

# Health Experiences of Asylum Seekers and Refugees in Wales: How well are interpretation needs met?



Recommendations arising from HEAR2 research



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## For Policy Makers - Welsh Government

Develop commissioning guidance and standards for interpretation in health and care (already exist in England and Scotland)

Establish regular reviews of Interpretation Commissioning and Provision

## For Interpretation Service Planners and Commissioners

Strengthen planning by auditing of population language needs and strengthening links with **Home Office and strategic migration partnerships** who will be aware of upcoming influx of people from countries with UK resettlement schemes

Promote health and care interpretation services to the local population

Work with the Home Office to make new asylum seekers and re-settlement programme arrivals to the UK aware that they are entitled to interpretation services when accessing the NHS

Ensure consistent interpreter skills and aptitude for health interpretation, through funded accredited training for interpreters

Place contracts of sufficient length for service continuity, quality evaluation and planning for next cycle

## For NHS Services

Design processes to allow non-English speakers to request interpretation (for example with a standard sample language text sheet or picture cards for language needed)

Design processes to enable patients to book primary care appointments in their language of choice to enable access

Improve the use of language need coding and alert systems on patient notes and electronic records of interpretation needed

Train health care providers on interpretation entitlements and processes, how to work with interpreters and check on understanding with interpreters following consultations

Ensure longer appointment times where interpretation is required to reduce pressure on clinicians

Develop processes for if a patient refuses an interpreter



## For NHS jointly with Interpretation Services Providers

Simplify processes to access an interpreter especially for unplanned/urgent care

For planned care, develop process to share the name, gender and language/ dialect of the interpreter with the patient prior to appointment, (in case the individual knows the interpreter or has a gender-sensitive issue)

For planned care, offer patients the opportunity to choose the gender of their interpreter for sensitive appointments

For planned care, assess the need for and offer where possible, continuity of interpreter throughout the patient journey, (especially important for a course of treatment eg cancer care or pregnancy)

Establish feedback loops between the NHS and interpretation service provider organisations on the quality of service

## Home Office and Local Authorities

Make Health and Social Services Group Welsh Government and NHS Wales aware of new Resettlement schemes and periods of predicted increased arrivals

Make new asylum seekers and re-settlement programme arrivals to the UK aware that they are entitled to interpretation when accessing health, social care and other services

Assess likely English language needs for groups of new asylum seeker or re-settlement programme arrivals to the UK and communicate to NHS Planners and Commissioners

Encourage early integration into 'English lessons for Speakers of other Languages' (ESOL)

## Researchers

A UK wide evaluation of interpretation services for asylum seekers and refugees, including the health economic component is feasible and recommended

Recruitment methods selected should reflect the research questions and the population sought

Explore methods to assess the accuracy/fidelity of interpretation in health consultations

Raise awareness that EQ-5D-5L translations from EuroQol may not be readily available for all languages, which is necessary to have valid quality of life measures

If peer-researchers are used to carry out qualitative interviews, in-depth training should be provided

Research and information governance permissions can delay research across NHS sites. Time needs to be allowed to navigate these required processes and strong partnership working with NHS based Principal Investigators is necessary to avoid or reduce delays

Questionnaires should be short and hide sequential options until needed in digital versions and should be multi-lingual to reduce bias towards inclusion of those with better English language abilities



**“I put my whole  
life in his hands...  
since I have no English”**

Asylum seeker talking about  
her NHS Interpreter



**“...a voice for  
the voiceless”**

Asylum seeker talking about  
interpretation services  
in health

