

Interpreting and Translation Policy



Interpreting and Translation Policy

Document Type	Corporate Policy
Unique Identifier	To be set by Web and Systems Development Team
Document Purpose	To provide clear and consistent guidance to ensure; effective, accessible communication, safe support and care of those who use Trust Services and a reduction of barriers that may be faced by people whose first language is not English or who have a disability, impairment or sensory loss (e.g. hearing, sight or learning difficulties).
Document Author	Sheri Moule – Administrator, Organisational Development Team
Target Audience	All staff employed by Worcestershire Health and Care NHS Trust
Responsible Group	Workforce Committee
Date Ratified	24-05-2017
Expiry Date	24-05-2020

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Version History

Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
1	06.01.15 14.01.15	Equality and Inclusion Practitioner	Include details of Website translations & details of booking process Add Monitoring & Usage
2	14.01.15	Equality and Inclusion Group - which includes: Director of Quality Head of HR Head of Organisational Development Equality & Inclusion Practitioner Quality Leads for Mental Health, Community Care Staff Side Representative Representatives for Sexual Health, Prisons, Clinical Governance, Children's Services, Training & Development	WHCT changed to 'The Trust' Section 4 – additions & Grammatical corrections
		Service Delivery Unit Leads	Section 7 – change lifting to Manual handling
		Translation Services Administration Working Group	Grammatical corrections
		Home Treatment Service Manager	
		Lead for Community Engagement & Patient Involvement	
		Safeguarding Team	Revision and addition of wording: Sections 4,8,13,17
		Head of Marketing & Communications Accountant, Finance Team	
3	24.05.16	Administrator – Organisational Development	Updating contact details / including Accessible Information Standard
4	24.11.16	Organisational Development & Inclusion Practitioner	Revision and addition of wording: Sections 3, 4, 5, 6,7
5	07.02.17	Administrator – Organisational Development	Grammatical corrections Revision and addition of wording: Sections 3, 4, 5, 6,7
6	Feb 2017	Clinical Nurse Lead - CC South Head of Organisational Development Clinical Lead – Sexual Health	Appendixes to be added to contents Grammatical corrections Changes suggested in relation to 9.1, comments noted in relation to web based translations, wording remains unchanged Trust does not recommend the use, however may be suitable for casual translation or to identify a word References referenced where applicable
		Deputy Head of Quality Governance	
7	March 2017	Safeguarding Services Manager Company Secretary	Update Legislation/Policy Compliance details Clarification and confirmation of wording for section 4. Use of Interpretation
8	April 2017	Clinical Governance Group	Update exceptional / emergency circumstances information Change into current policy format

Accessibility

Interpreting and Translation services are provided for Worcestershire Health and Care NHS Trust including:

- Face to face interpreting;
- Instant telephone interpreting;
- Document translation; and
- British Sign Language interpreting.

Please refer to the intranet page: <http://nww.hacw.nhs.uk/a-z/services/translation-services/> for full details of the service, how to book and associated costs.

Training and Development

Worcestershire Health and Care NHS Trust recognises the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

Co-production of Health and Care – Statement of Intent

The Trust expects that all healthcare professionals will provide clinical care in line with best practice. In offering and delivering that care, healthcare professionals are expected to respect the individual needs, views and wishes of the patients they care for, and recognise and work with the essential knowledge that patients bring. It is expected that they will work in partnership with patients, agreeing a plan of care that utilises the abilities and resources of patients and that builds upon these strengths. It is important that patients are offered information on the treatment options being proposed in a way that suits their individual needs, and that the health care professional acts as a facilitator to empower patients to make decisions and choices that are right for themselves. It is also important that the healthcare professional recognises and utilises the resources available through colleagues and other organisations that can support patient health.

Guideline / Policy on a Page – Summary of Key Points

- This Policy is based on best practice in interpreting and translation with the intention of providing high quality, safe, equitable and effective healthcare se
- The policy has been developed to reflect requirements of the Equalities Act (2010) and the Accessible Information Standard (ISA 1605), it is worth noting the policy complements the Accessible Information Standard (AIS).
- The policy identifies potential or actual risks in relation to interpreting and translation and seeks to eliminate or reduce the risk, for example:
- The Trust does not advocate the use of family members or friends to interpret
- The role of a professional interpreter is to interpret verbatim and to highlight to the member of staff where the language being used may not have an equivalent word in that language
- The Trust does not advocate the use of minors to interpret it is inappropriate under any circumstances to use children as interpreters to discuss medical information, have sensitive conversations or to gain consent from a patient.
- If the patient requiring an interpreter is a child, then the child's family/carers should not be used to interpret as this could lead to safeguarding issues, a professional interpreter provided by the Trust should be used wherever possible.
- The Trust does not advocate the use of internet/electronic translation services, such as Google Translate, Babble etc. These systems will give a 'literal' translation with limited understanding of context and can change the meaning of the document which has implications for the delivery of healthcare.
- Only under exceptional circumstances should staff be used as an interpreter, if the interpreting was incomplete / inaccurate which resulted in the patient receiving inappropriate care, where does this place the member of staff or indeed the Trust if legal action were taken as a result?
- Professional interpreters are subject to a code of practice outlined in the contracting arrangements which clearly states their role and responsibilities. Capita have undertaken DBS or higher security checks. Put simply, if a patient is negatively affected by an interpreter because they failed to meet the terms and conditions of the contract arrangements the Trust can pursue legal address.

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Interpreting and Translation Policy

1. Introduction

Worcestershire Health & Care NHS Trust (WHCT or 'the Trust') recognises our statutory and moral duty to ensure equality of access to our services by providing access to interpreters to those who do not speak English as a first language or who require communication support because of a disability, impairment or sensory loss.

The policy reflects the requirements of the Equality Act 2010 and the Trust's further statutory responsibilities under the Public Sector Equality Duty:

- eliminate discrimination;
- advance equality of opportunity and
- foster good relations

Respect for human rights of an individual or group is fundamental to ensuring their quality of life. At the core of Human Rights are the principles of FREDA – Fairness, Respect, Equality, Dignity and Autonomy. These principles are fundamental to the NHS and our organisation.

This policy also supports the Care Quality Commission Core Standards: 1; 2; 4; and 7

2. Purpose of the Policy

The provision of Interpreting and Translation Services will ensure; effective, accessible communication, safe support and care of those who use Trust Services and a reduction of barriers that may be faced by people whose first language is not English or who have a disability, impairment or sensory loss (eg hearing, sight or learning difficulties). The Trust is committed to ensuring that all patients, service users and their carers have equal access to its services.

3. Scope

The purpose of this policy is to ensure that:

- Support the availability of appropriate information to people who use services and their carers/relatives in an accessible format that enables them to make informed choices about their care and treatment which takes account of their disability, impairments and cultural identity as well as language
- Staff and volunteers are aware of best practice in working with an interpreter to make most effective use of the service when required
- Staff, patients, service users and carers have access to interpreting and translation services appropriate to their needs to ensure the safe and effective delivery of healthcare.

4. Definitions

This policy is aimed at addressing the formal process of interpreting or translation; it is not intended to prevent a member of staff from generally communicating with another person in a different language or through British Sign Language (BSL).

- **Interpreting:** Is the oral transmission of meaning from one language to another, which is easily understood by the listener. This includes interpretation of spoken language into BSL, (which is a recognised language in its own right).

Interpreting can be provided face to face, by telephone or video (where available). Interpreting is different from advocacy and should not be used as a form of advocacy.

- **Interpreter:** An interpreter is someone who is (at least) bilingual but also has the ability and training to be able to work between two languages and facilitate communication between people¹.

- **Translation:** Is the written transmission of meaning from one language to another, which is easily understood by the reader or the conversion of written information into Braille or the production of visual formats to transfer information using BSL.

The different forms of Interpretation / Translation and their definitions explained are detailed in Appendix 1

5. Use of Interpretation

It is the policy of the Trust to only use interpreters who are bilingually competent, neutral, independent and professionally trained and qualified.

The use of family member or friends is not acceptable, unless there are exceptional circumstances set out in this policy. , this should be recorded appropriately in the patient / service user's medical records.

Where a clinical judgment is made that a family member is to be used for interpreting purposes, this should be recorded appropriately in the patient / service user's records explaining the circumstances that made it exceptional or an emergency. This should also be recorded through Ulysses where the circumstances and number of occasions will be monitored.

Any follow up treatment should be followed with a professional interpreter or translator being used.

It is unacceptable to use a family member or friend as an interpreter when discussing treatment, care and medical or social issues with a patient as the interpreter must be impartial. The same applies for staff support in Human Resources situations where an interpreter must be impartial of the process.

¹ Association of Sign Language Interpreters
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If a patient expresses a wish to use an **ADULT** family member or friend as an interpreter, it is important that staff explain the importance of using professionally trained interpreters to maintain impartiality and confidentiality. This communication exchange should be done with the use of either telephone or face to face interpreter to clarify the patient's wishes. If they still insist, staff should respect their choice provided the family member or friend agrees to interpret accurately what is said and there is no conflict of interest and the Trust accepts no liability should the delivery of care be compromised by the insistence of the patient on not having an approved Trust interpreter.

However where there is concern that the patient does not have mental capacity to make a particular decision in respect of their treatment, health or welfare, a Mental Capacity Assessment must be undertaken in respect of the specific decision to be made and this may result in a 'Best Interest Decision' where a patient does not have mental capacity.

The offer of using a professional interpreter, and the patient's choice not to do so should be documented in their medical records. However in mental health, child protection, domestic violence or other sensitive cases, it is not acceptable to use family members or friend.

In line with legislation and guidance on Safeguarding Children, for the purpose of this policy, a child is considered as anyone up to the age of 18 years old and a professional interpreter must be used. This can be either using the telephone or face to face interpretation. This does not prevent family from being present to provide support as they would do in other circumstances.

For social interaction, basic requests and general conversation, where confidentiality is not an issue, it is acceptable to use adult family and friends or staff if both parties are agreeable. In using family or friends for any interpreting the risks of this must be discussed and acknowledged.

Possible risks could include: personal interpretation, personal bias, idiosyncrasies and/or lack of impartiality.

5.1. Use of staff as interpreters: It is generally unacceptable to use staff as interpreters. However there are certain circumstances where it may be acceptable. These are in the case of emergency or where staff member is part of the patient's care team and it is for the purpose of social interaction, or it is not possible to arrange an interpreter (for example due to time constraints). It should be considered that although staff may be happy to interpret, it is not the most appropriate use of their time and the Trust cannot guarantee the quality or impartiality if they are there interpreting. It is not appropriate to use staff in HR situations.

Where a staff member is used to interpret this should be recorded appropriately in the patient / service user's records explaining the circumstances that made it exceptional or an emergency. This should also be recorded through Ulysses where the circumstances and number of occasions will be monitored.

Any follow up treatment should be followed with a professional interpreter or translator being used.

4.2. Intimate examinations and procedures: Please refer to the Trust Chaperone policy for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during a procedure or examination, the patient must be shielded from the interpreter by use of curtains or screens, or by use of the telephone interpretation service.

4.3. Emergency situations: In an emergency situation it may be necessary to use staff members to communicate information about care or personal history, interpret clinical information, medical terminology or to facilitate decision making about clinical care.

- **Use of staff:** In the event of an emergency situation requiring interpretation relating to consent or treatment, decisions must be made in the patients' 'best interests', and should not be delayed by waiting for a professional interpreter. This should be fully documented in the patients' medical records.
- **Use of family and carers:** In an emergency situation it may be necessary to use adult family members to help communicate basic information about care or personal history, but they should not be used to interpret clinical information, medical terminology or to facilitate decision making about clinical care. In the event of an emergency situation requiring interpretation relating to consent or treatment, decisions must be made in the patients' 'best interests', and should not be delayed waiting for an interpreter. This should be fully documented in the patient medical records.

In exceptional or emergency situations this should be recorded appropriately in the patient / service user's records explaining the circumstances that made it exceptional or an emergency. This should also be recorded through Ulysses where the circumstances and number of occasions will be monitored.

Any follow up treatment should be followed with a professional interpreter or translator being used.

6. Responsibilities of Worcestershire Health and Care Trust

The Trust will comply with and implement current legislative requirements. As a provider of healthcare in a diverse community, we are committed to providing appropriate access to all services.

6.1. Trust Board: The Trust is responsible for ensuring that there is access to trained and professional interpretation and translation services.

The responsibility for ensuring this policy is implemented and regularly reviewed lies with the Lead Director nominated for Inclusion.

5.2 Managers: Managers are responsible for ensuring that staff are aware of and implement this policy and for bringing any issues which may affect implementation to the attention of the Organisational Development & Inclusion Practitioner.

5.3. Employees: Staff are responsible for implementing the policy effectively and for bringing any issues which may affect implementation to their Manager. They also need to:

- Recognise when an interpretation or translation need exists.
- Assess which language is being spoken.
- Access and make provision for that need.
- Liaise with the Interpreting Service to arrange for an interpreter or written translation, providing the correct PIN Code details at the time of booking.
- Ensure that the Interpreting and Translation contract is for Worcestershire Health & Care Trust only to support patients in the course of their care provided by our Trust. If the user name and PIN code are compromised it means that the Trust are paying for a service not related to our work, this would be considered to be misconduct and could result in local investigation or disciplinary action.
- Accurately record within the patients' medical record the language or dialect used and any directive from the patient regarding interpretation or translation wishes.
- Where necessary, consider any safeguarding issues which may arise from the use of an interpreter (face: face).
- Give at least 48 hours cancellation notice to the Interpreting Service, if aware an appointment is cancelled or will not be happening as arranged with the Interpreting Service. Where this is not possible a reasonable timeframe should be used taking into consideration travel time for the Interpreter.

5.4. External Contractor's and Agencies: External contractors and agencies providing services on behalf of the Trust will be expected to make their staff aware of the Trust's policy and comply with it.

7. Identifying When An Interpreter Is Needed:

Where patients, service users, carers and parents have identified they have a communication and/or information support need related to a disability, impairment or sensory loss, for example people who are blind, deaf, have a learning disability etc, the Trust will provide information in an accessible format to meet their need.

Staff should refer to the Accessible Information Policy and Intranet for guidance on how to produce or access information in an accessible format.

The following are also possible examples of where an Interpreter may be needed:

- the patient may be able to speak English but whilst under distress, their understanding becomes impaired
- the patient has a sensory impairment (deaf/deaf-blind) and requires specialist support
- the patient has a learning difficulty/impairment and requires specialist support
- if important clinical information is to be given or consent obtained
- in HR cases where the staff member requires language or communication support to ensure clarity in communication and fairness of the process

See **Appendix 3** for Translation & Interpreting Flow Chart.

To aid the identification of Interpreting needs there are posters located in Trust Reception and Clinic areas which will enable patients, service users, carers and parents to point to the particular language they require, This poster is also available through the Trust Intranet (see **Appendix 4** for a copy of this poster).

8. Responsibilities of the Interpreter

Interpreters are responsible for

- interpreting accurately
- keeping all information obtained in the interpreting session confidential
- explaining cultural differences where appropriate

Their role does **not** include

- giving their own opinion
- chaperoning
- advocating for the patient or staff member
- undertaking other tasks such as translation (that is to convert the meaning of one language to another in a written form)
- manual handling of patients, looking after the patients' children etc.

Framework agreements are in place with the Providers that determine the contract agreement for the delivery of the interpreting and translation service in the Trust, for example the level of qualification of the interpreter, the level of clearance (DBS).

7.1 Health and Safety of Interpreters: An interpreter is subject to the Trust's existing policies and procedures while contracted to interpret. When booking an interpreter, staff should consider if any health and safety precautions should be applied to the interpreter and this should be communicated clearly at the time of booking and also reaffirmed at the commencement of the appointment.

7.2 Specific guidance for interpreters relating to home visits

- The interpreter should always remain in their car or site themselves away from the premises until the Trust Contact/healthcare professional has arrived. Under

no circumstances should they enter the property or introduce themselves prior to this.

- Once inside they should ensure that they introduce themselves, show relevant identification and make it clear that they are acting as an independent and impartial interpreter. It also follows that under no circumstances should they allow themselves to be left alone with the patient, service user or carer. If the Trust Contact/healthcare professional leaves the premises, or the room, the interpreter should go with them.
- Trust Staff and the Interpreter should agree in advance an emergency exit strategy and signal.

The interpreters' role should be respected. They must not be asked to work outside their boundaries.

9. Consent

Clinicians are required to seek informed consent before initiating treatments, carrying out any procedures or examining a patient who has the mental capacity to give consent. If the patient requires communication support, it is not acceptable to say that they do not have the mental capacity to give or withhold consent. A Mental Capacity Assessment should be undertaken in respect of the specific decision to be made in this instance. The clinician must make arrangements for an interpreter and treatment should not be initiated until this happens (see 'Emergency situations').

10. Use of Translation

Patient information should be offered and available in the relevant language and/or appropriate format (e.g. large print, audio or Braille), and information should use language and images that reflect and promote equality.

Staff guidance should firstly be sought via the Trust's Interpreting and Translation Intranet page which can be accessed via the Intranet.

Guidance and advice can also be accessed by emailing:
WHCNHS.EqualityandDiversity@nhs.net

Examples of information that may require translating:

- Appointment letters
- Medical Notes
- Patient information leaflets

9.1 The Trust does not recommend 'internet translation websites' to translate text

There are a number of internet translation sites that can in theory translate English into a number of languages but they have limitations and translations are not always reliable.

Mathematical algorithms are used to produce a 'machine translation', they translate word for word and don't take into account language structure, grammar, the various tenses or if a word is male or female (used in some languages). The translated text is not of the same quality as if it had been translated by a human translator. There is no guarantee that the translation will be structured in a way that it can be read by a person reading the translation and make sense in that language and there is a difference in quality of translation between the languages. They may be suitable for casual translation or to identify a word but once 'context' is required they may not have the capability to translate accurately.

Web based translation should only be used in exceptional circumstances. A record should be made in the patient / service user's records explaining the circumstances that made it an exception along with copies of the web translation. Where exceptional circumstances arise, this should also be recorded through Ulysses where the circumstances and number of occasions will be monitored. Any follow up treatment should be followed with a professional interpreter or translator being used.

11. Accessing Interpretation and Translation Services

In order for staff to access the correct booking details for any type of interpreting they should refer to the Trust's Interpreting and Translation Intranet page which can be accessed via the Intranet.

Guidance and advice can also be accessed by emailing:
WHCNHS.EqualityandDiversity@nhs.net

12. Monitoring Of Providers, Usage and Financial Costs

There is no central resource for Interpreting or Translation costs, each Service Delivery Unit is responsible for identifying resource implications of providing interpreting and translation.

In order to maintain an overview of overall costs to the Trust specific PIN codes should be used as described on the Trust Intranet. Bookings will be monitored to ensure costs are being attributed correctly.

13. Religious, Cultural or Spiritual Beliefs

Some patients, service users and carers may prefer to use the services of an interpreter who is of the same gender (i.e. male to male or female to female). Please check with the individual (where possible) and advise the interpretation service to establish if this request can be met. If the request cannot be met this should be communicated to the patient, service user or carer. However it should be noted this request cannot always be met and there are instances where an interpreter of a particular language / gender are difficult to secure

14. Safeguarding

14.1. Children: *“When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the first language of that child is not English, an interpreter must be used.”* (Recommendation 18 paragraph 6.25, The Victoria Climbié Inquiry - Report of an Inquiry by Lord Laming (2003)). It is inappropriate under any circumstances to use children as interpreters to discuss medical information, have sensitive conversations or to gain consent from a patient. A child is any person under the age of 18.

If the patient requiring an interpreter is a child, then the child's family/carers should not be used to interpret. A professional interpreter provided by the Trust should be used wherever possible. For the purposes of general conversation it may be acceptable to converse with the child through the family or carers, but this is at the discretion of the healthcare team.

Where the language of the patient is not known prior to the appointment, it is appropriate to use telephone interpretation when first in contact with the patient (arranging the appointment) and then to arrange face to face interpreters as needed for future appointments. This would include both face to face and telephone interpretation. Best practice would be to use face to face interpretation, however, where this is not possible telephone interpreting may be used in extenuating circumstances.

13.2 ‘Adults with care and support needs’ As with children, adults deemed as having ‘care and support needs’ and experiencing or at risk of abuse and neglect and unable to protect themselves should have a professional face to face interpreter provided by the Trust in every instance.

13.3. Abuse²: Interpreters are not responsible for assessing whether or not patients have experienced abuse. However, if during or after the interpreting session the patient discloses such information to the interpreter, the interpreter will convey this message to the professionals for whom they are interpreting or the interpreter's line manager. It is the professional's or the interpreters' line manager's responsibility to take appropriate action which may include involving Child or Adult Safeguarding

15. Approval and Ratification

The policy will be approved by the Inclusion Steering Group and ratified by the Workforce Committee.

16. Review, Revision and Dissemination

This Policy will be reviewed 12 months from ratification to reflect the changing landscape of the NHS in Worcestershire and changes in legislation. Thereafter, this

² Abuse is a violation of an individual's human and civil rights by any other person or persons.” (‘No secrets’ Department of Health/Home Office 2000)

Abuse can be something that is done to a person or something not done when it should have been. An act or an omission to act does not have to be intentional to be considered as abuse.

Abuse can be a single act or repeated acts.

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policy to be reviewed on a 3 yearly basis or earlier if there are changes to legislation or national/local requirements

17. Equality Analysis

This policy has undergone an equality analysis - Appendix 5.

18. Legislation/Policy Compliance:

The following documents have been used to inform this policy: -

- Equality Act (2010)
- Health and Social Care Act 2012, Section 250
- Care Quality Commission Core Standards
- The Victoria Climbié Inquiry - Report Of An Inquiry by Lord Laming (2003)
- Chaperone Policy (WHCT)
- Care Act 2014
- Accessible Information Standard (AIS) and Policy (20017)
- Mental Capacity Act 2005 Summary and Guidance for Staff CL-083
- Policy Guidance for Safeguarding Adults with Care and Support Needs CL-047
- Safeguarding children & young people policy CL-018

Appendix 1 – Definitions of Interpretation and Translation

Braille	Braille is a format used by people who are blind, deafblind or who have some visual loss. Readers Use their fingers to 'read' or identify raised dots representing letters and numbers.
Large Print	Large Print is printed information enlarges to a size that is accessible to a person who is blind or has visual loss. Different font sizes are needed by different people. Note it is the font size which needs to be larger and not the paper size
Easy Read	Easy Read can be pictures, diagrams, symbols and/or photographs which are used to illustrate simple words and phrases.
Audio	A document can be spoken and put onto CD or Tape in English and Other Languages. A telephone call may be more effective but make sure the person has understood the instructions by asking them to repeat what they are expected to do.
Sign Language	Visual gestures that is in the first or preferred language of many d/Deaf ³ people and some deafblind people; it has its own grammar and principles
Lip Reading	Visually interpreting the lip and facial movements of the speaker. Lip Reading is used by some people who are d/Deaf or have some hearing loss and by some deaf/blind people.

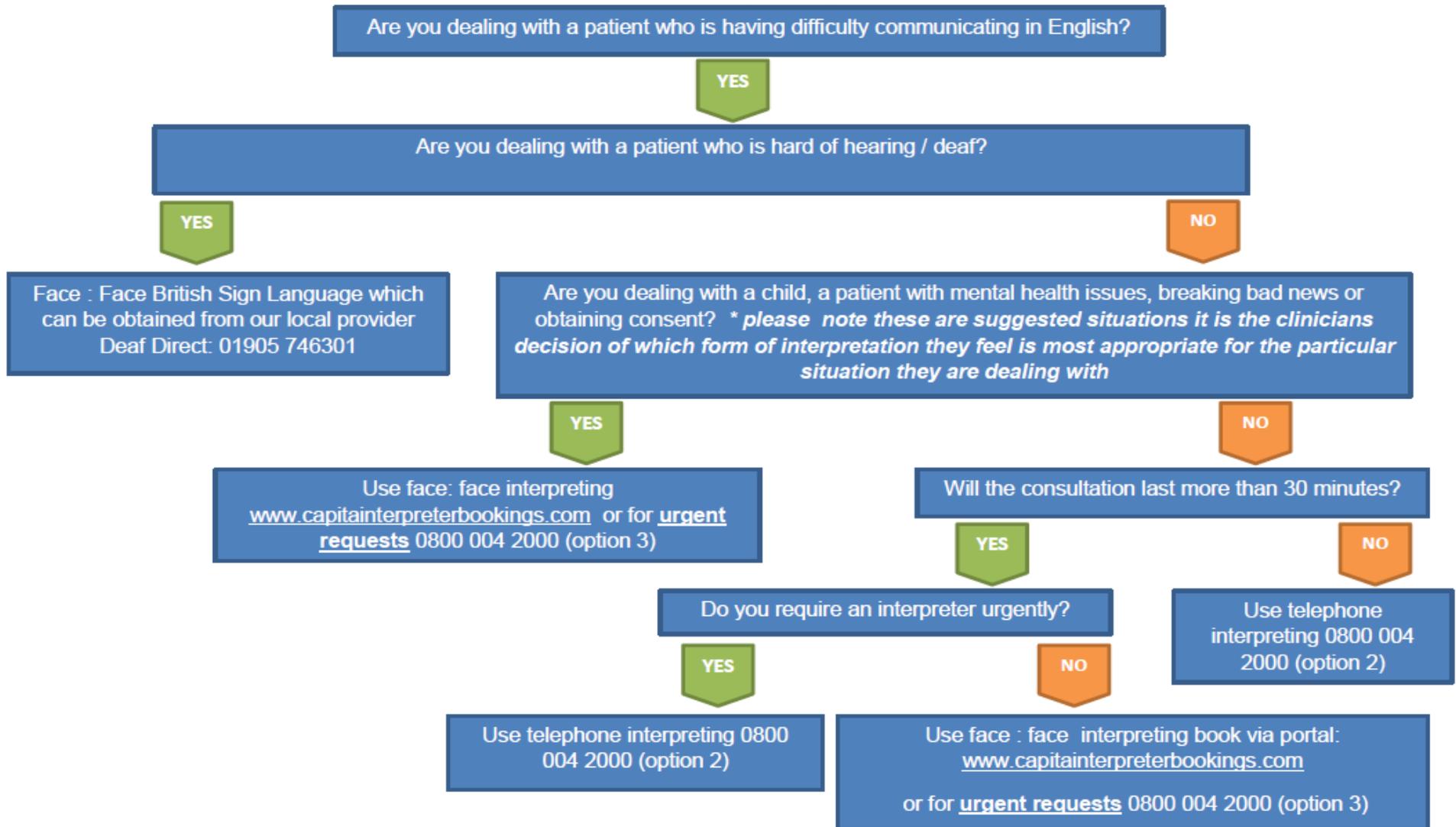
³ d/Deaf: Deaf (sign language users) and deaf (d/) who are hard of hearing but who have English as their first language and may lipread and/or use hearing aids.

Appendix 2 - 9 Protected Characteristics

Age	Specific ages and age groups? A universal policy may still disadvantage a particular age group.
Disability	<p>A physical, mental impairment or learning difficulty which has substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Not all disabilities are visible/apparent. Consideration should be given to:</p> <ul style="list-style-type: none"> • Accessibility - venue, location, signage • Awareness training for staff delivering the service • Involving service users • Hearing Loops/Interpreter/British Sign Language • Referral System/partnership working • Plain English.
Gender Reassignment /Transgender	The process of transitioning from one gender to another. This includes people who have expressed a desire to change gender, live as another gender or dress as another gender. Considerations include, staff training, communication skill that result in a non-judgemental support and confidentiality.
Pregnancy & Maternity	Pregnancy is the condition of expecting a baby, maternity refers to the period after the birth. Considerations include, access to private area for breastfeeding mothers, flexible hours.
Race	<p>A group of people defined by their race, colour, nationality (including citizenship) ethnic or national origins. Considerations include, identifying the demographic population that uses your service or affected by your project, eg:</p> <ul style="list-style-type: none"> • What language/s do these communities speak? • What support for accessing the service/project can you offer? • Cultural issues - mixed gender activities, hygiene, clothing, physical activities. • How will you make your service/project accessible for the diverse local population? • Staff Training on issues relating to the BME community.
Religion or Belief	<p>Belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally a belief should affect life choices or the way a person lives for it to be included in the definition. Considerations include identifying the demographic population e.g.:</p> <ul style="list-style-type: none"> • prayer times, meal times, food, religious holidays e.g. Ramadan, flexibility. • Training of staff • Respecting differences • Religious beliefs e.g. blood transfusions.
Sex	A Man or a Woman. Consider the impact on males and females, for example, same sex accommodation, same sex groups/activities, timing of services/projects and location to improve access.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex (lesbian/gay), the opposite sex (heterosexual/straight) or to both (bisexual). Do not assume that someone is heterosexual/straight. Considerations include staff training, eliminate prejudices and respect rights.
Marital Status	Marriage is defined as a 'union between and man and woman'. Same-sex couples can have their relationship legally recognised as 'civil partnerships'. Civil partners must be treated the same way as married couples on a wide range of legal matters.

Appendix 3 – Translation and Interpreting Flow Chart

Translation and Interpreting Flow Chart



Appendix 4 – Point to your Language Poster

Please point to your language and we will request an interpreter for you

If you have a communication or information support need please let a member of staff know

Worcestershire Health and Care **NHS**

NHS Trust

Polski

(Polish)

Prosimy o wskazanie swojego języka, abyśmy mogli zapewnić Państwu pomoc tłumacza.
Jeżeli potrzebują Państwo wsparcia w zakresie komunikacji lub informacji, prosimy powiedzieć o tym pracownikowi.

Lütfen konuştuğunuz dili işaret ediniz ve sizin için bir tercüman çağıracağız.
İletişim veya bilgi desteğine ihtiyacınız varsa, lütfen görevlilerden birine haber veriniz.

Português

(Portuguese)

Aponte para o seu idioma para podermos solicitar um intérprete para si.
Se tiver alguma necessidade de apoio com a comunicação ou informação, por favor, informe um membro do pessoal.

請指出您的語言，我們會為您安排口譯員。
如果您需要溝通支持或信息支持，請向工作人員提出。

Русский

(Russian)

Пожалуйста, укажите свой язык, и мы организуем для вас услуги переводчика.
Если вам требуется оказание поддержки в общении или предоставление информации, пожалуйста, сообщите об этом члену персонала.

Kérjük mutasson az Ön által beszélt nyelvre és mi kérünk Önnek tolmácsot.
Ha szüksége van kommunikációs vagy információs segítségre, ezt tudassa valamelyik kollégánkkal.

Italiano

(Italian)

Indicare con il dito la propria lingua e presenteremo richiesta per l'interprete corrispondente.
Si prega di informare un membro del personale se si necessita di assistenza per comunicazioni o informazioni.

Vă rugăm să indicați limba dvs. și vom solicita un interpret pentru dumneavoastră.
Dacă aveți o comunicare sau nevoie de informații de suport vă rugăm să anunțați un membru al personalului.

Slovenský

(Slovak)

Prosím, ukážte na svoj jazyk a vyžiadame vám tlmáčika.
Ak potrebujete pomoc s komunikáciou alebo informáciami, oznámte to personálu.

請指出您的語言，我們會為您安排口譯員。
如果您需要溝通支持或信息支持，請向工作人員提出。

বাংলা

(Bengali)

আপনার নিজের ভাষা কোনটি তা নির্দেশ করুন। আমরা আপনার জন্য একজন দোভাষী আসার অনুরোধ জানাব।
যোগাযোগের ক্ষেত্রে অথবা কোনো তথ্য সহায়তা দরকার হলে দয়া করে এখানকার কোনো কর্মীকে তা জানান।

برائے مہربانی اپنی زبان کی نشاندہی کریں اور ہر آپ کے لیے ایک مترجم کی گزارش کریں گے۔ اگر آپ کو
مواصلات یا معلومات کی حمایت کی ضرورت ہے تو برائے مہربانی عطیے کے ایک رکن کو مطلع کریں

میرپوری

(Mirpuri)

برائے مہربانی اپنی زبان کی نشاندہی کریں اور ہر آپ کے لیے ایک مترجم کی گزارش کریں گے۔ اگر آپ کو
مواصلات یا معلومات کی حمایت کی ضرورت ہے تو برائے مہربانی عطیے کے ایک رکن کو مطلع کریں

برائے مہربانی اپنی زبان کی نشاندہی کریں اور ہر آپ کے لیے ایک مترجم کی گزارش کریں گے۔ اگر آپ کو
مواصلات یا معلومات کی حمایت کی ضرورت ہے تو برائے مہربانی عطیے کے ایک رکن کو مطلع کریں

العربية

(Arabic

[Modern Standard])

يرجى الإشارة إلى لغتك وستطلب لك مترجم.
إذا احتجت إلى الاتصال أو المساعدة ببعض المعلومات فمن فضلك إبلاغ أحد الموظفين بذلك.

ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਬੋਲੀ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੇ ਲਈ ਦੋਭਾਸ਼ੀਏ ਦੇ ਪ੍ਰਬੰਧ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰਾਂਗੇ।
ਜੇ ਤੁਹਾਡੀ ਸੇਵਾ ਨਾ ਜਾਣਕਾਰੀ ਸਹਾਰਾ ਲੈਣ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਕਿਸੇ ਇੱਕ ਵਿਭਾਗੀ ਕਰਮਚਾਰੀ ਨੂੰ ਦੱਸੋ।

Türkçe

(Turkish)

中文(简体)

(Mandarin
[Simplified Chinese])

Magyar

(Hungarian)

Românește

(Romanian)

中文(繁体)

(Cantonese
[Traditional Chinese])

اردو

(Urdu)

پنجابی مغربی پاکستان

(Punjabi Western
[Pakistan])

ਪੰਜਾਬੀ

(Punjabi Eastern
[India])

Appendix 5 - Equality Analysis

Title of Policy/Function		Reviewed
Interpreting and Translation Policy		NEW
Short description of Policy/Function (aims and objectives, is the policy/function aimed at a particular group if so what is the intended benefit):		
<i>To ensure staff are able to access appropriate communication support services for patients, service users and carers whose first language is not English or who have hearing / speech / sensory impairment / loss.</i>		
Name of Lead/Author(s)	Job Title	Contact details
Sheri Moule	Administrator – Organisational Development	sherimoule@nhs.net

When the policy/function involves patients/staff/partners/stakeholders etc please where possible include them in the Equality Analysis to demonstrate openness, transparency and inclusion and particularly by those who this policy/function is most likely to have impact.

Does this Policy/Function have any potential or actual impact that is positive(+), neutral (N) or negative (-) impact on the following protected characteristics please indicate:				
	+	N	-	Please provide a rational/justification for <u>each</u> of the following regardless of impact
Age		N		This policy will have a neutral impact regardless of age and applies to all patients, service users, carers and staff <i>whose first language is not English or who have hearing / speech / sensory impairment / loss. An age appropriate method of interpreting and translation will be used, eg telephone interpreting may not be appropriate for very young children or senior adults, the method selected will be in accordance with the needs of the individual.</i>
Disability	✓			This policy will have a positive impact to all patients, service users, carers and staff <i>whose first language is not English or who have hearing / speech / sensory impairment / loss as providing Interpretation and Translation services will promote equal access to Trust Services. The appropriate method of communication will be applied for example the use of Easy Read, Braille, face-to-face interpreting where a person has a hearing difficulty or the use of other mediums such as British Sign language etc.</i>
Gender Reassignment		N		This policy will have a neutral impact regardless of reassignment status and applies to all patients, service users, carers and staff <i>whose first language is not English or who have hearing / speech / sensory impairment / loss.</i>
Pregnancy & Maternity		N		This policy will have a neutral impact regardless of pregnancy & Maternity status and applies to all patients, service users, carers and staff <i>whose first language is not English or who have hearing / speech / sensory impairment</i>

				/loss				
Race	✓			This policy will have a positive impact to all patients, service users, carers and staff <i>whose first language is not English or who have hearing / speech / sensory impairment / loss as providing Interpretation and Translation services will promote equal access to Trust Services. Cultural identity and preferences will be accommodated where possible, for example the use of a female/male interpreter for a female/male patient who is receiving more personal healthcare or where there are cultural requirements.</i>				
Religion & Belief	✓			It is important to remember that being polite is different in different cultures, in providing Interpreting and Translation Services WHCT is allowing patients, service users and carers to equally access our services.				
Sex	✓			Some patients and carers may prefer to use the services of an interpreter who is of the same gender (i.e. male to male or female to female). WHCT is allowing patients, service users and carers to equally access our services.				
Sexual orientation		N		This policy will have a neutral impact regardless of Sexual orientation and applies to all patients, service users, carers and staff <i>whose first language is not English or who have hearing / speech / sensory impairment / loss.</i>				
Marriage & Civil Partnership		N		This policy will have a neutral impact regardless of Marital status and applies to all patients, service users, carers and staff <i>whose first language is not English or who have hearing / speech / sensory impairment / loss</i>				
Other Groups who benefit from interpreting and translation services include: eg carers, advocates, parents of a person who is receiving the healthcare. In addition the homeless, travelling communities, , people resident within deprived areas and asylum seekers/refugees have access to Interpreting and Translation in accordance with their needs								
Analysis conducted by: (minimum of 3 people)								
	Name	Job Title	Contact details					
1	Sheri Moule	Administrator - Organisational Development	sherimoule@nhs.net					
2	Rachel Kirkwood	Head of Organisational Development	r.kirkwood@nhs.net					
3	Patrick McCloskey	Organisational Development & Inclusion Practitioner	Patrick.mccloskey@nhs.net					
Start date of policy/function			Period valid for: Review period will be 3 years but will always be subject to change to reflect best practice in equality and changes in legislation					
Review date of policy/function			April 2020					
Service Delivery Unit:		Corporate Policy						
Reference/Version:		Date Equality Analysis completed:	D	D	M	M	Y	Y

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