

Is having English as a second language a barrier to families accessing effective early help?

Project Rationale

Surrey County Council's Early Help is delivered by a network of organisations and agencies that work together to identify children and families needing additional support. However, it is possible that not all families access early help in a way that is best for them. This project focuses on looking into what barriers those who speak English as an Additional Language (EAL) face when accessing or receiving early help. We know from other studies that language barriers negatively impact upon quality of healthcare provided, patient satisfaction, patient safety, and appointment attendance. Therefore in this project we wanted to gain a better understanding of the experiences of Surrey's families and the staff who work with them in their early help package.

These findings will run alongside the Surrey CC's recent Early Years Engagement work.

Objectives

By working alongside a charity organisation, we spoke to early help staff/volunteers who work with families with EAL and the families themselves.

EAL families are a 'seldom heard' group among research into these services, and therefore, this project explored:

- The experiences of staff/volunteers working with families with EAL.
- The experiences of families with EAL of their early help support.
- What barriers, if any, currently exist to accessing successful early help for these families.
- What additional support or information would benefit families with EAL as part of early help.



Method

- 9 semi-structured interviews with staff working with families with EAL (up to 12 different languages reported, including Portuguese, Romanian, Urdu, Syrian, Hungarian, Italian, Fasi, Albanian, Ukrainian, Polish, French and Arabic).
- 2 semi-structured interviews with families. It was a challenge to get a wider range of families who wanted to be involved in the project. As one member of staff told us that in her experience a large number of these families "struggle to engage with services and are nervous or suspicious about talking to anyone, which can compound the issues they face".

Sample

- Languages spoken by families interviewed: Urdu & Kannada.
- One informal chat with a lady who spoke only Bengali - interpretation via her sister over the phone.
- Representation across Surrey (Woking, Runnymede & Spelthorne).

Findings: What successfully works for these families

A trusting relationship with the staff member/volunteer

- 100% of families and staff reported that a trusting relationship between the family and their staff member was key for change and increased confidence in tackling life circumstances. It was reported that relationship “could overcome” any language barriers present. Matching a family to the correct staff member/volunteer (perhaps with similar backgrounds, situations or knowledge in a specific area) is key. This also ensures full and continual engagement with the service.
- There is a value in language matching volunteers to families. Where this happened success was observed and other EAL challenges were tackled, such as complex medical reports being interpreted.
- All families were extremely positive about their early help support.

“I felt very cared for.”

“I had been to a counsellor but it was like talking to a mirror, it was not two way at all. With X it wasn’t like that, we chatted.”

“X understands my circumstances and I am able to talk confidentially to them.”

“I like just having the one professional to help us, not lots – I get sick of explaining our family situation to every new professional.”

“They didn’t just help one person in the family like other professionals, they looked after the whole family.”



Staff willingness and commitment to improve their working with families with EAL

- Despite having little training and access to recent research to working with families of EAL, all staff demonstrated and expressed their desire to wanting to improve the service they provide to these families.
- Most staff are willing and understand the need to increase their appointment time for these families.

“I’m actively seeking out what I can do better.”

“Training on working with these families would be beneficial for me.”

“There are so many unmet needs for these families –I’m very keen to start thinking about different projects for this group.”

Using alternative and adaptive ways of communicating

- Most families prefer being communicated with via text/WhatsApp rather than a phone call. The response rates are higher.
- All staff use a range of strategies to improve their communication with the families and have access to a small range of translated resources in a small range of languages.

Findings: What are the barriers for these families

Language Levels and lack of interpreting services available

- The organisation we worked alongside had no access to formal interpreting services. Therefore, **if the family spoke no English at all, the referral had to be refused.** Despite being aware that this is not an equitable service, there was no other option as the organisation had no means of communicating meaningfully and successfully with the family.
- Most EAL families had enough English “to get by” but there was occasionally a need for interpretation by a family member to supplement understanding. For example, when partners were used to interpret for the maternal caregiver, often they weren’t able to commit to this weekly, and sometimes staff had concerns about domestic abuse within the relationship. Here, a trusting relationship with the staff member was unable to be built successfully for implementation of change.
- All staff members reported an essential need for families to fully understand the aims/expectations of their early help support. When this was not understood due to the language barrier, success was limited with the service being used by the family in an ineffective way. Some reported that working with an interpreter all of the time would impact upon the relationship built with the family whilst others would value it.

“Its not always easy working with families where English is a barrier as I can’t do as much as I’d like to.”

Priorities for the families vs priorities of the Early Help

- 100% of engagements (staff and families) mentioned the issue with the understanding of complex medical reports and form filling in. All families reported that the support they received to help them understand complex reports and forms, was one of the most beneficial areas of support. However, this detracted from the original aims of the early help support they were receiving.
- One Mother with a child with significant special educational needs (SEN) found attending early help groups hard as she spoke no English, her child’s needs were significant and she had to access public transport. She reported her main priority was access to transport.

“The most helpful thing X does is help me with my paperwork and reports from all the doctors by Son sees. Without this help, I wouldn’t be able to understand them.”

Lack of knowledge of signposting and other resources available

- All families mentioned issues with transport; getting to groups and attending appointments.
- Staff reported that these families remain isolated with reduced support networks. Staff are sometimes unsure where to signpost them.
- All families interviewed expressed a desire to attend English classes but reported the same barriers – travel and childcare. Staff all reported these challenges too.



Recommendations

- Access for all early help organisations to a professional interpreting service – telephone or face to face. We know that national and local health and social care providers have a legal responsibility to make sure that the services they provide are equally accessible to all sections of the community, (Health and Social Care Act 2012, NHS England 2019). Professional interpreting services are, therefore, vital (Flores 2014, NHS England 2019) and actually improve the quality of care (Public Health England 2020). Numerous studies have also commented that the current interpretation technology (e.g. google translate) are not ideal due to serious risks to accuracy and patient safety they pose. (Flores 2014).
- Early signposting to other early help organisations who have access to interpreters and can assist in these instances.
- Increased help with understanding complex medical reports and completing forms.
- Essential information translated into a larger range of languages.
- Training opportunities for staff working with families with EAL: In house training such as cultural issues, case studies, strategies when working with these families etc.
- Undertake a strategic overview of all services available to ethnic minority groups to empower early help organisations to signpost effectively – especially in the areas of transport solutions, specific ethnic group support organisations, access to written translation service for reports.

For more information, please contact julie.callin@healthwatchsurrey.co.uk.

A huge thank you to those families and staff who took part in this project.



You can contact our Helpdesk to share your experience of health and social care or for advice and information about these services in Surrey.

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