

# लपतललंगुवत MANCHESTER

Report

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of Manchester

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**An investigation into language policy and practice within  
Manchester's health services with reference to  
multilingualism in communities**

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# **An investigation into language policy and practice within Manchester's health services, with reference to multilingualism in communities**

## **1. Introduction**

This investigation aims to explore the language services available to non-English speaking people in the Manchester area and look to see correlating factors between the number of ethnic minorities in the area and the quality of the language provisions available, and how they interrelate with one another. It will look to test the accuracy of the hypothesis discussed in part 8.

This investigation will also look to see if any national language policies exist and how they are being implemented into the health care service. It will look to see how the continual number of migrants entering the country impacts on the language provisions made available, and also to explore future governmental plans, which aim to reduce the number of migrants coming to the country and the effect this will have on the language provisions available to the non-English speaking community.

To achieve these objectives two types of questionnaires have been designed which will be distributed to several areas around Manchester, in an effort to gain both quantitative and qualitative responses. The aim is to depict the provisions available to these people and how effective they find them. A separate questionnaire has been designed for workers in the healthcare system to gain insight into how different areas calculate the sorts of provisions necessary. Furthermore, an interview will be conducted with the ITS service manager for translation operations in the NHS foundation trust and central Manchester university hospitals.

## **2. Aims**

1. The first aim of this investigation is to explore the language policies and provisions available to non-English speakers within the NHS in Manchester.
2. Secondly, the investigation aims to look at the correlation between the percentage of ethnic minorities in an area and the services available.

## **3. Research Questions**

1. Does the distribution of services directly represent the proportional distribution of ethnic minority languages?
2. Is the government's status planning effective, or is the immigration influx surpassing the government's plans?

#### **4. Languages Spoken in Manchester**

Manchester is a highly multilingual city, the most prominent languages being from the eastern parts of the globe including Chinese (Cantonese and Mandarin), Urdu, Punjabi and Hindi. A wide range of European languages are also spoken throughout the city, most notably Romanian and Polish. (Sharma, Saroj. Personal INTERVIEW. 11<sup>th</sup> May 2010)

Manchester, being a large city with a successful industry, attracts many migrants to the area with its opportunities for employment. To gain an estimate of multilingualism in Manchester, the ethnic diversity for the chosen areas will be examined to look for a direct link between ethnic diversity and multilingualism.

Below is a table of the ethnic diversities, which are being studied in this investigation:

Area		Levenshulme	Whalley Range	Manchester City Centre	West Didsbury	East Didsbury	Fallowfield	Rusholme	Salford
Population		14,258	14,083	10,965	13,686	12,104	14,571	13,768	218,000
Ethnicity (%)	White	70.1	51.4	65.9	82.4	85.3	68.6	52.2	92.7
	Mixed	3.0	4.3	2.2	2.7	2.3	4.7	3.2	1.3
	Indian	4.6	6.3	7.2	3.9	3.9	5.3	7.0	2.7
	Pakistani	13.0	21.4	1.5	4.0	1.9	8.0	12.0	
	Bangladeshi	1.1	0.7	0.2	1.0	0.7	1.0	7.7	
	Black Caribbean	1.6	4.3	0.6	0.5	0.7	2.2	2.0	1.4
	Black African	1.7	3.2	2.0	1.2	0.7	3.8	5.2	1.9
	Chinese	1.8	1.9	17.0	1.7	1.5	2.1	5.2	
	Other ethnic groups	3.1	6.6	3.3	2.5	2.9	4.3	5.6	

*Figure 1: A table showing ethnicities in Manchester and Salford*

Sourced from Manchester City Council: Census 2007 and Salford City Council Census: 2006.

As seen from the table above, the most ethnically diverse areas are Whalley Range and Rusholme. As these are the most ethnically diverse areas, we would also expect them to be the most linguistically diverse areas. Furthermore, we would also expect these areas to have the most multilingual services available in the local medical establishments.

Manchester has always had a tradition of propriety ever since the industrial revolution (Vieger, 1970). With such a strong reputation there is an ongoing arrival of migrants to Manchester. Manchester an exceptional area to investigate, in terms of multilingualism, because of the linguistic diversity that characterises this city and, also, due to the ongoing influx of migrants from all over the world.

## **5. Language Policies**

Currently there is not one set system that is in place for translation and interpretation services across the UK. This has been a major issue for many GPs and hospitals, as the price of translation services is high and they are not readily available to patients who need them. Due to the high impact of immigration, it has been difficult to put a proper system in place as there is constant influx of immigration. This constant influx of migrants from different areas of the world has meant that the need for different translators is constantly changing. For instance, there was a great demand for Polish translators prior to 2008, which then decreased after this date and we can now see a larger increase in Romanian migrants, who are in need of translators.

Even though there are no specific policies in place across the UK, there are independent groups, which provide translation services for hospitals and other medical establishments. An example of this in Manchester is the Interpretation and Translation Service. In the UK there is legislation, namely the Race relation Act 2000 and the Human Rights Act 1998, which states that everyone should have equal access to healthcare. These laws in the UK require a translation service to be in place and readily available to the people who need it.

The price of translation services in the UK was £55 million in 2006, and this figure is constantly rising. With the high cost of translation services, the previous government was intending to cut spending in this area and to allocate funds elsewhere within the NHS. The previous government highlighted the need for migrants to learn English as a second language, as opposed to only speaking their own language and relying on translation services.

However, the need for translators is higher than ever. This could be due to the government's plans being surpassed by the immigration influx as "over half newly arrived foreign migrants registered with GPs last year" ([www.migrationwatchuk.org](http://www.migrationwatchuk.org)).

More specifically, in the North West there is a governing body in place, called the 'North West Procurement Hub', that decides which language policies should be implemented and discusses other issues within the translation service (Sharma, Saroj. Personal INTERVIEW. 11<sup>th</sup> May 2010).

## **6. Language Provisions**

Within the healthcare system there are several language provisions available. These include multilingual signs and booklets and translators. Even though these services are available, as mentioned above, they are not readily available. Also these services are expensive and therefore are used as little as possible. Most hospitals use symbols and pictures to accommodate for non-English speakers and it has been recognised by governing bodies that more symbols should be used.

One of the main issues with using signs and booklets is that many people cannot read their own language. This is one of the fundamental reasons for putting the translation services in place.

In Manchester healthcare establishments there are NHS translation services available in a variety of languages, which include Urdu, Czech, Polish and Vietnamese.

Despite the quotas that are in place, which hospitals and GPs must fulfil, stating how many people of different ethnicities the hospitals need to employ, there are no requirements to speak any of the languages which are prominent in the areas.

## **7. Translation Services within Manchester**

Within Manchester, there is one dominant translation service available called 'Interpretation and Translation Service', which is located in the MRI education north building and currently managed by Ms Saroj Sharma. It was founded in September 1989, as a result of the mother and baby campaign. Health workers were unable to communicate with the mothers, regarding dietary needs, and, as a consequence, babies were developing deformities. When the service began, there was only one full-time and four part-time members of staff. With the immigration influx there was a need to expand these services to accommodate for new people. As a result, the number of full-time employees has since increased to fifty. As previously mentioned it could be subject to monthly change. As Manchester is a 'hotspot' for immigration, all languages are catered for. Guidelines are constantly introduced by the hospital trust board; to assess the current situation and devise policies accordingly. The main language catered for is Punjabi, however, as a result of a surge of Romanian migrants there is a huge rise in the amount of Romanian translation required. Similarly, the surge of Polish migrants two years ago resulted in health services having to employ a full-time Polish interpreter. This could be due to Polish immigrants learning English as a second language or it could be due to the pound decreasing in value and Polish workers moving home.

Though every language is catered for, there has been a push towards reducing the amount of translators needed, by encouraging more people to learn English, and be self sufficient in translation. This will then reduce the amount of money required by these services.

Another service that is available in Manchester is the Primary Care Trust, which offers translation services within GPs. However, due to the cuts within the translation budget in the NHS, this service is due to be disbanded in 2011.

## **8. Hypothesis**

Following the research above, a set of hypotheses has been set out:

- Firstly, the language provisions in areas with higher percentages of ethnic minorities will be more extensive.
- Secondly, the hospitals that are higher-budget, government-funded establishments will have fewer provisions for multilingual communities, due to implementation of the status planning. This status planning states that the government want to reduce the cost of translation services, by offering them less, so people are more likely to learn English as a second language.
- Finally, smaller, lower-budget services are more likely to have more multilingual provisions as they have a consistent patient base, with whom they regularly interact

with. Therefore, these service providers are more aware of individual patient's requirements.

## **9. Methodology**

When studying multilingualism in Manchester, six areas will be focused on, with specific focus on certain medical establishments within these areas. The following areas, and establishments within them, will be looked at:

- Salford – Hope Hospital and Cheetham Hill GP
- Whalley Range – Range Medical Centre and Range Pharmacy
- Rusholme – Manchester Royal Infirmary and Rusholme Medical Practice
- Levenshulme – Kingsway Medical Practice
- Manchester Chinatown – Faroj Medical Centre and Boot's Pharmacy
- Didsbury – Christie Hospital and Withington Medical Centre.

These areas were chosen, firstly, because they are located in different parts of Manchester and secondly, the percentage of different ethnicities within each area differs from one another (see Figure 1).

Originally, the investigation also included Owen's Park General Practitioners, in Fallowfield. However, after further research into this area, it soon became apparent that the majority of the people who resided in this area were students. As students can come from all over the world to study, their responses would significantly skew the results, as they are not official migrants.

To obtain concise representational data, two questionnaires were formulated. One was designed to focus upon the patients' experience with the translation services. The other was designed to focus on the administration of medical establishments and to look at the services they offer to non-English speakers, in relation to the ethnic minority population within the area. These questionnaires can be seen in Appendix 8.

With regards to the patient questionnaires, ten questionnaires were completed in each establishment. When asking the questionnaire, if the person replied, “No”, to the initial question, "Do you speak any other language than English?" the participant was disregarded, as their response was not required for the study.

With the questionnaires designed for the administration, only one questionnaire was completed per establishment. This questionnaire was completed by the person who dealt with the language policies within the establishment.

An interview was also conducted with the head of Interpretation and Translation Services; Ms Saroj Sharma. This interview was conducted to gain more insight into the translation services. Transcript can be found in Appendix 7.

The methodology has only changed slightly since the proposal. The amount of data collected has been reduced from thirty participants to ten per institution, as the original sample was too large.



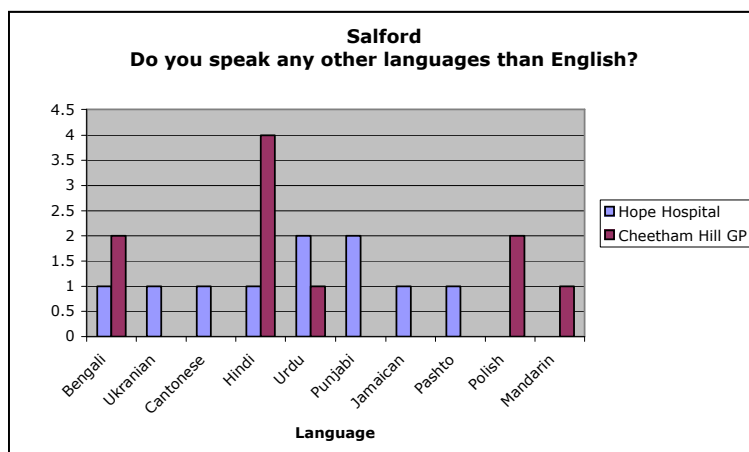
## 10. Data Analysis

### 10.1 Salford Data Results

The following tables and charts include the findings the Salford Area. Two establishments were studied, namely Hope Hospital and Cheetham Hill GP.

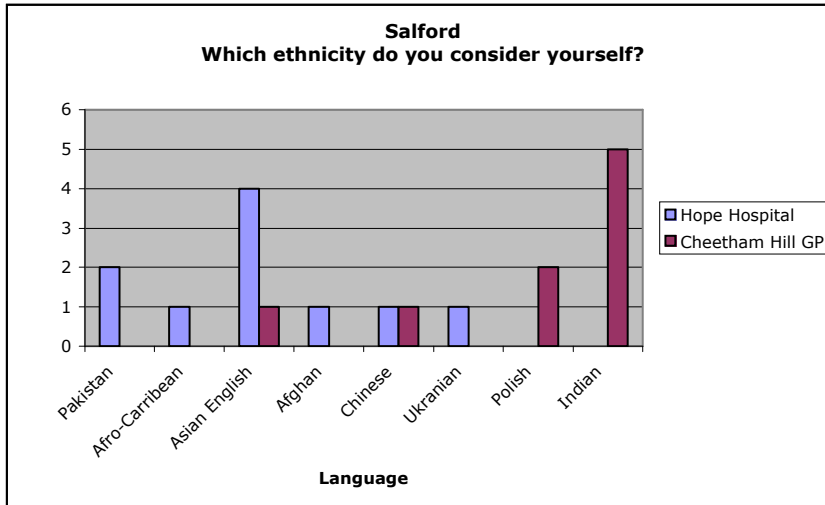
Q.1 Do you speak any other languages than English?

Language	Amount of People		
	Hope Hospital	Cheetham Hill GP	Total
Bengali	1	2	3
Ukrainian	1	0	1
Cantonese	1	0	1
Hindi	1	4	5
Urdu	2	1	3
Punjabi	2	0	2
Jamaican	1	0	1
Pashto	1	0	1
Polish	0	2	2
Mandarin	0	1	1



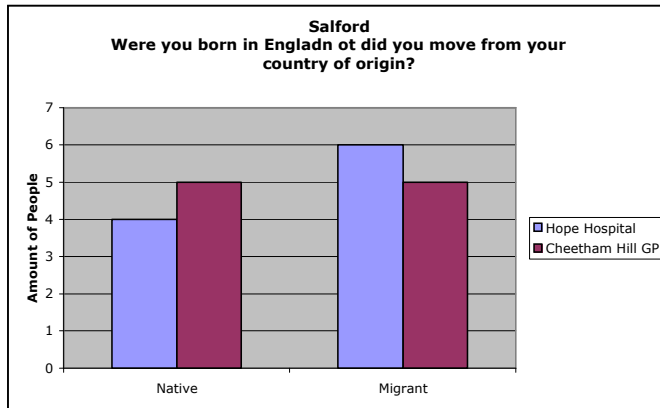
Q.2 Which ethnicity do you consider yourself?

Ethnicity	Amount of People		
	Hope Hospital	Cheetham Hill GP	Total
Pakistan	2	0	2
Afro-Caribbean	1	0	1
Asian English	4	1	5
Afghan	1	0	1
Chinese	1	1	2
Ukrainian	1	0	1
Polish	0	2	2
Indian	0	5	5



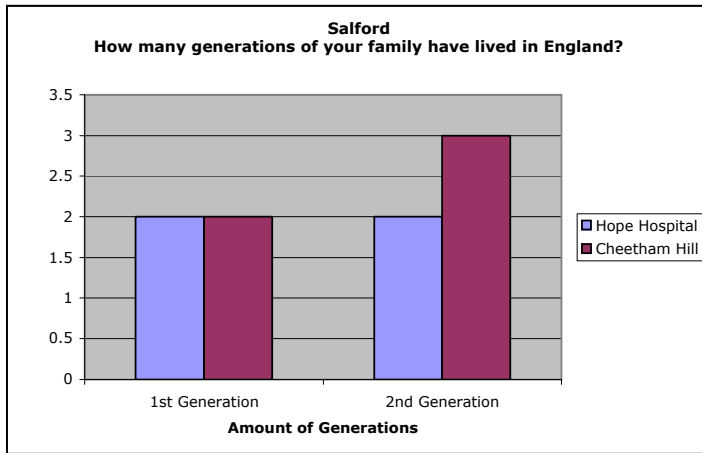
Q.3 Were you born in England, or did you move from your country of Origin to Manchester?

	Amount of People		
	Hope Hospital	Cheetham Hill GP	Total
Native	4	5	9
Migrant	6	5	11



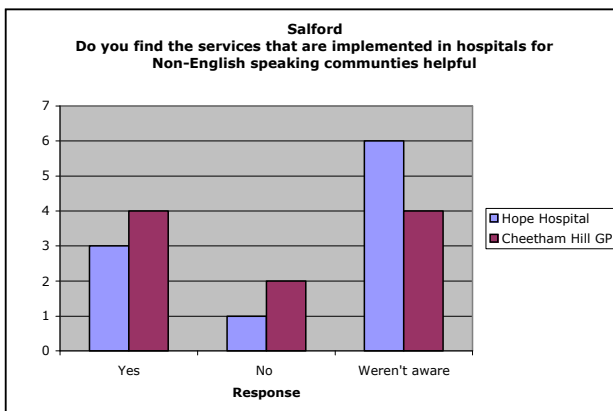
Q.4 (If Native) How many generations of your family have lived in England?

	Amount of People		
	Hope Hospital	Cheetham Hill GP	Total
1st Generation	2	2	4
2nd Generation	2	3	5



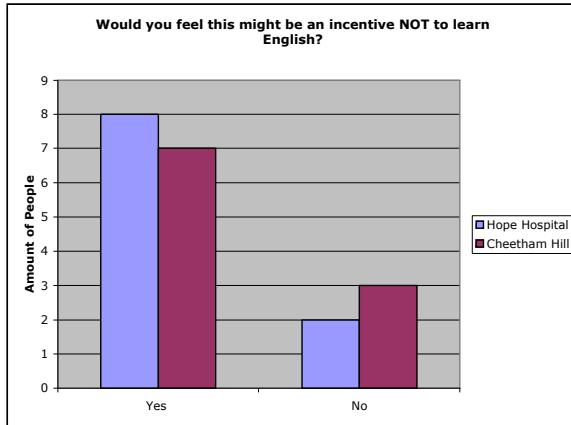
Q.5 Do you find the services, implemented in hospitals for non-English-speaking communities, helpful?

	Amount of People		
	Hope Hospital	Cheetham Hill GP	Total
Yes	3	4	7
No	1	2	3
Weren't aware	6	4	10



Q.6 Would you feel this might be an incentive NOT to learn English?

	Amount of People		
	Hope Hospital	Cheetham Hill	Total
Yes	8	7	15
No	2	3	5



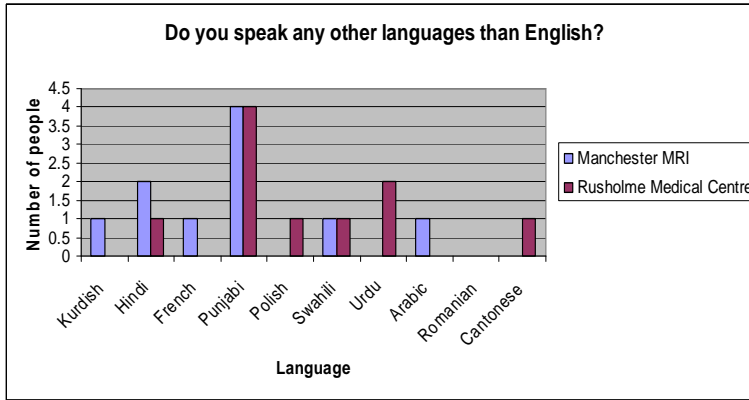
Looking at all the data from the Salford Area we can get an idea of the ethnicity of people who live there. Indian and East Asian (in particular Pakistani) seem to be the most prominent ethnicities using these services. This correlates with the most prominent languages that are spoken: Urdu, Hindi and Bengali. These are all Indian or East Asian languages. Also, it can be seen that the majority of people, who are not English, are migrants in this area, which clearly shows that Salford is a main region for immigration. Additionally, the people who are native to England are either 1<sup>st</sup> generation or 2<sup>nd</sup> generation. This shows that, although they are native, their families are still relatively new to this area, showing that the immigration to this area is fairly recent and has only happened over the last 30-40 years.

Concerning the services that are in place, most people do not know that these services are available to them, if their first language was not English. This could be because these establishments do not offer these services or they are expensive and, therefore, not readily available. This is something that will be discussed when we analyse the responses obtained from the administration questionnaires for each establishment. Secondly, when explained to what these services were, people believed that one would not need to learn English as a second language with the services in place. However, as mentioned above, the government is trying to make sure that migrants speak English as a second language, which is another reason that they may not know the services exist.

## **10.2 Rusholme**

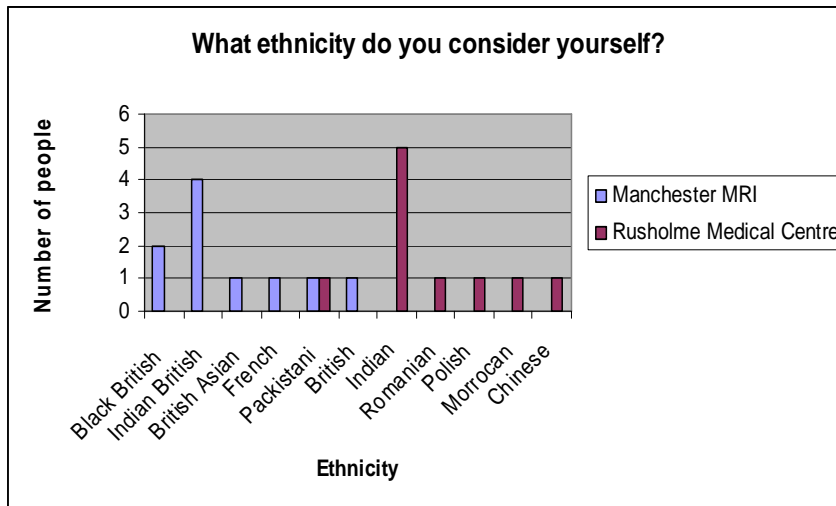
Q.1 Do you speak any other languages than English?

	Amount of People		
	MRI	Rusholme Medical Centre	Total
Kurdish	1	0	1
Hindi	2	1	3
French	1	0	1
Punjabi	4	4	8
Polish	0	1	1
Swahili	1	1	2
Urdu	0	2	2
Arabic	1	0	1
Cantonese	0	1	1



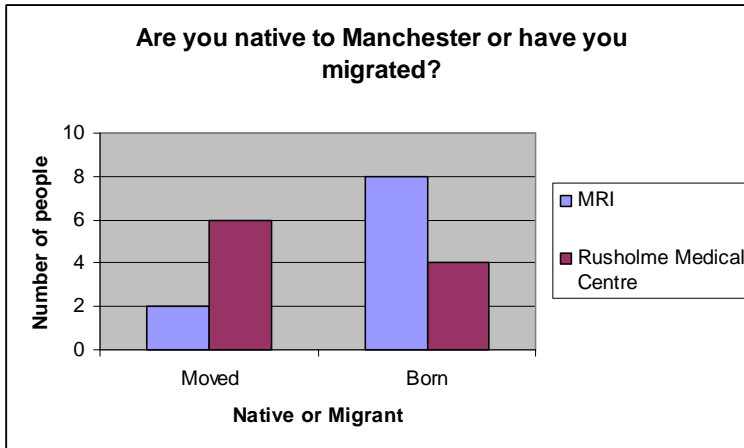
Q.2. Which ethnicity do you consider yourself?

	Amount of People		
	MRI	Rusholme Medical Centre	Total
Black British	2	0	2
Indian British	4	0	4
British Asian	1	0	1
French	1	0	1
Pakistani	1	1	2
British	1	0	1
Indian	0	5	5
Romanian	0	1	1
Polish	0	1	1
Moroccan	0	1	1
Chinese	0	1	1



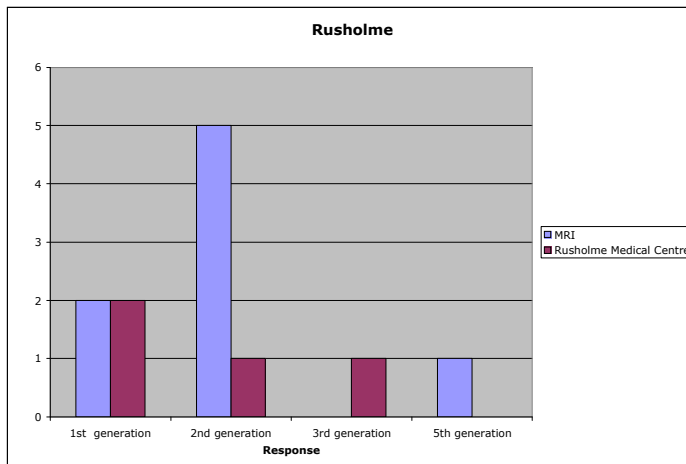
Q.3. Were you born in England or did you move from your country of origin to Manchester?

	Amount of People		
	MRI	Rusholme Medical Centre	Total
Migrated	2	6	8
Native	8	4	12



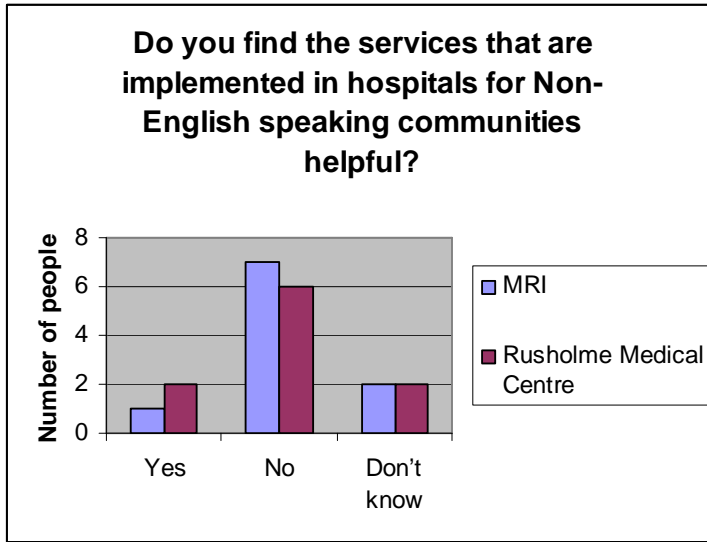
Q.4 How many generations of your family have lived in England?

	Amount of People		
	MRI	Rusholme Medical Centre	Total
1 <sup>st</sup> generation	2	2	4
2 <sup>nd</sup> generation	5	1	6
3 <sup>rd</sup> generation	0	1	1
5 <sup>th</sup> generation	1	0	1



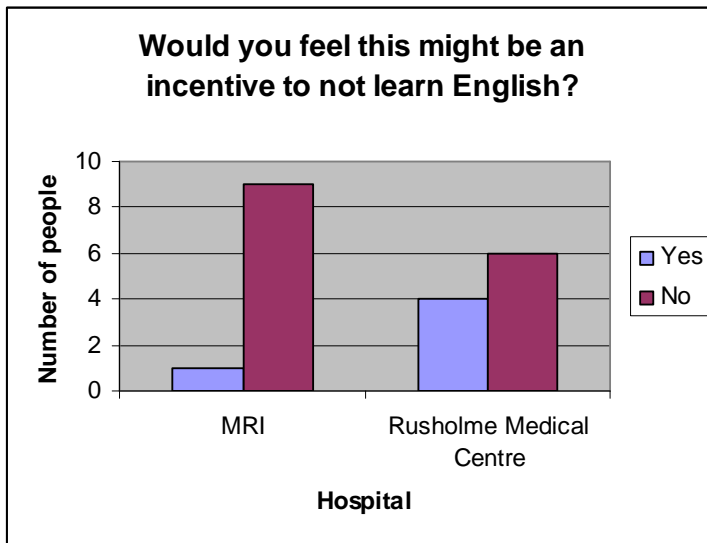
Q.5. Do you find the services that are implemented in hospitals for non-English-speaking communities helpful?

	Amount of People		
	MRI	Rusholme Medical Centre	Total
Yes	1	2	3
No	7	6	13
Don't know	2	2	4



Q.6 Would you feel this might be an incentive not to learn English?

	Amount of People		
	MRI	Rusholme Medical Centre	Total
Yes	1	4	5
No	9	6	15



Punjabi emerging as the number one language being spoken in Rusholme was no surprise. A natural assumption to be derived from this is that Punjabi will be encountered frequently around Manchester. As well as reinforcing what Ms Sharma stated in her interview, the data is also in correlation with ethnicity statistics taken from the Manchester City Council Consensus 2007, which states that the population of Rusholme comprises 12 % Pakistani, 7.7% Bangladeshi and 7% Indian.

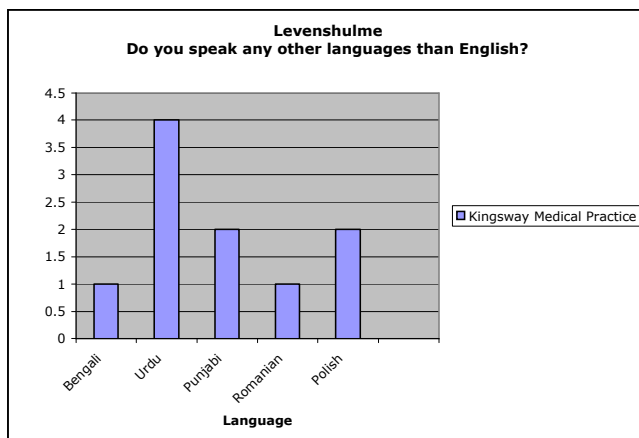
Data from Manchester MRI showed that more people class themselves as Black British, Indian British, and British Asian. The fact that this is not mirrored in Rusholme Medical Centre could be very significant. Something which could be inferred from this is that more migrants are present in Rusholme, meaning that they may be quite new to Manchester and thus do not classify themselves as British. MRI on the other hand is perhaps a medical centre for more established English residents. This theory gains a lot more credibility when compared with the data collected in the ‘native or migrant’ question. This question shows that 80% of MRI patients surveyed were born in England as opposed to Rusholme patients, for whom the data demonstrates a larger number of first generation residents. Rusholme would appear to be a place where migrants new to the country might reside, while the MRI area has an ethnic population stretching back further.

The answer to the final question of the questionnaire is almost unanimously “No” for this area. This is a positive thing for the government status planning. With 90% of MRI patients and 60% of Rusholme patients undeterred from acquiring English by these provisions, it would appear that the government status planning may be working. Again, it should be pointed out that Rusholme is once more displaying lower numbers than MRI, presumably for reasons which have already been talked about.

### **10.3 Levenshulme**

Q.1 Do you speak any other languages than English?

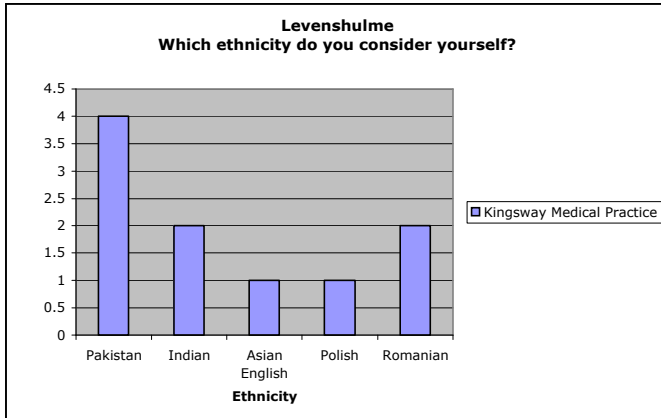
Language	Amount of People	
	Kingsway Practice	Medical
Bengali	1	
Urdu	4	
Punjabi	2	
Romanian	1	
Polish	2	





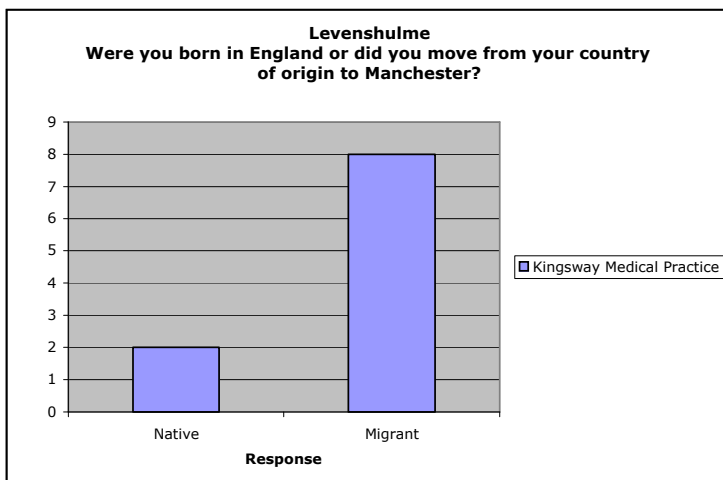
Q.2 Which ethnicity do you consider yourself?

Ethnicity	Amount of People	
	Kingsway Practice	Medical
Pakistan	4	
Indian	2	
Asian English	1	
Polish	1	
Romanian	2	



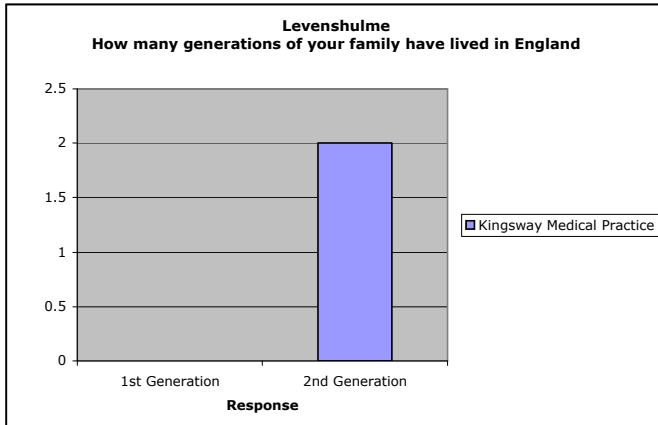
Q.3 Were you born in England or did you move from your country of origin to Manchester?

	Amount of People	
	Kingsway Practice	Medical
Native	2	
Migrant	8	



Q.4 (If native) How many generations of your family have lived in England?

	Amount of People	
	Kingsway Practice	Medical Practice
1st Generation	0	
2nd Generation	2	



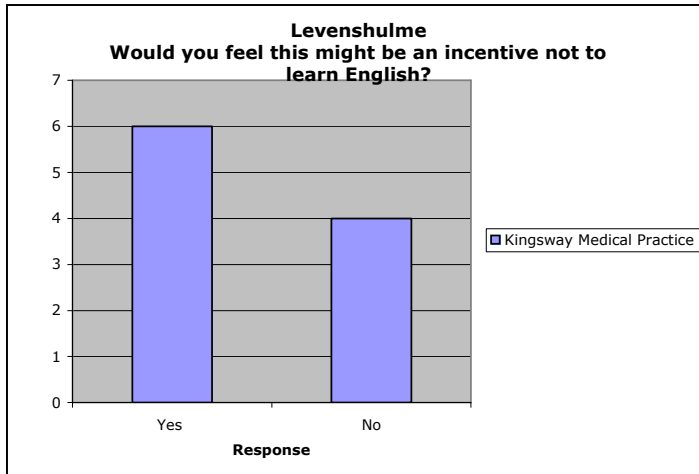
Q.5 Do you find the services that are implemented in hospitals for non-English-speaking communities helpful?

	Amount of People	
	Kingsway Practice	Medical Practice
Yes	3	
No	1	
Weren't aware	4	



Q.6 Would you feel this might be an incentive not to learn English?

	Amount of People	
	Kingsway Practice	Medical Practice
Yes	6	
No	4	



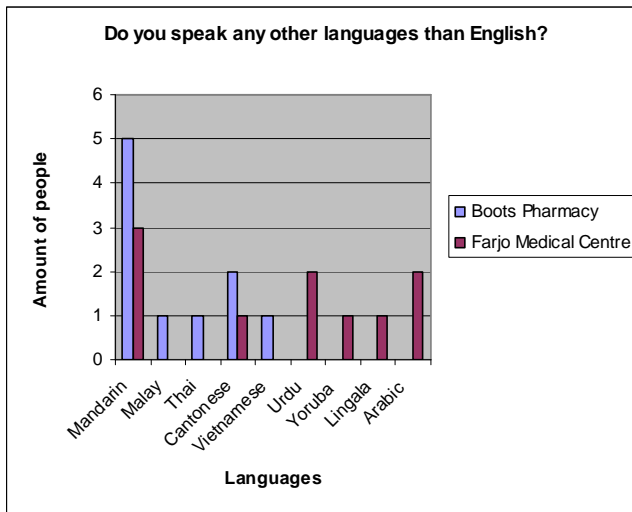
Looking at the data from the Levenshulme area, it is clear that after English, the majority of the community within Levenshulme are of Asian decent. This is reflected in the dominant languages found after interviewing the people in the medical practice. Urdu was the most prevalent language spoken, followed by Punjabi. The majority of people, who are not English, are migrants to the area, indicating that Levenshulme is a popular place for migrants to inhabit in Manchester, in particular for those from the eastern parts of the globe. Additionally, those who were born in England are all second generation residents. People can clearly operate without the translation services in Levenshulme, as the majority of the interviewees were not aware that there were services available, and for those that were aware of the services the majority found them helpful for the non-English speaking community. This may explain why people feel these schemes in place are not an incentive to learn English, as they are either too reliant on them, or they are finding alternate means to effectively communicate with health care staff, other than the provisions supplied by the health care services. This does not coincide with the government plans to make English a second language to all migrants.

## 10.4 Manchester Chinatown

These are the data tables for Chinatown from two establishments.

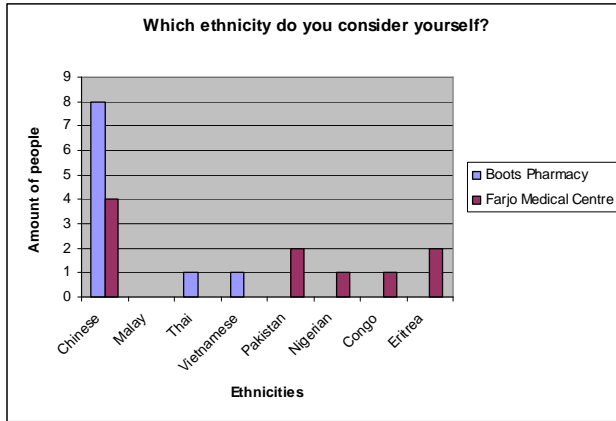
Q.1 Do you speak any other languages than English?

Language	Amount of People		
	Boot's Pharmacy	Faroj Medical Centre	Total
Mandarin	5	3	8
Malay	1	0	1
Thai	1	0	1
Cantonese	2	1	3
Vietnamese	1	0	1
Urdu	0	2	2
Yoruba	0	1	1
Lingala	0	1	1
Arabic	0	2	2



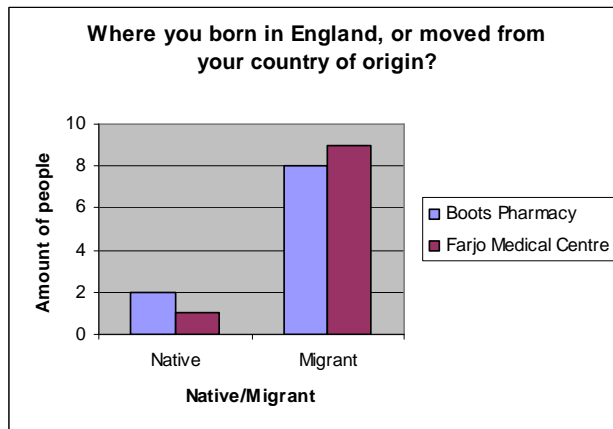
Q.2 Which ethnicity do you consider yourself?

Ethnicity	Amount of People		
	Boots Pharmacy	Faroj Medical Centre	Total
Chinese	8	4	12
Malay	0	0	0
Thai	1	0	1
Vietnamese	1	0	1
Pakistan	0	2	2
Nigerian	0	1	1



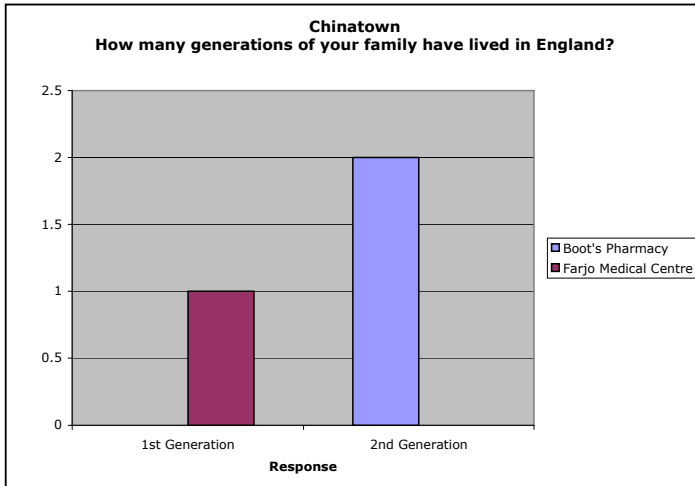
Q3. Were you born in England or did you move from your country of origin to Manchester?

	Amount of People		
	Boots Pharmacy	Farjo Medical Centre	Total
Native	2	1	3
Migrant	8	9	17



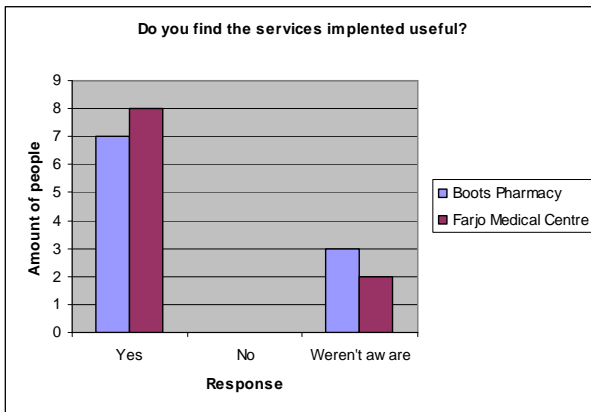
Q.4 How many generations of your family have lived in England?

	Amount of People		
	Boots Pharmacy	Farjo Medical Centre	Total
1st Generation	0	1	1
2nd Generation	2	0	2



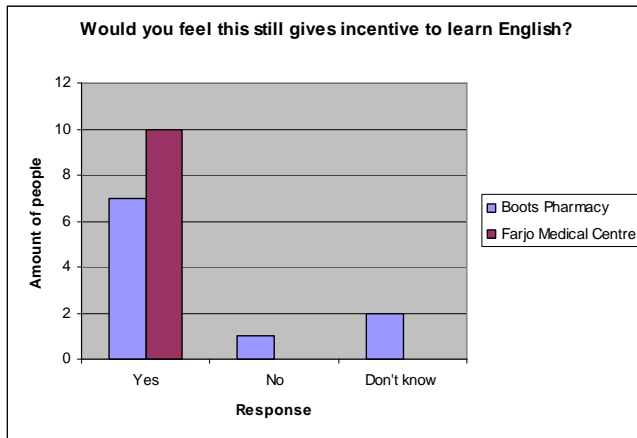
Q5. Do you find the services that are implemented in hospitals for non-English-speaking communities helpful?

	Amount of People		
	Boot's Pharmacy	Farjo Medical Centre	Total
Yes	7	8	15
No	0	0	0
Weren't aware	3	2	5



Q6. Would you feel this might be an incentive not to learn English?

	Amount of People		
	Boot's Pharmacy	Farjo Medical Centre	Total
Yes	7	10	17
No	1	0	1



The languages Mandarin and Cantonese are far more prominent at Boots Pharmacy. This may explain preference of just Chinese language signage. Faroj Medical Centre displays a greater diversity of languages and may explain the need for more mixed signage.

Ethnicity in each area has a close correlation with the languages spoken. One result from the questionnaire returned a person who spoke Malay, but was in fact a person of Chinese ethnicity which highlights the complex relationship between meeting the language needs of minority communities who migrate and looking at the population as a whole.

Both locations appear to have non-native majorities who may have greater difficulty in adapting and assimilating to English, which may be a relative deciding factor in multi-lingual signage.

The majority of the people, who took the services show that there are more migrants in the area. Additionally, the native people had very recent generations, which shows that the area has quite a new influx of migrants.

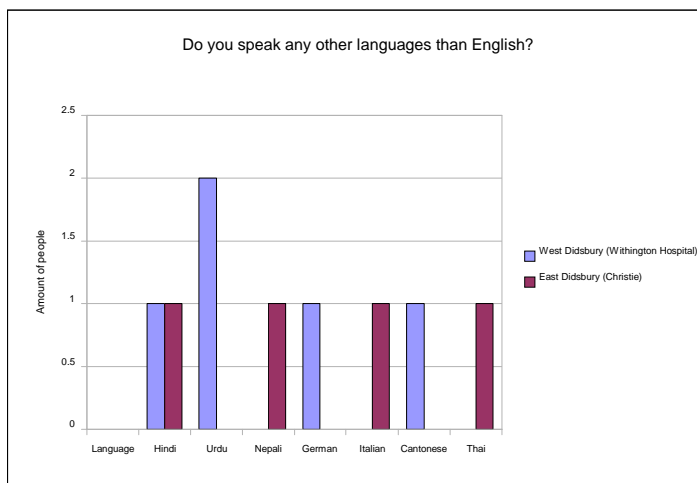
The vast majority of people in both locations found the multi-lingual services useful, no doubt because they have used them, or because the majority of the people struggled with English as a second language, due to being of migrant status. Slightly less people in the Faroj Medical Centre were unaware of the services, possibly because the process of visiting the doctor's surgery is more complex than visiting the pharmacy to pick up prescriptions/medicine and so the translation services are made more apparent to the patients via the front desk, posters and signage.

Although, as shown in the previous table, the vast majority of people surveyed found the facilities useful, this did not eliminate the incentive to learn English. The fact that all the people at the Faroj Medical Centre felt the multi-lingual services still fuelled the incentive to learn English reveals perhaps the great significance the medical service plays in their general domain.

## 10.5 Didsbury

Q.1 Do you speak any other languages than English?

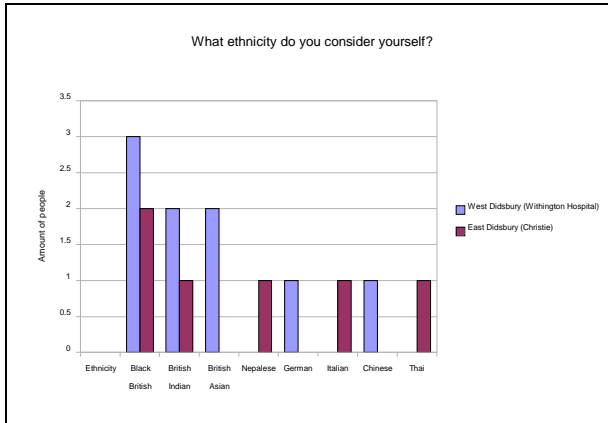
	Amount of People		
	West Didsbury (Withington Hospital)	East Didsbury (Christie)	Total
Hindi	1	1	2
Urdu	2	0	2
Nepali	0	1	1
German	1	0	1
Italian	0	1	1
Cantonese	1	0	1
Thai	0	1	1



Q.2 Which ethnicity do you consider yourself

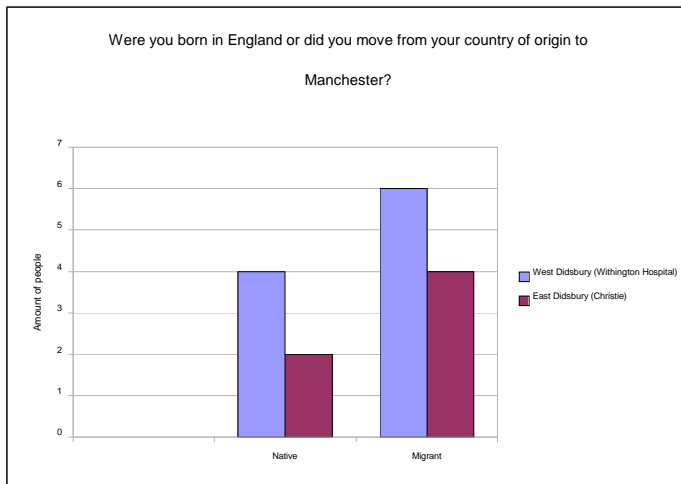
	Amount of People		
	West Didsbury (Withington Hospital)	East Didsbury (Christie)	Total
Black British	3	2	5
British Indian	2	1	3
British Asian	2	0	2
Nepalese	0	1	1
German	1	0	1
Italian	0	1	1
Chinese	1	0	1
Thai	0	1	1





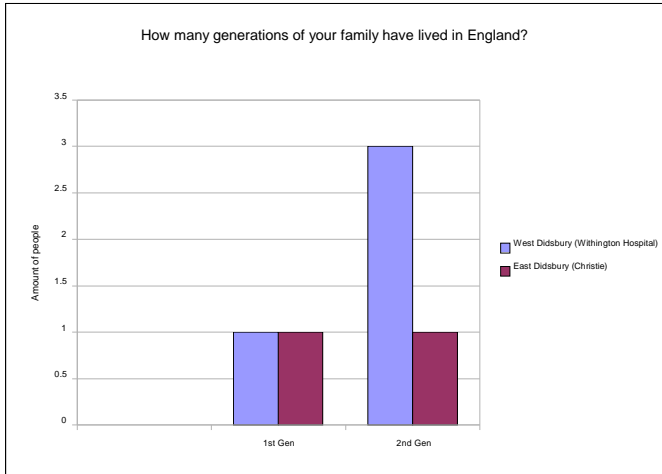
Q.3 Were you born in England, or did you move from your country of origin to Manchester?

	Amount of People		
	West Didsbury (Withington Hospital)	East Didsbury (Christie)	Total
Native	4	2	6
Migrant	6	4	10



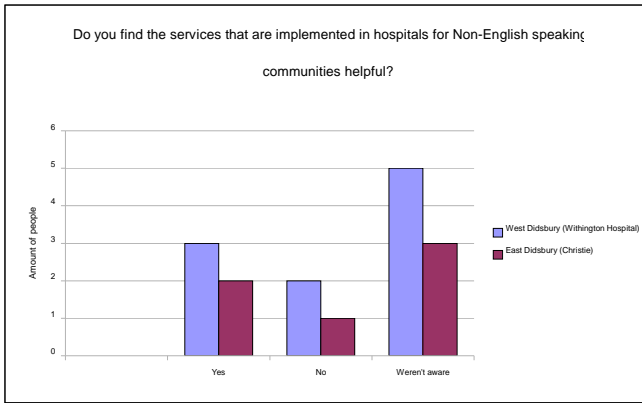
Q.4 (If native) How many generations of your family have lived in England?

	Amount of People		
	West Didsbury (Withington Hospital)	East Didsbury (Christie)	Total
1 <sup>st</sup> Gen	1	1	2
2 <sup>nd</sup> Gen	3	1	4



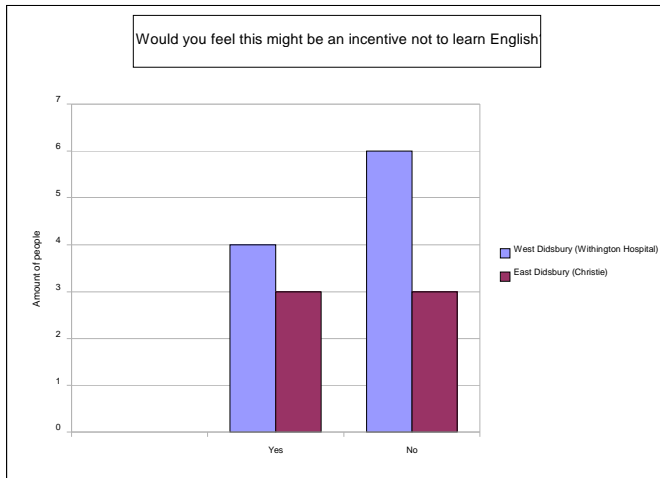
Q.5 Do you find the services that are implemented in hospitals for non-English-speaking communities helpful?

	Amount of People		
	West Didsbury (Withington Hospital)	East Didsbury (Christie)	Total
Yes	3	2	5
No	2	1	3
Weren't aware	5	3	8



Q.6 Would you feel this might be an incentive not to learn English?

	Amount of People		
	West Didsbury (Withington Hospital)	East Didsbury (Christie)	Total
Yes	4	3	7
No	6	3	9



Looking at all of the data from the Didsbury area we can see that there is a slight predominance of Urdu speakers in Didsbury. Also, the most prevalent ethnicity of the area seems to be Black British, followed by British Indian and British Asian in West Didsbury. It is apparent that the majority of informants in our sample are migrants to the U.K., and for those that were born in England, our graph shows there has been a relatively recent influx of migrants to the Didsbury area. It can also be seen that there is a lack of knowledge of the language provisions available in the community's health services; however of those that are aware of them, the majority believe these are useful.

The last graph indicates that more people in West Didsbury believe language provisions do not hinder the learning of English, whereas equal amounts of participants in East Didsbury believed language provisions prevented language acquisition as those who thought they did not.

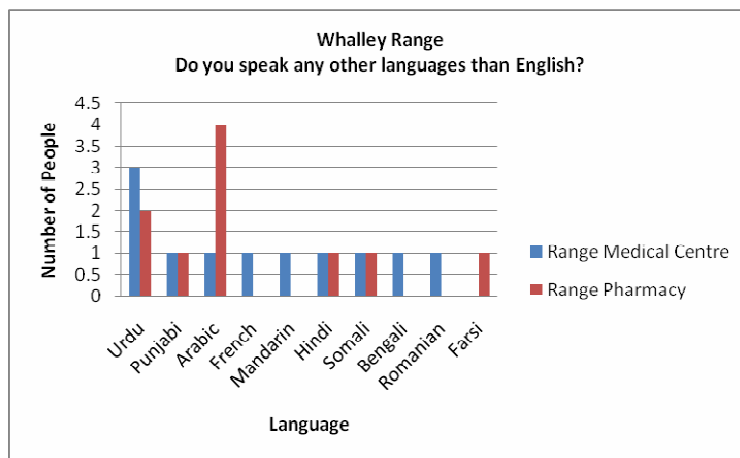
The fact that most of the participants in the sample were unaware of the language provisions available suggests that either there are not extensive language provisions in these services; that they are provided as and when people request them; or there is a lack of advertising of the services in the hospitals. Additionally the results for Q5 could perhaps indicate that the language provisions of the Christie Hospital are more extensive than those of Withington Community Hospital, meaning proportionally, more patients in East Didsbury are discouraged from learning English than those in West Didsbury.

### **10.6 Whalley Range**

The following is data from the Whalley Range Area. Two establishments were studied; Range Medical Centre and Range Pharmacy. Each question is set out individually, tabulated and set in a graph.

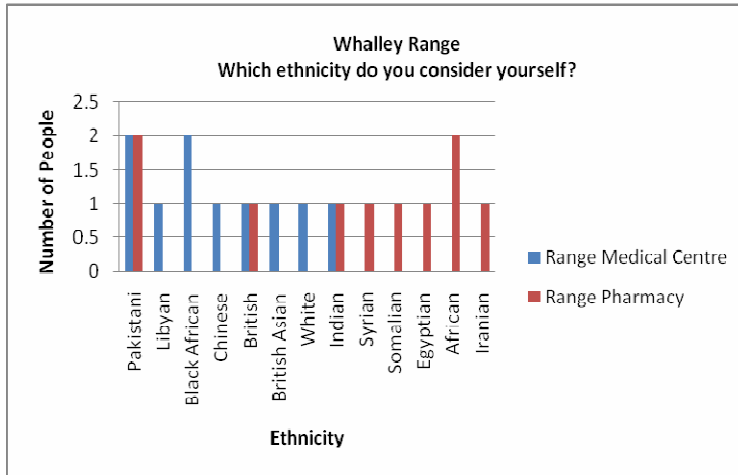
Q.1 Do you speak any other languages than English?

Language	Amount of People		
	Range Medical Centre	Range Pharmacy	Total
Urdu	3	2	5
Punjabi	1	1	2
Arabic	1	4	5
French	1	0	1
Mandarin	1	0	1
Hindi	1	1	2
Somali	1	1	2
Bengali	1	0	1
Romanian	1	0	1
Farsi	0	1	1



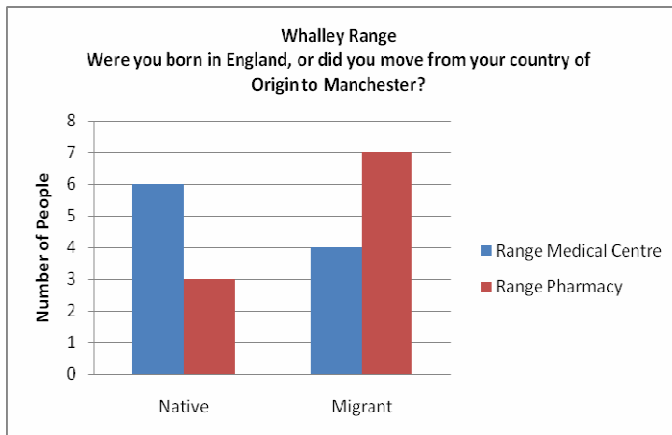
Q.2 Which ethnicity do you consider yourself?

Ethnicity	Amount of People		
	Range Medical Centre	Range Pharmacy	Total
Pakistani	2	2	4
Libyan	1	0	1
Black African	2	0	2
Chinese	1	0	1
British	1	1	2
British Asian	1	0	1
White	1	0	1
Indian	1	1	2
Syrian	0	1	1
Somali	0	1	1
Egyptian	0	1	1
African	0	2	2
Iranian	0	1	1



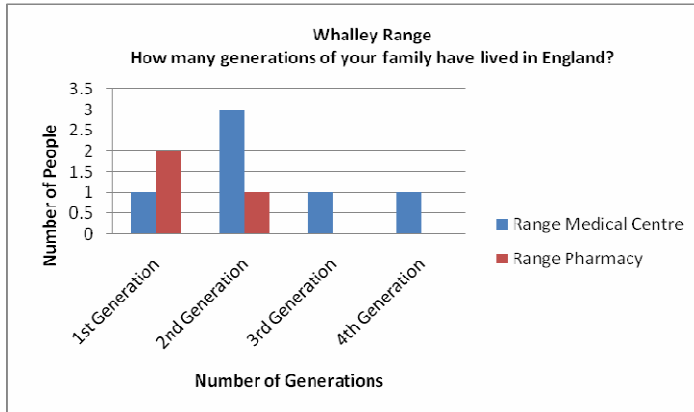
Q.3 Were you born in England, or did you move from your country of origin to Manchester?

	Amount of People		
	Range Medical Centre	Range Pharmacy	Total
Native	6	3	9
Migrant	4	7	11



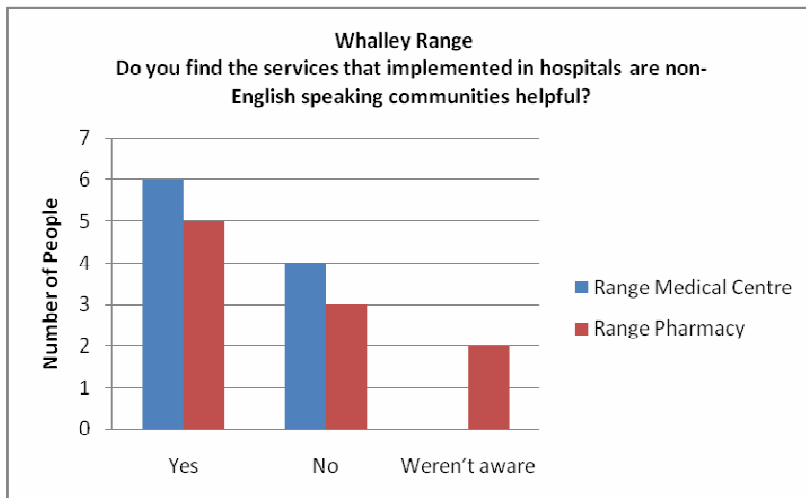
Q.4 (If Native) How many generations of your family have lived in England?

Number of Generations	Amount of People		
	Range Medical Centre	Range Pharmacy	Total
1 <sup>st</sup> Generation	1	2	3
2 <sup>nd</sup> Generation	3	1	2
3 <sup>rd</sup> Generation	1	0	1
4 <sup>th</sup> Generation	1	0	1



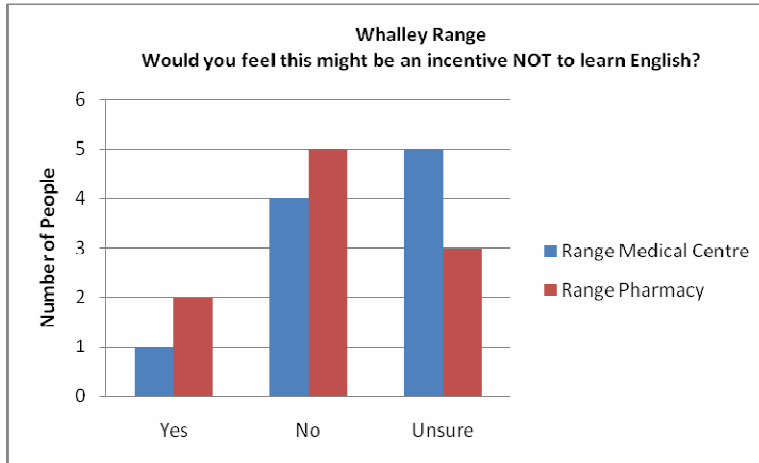
Q.5 Do you find the services that implemented in hospitals are non-English-speaking communities helpful?

	Amount of People		
	Range Medical Centre	Range Pharmacy	Total
Yes	6	5	11
No	4	3	2
Weren't aware	0	2	2



Q.6 Would you feel this might be an incentive NOT to learn English?

	Amount of People		
	Range Medical Centre	Range Pharmacy	Total
Yes	1	2	3
No	4	5	9
Unsure	5	3	8



On examination of the data from establishments in the Whalley Range area, it is clear that area is quite ethnically diverse, though certain ethnicities are prominent; particularly ‘Pakistani’, but also ‘African’ and ‘Black African’. The diversity of language appears to draw a parallel with this, as Arabic and Urdu are widely spoken in Africa and Pakistan respectively. This highlights the fact that there is more than one dominant ethnic community in the area, according to the figures, which would create demand for accommodating provisions. More participants of the sample had migrated and those that were classed as native were predominantly 1<sup>st</sup> and 2<sup>nd</sup> Generation. This suggests that there is a history of immigration to the area, and such immigration is on the rise.

In this particular area, it is apparent that participants are aware of the services in place, and mostly find the services of use. Perhaps, in this instance, government supervisions are working efficiently. In general, the current provisions do not seem to affect people’s willingness or need to acquire English. It is also possible that participants may not be so heavily dependent on multilingual services if they have family members who are able to act as interpreters.

### **10.7 Data Analysis: Administrative Perspective**

During this investigation, data was collected from the administration staff of medical establishments. However many administration staff were unwilling to give out any information on the translation services available. In future, to overcome this problem this investigation will not look at the administration as a source of information.

This is data that was collected in regards to Administration.

Q.1 What ethnicities are prominent in this area?

Establishment	Boots Pharmacy	Cheetham Hill GP	MRI	Rusholme Medical Centre
Ethnicities	Chinese	Indian	Indian	Polish
	Malaysian	Pakistani	Chinese	Pakistani
	Vietnamese	Chinese	Romanian	Somali
		Asian	Pakistani	Afro-Caribbean

			Arabic	Indian
			Somali	Chinese
			Polish	Romanian
				Asian

Q.2 Are staff in this area chosen on their ability to speak a minority language?

Establishment	Boots Pharmacy	Cheetham Hill GP	MRI	Rusholme Medical Centre
	Yes	No	No	No

Q.3 Are there interpreters within the establishment?

Establishment	Boots Pharmacy	Cheetham Hill GP	MRI	Rusholme Medical Centre
	Yes	Not on site	Yes	No

Q.3a Which languages are they asked to speak in this area?

Establishment	Boots Pharmacy	Cheetham Hill GP	MRI	Rusholme Medical Centre
	Cantonese	Urdu	Polish	N/A
	Mandarin	Punjabi	Punjabi	
		Bengali	Swahili	
		Hindi	Gujarati	
		Chinese	Arabic	
		Polish	Hindi	
			Urdu	
			Polish	

Q.4 Are there multilingual signs and forms used in this establishment?

Establishment	Boots Pharmacy	Cheetham Hill GP	MRI	Rusholme Medical Centre
	Yes	No	Yes	Yes

Q.4a. What languages do they come in?

Establishment	Boots Pharmacy	Cheetham Hill GP	MRI	Rusholme Medical Centre
	Cantonese	N/A	Polish	Polish
	Mandarin		Punjabi	Romanian
			Kurdish	Kurdish
			Gujarati	Hindi
			Hindi	Urdu

In the hypothesis it was predicted that the larger the establishment the less services they would have available to them, due to government status planning. However we can clearly see this is not true. MRI is the largest establishment and has the largest amount of services and languages these services are available in. This completely disproves the hypothesis.



Also in the hypothesis we stated that smaller establishments would have more services as they deal with the same client base daily. Boot's Pharmacy is the smallest establishment shown on these tables. Boot's Pharmacy has lots of services available to their customers, but it is quite clear that these services are aimed directly at their target customer. However, the translation services available are the staff within the establishment. This may be one way of getting around the budget for translation services.

One surprising result is Rusholme Medical Centre. Rusholme appears to have the most ethnicities using the establishment but does not have any translating services available. This could be due to the size of the establishment, as translation services are expensive, such a small GP might not have the budget for these services.

Cheetham Hill GP does have translation services available, but not directly within the establishment, as they have to book in advance. This could again be due to budgeting, as a small GP might not be able to afford the translation services.

## **11. Evaluation**

There were many limitations with the method that was employed. Firstly, the small sample size; the number of people questioned in each establishment is too small to gauge an accurate representation of ethnic diversity, language usage, attitudes and the factors that determine success of language policy implementation.

Secondly the questionnaire were conducted at random as people were available for questioning and therefore may have disproportionately represented one ethnic group/language/migrant status of one group more than another.

Additionally, it is difficult to make links between certain variables, such as ethnicity/language and migration status and assess differing experiences and opinions just from looking at the graphs, as they are quantitative and do not represent the participants individually.

Also it is possible that the people who did not find the services useful were using family members who act as interpreters. This would be something to look into in further research on this subject.

Due to the nature of NHS, information confidentiality became an issue when it came to administrative questionnaires because of the complex procedures of finding the right members of staff, co-operation of them and privacy of information. Due to this, in some areas of focus, administrative staff was unable to be questioned, which meant that assessing the particular facilities for that particular establishment, was difficult from an implementation perspective.

Finally, individual people class their ethnicity differently, when they may be indeed the same ethnicity. This could easily be resolved by giving participants a specific list of choices to obtain more uniform results.

## **12. Conclusion**

From the data received via users of the establishments we can see that the migration in Manchester is very recent and has only really appeared within the last 4-50 years. There are some exceptions to this in Rusholme and Whalley Range. This could also be linked to the fact that these areas have the largest percentage of ethnic minorities (see Figure 1).

There was also a large amount of people who were unaware of the services for non-English-speakers. This could be due to no advertising in place within these establishments or that the government is trying to phase it out, by not directly offering these services. Additionally, many people did not find these services useful. This could be due to them using family member who act as translators.

The areas that had a higher percentage of ethnic minorities, namely Rusholme and Whalley Range, did have the most services available to them. In Rusholme, these included the MRI and Rusholme Medical Centre. Unfortunately, data could not be received on Whalley Range due to administration complications as stated above. Salford, which appears to have the least amount of ethnic minorities, also had the least amount of services available. This can be seen from the Cheetham Hill GP administration data.

The second hypothesis was disproved, as can be seen from MRI, which had a large amount of multilingual services available to the community. This shows status planning is clearly not being implemented and that large establishments still require a large amount of services.

Finally the smaller establishments did both have a lot of resources and some had not many. To truly prove or disprove this hypothesis more research would have to be done.

## **13. Further Research**

The recent coalition of the liberal democrats and the conservative government has decided to put an annual limit on the number of non-EU migrants. This could have huge implications on the translation services because the fewer the migrants, the fewer the translation services needed and this would make a huge cut in spending. The NHS budget is increasing but they are still planning to reduce the amount of spending on translation services. They are also still trying to promote English as a second language, with such measures as the English Citizen test.

Following this new government plan, it would interesting to visit the same establishments 5 years later and see if there is any changes in the services available. Also, to investigate whether there is a decrease in the amount of services needed by people, as more people would be learning English as a second language and less new migrants would be arriving.

Another point to look into in the future would be whether the previous government's status planning is ever truly implemented within the next 5 years.

## Appendices

### **Appendix A**

Table of Individual Response for Whalley Range

<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q3b</b>	<b>Q4</b>	<b>Q5</b>
	Pakistani	Native	1st Generation	No	Unsure
Arabic	Libyan	Native	2nd Generation	Yes	Unsure
Urdu	Pakistani	Migrant	Pakistan	No	No
French	Black African	Migrant	Rwanda	Yes	No
Mandarin	Chinese	Native	2nd Generation	Yes	No
Hindu	British	Native	3rd Generation	No	Unsure
Urdu	British Asian	Native	2nd Generation	Yes	Unsure
Somali	African	Migrant	Somalia	Yes	Yes
Romanian	White	Migrant	Romania	No	No
Bengali	Indian	Native	4th Generation	Yes	Unsure
Urdu	Pakistani	Native	1st Generation	Weren't aware	No
Arabic	Egyptian	Migrant	N/A (Egypt)	No	No
Somali	Somali	Migrant	N/A (Somalia)	Yes	Yes
Hindi	Indian	Native	1st Generation	No	Unsure
Arabic	Syrian	Migrant	N/A (Syria)	No	No
Arabic	African	Migrant	N/A (Algeria)	Yes	No
Punjabi	Pakistani	Migrant	N/A (Pakistan)	Yes	No
Farsi	Iranian	Migrant	N/A (Iran)	Yes	Yes
Arabic	African	Migrant	N/A (Sudan)	Yes	Unsure
Urdu	British	Native	2nd Generation	Weren't aware	Unsure

## Appendix 2

### Salford

Hope					
Q1	Q2	Q3	Q3B	Q4	Q5
Bengali	Asian-English	Native	2nd gen	Yes	Yes
Cantonese	Chinese	Migrant	NA	Weren't aware	Yes
Hindi	Asian-English	Native	1st gen	Weren't aware	Yes
Jamaican	Afro-Caribbean	Native	2nd gen	Weren't aware	Yes
Pashto	Afghanistan	Migrant	NA	Weren't aware	Yes
Punjabi	Pakistani	Migrant	NA	No	No
Punjabi	Pakistani	Migrant	NA	Yes	Yes
Ukrainian	Ukrainian	Migrant	NA	Weren't aware	No
Urdu	Asian-English	Native	1st gen	Weren't aware	Yes
Urdu	Indian	Migrant	NA	Yes	No

Cheetham					
Q1	Q2	Q3	Q3B	Q4	Q5
Hindi	Indian	Migrant	NA	No	No
Polish	Polish	Migrant	NA	Yes	No
Hindi	Asian-English	Native	2nd gen	Weren't aware	No
Bengali	Indian	Native	2nd Gen	Weren't aware	No
Hindi	Indian	Migrant	NA	Yes	Yes
Mandarin	Chinese	Native	1st gen	Yes	No
Hindi	Indian	Migrant	NA	No	No
Bengali	Indian	Native	2nd gen	Weren't aware	No
Polish	Polish	Migrant	NA	Yes	Yes
Urdu	Indian	Native	1st gen	Weren't aware	Yes

**Appendix 3**  
**Chinatown**

Q1.	Q2.	Q3.	Q3b.	Q4.	Q5.
Chinese	Chinese	Migrant	N/A	Yes	No
Chinese	Chinese	Migrant	N/A	Yes	Yes
Chinese	Chinese	Migrant	1	Yes	No
Chinese	Chinese	Migrant	N/A	Yes	No
Chinese	Chinese	Migrant	N/A	Yes	No
Cantonese	Chinese	Native	1	Weren't aware	No
Cantonese	Chinese	Native	1	Weren't aware	No
Thai	Thai	Migrant	1	Yes	Don't know
Malay	Chinese	Migrant	N/A	Yes	Don't know
Vietnamese	Vietnamese	Migrant	N/A	Weren't aware	No
Chinese	Chinese	Migrant	N/A	Yes	No
Chinese	Chinese	Migrant	N/A	Yes	No
Chinese	Chinese	Native	1	Yes	No
Cantonese	Chinese	Migrant	N/A	Yes	No
Urdu	Pakistan	Migrant	N/A	Yes	No
Urdu	Pakistan	Migrant	N/A	Yes	No
Yoruba	Nigeria	Migrant	N/A	Weren't aware	No
Lingala	Congo	Migrant	N/A	Weren't aware	No
Arabic	Eritrean	Migrant	N/A	Yes	No
Arabic	Eritrean	Migrant	N/A	Yes	No

**Appendix 4**  
**West Didsbury**

Q1	Q2	Q3	Q3b	Q4	Q5
Hindi	British Indian	Migrant	N/A	No	No
Urdu	British Indian	Native	2nd	No	No
Urdu	British Asian	Migrant	N/A	Don't know	No
Polish	Polish	Migrant	N/A	Don't know	Yes
Polish	Polish	Migrant	N/A	Yes	Yes
German	German	Migrant	N/A	Yes	No
Cantonese	Chinese	Migrant	N/A	Don't know	Yes
N/A	Black British	Native	1st	Yes	Yes
N/A	Black British	Native	2nd	Don't know	No
N/A	Black British	Native	2nd	Don't know	No

### **East Didsbury**

Hindi	British Indian	Native	1st	No	No
Nepali	Nepalese	Migrant	N/A	Don't know	Yes
Thai	Thai	Migrant	N/A	Yes	Yes
Italian	Italian	Migrant	N/A	Yes	Yes
N/A	Black British	Native	2nd	Don't know	No
N/A	Black British	Migrant	N/A	Don't know	No

### **Appendix 5** **Levenshulme**

<b>Q 1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q3B</b>	<b>Q4</b>	<b>Q5</b>
Bengali	Pakistan	Migrant	N/A	Yes	Yes
Urdu	Pakistan	Migrant	N/A	No	No
Urdu	Pakistan	Migrant	N/A	Yes	No
Urdu	Pakistan	Native	2	Weren't aware	Yes
Urdu	Indian	Native	2	Weren't aware	No
Punjabi	Indian	Migrant	N/A	Weren't aware	No
Punjabi	Asian-English	Migrant	N/A	Yes	Yes
Romanian	Romanian	Migrant	N/A	Weren't aware	Yes
Polish	Polish	Migrant	N/A	Weren't aware	Yes
Polish	Polish	Migrant	N/A	Weren't aware	Yes

### **Appendix 6** **Rusholme Medical Centre**

<b>Q1</b>	<b>Q 2</b>	<b>Q3</b>	<b>Q3b</b>	<b>Q4</b>	<b>Q5</b>
Punjabi	Indian	Native	3rd	No	No
Urdu	British	Native	2 <sup>nd</sup>	No	Yes
Cantonese	Chinese	Native	1 <sup>st</sup>	Don't know	No
Punjabi	Indian	Native	2 <sup>nd</sup>	No	No
Hindi	Indian	Native	2 <sup>nd</sup>	No	Yes
Punjabi	Indian	Native	1 <sup>st</sup>	Yes	No
Punjabi	Indian	Native	1 <sup>st</sup>	Yes	No
Polish	Polish	Native	1 <sup>st</sup>	Don't know	Yes
Swahili	Pakistani	Native	3rd	No	No
Urdu	Moroccan	Native	1st	No	Yes

### **MRI**

<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q3b</b>	<b>Q4</b>	<b>Q5</b>
Punjabi	Indian British	Born	2 <sup>nd</sup>	No	No
Arabic		Moved	N/A	Don't know	No

Punjabi	Indian British	Born	2 <sup>nd</sup>	No	No
Hindi	British Asian	Moved	N/A	Yes	Yes
Swahili	Black British	Born	3 <sup>rd</sup>	No	No
Hindi	British Asian	Born	3 <sup>rd</sup>	No	No
Punjabi	Indian British	Born	2 <sup>nd</sup>	No	No
Punjabi	Pakistani	Born	2 <sup>nd</sup>	Don't know	No
Urdu	Black British	Born	2 <sup>nd</sup>	No	No
Kurdish	British Asian	Born	5 <sup>th</sup>	No	No

## **Appendix 7 – Interview Conducted with Saroj Sharma**

Interview with Saroj Sharma

Place: Interpretation and translation service, Education North, MRI

Time: 13.00

Date: 11/05/2010

Interpretation and translation services

Saroj.Sharma@cmft.nhs.uk

### **When was the service started and why?**

Ms Sharma: It was set up in September 1989 as a result of the mother and baby campaign. Many pregnant women did not know about Vitamins and would not receive enough vitamin d and baby would get rickets. Interpreters were originally called link workers and worked for the department of health.

Laws such as the Race relation act 2000 and the Human Rights act 1998 means that the Interpretation and Translation service must exist

### **Approximately how many translators work for the service?**

When it was started there was only one full time interpreter and four part-time interpreters

### **Is there more of a need for written translations**

No, A few written signs have been used to be used in MRI but not anymore. People who require translation services are can often not even read their own language

### **Could an obscure or minority language be catered for?**

**Yes there is not really a language, which we would encounter which there are not provisions for. Northwest is one of**

### **Where do new guidelines come from and how are they handled?**

Guidelines come from the hospital trust board who did an audit last year. There is new documentation awaiting approval by the trust board

Northwest collaborative procurement hub (CPT) negotiate on behalf of translation agencies when new guidelines are handed down

### **Are home visits permitted?**

Yes, The Primary Care Trust (PCT) is being demolished in April 2011. Interpretation and translation services will have to provide services to GP's healthcare centres and

### **Interviewer: What are the main languages that are catered for?**

Punjabi is the main language catered for, but there is a huge rise in the amount of Romanian translation required which I think is because a lot more Romanian people are coming to Manchester. Number of polish people has gone down. Two years ago we had to employ a fulltime polish translator to cope with demand but now there is hardly any demand. Cancer very high in Afro-Caribbeans and heart attacks high Asians, so interpreters for languages associated with these ethnicities are essential.



**Interviewer: Has there been a push to get people speaking English and reducing the number of translators?**

Yes. The trust board are trying to limit the amount of external agencies they use and keep it in-house. Doctors, nurses and other employees are assessed for their language ability and encouraged to deal with non-English speaking patients themselves if possible.

**Interviewer: Are pictures used to aid people?**

Ms Sharma: Yes books with essential translations may be given to patients if an interpreter is delayed with pictures underneath demonstrating what the words say. Symbols and photographic signs are being recommended for the future

Appendix 8

**Questionnaire for Administration**

**1. What ethnicities are prominent in the area?**

**2. Are Doctors in this area also chosen on their ability to speak a minority language?**

**3. Are there interpreters within the establishment?**

**3a. Which languages are they required to speak in this area?**

**4. Are there multi-lingual forms, signs and leaflets used in this establishment?**

**4a. What languages do they come in?**

**Questionnaires for People**

**1. Do you speak any other languages than English?**

**2. Which ethnicity do you consider yourself?**

**3. Were you born in England or did you move from your country of origin to Manchester?**

**a. *If answered migrate* - What is your country of origin**

**b. *If answered born* - How many generations of your family have lived in England**

**4. Do you find the services that are implemented in hospitals for Non-English speaking communities helpful?**

**5. Would you feel this might be an incentive NOT to learn English**