LOST IN TRANSLATION: towards a strategic approach to health information for people whose first language is not English

Report of a seminar held on 24 March 2006

Organised jointly by the Scottish Consumer Council, NHS Health Scotland and the National Resource Centre for Ethnic Minority Health
This is Bad Enough by Elspeth Murray

This is bad enough
So please ...

Don’t give me
gobbledygook.

Don’t give me
pages and dense pages
and
“this leaflet aims to explain ... “

Don’t give me
really dodgy photocopying
and
“DO NOT REMOVE
FOR REFERENCE ONLY.”

Don’t give me
“drafted in collaboration with
a multidisciplinary stakeholder
partnership consultation
short-life project working group.”
I mean is this about
you guys
or me?

This is hard enough
So please:

Don’t leave me
oddly none the wiser or
listening till my eyes are
glazing over.

Don’t leave me
wondering what on earth that was
about,
feeling like it’s rude to ask
or consenting to goodness knows what.

Don’t leave me
lost in another language
adrift in bad translation.

Don’t leave me
chucking it in the bin
Don’t leave me
leaving in the state I’m in.

Don’t leave me
feeling even more clueless
than I did before any of this
happened.

This is tough enough
So please:

Make it relevant,
understandable –
or reasonably
readable
at least.

Why not put in
pictures
or sketches,
or something to
guide me through?

I mean how hard can it be
for the people
who are steeped in this stuff
to keep it up-to-date?

And you know what I’d appreciate?
A little time to take it in
a little time to show them at home
a little time to ask “What’s that?”
a little time to talk on the phone.

So give us
the clarity, right from the start
the contacts, there at the end.

Give us the info
you know we need to know.
Show us the facts,
some figures
And don’t forget our feelings.

Because this is bad
and hard
and tough enough
so please speak
like a human
make it better
not worse.

Written for the launch of the cancer information
reference group of
SCAN, the South East Scotland Cancer Network 20th
January 2006.
1 Background

The seminar was organised jointly by the Scottish Consumer Council, NHS Health Scotland and the National Resource Centre for Ethnic Minority Health. Financial support from NHS Health Scotland enabled a key speaker from Australia to be invited, and also allowed places at the seminar to be free of charge. Over 100 people registered for the event, and over 80 attended. Delegates came from a wide range of organisations, including NHS organisations at both national and local level, Scottish Executive, voluntary sector organisations, healthy living centres, local translation and interpreting services based in local authorities, the Mental Welfare Commission, the Scottish Refugee Council, NHS Quality Improvement Scotland, Happy to Translate, Citizens Advice Scotland, and universities.

1.1 Why we organised the seminar

The seminar arose out of a recognition that organisations throughout the NHS, including major players such as NHS Health Scotland, were debating how best to implement inclusive communication or publication strategies. The difficulties experienced by Health Rights Information Scotland (HRIS), a project funded by the Scottish Executive Health Department, based at the Scottish Consumer Council, are typical of those experienced by other information providers. HRIS produces information about people’s health rights, which is used throughout the NHS. HRIS is committed to making that information accessible to as many people as possible in Scotland. The standard version of HRIS information is produced in clear print and in plain English. It is tested with patients and members of the public to ensure that it is clear and meets people’s needs.

The Scottish Accessible Information Forum (SAIF), set up following the publication of the Enabling Information report in 1995, develops and promotes quality standards in relation to accessible information for disabled people. Following SAIF guidance, HRIS has produced information in the following formats:

- CD ROMs with British Sign Language for Deaf people;
- an audio version in English for people with visual impairment or low literacy levels;
- an easy read version for people with learning disabilities; and
- accessible HTML web-based information.

However, HRIS staff found it much harder to know how to meet the needs of people from black and ethnic minority communities, refugees and asylum seekers, and migrant workers from Eastern Europe.

Other organisations, both within the NHS and in other sectors, are asking the same questions:

- What is the most effective way to communicate with people from black and ethnic minority communities, and other people for whom English is not their first language?
- Should printed information be translated into other languages?
- Which languages should be used?
Who can do this?
How can we ensure information gets to the people who need it?

There is a great deal of information needed or being used in relation to health, covering:

- healthy living and health promotion;
- particular medical conditions;
- treatment options;
- access to services;
- administrative procedures, like appointment letters or reminders; and
- the rights and responsibilities of patients.

Different organisations produce information in different ways – for example NHS Health Scotland produces some of its health promotion leaflets in other languages, such as Urdu, Chinese, Punjabi and Arabic, among others. But the demography of Scotland is constantly changing and the pattern of immigration and asylum-seeking makes it hard to know which languages should have priority for translated information.

1.2 The policy context
NHS bodies, like other public service providers, have significant obligations under the various pieces of equal opportunities legislation\(^1\) to make their services accessible to people from different racial groups and to disabled people. This duty extends to information as well as services themselves.

In addition, the Scottish Executive Health Department is promoting equality and diversity in the NHS through its Fair for All policy. Fair for All aims to develop a culturally competent health service that will eliminate discrimination and promote equality of opportunity for everyone, including people from minority ethnic communities. Malcolm Chisholm, the Minister for Communities, sent a letter to the chief executives of local authorities, Scottish executive agencies and non-departmental bodies in October 2005 drawing their attention to national policy in respect of service provision for speakers and users of languages other than English. The letter makes it very clear that public sector organisations have a statutory requirement to consider the accessibility of both services and information as part of their race equality schemes and disability equality action plans.

*The accessibility of the information you produce and the services you provide must be addressed as a key strategic aim of your race equality scheme and disability equality action plan as a statutory requirement.*

At the same time the letter recognises that this is not an easy thing to do, and could become a logistical nightmare as the make up of our population changes.

*The demand for community languages is constantly changing. We do not want to impose unnecessary bureaucratic requirements … and it may be useful to ensure that these key strategic aims can be brought together to form a single language strategy for your own authority.*

So while there are clear requirements to ensure access to information, there is much less in the way of clear guidance about what this means in practice.

\(^1\) Eg Race Relations (Amendment) Act 2000; Disability Discrimination Act 1995 and 2005
1.3 What we know from research

Various pieces of research have been carried out in Scotland over the last year or two, which made it particularly timely to hold the seminar at this time.

The SCC carried out research on users’ views of interpretation and translation services for minority ethnic communities. The report of this research, *Is anyone listening?*, was published in May 2005.

NHS Health Scotland recently commissioned research from George Street Research which explored access to health information among harder to reach groups in the Scottish population. This included looking at the needs of people from Pakistani and Chinese communities, and people whose first language was Arabic.

The Scottish Executive commissioned a major piece of research from Heriot Watt University reviewing the provision of translating, interpreting and communication support in Scotland. The report of this research was published in February 2006, and one of the speakers at the seminar, Catherine Bisset from the Scottish Executive Equality Unit, covered its findings in more detail.

All these pieces of research reflect similar concerns:

- poor knowledge of the languages spoken in different parts of Scotland;
- no clear strategy at national level;
- no quality standards and accreditation;
- no register of Scottish translators and interpreters; and
- little collaboration between agencies.

At the same time, it is widely recognised that translated printed information is not necessarily the most effective way of meeting people’s needs for information. Printed information does not, in itself, necessarily improve access to services.

1.4 Outcomes

It was hoped that the seminar would lead to:

- learning more about what is going on around Scotland and making contacts;
- a better understanding of when and how to translate written information;
- identifying practical ways forward; and
- discussing hopes for a more strategic approach.
2 Seminar presentations

In the morning session there were four presentations:

- a short introduction to the day by Liz Macdonald, Policy Manager, Scottish Consumer Council
- current practice in NHS Greater Glasgow and Clyde, by Norma Greenwood, Programme Manager and Nuzhat Mirza, Health Promotion Officer
- current practice in NHS Lothian, by Samita Grant, Minority Ethnic Health Inclusion Project
- keynote speech on Scottish Executive funded research, by Catherine Bisset, Scottish Executive Equality Unit

In the afternoon there was one presentation, by keynote speaker Michael Camit. Michael works for the New South Wales Multicultural Health Communication Service. He outlined the broad range of work going on in New South Wales, and suggested how Scotland can move towards its goal of ensuring that relevant information is communicated in an effective way to people who need it.

The following short summaries outline the main points made in these presentations. The speakers’ slides can be viewed on the Scottish Consumer Council website (www.scotconsumer.org.uk/health/lost.htm).

2.1 Current practice in NHS Greater Glasgow

Nuzhat Mirza and Norma Greenwood gave a joint presentation on what is happening in NHS Greater Glasgow.

Nuzhat described three initiatives in Glasgow. The first, Health Information Point, a community-based project with links to local libraries, provides information for professionals as well as for the local community. It enables GPs to print out letters about breast screening in various community languages, and it can refer people to local resources such as healthy eating projects, stress management and men’s groups. Health Information Point has produced resources in different languages appropriate to community needs. For example, information about contraception had been produced without illustrations to avoid offending particular groups.

She spoke about the Sandyford Initiative and its Women’s Health Group, which provides services for women from black and ethnic minority communities, including a host helper scheme, and which also provides training and support for staff. Nuzhat’s third example was the Building a Bridge project which aims to increase the involvement of black and ethnic minorities and refugee communities in health promoting activities. The project is training people to be health facilitators, and several are now working in community development.
Norma Greenwood described the challenges of trying to address the needs of a population with more than 40 languages. Norma showed some examples of posters, and information materials which have been produced by Glasgow. She outlined some of the ways in which Glasgow has approached this challenge. This has involved a collaborative approach, working with the local authority and higher education institutions, to share expertise and make best use of scarce resources. They have done a lot of work in creating on-line resources such as the Glasgow Health Information gateway (www.ghi.org.uk) which is aimed primarily at professionals, and Glasgow’s Health Hub (www.glasgowshealthhub.org.uk) which is designed to facilitate public access to quality assured health information. They have a resource directory of black and minority ethnic health information which lists all the paper-based translated information. They have also made some investment in public access kiosks. There is an option to have information translated into Urdu, Punjabi, Cantonese and Turkish, as well as British Sign Language.

2.2 Current practice in Lothian

Smita Grant from NHS Lothian spoke about the Minority Ethnic Health Inclusion Project (MEHIP). MEHIP works with all minority ethnic communities in Lothian, including refugees and asylum seekers, and provides a link worker/advocacy service. MEHIP is involved in providing information to groups and individuals, both in person, and in printed form. They also use audio-visual resources, and find that this is the most effective communication medium with their client group. This is confirmed by the views of people from ethnic minority communities. Smita argued that audio-visual formats benefit the most marginalised communities and are particularly helpful when communicating concepts in diverse social environments.

Smita described a project for which MEHIP is seeking funding. This involves developing an audio-visual resource providing basic information about health services, including unscheduled care, covering access, procedures, staff roles and costs. The aim is to produce this in English and five other community languages. It would be useful not only for the current black and ethnic minority groups, but also for refugees and asylum seekers, new in-migrants, and gypsy travellers, as well as other people with low literacy levels. The information would be produced on DVD, since this is very widely available technology, but could also be accessed through the internet. If the DVD was rolled out for national use, it would be a very cost-effective way of providing information. It would encourage people to make appropriate use of NHS services, and equip staff to provide a culturally competent service.

Smita made the point that even though the text and the images have been approved for a particular piece of information, the juxtaposition of the two can be unacceptable to
particular communities. Only by involving those communities, and testing information with them, can you be confident that you are meeting their needs in an appropriate way.

2.3 Keynote speaker – Catherine Bisset, Scottish Executive

Catherine Bisset spoke about research commissioned in 2003 from Heriot Watt University, which reviewed the provision of translating, interpreting and communication support services (TICS) in Scotland. She set the context by saying that although policy on equalities is reserved to Westminster, the Scottish Executive has considerable scope to promote equalities work, and aims to mainstream this, on the basis of the Equality Strategy produced in 2000, with “equality infused through everything we do”.

The TICS research was published in February 2006, and complements the SCC work on users’ views of such services. Catherine described the methods used and the key findings. Those providing these services include a significant number of new entrants to the market, with almost two thirds starting to provide a service since the 1990s. More attention and funding appears to be given to interpreting rather than translating, although translation is likely to grow in importance, and there are gaps in specialist areas and in certain languages. This is exacerbated by immigration, and new languages being sought. The health and legal sectors are heavy users of the service. In general, services are not meeting demand, either because insufficient notice is given, providers are unable to provide the service sought, or because of a bottleneck.

The research uncovers concerns about the quality of the service being provided, in relation to the qualifications of those providing the service, an over-reliance on informal and in-house provision, and a lack of people able to work in specialised areas. There is a general attitude that translation services are expensive, and users are unaware of the services available.

Catherine drew out some specific findings in relation to health. While there is some good practice, and several action plans which include TICS provision, there is a lack of co-ordination across the health sector, there are few checks on qualifications, and difficult relationships with local authority interpreting and translating services. There is considerable variation in the primary care field, and a widespread lack of knowledge. Patients often found their own interpreters, and were dependant on family members. There were often difficulties in out of hours services.

The recommendations in the report include the following:

- the need for a national language strategy, including a central point to facilitate information sharing;
- the need for better information collection and a central body to register service providers;
- standardisation and regulation of TICS provision; and
- effective training for front-line staff and funding for such training.

Catherine explained that the Scottish Executive is currently considering these recommendations, alongside the SCC report. They will consult on their response, and expect to start this process within the next few weeks.
2.4 Keynote speaker – Michael Camit – New South Wales Multi-cultural Health Communication Service

Michael spoke about how the Multicultural Communication Service started, about the lessons they had learned, and about what this might mean for us in Scotland. He described how what had started as a translations unit of the Health Department evolved into the Multicultural Health Communication Service, which addressed new ways of delivering health information, moving away from a model of creating glossy leaflets.

Effective use of print information
The effectiveness of print materials depends on how they are used and what else they are used in conjunction with, as well as what the desired outcome is – increased knowledge or changed behaviour. To use print materials effectively will involve having a central clearinghouse to avoid duplication, and to ensure currency and accuracy.

The Multicultural Health Communication Service made a decision that its primary audience was health workers, and that its information should be used to reinforce an interaction between a health worker and member of the public. They have over 400 publications available through their award-winning website, in up to 45 languages. They are regularly checked for accuracy and are free to download.

As well as health information they have translations of signs – for example “Please notify the triage nurse if you leave the waiting room before being seen by a doctor”, as well as standard forms such as consent forms for accessing patients’ records. They obtain information from around the world, for example from Hong Kong.

In Australia there is a National Accreditation Authority for Translators and Interpreters which sets standards for translators and interpreters, and accredits training courses. They have developed agreed translations of medical and legal terminology.

Michael recommended that, in Scotland, we should think about the need for one central point which would bring together all the resources in this area. He asked what mechanisms exist currently to respond to enquiries from BME communities with limited English, such as a multi-lingual government call centre.

Developing good practice
In addition to information, they have developed policies and guidelines on best practice in producing multilingual resources which are available on the website www.mhcs.health.nsw.gov.au

The service has been developing the use of social marketing as a means of conveying important health messages, and this has led, for example, to increased purchasing of smoke alarms in Arabic, Chinese and Vietnamese communities. The Multicultural
Commission participates in planning most major health campaign messages, and is thus seen as part of the mainstream.

Michael compared the impact of communication campaigns with the impact of environmental factors on people’s awareness and behaviour. Research has shown that communication campaigns have a very high impact on people’s awareness, but a low impact on their behaviour, while environmental factors have a very high impact on behaviour and a very low impact on awareness.

**Evidence based practice**
Their work has been aided by having access to very useful data from their national census, which records the number of people with low English language proficiency. They have data on the language spoken at home, the level of English language proficiency, nationality, ethnicity and race. This makes it possible to rank the information needs of different sectors of the population. Combining this with epidemiological data, they can rank the needs of particular groups for particular kinds of health information, for example in relation to diabetes the languages for which there will be greatest need are be Italian, Arabic and Hindi.

**Challenges**
Some of the challenges were discussed, such as who has the responsibility for providing or producing information. Michael described how dementia can affect older people, who may revert to the language of childhood even though they have learned to speak English in later life. He also mentioned the traditional, socialised beliefs of some groups, who felt that they had no entitlement to services.

Michael described some of the outcomes which we should be aiming for: that BME communities should be aware of the services available to them; increased knowledge of the health of BME communities; and BME communities having the opportunity to participate in and contribute to the planning and development of those services.

Michael outlined how the philosophy underpinning practice had an impact on that practice. If working with migrants, and meeting their needs in a range of ways, is seen to be of economic benefit to Scotland, rather than as welfare, then the business case for doing this is likely to strengthen the case for resources to be put into this work.
3 Discussion groups

In the morning, the discussion groups, at ten tables, were asked to identify good initiatives at national and at local community level in Scotland, and to discuss some of the things which made it difficult to meet people’s needs. In the afternoon, the groups were asked to think about how we can build on current good practice, and develop innovative solutions to facilitate a more strategic approach. Each table was asked to come up with three practical ideas to move things forward. In practice, there was considerable overlap between the discussions in the morning and the afternoon, and the discussions are reported here under the main themes which arose. While it was the intention of the seminar to focus on translation rather than interpreting, much of the discussion involved interpreting.

3.1 Current local initiatives

In addition to the local work which was described in the presentations from NHS Greater Glasgow and Clyde and NHS Lothian, various examples were discussed in some of the discussion groups. Some of these involved one person taking an initiative, or working with a particular client group. There was little sharing of experience either across the organisation, or across Scotland. Examples included:

- An occupational therapist in Glasgow working on cardiac rehabilitation with Hindi and Punjabi speakers. She runs discussion groups with patients to share key information about heart disease.
- A glossary of medical information created in Edinburgh.
- A midwife in Glasgow who has produced guidance on working with mothers from BME communities.
- The Chinese Healthy Living Centre in Glasgow, which has become the first port of call among the Chinese community for information about health in Chinese.
- A DVD on home safety, produced collaboratively by Strathclyde Fire Brigade, Glasgow City Council, the Scottish Refugee Council, and Strathclyde Police. This DVD uses pictures rather than language, so is accessible to all.
- The Listening to Communities events run by NHS Greater Glasgow.
- In Greater Glasgow, when a client has been satisfied with a particular interpreter, an effort is made to book the same interpreter for future appointments.
- In Greater Glasgow, if there is a need for an interpreter in an emergency situation, the local telephone interpreting service is used.

3.2 National initiatives

There was not much discussion about national initiatives, but the following were mentioned as examples of good practice:

- The National Resource Centre for Ethnic Minority Health, and the support they provide to staff.
- Happy to Translate, which was recognised to have potential to raise awareness if it could be rolled out across Scotland.
- Guidelines for interpreters in mental health cases, produced by the Mental Welfare Commission.
- Information produced by Health Rights Information Scotland.
NHS 24, because it provides a single point of access for health advice and information, although there was some questioning as to how far this was a culturally competent service.

The use of expressive cards by the Scottish Ambulance Service to facilitate communication. This was primarily aimed at people with learning difficulties, but can be used for anyone with a language difficulty.

The English Multikulti website (http://www.multikulti.org.uk/) some of which is relevant to Scotland, for example information on welfare benefits.

In addition, the way in which British Sign Language interpreters are organised and provided was considered to be a good model, with its central register, qualification requirements, and Disclosure Scotland checks on staff.

3.3 Current barriers and difficulties

There was considerably more discussion about the things which make it difficult to provide an effective service in the areas of interpreting and translating. The points raised in discussion centred on the following main areas:

- Establishing the language needs of people in different parts of Scotland
- Lack of resources
- Quality of translation and interpreting
- Lack of a central resource to support work
- Poor staff training

One group mentioned the additional difficulties of communicating where people also had a sensory impairment.

Establishing language needs
This was discussed in several groups as one of the barriers to providing better services. There was agreed to be a need to map language needs, so as to be able to make informed decisions about how to prioritise the information needs of different groups. One group suggested that more use could be made of demographic data from GP records, if GPs were to record language needs. This data should also help provide information at the right level for the average literacy of the group.

Lack of resources
Problems described included interpreters not being available, the cost of interpreting and translating, and staff not being encouraged to use these services. One group referred to the shortage of female interpreters, and some groups mentioned the difficulty of finding interpreters or translators with a good knowledge of specialist areas, such as health. As a result, people often rely on family members or freelance providers. One group discussed the problems which arise if there is written information available in a minority language, but no staff who can speak the language available to provide back up support or practical assistance.

Quality of translation and interpreting
Various issues were raised, including the difficulty of verifying the quality of translating and interpreting services, and of finding people to proof read translated material. There was a feeling that services were quite variable in the quality of service they were providing, with simple mistakes being made, like typesetting languages to read the wrong way (left to right instead of right to left), or failing to change the names used in
case studies to ones appropriate to that language. Translated information was not always in a plain version of that language, with one participant referring to the need for “plain Urdu”. Concepts are not always well translated, and translations were not culturally aware.

Where family members are interpreting, it is difficult to know whether this is being done professionally, or selectively.

One way of ensuring the quality of translations is to fully involve the relevant community in the development and testing of the information. This can help to avoid the waste of resources involved in producing information which is not appropriate or fails to meet people’s needs.

**Lack of a central resource**

While this was discussed in greater detail in the afternoon, the lack of sharing the information which currently exists in translation was mentioned as something which makes it much harder to meet people’s needs effectively. In relation to the NHS, it was felt that where one NHS board had information translated into other languages, this should be available to other boards. At present there is no obvious way to do this. As a result, finding information can be very time-consuming for staff and for patients.

**Poor staff training**

There was a widely shared view that staff do not know how to use interpreting services effectively, and lack an understanding of culture as well as language needs. One group commented on the difficulty of training 6000 staff members.

Other points raised included the need to ensure confidentiality, in the context of interpreting, and the importance of timing, to ensure that people get information when they need it. One group felt that it was important to be aware that not everyone can access the internet, and that we should be wary of solutions which were too dependent on this. One person referred to a potential misuse of resources in interpreting, with people being charged for one hour’s work when it had only taken five minutes.

3.4 Suggestions for improvement

The suggestions for improvement reflect the areas of difficulty discussed in the previous section. They broadly fall into the following headings:

- Need for a more strategic approach at both national and local level
- Need for more resources
- Better data on languages spoken
- Need for more effective staff training
- Better inter-agency working
- English language classes

In addition, there were comments about the importance of involving local communities in decisions about how they were informed, and a desire for more audio and visual mediums to be used rather than relying on printed materials.
A more strategic approach

At national level (Scotland)
There was a widely held view that we need a more strategic approach at national and local level. There are several important strands which need to be included in the strategy. A very wide range of suggestions were made about what could or should happen at national level, which fell into the following broad categories:

- national procurement of core services, such as phone interpreting and translating
- production of good practice guidelines on interpreting and translating on a national basis
- agreed national standards for interpreters and translators
- better regulation and monitoring of translators and interpreters
- a central body or resource to hold translated information, to ensure its currency and accuracy, and maintain a list of accredited translators and interpreters across the public sector
- a central source of advice on practical issues such as how to prioritise when translations of written information was needed
- a network of people involved in work in this area to facilitate the sharing of knowledge, experience and good practice
- more practical resources created at national level, for example information for new arrivals about their entitlements and about how systems like the NHS work, produced in accessible formats such as DVD.

These suggestions reflect a desire both to have a more structured approach, clearly led at national level, and also to share existing good practice, and existing resources such as translated information, more effectively. Many of the groups discussed the value of a central clearing house, where information could be stored and accessed, with most believing that this should cover not just health, but other public sector bodies. The case was made in one group for also including information about financial and legal services. The New South Wales model described by Michael Camit was seen by many participants as very attractive. One group would like information to be available in the form of templates, which could be added to or adapted for use at local level.

One group felt that this shared information should be accessible on the internet and down-loadable, either by staff or by members of the public. Another group thought that better use should be made of public libraries and citizens advice bureaux as access points to shared information.

At local level
Some participants, particularly in one discussion group, felt that this strategic approach at national level should be reflected at local level, where there could be:

- A central information resource, where translated information could be shared and accessed
- Signposting to other services and service providers
- Guidelines on how to access interpreting services locally and how to resource this
- Guidelines on how to access interpreting services in an emergency
At UK and international level
At the same time, there was recognition that we are part of a much larger picture, and that good translated material produced in other parts of the world might meet local (ie Scottish) needs. Translators based abroad could provide services in Scotland, provided they were able to meet the kind of quality standards specified in our national strategy. It was felt that we should collaborate with colleagues in the rest of the UK, as well as learning from good practice in Australia and Scandinavia.

A more strategic approach would need to be supported by adequate resources being available, better information about languages spoken, more effective staff training and better inter-agency working.

Adequate resources
There need to be enough financial resources to cover the costs of interpreting and translating, and there need to be enough trained interpreters and translators to carry out the work required to the specified standard. It is also important to allow time to consult with and involve local communities in information production.

Better data on languages spoken
In order to be able to respond appropriately to local needs, and to prioritise work, it is vital that we know more about the languages currently spoken and read in Scotland. Various suggestions were made about how this could be achieved. The census is one route through which comprehensive information could be collected, and this is done in Australia, as described by Michael Camit. Some participants thought that more could be done to record the information and language needs of patients through NHS documentation such as the patient record, with one group suggesting that this should be a mandatory field in the electronic health record.

Staff education and training
This was generally recognised to be a particularly important area. Participants felt that there was a need for general equalities and cultural awareness training both at induction and on a regular basis. This was an important way of raising the confidence of staff. Equalities work should be “sold” to staff as an integral aspect of good customer care, rather than being something specifically about black and ethnic minority communities. Participants wanted staff to be properly trained in how to use interpreters effectively, and better guidance on when interpreting was needed, either by phone or on a face-to-face basis.

Suggestions were made about using cultural calendars or “fun faxes” as ways of raising awareness among staff.

One group suggested that better use could be made of staff, with the suggestion that there should be one link midwife for all the refugees and asylum seekers in Glasgow.

Better inter-agency working
One group felt that this was key to making improvements, and wanted to see community planning structures as one of the arenas through which people would develop inter-agency working.
English language classes
Some groups felt that an important aspect of the national strategy should be improving access to English classes for immigrants. One group felt that these should be free to encourage uptake.

3.5 Moving things forward

Finally, the discussion groups addressed the question of how we could move forward towards the goals outlined in the previous section. There was a view that this required political leadership and commitment, and that the role of the Scottish Executive should be to set out the vision and priorities in this area. Some groups felt that it was important to make the business or economic case to support the importance of this work, and to demonstrate the financial benefits of inclusive services and the costs of not meeting needs in this area. One group said that Lothian was already producing such a case, and that this should be built on.

While some groups spoke in general terms about a central body or a national agency to lead the practical side of the work, some were more specific about who should lead this work, with one group clearly stating that this should be the responsibility of NHS Health Scotland to lead. There was also a recognition that there are bodies and networks already in existence which need to be more effectively publicised, such as the National Resource Centre for Ethnic Minority Health, the NHS equality lead network, and the ISD information network. As the focus of the seminar was on health information, the idea of a central resource for the health sector was given most attention, although there was a recognition that the same issues are relevant across the public sector.

Various other points were considered by some groups to be important. One group felt that it was important to move away from translating information to working more with communities. One group felt that health professionals must themselves become more vocal in lobbying for change, and must become involved in establishing local needs. Another group felt that the move to electronic health records was important.
4 Agenda for Action

There was a clear thread running through the day, which generated the most discussion and the greatest degree of consensus: that there is a great need and appetite for a consistent national strategy in relation to translating and interpreting activity in Scotland. There was less discussion of communication support services, which are also covered in the recently published research on TICS services published by the Scottish Executive. While the seminar concentrated on translation, there was inevitably a lot of discussion about interpreting as well, and the SCC believes that many of the issues raised apply as much to interpreting as they do to translating.

While the focus of the discussion was on the health sector, there was a wide recognition that exactly the same issues are being faced across the public sector, and there was a feeling that any developments should take account of the whole of the public sector.

There was a sense of frustration that we are not further forward, and a real desire to improve the way things are done.

We believe that, in order to meet the needs of people in Scotland who have difficulty in speaking or reading English, in relation to accessing and using public services, there needs to be action at different levels as part of an overall strategy.

1 Policy objectives

The following policy objectives focus on translated information, as this was the focus of the seminar. Similar policy objectives exist in relation to interpreting and communication support services.

- Public sector organisations at national and at local level (including NHS bodies) should have clear and consistent policies about translated information covering when they translate printed information, how they prioritise needs, how they make it available to staff and members of the public, and how they share it with other organisations.
- Translated information for patients or members of the public should meet nationally recognised standards.
- Translated information should meet the needs of members of the communities for whom it is intended. Where print information is not appropriate, alternative methods of communicating with these communities should be used. Decisions should be based on consultation with the communities involved.
- Where information can be produced effectively at national level and used at local level this should be done, for example, translation of signs for health premises, translation of consent forms, or translated information about the NHS complaints procedure. This reduces duplication of effort, and helps to ensure the quality of the translation.
- When new translations are done, at local or national level, the potential for these to be re-used should be assessed, and they should then be stored so that they can be easily accessed and shared in future.
- Existing translated materials should be easily accessed by health professionals and by members of the public.
Effective access for members of the public should be available through members of staff, and through recognised portals, such as NHS 24, as well as through intermediaries such as local community groups.

Existing knowledge, experience and guidance should be built on, particularly the expertise of bodies like the National Resource Centre for Ethnic Minority Health, NHS Health Scotland and the Scottish Refugee Council, as well as NHS boards such as NHS Greater Glasgow and Clyde, and NHS Lothian.

Information should be available about language needs which can be used to prioritise needs for translating, interpreting or communication support services.

Service providers should publicise the fact that translated information and interpreting services exist.

Staff are confident in handling the needs of people who do not speak or read English.

Local practice is monitored and reviewed by relevant bodies such as Audit Scotland, NHS Quality Improvement Scotland or Communities Scotland.

### 2 Implementation plan

To achieve the policy objectives described above, the Scottish Executive needs to develop an implementation plan, which should include the following elements:

- Establish a body to accredit and register public service interpreters and translators.
- Establish a resource for bringing together information and knowledge in this field, either across the public sector, or on a sector-specific basis.
- Ensure that the 2011 census contains appropriate questions about language needs.
- Consider other ways in which information about language needs can be captured, eg through the electronic health record.
- Ensure that there are sufficient English language classes for speakers of other languages (ESOL) available in Scotland.
- Ensure that education and training for staff in the public sector, including health, contains equality training, which will enable staff to interact well with people who do not speak English.
- Monitor the availability of multi-lingual members of staff.

It could also include

- National procurement of core services, such as phone interpreting and translation.

### 3 Functions of the body to accredit and register public service interpreters and translators.

This new body would:

- establish agreed national standards for interpreters and translators;
- maintain a register of accredited translators and interpreters;
- regulate and monitor translation and interpreting services; and
- provide good practice guidance on interpreting and translating.
Functions of the central resource, either covering the public sector as a whole, or for different sectors

This resource would:

- hold all information for the public which has been translated into minority languages as a central resource;
- bring together the wide range of resources which already exist, such as, in the health field,
  - NHS Greater Glasgow’s black and ethnic minority resource directory
  - Information for all directory produced by NHS Health Scotland
  - Resources from international sites, such as the NSW Multicultural Health Communication Service, Liverpool Health Promotion Services, [http://www.ethnicityonline.net/patient_information_links.htm](http://www.ethnicityonline.net/patient_information_links.htm), Genetic Interest Group (London), and many more
  - Information produced by Health Rights Information Scotland;
- provide access to this information for both professionals and members of the public, through the internet, and in other ways;
- facilitate a network of people involved in work in this area to encourage the sharing of knowledge, experience and good practice, including on the involvement of local communities;
- provide clear guidance about when translated written information is needed, and when alternative approaches to communicating with patients or members of the public are more appropriate.

There is currently a lot of information available in different places, and the primary need is to make it easy for front-line staff in the NHS to be able to access this. It is likely that the same situation exists in relation to other service areas, such as social work and housing.
Appendix 1  Those who registered for the seminar

Mrs Monica Hodgkinson  Angus Council
Ms Jagjeet Jumeja  BME Population
Miss Stella Opoku-owusu  Central Scotland Racial Equality Council
Miss Sze Man Ho  Chinese Healthy Living Centre
Ms Jackie Burman  Citizens Advice Scotland
Mrs Kathleen McGill  East Dumbartonshire Community Health Partnership
Miss Naghat Ahmed  Ethnic Minorities Law Centre
Miss Connie Dent  Ethnic Minorities Law Centre
Mrs Lynn Waddell  Fair for all Disability
Dr Uday Mukherji  Glasgow Addiction Services Joint Partnership - NHS
Ms Sophie Taylor  Glasgow Learning Disability Partnership
Dr Serjinder Singh  Glasgow Translation & Interpreting Services
Mr Joseph Safi  Golden Jubilee National Hospital
Miss Sarah Lindsay  Health Rights Information Scotland
Dr Sarah Wheeler  Health Rights Information Scotland
Ms Isabelle Perez  Heriot-Watt University
Ms Christine Wilson  Heriot-Watt University
Mrs Joan Jamieson  Information Services Division (ISD)
Mrs Van Dundas  Interpretation and Translation Service
Mrs Lesley Mackay  Lanarkshire Health Promotion Department
Mr Mohammed Hameed  Lothian NHS Board
Ms Anita Wiseman  Mental Welfare Commission for Scotland
Dr Gina Netto  Mental Welfare Commission for Scotland
Mrs Michelle Paterson  Mental Welfare Commission for Scotland
Ms Carrie Ho  Minority Ethnic Carers of People Project
Mrs Maureen Allan  Motherwell Health Centre
Ms Maureen Dunn  National Resource Centre for Ethnic Minority Health
Dr Rafik Gardee  National Resource Centre for Ethnic Minority Health
Mr Christopher Homfray  National Resource Centre for Ethnic Minority Health
Ms Eleanor McKnight  National Resource Centre for Ethnic Minority Health
Ms Carrie McNeil  National Resource Centre for Ethnic Minority Health
Mr Michael Camit  New South Wales Multi-cultural Health Communication Service
Miss Audrey O'Neill  NHS
Mrs Amritpal Dhillon  NHS 24
Mr Graham Twaddle  NHS 24
Ms Linda Semple  NHS Ayrshire and Arran
Mrs May Smith  NHS Ayrshire and Arran
Ms Christine Hamilton  NHS Education Scotland
Mrs Linda Davidson  NHS Greater Glasgow
Miss Lesleyann Ballantyne  NHS Greater Glasgow
Ms Parveen Chishti  NHS Greater Glasgow
Ms Norma Greenwood  NHS Greater Glasgow
Ms Nuzhat Mirza  NHS Greater Glasgow
Mr John Crawford  NHS Greater Glasgow
Miss Nicole Mcnally  NHS Greater Glasgow
Mrs Flora Muir  NHS Greater Glasgow
Mrs Anne Taylor  NHS Greater Glasgow
Ms Andrea Thompson  NHS Greater Glasgow
Mr Mark Barton  NHS Health Scotland
Miss Katy Brown  NHS Health Scotland
Ms Margaret Richardson  NHS Health Scotland
Mr Graham Robertson  NHS Health Scotland
Miss Tanzeela Bashir  NHS Highland
Mrs Shirley Noble  NHS Highland
Ms Moira Paton  NHS Highland
Mrs Evelyn Brand  NHS Lanarkshire
Mrs Helen Cross  NHS Lanarkshire
Mrs Eva Nacilia-Ong  NHS Lanarkshire
Ms Christine Reid  NHS Lanarkshire
Ms Hina Sheikh  NHS Lanarkshire
Mrs Helen Sneddon   NHS Lanarkshire
Mrs Trish Tougher  NHS Lanarkshire
Mr Derek York   NHS Lanarkshire
Mrs Arlene Campbell  NHS Lanarkshire/Patient Information Forum
Ms Smita Grant  NHS Lothian
Ms Lesley Reid   NHS Lothian
Ms Linda Paton   NHS National Services Scotland
Mrs Cath Russell   NHS Orkney
Mr Stephen Ferguson  NHS Quality Improvement Scotland
Mr Colin McAllister  NHS Quality Improvement Scotland
Ms Annie Wright   NHS Quality Improvement Scotland
Mr Michael Sykes   NHS Tayside
Mrs Pam Luckock   NHS Wales Centre for Equality and Human Rights
Ms Eileen Kenneth  North Lanarkshire Council
Mr Attiq Asghar   Primary Care
Ms Catherine Nelmes  Primary Care Glasgow
Ms Ishbel White   Primary Care Glasgow
Mrs Susan McNeil  Queen Mother's Hospital
Miss Ann Tobin  Scottish Ambulance Service
Mr Andrew Wemyss  Scottish Ambulance Service
Ms Kate Wallace  Scottish Association for Mental Health
Ms Susan Collie  Scottish Consumer Council
Mr Martyn Evans  Scottish Consumer Council
Ms Liz Macdonald  Scottish Consumer Council
Mr Andrew Pulford  Scottish Consumer Council
Ms Jennifer Wallace  Scottish Consumer Council
Ms Kelly Walker  Scottish Executive
Mr Neil Langhorn  Scottish Executive
Ms Catherine Bissett  Scottish Executive Equality Unit
Miss Carol Porteous  Scottish Executive Health Department
Dr Leona O'Reilly  Scottish Nutrition and Diet Resource Initiative
Ms Taryn Carlton  Scottish Recovery Network
Mr Joe Brady  Scottish Refugee Council
Mr Hamish Battye  South East Glasgow CHCP
Mrs Pinky Virhia  South Glasgow University Hospitals Division
Ms Therese Grimes  Southern General Hospital
Mrs Tamiko Mackie  Trust, Hanover (Scotland) & Bield Housing Associations
Miss Carol-Ann Mooney  Welsh Assembly Government
Mr Ray de Souza  West Glasgow CHCP
Dr Margaret McMillan  Western Infirmary