



ADSS Cymru

Yn arwain Gwasanaethau
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Leading Social Services in Wales

Delivering Social Care in an Anti-racist Wales

Association of Directors of Social Services Wales

Delivering Transformation Grant Programme 2022-23

Nicki Harrison, Jonathan Morgan, Ceri Breeze,
Humie Webbe, Bami Adenipekun

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1. Introduction

- 1.1 The Welsh Government asked ADSS Cymru to lead a programme of work which contributes to the implementation of the Anti-racist Wales Action Plan. The project, which examined the use of interpretation and translation services, was funded by the Welsh Government's Delivering Transformation Grant programme. It builds on previous work which examined barriers to the take-up of social care by people from ethnic minority backgrounds.

Approach

- 1.2 The project had several elements. Engagement was a core element with a variety of methods used to gather qualitative and quantitative data from staff in local authority social services departments, organisations in the third sector, and individuals with lived experience. The main elements of the project were:
- A selective review of relevant literature – research, reports etc.
 - Analysis of relevant published data from the 2021 Census.
 - Interviews with nominated officers in all local authorities.
 - Interviews with representatives of third sector organisations and community groups.
 - Conversations in language of choice with people with people from ethnic minority backgrounds who have accessed social care services.
 - Data requests to local authorities for number of interpretation/translation requests, and the number of complaints where language was the subject.
- 1.3 With the help of the Welsh Interpretation and Translation Service (“WITS”), an online survey of interpreters and translators who work for the service was also undertaken. This element of our approach was added following early discussions with stakeholders. It gives a broader perspective to the study and meant matters relating to interpretation and translation, as means of overcoming the language barrier to the take-up of social care services and support, could be examined from four perspectives – service commissioners and providers, users of services, third sector organisations, and service facilitators i.e. interpreters and translators.
- 1.4 The semi-structured interviews held with nominated representatives from all local authorities covered the following broad themes:
- Policies and protocols
 - Provision of interpretation and translation services
 - Awareness of the Welsh Interpretation and Translation Service
 - Issues and/or problems encountered in interpretation and translation
 - Scope for improvement
- 1.5 Local authorities were also asked to provide information on the number of requests made for interpretation and/or translation over a three-year period and the number of complaints where language was the subject of the complaint were made to provide context.
- 1.6 The project aligned well with ADSS Cymru's strategic priorities 2021-24:
- **Priority 1:** The social care workforce is properly supported, resourced, and valued with the skills and resilience to deliver the high-quality, responsive services that people need.

- **Priority 2:** We want to ensure that people and communities are at the heart of the remodelling of social care and health services.
- **Priority 3:** We want to ensure that people have real choice and control in how their care is delivered.
- **Priority 4:** Sustainability is central to the rebalancing of care and support, with local authorities having confidence that services can meet the needs of people now and in the future.

This report

- 1.7 The structure of this report reflects the main elements of our approach. Drawing on relevant policies and legislation, new population statistics and available research, **Chapters 2** and **3** provide context and background. **Chapter 4** captures local authority perspectives on interpretation and translation for people whose first language is not English. It also provides an indication of relative activity between authorities. **Chapters 5** and **6** consider the views of people who access services and third sector organisations respectively, while **Chapter 7** reflects the perspectives of interpreters and translators. **Chapter 8** summarises our findings and conclusions, which underpin the recommendations.
- 1.8 The authors are grateful to everyone who gave time to contribute to the study. Special thanks are due to Adam Howls, manager of the Welsh Interpretation and Translation Service for providing data and information for the project and for facilitating a successful online survey. Special thanks also go to Women Connect First who coordinated the interviews with people who access social care services in their language of choice and to the Romani Cultural Arts Company who arranged for two families to contribute by translating their responses to the questions in Czech Romani languages.

2. Wales: A diverse population

- 2.1 The 2021 Census provides an updated picture of the ethnic make-up of Wales. This chapter summarises the statistics released to December 2022. It provides a backdrop to the delivery of social care to people from ethnic minority backgrounds and language relevant to the access to, and take-up of, services.
- 2.2 While the data throws a helpful spotlight on the subject, some caution is advised. Although not originally part of the project, the Census data was reviewed in the early stages of the project to provide context. At that time, data on age and ethnicity was not available and therefore, it was not possible to disaggregate data to show, for example, older people from ethnic minority groups who are more likely to be potential users of social care and support. Data on ethnic group by age was released at the end of March. Limited resources towards the end of the project meant it was not possible to undertake a full, detailed, analysis for each local authority.

Population changes and ethnicity

- 2.3 In 2021, the resident population of Wales was 3,107,500, which is an increase of 1.4% from the 2011 figure of 3,063,456. The change in population between 2011 and 2021 varied across Wales varied from +9.5% in Newport to -5.8% in Ceredigion.
- 2.4 Population change by local authority is in a table in Appendix 1.
- 2.5 Ethnic group data in the Census has five high-level ethnic groups, below which sit 19 more detail groupings. The five high-level groups are:

Table 1: Population of Wales by high-level ethnic group, 2021

High-level ethnic group	No.	%
White	2,915,852	94
Asian, Asian British, Asian Welsh	89,032	3
Mixed or Multiple ethnic groups	48,602	2
Black, Black British, Black Welsh, Caribbean or African	27,561	1
Other ethnic groups	26,466	1
Total	3,107,513	100

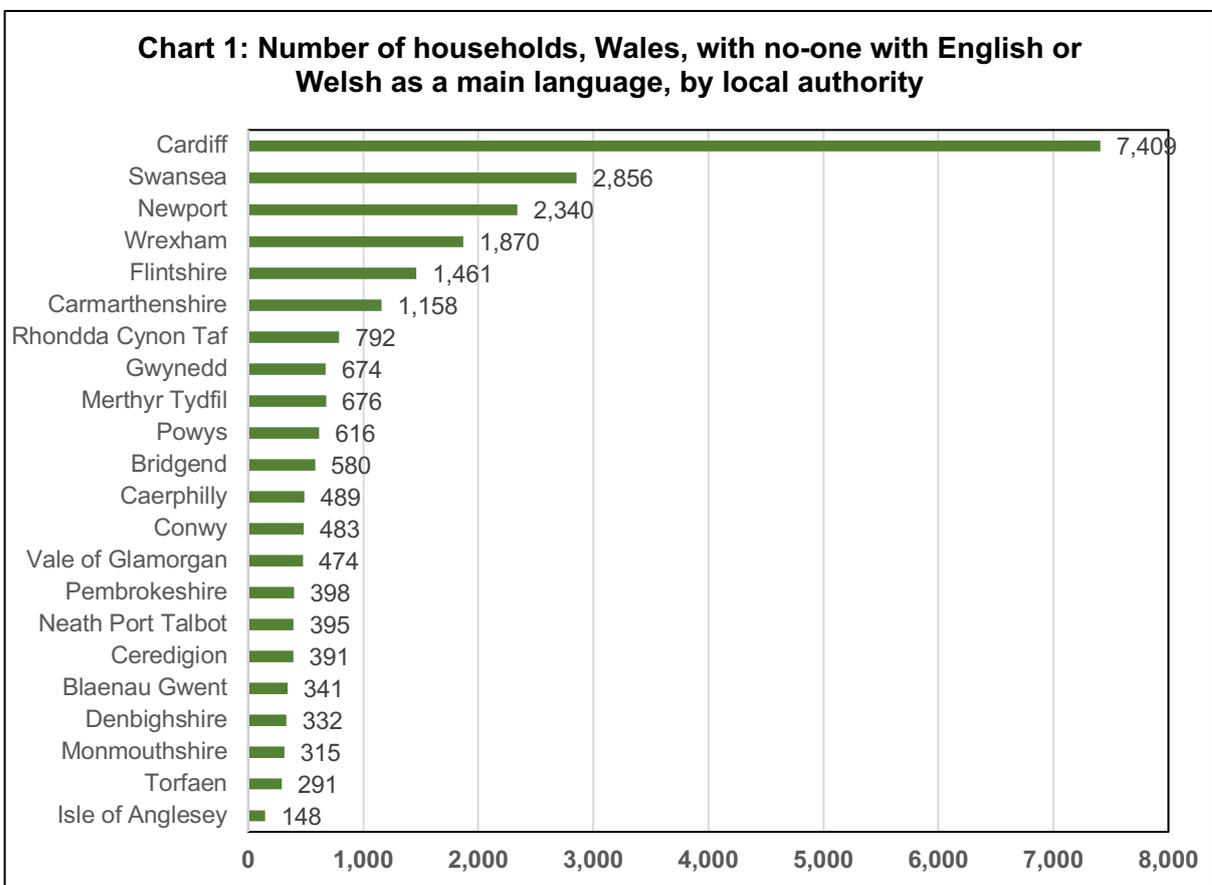
Percentages are rounded

Main spoken language

- 2.6 In 2021, 96.7% (2.9 million out of 3 million) of usual residents, aged three years and over, spoke English or Welsh as a main language.
- 2.7 The most common main languages, other than English or Welsh were: Polish (0.7%, 20,863), Arabic (0.3%, 8,518), Romanian (0.2%, 6,019), Bengali (with Sylheti and Chatgaya) (0.16%, 4,671), and “Other Chinese” i.e., not Cantonese or Mandarin (0.15%; 4,330).
- 2.8 A list of the top 25 languages spoken in Wales is in Appendix 2.

Main language in household

- 2.9 Overall, there are 96.2% of households where all adults have English or Welsh as the main language. The figure varies from 89.4% in Cardiff, 92.6% in Newport, 94.5% in Swansea and Wrexham, to more than 98% in Denbighshire, Pembrokeshire, Neath Port Talbot, RCT, Caerphilly, Torfaen, Monmouthshire, and the Isle of Anglesey.
- 2.10 1.5% of households (20,461 out of a total of 1.347 million), do not have at least one adult who has English or Welsh as a main language. In Cardiff, the figure is 4.3%.
- 2.11 In 0.5% of households (6,593), no adults have English or Welsh as the main language but there is at least one person aged 3 to 15 years in the household that does.
- 2.12 In 24,489 households (1.8%), there are no people with English or Welsh as their main language. In Cardiff, the figure is 5%, followed by Newport (3.5%), Wrexham (3.2%), Swansea (2.7%), and Merthyr Tydfil (2.6%).

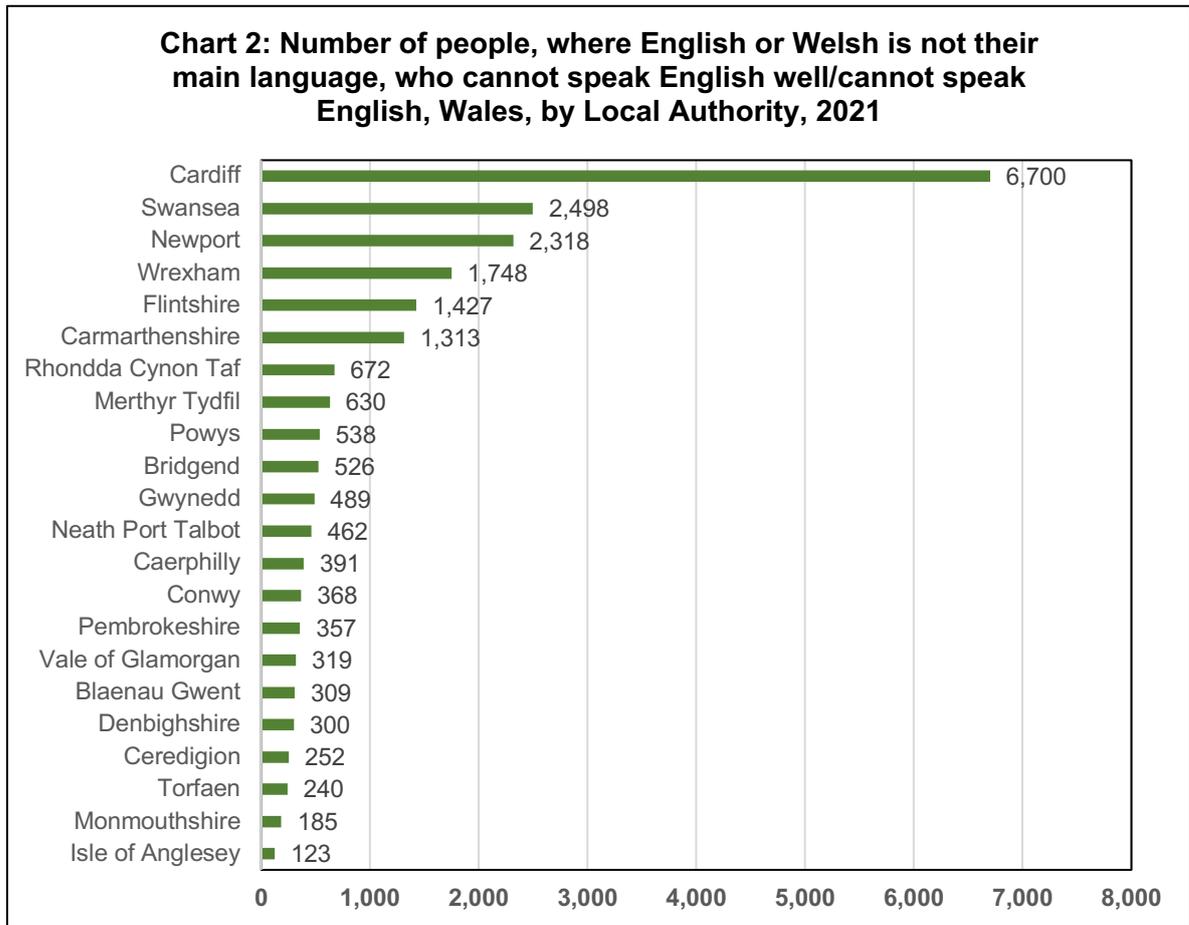


- 2.13 The results above should be considered alongside the Census results which indicate residents' statements of their proficiency in the English language.

Ability to speak the English language

- 2.14 Residents who stated their main language spoken was not English or Welsh were asked about their ability to speak English.
- 2.15 The numbers of residents aged 3 or over who do not identify English or Welsh as their main language and who stated they cannot speak English well or cannot speak English was greatest in 6 local authority areas: Cardiff (6,700 residents); Swansea (2,498), Newport (2,318), Wrexham (1,748); Flintshire (1,427); Carmarthenshire (1,313).

2.16 The following chart shows the number of residents who say they cannot speak English well or cannot speak English.



Source: Census 2021

- 2.17 The percentage of residents who cannot speak English well or cannot speak English as a proportion of all residents who state English or Welsh is not their main language varies considerably by local authority.
- 2.18 In Cardiff, which has the highest number of residents for whom English or Welsh is not their main language, 21% cannot speak English well or cannot speak English (approx. 1,300 people). This compares with 30% in Carmarthen (approx. 420 people) and 29% in Merthyr Tydfil (approx. 190 people). In Ceredigion and Monmouthshire, the figures are around 1 in 10 residents (12%).

3. Policy and research background

- 3.1 This chapter provides context and background for the findings of the project. It highlights relevant policy matters, legislation, and research; the latter captured by a rapid selective review of available literature.

Policy and legislation

- 3.2 In its 2018 report on overcoming communications and language barriers in public services, the Wales Audit Office referenced the diversity of the population. Using 2011 Census data, it said 84,500 people in Wales had a main language which is not English or Welsh, and 19,500 do not speak English or Welsh well. Furthermore, 3,500 do not speak English or Welsh at all.
- 3.3 As seen in the previous chapter, the 2021 Census results show a small reduction in the number of people (whose main language is not English or Welsh) who cannot speak English well, from 19,500 to 18,500 (figures are rounded). There has been a very small increase in the number of people who cannot speak English at all, from 3,500 to 3,670.
- 3.4 Language and communications issues feature in several Acts of law, including the Equality Act 2010 and the Social Services and Well-being (Wales) Act 2014. Article 21 of the United Nations Universal Declaration of Human Rights also states everyone has the right to equal access to public services.
- 3.5 A person's main language and an inability to speak English can be a significant barrier and if not addressed, can affect their experience of public services and the outcome(s). Public sector organisations are subject to duties which require them to ensure everyone can access services regardless of their language and communications needs. This means barriers to access must be addressed.
- 3.6 Legislation requirements are reflected in numerous policy documents and in codes of practice. For example, in social care, the Social Care Wales Code of Professional Practice for Social Care (2017) requires professionals to:
- Work with individuals and carers in ways that respect their dignity, privacy, preferences, culture, language, and rights (paragraph 1.4).
 - Actively support individuals and carers to communicate their views and preferences using their preferred method and language (paragraph 2.3)
- 3.7 The 2018 study by the Auditor General for Wales examined the use of interpretation and translation services by local authorities and health boards and related matters. It extended beyond ethnic minority groups e.g., to people with sensory loss. Fifteen councils responded to requests for information. Around half said they had a formal policy on the use of interpretation and translation services. All said they had provided training for some or all their staff on language needs and/or sensory loss.

Language

- 3.8 Language is a recognised barrier to the take-up of services by people from ethnic minority communities. Interpretation and translation services and, in some cases, the use of family members including children are used to overcome the problem.
- 3.9 The words "interpretation" and "translation" are often used interchangeably. However, in the true sense, they describe different actions:

- **Interpretation** – translating orally the words of a person speaking one language to another. In the context of this project, typically to and from English
- **Translation** – changing written text from one language to another.

3.10 Public sector organisations in Wales are more likely to use professional interpreters from third party providers as opposed to employing any themselves. The Wales Audit Office recognised that staff with language skills might sometimes be used to help with communication, but good practice suggests this should only happen in an emergency until a professional interpreter is available.

Who should interpret?

3.11 Lucas (2020) refers to the fact social workers regularly work with individuals, families, and groups where there is no shared language. While true, the extent to which this happens will, inevitably, vary depending on the presence of ethnic minority groups within local populations. The report concluded:

- Professional interpreting services can help to overcome language barriers and enable people to access and engage with services.
- People who require interpreters may be discriminated against and can face barriers when accessing services.
- Serious Case Reviews – that investigate into the deaths and injuries of children – have highlighted the importance of spoken language interpreters in social work.
- Ad hoc arrangements in interpreting exist and the availability of skilled interpreters is an issue.

3.12 A study in North Yorkshire (Healthwatch North Yorkshire, 2020) considered policy against reality in in health and social care. The findings appear to be based on information received from more than 40 refugees and a mystery shopping exercise at pharmacies. The main themes to emerge were:

- Difficulties understanding the healthcare system.
- People had better experiences when an interpreter service was offered.
- Interpreter services are not routinely, or sufficiently, offered. Some people are being refused access to services unless interpreters are present, yet they are not provided by the service.
- Problem with the irregularity of provision, including lack of provision.
- Quality of interpretation, or method can be unclear or unhelpful. Telephone interpreters can be unclear and difficult to understand, which can be made worse by differences in accent or dialect.
- No choice of gender-appropriate interpreters.
- Appointments take longer with interpreters.
- No booking system for patients attempting to book interpreter services.

3.13 The study concluded the need for strategic change to improve people's experience. It said that if someone doesn't have the confidence (or knowledge) to understand the system to make an official complaint, the situation is likely to continue without resolution.

- 3.14 Social work research in the USA identified the increasing use of spoken language interpretation because of a more diverse population with limited proficiency in English language. A study by Hsu (2016) found in-person (i.e., face-to-face) interpretation is perceived to have the best satisfaction. Patients' family members and friends were also widely utilised any interpreters, mostly due to patients' wishes or lack of availability of professional interpretation. The study suggests the social work profession needs more education on working with interpretation to provide quality services and to fulfil ethical standards. In Wales, there is also a need to meet statutory duties and to fulfil an approach based on choice, individuals' rights, and what matters to them.
- 3.15 Public Health Scotland (2020) published a national policy on Interpreting, communication support and translation for healthcare providers. It cited the following reasons for not using family, friends, or carers as interpreters:
- Inaccuracy of interpretation e.g., due to a lack of knowledge or understanding of terminology.
 - Filtering of information e.g., to protect the person from bad news.
 - Loss of confidentiality e.g., a person may not want to discuss certain sensitive or personal information in front of family or friends.
 - Conflict of interest.
 - Vulnerability of a person regarding gender-based violence.
- 3.16 The policy states it is never appropriate under any circumstances to use a child under the age of 16 as an interpreter, citing it could have harmful effects on them.
- 3.17 An article in the British Journal of Social Work (2021) also reflects concerns about their use. However, it recognises children often have greater English language proficiency than parents and may interpret for family members, including in social care. While social workers recognise the potential contribution of child interpreters, they remain concerned about their ability to translate technical and emotionally laden messages. Some conceptualised children as passive, vulnerable or untrustworthy.
- 3.18 A rapid review of evidence of language interpretation in public health settings by Public Health England, (2020) concluded the use of professional interpreters can improve quality and access to care. This message was reinforced by the UK Government in 2021 when it published a Migrant Health Guide. It concluded that using professional interpreters:
- Ensures accuracy and impartiality of interpreting.
 - Minimises legal risk of misinterpretation of important clinical information (for example informed consent to undergo clinical treatments and procedures).
 - Minimises safeguarding risk (for example for victims of human trafficking, where the trafficker may introduce themselves as family member or friend and speak on behalf of the patient).
 - Allows family members and friends to attend appointments and support the patient (emotionally and with decision-making) without the added pressure of needing to interpret.
 - Fosters trust with the patient.

- 3.19 The guide advises avoiding automated online translating systems or services such as Google Translate as there is no quality assurance. It states professional interpreting services can help to protect people from coercion. It can help professionals identify patients with hidden adult or child protection issues, and those at risk of human trafficking, gender-based violence and other forms of abuse.
- 3.20 The review acknowledges children perform interpretation in different ways to professional interpreters, possibly extending or amending messages, or advocating and advising, those for whom they are interpreting. It states research has revealed both positive and negative associations of child interpreting, but also some concerns about professionals. It cites practical issues such as a shortage of professional interpreters and the inability to access such assistance at the precise point it is needed, but also concerns about inaccuracy, bias, and breaches of confidentiality, which have led to mistrust of professional interpreters by service users and practitioners. (Chand, 2005; Sawrikar, 2013).
- 3.21 Pollock (2020) suggests these issues may explain why some service users express preference for family members to interpret instead of professional interpreters. They present a counter narrative to professional interpreters which promotes the use of family and friends in the language broker role i.e., the informal process of supporting language exchanges. While not devaluing the work of professional interpreters, they question whether the insistence on using professional undermines statutory duties to respect the rights of citizens.
- 3.22 The paper acknowledges that using informal interpreters is not always appropriate but proposes that rather than dismissing and discrediting family and friends as incapable of performing an interpreting role, there should be a move towards engagement and training with willing relatives and friends. It suggests that strengths-based approaches to working with individuals and privileging people's own perspectives on how best to meet their needs via the Care Act 2014 in England supports this position, as does the increase in rights-based approaches to practice. It goes on to reference research on patient and service user choices finding that individuals consistently prefer an informal language broker and highlights the contradiction between a legislative shift towards empowerment and choice in social care and policies which restrict rights in relation to interpretation. It suggests individuals should be empowered to choose who provides their language support.
- 3.23 While there is debate as to whether or when it might be appropriate for a child to interpret for a parent, there appears to be consensus on the need for an interpreter to be present in all situations where there are concerns about child safety or gender-based violence. Face-to-face interpreting should be provided if there are suspected child protection issues and separate interpreters should be provided for the child and the parent to allow the child's voice to be heard independently.
- 3.24 In a briefing for the Race Equality Foundation, Costa (2013) notes practitioners often prefer professional interpreters and professional interpretation is recommended for sensitive and complex work. They note some researchers have expressed doubts about the use of friends and family members as interpreters, several studies show people may prefer to use friends and family members rather than professional interpreters. Because of cultural reasons among others, immigrant parents will continue to ask their children to translate and interpret for them regardless of the law and of other options such as professional interpreters. They reference Alexander (2004) who puts this preference down to the fact they trust them and have an ongoing relationship with them and an emotional commitment and loyalty towards each other. They also reference Greenhalgh (2006) who believes family and friends can contribute to improved care by shifting the power balance in favour of the service user.

3.25 The paper refers to the different types of interpreting service available, each of which has advantages and disadvantages, depending on the situation. However, changes in practice forced by the pandemic since it was written in 2013, notably the use of video online, has increased the options from the traditional face-to-face or telephone methods.

Recording language preference

3.26 Guidance for health services emphasises the importance of recording in the patient's health record and other associated administrative systems:

- The patient's preferred spoken language (including dialect)
- The patient's preferred written language (including their level of literacy or health literacy in their preferred language)
- Whether the patient requires an interpreter

3.27 While the guidance is for health services, the simple act of recording language preference is equally important in social care so anyone who interacts with an individual can ensure their language needs are met (provided, of course, they have read and noted the content of the care record). The systematic recording of language preference help meets the requirements of the Social Services and Well-being (Wales) Act 2014, which says anyone providing care and support must have regard to the characteristics, culture and beliefs of the individual including, for example, language.

4. Local Authorities

- 4.1 Discussions were held with nominated officers in all local authorities. The key themes were awareness of ethnicity among the local population, policies, and protocols and practical issues around the need for interpretation for people presenting to social services whose first language is not English or Welsh. This chapter summarises the main points.

Awareness of population ethnicity

- 4.2 Language is recognised as a barrier to the take-up of services by people from ethnic minority groups who cannot speak English well or cannot speak it at all. Professional interpretation and translation services are fundamentally important to overcoming this as a barrier. In some cases, family members including children are used but this can pose problems, particularly when information of a personal, sensitive, or technical nature is involved.
- 4.3 The importance of being able to meet the needs of people from ethnic minority groups is recognised by all local authorities and they are aware of meeting their obligations in law and in line with other requirements, such as the Social Care Wales Code of Professional Conduct, which highlights meeting people's language preference. Confidence in the ability to meet people's needs does vary, primarily due to the frequency of such requirements.
- 4.4 In areas with relatively large sub-groups of the population who are from ethnic minority backgrounds, it is driven by regular practical experience. In areas which are not as culturally diverse, feedback indicates social services have a lack of exposure to people whose first language is not English and thus very little, if any, use of interpreters.
- 4.5 In some areas, while the population might not be as culturally diverse as others, but where a concentration of residents from one ethnic minority group has grown over the years e.g., Polish, Portuguese, the authorities tend to be more proactive in translating its materials for them.
- 4.6 The greater awareness of ethnic minority groups in areas with the more diverse populations, typically cities, is reflected by, for example, systematically gathering ethnicity and language data through WCCIS for social care referrals. Data can then be analysed for monitoring purposes. One local authority said that when a person is identified as potentially needing interpretation support, they contact the family to assess the extent of the need. Where an interpreter is considered necessary, they check the family is happy to be engaged with them. They might also explore to what extent a family carer is willing to interpret on their behalf.
- 4.7 A couple of respondents mentioned training being provided for social care staff, suggesting increasing recognition of the importance of staff having awareness and understanding of cultures and cultural sensitivities.

Policies and protocols

- 4.8 Discussions with local authorities sought to establish how many social services departments had their own policy or protocol for interpretation and translation to meet the needs of people from ethnic minority backgrounds or relied on councils' corporate policies. In this sense, a policy or protocol is more than a process i.e., how interpretation and translation services are procured. It captures the ethos for meeting the needs of people from ethnic minority backgrounds, and the principles, goals, and standards which the council expected to see demonstrated in the way its staff go about their work.

- 4.9 Overall, there was a general lack of awareness of policies and protocols. Thirteen respondents said they were unsure whether their social services department has its own policy or protocol for interpretation and translation to meet the needs of people from ethnic minority backgrounds and unsure whether there was a corporate policy. Three respondents confirmed there is a corporate policy and/or a social services policy, which allowed those authorities to articulate their roles in supporting people to access services in their preferred language. In one case, it was described as a process for staff on how to secure the services of an interpreter rather than a formal “policy”. Two respondents confirmed there is no policy or protocol. This does not necessarily mean the policies or processes do not exist, but it does raise questions about how staff know what they should do when faced with the need for interpretation to engage with a client, and what members of the public can expect.
- 4.10 In addition to discussion on policies and protocols, respondents shared information on developments by individual local authorities relevant to the anti-racist Wales action plan. These included:
- The development of an anti-racist action plan for the council as a whole and a separate document for social services.
 - Development of a plan for the use of interpretation and translation service, and how barriers are flagged e.g., in Children’s services.
 - Training for staff on cultural awareness.
 - Consideration of opportunities to strengthen their data capture and monitoring of the take up of services by people from ethnic minority groups.
 - The goal of a coherent approach e.g., as far as possible, trying to use the same interpreter for an individual/family for all interactions. This means they do not have to explain their situation multiple times to multiple people.
- 4.11 The last point above is applauded. It shows the council’s approach is more than a tick box i.e., interpretation is provided but it goes further and considers how interpretation is provided and the quality of interpretation.
- 4.12 There are opportunities to share information and experience across local authorities, both from what has already been developed and what is currently being developed.

Employment of interpreters for ethnic minority languages

- 4.13 Setting aside responses which referred to working in English and Welsh, the overwhelming response was that local authorities do not currently employ staff as interpreters for ethnic minority languages or interviewees were not aware of any staff employed in such roles.
- 4.14 One local authority said its position might change in future as some international social workers from Zimbabwe and South Africa have been recruited.
- 4.15 Some social services departments have staff from ethnic minority groups in their workforce and this could increase in line with aims for workforces which better reflect the make-up of local populations. However, they do not rely on them as interpreters, and some respondents went as far as to say they would not be comfortable with asking any staff to perform such a role. Some years ago, one local authority said it did employ some people as advocates and they did some interpretation (Greek and Somali) but not now. One council does have a staff member who can converse in Russian and who has helped with refugees coming into the county.

- 4.16 One respondent said the very occasional need for an interpreter to assist in cases where a person's first language is not English means it is not financially viable to employ staff solely as interpreters. Some councils appear to rely on informal, third sector, networks for support for people from Eastern Europe (Polish and Bulgarian), Asian and Portuguese communities.
- 4.17 While discussions were focused on social services, some examples were provided from other departments. For example, in one area, two schools employ teaching assistants who speak Arabic to help with support for refugees. In the past, one authority employed a youth worker who could speak Polish; they helped Children's services with the intake of families.

Arrangements for interpretation and translation

- 4.18 Local authorities were asked how they secure interpretation and translation services for people from ethnic minority groups whose first language is not English. As expected, by far most local authorities use the Welsh Interpretation and Translation service ("WITS") which was established as a provider for public sector bodies with the help of the Welsh Government. The service was originally hosted by Gwent Police but transferred to Cardiff City Council in 2017. It has its own Management Board and operates separately from the Council and its services.
- 4.19 Including the two local authorities which have become a partner with WITS relatively recently, the service now provides interpretation and translation services to 17 of the 22 local authorities. It has more than 1,000 interpreters and translators on its books.
- 4.20 Other providers used by the other local authorities are Language Line and Big Word.
- 4.21 One local authority contact said they were not aware of WITS and their council uses Language Line. They did not have any thoughts as to how effective it was, pointing out most social care staff would not be aware of the availability of translation services as "*the need rarely registers on the radar.*" Another said any use of external translation support would be secured on a case-by-case basis. They thought that in many cases, there might have been a reliance on relatives to help but could not say for certain. They were confident the initial stages of assessment, setting appointments and reviewing could be done through Language Line but less confident that the delivery of services commissioned would be culturally appropriate.
- 4.22 There was positive feedback on the use of interpreters, particularly when interpretation is provided in person at meetings. There were also some experiences when difficulties which had been encountered in accessing interpretation services. In summary, these were:
- Interpretation only over the telephone, which is not the best option in some circumstances.
 - Access can be time consuming. A social worker must phone the provider, key in the language required and then key in a code for the specific interpreter. There can sometimes be difficulties in finding the relevant code.
 - Challenges in being able to brief an interpreter prior to them engaging in the work. WITS has been used in person which has been effective.
- 4.23 To make it as easy as possible for staff to secure the services of an interpreter when needed, some local authorities have developed instructions for staff e.g., on how to use WITs or another provider. These are available on their Council's intranet. A personal access code is usually required, and this gives immediate access in cases of emergencies. The written information has been supplemented by training sessions for staff on how to use WITs, including staff such as the Registration Team and single point of access team. One

local authority has produced a good practice guide, which reflects many of the suggestions of interpreters set out in Chapter 7.

- 4.24 Irrespective of the provider, the time taken to secure an interpreter can pose challenges; for example, where a practitioner requires an interpreter, and a child is present. The social worker contacts the provider and waits for a call back. Meanwhile, the mother is talking, and the child is translating. When the call back comes and interpretation is available, the practitioner must go over the same ground to ensure nothing has been lost in interpretation by the child.
- 4.25 Some respondents said Children's Services has the highest need for, and usage of, interpretation and translation services. One said it can be very difficult for practitioners when children asylum seekers need interpretation for basic things as it does not always happen quickly enough, which could possibly increase the risk of being exposed to trafficking if someone who can speak their language approaches and contacts them. They said there is increasing awareness about meeting the needs of people from ethnic minority backgrounds and action to develop a robust anti-racist ethos. However, they felt social care needs to upscale and transform its approach. Another respondent suggested that local authorities with little or infrequent exposure to people from ethnic minority backgrounds could learn from authorities with a stronger track record.
- 4.26 Face-to-face interpretation is often respondents' preferred option but recognition that it is not always practical on grounds of the time it takes to arrange, particularly in situations with some urgency. The location, of the local authority and the location of the interpreter, can also present difficulties in having interpretation for a face-to-face meeting. One local authority reported a particular problem with securing an interpreter for Mexican Spanish while another recalled difficulty with the need for Creole, Albanian and specific dialects in some languages.
- 4.27 Much is still done over the telephone, but the use of video meetings is more common, reflecting the impact of the Covid-19 pandemic on working practices. It works satisfactorily but can be impacted by IT problems such as loss of wi-fi signal, and poor sound quality, which can also happen with telephone calls.

Provision of interpretation and translation services

- 4.28 Public sector organisations are more likely to use professional interpreters from third party providers as opposed to employing any themselves. With the support of the Welsh Government, the Wales Interpretation and Translation Service ("WITS") was established to provide public services with professional interpretation and translation. The service was hosted by Gwent Police. In 2017, Cardiff City Council took over the hosting of the service.
- 4.29 WITS sources and allocates professional interpreters and translators for more than 30 public sector bodies. It receives 30,000+ requests each year, covering more than 80 languages.
- 4.30 Table 2 maps the provision of interpretation and translation services. In some cases, interviewees were unable to confirm the provider(s) used. Information obtained from the Welsh Interpretation and Translation Service about its local authority members has been used in preparing the table to supplement information obtained direct from local authorities.

Table 2: Mapping for the provision of interpretation and/or translation services, Wales, by local authority, 2023

Local authority	Provider of interpretation / translation				Notes
	WITS	Language Line	Big Word	Not known	
Blaenau Gwent	X				
Bridgend			X		
Cardiff	X				
Carmarthenshire	X				
Ceredigion	X				
Caerphilly	X	X			
Conwy		X			
Denbighshire			X		Search online for provider when needed
Flintshire			X		
Gwynedd	X		X		
Merthyr Tydfil	X				
Monmouthshire	X				
Neath Port Talbot	X	X			
Newport	X				
Pembrokeshire	X				Volunteers used for Ukrainian refugees
Powys	X				
RCT	X				
Swansea	X				
Torfaen	X	X			
Wrexham				X	
Vale of	X				
Ynys Mon		X	X		

- 4.31 WITS is the prime provider, providing services to 17 of the 22 local authorities. Two local authorities – Gwynedd and Caerphilly – have joined this financial year.
- 4.32 Language Line is used by some authorities instead of, or in addition to, WITS. It should also be noted the WITS also uses Language Line on occasions e.g., to meet out of hours' needs. It has a good working relationship with Language Line and when needed, it can usually secure better rates for its members. The other provider mentioned, by one local authority, was Big Word.

Demand and activity

- 4.33 Requests were made to local authorities for the number of requests for interpretation and/or translation for the years 2018-19, 2019-20, 2021-22, and 2022-23 (part-year, at date of request). While this ADSS Cymru project is focused on social services, the corporate nature of arrangements for interpretation and translation means that activity reporting covers all public services. From our discussions, we understand social services and education are most likely to use interpretation services. Social services are confirmed as a frequent user by WITS.

- 4.34 We encountered some difficulty in obtaining statistics. Two local authorities said data was “not available”. Requests for Welsh language translation were included in the figures by at least one local authority.
- 4.35 For reasons above, the following table is based on data provided by WITS for the 17 local authorities that use it. Ynys Mon does not use WITS and provided its own data. The data reflects all requests for interpretation and translation i.e., requests from social services and from other local authority departments such as education.

Table 3: Number of requests for interpretation and/or translation services, Wales, by local authority, 2019-20 to 2022-23

Local authority	Number of requests for interpretation or translation			
	2019-20	2020-21	2021-22	2022-23 (to Feb 2023)
Blaenau Gwent	112	15	46	74
Bridgend	*	*	*	*
Cardiff	4,701	2,872	3,614	4,962
Carmarthenshire	209	320	359	253
Ceredigion	29	35	169	441
Caerphilly	0	0	0	16
Conwy	*	*	*	*
Denbighshire	*	*	*	*
Flintshire	*	*	*	*
Gwynedd	0	0	0	45
Merthyr Tydfil	162	144	231	273
Monmouthshire	105	50	39	311
Neath Port Talbot	125	129	171	271
Newport	1,308	897	1,385	1,125
Pembrokeshire	245	176	238	228
Powys	188	206	238	454
RCT	352	272	426	666
Swansea	1,126	1,022	1,125	1,228
Torfaen	77	30	96	116
Wrexham	*	*	*	*
Vale of	708	578	517	509
Ynys Mon	8	3	9	1

Note: * no data received, data request form blank or marked “n/a”

- 4.36 Where data was received from WITS and from a local authority, the figures were compared. The figures did not match. In some cases, the difference was relatively small but, in all cases, the figures received from local authorities were less than those reported by the Welsh Interpretation and Translation Service.
- 4.37 Assessing how well the arrangements currently work was outside the scope of the project as it would require direct feedback from social work practitioners. However, some of the officers nominated as the contact for responding to the project helpfully took steps to gather views from some of their colleagues.

- 4.38 Generally, arrangements seem to work well with well-trodden pathways for securing the services of an interpreter, some of which are quick to do. Several positive examples were given of using interpreter services from experience of using them in a person's home, on the telephone and in video meetings, with WITS being mentioned most frequently as the provider for most local authorities. This includes provision needed out of office hours. Much depends on the steps staff must take, whether forms need to be filled in, and whether someone else needs to authorise the provision.

Case study:

A young Sudanese asylum seeker came to Wales as an unaccompanied child asylum seeker. Within a year, he was very unwell. His emotional health was poor to the extent he was not eating and had to be peg fed. Subsequent diagnosis was schizophrenia and he was sectioned by the NHS. The Council paid for the same interpreter to be used throughout, even for consultations with health. New people getting involved with the young man e.g. a different interpreter, would exacerbate his mental health condition. The Council did not leave it to the NHS to arrange a different translator. Even though it was extra cost for the Council to pick up the bill for all interpretation, it was "the right thing to do". There was a review of the case (not a serious case review) and while there were clearly differences of opinion about aspects of the case between different organisations, interpretation did not feature as a problem thanks to the Council.

- 4.39 Occasionally, difficulties occur e.g., obtaining access codes or knowing from where they can be obtained, but the materials produced by some authorities in written form and on the intranet clearly help. Unsurprisingly, this type of difficulty seems more likely when the need for an interpreter is an occasional or rare occurrence. The need for interpretation and the time taken for the translation of documents such as assessments can slow down the management of cases. As one respondent said, it can also involve the need to overcome a person's reluctance to use anyone other than a family member to interpret. If a social worker gets a fair number of such cases, then perhaps the size of their caseload should be considered.
- 4.40 Other difficulties include how quickly an interpreter can be found and in urgent cases, this can make the difference between having the benefit of a professional interpreter or having to use a member of the family, which should be avoided. There are occasions when an interpreter has not turned up and, as reported in Chapter 7, counter to this are occasions when an interpreter has turned up only to find the meeting has been cancelled.
- 4.41 Staff in one local authority also highlighted the important of having access to someone who can use British Sign Language ("BSL") as hearing impairments affect all populations including those from ethnic minority groups. One of its social workers has recently used a BSL interpreter to good effect".
- 4.42 The quality of interpreters was recognised with only a couple of experiences which raised questions e.g., an interpreter asking their own questions, or one who discussed the condition of a property and the cognitive state of an individual in front of them. Some staff have also expressed concern when an interpreter is part of the same social group such as the mosque or church, which can prevent someone being very open with the social worker.

Record keeping

- 4.43 Discussions with local authorities showed variation in the recording of language preferences on case files and records. One respondent said they had “*observed some problems with the way ethnicity is recorded*” and that “*performance was good but has dropped slightly.*” They also mentioned the ambition to reduce the number of “not known” entries which is probably seen by staff as the easy option. They also went on to say that this is about recording all protected characteristics not just ethnicity.
- 4.44 The accurate identification of language needs is important for care planning and assessment. One local authority said its staff make a conscious effort to identify from referral forms what interpretation is needed e.g., to cover the right dialect within a language group.
- 4.45 Given the importance of recording language preference (paragraph 3.27 refers) and feedback from interviews, a second round of data gathering was undertaken. The nominated contact officer for local authorities was asked two more questions.
- Does the authority routinely record information on ethnic minority language preferences/needs?
 - If “Yes” to question 1, how many people from ethnic minority communities are currently in receipt of care and support (broken down by service area)?
- 4.46 The purpose of the first question was to understand what local authorities understood about the language needs of those who were contacting them for advice, assistance or formal support, the type of data collected, and whether this was done systematically. The second question was to consider whether initial contacts resulted in those individuals receiving care and support, and for whom securing or providing services then needed to account for those language preferences.
- 4.47 Eighteen of the 22 local authorities responded. A variety of different systems are used to record data on language preferences. Examples included WCCIS, PARIS, and Eclipse. There does not appear to be a consistent approach in collecting information, and many respondents referred to it not being a mandatory requirement. Some local authorities reported large numbers of “not recorded” entries from 19% in Children’s Services in one local authority to 32% in Adult Services in another. For all social care services in one authority, 1,136 out of 1,649 records (69%) did not record language preferences.
- 4.48 Broadly, local authorities collect data on ethnicity, which provides some indication as to the changing pattern of demand, but many were unable to outline their understanding of language needs and preferences. This is illustrated by the many positive responses to the first question. Many thought their answer to question 1 was “yes” but what is actually recorded is the identification of people from ethnic minority backgrounds without being able to share data on language needs. One respondent said:
- *“What became quite clear that whilst a record may state the first language spoken, there tends to be very little else. The feedback was as this is not a mandatory PI boxes tend not to be completed consistently. My colleague did a bit of exploration pulling records/referrals where the words ‘interpreter’ or ‘language line’ were picked up. Out of over 4000 referrals on the system, only 75 were picked up. Obviously, this is disappointing whilst understandable given the wider pressures of the role front line practitioners are dealing with. What we do not have is a clear oversight of the language needs and therefore demands of our communities when accessing social care. Without the front-end data being robustly available, we are unable to determine a percentage*

number of whom were supported via assessment/care package/IAA in their first language.”

4.49 The responses to the second question varied between authorities that recorded ethnicity and those who also recorded the numbers of people with language needs accessing services. Four authorities listed languages preferences and information on ethnicity. It wasn't clear from the responses whether information on language preferences was collected but couldn't be easily reported or compiled from their system or if this wasn't collected in a routine way. We do know from the responses that not all staff collect information which means that large numbers of clients do not have their language preferences recorded, which means the data held by local authorities is incomplete, as this example shows:

- *“We record spoken language preference and language method, although the second category is probably only used where the practitioner considers it to be relevant (eg. Sign language, Makaton). We don't have 100% coverage – currently about 72% of clients with an open service have spoken language preference recorded in a reportable form. From our case file audits we know that there is contextual information in the case recording about language preferences and needs, so the actual percentage is likely to be higher than this”*

Complaints and difficulties

- 4.50 No local authorities reported any complaints where language or interpretation was the subject matter in the three years 2018-19 to 2021-22. One complaint was reported in 2022-23 but at the time this report was being prepared, the circumstances which led to the complaint had not been investigated.
- 4.51 One local authority said they had experienced a Stage 2 complaint about the cultural sensitivity of the care and support service delivered. This theme also featured in a comment from another authority, which said the “active offer” can fall apart when looking at providing care and support which meets cultural and language needs i.e., beyond the assessment stage.
- 4.52 Although no formal complaints were recorded, discussion recognised that this might not necessarily mean people from ethnic minority backgrounds were always satisfied with the service(s) they received. It does raise questions about their ability to complain i.e., awareness of their right to complain and knowledge of how to complain. If their first language is not English, they would need help to do so.
- 4.53 Feedback did not identify any serious case reviews where language and communication problems with someone from an ethnic minority background was a prime or secondary feature. One authority recalled a multi-agency review, which is one step below a serious case review. However, language and interpretation did not feature as an issue in the review.
- 4.54 Two other situations were identified where some difficulties occurred. The first was a Deprivation of Liberty Safeguards assessment. This took time to arrange because a professional interpreter had to be used as family members could not be involved in the process. In the other situation for assessment, professional interpretation was only available on phone or on Teams, but the older lady had cognitive and sensitivity issues. Face-to-face was the best option but could not be arranged and a family member was used.

5. People who access social care services

- 5.1 Discussions with users of social services and who have used translation/interpretation in the past were facilitated by Women Connect First. They advised on the best way to engage with people and helpfully agreed to carry out interviews on behalf of the project using their sessional translators. This had an additional benefit as the people being interviewed knew the sessional translators and had confidence and trust in the reporting of their views. The authors are grateful for their help and to the individuals who took time to give their views.
- 5.2 A briefing note setting out the background to the project and the reasons for the questions was prepared in advance for the translation officers. This enabled them to prepare for the interviews, which were all conducted in the interviewee's language of choice. The questions explore the lived experience of people who accessed social services.
- 5.3 Interviews were held with 20 people from 11 different ethnic minority groups.

Table 4: Ethnic origin of interviewee

Ethnic origin	No.	Language of interview
Bangladeshi	2	Bengali / Urdu
Palestinian	1	Arabic
Pakistani	3	Urdu
Indian	2	Hindi / Gujarati
Afghani	1	English / Punjabi
Iraqi	2	Arabic
Jordanian	1	Arabic
Syrian	4	Arabic
Libyan	1	Arabic
Moroccan	1	Arabic
Egyptian	2	Arabic

Source: Women Connect First

- 5.4 The aged breakdown of persons interviews was evenly balanced across three broad age ranges. Six of the interviewees were aged between 18-40; seven were aged 41-60 and seven were 61 or older.
- 5.5 All respondents confirmed they had engaged or received support from social care services. One person said they did not need access to translation services as they were able to manage without interpretation, but said they had issues with the service provided.
- 5.6 The 19 individuals who said they had used interpretation services received support from a range of providers, including family members. Some will have used the services on more than one occasion. The following table shows who provided interpretation. In most cases (16), an independent provider was used. Individuals may have used more than one type of provider. One person had experience of using all four options of translation in their interactions with social services.

Table 5: Providers of interpretation for sample of users of social services

Provider of interpretation	No.
Officers within social services	3
An independent translation service provided by social services e.g., language line.	16
Family member	6
A friend or member of your community	5

Source: Women Connect First

- 5.7 On 3 occasions, officers from social services provided the interpretation. It is not known if this was because they spoke the same language or whether an online translation service e.g., Google translate, was used.
- 5.8 Most respondents (10) stated they found the interpretation satisfactory. Six said it was “good” or “excellent” while 3 felt it was “poor” or “very poor”. The three respondents who rated interpretation as “excellent” identified their interpreter as a family member.

Case study

They did help me a lot with many things and I am very grateful. My experience would have been much better had they understood my language barrier, had a better understanding of my cultural and religious needs. It would have been a much better experience had they worked together with me, showing patience, respect, and willingness to understand my culture and family life rather than disrupting my family life, leaving me with pieces to pick up. After they left my home, it took me a lot of time and effort to get back my way of life and change the new habits my child had picked up as they had just hung around my home, on their phones for hours without doing anything productive with my child and had got my child used to spending money, eating out and going to expensive places to play; whilst prior to them getting involved my child was happy and content with food cooked at home, going to parks and green outdoor spaces that were free to play without spending lots of money.

Case study

We are an elderly couple with disability and wheelchair user that speak only Bengali and cannot communicate in English. It has been over a year since the social worker came to see us and we have been struggling. Would really help if social care service providers were more patient, understanding, and helpful. It would really help if they provided a service that they can communicate in Bengali so we can understand and be understood. We would also appreciate that they inform us in Bengali (Dhaka dialect) before they visit so we are informed in advance. The interpreter we were provided spoke a completely different language dialect Sylheti that we do not speak or understand. It has been over a year that the electric wheelchair has broken down and we are not able to go out and nobody from social services helped us despite requesting their help several times.

- 5.9 One person said the experience would have been much better if there was better interpretation as things would often be translated wrong or they would only translate only what was easy for them to translate. Some were alright and some not so good at translating. They said that aspect was disappointing and there is a lot of room for improvement in that service.

Case study

It would be a much better experience if they understand the way to deal with different cultures, being a lot more sensitive and patient with people who cannot express themselves and have different health issues. It would also help if accessing interpreting is made easier and people who speak the correct dialect is provided. Hire staff from various diverse cultures and religions to help people communicate their needs better.

Awareness of cultural and religious needs

- 5.10 There were mixed views on the extent to which social services staff were aware of cultural and religious needs. Eight interviewees gave a positive response. Nine people felt the staff were not aware of cultural or religious needs. Others pointed out services are inconsistent; some staff were aware of needs while others are not.
- 5.11 Most respondents (12) said they found staff's awareness of cultural issues satisfactory. Two felt the service was "good" or "excellent" while 4 identified the service as "poor" or "very poor". Comments included:
- *"I received translation/ interpretation in both German and Urdu which helped."*
 - *"Yes, when explained to them, they were sensitive and understanding."*
 - *"Yes, once I told them of my needs which I cannot carry out due to my disability like my need to wash myself with clean running water several times a day. I was given a choice of interpreting in both Spanish and Arabic."*
 - *"Yes, at times, but always have to keep reiterating to make sure they are aware especially about food, gender cultural and religious issues associated with care needs."*
 - *"Yes, the staff supporting me had a very good understanding of my cultural and religious needs."*
 - *"Yes, but it varied depending on the staff and I had to tell them of our cultural and religious needs."*
 - *"I told them about my medical, cultural and religious needs especially things like gender issues."*
 - *"Not really, they have to be told things like running water needs to be used for bathing, washing and for toilet needs etc."*
 - *"No, it was very challenging as they found it hard to understand and I had to make several complaints."*
 - *"No, they would not help bathe and wash, but just come in for 10 minutes for a half hour service and just wipe with a towel, which is not adequate for our cultural or religious needs. Had to keep complaining and change several carers, it was a very difficult experience."*
 - *"No, I find it difficult to communicate with them and they don't understand what I am saying."*
 - *"Not really, they didn't bother to give me a bath or shower and just kept wiping with a towel. Very disappointing."*

- 5.12 Only two respondents said they had made a complaint about the service they had received. Both complaints were made verbally, with one person calling the main contact number to complain.
- 5.13 Three respondents who scored services as “poor” or “very poor” did not make a complaint. Several reasons were given for not making a complaint:
- *“I don’t know how to or who to complain to.”*
 - *“Even after we call and ask for help nobody really helps.”*
 - *“Language barrier, struggle in getting help.”*
 - *“I don’t know how to complain or who to complain to and with my language barrier it is already difficult to communicate, and it becomes all the more difficult, hence I don’t bother.”*
 - *“Don’t know how to complain.”*
- 5.14 Of the two respondents who had made a complaint, one said their verbal complaint was acknowledged and they made the necessary changes. This was care provided by an independent provider and not a local authority. The other person said that not much came out of it, but after several complaints, they did change the staff and provided a new person.

Creating a better experience

- 5.15 Interviewees were asked to give examples of things that could be done differently to make their experience with social care better. A smaller number were pleased with the service they received and gave some positive comments: Examples of positive interaction with social care are provided in the comments below:
- *“I was satisfied with the help I received, would have really appreciated some more emotional support and a bit more support towards independence as I was in a very difficult position.”*
 - *“They have been very helpful, and they have really helped me a lot during my difficult times and been there when I needed help. They have supported me and my children very well during my illness with my disability and with my child’s disability. They have been very easily accessible and approachable. It is a very good, useful service.”*
 - *“I have had a very good experience and very satisfied with the service I received.”*
- 5.16 Suggestions for improvement included:
- *“The experience would have been much better if they were more responsive and available when they are needed. I am a refugee who is a victim of domestic violence and a single mother, hence it has been very difficult for me starting life afresh in a new country with my children. I have no family support or friends here and going through everything on my own.”*
 - *“I am anxious, low on confidence to reach out for help. I do not have any family or support here. I am on my own and just have acquaintances from my community who kindly help me out. It would have really helped if someone from social care reached out and gave me a lot more guidance and support to the care and support that is available to me.”*
 - *“I am a single mother going through a lot at the moment and I would have really appreciated more timely support and intervention to help me and my child. My family and my child have suffered a lot living in fear with no support or help. This has had very detrimental impact on our mental health and general well-being. It has been quite*

difficult for us to access the help and support we need. It would be good if support and help is made easily accessible and awareness of how to make complaints if we do not get the support needed or are not happy with the support provided.”

Case study

I would have appreciated a lot more understanding of my situation, my culture, my religious needs, the circumstances I find myself in, a lot more help, support, and guidance in relation to my children. Avoid frequent cancelling of appointments as I have to take time off work and lose earnings. Made to travel far for appointments, which is very expensive and during these times not easy to afford. I am new to the country, a victim of domestic violence, I do not have family support or friends here, I have to do everything myself and I am not used to it as I have always been financially dependent on my ex-husband. It would have really helped if I had a lot more support during these difficult times.

- 5.17 From all the comments made during interviews, suggestions for improving the help given to people from ethnic minority backgrounds can be broadly grouped into the following themes:
- Workforce – employ staff from many cultures and religions, speaking different languages, so they can provide support and care for people from various ethnicities. Social care staff to be more caring, patient, respectful, empathetic, understanding, and helpful.
 - Planning – advance notice of visits; check which dialect is needed before providing an interpreter.
 - Complaints – better information on how to make complaints if a service is not provided or there are issues with the service.
 - Quality of interpretation services – need to ensure information is translated correctly.
 - Consistency – provide the same staff rather than keep changing staff.
 - Services – provide more flexible day respite care as per need and based on the circumstances.

6. Third sector groups and organisations

- 6.1 This chapter summarises the findings from conversations with representatives from third sector organisations, some of whom are themselves carers of people from ethnic minority backgrounds.
- 6.2 The organisations which contributed views are not essentially part of the social care service offer. However, they help people to access a range of public sector services e.g., social care, mental health, advocacy, housing, benefits, victim support, and employment. They are often used by individuals and families from ethnic minority backgrounds as a gateway to access translation and interpretation services. Some of the examples given were about services other than social care. Where there is a clear read across to social care, these may be referenced.
- 6.3 While the focus of this element of the study is groups and organisations, the feedback received is a blend of individuals with their own caring roles who cite their experiences of accessing or providing translation and interpretation services for their loved ones, and respondents giving feedback based on first-hand knowledge of their clients' experiences and what they had been told as opposed to what they had witnessed. Several cases studies are presented to illustrate people's experiences.

Approach

- 6.4 A list of organisations who might be able to contribute to the study was prepared using information from previous work by ADSS Cymru and by searching public sources of information. More than fifty organisations were approached via email. Follow-up emails were sent to non-respondents. Twenty-three conversations took place with eighteen organisations and four individuals who gave personal accounts of their experiences as carers or people who support family members to access social care.
- 6.5 Most interviews were undertaken online (17), with other in-person or by telephone. Many people wanted to share their 'story' and some are included as anonymised case studies.
- 6.6 It is recognised the organisations being contacted have been asked many times to contribute to different studies and some may have interview fatigue. Others may be reluctant to engage because they feel not enough action is being taken to resolve issues raised in the past. The authors are grateful to all who contributed.

Accessing social care services

- 6.7 Most of the organisations helped people who needed social care and support but not all individuals had accessed services. Reasons included:
- Lack of understanding – it is not easy for people who don't speak English to understand the social care system. Some people will not have experienced anything similar in their home country and they do not want the government interfering in their family.
 - Stigma in accessing social services with some younger parents; there is a need to retrain in parenting skills, helping them to understand that social services is there to provide care and support.
 - Fear – many people do not want to be referred to social care as there is fear children from ethnic minority backgrounds are taken away more quickly. Two respondents feel this to be a particular problem in Wales where the legislation makes smacking illegal, but it is a form of discipline which is acceptable in some cultures. The fear of accessing

care for children is still real in many communities due to bad publicity in the past which is hard to dispel.

- Cultural appropriateness of care – older people are concerned they will be placed into a care home or will have people coming into their homes who do not understand their cultural and language needs.

6.8 Access to interpretation in advocacy is considered essential, particularly where individuals from ethnic minority backgrounds have safeguarding and protection orders. Some interviewees felt more work was needed around parenting to support both social services and families around safeguarding to raise awareness of how different cultures raise their children to understand, practise and celebrate family traditions.

Case studies: Roma families

The brother of a woman whose children who were under social services protection and his wife were offered to provide foster care, but they couldn't because the house was too small. Social services found foster care for the children 70-80 miles away. The brother made the trip twice a week to see them and provided interpretation for social services to communicate with his sister. This was done of his own accord, and he was not reimbursed for his travel or paid for his providing the interpretation. If he did not go, the children's mother was left with no one to interpret.

Social services would usually provide a translator; sometimes Slovakian or Czech. There is a lack of Roma interpreters and social services do not provide them. When they use interpreters, it has to be translated from English to Slovakian to Roma. Sometimes family members must step in to provide support. Sometimes social services would carry out random home checks and come without an interpreter.

6.9 Some interviewees commented on the appropriateness of the service, and how individuals from ethnic minority backgrounds are viewed and treated. One interviewee suggested small things can make a difference when first meeting a person. An example was provided: “*One thing that many people find upsetting is when someone doesn't take the time to find out how their name is pronounced, this can be very offensive to some people.*”

6.10 Raising awareness of what was on offer and making information easy to understand was also cited as a significant issue for people from ethnic minority backgrounds, with interviewees relaying their users' experiences of not knowing where and how to access information on translation and interpretation services. The First Point of Contact website for many local authorities could include more information in different languages as many people would prefer to access services this way.

- “*Use what's available and already provided. It's like going to another country and not understanding the service. Make it more available and make it everyone's business.*”
- “*Don't assume that everyone knows English.*”
- “*Justify why they can't offer the translation/interpretation services. There are extra problems for people with learning disabilities Services should be able to go to their world not the other way around by ensuring that reasonable adjustments are made.*”

Case study

Recently a social worker contacted a third sector organisation to ask if they could support a Somali family with 2 children aged 6 and 8 over a weekend. The mother was bedbound. The organisation did not have the resources to provide this so social care went to the community but the people supporting had not had any DBS check and the children were vulnerable. If the Council provided a direct payment for the family, it would be possible to provide a carer. The organisation has approached social services about this but to date, there has not been any response and the children are vulnerable.

Case study

A family with 2 children, one with autism and an undiagnosed condition contacted social care for support. The mother wanted the third sector to provide advocacy support during meetings. The family is having difficulty understanding what the social worker is saying and the case worker has written to social services to let them know she is supporting the family as an advocate. For some reason, social services are refusing to let the case worker be involved in this case and provide support to the family. There is no cost to this service so the third sector are at a loss to understand why they cannot provide this support.

Provision of interpretation and translation

- 6.11 Most organisations reported that local authorities could access interpretation and translation services when needed but it can take time to set up, and the quality can vary widely. It is particularly challenging when there is an urgent need. While there are formal routes to translation services, interviewees shared experiences where, because of the lack of interpretation for some minority languages, it was not offered, and then social workers may have called on family members.
- 6.12 Some clients were told that unless they provide their own interpreter, they cannot receive the service. This was more of an issue in health care, with examples given for trying to obtain optician and dentist appointments.

Case study

A very unwell lady with multiple illnesses was a wife and carer. She has not been able to access social services as she doesn't speak English and she is not happy using interpreters she does not know as the quality of the translation is not good. She would prefer to use the third sector organisation as she knows and trusts them, but the local authority will not fund this.

- 6.13 Some third sector organisations said the Welsh Interpretation and Translation Service ("WITS") and Language Line are commonly used, mostly via the telephone line but sometimes by video. The quality of Language Line was said to vary depending on the interpreter, but overall, it works ok as it can be provided at short notice, so is better than nothing.

- 6.14 Another organisation described their experience with WITS and Language Line saying the services are expensive and people do not trust the interpretation being provided. The interpreters do not understand the background and condition of the person and so do not present information accurately. The organisation said it would be able to provide an interpretation service at less cost than those providers.
- *“There is a mistrust around using translation services in the Roma communities who have experiences of discrimination. They have that from their home and in Wales. Living memory plays a role in the mistrust where people were taken into care and taken from caravans.”*
- 6.15 Practical difficulties with interpretation were also reported. Many interpreters are not allocated sufficient time to understand what is required of them and to understand the case before they must start interpreting. The importance of an interpreter building trust with both parties is recognised, showing empathy but at the same time remaining neutral. An interpreter needs to fully understand *“what is causing the pain”* so that they can effectively get the issues across to the officer assessing the case.

Case study

A Syrian lady with epilepsy had a newborn baby. Social services were worried about the baby and contacted a third sector organisation to help as they could not communicate with the family so were not able to assess need and provide person-centred support. The third sector organisation was concerned social services would remove the baby with no good reason. Social services are not providing support now as they have taken the information provided by the third sector organisation on face value. There should be a better system to provide the translation service needed as if the organisation were not available to provide information and translation in this case, it may have been a different outcome that would have not been the best for mother or child.

- 6.16 The nature of questions asked should also be considered. For example, there is no word for “carer” in Urdu, so the question needs to be “are you looking after someone?” and not “are you a carer for someone?”.
- 6.17 The importance of all translators and interpreters qualified to diploma level was highlighted but there are no accredited courses locally to provide a qualification. One organisation asked if there is an opportunity for a local training provider to provide this training as they are aware of several people who would like to obtain a qualification if the training is funded.
- 6.18 Interviewees cited the importance of being able to interpret the needs of those who could not verbally express themselves because of their medical condition or lack of English and the need for social service workers to respect culture and religion in applying services. This was highlighted by one organisation who has seen an increase in their communities for support for people living with dementia and receiving palliative care.
- 6.19 It was felt that Interpretation goes beyond just verbal expression and for those interviewees who also had a caring role for loved ones, they gave examples of where social work staff did not show empathy for the user’s religion or culture citing examples of inappropriate food and home care staff not observing requests from Muslim families to remove their shoes when entering their homes. Another respondent said the use of children to translate is not appropriate and is bad practice.

- 6.20 Several organisations suggested only trained interpreters should be used as it is a role requiring a specific skillset. Using family members or friends, especially children, is inappropriate. It was explained some family members do not like passing on bad news to their parents or have their own agenda, so may filter the information being exchanged. This results in social care officers not receiving a full, accurate, picture which affects their ability to give a person-centred service. Although not quoted directly, discussions also alluded to the issue of potential emotional damage to children who hear sensitive information directly from a social worker without it being filtered by a parent.
- *'The use of children to translate is not appropriate and really bad practice! LA's think they are being clever and saving money by using children to translate. Children don't understand the context of a family members social care or health issue. They are not always familiar with the technical medical or care terms used, and so filter information. In some cases, they may choose not to tell their parents what is being said as don't want them to hear information that might upset them.'*
- 6.21 Interviewees expressed the need for social workers to work with families to help with interpretation but not rely on the family to provide this as an unpaid resource.

Response by social services staff to cultural and religious needs

- 6.22 Interviewees explained that initial contact is where some communities decide whether to use or engage with a service. If they perceive social services to be biased or they are treated with disrespect, it is difficult for them to ask for help. As a result, help is not forthcoming. The conversations suggest some communities experience discrimination at multiple levels, with some interviewees citing the perceptions, behaviours, and attitudes of front-line staff as the reason they do not access services at the point of need.
- 6.23 Awareness of culture in different communities, or more accurately, the lack of awareness, was a repeated story throughout the interviews, with claims social service staff are either unaware or showed little empathy for how an individual's culture, religion and traditions could be accommodated in their social care.
- 6.24 An example is dementia, which may not be accepted as a medical condition in some communities. There can be denial of family members of the condition, or fear about it, and this makes it harder for people to ask for help. If social care staff are not aware of the cultural reactions to dementia, it is difficult to have person-centred conversations about how to best meet a person's care and support needs.
- 6.25 In relaying their experiences, some interviewees spoke of apparent negative perceptions made by social services staff on how they looked, appeared, spoke, and practised their culture or religion. In the main, people want to be treated with dignity and respect at the point of access and not feel they are a burden and do not deserve help. One interviewee said:
- *"I found social services racist in their approach, behaviour, and faced comments such as 'shouldn't you people look after your own.'"*
- 6.26 Representation of ethnic minority groups in the workforce was described by one respondent as *"seeing people who look like me"* and offered as an example of where people had responded well to their cultural or religious needs. This was deemed to be dependent on the individual efforts of staff who were from an ethnic minority background. It was felt they took a different approach when working with families, demonstrating an understanding of the

issues to a positive outcome. In some cases, the individuals could converse in their language and/or had an affinity with the culture or religion.

Case study

I personally needed help with my son who has special needs. I knew someone who worked within social care services. The cultural awareness of this officer made a difference to our case, as they understood the cultural needs. It was not about having preferential treatment, but about people understanding and putting appropriate things in place, which resulted in more positive outcomes. It meant if I found a problem, I could sort it. My son's usual social worker has left the service and I am finding it difficult to get in touch with people involved in my son's care. There was no consideration or information about the impact of having a new social worker would have on my son and now his needs have changed. There was no indication of continued support following the social worker's departure.

6.27 Overall, there were very few examples given of where staff had responded well to someone's religious or cultural needs; this was deemed a rare occurrence, with interviewees citing individual staff who had an affinity with their culture or religion being the most effective. Interviewees also expressed the need for social workers to work with families to help with interpretation but not rely on the family to provide this as an unpaid resource.

Complaints

6.28 Very few examples were given of people who raised formal complaints. This does not necessarily mean that people are content with the service provided. With further questioning, interviewees shared their experiences of complaint systems. They ranged from complete distrust in the system to those who support people with the process, recognising the need for transparency and clarity for people to raise complaints.

6.29 Where individuals have challenged decisions or behaviours to a successful outcome, it has been achieved by the individual's knowledge of the complaint system and their own tenacity or by accessing support from a third-sector organisation who supported them to challenge systems or poor practice. Interviewees working with people from ethnic minority backgrounds expressed a general view that they do not complain. Reasons included being fearful of reprisals, receiving poor service, or removal or reduced care packages. Complaints processes are too drawn out and require a lot of time and energy to complete. While some interviewees said they did not make formal complaints, some indicated they had verbally raised concerns about the perceived ill-treatment of themselves or loved ones. In some cases, people had support from third-sector organisations or friends who knew the complaint system to write letters.

6.30 Individual comments made by interviewees include:

- *“Current complaints processes can be very confusing and are not easy to follow especially for people who don't speak English.”*
- *“I am yet to see a complaint where the needs of the family have resulted in changes. People tend to come up with the rationale why the changes can't be made. I sit on a decision panel where decisions have been made. I am yet to see where people have said we've got it wrong and how we can change.”*

- *“The family wouldn't file a complaint. They used advocacy services as feared the complaint would result badly for the children.”*
- *“I made complaints. There are also issues with care homes. No nice things happen. I called the social worker, and they didn't want to know because the care home had a good rating. I worry about people if they are going only on inspection reports and not on family concerns. We're made to feel “grateful” for the service.”*
- *“I'm aware of someone in the community who is not happy about the social care package they receive. People are afraid to complain. The choice of social care providers for people from Black, Asian minority ethnic backgrounds is limited. The same in hospitals relating to sickle cell. They are afraid to complain about poor care because of reprisals and how they (the health and social care professionals) will react.”*
- *“I raised a complaint. I had a meeting with the Head of Social Services to share concerns. Heard nothing and made recommendations on what they should be doing. Also offered free training – don't know if they have actioned anything. I think this was a more of an attempt to shut me up. This was 3 years ago. When you raise a complaint, you expect to see something. I'm in a position to raise a complaint. I was trying to support the department.”*

6.31 One organisation described how they made a formal complaint on behalf of a client, but the council said the needs had changed and that they had not been told about them. The organisation asked the council to go back to listen to the voice recording of the conversation and the case was eventually resolved to the satisfaction of the individual but was only after the complaint was made. The complainant had the impression that if they had not complained, nothing would have been done.

Improvements to meet cultural and religious need

- 6.32 Many cultural factors should be considered when providing services for people from ethnic minority backgrounds. One organisation emphasised there are lots of micro- elements to culture and it is important not to group all people from a specific minority background together. This ethos fits within the person-centred approach to social care services and the importance of taking the time to find out what matters to the person receiving an assessment or services.
- 6.33 Interviewees gave several suggestions of how services could be improved, several of which centred on addressing the unconscious bias of staff and calling for mandatory cultural awareness training for social services. While unconscious bias of staff featured strongly in the conversations, it was felt that unconscious bias training did not result in changing organisational or staff behaviours.
- *“There needs to be a removal of the different layers of individuals in service provisions. For example, the managers and people who work in the service who see colour as a barrier before they give you a service. This is reflected in the community. The negative attitudes and images that come into the mind of some managers and those who run the services when they see different communities”.*
 - *“Translators should be culturally aware of the place they are interpreting from to recognise cultural cues in communication, and language including body language. Awareness is important. If a person has English as a Second Language, the service provided should be aware of this”.*

- *“Training – clients may request training to apply changes we suggest. Hopefully they understand they can't act and behave in this way. In the health sector, staff feel their jobs are too hectic and too important to require any training around equality. However, this attitude is starting to change with the Welsh Government's Anti-Racist Wales Action Plan and because so many health staff at all levels (doctors, nurses, consultants, junior doctors etc) are complaining so much about racism they are subjected on a regular basis from both colleagues and patients”.*

- 6.34 Unconscious bias was considered prevalent in social services staff; however, interviewees stressed the default response should not only be to offer training. Some expanded the view that this approach fuelled individuals' negative assumptions of people from ethnic minority backgrounds and served to excuse and not rectify their behaviours, attitudes, and assumptions.
- 6.35 For interviewees who delivered training as part of their services, they considered social care staff attitudes to training to be an issue. One organisation went as far as to say they were reluctant to continue training organisations when there needed to be more evidence of how they put the learning into practice to achieve different outcomes for individuals receiving prejudice and discriminatory treatment.

Council policies, processes, and ways of working

- 6.36 Discussion considered local authority policies, processes, and ways of working which may disadvantage or prevent someone from an ethnic minority background from accessing services. Views were expressed on how the public sector implement their Equality Diversity and Inclusion policies and an apparent disconnect between policy and practice. One interviewee said:
- *“Policies are not racist; it is the lack of implementation of policies and procedures that are already in place in every organisation that places an organisation and its leaders at risk. There is not a lack of Equality, Diversity and Inclusion or Equality Policies. Most organisations have them, especially public sector organisations. Even if policies are in place, it does not automatically become an anti-racist organisation. Staff need to change their behaviour and attitudes. There is a lack of understanding in people who don't have that 'lived experience', so if training is provided it needs to be aimed at developing empathy in those that don't have lived experience. This is why white privilege is misunderstood and disliked – the lack of understanding of what this means causes offence in white people”.*
- 6.37 There was some criticism of some individual social workers, particularly on their approaches and behaviours towards individuals and families who required support. It was felt more empathy is required and there were repeated calls for social care staff to be more informed of different cultures, religions, for the policies to reflect the new migrant communities and regional languages being used across Wales.
- *“In certain communities it might not be right to send a female or male worker. In my experience, in the social services, we face discrimination and prejudice. Just because a person of colour is accessing services does not mean they don't understand what they need. It's about educating people of being ignorant. There is a disparity in care packages between a white person and an ethnic minority person.”*
- 6.38 Access to services was also raised in the context of several council offices closing. Many families cannot contact the service by telephone as they have a pay as you go phone and

cannot afford to hold on while a call is being answered. This policy therefore disadvantages them. A freephone service could overcome this.

- 6.39 Interviewees gave accounts of sometimes filling in gaps where social services could not meet an individual or family's particular need. The general view was that councils should proactively implement culturally appropriate services to ethnic minority communities, which is informed by families and third-sector support organisations. An example was given where a new facility opened and specifically designed to support people with dementia, it included the provision of Sunday lunch and a memory board with information so that a person could relate to their younger days. All memories and the food prepared was aimed at British people and no thought was given to how people from ethnic minority backgrounds would access this.
- 6.40 There were also calls for more decisive leadership to demonstrate commitment to change. In this regard, there were repeated calls for increased representation of staff with ethnic minority backgrounds in decision-making roles to ensure change.
- *“Cultural reflection is needed from the very top. Basic policies that outline how to treat minority individuals with respect and that reflect who we are and also serves our mental health and wellbeing... Things are similar but different. Policies need to acknowledge difference in a positive way. Some social care officers apply this with good understanding. Some don't. It's not about 'textbook' understanding but about education and lived experience, so people no longer suffer in silence.”*

Case study

An older man was taken into care, he had physical and mental impairment. His first language was not English. He began to decline in the care home. He felt isolated as there were no examples of his culture there. His daughter wanted to take him out of the care home but was told it would be detrimental to his health and was discouraged from doing so. She persevered and took him home and spoke to him daily in his first language, his health did improve, together with his mobility and he was able to enjoy the outdoors with regular walks.

Calls for action

- 6.41 During the interviews, several requests were made by the representatives of third sector organisations to improve access to services and in particular access to interpretation and translation support. These are summarised below:

Training

- Cultural awareness training which takes into consideration an individual's religious needs and how that is reflected in the way interpretation and translation services are developed and delivered.
- Social Model of Disability training to improve people's understanding of the needs of disabled people from ethnic minority communities.
- Collaboration with third sector organisations to develop appropriate training for social services staff which addresses unconscious bias and develops empathy in those who do not have lived experience.

Data collection

- Undertake audits of the community languages spoken in regions across Wales. Social services should have information on the various languages and dialects spoken. For example, African languages are not fully catered for. Additionally, the Romani languages spoken depend on which part of the world the communities originate.

Workforce representation

- Increased workforce representation from ethnic minority communities at all levels in social services.
- Create pathways and progression routes for people from ethnic minority groups to access social care jobs.

Improved systems

- More accountability so the effectiveness of unconscious bias training is monitored and evaluated.
- Demonstrable accountability and consequences for staff who exhibit racist and discriminatory behaviour towards people who use services.
- A simpler, more transparent, complaints system which increases confidence of users to raise issues of concern, and clearly sets out redress and actions for change.

Co-production

- Third-sector organisations to become valued co-producers of interpretation and translation services on a more formal basis as they have a good understanding of what is required by people who access services.
- Social services to work proactively and positively with families to ensure care assessment and care packages are appropriate and address cultural and religious needs.
- Produce an interpretation and translation toolkit informed by families and third sector organisations which outlines how to engage with individuals from ethnic minority communities who access social care to improve their experience.

7. Interpreters and translators

- 7.1 With the help of the Welsh Interpretation and Translation Service (“WITS”), an online survey of interpreters and translators was conducted. This allowed the project to obtain their perspectives as facilitators of interactions between social care and individuals from ethnic minority backgrounds. The authors are grateful to the WITS manager, Adam Howls, for making it possible.
- 7.2 The survey considered what currently works well and what could be improved to make working more effective and easier for interpreters, translators, and social care staff. There were 92 responses, generating a large body of feedback. Of these, more than 4 out of 5 (84%) had undertaken work for social care. This chapter summarises the main points, which includes advice for good practice informed by the experience of interpreters and translators.
- 7.3 Some of the feedback referred to work for health services. This has been included given most of the points made are relevant to any interaction between someone working for a public service and the person in need of, or receiving, services or support.

What works well?

- 7.4 There were general comments from several respondents, such as “everything is fine”, “arrangements work well”, good communications”, and “no problems”. It is clear there is good use of interpreters and translators, the use of good working arrangements and practice, and positive working relationships with local authorities. Words used to describe experiences of working with staff in local authorities include: “*polite and helpful*”; “*respectful and appreciative*”; “*pleasant and friendly*”; “*professional*”. One respondent said: “*It depends on the nature of the job but overall it is rather smooth*”. Another said working with local authorities can be challenge at times, but they find it very rewarding.
- 7.5 Several respondents highlighted their role and what they get from it. For example, one respondent said it was a privilege to work as an interpreter while another emphasised the importance of the role of assisting people and communities, including people from ethnic minority groups and vulnerable people, and the satisfaction they get from it. Another respondent was pleased to be able to support the role of social care services.
- 7.6 Inevitably, there are differences in the way local authorities work and between departments. Over and above the responses on what is working well, respondents’ comments on how to improve practice also reflects their experience of what works.

What could work better?

- 7.7 While there were many positive responses in feedback, some respondents shared negative experiences or experiences which led to frustration or wasted time. The main points are:
- (i) A call for social care staff to have a better understanding of how to work effectively with an interpreter, which would help both parties to deliver well in their respective roles.
 - (ii) Careful consideration of the time slot needed; some slots are too short to fulfil the purpose of the meeting, which means the client does not get enough information or help with meeting needs or addressing issues.
 - (iii) Reduce the number of face-to-face meetings cancelled at short notice but if it cannot be avoided, ensure the interpreter is informed.

- (iv) Greater recognition of the value of an interpreter as someone who will have a good understanding of cultures and sensitivities and can help professionals to overcome barriers to working with people from ethnic minority backgrounds.
 - (v) Consider interpreters and translators as fellow professionals; one respondent said they feel some professionals look down on interpreters instead of seeing them as an aid to effective communication.
- 7.8 Some respondents said they are aware of negative opinions among ethnic minority groups to working with social services. This is sometimes due to perceived prejudice and/or a lack of understanding of diverse communities and cultures. They say some people are worried, if not “terrified” of engaging with social services. It stems from a lack of understanding of the role and the processes involved, which are seldom explained. And if they are explained, it might be done with high register language i.e., more official and formal, with possibly the use of technical terms or jargon.
- 7.9 The points above should be read in conjunction with the following paragraphs which reflect constructive suggestions to improve current practice.

Improving current practice

- 7.10 Responses focused on interpretation i.e., translating orally the words of a person speaking one ethnic minority language to another, typically English, and vice-versa. A small number of responses referred to simultaneous translation e.g., English to Welsh and vice-versa, and the translation of written work and documents.
- 7.11 Analysis of comments reflect the main stages of the interpretation process namely:
- Before a meeting at which interpretation or translation is needed
 - At the start of, or during, a meeting
 - After a meeting
- 7.12 The foundation for the above is the local authority having arrangements in place to obtain professional interpretation services when needed and which are easily accessible by staff. The importance of using professional, qualified, interpreters was emphasised.
- 7.13 One respondent also pointed out the importance of the interpreter understanding the dialect of the client. This was also a point made by a member of staff in a local authority. The respondent gave some practical examples to illustrate the point. In Arabic, there are lots of words which have different meanings in different dialect. The word “Baset” in Iraqi means “to hit” while in Syria, Lebanon and Jordan, it means “to make someone happy” in Egypt and North Africa (Morocco, Algeria etc). Arabic is again very different.
- 7.14 Interpretation and translation work best when:
- A competent, professional, interpreter is used. Interpreters recognise the significance of their role for social services and other public services, where any misinterpretation can have significant consequences for an individual or family.
 - The interpreter is familiar with the service area, its laws (as they apply in Wales) and processes, and its terminology.
 - Information is provided to the interpreter in advance of a meeting.
 - Local authority staff understand how to work effectively with an interpreter and the limitations, which increases the chances of an effective meeting.

- Interpreter and translators are respected as fellow professionals and are seen as an aid to effective communication.
- Service users are given the option to have a preferred interpreter.
- Consideration is given to the interpretation method i.e., face-to-face; digital platform, taking into consideration the geographical location, the rarity of the language (if relevant), and the nature and purpose of the meeting.

7.15 The above themes are covered in more detail in the following sections, which are structured around the different stages of the interpretation cycle.

7.16 All staff should be aware of arrangements for arranging interpretation and the part they need to play to ensure it is effective for, and sensitive to, the cultural needs of the individual for whom it is being done. A lack of understanding of cultural differences when dealing with families can sometimes lead to a perception that people from ethnic minority backgrounds are not engaging with services.

7.17 It is clear some staff in local authorities understand how interpreters can help overcome the barriers encountered by people from ethnic minority backgrounds in accessing and taking up services. This knowledge is needed in all departments in all local authorities.

7.18 Staff need to receive training in how to work with interpreters, and in related subjects such as deaf awareness. If staff are better informed, it helps the interpreter to do their job to ensure meetings are effective, making the best use of the time available. Staff need to understand the role of the interpreter and what they can and cannot do e.g., they cannot take statements on behalf of the police, a solicitor, or a social worker. Providing an interpreter with information in advance of a meeting is one example of good practice. However, this is not always forthcoming, and a small number of respondents highlighted cases where a request for information in advance of a meeting yielded none.

Which option for interpretation?

7.19 As for most services and in most working environments, the Covid-19 pandemic and the move to remote working has had an impact on how people carry out their roles. Interpreters and translators are no different.

7.20 There are mixed views. A small number of respondents highlighted the positives of remote working, which can reduce the cost of interpretation, and personal preferences for working online via video conferencing. However, the balance of comments was in favour of face-to-face meetings as the best, most effective, means of interpreting. It is easier to build rapport with an individual and gain their trust and confidence. It can overcome some difficulties of miscommunication which can happen using the telephone and technical problems such as poor signal and/or poor sound, and connections problems for video.

Before a meeting or telephone / video meeting

7.21 The need for, and benefits of, planning and preparation for interpretation in meetings was a strong theme in feedback. It is recognised some needs arise at very short notice or are immediate, often needing to be done by video conferencing or over the telephone. In such circumstances, there is little time for advance briefing for an interpreter. However, there are still practical steps which can be taken to help ensure a successful discussion; they are covered in the next section.

- 7.22 Information in advance of meetings helps interpreters. Good practice means the interpreter:
- Understands the purpose of the meeting and is prepared by way of advance information on background and history to the case.
 - Has a name and contact information for the person who made the booking and the name of the person who will oversee the meeting, a clear description of the assignment and clear information on the location /venue.
 - Knows who will be present at the meeting.
- 7.23 Respondents said that when assigned to an interpreting role, they sometimes know very little about the meeting. The subject matter on the assignment papers is too broad e.g., *“intervention visit”*; *“meeting”*; *“follow-up meeting”*; *“assessment”*. Assignment papers generally include only the name of the person who made the booking, not the person in charge of the meeting. One respondent said:
- *“We often have to arrive cold to appointments with little if any information that would help us prepare/research/compile a glossary of terms.”*
- 7.24 For planned meetings, the more information which can be made available to the interpreter beforehand the better. It allows them to prepare and, if necessary, to research the subject area e.g., the terminology used in health and social care.
- 7.25 Interpreters understand the need for confidentiality but wish to be as prepared as everyone else at a meeting. It appears some local authority staff are reluctant to provide advance information or brief them, often citing matters such as data protection or confidentiality. While officers must work within the law, it should be noted professional interpreters are bound by a code of conduct which includes confidentiality, not dissimilar to other professionals in public services. An informed, professional, interpreter can help make the meeting easier and more useful for all the participants. Advance briefing also helps reduce the risk of misinterpretation, which could have significant, negative, consequences.
- 7.26 Knowing the name of the person for whom the interpretation is needed is helpful for an interpreter to know beforehand in case of any conflict of interest or if the client is someone that they choose not to work with for whatever reason e.g., a bad experience with the same person on a previous assignment.
- 7.27 For case conferences, such as child protection conferences where staff from different agencies are present, briefing of the interpreter is even more important to allow them to research and prepare for the meeting. Situations where an interpreter is put on the spot with the name of an organisation or a title of a report and then must improvise should be avoided.
- 7.28 As each case can be different, advance information is always important. However, the needs are less if:
- The interpreter had worked with social services in the past, as they are more likely to be familiar with the nature of the work, relevant laws, and terminology. However, this should not be assumed as the breadth and depth of social care practice is considerable, and cases in specific areas might not have been encountered.
 - The same interpreter is being used for an individual as previous briefings should mean they are familiar with the case and its history, and the individual’s circumstances.

- 7.29 Where long meetings are involved, consideration should be given to the number of interpreters who need to be involved and regular breaks. Organisations such as WITS can advise on such matters.
- 7.30 Special attention should be given to interpretation for supervised visits. Often, different staff from social services and agencies or third sector organisations are involved in organising and attending them. The member of social services staff who books the interpreter might not be the person who attends the visit and the visit itself might be supervised by someone from an agency or third sector organisation. When a visit gets cancelled or an issue arises about the visit, the interpreter is not always informed, resulting in late cancellations or interpreters attending cancelled bookings.
- 7.31 Decision-making where discussion is needed on cost e.g., due to travel to the location and/or the length of session, can also take time, hence the importance of planning to allow time for this.
- 7.32 By their very nature, supervised visits require attendance by an interpreter. For example, where there are 2 parents, 3 children, 2 observers and 3 languages, remote interpretation by video or telephone does not work. However, there are instances where a social worker has insisted on remote interpretation for such visits because it is cheaper. This can have an extremely negative impact on the children and the parents. A lack of communication with the agency or third sector organisation can also result in confusion and cancellation; for example, an agency was expecting an interpreter to attend a supervised visit on the basis it was the only feasible option but was not informed remote interpretation had been booked. As a result, the visit was cancelled.

At the start of and during a meeting or telephone/online session

- 7.33 Several things can be done at the start of the meeting and during a meeting to help ensure it runs smoothly and fulfils its purpose. In broad terms, these are:
- The physical environment (for face-to-face meetings).
 - Brief discussion with the interpreter before and after the meeting.
 - Introductions and explanations.
 - Conduct of the meeting.

Physical environment

- 7.34 There are slightly different requirements for face-to-face meetings and for online video meetings or telephone discussions. For face-to-face meetings, having an appropriate physical environment and/or layout ready for the start of the meeting is important. For example, a person who is deaf needs a clear view of the lips of all involved, so no-one, particularly the interpreter, should be sat in front of a window.
- 7.35 Irrespective of whether the meeting is face-to-face, online or telephone, background noise should be checked and avoided, and for video and telephone meetings, the interpreter needs to be in an environment where confidentiality can be maintained e.g., not in a public space. It is worth the social worker checking this before the start of the meeting.

Brief discussion with the interpreter

- 7.36 A brief discussion with the interpreter is particularly important if the meeting is called at short notice and there has not been the time to provide them with advance information e.g., purpose of meeting; the professionals involved.

- 7.37 If advance information has been provided, an initial chat with the interpreter to clarify any queries and confirm how the meeting will run should suffice. It can clarify the ideal speed of discussion and how many sentences are sensible to allow the interpreter to do their job and to ensure the individual is able to take in and understand the interpretation.
- 7.38 Just before the start of the meeting, an interpreter can also find it useful to have a quick exchange with an individual to quickly establish both can understand each other.

Introductions and explanation

- 7.39 The person leading or chairing the meeting should introduce the interpreter as a fellow professional, someone who is independent and who is present to help ensure the purpose of the meeting is fulfilled and the individual has their voice heard.
- 7.40 It is possible some individuals and family members might not be comfortable with a stranger being involved in their personal affairs. This can happen wherever a meeting is held but particularly where the meeting is in someone's home. One interpreter recalled visiting a house with a social worker. The man was very rude and did not want him in the house interpreting what his wife says. In such cases, the social worker has a critical role to play in protecting an interpreter from bad behaviour and ensuring family members understand the need to hear from the individual who needs care and support and the statutory duty they have to that person. Where the meeting is in someone's home, it can be helpful if the professional(s) and interpreter meet outside and go in as a team.
- 7.41 Some difficulties can be avoided by ensuring arrangements for interpretation are culturally sensitive e.g., if possible, avoiding circumstances where a male interpreter is interpreting for a female. Giving the client the opportunity to request a preference for an interpreter or a preferred interpreter could ease such difficulties. Ensuring a client knows an interpreter has been booked for them can also remove the need for another family member to be present at an appointment. Respondents explained how sometimes, family members are reluctant to let go of the "ad hoc interpreting" they may do in casual situations.
- 7.42 All participants should be informed that, due to the need for interpretation and its importance, the meeting might have to be conducted more slowly.

Conduct of the meeting

- 7.43 An interpreter needs to be allowed to do work without interruptions or being rushed. Best practice is when professionals speak slowly, clearly, and in short segments with appropriate pauses for the interpreter to communicate with the individual and/or their family e.g., after 1 or 2 sentences. Systematically doing this will allow the meeting to run at a reasonable speed. Sentences should also be complete as unfinished sentences will not work in another language.
- 7.44 Professionals should speak in first person language and avoid using acronyms and abbreviations, which cannot be translated easily or at all.
- 7.45 In meetings involving more than one professional or in case conferences, professionals should avoid speaking among themselves while the interpreter is still interpreting for the client. An interpreter will interpret all that is said. Professionals should refrain from mentioning or discussing anything not relating to the client until after the meeting has ended. It is not appropriate to ask the interpreter not to interpret something as it puts the interpreter and the user of the service in a difficult position.

- 7.46 On grounds of safety and confidentiality, it is suggested in face-to-face meetings the interpreter should not be left alone in the room with a client at any time.

After the meeting

- 7.47 Immediately after the meeting and if time permits, a debrief with the interpreter is helpful, particularly if the same interpreter will be called upon to assist in future meetings with the individual. If there is a concern or an issue with the interpreter's work, it is best to explore the matter in discussion with the interpreter there and then.
- 7.48 Using the same interpreter has several advantages, particularly for complex cases and/or sensitive matters. It can save time by reducing the need for an interpreter to be briefed in advance and means the individual and/or their family does not need to repeat their story to different interpreters at every appointment. An interpreter who has built a good rapport with the individual concerned, including trust and confidence, can help the flow of a case and can help both parties to express all the facts and pose all the questions they have. This in turn can help to improve engagement with the service.
- 7.49 Offering individuals the option to have the same interpreter for any subsequent meetings would appear to be in line with the "choice" principle of the Social Services and Well-being (Wales) Act 2014. Efforts should be made to ensure this can happen for any individual who requests the same interpreter.
- 7.50 While the Act does not apply for NHS patients, the use of the same interpreter over the course of treatment, if possible, can benefit both the individual and the health professional(s) treating them for full and accurate interpretation and understanding on both sides.
- 7.51 Neither social services nor the NHS should look at the use of the interpreters in isolation. Interaction between health and social care services for an individual is common and therefore, the approach across services should be seamless. Unfortunately, this does not usually happen. One respondent questioned how a request from a patient for the interpreter they are comfortable with can be ignored.
- 7.52 It was outside the scope of this work to examine such circumstances in detail. However, possible reasons could include, for example, organisational arrangements for providing interpretation such as the use of different providers, and purchase systems. A lack of understanding on the part of staff on the effective use of interpreters might also play a part.
- 7.53 As shown in the case study in Chapter 4, one local authority arranged this for an individual for all meetings with social services and extended it to encompass their meetings with health services. It also picked up the cost for all interpretation to overcome potential difficulties with booking and budget / payment arrangements for interpreters.
- 7.54 The common use of a public service provider across health and social care can overcome some of the difficulties caused by process and systems issues in two different organisations. This can enable more integrated working to meet the health, well-being, and social care needs of an individual.
- 7.55 Where it is known there will be a future need for interpretation, a formal booking should be placed with the provider as soon as the date of the next meeting is known not a verbal request to the interpreter. This can help overcome potential problems with the availability of a specific interpreter. It also means the interpreter does not need to follow up a verbal request by chasing professionals to make the booking.

Other themes

- 7.56 Translators of letters and other documents made several suggestions and comments which would make the process easier and potentially quicker for their clients:
- Transforming pdf files into Microsoft Word can cause formatting e.g., columns, go wrong and can change letters and figures. Files in Microsoft Word format are preferred.
 - The formatting of documents sometimes causes problems e.g., when a document is password protected and cannot be uploaded onto translation software, or when the source document is in pdf and is garbled when converted on “CAT” software.
 - Some languages use longer words than the equivalent English words, which can make it difficult to fit within a design e.g., a brochure.
 - Always proof-read documents before translation. Translators often encounter typos and the use of less well-known abbreviations.
 - Allow as much time as possible for the translation.
 - It is difficult if not impossible for a translator to replace a diagram, chart or graphic in another language. However, they can translate the words in them for the client to produce the version in the desired language.
- 7.57 For conferences, advance information can be a big help to translators e.g., terminology and acronyms which are likely to be used in the event. If a report or presentation is going to feature, it is helpful for the translator to have a copy in advance. If the translation is not simultaneous, the same protocol for a small meeting should apply e.g., the speaker to pause after 1-2 sentences and without any unfinished sentences. Speakers and participants should be briefed accordingly.
- 7.58 The feedback included positive comments for WITS and suggestions for developments. These have been provided to its manager for consideration as part of its development. Respondents also highlighted the importance of their personal development. While much of this was in relation to their skills and competence as interpreters and translators, there is an appetite for more knowledge about social services. Training which increases knowledge of services, procedures, and laws such as those in social care is also considered useful and would help interpreters develop glossaries of terms for use on assignments. For social care, this can help ensure the continued existence of a pool of interpreters with good knowledge of the sector.
- 7.59 There was also a call for training on other subjects, such as autism. In many cultures, some conditions and disabilities can be stigmatised. Knowledge of conditions can help interpreters in their interaction with clients. Without training, they may interpret with a stigmatised term which could be misleading.

Good practice guide

- 7.60 The authors are grateful to all the interpreters and translators who took time to give their views via the online survey. Drawing on their experience and expertise, a brief good practice guide on working with interpreters has been prepared. A copy can be found in Appendix 4.

8. Conclusions and recommendations

- 8.1 The engagement element of this project involved four groups of people: local authority staff, people who access services, third sector organisations, and interpreters and translators. The feedback, combined with the review of research literature and other data collected, provides a robust body of evidence for the findings and recommendations.
- 8.2 This chapter highlights themes which have emerged from analysis of the feedback and evidence and makes recommendations to local authorities on improvements in approach and practice. Implementing the recommendations will help to ensure people's rights are upheld and prevent language being a barrier to the take up of social care and support for people from ethnic minority backgrounds.

Communication in language of choice

- 8.3 Communication is a human right. The right for someone who needs social care and support to be able to communicate in their language of choice is reinforced by provisions in the Social Services and Well-being (Wales) Act 2014 and by the professional standards for social work practitioners, which are set out in the Social Care Wales Code of Professional Practice for Social Care (2017).
- 8.4 Individuals who require social care services must be able to express themselves fully, and practice must reflect this. If professional interpretation is unavailable or deficient in some way, a person's communication rights may not be upheld.
- 8.5 Some local authorities have been proactive putting in place arrangements to assist people from ethnic minority backgrounds whose first language is not English. This includes arrangements for staff to call on interpretation and translation for individuals, with most (17 out of 22 authorities) utilising the shared public sector service offered by the Welsh Interpretation and Translation Service.
- 8.6 What is in place varies between local authorities and broadly speaking, it reflects the make-up of the local population and the frequency with which staff are called upon to conduct business through the medium of an ethnic minority language. The more proactive local authorities have:
- Policies, protocols, or processes in place to help staff to make the necessary arrangements effectively and easily when interpretation is needed, and guidance which is easily accessible.
 - A proactive approach to cultural competence training for staff which increase their knowledge and understanding of cultures and cultural sensitivities,
 - Full consideration of a person's language preferences, which are systematically recorded on written records and systems, and which are used to meet individuals' needs, and for monitoring and reporting purposes.
 - Discussions with users of services identified relatively few complaints being made when services did not recognise or meet language needs and/or cultural needs. There are calls for more information to be available in ethnic minority languages to encourage and help more people from ethnic minority groups to take up services when needed and to be able to express their views through complaints systems when things go wrong.

Knowing people's language needs and preference

- 8.7 It is, or should be, standard practice to record someone's preferred language. Overall, feedback from local authorities suggests procedures are in place for this to happen on every occasion. In practice, performance sometimes falls short with nothing recorded or "not known" recorded, which is seen by some managers as staff taking the easy, but unacceptable, option. The logging of language preferences on case records and on information recorded when people approach social services affects people's experiences. Importantly, it avoids them needing to repeat their preferences.

Staff awareness and understanding

- 8.8 The goal must be consistency i.e., consistently good arrangements which ensure a consistently good experience irrespective of where someone lives or where they access information, services, and support. The awareness and understanding of ethnic minority groups' cultural and religious matters is a critical factor, which underpins the responses and actions of staff.
- 8.9 Feedback indicates awareness and understanding does exist in some areas and among some staff. A handful of local authorities have introduced training for staff, some of which has been introduced as part of wider action to achieve an anti-racist Wales. However, feedback also shows there is some way to go, and more training and better awareness on the cultures and cultural sensitivities of people from ethnic minority backgrounds. This is essential for all staff working in social care and for all front-line staff who might be someone's first point of contact.

Policies, protocols, and standards

- 8.10 Some local authorities confirmed they had policies or protocols which set out how staff should communicate with people who cannot speak English or Welsh and provided copies. We were also alerted to some guidance and information produced to support engagement.
- 8.11 There is no standard corporate policy or set of procedures used consistently by local authorities. Those that exist vary in style and structure, covering "communications" policies/guides, "equalities" policies, and guides for staff. Mostly, these tools are geared towards supporting staff instead of articulating to the public what they should expect in accessing information and support. There are gaps. Some local authorities do not have a policy or protocol to ensure consistent good practice for those with a language need requiring support to access services.
- 8.12 Policies, protocols, and guidance are important. They set out what is expected of staff and thus help to ensure a consistently good approach across all service areas and teams to meeting the language needs and preferences of people who do not speak English well or at all. There are gaps to be filled in many local authorities and opportunities for shared learning between authorities.

Professional interpretation and translation

- 8.13 The views of research on the use of professional interpretation or informal means, such as a child, family member or friend, is not clear cut. Concerns exist on both, and feedback from individuals who have accessed, or tried to access, social services has identified some problems with the quality of interpreters. However, on balance, the use of professional interpreters is preferred, subject to qualified interpreters being readily available. And there

must be an emphasis on ensuring an interpreter can speak the correct dialect for certain languages.

- 8.14 There are concerns about the use of children, particularly in relation to sensitive, personal, and/or complex matters. Children may extend or amend messages and advise or advocate for those for whom they are interpreting, and social workers are concerned about their ability to translate technical and emotionally laden messages.
- 8.15 There is consensus that the use of children to interpret and other relatives or friends should be avoided as far as possible. However, it is recognised that in crisis or emergency situations, it might be necessary to have some translation rather than no interpretation at all if a professional interpreter is not available immediately or not available at all. It is also recognised that some people might decide to exercise choice by refusing to have someone they don't know acting as the interpreter. Therefore, while professional interpretation is considered preferable and indeed essential for sensitive or complex matters, a person's preferences for translation by family or friend should not be dismissed out of hand but subject to careful discussion on the relative advantages and disadvantages, ensuring these are put to the person.
- 8.16 For an individual or a family who has, or who will have, multiple interactions with social services, there are numerous benefits to using the same interpreter, including the interpreter being familiar with the circumstances around the case, accuracy of translation by the interpreter knowing the individual or family and their circumstances, and gaining their trust and confidence. It can also save time by reducing the need to brief the interpreter before a meeting and prospect of advance bookings for planned meeting to reduce the risk of an interpreter not being available when needed. The latter is particularly important for dialects within certain languages.
- 8.17 Many interpreters and translators work regularly in social care and are familiar with the relevant laws, processes and procedures, and terminology. However, this is not always the case, which can affect the quality of service and support available to someone in need of care and to social care staff who are handling the case. Providing interpreters and translators with occasional training and updating sessions on social care, and peer support arrangements, can help to increase the pool available in Wales and can increase knowledge of relevant legislation and terminology. Third sector organisations also call for accredited training to be available with funding support for people from ethnic minority backgrounds who wish to become professional interpreters and translators.
- 8.18 Third sector organisations who contributed their views to this project confirmed they have interpreters who are available to help, many of whom are qualified. Local Authorities sometimes call on the third sector to support families from ethnic minority backgrounds and usually expect this to be provided at no cost. This is becoming an increasing challenge for the sector as funding is tight and without it, they rely on goodwill from volunteers, which can erode over time.
- 8.19 Information obtained from local authorities and from interpreters and translators has been used to create a basic good practice guide, which can be used by local authorities as the basis for their own guidance to staff. A copy can be found in Appendix 4.
- 8.20 Some organisations have already translated documents into other languages, e.g., Carers Wales have translated Guidance for Carers into Polish, one of the most widely used languages spoken in Wales. This is freely available and local authorities are welcome to access it and could even add their logos to the materials produced. Future developments include a video with Arabic, Urdu and Punjabi voiceovers as this medium is better for most people from ethnic minority backgrounds to access. There are opportunities for ADSS

Cymru to work more closely with Carers Wales to provide materials which raise awareness of the support available.

Recommendations

8.21 The following recommendations are made for local authorities:

- (i) Provide a programme of cultural competence training for all social care practitioners and front-line staff to increase understanding of cultures and religious and cultural needs, and to increase self-awareness and regular reflection on personal attitudes and behaviours. The training can be informed by good practice in other local authorities.
- (ii) A person's language preference, and dialect if relevant, should be recorded clearly and visibly on every case record to ensure their needs are met irrespective of which member of staff is helping them. Electronic recording would allow the local authority to track trend data and demonstrate how people are accessing support.
- (iii) All local authorities to have a clear policy or protocol – corporately or for social services specifically – which sets out the principles and expectations of what is made available to people from ethnic minority groups for interpretation and translation. A guide for staff should form part of this approach to support their efforts in securing translation and interpretation support.
- (iv) Ensure professional, qualified, interpreters are used in all but exceptional circumstances, checking to ensure they can speak the appropriate dialect in certain languages.
- (v) While the use of family or friends for interpretation should be avoided, if this is a personal preference of a person receiving care and support, local authority staff should ensure the family member fully understands their role as an interpreter.
- (vi) Building on the good practice information provided by interpreters and translators and captured in Appendix 4, all local authorities to have in place a good practice guide for staff on how to work effectively with interpreters and translators, with training for staff. Staff who provide First Point of Contact services should be familiar with the authority's practical arrangements for providing interpretation and translation.
- (vii) Consideration should be given to translating important information on the websites into languages that are used most often locally with more visuals and/or easy read documents. Some third sector organisations have already translated key documents into other languages and provide materials which raise awareness of the support available and are a potential source of help and expertise.

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Appendix 1

Table: Population of Wales by Local Authority, 2021, and percentage change, 2011-2021

Local Authority	Population 2021	% change 2011-2021
Isle of Anglesey	68,900	-1.2
Gwynedd	117,400	-3.7
Conwy	114,800	-0.4
Denbighshire	95,800	2.2
Flintshire	155,000	1.6
Wrexham	135,100	0.2
Ceredigion	71,500	-5.8
Pembrokeshire	123,400	0.8
Carmarthenshire	187,900	2.2
Swansea	238,500	-0.2
Neath Port Talbot	142,300	1.8
Bridgend	145,500	4.5
Vale of Glamorgan	131,800	4.3
Cardiff	362,400	4.7
Rhondda Cynon Taf	237,700	1.4
Caerphilly	175,900	-1.6
Blaenau Gwent	66,900	-4.2
Torfaen	92,300	1.3
Monmouthshire	93,000	1.8
Newport	159,600	9.5
Powys	133,200	0.2
Merthyr Tydfil	58,800	0.0

Appendix 2

Table: Top 25 Main languages spoken in Wales, 2021, excluding English and Welsh

	Main language	No.
1	Polish	20,863
2	Arabic	8,518
3	Romanian	6,019
4	Bengali (with Sylheti and Chatgaya)	4,671
5	Chinese (excl. Madarin and Cantonese)	4,330
6	Portuguese	3,644
7	Spanish	3,064
8	Bulgarian	2,492
9	Italian	2,363
10	Turkish	2,323
11	Urdu	2,239
12	Hungarian	2,149
13	Panjabi	2,087
14	Malayalam	2,022
15	Kurdish	1,854
16	Lithuanian	1,780
17	Tagalog or Filipino	1,772
18	Tamil	1,637
19	French	1,632
20	Cantonese Chinese	1,572
21	Persian or Farsi	1,437
22	Slovak	1,423
23	Greek	1,413
24	Russian	1,348
25	Czech	1,278

Source: 2021 Census

Appendix 3: Policies and protocols

At the start of any corporate document which sets out the local authority's approach to ensuring access to services regardless of language, it is important to set the scene. This example sets a good standard:

"It is important that language does not become a barrier for our customers.

Customers whose first language is not English or Welsh should be offered the services of an interpreter or have information translated. Effective communication is an essential part of quality services and part of our statutory responsibilities under equality legislation and the Human Rights Act.

All people in contact with the Council who experience communication barriers are entitled to access accurate and professional interpreting and translation services. It is not appropriate and is unacceptable to use family members, friends, or others to provide this service and could leave both the customer and Council at risk if inaccurate information is provided.

Professional qualified interpreters and translators are required to:

- *ensure customers receive a consistent and accurate high level of service*
- *promote trust and confidence among communities that they are receiving the highest standard of service.*
- *ensure interpretation and translation is impartial and the interpreter does not give their own opinion or advocate for the client.*
- *safeguard the Council's reputation and comply with legislation."*

The key components for any document setting out what the public can expect are:

- **General principles and values:** the local authority's approach should be one of equal access to its services and information, helping people to have their needs identified and met, and to shape the services they receive. The authority should be clear that effective communication is an essential part of quality services and that all those in contact with them who experience communication barriers are entitled to access interpreting and translation services.
- **Setting out arrangements:** people should be clear that language support takes different forms, from having documents translated to telephone discussions, from virtual meetings that are interpreted to face to face assessments where interpretation is provided in person. This provides a local authority with options depending on the circumstances of the individual.
- **Clear direction and expectations of staff:** staff will be better equipped in their roles with the commitment to provide a step-by-step process covering all available options.

A guide for staff

- The need for clarity in how staff can access support for either verbal or written translation.
- Contact details for the translation service and whether staff are authorised to make the contact themselves and if a purchase order is needed.
- In securing written translation, staff should know to whom to send the request and have clarity as to what is expected in word length, timescales, the language to be translated.

Appendix 4: Good practice on working with interpreters

This guide has been prepared using feedback from interpreters and translators who work with the Welsh Interpretation and Translation Service. It describes what works well in working with social care staff to make arrangements more effective for the service, the individual or family involved, and for interpreters and translators.

The basics

- Effective arrangements in place to secure a competent, professional, interpreter when needed, which are easily accessible by staff.
- All staff know how to work effectively with an interpreter, with guidance available if needed.
- Staff see an interpreter as a fellow professional; someone who can help them overcome barriers to working with people from ethnic minority backgrounds.

Before a meeting

- Consider how long is needed to ensure the meeting fulfils its purpose, bearing in mind interpretation can slow the pace of discussion.
- Book the interpreter as far in advance as possible, particularly if the same interpreter is needed to work with an individual or family on more than one occasion.
- Check the interpreter understand any specific dialect of language for interpretation.
- Check cultural sensitivities e.g., possible need to avoid a male interpreting for a female.
- Tell the interpreter the purpose of the meeting and the name(s) of the individual or family for whom they will interpret.
- Provide a named contact for the person who made the booking, the name of the person who will oversee or lead the meeting, and any others who will be present.
- Provide contact telephone numbers for the person who made the booking and the person who will lead the meeting.
- If a face-to-face meeting, provide clear information on the location/venue.
- Provide advance information on background and history to the case (not needed if using the same interpreter for another meeting with an individual or family). Note that professional interpreters are bound by a code of conduct which includes confidentiality.
- If the meeting is cancelled and/or rearranged, don't forget to telephone the interpreter immediately, particularly if it is a face-to-face meeting.

At the start of a meeting

- Where a meeting is in someone's home, meet the interpreter outside and enter as a team. The interpreter must not go into the client's home without a social work practitioner.
- For face-to-face meetings, check the layout of the meeting room e.g., a person who is deaf needs a clear view of the lips of all involved, so no-one should be sat in front of a window.
- For all meetings, particularly telephone and video meetings, ensure everyone can hear one another, and check and avoid any background noise.

- For video and telephone meetings, the interpreter needs to be in an environment where confidentiality can be maintained e.g., not in a public space. It is worth checking this before the start of the meeting.
- Have a brief discussion with the interpreter at the start of the meeting, particularly if it has been called at short notice and advance briefing was not possible.
- Check if the interpreter has any queries and discuss how the meeting will run e.g., ideal speed of discussion and how many sentences before pausing to allow the interpreter to do their job and to ensure the individual can take in and understand the interpretation.
- If possible, allow the interpreter to have a quick exchange with the individual(s) to quickly establish they can understand each other.
- Introduce the interpreter as a fellow professional, someone independent and present to help ensure the purpose of the meeting is fulfilled and the individual has their voice heard.
- Explain the meeting might have to be conducted at a slightly slower pace to allow for interpretation and to ensure the individual or family understand everything.
- If a family member objects to the interpreter being present, protect the interpreter and ensure family members understand the need to hear from the individual who needs care and support and the statutory duty you have to that person.

During the meeting

- Speak slowly, clearly, with complete sentences and appropriate pauses to allow the interpreter to communicate with the individual and/or their family e.g., after 1 or 2 sentences.
- Do not interrupt the interpreter or rush them.
- Speak in first person language and avoid using acronyms and abbreviations, which cannot be translated easily or at all.
- In meetings involving more than one professional or in case conferences, avoid speaking among yourselves while the interpreter is interpreting for the client.
- On grounds of safety and confidentiality, it is suggested in face-to-face meetings the interpreter should not be left alone in the room with a client at any time.
- If more meetings are needed, ask the individual or family if they would like the same interpreter.

After a meeting

- Have a quick debrief with the interpreter, particularly if the same interpreter will be called upon for future meetings with the individual or the family.
- If any concern(s) or an issue with the interpreter's work, raise it with them there and then, and if necessary, with the agency.
- If the date of the next meeting is known, contact your provider of interpretation services to book the same interpreter.

More information on good practices is available on the web site of the Welsh Interpretation and Translation service. [Home – The Wales Interpretation and Translation Service \(wits.wales\)](http://wits.wales)