications and experience. To be a full member of the National Register of Public Sector Interpreters, interpreters must have a Diploma of Public Service Interpreting, Metropolitan Police Test (post 1997) or Equivalent Level 4/5 National Interpreting Standards and have carried out 400 hours of proven public service interpreting experience. Interim membership is also available.
Interpreters must also abide by a Code of Conduct and are subject to disciplinary procedures where there are allegations that the code has been breached.

In December 2004, only 17 of the 1930 members of the National Register were based in Scotland and all of these were based in the Central Belt. No specific register for Scottish interpreters or translators exists.

The Scottish Accessible Information Forum and Update: Scotland’s National Disability Information Service, jointly publish a ‘Scottish Formats Resource’ which includes contact for organisations in Scotland who provide interpretation and translation services (SAIF/Update, 2003). While this is a useful resource for locating service providers, it does not aim to monitor the standards of the organisations mentioned in the resource.

**Awareness raising**

In 2004, Trust, Hanover (Scotland) and Bield Housing Associations received funding from the Scottish Executive and Communities Scotland to further develop a non-profit initiative called the ‘Happy to Translate’ Logo Initiative (www.happytotranslate.com). Through the use of an official logo selected by Scotland’s black and minority ethnic communities (see box 3), ‘Happy to Translate’ aims to improve the quality of life of people in Scotland who speak little or no English by overcoming language barriers faced when trying to access information and services. Member organisations will display the logo to let people know that they will receive professional translation and interpreting services should they require language assistance. In addition to displaying the logo, the organisations must adhere to the initiative’s operational standards, best practice guidance procedures, and monitoring and evaluation techniques. They will also be subject to periodic audits to identify and address any gaps in their service provision. Several public organisations are piloting the ‘Happy to Translate’ Logo beginning in 2005. Following the pilot phase, the logo will become available for use by the public and private sectors in 2006-07.

**Box 3: Happy to Translate**

The official logo of the ‘Happy to Translate’ Logo Initiative symbolises successful communication between two people – one is engaged in speaking while the other is listening.

2.5 **Towards a national strategy?**

The Scottish Executive’s equality strategy, *Working Together for Equality* (Scottish Executive, 2000a) stated its intention to create a national framework of guidance on the provision of translating and interpreting services.
This Scottish Executive policy statement was reinforced by a number of reports from agencies, including:

- Participants at the Scottish Executive’s Grassroots consultation on its Equality Strategy (Reid-Howie, 2000) highlighted the need for a comprehensive strategy for interpretation and translating services, without which they considered the provision to be under pressure and tokenistic.

- The Commission for Racial Equality (1999) recommended establishing the feasibility of a national strategy for interpreting and translating which might incorporate a national agency, properly resourced to oversee the development of national standards.

- A government commissioned Audit of Research on Minority Ethnic Issues in Scotland (Netto et al, 2001) recommended the development of a national strategy for translation and interpretation services supported by research on: identification of the languages which are spoken, written and read in Scotland; an examination of the means of increasing access to interpreting services; review of the adequacy of existing provision; an evaluation of existing standards for interpreters and translators; and an identification of the training available to professionals working with interpreters and translators.

- The Race Equality Advisory Forum (2001) encouraged a comprehensive provision by recommending that all public sector bodies, when preparing their Race Equality Schemes under the Race Relations Amendment Act (2000) should set out their arrangements for the provision of, and access to, translation and interpretation services.

- HomePoint (2001), in its study of housing advice providers concluded that although people living in Scotland have a range of language needs ‘we have no structured plan for dealing with them’.

- In its report on improving the health of ethnic minority groups and the wider community in Scotland (Scottish Executive, 2001), experiences related to translation and interpretation services provided by many Health Boards and Trusts were described as involving short-term, time-limited projects rather than being integrated into any comprehensive approach.

- In its Good Practice Guidelines (2004) the Scottish Translation, Interpreting and Communication Forum called for ‘a co-ordinated approach across Scotland to the development of a framework of standards towards meeting the communication, support and language needs of all communities’.

Despite these calls, no such national strategy has been launched. In the next chapter, the review of literature explores interpretation and translation services from a user perspective.
Chapter 3: Literature Review

A small-scale review of literature was carried out, focusing on UK material in order to ensure the relevance of the findings. The literature search was confined to published and unpublished literature produced within the last decade. An effort was made to locate Scottish-based material where possible. This chapter looks at the evidence that emerged.

In general we found that material focusing specifically on translation and interpretation services was limited with previous research focusing on the user-perspective even thinner on the ground. Much of the information selected for the review was extracted from research on broader issues relating to public services, during which issues of translation and interpretation had emerged as significant. However, the literature review provided a flavour of the shape and scale of user needs and how problems with accessing appropriate services may be manifested.

3.1 Extent of unmet need for translation and interpretation services

Difficulties in communicating in English emerged repeatedly in the literature as playing a significant role in curtailing access to public services for many members of minority ethnic communities.

Health
The majority of the research reviewed concentrated on the health field. One of the main themes to emerge from the reports on race and health reviewed by Netto et al (2001) were ‘difficulties in communication and the need for interpreters, advocacy workers or bilingual staff’ (p87). Likewise, Hampton (2000) highlighted difficulties in communication between people with limited English language capacity and health professionals as a key issue. Punjabi men, discussing health issues in a focus group run by NHS Greater Glasgow Primary Care Trust (internal report, undated) portrayed language and communication to be ‘the biggest barrier in accessing and using health services’.

Gerrish et al’s (2004) qualitative study involving focus groups with members of minority ethnic communities and primary health care professionals supported the finding that ‘language barriers present a major obstacle to minority ethnic communities accessing primary healthcare’. Similarly, Gerrish’s (2001) ethnographic study in an NHS Trust found that most South Asian patients in the study had little or no understanding of spoken English, with women and older people least likely. Gerrish suggested that this situation should raise concerns regarding the quality of care provided to patients and carers who are non-users of English.
In McVey’s (2001) survey of Chinese people in England, those who spoke English were significantly more likely to visit a GP than those who were non-English speakers ‘indicating that language represents a barrier to primary care services for Chinese people’. For some asylum seekers their access to a GP could be further restricted by GPs not wishing to take on their registration as the GP capitation-based payment structure does not sit easily alongside longer consultation times typically required by asylum seekers with limited English capacity (Audit Commission, 2000).

Within Scotland, Punjabi men described how due to language and other communication difficulties, out-of-hours GP services were seldom used by their community (NHS Greater Glasgow Primary Care Trust, undated).

During focus groups held by Blake Stevenson (2003) participants explained how they sometimes felt ‘fobbed off’ by health staff with little attempt to help them to understand what was happening. For many, a significant barrier was explaining to health care staff what was wrong or seeking the precise help they required. Some believed that they were not always gaining access to the same quality of service as others. Again, accessing out-of-hours GP services was cited as difficult due to language barriers, with the lack of responsive interpreting services considered a particular issue in the case of an emergency.

**Housing**

In the field of housing, language barriers were cited amongst the factors making service access difficult for homeless people in Glasgow (Lemos and Crane, 2004). Indeed some people felt that, mainly due to the language barrier, they had little or no choice in where to go for help. Some described their initial fear and lack of confidence in accessing services because of the language difficulty. Interestingly, amongst the Chinese participants, many felt that there was no option but to turn to the voluntary sector with their housing problems. There was a perception amongst some members of the Chinese community that they would not know how to express themselves if they went to the council housing department so they turned instead to San Jai, an NCH Action for Children project.

**Support for asylum seekers**

Asylum seekers, as recent arrivals in the UK, have many needs which require attention, but according to the literature, such demands can be compounded by a lack of appropriate language help. For example, the Audit Commission (2000) commented that asylum seekers placed in local areas will require a variety of services to support them from arrival to settlement ‘but language difficulties….often create insurmountable barriers to services’ (p4). At the time of their writing (2000), the Audit Commission reported that over one-third of local authorities in England and Wales had no translation or interpretation services and half did not produce written material in
languages other than English. Within the Scottish setting, a recent Scottish Executive study (Charlaff et al, 2004) described how refugees and asylum seekers perceived ‘lack of proficiency in English language and literacy’ as a key barrier to obtaining employment in the UK.

**Education**

Scottish Consumer Council research, carried out in 2002 as part of the National Education Debate found that language was a significant barrier for the Cantonese speaking parents involved in focus groups and was one of the main barriers they faced to good communication. It was not always possible to have an interpreter although the participants noted that the school did try and get one for parents’ meetings. Face-to-face meetings were easier for this group than written communication although they recognised that both were important (Scottish Consumer Council, 2002).

**Public services**

The Race Equality Advisory Forum (2001) described how translation and interpretation were raised repeatedly by members of minority ethnic communities as key elements in the equitable provision, access and use of public services. Houston and Allen (2004) reported difficulties with language to be a significant deterrent to members of BME communities in their communication with ‘officialdom’ be it in the voluntary or state sector.

Based on their review of around 100 documents relating to translating, interpreting and communication support services in the public sector, McPake et al (2002) remarked on what they saw as a need to shift the focus of thinking from ‘language’ to the wider concept of ‘communication’ and indeed, many user views which emerged in the current review appeared to support this.

**3.2 Focus on provider rather than user**

As seen above, language barriers have wide-ranging repercussions for users of public services. Yet despite these clear difficulties for some users, many commentators have highlighted the dominance of the service providers’ perspective in much previous research (eg. Alexander, 2004; McPake et al, 2002) and indeed in the way translation and interpretation services are provided in general (Patel, 2000). Patel cited anecdotal evidence which he claimed:

> has shown that users are required to fit in within what is available, without consideration given to its appropriateness for the user. (Patel, 2000, p22)
Others report that where a user perspective is discernable in previous research, the issues raised and recommendations made are often very different to those which emerge from studies from the service provider viewpoint (McPake et al, 2002; Mahmood, 2000). McPake et al (op cit) argued that there is very clearly a need to go beyond stereotypical assumptions about the people for whom such services are provided and in particular to avoid the assumption that they are a homogenous group rather than people with diverse and individual needs.

3.3 Using informal interpreters

One issue which has received attention in the limited literature existing on the user perspective is that of experiences of using an informal interpreter (for example a friend or family member) rather than a ‘professional’ interpreting service. An understanding of rationales for choosing informal help rather than seeking professional assistance can aid the tailoring of public service translation and interpretation provision more closely to users’ needs.

On balance, the literature suggests that use of informal interpreters may disadvantage the user. Drawbacks of using informal interpreters which were cited in the research reviewed included:

• Their lack of specialist knowledge regarding procedures and terms.
• Questionable accuracy regarding the information translated, particularly where complex information is being dealt with.
• Within a health context the possibility of misdiagnosis (particularly where children are used to interpret for their parents).
• Potential for lack of continuity – the interpreter may be available at the first contact (with the public service) but may not be available at subsequent contacts.
• Concerns regarding lack of privacy and embarrassment for the user.
• Risk that the interpreter’s own views will colour the translation, for example, to protect from bad news.
• Children from minority ethnic backgrounds who act as interpreters may lose school time to help their families with interpretation duties.
• Sustains the notion that interpretation does not require particular skills.

However, the many advantages of using informal interpretation and translation help by both public service professionals and members of minority ethnic communities may explain their widespread use. McPake et al (2002) argued that, depending on context, using friends or family members as interpreters may be appropriate. Alexander et al, 2004, found users perceived a number of merits of using friends or family as informal interpreters:
• will not require payment;
• are readily available;
• can help with other things such as transport;
• can trust someone already known;
• will have a history of shared understandings and obligations;
• will tell the truth;
• will provide good suggestions and;
• will provide moral support.

From a service provider perspective, benefits of using informal interpreters may centre on:

• Economy – the Benefit Agency (1998) recommended the use of children as interpreters as a cost-cutting measure.
• Convenience – where informal interpreters were readily available, many nurses were prepared to rely on family members to interpret rather than champion the need to improve services (Gerrish et al (2004).
• Perception that the user wishes this: GPs considered that in some cases patients preferred to communicate through their children for reasons of confidentiality (Cohen et al, 1999).

3.4 Using professional interpreters

The review revealed little in the way of user views on their use of formal interpretation services. However, one user study (Alexander et al, 2004) identified a range of poor experiences of use of professional interpreters:

• the user sometimes did not even know the interpreter’s name;
• the user was not told of the position nor the role of the interpreter;
• the service was unreliable – no interpreter who spoke the user’s language was available at the point of need;
• the interpreter turned up late or not at all; and
• the interpreter was not trusted by the user because of their perceived attitude.

Another factor to emerge which may explain reluctance to attempt to access professional services was the user’s feeling of guilt at requesting professional help. Older Chinese people did not want to be a burden (Yu, 2000) with Phelan and Parkman (1995) describing how some patients encountering language difficulties did not want to put people to the extra trouble of interpreting for them. Some potential users of services simply appeared to blame themselves for language barriers (National Information Forum, 1998) and accepted the status quo rather than seeking assistance. Others considered it their responsibility to ensure that they had an English-speaking relative with them if the need for interpretation was likely (Blake Stevenson, 2003).
A helpful perspective on conceptualising translation provision was provided by McPake et al (2002) with their suggestion of a ‘communication continuum’ from professional interpreter to informal communication through family and friends from which help is accessed according to context. Contexts range from ‘high stakes’ to ‘routine contexts’ with professional help more appropriate for the former and informal interpretation more acceptable in relation to the latter.

3.5 Under-use of services and publicising services

This review uncovered concerns about a general under-use of available professional interpretation and translation services by the public sector providers. One observation was that while most mainstream service providers have access to interpreting and translating services these are not necessarily used (Patel, 2000; Lemos and Crane, 2004). In a HomePoint survey (2001) of housing advice providers, 2% used the National Register for Public Service Interpreters, 23% used the local authority’s interpretation service, 45% used ‘another service’, 9% deployed employers who spoke the language, and 24% reported adopting an ad hoc approach.

Other studies suggested reasons for under-use of formal interpreting services. McPake et al (2002) considered that providers may not be aware of the funding which is available to help with costs of services. Within a primary care setting, staff who had received training in using interpreters, and who had most control over the timing of contact with the service user, were more likely to use the available interpreting services (Gerrish et al, 2004).

A further common theme which may explain an apparent lack of demand for professional services was low awareness amongst minority ethnic communities.

Minority ethnic participants in Blake Stevenson’s (2003) focus groups displayed a general lack of awareness about the availability of interpreting services and how to access them. They tended to be unclear as to ‘who’ was responsible for contacting and paying for interpreting services. Likewise, emerging from Alexander et al’s (2004) qualitative research was a picture of confusion over accessing and financing professional interpretation services. In addition, participants highlighted what they saw as the conundrum of needing to have a grasp of English in order to navigate the booking procedures for interpretation assistance. A recent study of refugees and asylum seekers (Charlaff et al, 2004) recommended making clearer to asylum seekers what they can and cannot expect from such services.

Lack of awareness of the interpreting and translation services available can be seen as part of a wider problem of lack of knowledge of public services in general, which emerged as a concern, for example, for those with language difficulties in a housing focused study in West Dunbartonshire (Scott, 2002). A useful body of literature
exists on appropriate communication streams with minority ethnic communities and it may be that the development of innovative approaches to alerting potential users to interpretation services available could draw on this. For example, making information available in places where people are likely to congregate such as community centres or places of worship (Lemos and Crane, 2004); encouraging information dissemination by word of mouth, community based groups, GP services and housing departments (Bowes and Dar, 2000); using specialist media TV and radio channels (Turnstone Research, Connect Research and Consultancy, 2004); and outreach work, employment of information officers and using new information technologies to promote services (McPake et al, 2002). Use of more traditional forms of advertising services was discouraged:

Traditional forms of leaflets, posters, adverts in the local newspaper etc. have limited impact on the general community and even less on the black and minority ethnic communities. Whilst some agencies have produced translated leaflets, there are again questions on two fronts, the merits of the translation itself and whether such leaflets will reach those people it is intended for. (Patel, 2000, p21)

3.6 Quality of professional interpreting services in the public sector

Many commentators have highlighted problems associated with the assessment of quality of provision of translation and interpretation provision. The HomePoint survey (2001) raised a concern that most housing advice providers said they had no way to check the quality of an interpretation service, and over half had not attempted to assess quality at all.

McPake et al (2002) remarked that interpreters have been studied in most detail in relation to legal reporting. However, while it is clear that misinterpretation in this context occurs from time to time, it may not be easy for anyone (other than the interpreter and/or the person for whom the interpretation is provided) to be aware of this when it happens. Quality issues which emerged in a study of language interpreters working in Scottish criminal courts (MVA Consulting, 1996) included concerns regarding:

• a wide disparity in the competence of interpreters;
• lack of formal training in interpreting skills of most interpreters;
• 29% had received no induction or briefing prior to their first court assignment; and
• many of the latter felt they had made mistakes which might not have occurred had they been trained.
Overall, the current review has revealed a concerning mis-match between an increasing emphasis on professionalisation of translation and interpretation services but a lack of a supporting quality assessment framework. However, challenges for the development of such a structure have also emerged, including:

- inconsistent practice across different local authorities;
- lack of a detailed and up-to-date knowledge base of the needs of user groups;
- the lack of cross-sectoral co-ordination of service provision which may be complicated due to the involvement of many different agencies (McPake et al, 2002); and
- the informal arrangements which may exist between local authority or voluntary agencies to provide services (Scottish Executive, 2001).

Calls were made for recognised training for those who wish to work as translators or interpreters, professional development for those who already work in such capacities, and the introduction of minimum standards in relation to their qualifications and experience (McPake et al, 2002).

In addition, the requirement for training in the use of interpreters by public sector professionals was highlighted (McPake et al, op cit) with a recommendation made for a checklist of good practice to assist when employing interpreting services including advice on how to monitor quality and client satisfaction (HomePoint, 2001). It emerged that amongst the courts in the MVA Consulting (1996) study of language interpreters, court officials had no training on how to work effectively with interpreters. Within the primary care setting, Gerrish et al (2004) noted that inadequate training of both nurses and interpreters adversely affected the quality of interaction where interpreters were used.

### 3.7 Good practice in interpreting and translation

Against this picture of inconsistency in, and variable quality of, provision of interpretation and translating services, several studies produced recommendations for future good practice based on existing experience and gaps in provision (eg. Scottish Translation, Interpretation and Communication Forum Good Practice Guidelines, 2004; Phelan and Parkman, 1995; National Information Forum, 1998; National Community Fire Safety Centre Toolbox, 2004). The recurring themes of these guidelines are highlighted in Box 4.
However, notions of what makes a ‘good’ service may differ between provider and user as focus groups with users of services (Alexander et al, 2004) have shown. For example, users may judge the standard of service by the outcome of the situation. They may assess quality on the degree to which the interpreter argued their case and empathised with them. Clearly the role of the interpreter may be perceived by users as involving more than simply the transfer of words across languages and it will be important for those establishing standards to be aware of such differing perspectives on ‘quality’.

Box 4: Good practice in interpreting and translation

- Interpreters and the public sector staff with whom they will work both need to be trained.
- The roles of staff involved in communication need to be understood by all relevant parties.
- Interpreters should have a good knowledge of the subject in which they are involved.
- Texts in English to be translated are especially prepared for this purpose, for example by using short sentences that focus on positive actions in plain English.
- Jargon should be avoided in texts for translation and circumstances that can challenge the skills of a translator such as abbreviations, colloquialisms, puns, word play and sayings or proverbs should be avoided.
- Interpreters and translators should be aware that there are no direct equivalents in some languages of some common English language terms such as ‘council/local authority’.
- Bilingual professionals need to work in partnership to develop information in the language of the target communities and/or work with communities themselves to develop resources in their language.
- Summary and bilingual versions of written materials are preferred. Bilingual presentation enables people to check nuances of meanings in both languages and can also help when the information is discussed with others.
- Leaflets with a strong visual and pictorial element are preferred.
3.8 Key findings of literature review

- Difficulties in communicating in English emerged repeatedly as playing a significant role in curtailing access to public services for many members of minority ethnic communities.
- The use of informal interpreters was widespread amongst minority ethnic communities although they raised potential problems surrounding the accuracy of interpretation of formal details such as medical diagnosis and the possibilities of misinformation resulting from this practice.
- There was little in the way of evidence of user-views on the use of professional interpretation services.
- An apparent lack of demand for professional services appeared to result in part from a general lack of awareness amongst minority ethnic communities of the existence of such help and how to access this and concerns over the financial cost to the user of demanding interpretation and translation services.
- The quality of existing provision of translating and interpreting services varies considerably with concerns raised over the effectiveness of current quality assurance measures.
- A number of sources of good practice in interpreting and translating exist, many with common themes.
Chapter 4: Analysis of Focus Group Discussions

This chapter presents the key findings of the focus group research carried out as part of this review. As described previously, five focus groups were held involving a total of 35 participants ranging from 17–76 years of age. The topic guide used in conducting the groups is in Appendix 2.

4.1 Self-described level of proficiency in spoken and written English

Overall, participants’ self-described levels of proficiency in spoken and written English were wide-ranging from those regarding themselves as perfectly competent to contribute to the discussion in English, to those who required all discussion to be interpreted into their first language. Levels of proficiency depended to a large extent on the length of time participants had spent in the UK. For example, one member of the Pakistani focus group had resided in Scotland for the last 45 years and was relatively fluent in spoken English. Some members of the Refugee group did not attempt any English during the session.

Individual circumstances influenced spoken and written English proficiency levels. Some participants considered themselves to have been well educated in English in their country of birth:

I’m from Iraq…and it’s like this, the second language in the schools in Iraq is English, so for us English is something like what any Iraqi can speak. (Refugee group)

Others were currently attending formal English language classes at college in Scotland (members of Brazilian/Portugese, Refugee and Chinese groups). It was remarked that practice makes perfect and people whose jobs and/or lifestyles involved them in communicating regularly in English became proficient earlier than others. One participant (Pakistani group) commented that he had felt proficient at communicating in English in the past but his English writing skills had diminished over the years due to lack of practice.

All groups made the distinction between language required for day-to-day informal communication and the language they perceived as required for more formal contexts. Informal dialogue was described as basic (Refugee participant) or social (Chinese participant) and was perceived as easier to grasp than the language of officialdom – very high language (Indian participant), technical English (Chinese participant). So some people who felt comfortable conversing in English in informal situations remarked on the difficulties they faced in other circumstances:
in day to day, he can talk to his neighbours, his friends – in social situations – but when it comes to like going to see the doctor, he finds it very difficult – medical terms or legal terms he finds difficult. (Chinese participant)¹

Other particular difficulties raised by participants were the spelling of English words, problems with pronunciation and understanding various Scottish dialects. One comment was that being given a form to fill in by a public service could sometimes be easier than having to write something out from scratch, in that words and terms were already written down correctly on the form and only simple details like applicant name might be required.

In general, verbal communication was a little easier than written communication for the focus group participants. One participant (Brazilian/Portuguese) expressed this succinctly:

*he is saying that he can ..speak about thirty per cent and write about twenty to thirty per cent*

### 4.2 Public services used

Participants were asked about the public services they had had direct contact with in Scotland over the last year or so.

Most frequently mentioned were interactions with doctors and hospitals. Health contexts dominated the focus groups with older people while some of the younger participants also had contact with the medical profession for dental treatment and pre-natal care.

Participants also reported coming into contact with public services in relation to enquiring about housing issues and council tax, reporting crime and giving evidence at court, using job centres, accessing education and using advice centres such as Citizens Advice Bureaux.

In addition, some recent arrivals described their experiences in relation to the process of starting work in Scotland such as getting a national insurance number and opening a bank account.

¹ This quote and many others are the words of interpreters, speaking in the third person as they relay the views of a member of the focus group.
4.3 Experiences of language as a barrier to accessing public services

In order to get a feel for the nature of any communication difficulties experienced by members of minority ethnic communities within the public service context, participants were encouraged to give accounts of any problems they had encountered. Possibly due to the relatively older age profile of some of the groups and the desire of recent arrivals in Scotland to register with a doctor and dentist, most of the examples provided relate to participants’ dealings with the medical profession. A selection of typical experiences is reported here to give a flavour of the difficulties which had arisen.

Some participants had difficulty explaining their symptoms to doctors and dentists and understanding the advice given:

*Medical terms are always a difficult one. I mean, the doctors are trying to explain to you...as a second language I think it’s difficult to comprehend (medical instructions). Well you just try to remember what the doctor told you that’s it...you just hope that whatever’s been prescribed to you, you know, will be of benefit to you. (Pakistani participant)*

*Mrs X went to the doctors for almost 2 years and maybe because of language barriers the doctor always said you have a stomach problem – gastritis – and they never sent her for any x-ray or anything to investigate further ...... only when one of the members of the (Chinese) community went with her did they do an x-ray and found that she was bleeding internally so she was immediately admitted to hospital for an emergency operation. Mainly because of the language barrier, she felt she couldn’t communicate (to the doctor) the whole detail of how she felt at the time. (Chinese participant)*

*Mr X’s eyes were getting quite bad........the doctors assumed that he knew how to read the instructions (on the eye drops they prescribed). But he didn’t understand ...and put the drops on his closed eyes! I went down there (a friend from the Chinese community) and the doctors tried to blame me! (Chinese participant)*

*He had a problem with the dentist...you can normally communicate...find your way around, but when you start talking about specific terminology that you need to use, like at the dentist’s, like medical terminology, like canine...nobody knows what’s canine. (Refugee participant)*

Some felt that language barriers had restricted their access to justice:
There was a case that they (two Chinese participants) informed the police about — someone ordered a meal (at their restaurant) and never pay for the meal.... and because there was no interpreter, no communication, the case fell through...without an interpreter there, how can they get evidence? So the fellow was let off. (Chinese participant)

Others felt that language barriers left them disadvantaged in terms of accessing social housing, benefits and other assistance offered by public services:

She went to the council because she was really upset because she couldn’t get a house for her at that time, when she was pregnant. And a woman (at the council) gave her a blank sheet and ask her to write down why did she disagree and why was she angry. The woman told her to write ...in English. (Portugese participant)

They’re saying that they come here to the Citizen’s Advice and they (the CABx) don’t have an interpreter. They say there’s a notice outside … they deal with Portugese problems, but they don’t speak Portugese. They offer representation in benefits and jobs and if you need help and advice urgently there’s the number (to phone), but they don’t speak Portugese. (Portugese participant)

He receives information (a leaflet in English) from the local authority about if he is entitled to pay less council tax….he knows he has the right (to pay less council tax)…so he went to the council but he wasn’t able to express himself. He doesn’t know how to apply, he doesn’t know how to go about asking somebody. They talked to him and he wasn’t able to understand what they were talking about. And they asked him, ‘OK, you take one form from there.’ He saw on the rack so many forms. Which one to take? (Chinese participant)

The group is saying there is a problem...if you don’t speak the language they [public services] don’t take you seriously when you ask for things. But if you come to the Refugee Centre and somebody will contact on our behalf, then they take us seriously. (Refugee group)

One participant described the strategy he had adopted to help him to understand difficult terms:

Sometimes if I don’t understand (a word), I pick up that word and I have friends and I try to explain to them and they can explain to me. So...if there are some technical words...I can pick up that word and ask friends. (Indian participant)
Several of the examples provided above demonstrate the difference between the social English language which participants found easier to pick up and the technical or high language encountered in communication with public services and in relation to which problems of understanding arose. The vignettes also give an indication of participants’ perceptions that on occasions they may not have received fair treatment because of language difficulties. For example, one participant felt that because he had not been able to make his evidence understood, a criminal case had fallen through. Another considered that there may be savings to be had regarding council tax but he did not know how to go about applying for these. Others considered that without organisational help they would not be taken seriously.

4.4 Experiences of using a professional interpreter

A minority of participants had direct experience of using, or trying to use, a professional interpreter when accessing public services. Their experiences are reported here.

Accessing a professional interpreter

In general, participants appeared to be aware that professional interpreters may be available to assist in their interaction with public services, but a key problem raised was a lack of understanding of how to go about accessing this help. One Refugee participant outlined his difficulty:

> you don’t speak the language, you can’t really ask for what is your right, because if you can’t read English, and you don’t understand what is going on, you don’t know what is your right, so how can you ask for it if you don’t know it?

Likewise, a Portuguese participant argued, it’s not that they don’t want to ask, they just don’t know where to start. A Chinese participant agreed:

> you have to get you foot in the door. But we are unable to say that we need an interpreter in the first place – we don’t know how to get a foot in the door.

Some people had other negative experiences to report. For example, one Chinese participant described how the front-line officer at the council had told him to ‘go and find an interpreter yourself’. Others felt that by asking for interpreting assistance it sometimes felt that they were asking for a favour rather than a right.

Others described more positive attempts to address the problem of initiating the request for an interpreter. For example, the local Primary Care Trust had been proactive in meeting with the Central Scotland Chinese Association and had introduced a scheme whereby people needing an interpreter could show a card to this effect.
when accessing public services. However, teething problems with this initiative included the lack of awareness amongst local general practitioners of the scheme and a need to train front-line staff in how to respond to the system.

Some people reported that they would have liked to have sought the services of a professional interpreter but had not proceeded for various reasons. One common view was that using a professional interpreter would be too expensive. There was a general ignorance amongst some groups regarding the payment system and who would pay for interpreting services.

Another opinion was that a professional interpreter organised by the public service, would perhaps be partisan and work for the benefit of the service provider rather than the individual member of the public.

Others considered that there were very few interpreters available and they would usually cover only the most commonly requested languages and dialects. A comparison was made with various English local authorities, for example Leicester, where the sheer number of Gujarati speakers meant that the interpretation service was geared up to assist with Gujarati interpretations. Indeed, some members of the Refugee group acknowledged the difficulties facing public services in Scotland when faced with the multitude of different language needs amongst recent arrivals.

Other access issues to emerge included the delay which could ensue between initial contact with the public service and the availability of the interpreter. Differences between groups became apparent with respect to this barrier. For example, there seemed to be easier availability of interpreters for the Refugee participants, and participants based in the City of Edinburgh, while participants in more rural locations reported the longest delays in accessing interpreting help. Delays of two to three weeks to access an interpreter appeared to be routine. One Chinese participant reported that following making a request to her doctor for an interpreter a letter arrived after one week saying that the interpreter would be available in another two weeks’ time. Many people commented that although they could wait this length of time for some problems, in an emergency situation this time-lag was clearly unacceptable.

Participants residing outwith the City of Edinburgh area tended to assume that their respective local authority would call in interpreters from Edinburgh or Dundee City to meet their requests for interpretation, and that this accounted for the delays that they had experienced.

A few participants (notably the Refugees) found interpreters to be readily available in some circumstances. For example, one lawyer acting for a participant provided an interpreter without being asked.
Quality of Professional Interpreters

Where people had used or had witnessed the use of professional interpreters a few contributed views on the quality of the service provided. One bilingual participant had observed a court case at which an interpreter was working. He commented:

I was in the court for some other reason, and there was an interpreter helping the accused. The interpreter was not translating in the way it was supposed to be and I felt really dreadful because everybody was...you know what I mean...concerned about the outcome of the case. (Pakistani participant)

Members of two of the focus groups had been called upon on an ad hoc basis to assist public service providers in interpreting provision. Again, with the insight provided by their bilingual capabilities, they were able to comment that on occasions they had witnessed patchy quality of interpreters, sometimes caused by the use of a person to interpret between languages in which they were not expert. An illustrative comment regarding one public service was:

They used, a Gujarati person... to do Punjabi translation. How on earth can that be? A Gujarati person should be employed only for Gujarati translation. And she’s Urdu, she should be for Urdu – I’m Hindi and Punjabi and I should be for Hindi and Punjabi. (Indian participant)

Likewise, a Refugee participant described how he was offered an interpreter from Cyprus although he himself was from Turkey. Although there was some degree of overlap between their native languages they were not exactly the same, and the Refugee was not happy ‘because I did not feel that I could express myself’.

Another sign that a ‘professional’ court interpreter may not have been fully competent was highlighted by a member of the Refugee group who had observed a judge permitting the interpreter to use a dictionary. Others suspected that interpreters provided by the council were ‘usually quite young graduates, just out from university without much experience’. (Chinese participant).

A few participants argued for specialist interpreters, not just in the languages in question but also in the structures and processes of the public sector domain in which they are working. This was seen as especially important within the context of the Scottish legal system where it could be ‘a matter of life or death to bring in an interpreter who’s not competent’. (Refugee participant) The issue of competence in the subject matter as well as the language also emerged in relation to the health domain. One Chinese participant suspected that the interpreter she was provided with was not a professional largely on the basis that she could not explain what the various pills prescribed for the participant were for.
Another issue regarding quality of interpreting services which was raised in the Pakistani focus group, was a concern that such services were becoming increasingly fragmented between a number of small businesses set up specifically (and unregulated) to capture the rising demand.

Despite witnessing and/or experiencing interpreters who were perceived as not being fully competent, nobody had ever complained about poor quality of interpreting. One reason for this disparity emerged as politeness:

*I couldn’t complain because she (the interpreter) tried very, very hard… she was trying very, very hard but obviously wasn’t understanding.*

(Refugee participant)

Other participants had simply not considered complaining to be an option.

### 4.5 Experiences of using an informal interpreter

The experience of using friends, family members and/or acquaintances to interpret on various occasions was common amongst all groups. Recent arrivals in Scotland, trying for example to establish bank accounts, use local shops and deal with housing and employment matters, found it beneficial to be accompanied by other members of their community, with the most proficient English speaker amongst them attempting to interpret. One participant (Portuguese/Brazilian group) had asked a colleague to accompany her to the doctors to help explain her symptoms.

There were many examples amongst the longer established minority ethnic communities of using younger family members as interpreters. However, an increasing problem was that younger generations were losing their expertise in the minority language and tending to speak only in English, resulting in a gradual decrease in the availability of bilingual family members:

….my grandson is three years old. He is speaking English with us and we try to speak our own language with him and we ask him any questions and he answers back in English. He understands it but he’s not speaking it. (Pakistani participant)

*she speaks Cantonese to her son and her son speaks to her in English.*

(Chinese participant)

In contrast to experiences to emerge in the literature review, none of the participants reported taking children out of school to undertake interpreting duties.
4.6 Merits and drawbacks of professional and informal interpreters

There was much discussion about the advantages and disadvantages of using different types of interpreters. Merits and drawbacks of both formal and informal interpreters were identified with an overarching view that both had their place depending on the context. A summary of the pros and cons of both types of assistance is presented in Table 6 below.

Table 6: Perceived merits and drawbacks of professional and informal interpreters

<table>
<thead>
<tr>
<th>Professional Interpreters</th>
<th>Informal Interpreters</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Merits</strong></td>
<td><strong>Drawbacks</strong></td>
</tr>
<tr>
<td>Privacy</td>
<td>Generally not available in emergency</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Expensive</td>
</tr>
<tr>
<td>Accuracy with technical terms</td>
<td>Sympathetic</td>
</tr>
<tr>
<td>Paid to do the job so not a burden to them</td>
<td>Understand background</td>
</tr>
</tbody>
</table>

Interestingly, when participants were asked who they would opt for as an interpreter if both a professional and an informal interpreter were available, they tended to favour the former. One key reason given was that in matters such as housing or the law, it was vital that the interpretation was accurate and the right advice was understood. Another key reason for using an interpreter whom they did not know was to avoid potentially embarrassing situations. For example, one Chinese woman known to the Chinese participants had taken her ten-year-old daughter with her to inform the doctor that her mother was pregnant. It was not until the woman was six months pregnant and had not yet received any pre-natal care that she discovered that her daughter had been too embarrassed to describe the pregnancy to the doctor and had, instead, reported her mother to have a stomach upset.
4.7 Role of the interpreter

Participants discussed what they thought the role of the interpreter should be. Participants were divided, even within focus groups, between those who saw interpreting to be strictly about concentrating on the interpretation of words and phrases:

- *I said* [to the doctor] *I’m only interpreting, it’s not my duty to tell the patient what to do and what not to do.* (Chinese participant)

- *the interpreter should be impartial.* (Chinese participant)

- *people are well meaning… but they shouldn’t really do that* [extend beyond interpreting the precise meaning]. *They should say what the patient is suffering from, what the symptoms are and explain exactly what they are saying, what exactly the doctor is saying back.* (Refugee participant)

- *you don’t need sympathy or anything – she should be doing her job.* (Indian participant)

and those who perceived the interpreter’s role to extend beyond this remit and provide advice and empathy:

- *the interpreter can help to communicate with the council and find out about the procedure – how to go about this – and then he or she can explain what to do, which form to take, what to fill in and give assistance to fill it in.* (Chinese participant)

- *they’re working for you.* (Refugee participant)

- *it’s not a word by word….they need to understand.* (Refugee participant)

In addition, a view was expressed that interpreters had a duty to make themselves familiar with the circumstances and issues of their client prior to commencing with interpretation (Refugee participant). It was remarked that people should feel comfortable with their interpreter and this familiarisation period helped to facilitate this.

4.8 Qualities and skills required by professional interpreters

A common theme to emerge was that participants expected professional interpreters to be properly trained. As mentioned before, some considered that the interpreter should specialise in particular contexts such as legal or health work. Without specialist knowledge it was considered that important decisions on justice or health ‘could go wrong, the wrong way because of language’. (Indian participant)
Interpreters were expected to have a good command of English and the language of their client. One view was that ideally an interpreter should be native to the country of origin of their client. In this way not only would they be expert in the ‘mother language’ but also they would understand what it meant to belong to such a community. Another benefit would be that the interpreter would not be likely to hold a prejudice against the client on the grounds of ethnicity.

Interpreters were expected to be strictly impartial and respect the confidentiality of the substance of the interpretation.

There was a general view that it made no difference whether the interpreter was male or female although in some medical situations, it may be more appropriate to match the gender of interpreter with their client in order to avoid any possible embarrassment.

4.9 Use of voluntary organisations in interpreting

As noted in the literature review, some members of minority ethnic communities used a further approach to accessing interpreting services – via voluntary organisations. Indeed, examples of this third way of providing services emerged in all of the focus groups. Seeking the help of a voluntary organisation in assisting with interpreting needs combined the technical help of interpreting the meaning of words, with the broader support of providing advocacy, sympathy, understanding and even practical help with transport. In addition, voluntary organisation staff did not tend to disappear after an interpreting session, but were around over time to see a case or issue through to its conclusion.

For example, the Chinese participants had for some time enlisted the help of a full-time voluntary sector ‘Chinese worker’ paid for by Lottery funding who was able to help them out in an emergency and act as a facilitator as well as an interpreter. This worker had provided them with:

\[
\text{somebody to keep an eye to see that the whole thing reached a satisfactory conclusion.}
\]

This person had also been able to monitor the quality of any professional interpreting service provided to the local Chinese community and during her time in office had been greatly appreciated by the focus group participants.

Participants in the Portuguese/Brazilian focus group were all attending English classes and had, from time to time, called upon their tutor to express their needs in English on their behalf. Members of two of the focus groups recalled previous occasions when they had been contacted by public sector organisations to assist in interpreting in particular situations.
4.10 Experience of translation services

The topic of written translation services was raised at each focus group. In general, participants did not have much experience of materials translated into their first language. None had made a specific request for a document to be translated. However, a few had been provided with unsolicited translated material, for example, information in Turkish from the Immigration Service, and health and safety instructions in Portuguese at a place of employment.

One group (Indian) explained their understanding that their local council provided materials routinely in a small number of languages: Chinese, Bengali, Urdu and Punjabi. They reiterated a view which also arose amongst Refugee participants that it seemed impractical to expect public services to provide translations routinely in a wider spectrum of minority languages ‘and anyway, in the City of Edinburgh, there are hardly 25 to 30 Gujarati families, that’s all’. (Indian participant) However, some members of the Refugee group did wonder whether they had a right to request translations from public service providers. They remarked on the absence of any overt publicity of translation services and the route by which such services could be accessed.

Despite their apparent minimal contact with translated materials, many participants contributed views on the quality of the translations they had witnessed. A frequently reported experience was that although the general gist of the translation could be understood by the reader, many scripts were slightly odd and quirky in their wording:

but even if it’s not translated properly, we understand what they mean to say.

(Indian participant)

The Refugee participants particularly were very helpful in identifying some of the main problems they had experienced in the quality of translated materials:

• Translations sometimes include a lot of extra words which are really unnecessary.
• A translation can sometimes appear very fluent and read well but the meaning has been changed from the original document.
• Translations can be presented in a boring, plain and unattractive manner compared to the English version which may have colour and illustrations.
• Some translations have obviously been undertaken word for word using dictionaries. Unfortunately, some English words may have many different meanings in another language like Arabic.
• Translations are often undertaken by people who have lived in the UK for decades and are out of touch with the modern language used by their native country. They may have, ‘lost the daily jargon, daily usage of language’. (Refugee participant)
• Translators may be out of touch with the public sector organisational structure of their native country and therefore fail to use appropriate, up-to-date terms.
• Translations often appear in ‘old language’ (Refugee participant) or very high, very book style (Indian participant). While educated people ‘like person who live in the city’, may be able to understand these translations it was remarked that:

    some people comes from the village...you have to be able to translate just like the important things...make sure they understand.

(Refugee participant)

It was suggested that translations may be of better quality if undertaken by bi-lingual people with relatively recent experience of using their native (minority) language. In addition, both the Indian and Pakistani group members reported providing help to public services from time to time, to improve/check over translated materials.

4.11 Key findings from focus groups

• While social language was easier for non-English speaking in-migrants to pick up and understand, much of the language of “officialdom” presented a much harder challenge.
• The majority of participants’ public sector contact was with the health service and council housing departments.
• Many participants felt that they may not have received fair treatment by public services due to language barriers.
• A minority of participants had experience of using a professional interpreter. A key problem was lack of understanding of how to go about accessing this help.
• A commonly held view was that using an interpreting service would be very expensive. Participants were unsure about who would be responsible for paying for interpreting services.
• Experience of delays in accessing professional interpreters was common and proved to be a particular problem in more rural locations.
• Many participants had experienced what they considered to be poor quality of interpreters. None had complained about this to the service provider concerned.
• The use of informal interpreters such as family members and friends was common amongst participants.
• Given the choice, participants tended to favour the use of a professional interpreter over a friend, family member or other acquaintance. However, both pros and cons of each approach were cited.
• Participants were divided between those who considered that interpreters should have a narrow remit concentrating only on the interpretation of words and phrases, and those who felt that the interpreter’s role should extend to providing advice and empathy.

• A common view was that professional interpreters should be well trained and should, if possible, specialise in a particular public sector context such as health or court work.

• Participants did not have much experience of materials translated into their first language. Amongst those people who had had such experience a general view was that the quality of translated material was variable and frequently used inaccessible and out-of-date terminology.
Chapter 5: Discussion and Recommendations

The literature review and focus groups highlight a number of problems with the structure and delivery of interpretation and translation services in Scotland. In this final section we discuss some of the key points in more detail before offering recommendations to public authorities, inspectorates and external review bodies and the Scottish Executive.

5.1 Framework and Quality Standards

Focus group participants had different opinions on the level of training which ‘professional’ translators and interpreters used by public services had undergone. These ranged from, ‘you go through a couple of exams before you become a professional interpreter’. (Pakistani participant) to suspicions that some ‘so-called’ professionals had little to no formal training in translating or interpreting.

As mentioned previously, one concern was that private firms were offering their services in translating and interpreting without the need to adhere to any formally agreed set of standards. It was argued that this trend could increase as more in-migrants arrive in Scotland and the government place greater pressure on people to learn English as a prerequisite to their longer-term stay. In addition, the lack of capacity of public services to accommodate the growing range of minority languages provided a niche for the commercial market. Private companies can provide innovative solutions not available to the public sector but while we are supportive of market solutions the lack of national monitoring and standards leads to an unregulated and fragmented overall service.

Several participants recommended that there needed to be clear standards set for training and quality of translation and interpretation services to address such issues. A call was made for a central database of accredited professionals in the field, perhaps held at council area level. Again, participants stressed that ideally, translators and interpreters should specialise in different public policy contexts such as court work or health.
Recommendation 1
We recommend that the Scottish Executive should develop and implement a national strategy for interpretation and translation that should include an agency to:
- accredit quality standards to improve and monitor standards of interpreting and translating;
- provide a database of accredited interpreters and translators to enable national coordination and to ensure all public services across the country can access quality assured interpreters and translators quickly and easily; and
- develop a national awareness raising scheme including the development of a nationally recognised accreditation logo.

5.2 Using existing voluntary organisation expertise

Both the Indian and Pakistani focus group participants reported previous experience of their respective voluntary or faith organisations assisting public services on an ad hoc basis with translating and interpreting. They acknowledged that the expertise which their organisations could offer in terms of their cumulative expertise in a variety of minority ethnic languages and understanding of cultural issues was very helpful. However, the ad hoc nature of the requests for assistance and what was seen by some to be inadequate financial recompense for this help led to a recommendation for more formal arrangements to be developed.

Another issue to emerge from several groups was what was seen as the crucial help which could be provided by one person, located within a relevant voluntary organisation, who was able to offer dedicated interpreting and translating services in addition to seeing different ‘cases’ through to a conclusion. Under this model, people facing language barriers could be provided with more holistic support which, it was felt, ensured a greater equality of treatment by public services and access to rights.

Recommendation 2
Public authorities should explore links with local voluntary organisations to develop interpretation and translation schemes, providing sufficient funding to voluntary organisations to cover training and expenses.

5.3 Improving publicity and raising awareness

An issue which arose in both the Refugee and Pakistani groups was the perception that the public sector organisations did little to publicise the availability of translation and interpretation services. Participants felt that this contributed to confusion
over how to access such help and who would pay for it. One idea was for regular advertising of services to be placed in local community papers (in the respective community language) and also in national media (in English) such as the *Herald* (Pakistani participant). Another simple idea was for a notice advertising such services to be placed at the first point of contact for each service, and where people could not understand the notice, front-line staff should be pro-active in informing them that such services could be arranged on their behalf.

### Recommendation 3

Public authorities should develop pro-active publicity strategies to raise awareness of services. To do this they should make use of links with community and voluntary organisations and make sure that publicity information itself is available in all community languages.

One comment was that there appeared to be much publicity regarding assistance for people who were hard-of-hearing, yet people who had other communication difficulties seemed to be overlooked (Refugee participant).

It was acknowledged that information was routinely provided to Refugees concerning their rights and various forms of assistance they could access in the UK, but several Refugees described how their experiences when trying to access interpretation help had left them unsure as to whether this was within their rights and who was going to pick up the bill.

### Recommendation 4

Public authorities should ensure that all publicity material outlines service users’ rights to interpreting and translation services and clearly states that services will be provided free of charge. Service users should not be expected to pay for interpreting or translation support to access public services and this must be made clear.

### 5.4 Accessibility of services

One barrier to accessing interpretation and translation services experienced by focus group participants, was the attitude and awareness of public authority staff themselves, with some of our participants describing negative experiences when trying to access services. However, this should be balanced with our own experiences of investigating local authorities’ Race Equality Schemes and interpretation and translation policies (see chapter 2) which found that in many cases local authority staff were helpful and efficient.
Recommendation 5
Public authorities should ensure that all front-line staff are trained in equality issues and are aware of the interpretation and translation policy of the authority.

Some of those who had tried to access services experienced difficulties in the availability of suitable interpreters or long delays in arranging interpreters. Examples were found of new technology assisting in the development of interpretation services. For example, the San Jai project provided access to their bilingual staff via mobile phones taken by Chinese people to their local authority housing department.

Recommendation 6
Public authorities should consider the use of new technologies such as video conferencing or the use of mobile video phones to provide quick access to interpreters, ensuring access to all community languages is available.

5.5 Complaints mechanisms

Recommendation 7
Public authorities should develop strong complaints mechanisms and ensure that these are clearly outlined on all publicity materials and encourage clients with poor quality experiences to complain to the authority.

Despite experiences of poor quality interpreters, none of the focus group participants had complained to public authorities about the service received. Some service users may not be willing to complain, however, complaints mechanisms are a useful tool for public authorities to monitor the quality of the services that they provide.

5.6 Community involvement
Many of the problems identified during the focus groups, for example when clients were offered interpreters from regions or even countries other than their native region/country, could be avoided by closer consultation and involvement with the communities that public authorities are serving. Community planning mechanisms could help develop awareness of the language needs of local areas.

Recommendation 8
Public authorities should incorporate their interpreting and translation services into community planning mechanisms and consult widely to ensure that they are meeting the needs of the communities that they serve.
5.7 Conclusion
It has been suggested that, with few exceptions, there is little evidence of change in the provision of translation and interpretation services over the last ten years, despite criticism of services which has emerged from reviews, inspection or research (McPake et al, 2002). Various guidelines and standards have been devised in an attempt to improve quality and consistency of provision, but their effectiveness has been curtailed by the lack of a strategy for implementation, monitoring and evaluation. McPake et al (op cit) concluded that the result is duplication of recommendations made by different organisations but little change on the ground.

In addition to McPake’s concern over duplication and stagnation, the Joseph Rowntree Foundation (JRF) recently reported on consultations with older people from black and minority ethnic communities and concluded that although research had uncovered a great deal about the issues they face, there is a need to move beyond a research agenda and to develop ideas in practice. Further the JRF research found:

Black older people at the three consultations said that their personal experiences were of having been ‘researched to death’ for at least the past 15 years, and the frustration they felt was that new research was often asking exactly the same questions that were being asked 15 years ago by a previous generation of researchers. Adding to their frustration was that the research that had been conducted had not seemed to have helped bring about a great deal of change in practice.

(JRF, 2004, Pg 2).

Given the evidence base on interpreting and translation in the UK, a similar conclusion could be levelled at the Scottish Executive’s approach. Guidelines and policy statements alone do not appear to have improved service delivery. We therefore recommend that the Scottish Executive develop and implement a national strategy on interpreting and translation to encourage change in the sector.
Appendix 1: References


Dundee City Council (1994). *Hilltown Area Need Assessment* Dundee: Dundee City Council


HomePoint (2001) *Use of Interpreters for Housing Advice* Edinburgh: Communities Scotland


Mahmood, S and Shariff, I (2000) *Promoting social inclusion for deaf people from a minority ethnic background* Glasgow: Deaf Connections and Greater Glasgow Primary Care NHS Trust


MVA Consultancy (1996) *Foreign Language Interpreters in the Scottish Criminal Courts* Edinburgh: Scottish Office Central Research Unit


NHS Greater Glasgow Primary Care Trust (undated) *Focus Group with Punjabi Speaking Men / Internal Document.*


Scottish Consumer Council (2002) *Parents Views of and Involvement with the Scottish Education System* Glasgow: Scottish Consumer Council


Appendix 2: Focus Group Topic Guide

INTRODUCTIONS
Name and self-description of level of proficiency in spoken and written English

PREVIOUS USE OF PUBLIC SERVICES?
Council, Housing, Health, Police, Education
Any other?

HAS LANGUAGE BEEN A BARRIER WHEN YOU’VE DEALT WITH THESE SERVICES IN THE PAST?
If so, in what way – give an example

WHAT HAPPENED ABOUT INTERPRETATION OR TRANSLATION ON PREVIOUS OCCASIONS?
• Did you require it?
• Who did it for you?
• Did anyone use professional interpretation services?
• Did anyone use an informal interpreter such as a family member or friend?
• Any other type of interpreter used (eg. voluntary group help)

USE OF PROFESSIONAL SERVICES
For those who have previous experience of using a professional interpreter:
• How did you know about this service?
• Who arranged for you to have access to the professional interpreter?
• How satisfied were you with the interpretation service you were given?
• Any problems?
• Would you use this service again? In what circumstances?
• When would you prefer to use a professional service rather than a family member or friend? Particular benefits of using a professional service?
• Are there disadvantages to using a professional service?
• Have you ever tried to access a professional service but failed? What happened?

For those without previous experience of using a professional interpreter:
• Are you aware of such a service? If so, why have you not used this in the past?
• Would you know how to go about accessing one?
• Would you use a professional interpreter in the future?
USE OF INFORMAL INTERPRETATION
• If you were using a public service, are there circumstances in which you would want to use an informal interpreter like a family member? Why?
• What are the benefits of using an informal interpreter?
• What are the disadvantages of using an informal interpreter?

INTERPRETER QUALITIES
• What is the role of the interpreter in the context of using public services?
• What makes a good interpreter? Quality and skills?
• How can you judge if an interpreter is good?

TRANSLATION SERVICES
• When you have wanted to have written details about public services, for example where to go to for advice, or about health services, have you used information which has been translated into a language you understand?
• How did you know that the translated material existed? How did you access it?
• Quality of translated material?
• How could it have been improved?
• Have you ever needed access to translated material but not been able to get it? Why? In what circumstances?

WAY FORWARD
• Thinking about your overall requirements for interpreters and translated documents, what is the best way for the council, or the health board and other public services to provide what you need?
• What would encourage you to make more use of the interpretation and translation services that they can provide?
• How can they improve the quality of the interpreting and translation services they offer?

FOCUS GROUP PROFILE
(to be completed by the moderator with the assistance of the interpreter)
1. Gender of participants  No. of Males  No. of Females
2. Age range
3. Main languages spoken
4. Ethnicity of participants
Appendix 3: Local Authority Policies on Translation and Interpretation Services

In addition to the focus group research, we explored local authority policies on translation and interpretation services. A short investigation of available policies and information was carried out, the findings are summarised in Chapter 2. This section includes a longer discussion under each local authority.

We wanted to find out if a local authority had:

- a Race Equality Strategy or Scheme;
- guidelines or standards on translation and interpreting; and/or
- a translation and interpretation service.

The first phase of the examination consisted of looking at the website of each local authority and searching for details of both a Race Equality Strategy or Scheme and a translation and interpretation service. A second phase of examination was then required to fill in the gaps from the information on the local authority websites. This entailed telephoning local authority switchboards to collate further, often very basic, information that was not available online, such as:

- whether or not a Race Equality Strategy had been published?
- what type of translation and interpretation service was offered to users, if at all?
- whether there was a published policy on the provision of this service?
- if there had been any changes made to policies or services, or information updated?

**Aberdeen** Translation and interpretation services are provided by local interpreters, or where appropriate, Language Line.2

**Aberdeenshire** The Race Equality Scheme states that publicity material of particular relevance or interest to minority ethnic groups be translated in the four most common languages. Protocol for staff accessing translation and interpretation services is now in development. At present, the council use Language Line and also a pool of local freelance interpreters and translators.

---

2 Language Line is a national live telephone translation and interpretation service which local authority staff can connect to via a conference call. It provides a 24-hour telephone interpreting service in more than 100 languages; guarantees a maximum 90-second waiting time; and offers text-to-speech facility – short documents will be faxed and a translator will dictate a translation over the telephone.
**Angus** - There is a Race Equality Strategy and a Code of Practice on Communication and Consultation with Members of the Community. Dundee Translation & Interpretation Service (DTIS) is generally used, or ALPHA which provides for more unusual languages and does lengthier translations. There is a pool of staff who volunteer to interpret and translate European languages. There is an ‘unwritten’ policy that translation and interpretation are mentioned on posters and various documents and as each policy and document is renewed, a statement is added on the availability of translation and interpretation services.

**Argyll & Bute** There is a Race Equality Scheme and arrangements for ensuring the public have access to information and services; guidelines for employees about translation and interpretation services are provided and information circulated to employees; and the current Best Value Review of Consultation and Community Engagement will be used to develop future arrangements.

**City of Edinburgh** There is a Race Equality Strategy and the Interpretation and Translation Service (ITS) provides interpretation facilities in approximately 40 community languages. It is possible to request interpreters for appointments with Council departments, health services, and other services, for example, Scottish Refugee Council and Citizens Advice Bureaux. The service is available to all local authorities in the Lothian area.

**Clackmannanshire** The Race Equality Scheme states that there will be ongoing employee training and updates focussing in depth on training on Council’s arrangements for translating and interpreting and developing models for cascading training through the Council.

**Dumfries & Galloway** The Race Equality Strategy & Accessibility Strategy is available online but does not mention translation or interpretation services. A telephone translation service (National Interpretation Service) is used; this is a joint contract with Council, NHS and the Police. The service is free of charge to all voluntary sector organisations. Council staff report that the service is used very little but an awareness-raising campaign is about to be undertaken to increase the use of the service. There is no written translation service, but it has been agreed that a tagline will be added to all local authority documents offering written translations in the five most common non-English languages. Face-to-face translation is patchy but an organisation, Multicultural Association, provides this service to the Council.
**Dundee** The Council Communities Department operates the Dundee Translation & Interpretation Service (DTIS) provides interpreters to enable easier access to services such as health, education, housing, Social Work Services, and benefits and has interpreters in languages such as Urdu, Punjabi, Chinese, Bengali, Hindi, Arabic. There is no Race Equality strategy online.

**East Ayrshire** There is no Race Equality Strategy online but contact details for ethnic minority community groups who can help in translating letters and documents into other languages are provided.

**East Dunbartonshire** There is a Race Equality Scheme which states that the Council can currently access translation and interpretation services on request.

**East Lothian** The Council makes use of City of Edinburgh’s Interpretation and Translation Service (ITS), in addition to services throughout Scotland. The Council is using a symbol to promote translation and interpretations and an awareness-raising campaign is about to commence.

**East Renfrewshire** The Council is working to provide translated information into other languages in the future. The Race Equality Scheme states that as much as is financially possible, interpreters will be sought for those who need them. A needs analysis is underway and a questionnaire has now been developed for users and stakeholders. A paper on the findings is to be published in November 2005 and options for development will be examined between then and May 2006.

**Falkirk** There is a Race Equality Strategy and also Communication Guidelines which includes the provision of trained, independent interpreters and states that such professionals should always be used in preference to a family member. In most cases, it is reported that emergency requests can be met very quickly.

**Fife** There is a Race Equality Scheme and the Council uses Fife Community Interpreting Service (FCIS) (Council, NHS, Police). A recent FCIS Review (January 2004) recommended that FCIS should focus on its core task of arranging Interpretation and Translation services and develop a database of interpreters and translators; guidance is currently being developed.
Glasgow There is a Race Equality Scheme and the Glasgow Translation and Interpreting Service (GTIS), which is a joint partnership with Social Work Services, NHS Glasgow, Police, Scottish Refugee Council, Education Services, and Asylum Support Project. It is reported that the service is the largest in UK and responds to more than 1000 requests for interpretations every week; a 250-strong pool of sessional interpreters in approximately 45 languages; more than 625 different user organisations; 24 hours a day.

Highland The Race Equality Scheme was approved in 2002 but there is no further information online. The Council cites that there is no service as such; there are particular problems with regard to geographical and language coverage. It uses the National Interpreting Service and other local authorities’ services (for example, Aberdeen, Dundee, Edinburgh) depending on circumstances. There is also a pool of local interpreters and translators but they are not all qualified, therefore, the council is looking into providing training.

Inverclyde The Race Equality Strategy states that the Council will undertake a full audit of how information is currently disseminated to members of the public and will identify any gaps and weaknesses and monitor arrangements that will identify areas where there are irregularities in service delivery and will seek to ensure that all inequalities are removed and access to services is freely available to all without discrimination.

Midlothian Information on Council services and policies can be supplied in a suitable format, for example, language, Braille or tape. Interpreters can be arranged for interviews and on request. Council policy states that all public documents, reports, and publications should be made available in other languages. Guidelines for the policy are issued to all staff and specific training is given to front line staff. This is delivered through three main mechanisms: staff volunteers who speak other languages fluently; language line; and contracted ALPHA Interpreting and Translation Services.

Moray The Council is currently publishing and promoting a Race Equality Policy. A leaflet and policy will be translated into languages relevant for local needs and targeted appropriately.
North Ayrshire  A service-needs assessment survey is underway, as recommended in the 2002-2005 Race Equality Strategy and the report is due in summer 2005. Some information is currently available in ethnic minority languages and there may be a need for this to be further developed.

North Lanarkshire  The Council uses Language Line and for office visits; it is reported that an interpreter can be available within minutes. A copy of key publications, including sections that are in one of four other languages (Cantonese, Punjabi, Hindi, Urdu) can be obtained in another language. The Race Equality Strategy mentions establishing protocols for accessing interpreters and translation services.

Orkney Islands  There is neither a Race Equality Scheme, nor mention of translation or interpreting online. However, local voluntary organisations keep a record of translators.

Perth & Kinross  There is a Race Equality Scheme and the Council uses a pool of external qualified and recognised translators who can be called upon by the local authority at short notice when required.

Renfrewshire  There is a Race Equality Scheme and an ongoing review to ensure public access to information and services. Following the review, the Council will indicate the three community languages most commonly used in the area so that all public documents can be requested in these languages.

Scottish Borders  The Race Equality Scheme states that the Council will consider the provision of interpreted and translated material as required. While there are no corporate guidelines for interpreting and translating at present, the Council is committed to developing draft guidelines and services to enable staff and the Council as a whole to communicate effectively with each other.

Shetland Islands  The Race Equality Scheme states that as communication mechanisms develop, the Council will consult with groups to establish how to improve access to information and services.
South Ayrshire  The Race Equality Scheme Action Plan highlights the need to identify key translation sources; monitor requests for information in other languages; and increase awareness through publicity. Language Line is used.

South Lanarkshire  For those who visit in person or call via telephone, the public office can arrange interpreters on the telephone through Language Line. The Race Equality Scheme recommended assessing any new public information leaflet, to decide whether it should be made immediately available in alternative formats or languages or whether it should carry information to this effect and provide a phone interpreting service to those in public office who are the main point of access to Council services. Systems are currently being reviewed to identify requirements for interpreting and translation provision.

Stirling  There is a Race Equality Scheme (2002–2003) and Language Line is used.

West Dunbartonshire  There is a Race Equality Scheme. No information on Interpretation and translation services was available.

West Lothian  The Council has access to City of Edinburgh’s Interpretation and Translation Service. There are no guidelines on translation and interpretation, but the Council uses Language Line on a pilot basis in the ‘Advice Shop’.

Western Isles  - There is a Race Equality Scheme, but no mention of translating or interpreting. Gaelic is the only language translated.