

Archwilydd Cyffredinol Cymru
Auditor General for Wales

Speak my language: Overcoming language and communication barriers in public services



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU



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Mae'r ddogfen hon hefyd ar gael yn Gymraeg.

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Summary report

KEY FACTS



84,500

people in Wales have a main language that is not English or Welsh

19,500

do not speak English or Welsh well

3,500

do not speak English or Welsh at all



CHINESE
8,000

POLISH
17,000

MORE THAN 80
other main languages are spoken in Wales

ARABIC
7,000

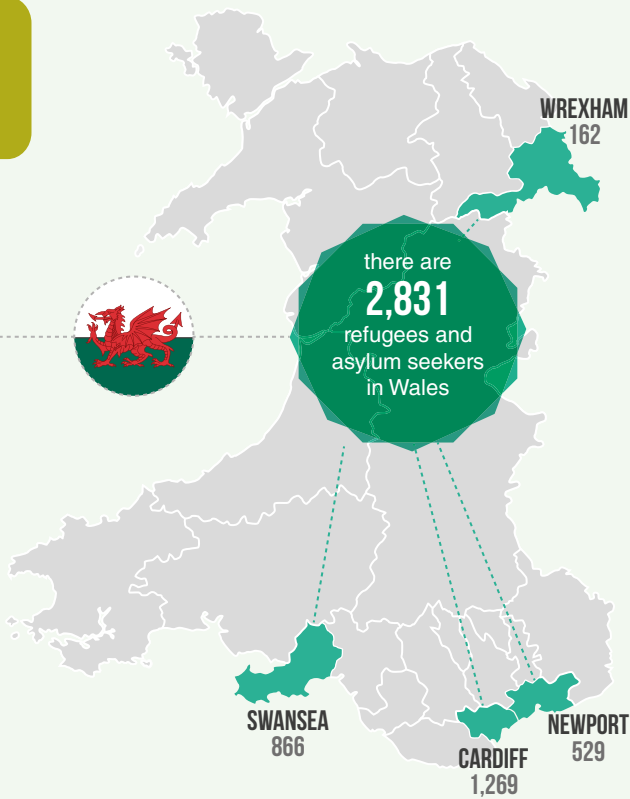
BENGALI
5,000

Source: 2011 Census, figures rounded to nearest 500.

REFUGEES AND ASYLUM SEEKERS



there are
2,831
refugees and
asylum seekers
in Wales



Most research suggests that asylum seekers do not have good English/Welsh skills on arrival

96 PEOPLE
settled in Wales under the Syrian Vulnerable Persons Resettlement Programme.

The number of refugees and asylum seekers has doubled in Wales since 2011

1,398
Q1 2011

2,831
Q1 2017

The terms 'asylum-seeker' and 'refugee' refer to people with a different legal status.

Asylum-seekers are people who have lodged a claim for asylum in the UK under the 1951 Convention relating to the Status of Refugees.



Refugees are people whose claim for asylum has been approved.

Source: Home Office Immigration statistics, last quarter 2017

SENSORY LOSS



The term 'people with sensory loss' refers to:

- People who are Deaf; deafened or hard of hearing;
- People who are Blind or partially sighted;
- People who are Deafblind: those whose combined sight and hearing impairment cause difficulties with communication, access to information and mobility.

7,200 BSL USERS

in Wales, of whom,
4,000 are deaf.

(source - British Deaf
Association, 2017)



1,118 PEOPLE

said sign
language was their
main language

(source - 2011
Census)



100,000 PEOPLE

are blind or
partially sighted

(source - RNIB
Cymru)



575,000

people experience
deafness or hearing
impairment

(source - Action
on Hearing Loss
Cymru, 2017)

British Sign Language is a visual language unrelated to English. The Deaf community in the UK who use sign language are a distinct cultural and linguistic group with several regional dialects. During our work, we found that many people including service deliverers had little understanding of Deaf culture or sign language.

Sign language interpreters help Deaf people to communicate. Other support includes lip speakers, palantypist who convert speech to text and note takers.

Summary

Background

- 1 Around 20,000 people living in Wales do not speak English or Welsh as a first language. Of these, around 3,500 have little or no knowledge of English or Welsh. This figure, taken from the 2011 Census, includes 1,138 people whose main or only language is British Sign Language. However, charities working with D/deaf¹ people suggest that there are around 4,000 people using British Sign Language.
- 2 Public bodies must ensure that everyone, regardless of their language and communication needs, can access services. Relevant duties are set out in the Equality Act 2010, the Social Services and Well-being Act (Wales) 2014 and the Well-being of Future Generations (Wales) Act 2015. If public bodies do not meet these duties, they risk complaints and legal action. Moreover, people will have poorer outcomes and experiences.
- 3 Providing effective interpretation and translation services for people who do not speak English or Welsh as their first language or are Deaf and use sign language is one way that public bodies can look to meet their equality-related duties. **Box 1** provides information about interpretation and translation.

Box 1 – About interpretation and translation

The terms ‘**interpretation**’ and ‘**translation**’ are often used interchangeably but are different activities:

- **Interpretation** is to translate orally or into sign language the words of a person speaking one language to another. It can be face to face; by telephone if the interpreter joins a conference call; or Video Remote Interpreting where the interpreter can be seen on a PC, tablet or smartphone.
- **Translation** is changing written text from one language to another. Increasingly, translation software is used to provide translation, for example to translate web pages from one language to another.

As well as interpreters, D/deaf people can also benefit from other communication support including lip speakers, note-takers and palantypists who convert speech to text.

Source: Wales Audit Office

¹ The term D/deaf includes Deaf people who use sign language and deaf people who are hard of hearing but who have English as their first language and may lip-read and/or use hearing aids.

- 4 Public bodies can employ staff as interpreters or buy services from third sector and commercial providers. They may ask staff with language skills to help with communication but good practice suggests that this should only happen in an emergency until a professional interpreter is available.
- 5 There has been concern about the availability of interpreters in Wales for some time: in 2009, the Welsh Government provided a grant of £120,000 to set up the Wales Interpretation and Translation Service (WITS). WITS is a central service available to any public body in Wales. Currently, 30 organisations are WITS 'partners' which gives them a say in the overall management of the service.
- 6 Initially, Gwent Police hosted WITS and was responsible for its day-to-day management. An audit commissioned by Gwent Police in 2014 identified concerns about the management and governance of WITS, some of which stemmed from the rapid growth of the service. As part of its response to the audit, Gwent Police approached Cardiff Council to take on responsibility for hosting. WITS formally transferred to Cardiff Council in July 2017.

Our work

- 7 In 2015, we responded to issues that had been raised with the Auditor General about the procurement of BSL (British Sign Language) interpretation by a Health Board. Based on the work we did at that time, we did not identify any specific concerns about the approach taken by the Health Board. However, we later decided to look more broadly at how public bodies, particularly local government and NHS bodies providing front-line services, provide interpretation and translation services for BSL and other languages to enable people facing these communication barriers to access services. We have not considered as part of our work wider integration and community cohesion policy responses that could support people to learn a different language. Our focus has been on the provision of interpretation and translation services to those who need them.
- 8 In this work, we carried out research and interviewed people from representative groups, policymakers in Wales and providers of interpretation and translation services. We also drew on information from two shared learning events that we facilitated in early 2017. We reviewed policy documents provided by councils and health boards as well as other relevant strategic documents; strategic equality plans which all public bodies are required to produce; Population Needs Assessments produced by councils and health boards for the first time in 2017; and the well-being assessments produced by Public Services Boards ([Appendix 1](#)).

- 9 We did not review English/Welsh interpretation and translation. The Welsh language has official status in Wales, and particular standards and legislation apply². The Welsh Language Commissioner oversees compliance with the Welsh Language Standards.
- 10 We recognise that many people experience communication barriers in accessing public services for reasons other than language. This includes people who are hard of hearing, people with sight loss, people with dual sensory loss (a combination of sight and hearing loss) and people with learning disabilities, learning difficulties or autism³. While not included in the scope of this report, initiatives to improve communication – such as simplifying language, raising awareness of communication needs and developing accessible websites – will benefit this much wider group of service users.

Our findings and conclusions

- 11 Although we did not look in depth at the services offered in councils or NHS bodies, it was clear that organisations varied in the degree to which they understood the needs of their communities and ensured their services were accessible to people needing interpretation and translation services. Of the 15 councils and seven NHS bodies that responded to our request for information, only half had a formal policy on the use of interpretation and translation services. However, all respondents said they had provided training for some or all of their staff on language needs and/or sensory loss. We did not assess the uptake or effectiveness of this training.
- 12 We do not know the full cost of interpretation and translation services for languages other than Welsh. However, public bodies spent £2.2 million through WITS in 2016-17. They also spent £55,000 with other companies through UK Government framework contracts. These figures do not include contracts with commercial companies or third sector organisations not procured through the frameworks or the costs of employing staff as interpreters or translators.

2 The Welsh Language Measure (2011) builds on previous Welsh language legislation. Organisations should not treat the Welsh language less favourably than English and they have a duty to promote and facilitate the use of Welsh. The Welsh Language Commissioner has responsibility for monitoring and enforcing the Welsh Language Standards in Wales.

3 For example, it has previously been estimated that there are about 100,000 blind and partially sighted people in Wales (NHS Wales, All Wales Standards for Accessible Communication and Information for People with Sensory Loss, July 2013). There are around 31,000 autistic people in Wales (Welsh Government, Refreshed Autistic Spectrum Disorder Strategic Action Plan, December 2016). The British Dyslexia Association (2018) estimates that 10% of the population (310,000 people in Wales) have dyslexia, the commonest learning difficulty, 4% (124,000 people) severely so.

- 13 Public bodies need to make sure that people who do not speak English or Welsh as a first language can access interpreters and translation to enable them to use public services. Organisations should also ensure that they are taking steps to inform people of their right to request interpreters and information in an accessible format. We have developed a checklist to help public bodies review their provision of interpretation and translation services (Box 4). We also identified a number of challenges for interpretation and translation services that public bodies need to take account of when they plan and procure such services.

Recommendations

Ensuring that people who face language and communication barriers can access public services

- R1 Public bodies are required to ensure that people can access the services they need. **To take account of the requirements of the 2010 Equality Act and other legislation, we recommend that public bodies regularly review the accessibility of their services to people who do not speak English or Welsh as a main language including Deaf people who use sign language. This assessment can include using our checklist.**

Developing interpretation and translation services in Wales

- R2 Our work with public bodies, interpretation and translation service providers and service users has identified some challenges for interpretation and translation services. **We recommend that the Welsh Government work with public bodies, representative groups and other interested parties to make sure that:**
- **the supply of interpreters is sufficient especially for languages in high demand such as BSL and Arabic;**
 - **interpreters with specialist training are available to work in mental health services and with people who have experienced trauma or violence; and**
 - **quality assurance and safeguarding procedures are in place.**

Recommendations

Accessible Information Standard

R3 The NHS Wales Accessible Communication and Information Standards for People with Sensory Loss published in 2013 apply only to the health service. Similarly, the new Accessible Information Standard requires GP surgeries to ask about, collect and flag the communication needs of patients with sensory loss. From March 2018, information can be shared in an e-referral within NHS Wales. **We recommend that the Welsh Government consider:**

- **widening the scope of both the 2013 All Wales Accessible Communication and Information Standards for People with Sensory Loss and the new Accessible Information Standard to:**
 - a **patients whose main language is not English or Welsh;**
 - b **patients who have language and communication barriers due to disability, learning difficulties or autism; and**
 - c **parents and carers who have language or communication barriers.**
- **if the 2013 All Wales Accessible Communication and Information Standards could be adapted to cover other public services.**

Part 1

Making services accessible to people who face language and communication barriers



- 1.1 In this part of the report, we look at the legislative requirements facing public bodies to make their services accessible to people who do not speak English or Welsh as their first language. We also report our findings about the ways in which public bodies are ensuring that their services are accessible to these language communities.

Legislation and policy

The Equality Act 2010 and the Public Sector Equality Duty

- 1.2 Public bodies are at risk of complaints and legal action if they fail to communicate effectively with people who do not speak English or Welsh. The Public Services Ombudsman for Wales has dealt with some such complaints in the NHS. Cases include one where the Ombudsman found that the lack of an interpreter during a birth contributed to errors and several where people have received an incomplete explanation of their care. In another case, the Ombudsman found that a Deaf patient received less good care at the end of their life because a Health Board failed to make reasonable adjustments to meet their communication needs.
- 1.3 The Equality Act 2010 placed a statutory responsibility on public service providers to promote equality of opportunity and eliminate discrimination. This responsibility is known as the Public Sector Equality Duty (**Box 2**).

Box 2 – The Equality Act 2010 and the Public Sector Equality Duty

The Equality Act 2010 brought together all previous anti-discrimination legislation and introduced the Public Sector Equality Duty. The Duty requires public bodies and those providing services on their behalf in England, Scotland and Wales to have regard to:

- eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advancing equality of opportunity between people from different groups; and
- fostering good relations between people from different groups – this involves tackling prejudice and promoting understanding between people from different groups.

Research for the Equality and Human Rights Commission Wales in 2016⁴ concluded that the Public Sector Equality Duty works effectively in Wales and that the Wales-specific duties support progress on equalities work.

Source: Wales Audit Office

4 Martin Mitchell, Kelsey Beninger, Nilufer Rahim and Gareth Morrell, **Review of the Public Sector Equality Duty in Wales**, July 2016.

1.4 The Equality Act requires public bodies to publish a Strategic Equality Plan setting out their equality objectives and the actions to meet them. More than half (24 of 41) of the Strategic Equality Plans we reviewed discussed actions for people who are D/deaf or use British Sign Language and 20 of 41 mentioned issues connected with sensory loss. More than half (26 of 41) included references to providing services in languages other than Welsh or English. Ten out of 41 Strategic Equality Plans referred to refugees or asylum seekers specifically. These included the areas covering the four councils where most asylum seekers reside. For example, in their joint Strategic Equality Plan, the Gwent Police and the Gwent Police and Crime Commissioner commit to working with new migrants and asylum seekers to improve confidence and trust in policing within the community. Others – including the dispersal areas of Swansea, Cardiff and Wrexham – referred to the language needs of Black and Minority Ethnic Communities more generally.

Other relevant Wales-specific legislation

1.5 Other legislation introduced by the Welsh Government should influence the way in which public bodies engage with and respond to the specific needs of people facing language barriers.

Well-being of Future Generations (Wales) Act 2015

1.6 The Well-being of Future Generations (Wales) Act 2015 places a duty on public bodies to work together to meet the needs of their communities to meet seven well-being goals including building a more equal Wales and inclusive cohesive communities. One of the Act's requirements is that Public Service Boards must publish a well-being assessment of their communities' needs. Each Public Services Board decides what issues to include in its needs assessment. In reviewing the contents of the first assessments published in May 2017, we found that nine of 19 Public Services Boards⁵ referred to the needs of D/deaf people, those with sensory loss more generally or to BSL. Twelve Public Services Boards' assessments referred to language needs (other than Welsh) of some communities and seven to the needs of migrants, asylum seekers or refugees. These included the assessments covering the four areas with the most asylum seekers and refugees.

5 Generally, PSBs cover single local authority areas. Anglesey and Gwynedd councils and Denbighshire and Conwy councils chose to form joint PSBs.

Social Services and Well-being (Wales) Act 2014

- 1.7 The Social Services and Well-being (Wales) Act 2014 aims to improve the way in which individuals' care needs are assessed and met. Local authorities are required to provide information, advice and assistance to a person in a way that is accessible to them to enable them be actively involved in their assistance and support plan. They are also required to have a register of those who live locally and are sight impaired, severely sight impaired, hearing impaired, severely hearing impaired or have both sight and hearing impairments that, in combination, have a significant effect on their lives. We did not assess the extent to which local authorities are meeting these requirements in this work. The Welsh Government had identified sensory loss as a core theme in its guidance for the assessment. All seven Population Needs Assessments published in April and May 2017⁶ included references to the needs of and services for people with sensory loss.
- 1.8 Two of seven Population Needs Assessments referred to the language needs of refugees, migrants, or asylum seekers when accessing public services. For example, the Cardiff and Vale of Glamorgan Integrated Health and Social Care Partnership outlined key issues facing asylum seekers and refugees when accessing public services in its Population Needs Assessment. Issues included lack of accessible information and limited use of interpreters in mental health settings. The Assessment also includes areas that need further action, such as improved access to specialist mental health services for people who do not speak English or Welsh. The Greater Gwent Health, Social Care and Well-being partnership also included an assessment of the needs of refugees and asylum seekers in its Population Needs Assessment.

NHS Wales, All Wales Standards for Accessible Communication and Information for People with Sensory Loss 2013

- 1.9 In 2012, a working group set up by the Welsh Government reported on the communication barriers experienced by people who experience sensory loss in healthcare. Its recommendations led to the publication of NHS Wales standards for accessible communication and information in November 2013⁷. The standards set out what people with sensory loss should expect when they access healthcare. The standards apply to adults, young people and children and cover communication, workforce and training, healthcare standards and complaints.

⁶ Population Needs Assessments cover the communities living within the area encompassed by each of the seven local health boards.

⁷ NHS Wales, **All Wales Standards for Accessible Communication and Information for People with Sensory Loss**, July 2013.

1.10 The Welsh Government monitors NHS bodies' progress towards meeting the standards each year. Its unpublished reviews for 2015-16 and 2016-17 concluded that all NHS bodies were working towards achieving the standards⁸. Progress however is variable; it has generally been greater in secondary care than in primary, and emergency and unscheduled care ([Appendix 2](#)). A report by Action on Hearing Loss Cymru in March 2018⁹ on access to GPs for people with hearing loss highlighted some of the issues that remain. For example, 54% of 380 survey respondents said that they had left the GP surgery unclear about their diagnosis or how to take their medication. The report demonstrated difficulties around making appointments in particular: 29% of survey respondents had to ask someone to call the GP surgery for them and 36% had to visit the surgery to make appointments because they could not use the phone and online access or other forms of communication were not available.

Welsh Government policies on refugees and asylum seekers

1.11 The Welsh Government is responsible for policies such as health, education and housing that are essential for the effective integration of asylum seekers and refugees¹⁰. The UK Government is responsible for immigration and asylum policy, including asylum decisions.

8 Welsh Government, Update on Accessible Communication and Information for People with Sensory Loss, May 2016, unpublished report.

9 Action on Hearing Loss Cymru, **Good practice?: Why people in Wales who are deaf or have hearing loss are still not getting accessible information from their GP**, March 2018.

10 The terms 'asylum seeker' and 'refugee' have precise meanings. An asylum-seeker has exercised their legal right to claim asylum under the 1951 UN Convention relating to the Status of Refugees. A refugee is a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country'. It also includes people not recognised as refugees but who have been granted indefinite leave to remain, humanitarian protection or discretionary leave to remain.

1.12 The Welsh Government's **Refugee Inclusion Strategy** (Circular 14/2008, June 2008) set out its vision in which refugees are supported to become fully active members of society, taking part in and contributing to Welsh life. The strategy recognised that language is vital to inclusion and included proposals to address the shortage of interpreters working in Wales and plans to monitor and evaluate interpretation services. Successive Refugee and Asylum Seeker Delivery Plans have supported the strategy¹¹. The Welsh Government is currently consulting on a new plan¹². The Strategic Migration Partnership for Wales, set up in 2001 by the Home Office and hosted by the Welsh Local Government Association, supports the Welsh Government, councils and other local partners delivering services to refugees and asylum seekers.

Different approaches to providing interpretation and translation

Employing staff who can act as interpreters and translators when needed

1.13 Where there is enough demand, public bodies can employ staff who can act as interpreters or translators. For example, Newport City Council set up the Gwent Education Minority-Ethnic Service where staff employed to support pupils who do not speak English in schools are also trained to act as interpreters across public services more generally. GEMS interpreters are the first-choice interpreters for some public bodies in the Gwent area, including Newport City Council and Aneurin Bevan University Health Board.

1.14 As described in **Case Study 1**, Cardiff Council listed speaking a community language as a desirable criterion when it recruited staff to work in its community hubs providing information and advice services. Other public bodies keep a register of staff able to work in other languages. For example, health boards will publish details of general practitioners able to work in other languages as well as through the medium of Welsh.

11 Welsh Government, **Refugee and Asylum Seeker Delivery Plan**, March 2016.

12 Welsh Government, **Nation of Sanctuary – Refugee and Asylum Seeker Plan**, March 2018.

Case Study 1 – Cardiff Council recruited staff who could speak community languages for its advice services

Five years ago, Cardiff Council reorganised advice and community services on a neighbourhood model. Eleven Hubs across the city now provide library services, housing advice and council tax queries, free school meals and bus pass applications, work skills training and information about adult community learning.

Cardiff Council realised that its diverse community needed advice services in languages other than English and Welsh. It listed knowledge of a second community language as 'desirable skill' when it recruited staff to work in the Hubs.

The Council reports that it incurred no additional costs by employing some people able to act as interpreters when required as part of their role as many high calibre applicants also had the desired language skills. Rather, it suggested to us that it has saved money on interpreters as well as providing a better service to citizens. The Council believes that the initiative has raised the Council's profile as a good employer within the language communities.

Source: Cardiff Council, 2017

- 1.15 In total, six of the 12 councils that provided information told us that they employed staff to provide some form of service in languages other than English or Welsh. None gave precise numbers but included staff employed in social services and education such as teaching assistants and teachers for pupils who do not speak English or Welsh. Some public bodies may not have sufficient demand to justify employing staff. However, even where there is sufficient demand or they have staff with language skills, public bodies will need to use external organisations to provide interpretation and translation services to meet peaks in demand, staff being unavailable or for rarer languages.

The Wales Interpretation and Translation Service

Background to the Wales Interpretation and Translation Service

- 1.16 The Wales Interpretation and Translation Service (WITS) was set up after concern about the quality and number of interpreters available to public bodies in Wales (Box 3). Research for the Welsh Government's Making the Connections Fund in 2004 recommended setting up a one-stop shop for interpretation and translation for public bodies and third sector organisations in Wales. The aim was to provide a quality service with standard costs, which would become self-funding.
- 1.17 While it took some time for the 2004 Making the Connections recommendation to be realised, Cardiff Council and Gwent Police established WITS as a public sector collaboration in November 2009, using an initial grant of £120,000 from the Making the Connections Fund. Under the terms of the grant, WITS was expected to become self-funding within three months. The Welsh Government has had no further direct involvement in the funding or management of WITS.

Box 3 – The Equality Act 2010 and the Public Sector Equality Duty

WITS provide a one-stop booking service for face-to-face interpretation and translation through a register of self-employed interpreters. WITS provide telephone interpretation through contracts with Language Line and The Big Word, both multi-national companies providing a full range of interpretation and translation services. These arrangements allow WITS to provide a 24-hour, seven days a week service.

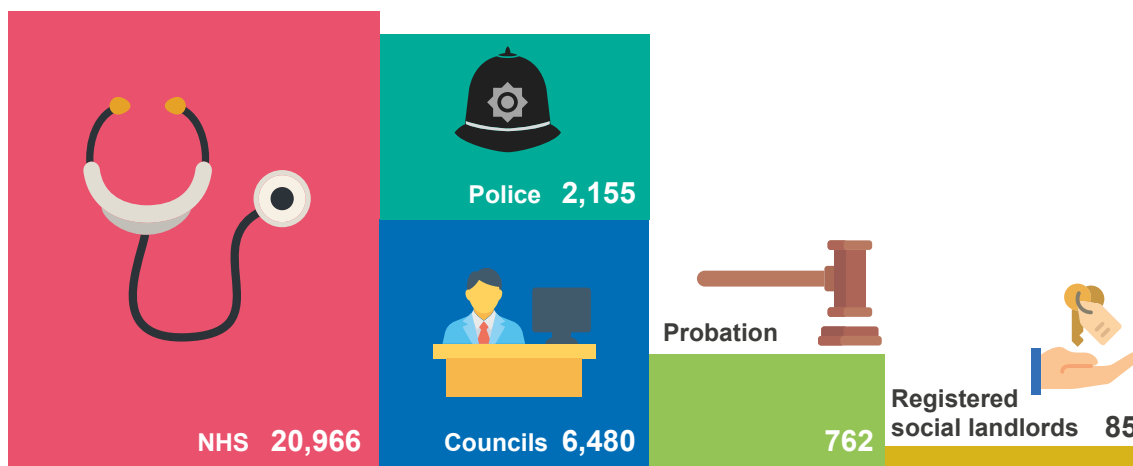
Public bodies can enter partnership agreements with WITS. Attending quarterly Partnership Board meetings gives them a say in managing the service. Currently there are 30 WITS partners: 14 of the 22 local authorities in Wales; all seven health boards and two NHS trusts; all four police forces; and three housing associations.

Source: Wales Audit Office and WITS, January 2018

Use of the Wales Interpretation and Translation Service

1.18 In 2016-17, WITS received 31,107 requests for interpreters, a substantial increase on the previous year (25,000). WITS interpreters fulfilled 30,448 bookings, over two-thirds (69%) of which were at NHS bodies (Figure 1). In total, 28 organisations used WITS in the year, although ten accounted for 90% of the bookings¹³.

Figure 1 – Number of fulfilled WITS bookings by sector, 2016-17



Note: These figures include some bookings (less than 94) for the Welsh language.

Source: WITS

13 Cardiff and Vale University Health Board, Cardiff County Council, Betsi Cadwaladr University Health Board, South Wales Police, Aneurin Bevan University Health Board, Swansea Council, Abertawe Bro Morgannwg University Health Board, Newport Council, Cwm Taf University Health Board and Wales Community Rehabilitation Company.

1.19 WITS received bookings for interpreters in 82 languages during 2016-17, most commonly Polish, Arabic and BSL (Figure 2). There were 21 languages where WITS received 10 or less requests for interpretation over the year including eight languages with only one request.

Figure 2 – Wales Interpretation and Translation Service, languages requested, 2016-17¹

Language	Number of requests	% of total requests
Polish	4,420	14.2
Arabic	4,381	14.1
British Sign Language	2,773	8.9
Mandarin	1,940	6.2
Czech	1,885	6.1
Bengali	1,829	5.9
Romanian	1,415	4.5
Farsi	1,100	3.5
Slovak	1,099	3.5
Kurdish Sorani	980	3.2
Other ²	9,285	29.8
Total	31,107	100

Note:

1. This figure shows the number of requests rather than the number of bookings fulfilled (the lower number in Figure 1).
2. 'Other' includes 94 requests for Welsh language interpretation. WITS will also provide note-takers or palantypists (speech to text) on request. It told us that it has not had a request for lip-speakers recently.

Source: WITS

1.20 WITS has reported an annual turnover of around £2.2 million for both 2015-16 and 2016-17. The 2016-17 turnover represents an average cost of £72 per booking including travel costs.

Governance and management challenges for WITS

- 1.21 Gwent Police initially hosted WITS and was responsible for its day-to-day management. An audit commissioned by Gwent Police in 2014 identified several management and governance issues, some of which stemmed from the rapid growth of WITS. These included clarifying the responsibilities and liabilities incurred by operating WITS, providing evidence that interpreters had up-to-date security and professional checks in place and updating the terms of reference for the Partnership Board. Gwent Police developed an action plan to address the findings of the audit report.
- 1.22 As part of its response, it approached Cardiff Council to take on responsibility for hosting WITS. WITS formally transferred to the Council in July 2017. Some temporary WITS staff employed by Gwent Police applied successfully for permanent WITS posts and became Council employees. The Council has introduced performance indicators and quality control measures for the WITS call-handling service similar to those used in its other call centres. The Council has also started to develop an e-booking service and a portal through which interpreters will access booking information rather than sharing information by insecure email.
- 1.23 WITS now has a formal governance structure, managed by an Advisory Board, chaired by a Director from Cardiff Council (Figure 3). Formalising the changed partnership arrangements has taken longer than originally estimated. At the time of writing (March 2018), each partner organisation was being asked to sign new partnership agreements detailing the roles and responsibilities of partners and the liabilities incurred by partners and the host body (Paragraph 1.28). Until finalised, WITS operates under interim arrangements agreed by partner organisations.

Figure 3 – WITS governance structure (March 2018)

WITS' objective is to meet the population's linguistic needs by providing a service that:

- Caters for the whole of Wales
- Addresses the different service needs of each organisation
- Addresses all foreign language needs
- Addresses relevant Welsh language needs
- Addresses relevant British Sign Language needs
- Is available 24/7
- Offers training and employment opportunities to local people
- Is cost effective for local public service providers

All partner organisations are represented on the Advisory Board. Not all attend regularly: it has been agreed that meeting will go ahead if seven partners – including three from the top quartile of spend – are present. The Board oversees WITS' development and progress and sets its strategic direction. It approves the budget and annual plan and fees. It considers serious breaches of the code of conduct and complaints.

The host organisation (currently Cardiff Council) is responsible for implementing the Advisory Board's recommendations. The host organisation employs a WITS manager who reports to the Board and whose costs are met by the partners.

Day-to-day management of WITS is delegated to the WITS management team.

Source: WITS (December 2017)

The challenge WITS faces in growing its business

- 1.24 By 2014, various third sector and private organisations were using WITS. WITS stopped providing services to these organisations after the 2015 audit questioned if this practice was lawful as the Police are not able to enter commercial relationships with private companies. This concern contributed to Gwent Police's decision to approach Cardiff Council to take on hosting WITS as councils are able to run profit-making services. The Council recognises that in future there will be potential to expand WITS by developing services for third and private sector organisations as well as by expanding its share of the public sector market.
- 1.25 The fees and charges for WITS services have remained the same for several years. Cardiff Council recognises that there is scope to review charges on an annual basis in line with practices for other council fees. In recent years, a shortfall in fees has been made up from reserves. However, under current arrangements, the Advisory Board would need to agree any increase in fees. It is unclear if partners will be prepared to raise costs that, ultimately, will affect their own budgets. Generally, it is important that the cost of services remains competitive although benchmarking by Gwent Police in 2015-16 suggested that costs were lower or equal to those of other third-sector and commercial organisations.

The challenge WITS faces in employing interpreters

- 1.26 At the time of the 2015 audit report, WITS had a register of over 1,000 self-employed interpreters. The auditors found that very few interpreters had undergone the required level of security vetting to work with vulnerable children and adults. Subsequently, Gwent Police identified only around 400 of those registered were regularly working for WITS. It employed a temporary member of staff to conduct security clearance and Disclosure and Barring Service checks retrospectively for these interpreters. WITS also checked the interpreters' qualifications. This retrospective vetting work cost £15,000. Cardiff Council procured an agency to manage the recruitment, vetting and payment of interpreters from July 2017.

- 1.27 In summer 2017, a dispute arose between the Council and interpreters about payment. Specifically, interpreters were unhappy about the Council's decision that tax and national insurance contributions should be deducted at source. Previously, interpreters had been paid in full and had been responsible for their tax and National Insurance Contributions¹⁴. The Council believed that this change in practice should not result in interpreters paying more tax or National Insurance overall. However, some BSL interpreters refused to undertake work for WITS under these arrangements. WITS was unable to fulfil 35 bookings in July and August 2017. The Council has provided information to HM Revenue and Customs on the terms of employment and is waiting for a response to clarify this matter. In the interim, tax is not being deducted at source. The Council reports that all of the interpreters have returned to undertaking WITS bookings.
- 1.28 Another important issue identified in the 2015 audit report was that neither Gwent Police nor WITS partners were clear about their liabilities in relation to WITS. Few interpreters had professional liability insurance; sometimes this was because they were unqualified and could not obtain insurance whereas others did not do sufficient work to justify the cost of insurance. Under the new collaboration agreement drawn up by Cardiff Council, WITS will have to carry the insurance risk and be responsible as a partnership should any claims be made. This means that partners will extend their professional indemnity and public liability insurance policies. Longer term, WITS wants interpreters to have their own professional indemnity insurance and public liability insurance.

¹⁴ The HMRC regulations in question (Inland Revenue 35) ensure that people who are not on an organisation's payroll but are employed through an intermediary pay broadly the same tax and National Insurance contributions as an employee would do. Public bodies are required to decide if these regulations apply to anyone employed in this way.

Services provided by private companies and third sector bodies

- 1.29 Many commercial companies also offer interpretation and translation services. Any public body can contract with them directly or through several UK Government framework contracts for interpretation and translation services. Courts, the Prison Service and the Department for Work and Pensions in Wales use these framework contracts but other public bodies can do so. The Welsh Government, councils and health boards spent £55,000 through these frameworks in 2016-17.
- 1.30 Our information request found that all but one of the 15 councils and all seven NHS bodies that responded had contracts with at least one organisation for interpretation and translation other than WITS. In total, seven organisations other than WITS were mentioned as currently contracted to provide interpretation and translation. However, we could not identify how many bookings were made through these companies or the cost as detailed information was not consistently available.
- 1.31 Some public bodies also contracted with third sector organisations for BSL interpretation. These operating in Wales include Action on Hearing Loss Cymru, Centre of Sign-Sight-Sound (formerly North Wales Deaf Association) and Wales Council for Deaf People. Each employs interpreters from a small pool of about 40 people working regularly in Wales¹⁵. Faced with a large number of requests for BSL interpretation, WITS experimented by directly employing a BSL interpreter at one point. However, WITS found that the post did not provide value for money: although costs were reduced for organisations based in South Wales, the demand did not cover the cost of the post. We did not identify total expenditure on BSL interpretation by public bodies although the number of organisations involved suggests that there may be scope to investigate whether public bodies are getting value for money from this spend.

¹⁵ The National Register of Communication Professionals working with Deaf and Deafblind People (NRCPD) estimates that there are around 900 BSL interpreters in the UK. Figures about Wales are from personal correspondence.

Part 2

Challenges for interpretation and translation services



- 2.1 This section of the report considers some of the challenges faced in providing interpretation and translation services. This section addresses some of those problems and reflects issues raised with us during the course of our work.

Ensuring interpreters are available

- 2.2 People we spoke to during our work told us that interpreters are not always available when needed. Recent research¹⁶ found that 42% of Deaf sign languages users said that communication was inadequate at their last GP appointment because an interpreter was not available. Organisations can maximise the likelihood that an interpreter will be available by providing as much notice as possible of appointments and offering some flexibility on timings. Sometimes this can allow the interpreter to undertake more than one appointment with different people and reduce interpreters' travel costs.
- 2.3 There can be particular problems ensuring that interpreters are available for languages for which there is high demand:
- a) **BSL** – The small number of BSL interpreters working in Wales means that it can be difficult to meet demand and, as a result, BSL interpreters can attract premium rates from the various organisations that provide BSL interpretation. For example, WITS pay BSL interpreters a slightly higher rate than other language interpreters. BSL interpreters are paid for a minimum of three hours whereas other interpreters are paid on hourly basis.
 - b) **Arabic** – The number of asylum seekers arriving in recent years from Syria, the Middle East and North Africa has increased demand for Arabic interpreters across the UK. WITS is responding to this by fast tracking applications from Arabic speakers.
- 2.4 Getting interpreters at short notice or in emergencies is a long-standing concern. Many organisations use telephone interpretation in these circumstances although, increasingly, charities and commercial organisations are investing to develop Video Remote Interpreting (see for example **Case Study 2**). Some representative groups of the D/deaf community are cautiously welcoming this initiative for emergencies but do not want it to replace face-to-face interpretation in most situations.

¹⁶ Action on Hearing Loss Cymru Good practice?: **Why people in Wales who are deaf or have hearing loss are still not getting accessible information from their GP**, March 2018.

Case Study 2 – Centre of Sign-Sight-Sound – DAISY project

The Centre of Sign-Sight-Sound is developing the DAISY (Digital Accessible Information System) project to provide remote access to interpreters and other communication support. DAISY enables quick access to a BSL/English Interpreter for Deaf service users and to a lip speaker or note taker for people who are hard of hearing. It aims to help Deaf people to live independently and make informed choices.

The service uses Skype software on tablets, laptops and smartphones so the service could be widely available at low cost. Avoiding travel costs for the interpreter makes BSL interpretation or other support more affordable. This helps the Deaf community access interpreters and other communication support more readily than now.

The Centre of Sign-Sight-Sound is working with Betsi Cadwaladr University Health Board to develop DAISY. However, the Centre believes that DAISY could be used much more widely wherever people need BSL interpreters or note-takers.

Other organisations in Wales are developing different video remote interpreting for sign language services. Cwm Taf University Health Board is working with the Centre of Sign-Sight-Sound on Video Remote Interpreting. Abertawe Bro Morgannwg University Health Board has also introduced Video Remote Interpreting. NHS Wales 111 Service has a contract with a private company to provide telephone interpreting or video remote interpreting for people who do not speak English or Welsh. NHS 111 Wales is reviewing its service for people who are D/deaf with representative groups.

Source: Centre of Sign-Sight-Sound, July 2017 and the Wales Audit Office

- 2.5 Some organisations (including the Department for Work and Pensions) use telephone or video remote interpreting for most situations, other than for BSL or if people are otherwise vulnerable. In Scotland, the Scottish Government has procured a tele-interpretation app for the public sector (Interpreter Now). The app gives widespread access to video remote interpreting in sign language and other languages through a smartphone, tablet or computer. These types of technologies are developing rapidly and may be more widely used in future.

Ensuring interpreters are booked for every appointment when needed

2.6 Service users and providers told us that interpreters are not always booked when needed. Sometimes this is unavoidable, for example, a person may believe themselves proficient in English or Welsh but as an appointment unfolds, they can find their language skills are not sufficient for a conversation about specialised care. Mostly, councils and health boards place the onus on the person to say if they need an interpreter when they make an appointment. This requires individuals to know that they are entitled to have an interpreter and to be able to ask for one to be booked. This opportunity may be made clear in the appointment letter or on the organisation's website ([Case Study 3](#)). However, several organisations pointed out to us that this approach could fail if the person or their representative cannot read the letter or website in English or Welsh in the first instance. People are often expected to telephone, which is difficult for many people who do not speak English or Welsh or who are D/deaf.

Case Study 3 – Communication cards – Betsi Cadwaladr University Health Board and Welsh Ambulance Service NHS Trust

Betsi Cadwaladr University Health Board created an **Accessible Health Communication Card** for D/deaf people who need communication support to use in primary care and hospitals. The Card allows patients who are Deaf, deafened or hard of hearing to record their communication needs, prompts staff on what action to take and gives some communication tips. The card is part of Betsi Cadwaladr UHB's Sensory Loss Toolkit to help staff meet the communication needs of people with sensory loss.

The Welsh Ambulance Service NHS Trust introduced a bilingual **Medical Information Card** in 2013. It helps Deaf and hard of hearing people relay important information such as their preferred method of communication, next of kin, medication and medical history. The card is the size of a credit card and can be kept in a purse or wallet.

Source: Betsi Cadwaladr University Health Board, Welsh Ambulance Service NHS Trust and NHS Wales Centre for Equality and Human Rights

- 2.7 Another commonly expressed frustration was that a person's language and communication needs are not routinely recorded, for example by placing a flag or note that an interpreter is required on the person's case notes or electronic record. Therefore, unless the person realises that they need to book an interpreter for each separate appointment, they may attend a second appointment expecting the interpreter to be there but find that one has not been booked. Having to get an interpreter at short notice reduces the chance that the original interpreter is available. This means that the relationship between interpreter, individual and professional does not develop in the same way and that second and subsequent appointments take longer than they might otherwise do.
- 2.8 A new Accessible Information Standard for people with sensory loss was introduced into GP surgeries in November 2017. This national initiative, led by the Welsh Government, builds on the 2013 All Wales Standards for Communication and Information for People with Sensory Loss. The Standard requires GP surgeries to capture, record and flag electronically the communication and information needs of patients with sensory loss. The second phase of the project means that from March 2018, information on communication needs will be shared with any e-referral to secondary care. However, these requirements do not extend to speakers of other languages, people with other communication difficulties or to social care providers. The Accessible Information Standard in England¹⁷ by contrast extends to publicly funded adult social care as well as NHS England and is for service users, patients, carers and parents with a disability, impairment or sensory loss.

Developing a common understanding of the interpreter's role

- 2.9 Interpreters and the organisations that employ them can have a different understanding of the interpreter's role. Strictly speaking, interpretation is simply telling one person what another person is saying. However, we heard of examples where interpreters go beyond this, for example making appointments for the individual or checking their understanding after an appointment. In these cases, the interpreter is moving beyond their role into providing support or advocacy.

¹⁷ The Health and Social Care Act 2012 (section 250) introduces an Accessible Information Standard in England. The Standard applied from 31 July 2016.

2.10 While interpreters will do this with the best of intentions, there are risks for them and for service users. Firstly, the service user can become overly dependent on an interpreter who may not always be available. Secondly, an interpreter can encourage the person to become overly dependent on them to create more work. Finally, professional liability insurance is unlikely to cover costs arising from advice given inappropriately in the event of a claim against the interpreter.

Offering people a choice of interpreter where practically possible

2.11 Representative groups of both the D/deaf community and asylum seekers and refugees stress that people want to be able to express a preference for an individual interpreter. This enables trusting relationships to build over time notwithstanding the risks noted above. Initially, WITS did not offer the opportunity for people to ask for a particular interpreter. After representations from the D/deaf community in particular, WITS does now offer this in most circumstances but partners must request the person when making a booking. WITS cannot guarantee that the chosen interpreter will be available though as interpreters are self-employed and can choose when and where they will work.

Matching people with an interpreter of the same gender where practically possible

2.12 Due to the sensitive nature of many of the interactions that people have with public bodies, they may feel more comfortable with an interpreter of the same gender. For example, many female refugees and asylum seekers will have experienced violence in their country of origin or in the UK. Specialist training is available for interpreters working with people who have experienced sexual or violent crimes and research has shown that women are more likely to disclose being a victim of violence if the interpreter is also female¹⁸. Men may also feel more comfortable talking about health issues to another man.

2.13 None of the organisations' policies that we have reviewed stated that gender matching is standard practice or mentioned circumstances in which staff may want to consider seeking a gender-match for interpreters. The ability to request an interpreter of the same gender could be stated in policies and in public information more explicitly as WITS and other interpretation providers will try to match interpreters on request.

¹⁸ Hubbard A., Payton J. and Robinson A., **Uncharted territory: Violence against migrant, refugee and asylum-seeking women in Wales**, Wales Strategic Migration partnership and Cardiff University, 2013.

Making sure that interpretation services are good quality

- 2.14 Generally, public bodies need to know that the service they provide is good quality. This can be inherently difficult for interpretation and translation services: for example, staff will find it difficult to judge the quality of any interaction between an interpreter and a patient if they do not understand the language. Nevertheless, this is an important way of monitoring quality. Only nine of the 22 NHS bodies and councils who responded to our information request monitored the quality of interpretation services by requesting feedback from staff and/or service users.
- 2.15 Cardiff Council carried out a customer satisfaction survey of organisations using WITS at the end of 2017. WITS undertook workshops in November and December 2017 and March 2018 in North and South Wales with members of the D/deaf community to seek for feedback on their experiences of WITS' services. Previously WITS relied on discussions at its quarterly Partnership Board meetings or complaints to identify issues or concerns about its service. Cardiff Council also surveys WITS' interpreters on their views and experience of working for WITS. These surveys will provide a benchmark against which to measure improvement. Currently, WITS does not carry out routine quality control of its interpreters' work or ask service users for their views.
- 2.16 Complaints are another way of improving service quality. However, the 2012 working group's report on Accessible Health Care for People with Sensory Loss¹⁹ noted that people with sensory loss are often reluctant to make a complaint. Sometimes this is because they cannot access the complaints system, for example if they would have to telephone or if they need support make a complaint. Sometimes people are reluctant to complain because of issues involving personal dignity or respect. Another issue raised with us is that the tight knit nature of many language communities can make it hard to complain about interpreters especially if they are highly regarded people in the communities. These factors may limit the usefulness of complaints as an indicator of service quality.
- 2.17 We are aware that Cardiff Council has recognised that WITS needs to make its own complaints system accessible following concerns raised in meetings with representatives from the D/deaf community in late 2017 and early 2018. WITS has recently discussed an action plan with its Advisory Board that includes introducing a more accessible complaints process. WITS is also responding to other concerns to improve its service to Deaf people in the context of the wider statutory duties on public bodies (Paragraphs 1.2 – 1.7).

19 Accessible Health Care for People with Sensory Loss Working Group, Accessible Health Care for People with Sensory Loss in Wales: final report 2012.

Developing interpreters' professional and language skills

- 2.18 One of the aims in establishing WITS was to increase the number of qualified interpreters working in Wales. Cardiff Council reports that all of the BSL interpreters working with WITS have interpretation qualifications. All are registered with the National Register of Communication Professionals working with Deaf and Deafblind People (NRCPD).
- 2.19 However, many interpreters of other languages do not have formal qualifications. They can choose to register with the National Register of Public Service Interpreters (NRPSI) but this is not compulsory to work as an interpreter in the UK and carries a fee. WITS told us that it is not always possible to use a registered or qualified interpreter because of the scarcity of some language interpreters. WITS has worked with Cardiff University to put on accredited training for those wishing to be public-service interpreters. However, the primary interpretation qualification takes a long time to achieve and is quite costly. This can be off-putting to some interpreters, particularly if they do not do a lot of interpreting perhaps because there is little demand for their language or because they have other employment.

Specialist interpretation for mental health services

- 2.20 Deaf charities estimate that D/deaf people are at least twice as likely to experience depression and anxiety than the general population²⁰. The British Society for Mental Health and Deafness received a grant from the Big Lottery Wales' People and Places Programme to provide mental health awareness training for D/deaf people. It is working in partnership with the British Deaf Association Wales and Public Health Wales NHS Trust to make an accredited Mental Health First Aid programme accessible for D/deaf people, including interpretation for BSL users. The programme aims to help D/deaf people and those involved with the community gain the skills to identify mental health problems and respond fittingly.
- 2.21 Mental illness is common among refugees and asylum seekers, many of whom have experienced trauma and loss in their country of origin. Furthermore, after arriving in the UK, many migrants, asylum seekers and refugees are cut off from social support, especially if they are dispersed to an area with few people from the same community. For those who seek treatment for mental illness, effective talking therapies such as cognitive behaviour therapy are impossible without an interpreter.

²⁰ The deaf health charity SignHealth estimates that D/deaf people are at least twice as likely to experience depression and anxiety than the general population. Some research has estimated an even higher prevalence of mental illness, especially among people with acquired hearing loss (Matthews L. Hearing Loss, tinnitus and mental health: a literature review, Action on Hearing Loss, January 2013).

2.22 The Welsh Government and NHS bodies as well as WITS are aware of the need to train interpreters to work in mental health settings. In February 2017, the Welsh Government issued guidance to health boards²¹. It has provided funding of £40,000 to train mental health practitioners in child and adolescent and adult mental health services in relation to the delivery of trauma focused care to asylum seekers and refugees. The Welsh Government's current consultation document 'Nation of Sanctuary – Refugee and Asylum Seeker Plan' proposes actions that would help people access mental health services in their asylum journey. Several initiatives are trying to make mental health services more accessible to adults, children and adolescents who do not speak English or Welsh. For example, MIND Cymru's Vulnerable Migrant Programme ran for three years to March 2018 to explore how services can be accessible to asylum seekers and refugees. This has included overcoming language barriers and understanding how treatment programmes can be changed to take account of cultural differences in understanding mental health²².

21 NHS Wales Welsh Health Circular, Good Practice Guidance on the Provision of Mental Health Support for Asylum Seekers and Refugees Dispersed to Wales, February 2017.

22 Mind Cymru, Improving mental health services for vulnerable migrants in Wales: changing context, emerging practice, Report of the Second Year, November 2017.

Part 3

Developing interpretation and translation services



3.1 In summer 2017, we asked councils and NHS bodies to tell us about the actions they have taken to make services accessible to people who face language barriers. The areas we asked about included policy documents, information and training for staff, information for service users and digital communication. This section of the report provides details from the 15 councils and seven NHS bodies that responded. Based on this and other information, we developed a checklist to help organisations in their planning for services.

Actions underway in Councils and NHS bodies in Wales

- 3.2 Our work showed that, while all councils and NHS bodies are providing interpretation and translation services for people who do not speak English or Welsh, the extent to which they have developed formal policies and procedures varies. This was in line with the findings of the Welsh Government's assessment of NHS bodies' progress towards meeting the NHS All Wales Standards for Accessible Communication and Information for People with Sensory Loss ([Appendix 2](#)).
- 3.3 All of the 15 councils and seven NHS bodies that responded to our information request had provided some training for at least some of their staff such as face-face training and guidance as well as displaying posters, e-training and putting information on their intranet. Examples include a sensory loss e-learning module produced by NHS Wales that is available through the NHS Wales learning platform. Velindre NHS Trust has introduced a BSL programme tailored to reflect the work of staff in the Trust providing cancer services. The Welsh Ambulance Service NHS Trust has also developed a BSL learning package for its staff. Betsi Cadwaladr University Health Board produced a Sensory Loss toolkit that provides information for staff about how to communicate with and help people with sensory loss in their hospitals. It also has step-by-step instructions about how to organise communication support. The toolkit won an Excellence Wales award from Action on Hearing Loss Cymru.
- 3.4 However, less than half of the organisations responding had a formal policy detailing their duties and/or citizen's rights in relation to interpretation and translation. The policies differed in detail but all provided information about the process for booking interpretation and translation.

- 3.5 Around half (7 of 15) of councils that replied to our information request have carried out work to make their websites more accessible. Most often, this was by incorporating an e-translation²³ tool or screen readers²⁴ (**Case Study 4**).
- 3.6 We reviewed the home pages of health boards and trusts at the beginning of 2018. Four of the seven health boards and Public Health Wales NHS Trust have adopted a standard format for their websites developed by the NHS Wales Informatics Service. This follows Government accessibility and web-content accessibility guidelines. Users can alter the font size easily and use screen-readers. Other health boards have developed formats that are more individual although still follow the guidelines. Cardiff and the Vale University Health Board have incorporated an e-translation tool (Google Translate) into their home page. This makes it easy to for users to translate web pages into many of common languages. The home page for the Welsh Ambulance Service NHS Trust has a link 'Deaf and Hard of Hearing' on its Home Page that has BSL content as well as information about the emergency text service and the medical information card (**Case Study 3**) to help people communicate in an emergency. The ability to translate the site into the other main languages spoken in Wales is clearly indicated at the bottom of the home page.
- 3.7 Where information is relevant to people who do not speak English or Welsh or experience sensory loss, there are good examples of organisations making it available in many formats. For example, the Welsh Government published 2013 NHS Wales Standards for Accessible Communication and Information for people with Sensory Loss (**Paragraphs 1.8 and 1.9 and Appendix 2**) in BSL, large print, audio, Braille and Easy Read.
- 3.8 In two other recent reports²⁵, we have highlighted opportunities for public bodies to improve the accessibility of their public information in specific areas of service delivery. For example, our work on housing adaptations highlighted that while delivery organisations provide information on housing adaptations in both Welsh and English, a significant number do not provide information in other accessible formats.

²³ E-translation (or machine translation) is an online or electronic tool that substitutes words or phrases in one language for another. In the past, this has been described as 'clumsy'. However, the accuracy of translations is improving, especially in the most common languages and new applications are emerging such as speak-translate and real-time translation.

²⁴ Screen readers 'speak' text to make it accessible to people with vision impairment, people with learning difficulties including dyslexia and people with poor literacy.

²⁵ Auditor General for Wales, **How Local Government manages demand – Homelessness**, January 2018; and Auditor General for Wales, **Housing Adaptations**, February 2018.

Case Study 4 – The Wales Audit Office’s work to make its public website accessible

The Wales Audit Office wanted to make sure that its public website is accessible to everyone. It commissioned the Digital Accessibility Centre to audit its website in 2015. Their report highlighted several issues and recommended improvements. The website now incorporates software providing text to speech interpretation in 40 languages and translation into 99 languages as well as other features that make it more accessible.

Although work to fix the website took longer than planned, doing it in-house allowed staff to learn how to produce accessible web content. The Wales Audit Office knows that it can do more to make other communications more accessible. Recently it has reviewed its font size for print and is developing new templates so its publications meet best practice for print.

Source: Wales Audit Office

Checklist for interpretation and translation services

- 3.9 To support future developments, we have compiled a checklist of issues that public bodies may need to consider when planning how to meet the needs of people who do not speak English or Welsh based on our work (Box 4). In doing this, we have referred to, but do not seek to reproduce, the advice and guidance available elsewhere and in the NHS-specific All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Paragraphs 1.8 and 1.9).

Box 4 – Checklist for interpretation and translation services

1. Understanding the communication needs of the local population

- a Has the organisation assessed the communication needs of the local population to estimate the likely demand for interpretation and translation services including the languages spoken locally?
- b Has the organisation reviewed how accessible its services are to people who do not speak English or Welsh, including Deaf people who use BSL, including seeking feedback from service users and representative groups?

Box 4 – Checklist for interpretation and translation services (cont.)

2. Policy and procedures

- a Has the organisation developed a policy covering:
 - Legislative requirements to ensure that services are accessible.
 - Requirement to use professional interpreters rather than relying on bilingual staff, family or friends.
 - Circumstances in which staff may rely on someone other than a professional interpreter such as emergencies.
 - Types of interpretation available and the circumstances in which staff should use face-to-face interpreters, telephone interpreters and video remote interpreting.
 - The process for booking face-to-face, telephone and video remote interpreting.
 - How to access interpreters at short notice or in emergencies.
- b Are arrangements in place to monitor the quality of interpreters and translation?
- c Is there an accessible complaints process?

3. Sourcing interpretation and translation services

- a Has the organisation considered the best options for it to source interpretation and translation services (whether through WITS, UK Government frameworks, by contracting directly with other service providers or a mix of these options)?
- b Does the organisation monitor the demand for and the cost of interpretation and translation services including any added costs incurred for late notice or emergency bookings, short-notice cancellations or missed appointments?
- c Has the organisation considered if it needs to source specialist interpreters, for example for work with people who are mentally ill or who have experienced violence or trauma?
- d Does the organisation know which staff – if any – have language skills to provide services in another language or to assist with communication in an emergency until a professional interpreter is available?

Box 4 – Checklist for interpretation and translation services (cont.)

4. Training for staff about working with people whose first language is not English or Welsh

- a Has the organisation considered and responded to the training needs of staff to ensure that they can communicate effectively with people whose first language is not English or Welsh?
- b Has the organisation evaluated the effectiveness of its staff training?
- c Do staff know how to book an interpreter?
- d Do staff know how to work with interpreters, for example booking longer appointment times or what is the interpreter's appropriate role?

5. Providing information for service users who do not speak English or Welsh as their main language

- a Are service users whose first language is not English or Welsh (including people who may use the services) made aware they can request an interpreter or translation, for example by information on the organisation's website, in posters/letters and through representative groups?
- b Are service users made aware they can express a preference for a particular interpreter?
- c Does the organisation seek feedback from service users who have used an interpreter?
- d Does the organisation clearly tell service users with different language needs how to make a complaint either about the interpreter, lack of accessible information or the service they have received more generally?
- e Has the organisation made sure that its website and other digital communication is accessible to those who do not speak English or Welsh?

Source: Wales Audit Office

Appendices

Appendix 1 – Our methods

Appendix 2 – Performance against
the 2013 All Wales
Standards for Accessible
Communication and
Information for People
with Sensory Loss



Appendix 1 – Our methods

This study focuses on people who do not speak English or Welsh including Deaf people who use BSL. We recognise that many other people have different communication barriers, for example people with learning disabilities or people who are deaf or hard of hearing, people with a combination of hearing and sight loss or people with poor literacy. Many of the steps to improve access for people who do not speak English or Welsh as a first language will help these wider groups (for example through using plain English and by increasing awareness of communication barriers generally) but this was not the focus of our work.

Following research and consultation with policy-makers and representatives of people who use interpretation and translation services, we hosted two shared learning seminars in February and March 2017 so representatives of particular groups and staff involved in delivering services could share their experiences and learn from each other. We followed up some case study examples from the seminars (**Box 5**) and more detail is available on the Wales Audit Office Shared Learning web pages (Making services more accessible to people who do not speak English or Welsh).

Box 5 – Case studies

1. Abertawe Bro Morgannwg University Health Board – Health Access Team
2. South Wales Police – Emergency and non-emergency contact, Keep Safe Cymru
3. Dyfed Powys Police – Emergency calls, The Pegasus Scheme
4. Dyfed Powys Police – Non-emergency text number
5. Arriva Trains Wales – Orange Wallet Scheme
6. Welsh Ambulance Service NHS Trust – Pre-hospital app
7. Taff Housing – Supporting people resettling in Cardiff and the Vale of Glamorgan through the Home Office’s Syrian Vulnerable Persons Resettlement Programme
8. Cardiff Council – Providing advice services to speakers of other languages in Community Hubs
9. Wales Audit Office – Making the public website accessible

In Summer 2017, we contacted councils and NHS bodies in Wales requesting information about their policy and actions to enable wider access to public services for people who do not speak English or Welsh as their first language or face language and communication barriers due to sensory loss. We had responses from 15 councils, four health boards and the three NHS trusts.

We reviewed the Strategic Equality Plans of 41 organisations – all 22 councils, the seven health boards and three NHS trusts, the three national park authorities, the four police forces and three fire authorities in Wales – to see what reference, if any was made to people who do not speak English or Welsh as a their first language or who experience language barriers because of sensory loss. We searched specifically for references to refugees, asylum seekers, migrants and Black and Minority Ethnic groups as well as language. Also for references to ‘Deaf’, ‘deafened’, ‘hearing impaired’ or ‘sensory loss’. We conducted the same review of the seven Population Needs Assessments published by the Joint Health, Social Care and Well-being Partnerships in 2017 and the 19 well-being assessments published by Public Services Boards for the first time in Spring 2017.

We had a number of meetings with officers from WITS. We followed the changes brought in following an audit report in March 2015 and the transfer of hosting responsibilities from Gwent Police to Cardiff Council. We contacted other interpretation and translation services to give them the opportunity to provide information on their services and work in Wales.

During this work, we also met with staff from the Wales Council for Deaf People and the Centre of Sign-Sight-Sound (formerly North Wales Deaf Association) in Summer 2017. We discussed the work with the Wales Council for Voluntary Action’s Equalities and Human Rights Coalition and received detailed information on initiatives underway from several organisations.

We also held discussions with officers from the Welsh Government and the Wales Strategic Migration Partnership, hosted by the Welsh Local Government Association.

Overall expenditure on interpretation and translation services

We know that public bodies in Wales spent £2.2 million through WITS and £55,000 through the UK Government procurement frameworks on interpretation and translation services in 2016-17 (Paragraphs 1.19 and 1.29). Expenditure through WITS includes a small amount (estimated at not more than £7,000) on Welsh language interpretation.

However, these figures do not include the cost of interpretation or translation procured through contracts with other private companies or third sector organisations. Overall, we were unable to establish the total expenditure on interpretation and translation for languages, in part because we only received information on expenditure from 12 councils, four health Boards and three NHS Trusts bodies. Some of the figures provided were either incomplete or inconsistent; for example, some paid a fee for each booking while others had a fixed contract for interpretation services. Information provided by councils did not include interpretation and translation for asylum seekers settled in Wales under the Syrian Vulnerable Persons Resettlement Programme as these costs are met from the Home Office's block grant to the host authority.

No information was provided on the number of employees whose primary role was interpretation or translation. Organisations also did not provide any assessment of the opportunity costs incurred by staff doing interpretation work rather than their primary role.

Appendix 2 – Performance against the NHS Wales’ 2013 All Wales Standards for Accessible Communication and Information for People with Sensory Loss

The Welsh Government monitors health bodies’ progress towards meeting the All Wales Standards for Accessible Communication and Information for People with Sensory Loss annually. Its unpublished reviews of information provided by the Health Boards and Trusts for 2015-16 and 2016-17 concluded that all have made progress towards achieving the Standards but performance is variable. All apart from Public Health Wales had an action plan towards achieving the Standards by March 2016. All could show that they had undertaken some form of needs assessment in hospital care. The following paragraphs summarise some of the findings from the reviews.

Secondary health care

All of the health boards and trusts except Powys Teaching Health Board have rolled out some form of awareness raising and/or training to staff. Various initiatives include how to use specialised equipment; information to raise awareness of the needs and issues faced by people with sensory loss and training staff in BSL. In 2016, the University Dental Hospital won an award in the Cardiff & Vale UHB’s Staff Recognition Awards for its awareness and training for front line staff in sensory loss.

All have put measures in place to improve their communication with people with sensory loss. Four health boards were piloting or rolling out text messaging for appointments and one health board is piloting a buzzer system to call patients for their outpatient appointment. Most have installed communication mechanisms such as hearing aid loops, Sondio amplification units, sensory mats, BSL interpreters and guidance on written patient information. Some have systems to alert staff to patients’ sensory needs such as sensory loss symbols on patient records/status boards and documenting communication needs in referral letters. Powys Teaching Health Board’s initiative to flag the access and linguistic needs of patients via e-referral and the Patient Admission System has been adopted as an exemplar.

Primary health care

Generally, primary care providers had done less to implement the Standards than secondary care. Initiatives underway and completed include:

- a **Raising staff awareness** of sensory loss issues and/or the Standards through training, awareness raising sessions and guidance documents;
- b **Introducing communication tools** for people with sensory loss who want to use primary care services. Examples include communication cards, booking BSL interpreters and piloting the use of awareness raising symbols. More specifically, the Accessible Information Standard for people with sensory loss was introduced into GP surgeries from November 2017.

It is a national, Welsh Government led, project that enables GP surgeries to capture, record, transfer and flag the communication and information needs of sensory loss patients. An additional phase will be added to the project by the end of March 2018 to enable those identified communication and information needs to be shared via e-referral when the GP refers patients to secondary care; and

- c **Making information about health and wellbeing accessible** for example by including BSL video clips on websites and adapting education programmes so that participation is inclusive. In regards to the latter, Abertawe Bro Morgannwg University Health Board has won an NHS Wales Award (Citizens at the Centre of Service Redesign & Delivery) in 2015 for its redesigned health and wellbeing courses that are now accessible to Deaf BSL users.

Issues identified as needing to be addressed in March 2017 included ensuring that appointment systems are more accessible to people with sensory loss. One health board noted an on-going problem with interpreters for emergency appointments. A more general concern in three of seven health boards was making public and patient areas in primary health buildings more accessible especially in older buildings and ensuring hearing loops are available.

Emergency and unscheduled health care

NHS bodies vary in the extent to which they have taken action to improve access to emergency and unscheduled care. Initiatives include:

- a staff training/awareness sessions;
- b using equipment such as listening devices, information cards, updating websites to assist people with sensory loss and identifying a lead or champion for sensory loss issues; and
- c the Welsh Ambulance Service NHS Trust has developed an app to help communication with patients and others who do not speak English or Welsh or who have sensory loss or other communication needs ([Case Study 6, Speak My Language Shared Learning](#)).

However, in March 2017, three health boards reported that they needed to address the issue of access to unscheduled and emergency care and especially outside of core hours.

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