

EQUALITY IMPACT ASSESSMENT - STANDARD ASSESSMENT

Section A: Assessment

Name of Policy – Interpretation and Translation Services Policy

**Person/persons conducting this assessment with Contact Details –
Lorna Williams 029 20336390 (with support from Equalities Manager)**

Date 12 May 2014

1. The Policy

Is this a new or existing policy?

Currently guidelines – decision made to take forward revision as a policy

What is the purpose of the policy?

To provide a process for staff and managers on the importance of providing interpreter services for clients whose first language is not English or who are not fluent in English, have language and/or hearing difficulties or who are deaf, enabling staff and clients to communicate effectively. Its purpose is to set standards for UHB communications, to advise employees and service users of these standards, and to provide relevant supporting information.

How do the aims of the policy fit in with corporate priorities? i.e.

Corporate Plan

It is intended to support the UHB'S Communication and Engagement Framework and All Wales Standards for Accessible Communication and Information for People with Sensory Loss Action Plan. The policy fits in with the UHB's Strategic Equality Framework and forms part of the organisation's strategic driver to deliver the right care in the right place at the right time through a high quality and accessible service. It is also part of our 'patient-centred care' approach to our services. It also supports Standard 9 of the Healthcare Standards for Wales – Patient Information and Consent.

Who will benefit from the policy?

Many people face barriers to communication because of, for example, language race, or a disability. This document provides information about communicating effectively with people who have a hearing or visual impairment, who are deaf or hard of hearing, or deafblind, those with mental capacity loss, or who have a learning difficulty or who are from a Black and or other ethnic minority group. It is not intended as a complete and in-depth, equality guide to every situation, but sets out the standards we should try to achieve.

Each one of us has the right to information and support to access UHB services. Many people face barriers to their understanding of information due to factors such as sensory impairment, barriers to their understanding of

information and cultural and language differences. A variety of approaches need to be used to overcome these barriers.

All health care professionals who provide a service to our patients, carers, families or others who use our services.

What outcomes are wanted from this policy?

Health care professionals will be able to communicate effectively with clients in regards to their diagnosis and treatment; procedures and further and ongoing care management; enable clients to make informed decisions and ask questions; enable clients to give informed consent to treatment. Good communication is vital to the delivery of quality public services, and we recognise that we have to address the barriers which prevent the two-way flow of information between the UHB and its patients, staff, volunteers and others.

The guidance contained in Ensuring Equality through Effective Communication provides the UHB workforce with information on communication issues, on the skills and arrangements which will improve communication.

Just as importantly, this policy sets 'standards' to which we should aspire, and which the UHB will seek to promote across all its services.

The availability of staff time to implement this policy may detract from the outcomes.

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

Healthcare professionals not using the policy effectively; Clients unwilling to use professional interpreters and personal preference; training and financial implications in regard to issues around the use of induction loops, and attendance at British Sign Language (BSL) sessions, for example.

Potential barriers to communication also include the language and cultural differences associated with our communities that are becoming increasingly diverse, and the problems faced by people with sensory impairments and other forms of disability. All of these will only be added to if we stray from using plain English.

Staff attitudes to the importance of capacity and consent issues may also have an impact and staff compliance with undertaking training on capacity and consent issues will have an impact.

2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

What quantitative data do you have on the different groups (e.g. findings from discussion groups, information from comparator authorities)?

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)

What gaps in data have you identified? (Please put actions to address this in your action plan?)

There is some internal data from our patients, staff and from previous equality stakeholder events and attendance at community events that having such a policy would be good practice.

“On my second visit at Cardiff the staff handed me an audio cassette with all the information that was available on the leaflets, I was both surprised and pleased as I had not even asked for audio. They had recognised my need and met it. This meant that I could now learn about my condition in private and whenever I wanted. I have to say I listened to that cassette several times at different stages and it made me feel very reassured.” Extract from Accessible Healthcare for People with Sensory Loss in Wales Final Report of the Steering Group

Action on Hearing loss have provided us with the following pieces of evidence

- About 76,000 people in Cardiff and the Vale are deaf or hard of hearing or deafblind
- In 19 years, this will grow to c102,000
- Deafness/hearing loss heightens risk of isolation
- Deaf people are 2.45 times more likely to develop depression
- 40% of deaf people are likely to experience a mental health problem at some point
- 70% of 70 year olds will be deaf or hard of hearing

<http://www.rnib.org.uk/getinvolved/campaign/healthsocialcare/Documents/Accessible%20Healthcare%20for%20People%20with%20Sensory%20Loss%20in%20Wales%20Eng.doc> Accessible Healthcare for People with Sensory Loss in Wales

Final Report of the Steering Group

The work undertaken to develop this report demonstrated that one of the major problems is a lack of understanding and knowledge amongst health care providers, ranging from front line clinical staff to service planners and support staff of the needs of people with sensory loss and the extent to which service users are likely, particularly amongst older service users, to have a sensory loss.

The figures:

- There are 480,000 deaf and hard of hearing people in Wales. 70% of people aged 70 have hearing loss.
- 35% of deaf and hard of hearing people have been left unclear about their condition because of difficulties communicating with their GP or nurse.
- 70% of BSL users who attended A&E were not provided with a BSL/English interpreter to help them communicate (this may be

because patients spend a relatively short time in A&E yet it could take quite a long time to get a BSL interpreter to the hospital).

Source: (A Simple Cure: A national report into deaf and hard of hearing people's experiences of the NHS

<http://www.rnid.org.uk/VirtualContent/84923/asimplecure.pdf>)

- There are 100,000 blind and partially sighted people in Wales and they are high users of NHS services, both ophthalmology and other services and they have a high degree of multiple morbidity.
- 59% of medical staff have not received visual impairment awareness training.
- 86% of blind and partially sighted people cannot read their appointment letters, only 17% are given information about the treatment available, 1 in 3 always or sometimes feel forgotten.

Sources and further information: (A review of support in Eye Clinics (Barrick RNIB 2000), Blind and Partially Sighted Adults in UK(Bruce et al RNIB 1991), The Eye Clinic journey (McBride RNIB 2002) Towards an Inclusive Health Service: A Research Report into the availability of health information for blind and partially sighted people, (E. Sibley March 2009)

Poor communication was one of the key concerns raised by people with sensory loss.

- 24% of deaf patients have missed a medical appointment due to communication problems - 19% of whom missed more than five appointments.
- The cost of missed appointments in Wales through poor communication with people with hearing loss is £1m a year.
- 86% of blind and partially sighted people cannot read their appointment letters.

Source: The Royal National Institute for the Blind

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220289/eia-interpreting-services.pdf

<http://www.dwp.gov.uk/docs/our-interpreting-services.pdf>

<https://www.kmpt.nhs.uk/Downloads/whats-happening/equality-diversity/EIA/Interpretation%20and%20Translation%20Policy%20Full%20EIA.pdf>

An Internet Search of the topic "Equality Impact Assessment Interpreters Policy NHS" was conducted on 01/02/2014

http://www.google.co.uk/search?hl=en-GB&source=hp&q=equality+impact+assessment+interpreters+policy+nhs&gbv=2&oq=equality+impact+assessment+interpreters+policy+nhs&gs_l=heirloom-hp..24.26.2482.IMqfNai_A-A

Some key information and evidence can be found below. The lists include some links to other websites.

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<http://www.refugeetoolkit.org.uk/young-carers/child-interpreters>

<http://www.nhs.uk/CarersDirect/guide/communication/Pages/Bilingual.aspx>

3. Impact

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics stating the impact and giving the key reasons for your decision.

Do you think that the policy impacts on people because of their age?

(This includes children and young people up to 18 and older people) **Yes.** The policy advocates that children should not be used as interpreters except under extreme circumstances, if at all. It also supports the need for interpretation for young children who may not yet have learnt English. The evidence seems to suggest that as the population gets older there is an increasing risk that sensory loss issues will become more of an issue. Having this policy would ensure better access in terms of service delivery outcomes.

Do you think that the policy impacts on people because of their caring responsibilities?

Yes. The evidence suggests that sometimes carers will take on the role of interpreters for their loved ones- even when it may not be in their or the clients best interests. The policy will assist carers by setting clear standards for professional interpretation but providing them the opportunity to support the consultation.

Do you think that the policy impacts on people because of their disability?

(This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.) **Yes** in a positive way. The evidence seems to suggest that as the population gets older there is an increasing risk that sensory loss issues will become more of an issue. Having this policy would ensure better access in terms of service delivery outcomes.

Do you think that the policy impacts on people because of Gender reassignment?

(This includes Trans transgender and transvestites) **No.** We are aware however that Trans People sometimes feel that they are discriminated when they use healthcare services though not specifically to do with these issues

Do you think that the policy impacts on people because of their being married or in a civil partnership?

Yes. There is no evidence to suggest that this would be the case but we accept that absence of evidence is not evidence of absence and so would look at the issue again when we next review the policy in 2017. The policy would also have a positive impact where there may be potential safeguarding issues.

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

Yes. After undertaking the search as described above, it would appear that there is a positive impact. The Maternity Service is one of the biggest users of interpretation in the UHB and evidence shows that they make every effort to provide support to clients who do not speak/understand English.

Do you think that the policy impacts on people because of their race?

(This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.) **Yes.** There is a positive impact for this group as part of the policy aims is to ensure that those individuals who need language assistance to understand their care and treatment will receive it in a format or language that is relevant to them.

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts) **Yes.** Though there appears not to be any specific or direct impact, the UHB is aware that issues of culture, around gender for instance, may mean that there is a risk that the patient may not receive appropriate interpretation if provided by a family member . The provision of an appropriate independent interpreter will have a positive impact under such circumstances.

Do you think that the policy impacts on men and women in different ways? **Yes** in that there is some evidence to suggest that more women than men use healthcare services. There may also be language difficulties as a result of cultural and gender related issues that are intertwined. This is a difference that the policy takes account of because it undertakes a person-centered approach that should mitigate against this difference.

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bi-sexuals) **No.** The policy is inherently aimed at eliminating discrimination and providing better access to information. Some of the evidence suggests that gay men, lesbians and bi-sexuals sometimes have negative experiences in healthcare but it is not thought to be in regard to the need to have interpreters. This is something that will be revisited when the policy is next reviewed.

Do you think that the policy impacts on people because of their Welsh language? Yes. The policy will help the organisation to comply with:

- The Welsh Language Act 1993 and the Welsh Language Measure 2011
- The organisation's own Welsh Language Scheme
- The Welsh Government 'More than just Words Strategy' on improving healthcare for patients who prefer to speak Welsh.

4. Summary.

Which equality groups have positive or negative impacts been identified for? (i.e. differential impact).

There will be a positive impact on the following groups as indicated above:
Age, Race, Disability, Religion

Is the policy directly or indirectly discriminatory under the equalities legislation?

In our attempts to gather evidence on the impact we did not come across issues that suggested that having such a policy would lead to direct or indirect discrimination.

If the policy is indirectly discriminatory can it be justified under the relevant legislation?

N/A

Appendix 3 Action Plan

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities)
- What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups

Equalities Impact Assessment Implementation Action Plan

| Issue to be Addressed | Responsible Officer | Action Required | Timescale for completion | Action Taken | Comments |
|---|----------------------------|------------------------|---------------------------------|---------------------|-----------------|
| Identify/clarify sources for the provision of makaton | | | By end of May 2014 | | |

6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

Details to be published in UHB Committee Papers

Please record details of where and when EQIA results will be published

Once the policy has been approved the documentation will be placed on the intranet and internet.

Please record when the EQIA will be subject to review.

In light of the fact that the policy is linked to the 2014/15 equality theme the EQIA will be reviewed at the end of April 2015 and then at the end of March 2017.

Name of person completing Lorna Williams with support from Equalities Manager

Signed _____

Date: 12 May

Senior Manager Authorising Assessment and Action Plan for publication

Sheila Harrison **Signed:**-----

Date 12 May 2014

Appendix 4

Format for publication of EQIA results

Executive Summary

This should provide a summary of the results of the EQIA, in particular focusing on any decisions that have been made.

Background

- A description of the aims of the policy
- The context in which the policy operates
- Who was involved in the EQIA?

The scope of the EQIA

- A brief account of how you assessed the likely effects of the policy
- The data sources and information used
- The consultation that was carried out (who with, how and a summary of the responses).

Key findings

- Describe the results of the assessment (based on the information that is included in the EQIA template).
- Identify any positive, negative or neutral impact for any equalities groups.

Recommendations

- Provide a summary of the overall conclusions
- State any recommended changes to the proposed policy as a result of the EQIA and plans for implementation/monitoring/review.

The policy takes account of human rights issues, particularly in recognising that no-one should be treated in a degrading way in regard to their communication abilities. It makes clear statements about respecting the individual and being sensitive to dignity and privacy as well as freedom of expression.

The evidence that is available clearly suggests that a policy such as this will not only help promote good communication by clearly identifying the effective methods and tools of communication that are available to all staff to help them communicate with key stakeholders. There will be no direct adverse impact, unfair discrimination, harassment or victimisation as a result of having this policy. There is an overall impact that is positive for the identified protected characteristics groups of age, disability, gender and race. There are also benefits for Carers and Welsh language speaking patients. The latter is particularly noteworthy as this policy meets the organisation's overall strategy to promote the Welsh language, placing it on an equal footing with English as stated in Welsh language legislation and standards framework. It is also considered that there is no negative indirect impact.

The policy directs staff to provide information in other languages and to make use of interpreters when required. This is so that we can meet individual patient need. Patients benefit because they will be able to communicate in the

language of their choice and for staff it means they will be clear that the patient understands issues of consent for their treatment. Individual Clinical Boards and areas are responsible for accessing and paying for interpreting and translation services. Each individual request will be met as appropriate to the individual.