

# Equality & Poverty Impact Assessment 00636 (Version 1)

## SECTION ONE: ESSENTIAL INFORMATION

<b>Service &amp; Division:</b>	Social Work Adult Services Community Care	<b>Lead Officer Name:</b>	David Keenan
		<b>Team:</b>	Performance
		<b>Tel:</b>	01324501
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<b>Proposal:</b>	Partners delivering commissioned services on behalf of the Council and Health and Social Care Partnership can use the Council's language services framework for the provision of translation and interpretation services.	<b>Reference No:</b>	

What is the Proposal?	Budget & Other Financial Decision	Policy (New or Change)	HR Policy & Practice	Change to Service Delivery / Service Design
	Yes	No	No	Yes

Who does the Proposal affect?	Service Users	Members of the Public	Employees	Job Applicants
	Yes	Yes	No	No

**Other, please specify:**

### Identify the main aims and projected outcome of this proposal (please add date of each update):

30/11/2023	Partners who are commissioned to deliver services on behalf of the Council and HSCP are able to provide translation/interpretation services via the Council language framework.

## SECTION TWO: FINANCIAL INFORMATION

For budget changes ONLY please include information below:			Benchmark, e.g. Scottish Average
Current spend on this service (£'0000s)	Total:	0	Falkirk Council's anticipated spend on language services across all Council services over a period of four years is £300,000. However, as stated, this figure is inclusive of all Council services as at present, commissioned services cannot access the Council's language framework.
Reduction to this service budget (£'0000s)	Per Annum:		
Increase to this service budget (£'000s)	Per Annum:		Demand is not yet known, therefore required monies for language services remains unknown.
If this is a change to a charge or concession please complete.	Current Annual Income Total:		
	Expected Annual Income Total:		
If this is a budget decision, when will the saving be achieved?	Start Date:		
	End Date (if any):		

**SECTION THREE: EVIDENCE** Please include any evidence or relevant information that has influenced the decisions contained in this EPIA. (This could include demographic profiles; audits; research; health needs assessments; national guidance or legislative requirements and how this relates to the protected characteristic groups.)

**A - Quantitative Evidence** This is evidence which is numerical and should include the number people who use the service and the number of people from the protected characteristic groups who might be affected by changes to the service.

Data from the 2022 Census on population by ethnicity/race is not yet available. However, data from the 2011 census shows Falkirk's population by race/ethnicity as: 91.3% White Scottish; 4.5% White - Other British; 0.6% White - Irish; 0.7% White - Polish; 1% White - Other; 1.3% Asian, Asian Scottish or Asian British; 0.6% Other Ethnic Groups.

Consultation work for the development of the Integration Joint Board's Equality Outcomes (conducted September - November 2023), found that 59.3% of respondents from Black and Minority Ethnic (BME) backgrounds were adversely impacted by language and cultural barriers to accessing health and social care services. When the responses were broken down by each ethnic group, 66.7% of Asian/Asian Scottish/Asian British respondents and 63.6% of respondents from Other Ethnic Groups said that they were adversely impacted by language and cultural barriers to accessing health and social care services. For context, Other Ethnic Group captures people mostly from East European backgrounds. Therefore, people from Asian and Eastern European backgrounds were the most likely ethnic groups to experience language and cultural barriers.

**B - Qualitative Evidence** This is data which describes the effect or impact of a change on a group of people, e.g. some information provided as part of performance reporting.

**Social - case studies; personal / group feedback / other**

qualitative data was captured throughout the consultation at in-person events and through the online survey. With support from translators, Falkirk Council Resettlement Officers and individuals running in-person meetings we were able to capture this vital data. Seven themes emerged from the consultation which are:

- Language
- Culture
- Service design
- Access to services
- Mental health & wellbeing
- Stigma

- Fear

#### Feedback:

- “People like me should not be relying on the help of friends to translate when going to see a doctor.”
- “Always need assistance as services are not geared up to assisting people whose English is the second language. Need assistance from support worker and interpreter.”
- “Difficulty to make an appointment as people do not understand what to do.”
- “No interpreter within mental health services is a significant problem. It means individuals cannot be referred to for support. It is available in Stirling but not in Falkirk.”
- “Going to the GP is a last resort for them, there is a fear to go to the doctors.”

#### *Language*

Language was the most common and recurring theme to emerge from both in-person meetings and the online survey. A multitude of issues relating to language was highlighted such as English not being the individuals first language, lack of an interpreter when accessing health services especially for mental health, letters not provided in other languages and letters not written in plain English.

Individuals believed they would have a better experience and feel more comfortable accessing health services if translation services were provided. The lack of translation in mental health services was a significant problem and meant people could not be referred for support. There was also frustration that friends and family often had to be translators, which resulted in discussions with health professionals not being held in privacy or in confidence. However, there was still appreciation in the effort made by services to reduce barriers, however this view was more limited to those who live in Falkirk via the refugee resettlement scheme.

#### *Culture*

Culture plays a role in the expectation that individuals have on the health service and the treatment they expect to receive from it. Their expectation is based on treatment they have received in their native country. Officers were made aware through discussions with organisations that more people now travel home to receive support rather than through our health service.

Furthermore, culture expectation for some individuals is to not challenge authority, whereas in the UK it is expected that you challenge authority if you are not happy with the treatment you receive. Therefore, it is assumed you are okay if you do not speak up about it.

### *Service Design*

The service design of health and social care services does not accommodate those with language and cultural barriers. For example, a GP appointment takes twice as long for those with a language barrier, however they are not provided this extension when booking an appointment. Furthermore, services are not always prepared with extra assistance, such as an interpreter, for individuals whose English is a second language.

There was also an issue when documentation is received from the health service in English, even though service users' private information will state that English is not the individuals first language. This was concerning for individuals due to the potential of damaging consequences if people were to misinterpret what is being said in a letter. This was highlighted as an issue for over 50's in particular who become inundated with information and requirements to fill out online applications in English.

New patients are also required to fill out a form in English with no alternative option available, which again is difficult for individuals to do if their first language is not English.

### *Access to services*

Individuals often miss out on accessing services because they are not aware of where the service is available or shown how to access the services. This emerged as a significant problem especially accessing GP and mental health services. Furthermore, because of the barriers presented with language and cultural expectation individuals often do not access services when they should or are required to do so.

### *Mental health & wellbeing*

Accessing mental health support was highlighted as a major issue for people from BME backgrounds. Individuals feel they will not be taken seriously when trying to access mental health services and due to stigma towards mental health in some cultures people will not access the support. Having no interpreters available within the service as well hinders individuals' ability to receive support.

Migrants do not associate problems they face when moving to a new home as mental health issues and feel it is something they should deal with internally. Furthermore, there is an assumption that you will not be taken seriously by mental health services unless it has become a serious problem with police involvement. It was suggested that greater awareness should be provided about mental health support available locally and it should be promoted within local community groups and places of worship.

*Stigma*

Stigma was presented as a problem BME people have when accessing health services. This is due to the stigma some cultures have towards certain health issues but also the assumptions of some cultures, including if you are unwell the individual is at fault.

*Fear*

Concerns were raised about the fear some BME people have in accessing health services and they often use the health service, such as the GP, as a last resort. This is due to the barriers they expect to face especially when accessing the service with a language barrier. Individuals also feel more comfortable accessing health services in their native country rather than where they reside currently.

There is also a fear to challenge authority and to complain about treatment they have received over concerns of possible perceived backlash.

<b>Best Judgement:</b>	
<b>Has best judgement been used in place of data/research/evidence?</b>	No
<b>Who provided the best judgement and what was this based on?</b>	
<b>What gaps in data / information were identified?</b>	
<b>Is further research necessary?</b>	No
<b>If NO, please state why.</b>	Language services should be a basic provision for services users. The consultation in relation to the equality outcomes was extensive and conclusive that people are impact by a lack of translation/interpretation services.

**SECTION FOUR: ENGAGEMENT**

Engagement with individuals or organisations affected by the policy or proposal must take place

<b>Has the proposal / policy / project been subject to engagement or consultation with service users taking into account their protected characteristics and socio-economic status?</b>	Yes	
<b>If YES, please state who was engagement with.</b>	Stakeholders and services users of HSCP services.	
<b>If NO engagement has been conducted, please state why.</b>		
<b>How was the engagement carried out?</b>	<b>What were the results from the engagement? Please list...</b>	
<b>Focus Group</b>	Yes	Results stated in section 3.
<b>Survey</b>	Yes	Results stated in section 3.
<b>Display / Exhibitions</b>	No	
<b>User Panels</b>	No	
<b>Public Event</b>	No	
<b>Other: please specify</b>		
<b>Has the proposal / policy/ project been reviewed / changed as a result of the engagement?</b>	No	
<b>Have the results of the engagement been fed back to the consultees?</b>	No	
<b>Is further engagement recommended?</b>	No	

## SECTION FIVE: ASSESSING THE IMPACT

**Equality Protected Characteristics:** What will the impact of implementing this proposal be on people who share characteristics protected by the Equality Act 2010 or are likely to be affected by the proposal / policy / project? This section allows you to consider other impacts, e.g. poverty, health inequalities, community justice, carers etc.

Protected Characteristic	Neutral Impact	Positive Impact	Negative Impact	Please provide evidence of the impact on this protected characteristic.
<b>Age</b>		✓		With regard to the Equality Outcome consultation, some of the sample sizes for some of the age groups by ethnic group were too small to provide a reliable and verifiable data set. Where the sample size was sufficient: 29% of 25-34 year old BME respondents; 73% of 35-44 year old BME respondents and, 75% of 45-54 year old BME respondents said that they were adversely impacted by language and cultural barriers to accessing health and social care services. Therefore, the older BME people are, the more likely they are to experience language and cultural barriers. Therefore, this proposal will have a positive impact on BME people across several age groups, particularly for people aged 35 and over.
<b>Disability</b>		✓		With regard to the IJB Equality Outcome consultation, 60% of BME respondents who stated that they have a disability said that they experience language and cultural barriers. 57% of BME respondents who do not have a disability experience language and cultural barriers to accessing health and social care services. Therefore, BME respondents with a disability are marginally more likely to experience language and cultural barriers. It is anticipated that the proposal will have a positive impact on BME people with a disability.
<b>Sex</b>		✓		With regard to the IJB Equality Outcome consultation, BME females (61.9% of respondents) were more likely than BME males (30%) to be adversely impacted by language and cultural barriers. Therefore, it is anticipated that the proposals will have a positive impact on BME women.



**Public Sector Equality Duty: Scottish Public Authorities must have 'due regard' to the need to eliminate unlawful discrimination, advance quality of opportunity and foster good relations. Scottish specific duties include:**

				and cultural barriers to accessing health and social care services. When the responses were broken down by each ethnic group, 66.7% of Asian/Asian Scottish/Asian British respondents and 63.6% of respondents from Other Ethnic Groups said that they were adversely impacted by language and cultural barriers to accessing health and social care services. For context, Other Ethnic Group captures people mostly from East European backgrounds. Therefore, people from Asian and Eastern European backgrounds were the most likely ethnic groups to experience language and cultural barriers. There it is anticipated that the proposals will have a positive impact on BME people.
<b>Religion / Belief / non-Belief</b>		✓		With respect to the IJB Equality Outcome consultation, 62.5% of BME respondents who identified as Muslim and 50% of BME people who were Christian were adversely impacted by language and cultural barriers. Therefore, Muslims from a BME background were more likely to experience language and cultural barriers. It is anticipated that the impact for Muslims in particular will be positive.
<b>Sexual Orientation</b>	✓			There is insufficient evidence, therefore the impact on this protected characteristic cannot be appropriately assessed.
<b>Transgender</b>	✓			There is insufficient evidence, therefore the impact on this protected characteristic cannot be appropriately assessed.
<b>Pregnancy / Maternity</b>	✓			There is insufficient evidence, therefore the impact on this protected characteristic cannot be appropriately assessed.
<b>Marriage / Civil Partnership</b>	✓			There is insufficient evidence, therefore the impact on this protected characteristic cannot be appropriately assessed.
<b>Poverty</b>	✓			There is insufficient evidence, therefore the impact on this protected characteristic cannot be appropriately assessed.
<b>Care Experienced</b>	✓			There is insufficient evidence, therefore the impact on this protected characteristic cannot be appropriately assessed.
<b>Other, health, community justice, carers etc.</b>	✓			There is insufficient evidence, therefore the impact on this protected characteristic cannot be appropriately assessed.
<b>Risk (Identify other risks associated with this change)</b>				

**Evidence of Due Regard**

<p><b>Eliminate Unlawful Discrimination (harassment, victimisation and other prohibited conduct):</b></p>	<p>The provision of language services via commissioned services will ensure that people from BME backgrounds who do not have English as a first language are not unlawfully discriminated against when they attempt to access commissioned services.</p>
<p><b>Advance Equality of Opportunity:</b></p>	<p>The provision of translation and interpretation services will ensure equal opportunity to access commissioned services between those who speak English and those who do not.</p>
<p><b>Foster Good Relations (promoting understanding and reducing prejudice):</b></p>	<p>Providing translation and interpretation services will ensure inclusive services that meet the needs of our BME population, therefore strengthening relations.</p>

**SECTION SIX: PARTNERS / OTHER STAKEHOLDERS**

<b>Which sectors are likely to have an interest in or be affected by the proposal / policy / project?</b>		<b>Describe the interest / affect.</b>
<b>Business</b>	No	
<b>Councils</b>	Yes	The Council is a member of the translation and interpretation framework.
<b>Education Sector</b>	No	
<b>Fire</b>	No	
<b>NHS</b>	No	
<b>Integration Joint Board</b>	Yes	The IJB commissions services where language services are currently unavailable.
<b>Police</b>	No	
<b>Third Sector</b>	Yes	Third Sector partners who deliver commissioned services will be able to access the Council framework.
<b>Other(s): please list and describe the nature of the relationship / impact.</b>		

## SECTION SEVEN: ACTION PLANNING

**Mitigating Actions:** If you have identified impacts on protected characteristic groups in Section 5 please summarise these in the table below detailing the actions you are taking to mitigate or support this impact. If you are not taking any action to support or mitigate the impact you should complete the No Mitigating Actions section below instead.

Identified Impact	To Who	Action(s)	Lead Officer	Evaluation and Review Date	Strategic Reference to Corporate Plan / Service Plan / Quality Outcomes

### No Mitigating Actions

**Please explain why you do not need to take any action to mitigate or support the impact of your proposals.**

The anticipated impact has been assessed as either 'positive' or 'neutral' across all protected characteristics. There is no anticipated 'negative' impact, therefore mitigation is not required.

**Are actions being reported to Members?**

No

**If yes when and how ?**

**SECTION EIGHT: ASSESSMENT OUTCOME**

Only one of following statements best matches your assessment of this proposal / policy / project. Please select one and provide your reasons.

No major change required	Yes	The proposal will be of benefit to BME people who share various protected characteristics. No negative impacts have been identified.
The proposal has to be adjusted to reduce impact on protected characteristic groups	No	
Continue with the proposal but it is not possible to remove all the risk to protected characteristic groups	No	
Stop the proposal as it is potentially in breach of equality legislation	No	

**SECTION NINE: LEAD OFFICER SIGN OFF**

Lead Officer:

Signature:	<i>David Keenan</i>	Date:	16/11/2023
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**SECTION TEN: EPIA TASK GROUP ONLY**

<b>OVERALL ASSESSMENT OF EPIA:</b>	<b>Has the EPIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties?</b>	Yes / No
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<b>ASSESSMENT FINDINGS</b>		
If YES, use this box to highlight evidence in support of the assessment of the EPIA		
If NO, use this box to highlight actions needed to improve the EPIA		

<b>Where adverse impact on diverse communities has been identified and it is intended to continue with the proposal / policy / project, has justification for continuing <u>without making changes been made</u>?</b>	Yes / No	If YES, please describe:
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**LEVEL OF IMPACT: The EPIA Task Group has agreed the following level of impact on the protected characteristic groups highlighted within the EPIA**

LEVEL		COMMENTS
HIGH	Yes / No	
MEDIUM	Yes / No	
LOW	Yes / No	

**SECTION ELEVEN: CHIEF OFFICER SIGN OFF**

<b>Director / Head of Service:</b>		
<b>Signature:</b>	<i>Suzanne Thomson</i>	<b>Date:</b> 16/11/2023