CRITICAL LANGUAGE BARRIERS

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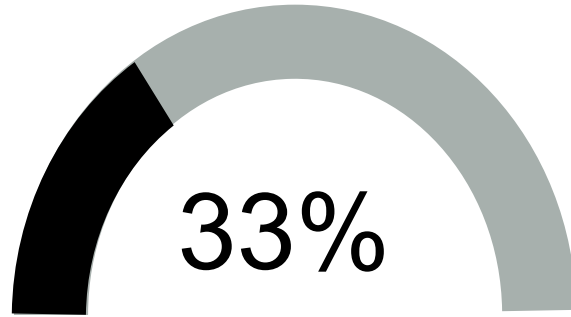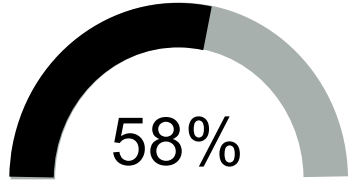bristol.ac.uk

- UK survey: Feb–Apr 2024
- 2,520 professionals
- Healthcare, social care/services, emergency services, legal services, the police

- Interviews: Nov–Dec 2024
- 18 social workers
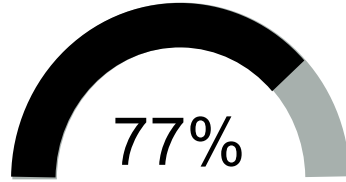- Child protection, adult services, mental health

33%
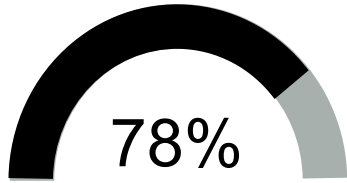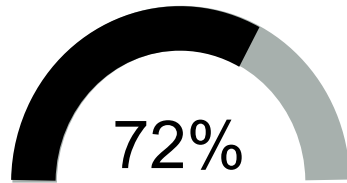
Had used machine/AI translation at work

58% personal devices

77% openly available browser

78% frontline/public-facing

72% no training

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Existing gaps

RISKS   BENEFITS

'Having a non-English speaker making a 999 call to us and having to try to communicate with them even enough to let them know we were going to try and connect to a three-way interpreter service' (call handling supervisor)

'Speaking to a relative to explain visiting times for the unit I worked on. The patient spoke very good English however was in theatre at the time the relative turned up' (staff nurse)
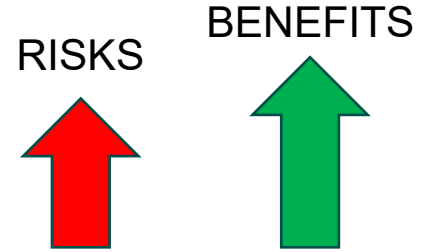
Existing gaps

- The police go to a parent's home to carry out an arrest
- A social worker is asked to attend
- It's a last-minute operation
- The parent does not speak English
- Finding a phone interpreter takes 30–40min

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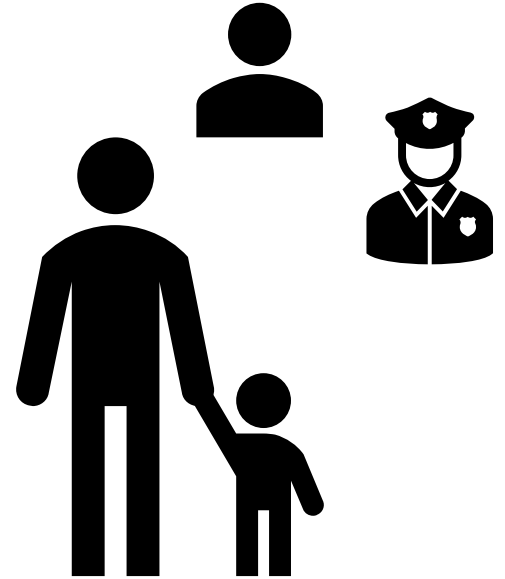
High risk

'to translate our informed consent forms and to ensure that the customer understood and could give informed consent […]' (healthcare managing director)

'consenting for a procedure, giving advice on treatment and or medicine' (advanced nurse practitioner)

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High risk

'A patient who speaks very limited English requiring medical help, post op [i.e., after an operation], with medication counselling, prescribing and dosing information […]' (pharmacy technician)

'[…] trying to translate foreign medical records to code into NHS health record' (practice operations manager)

'when gathering evidence and speaking to witnesses' (sergeant)

'We would use Google Translate for more complex medical jargon when screening patient fitness' (nurse)

Policy asks

- Recognise dynamic risks and benefits
- Empowering front-line workers – checklists, realistic guidance
- Low-effort/high-gain measures – templates/written comms v urgencies

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