

**Kent County Council
Equality Analysis/ Impact Assessment (EqIA)**

Directorate/ Service: Sensory Services

Name of decision, policy, procedure, project or service:

Recommission for Managed Service for Interpreting, Translating and Transcription Services for d/Deaf and Deafblind Individuals.

Responsible Owner/ Senior Officer: Samantha Sheppard – Senior Commissioner

Version: V7

Author: Sylvia Rolfe - Commissioner

Pathway of Equality Analysis:

Board	Date
DivMT OPPD	11.11.18
DMT	05.12.18
Project Team	05.12.18
Corporate Equality Team	08.01.19
22.01.19	22.01.19

Summary and recommendations of equality analysis/impact assessment.

- **Context**

Kent County Council has a statutory responsibility under The Care Act 2014 to meet the needs of Individual assessed as having eligible needs including Individual with sensory impairments.

A person's method of communication should not cause for them a barrier which obstructs them from accessing any services that they may need. d/Deaf and deafblind Individual in Kent need to be able to live safely and independently in their local communities. Public sector agencies must therefore ensure equality of access to services within their communities and prevent discrimination as detailed in the Equality Act 2010.

Within the context of this service we mean the following conditions:

- A hearing impairment may mean a person has no hearing at all or has hearing loss at a particular range of frequencies, or may have tinnitus (noise in the ears). It may be congenital or acquired and may influence speech and language development if it occurs early in life;

- d/Deaf refers to someone who is Deaf, deafened or hard of hearing. The term d/Deaf will be used throughout to include Individual who are Deaf (British Sign Language users), who were either born deaf or became deaf in early childhood and use BSL (British Sign Language) as their first or preferred language. The focus of this term is on the 'D' in Deaf to indicate that they have their own language and culture.
- A Deaf person may use British Sign Language (BSL) as their first language. This is a language with its own grammar constructions that are different from English. An individual may have some difficulties communicating effectively in written language but may be a very good communicator in BSL. If a d/Deaf person is accompanied by an interpreter, you should speak directly to the d/Deaf person. However, not all d/Deaf Individual will know or use sign language;
- Some Individual may use Sign Support English (SSE) rather than BSL. SSE is not a language, but more a style of English with signs;
- Deafblindness is regarded as a separate unique disability. Persons are regarded as deafblind if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility.

Specifically, the Care Act 2014 states:

Section 3: Local authorities must ensure information and advice services have due regard to the needs of Individual with sensory impairments. This includes ensuring websites conform to accessible information standards and Individual have information in a language that they understand.

Section 4: Local authorities exercising their market shaping duties should ensure there is a range of types of support from low level preventative, promoting wellbeing to complex specialist support.

Section 10: Assessments are to be carried out by appropriately trained and competent staff who seek advice from an expert where required. This would mean asking for advice from a person who understands the impact of sensory impairment.

Section 11: Personal budgets are key to personalisation. For Individual with a sensory impairment the crucial issue is often ensuring sufficient budget where specialist support is required. The guidance makes specific reference to this both as a general principle and for those whose needs may be costlier to meet, including deafblind Individual.

Section 12: Provides guidance on Direct Payments, where Individual wish to use direct payments, it is critical to ensure the support provided is accessible. The guidance includes a case study showing how this can be done in relation to sensory impairment.

Local Context - KCC Sensory Strategy 2018-21

The Sensory Strategy was endorsed by KCC Adult Social Care Cabinet Committee on the 18th May 2018. It contains 11 high level outcomes including:

- The needs of sensory impaired children and adults are included and addressed within the public health and prevention agenda;
- Individuals are well informed about services, resources and information available; information is provided in line with the Accessible Information Standard;
- Children and adults are supported and enabled to be as independent as possible.
- d/Deaf, deafblind and sight impaired children and adults receive skills training (habilitation and rehabilitation) and equipment to increase their independence;
- Services are responsive and personalised enabling children and adults to access opportunities appropriate to their needs;
- Seamless all age, lifespan pathways are developed for sensory impairment leading to better outcomes for children, young Individual and adults; these are aligned to other relevant pathways;
- Reasonable adjustments are made to services to ensure that sensory impaired individuals have equal access to mainstream services.

Current Position

The existing contract is commissioned through a single provider, currently RAD (Royal Association for Deaf Individual), delivering services to KCC and five partners (detailed below). Each partner funds their own provision with KCC funding Social Care provision through a £35,000 annual budget. The Adult Health budget is £20,000, with the Children's Team contributing £15,000. The budget is internally set at £53,000 on iProc to ensure other internal Kent County Council departments can call off on the contract with an internal journal transfer made to reimburse the core budget on the spend. The actual spend on the contract for the whole of KCC is £53,000.

The current Lot provision is as follows:

1. BSL interpreting;
2. Irish Sign Language (ISL) interpreting;
3. Sign Supported English (SSE) translation;
4. Deafblind Manual (Hands-On and Visual Frame);
5. d/Deaf Relay;
6. Speech to Text Reporting (Remote and On-Site);
7. Note Taking (Electronic and Manual);
8. Lip Speaking.

The commissioning process indicated KCC would also like the Contract to provide access to Video Relay Interpreting; however, this was not achieved through the contract and no development was established.

Summary Future Service Output

The future provision shall provide the following range of interpreting, translation and transcription service Lots as a minimum:

Table A

Lot Number	Description
1	BSL face to face interpreting
2	Interpreters for deafblind Individual
2a	Visual Frame Interpreting
2b	Hands on Interpreting
2c	Deafblind interpreting with Haptics skills (social haptic communication)
2d	Manual Interpreting
3	Note Taker (Transcription)
3a	Manual Note Takers
3b	Electronic Note Takers
4	Lip Speakers
4a	English Language Lip Speakers
5	Speech to Text Reporters
5a	Palantypist
5b	Remote Speech to Text Reporter
6	Deaf Relay
7	BSL Sign Language Translator
7a	Document Translation
7b	Audio/Visual Material Transcription/Translation
7c	In-vision Translator
8	Video Interpreting Services
8a	Video Remote Interpreting Service
8b	Video Relay Service
9	Other Sign Language Interpreters to include Sign Language Interpreting from an international range of languages)

The wide extensive Lot provision within the new contract aims to cover all the gaps in the current provision and supports the changes and growth in need detailed within the research.

The provision for specifically Irish Sign Language Interpreters has been removed and this can be provisioned through Lot 9. Lot 9 gives the additional benefit of attracting interpreting and other services from a range of qualified professionals to support the wider provision of the service.

Lot 8 will be integrated from the start of the new commissioned service and will be reviewed for all non-priority assignments under 20 minutes e.g. pre-booked GP appointments, nurse practitioner appointments. Within the current contract Video Interpreting has been avoided with 'lack of hardware' flagged as the issue; however, this

can be simply developed with the implementation of one tablet within each General Practitioners establishment, or the use of Skype on existing hardware.

- Currently there are eight Lots within the existing contract without sub-provision within the Lots; the Lots are not promoted through the service.

The current provider does not collect any equality data or information regarding current services delivered which has made the completion of this impact assessment different. However, Commissioners have engaged with the Community worker, conducted a variety of engagement and ensured as much equality data and information were collected to inform this assessment.

Adverse Equality Impact Rating Low

Attestation

I have read and paid due regard to the Equality Analysis/Impact Assessment concerning **BSL Interpreting, Translating and Transcription Service for d/Deaf and Deafblind Individual**. I agree with risk rating and the actions to mitigate any adverse impact(s) that has /have been identified.

Head of Service

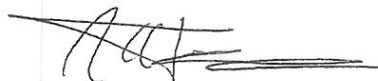
Signed:

Name: Clare Maynard

Job Title:

Date: 08.01.19

DMT Member



Signed:

Name: Anne Tidmarsh

Job Title: Director Partnerships

Date: 9 January 2019

Part 1 Screening

Could this policy, procedure, project or service, or any proposed changes to it, affect any Protected Group (listed below) less favourably (negatively) than others in Kent?

Could this policy, procedure, project or service promote equal opportunities for this group?

Protected Group	Please provide a <u>brief</u> commentary on your findings. Fuller analysis should be undertaken in Part 2.			
	High negative impact EqIA	Medium negative impact Screen	Low negative impact Evidence	High/Medium/Low Positive Impact Evidence
Age			Older individuals needing access to the service may not use the traditional BSL and may use sign support English and other variations learnt over time. There are currently gaps in the service to support these individuals.	The service will have access to qualified in-house interpreters who will learn and grow as they support individuals – this gives capacity to understand individuals using variations of BSL. The Framework also gives access to a variety of interpreters, translators and transcribers who have knowledge of many variations of the service. The enhanced service will ensure all BSL interpreters, translators and transcriptions are qualified to the standards set out in NUBSI Video Interpreting is a service health and social care departments and associated partners wish

				to commission for short interpreting needs. Initial engagement has indicated the deaf community do not like BSL interpreting through this method.
Disability			<p>No impact has been identified for this group of individuals.</p> <p>Learning Disability there is evidence to indicate Individual living with a learning disability may also encounter single or dual sensory loss – the service will support Individual with a learning disability through the enhanced registration which encompasses advanced disability awareness training.</p> <p>The new service provision will need to ensure support is covered with in the Lots supporting</p>	<p>Specific understanding and partnership work with the Learning Disability Teams will enhance the provision for this group of Individual.</p> <p>Addressing quality issues via the requirement for all interpreters to be NRCPD registered.</p> <p>Video Interpreting Services will commence within the new contract to ensure all individuals have access to a wide variety of services in all situations.</p> <p>An enhanced level of service to deaf/blind individuals will be available through the Lots to ensure haptic interpreting is within the interpreting range of</p>

			Deaf/blind Individual. Data for this group of Individual has not been collected which leaves a gap in the provision understanding; partnership work with the in-house and external Learning Disability Teams will support future understanding. This will be included in the Action Plan.	services.
Sex			No impact has been identified for this group of individuals. Currently there is little provision to support dignity and respect for individuals having very sensitive medical appointments whilst requiring interpreting support.	The new contract provision will support the need to have a sex specific interpreter for medical appointments which are very sensitive. When indicated the appointment will align an interpreter who is the same sex as the individual to support dignity and respect. There will be the additional option of video interpreting for this type of

<p>Gender identity/ Transgender</p>			<p>No impact has been identified for this group of individuals.</p>	<p>appointment Currently there is little provision to support dignity and respect for individuals having very sensitive medical appointments whilst requiring interpreting support. The new contract provision will aim to support the need for gender specific interpreters for all sensitive appointments where possible. The new contract will have enhanced awareness of needs through the Booking Co-ordinator and ensure sensitivity is paramount in booking to support any individual who</p>
<p>Race</p>			<p>No impact has been identified for this group of individuals.</p>	<p>All services will be enhanced with registered and qualified interpreters through a variety of Lots to support the needs of all individuals accessing the service.</p>

Religion and Belief			No impact has been identified for this group of individuals.	The Booking Co-ordinator will gain an insight into individual needs and be able to allocate an interpreter who is aware of the religion and beliefs of the individual; especially where the service is needed within a setting which requires this sensitivity.
Sexual Orientation			No impact has been identified for this group of individuals.	The new contract provision will support the need to have an interpreter of a specific sexual orientation. When indicated the appointment will align an interpreter who is the same sex as the individual or has a particular awareness and sensitivity towards the individual to support dignity and respect.
Pregnancy and Maternity			No impact has been identified for this group of individuals.	All services will be enhanced with registered and qualified interpreters through a variety of Lots.

<p>Marriage and Civil Partnerships</p>			<p>No impact has been identified for this group of individuals.</p>	<p>All services will be enhanced with registered and qualified interpreters through a variety of Lots.</p>
<p>Carer's Responsibilities</p>			<p>Although no impact has been identified for this group of individuals, the service is aware carers may also have a requirement for the service if they have a need. In addition, previously carers have been asked, in some cases inappropriately, to interpret for partners or family/friends/relatives which is not a solution.</p>	<p>The Booking Co-ordinators will gain more awareness about the needs of individuals to ensure carers are not given the role of interpreter, transcriber of translator in any circumstances. The combination of in-house interpreters and a Framework will broaden the capacity of the service to meet needs and negate the inappropriate practice of requesting carers to interpret.</p>

Part 2

Equality Analysis /Impact Assessment

Protected groups

The current contract did not include a provision for the provider to record and analyse equality data, therefore the services does not have enough data to use in analysing the impact of the changes on the individual's accessing the service. However, the current booking mechanism enables the service to identify male and female bookings.

As indicated in Part 1, Commissioners have engaged with a good cross section of individuals accessing the service to gain good quality information which has been essential in ensuring a robust the design and development of the new service.

To ensure the service can be further developed throughout the life of the Framework agreement and within the in-house element of the service, Commissioners will ensure full data capture from the start of the new service.

Information and Data used to carry out your assessment

It is estimated that there are about 9 million Individual in the UK who are Deaf, or hard of hearing. Although deafness is the third most common disability in the world, most deaf Individual don't view their deafness as a disability

Local Sensory Data

The Kent County Council registers for sensory impairment show more than 9,548 blind and partially sighted and 9,999 deaf as of December 2015 and 1,400 deaf/blind Individual (May 2014). However other national estimates suggest that these numbers could be only 33%, 10% and 25% of the expected figures respectively.

Kent Data – Individual Living with Deafness

Approximately 5% of over 85s in Kent will have a profound hearing impairment. The number of Individual aged over 85 with a moderate or severe hearing impairment in Kent is set to increase by 110% between 2014 and 2030.

By 2030 the number of Individual with a profound hearing impairment in the KCC area will have increased by 42% for those aged 65-74 and 59.7 % for those aged 75-84. Between 2014 and 2030 there will be a 56.5% increase in the number of Individual aged 18 and over with a moderate or severe hearing impairment in the KCC area.

Of the 2,243 Individual in Kent with Down's syndrome, (Learning Disabilities Needs Assessment 2010) 1,570 have hearing problems.

Kent Data – Individual living with Deafblind Sensory Impairment

There is a gap of between 1,379 and 6,518 between those who are currently known to service providers and those who could be deafblind and living in Kent.

There will be a significant increase in the number of Individual, particularly older Individual, who are deafblind by 2030. Sense forecast this to be 86% for those who are severely deafblind and 60% for those who have any hearing and sight impairment.

Department for Work and Pensions (February 2018) – Individual Living with Deafness

Allowance Information - claimants		
Disability Living allowance	Deafness	870
Attendance Allowance	Deafness	241
PIP	Hearing Disorder	243
Total		1354

Learning disabilities

Kent has a population of individual with a learning disability experiencing some degree of deafness – 9,620. In addition, there is an increased number of individuals living with a learning disability who have dual sensory loss.

Who have you involved consulted and engaged?

A comprehensive stream of engagement has taken place to understand the needs of Individual accessing the service, those who do not access the service and an attempt to access those through community liaison who do not access the service but may have a need. In addition, a wide-ranging and inclusive series of engagement events for stakeholders both internal and external to KCC have been delivered to openly gain insight, innovative ideas and inclusion in the process of recommissioning this service. Details are logged within the table detailed below.

Subject	Date	Audience	Outcome
External stakeholder engagement	March 2018	Sarah Butcher – Hampshire County Council Big Word using Crown Commercial Services Framework	Understand the Framework Agreement
External stakeholder	January 2018	Provider of services	Gain KCC perspective of services
Questionnaires	January 2018 (TBC)	Providers and interpreters	Understanding existing provision and gaps within existing service
Partners	24.09.18	Partners accessing the service	Indicate they wanted to continue joint continue
Partner	26.09.18	Partner	Performance knowledge
NRCPD	20.09.18	National Register	Key knowledge regarding qualified interpreters
Sight for Surrey	13.09.18	Provider for local authority	Bench mark alternative provision with a good working model
London Borough of	01.10.18	Local	Bench mark

Islington		authority	alternative provision with a good working model
ASLI	01.11.18	Union	Key knowledge regarding qualified interpreters
Partners	23.10.18	N/A	Key information regarding demand
Partners	24.10.18	N/A	Key information regarding demand
Video Interpreting and general understanding	November 2016	Deaf Individual accessing services	Understand the needs of the deaf community
Video Interpreting	12.11.18	Deaf Individual accessing services	Understand the needs and experiences of the deaf community
RAD	Ongoing and regular contact with the existing provider	Provider	Understand existing provision
Interpreters	22.11.18	-	Understand the needs and demands of the service.
Individual Accessing the service	15.11.18	Deaf Individual accessing services	Understand the needs and experiences of the deaf community
Providers of the service	22.11.18	BSL Interpreters using the service	Understand the delivery of the provision any gaps in the mechanism from the interpreter's perspective.
KCC In-house Sensory Team	20.11.18	Support personnel	Understand the issues in relation to the service and gain insight into future design.
Deafblind Community	December 2018	Deafblind Individual accessing the service	Understanding Individual who may access the service.
Deafblind Community	December 2018	One – to one community	Understanding Individual who may access the service.

Young Deaf Individual	December 2018	Deaf Individual accessing the service	Understanding Individual who may access the service.
Individual who use Speak to Text or palantypist	December 2018	Deaf Individual accessing the service	Understanding Individual who may access the service.

Analysis

This assessment reflects a summary of the responses received, analysis and a review of the current service. This assessment highlight current available evidence relating to the areas within this sensory service, including relevant published statistical data. This assessment also summarises common themes that were evident in the BSL interpreting, translation and transcription services.

Adverse Impact,

There are minimal adverse effects on all of the groups; there is large capacity for the service to make innovative changes to improve the service delivered through the combination of an In-House Service which is supported by a Framework Agreement together with Video Interpreting Services. This three-way delivery ensures all individuals gain access to a high level of multi layered services delivered through one booking mechanism. This hybrid style ensures all previous gaps within the service have been bridged at a high level with additional elements of the service and technological features included.

There may be minimal impact to the Age characteristic regarding older people accessing the service. Older individuals needing access to the service may not use the traditional BSL interpreting service and may use sign support English and other variations learnt over time which are culturally specific. Within the current service this is sometimes a barrier and there are currently gaps in the service to support these individuals, however, there are many BSL interpreters who are CODAs (Child of a Deaf Adult) who have a learnt understanding of these developed styles. These interpreters may be accessed through the Framework Agreement to ensure individuals are supported. The Booking Co-ordinator will gain a good knowledge and understanding of individual's needs together with which interpreters can meet these needs. Commissioners are confident this may not present a barrier once the service is mobilised.

Positive Impact:

As detailed above, the three-way delivery mechanism ensures learning and growth can be supported. The Framework Agreement can work dynamically to support services which are necessary but not always in high demand. The Video Interpreting services can work to ensure high-quality low-cost provision

is in place for short provision needs; this negates the need for interpreters requiring long time slots for short provision e.g. GP appointments and routine medical appointments. The Booking Co-ordinator role will enable flexibility with bookings and ability to book assignments for efficiently and flexible for individuals. In addition, medical appointments can be covered with dignity and respect to the individual and their carers.

JUDGEMENT

Minimal implications have been found; this relates to older individuals accessing the service who have developed signs which are not traditionally taught within BSL interpreting. This implication can be over come with the good use of the Framework agreement together with the continual knowledge acquirement through the Booking Co-ordinator. This negative impact exists in all approaches to the contract and within the existing contract; however, the commissioning style aims to disperse this impact swiftly. Therefore, the following judgement has been made:

- **No major change** - no potential for discrimination and all opportunities to promote equality have been taken

Internal Action Required YES

Equality Impact Analysis/Assessment Action Plan

Protected Characteristic	Issues identified	Action to be taken	Expected outcomes	Owner	Timescale	Cost implications
ALL	No data collection	All providers on the Framework agreement to have a contractual requirement to collect equality data. In-House Booking co-ordinator to collect equality data.	More information and details provided regarding the customer base accessing the services.	Beryl Palmer	Ongoing – throughout the life of the contract and In-House Team placement.	Zero – integrated within booking mechanism. Excel spreadsheet set up to collect data efficiently.
Deaf/blind	More information needed from younger individuals who are recognised as deaf/blind	In-House Service to work with Care Management Teams to promote services available and engage with individuals regarding future needs.	More detailed information available and enhanced service to the individuals.	Beryl Palmer	Ongoing- throughout the life of the contract and In-House Team placement.	Not known.

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Have the actions been included in your business/ service plan?

Yes

Please forward a final signed electronic copy and Word version to the Equality Team by emailing diversityinfo@kent.gov.uk

If the activity will be subject to a Cabinet decision, the EqIA must be submitted to committee services along with the relevant Cabinet report. Your EqIA should also be published.

The original signed hard copy and electronic copy should be kept with your team for audit purposes.