

## **Access to healthcare for Syrian refugees in Calderdale – What did we learn?**

**“When I go to hospital and there is no interpreter, and they can’t do anything, how should I feel?”**

**“Please take me away from here, take me to the hospital instead and take off all my teeth, I don’t want any teeth!”**

**‘You can’t argue with the doctors; they know better than me so I have to trust them.’**

Jo Budgen

Published October 2018

For more information about this work please contact Healthwatch Calderdale

Email: [jo.budgen@healthwatchcalderdale.co.uk](mailto:jo.budgen@healthwatchcalderdale.co.uk)

Tel: 01422 399433

## **Table of Contents**

### **Access to healthcare for Syrian refugees in Calderdale**

Our work at a glance.....	3
Why did we want to speak to Syrian Refugees?.....	4
What did we do to find out more?.....	5
What did we find out? .....	6
Conclusions.....	7
Recommendations.....	8
What will we do next? .....	9
Appendix 1: Summary of feedback from case studies.....	10
Appendix 2: Individual Case Stories .....	13
Appendix 3: Definitions.....	18
Appendix 4: Relevant legislation .....	18
Appendix 5: Useful Resources.....	19
Appendix 6: Health resources in multiple languages.....	20

# Access to healthcare for Syrian refugees in Calderdale - Our work at a glance...

## What was the issue?

Healthwatch Calderdale was asked to find out about the experiences of Syrian refugees, as it had been reported that a lack of access to interpretation and translation services was causing them problems when accessing GP, dental and hospital services.

## What did we do?

We interviewed three families and collected five concerning stories about how the lack of an interpreter in their appointments had significantly impacted the quality of their care.

## What did we find?

We heard examples of cancelled appointments, long waits for treatment, patients taking medication incorrectly, and a potential safeguarding case for one family, all down to challenges accessing interpreters.

## How will we use patient's feedback?

The findings from those case stories forms the basis of this report which we will share with the public. We will also be contacting organisations representing healthcare services in Calderdale to ask them how they plan to address the issues identified.

## Who will we contact?

- GP Practice feedback: we will contact Calderdale Local Medical Committee and Calderdale Clinical Commissioning Group
- Dental Practice feedback: we will contact Calderdale and Kirklees Local Dental Committee
- Hospital feedback: we will contact Calderdale and Huddersfield Foundation Trust.

## How will we report service improvements?

We will publish their responses alongside this report on our website, <https://www.healthwatchcalderdale.co.uk/our-current-work-2018/>, and follow up any issues that have not been addressed.

## Why did we want to speak to Syrian Refugees?

There are approximately 50 individuals on the Home Office Syrian Vulnerable Persons Resettlement (SVPR) programme in Calderdale. The people coming to the UK under the Syrian re-settlement programme are in desperate need of assistance and many have significant needs. It prioritises those who cannot be supported effectively in their region of origin, women and children at risk, people in severe need of medical care, and survivors of torture and violence amongst others.

The first 12 months of a refugee's resettlement costs are fully funded by central government, then funding tapers down to around £1,000 per person by year five. In Calderdale support includes up to one year with support workers, with an emphasis on developing increased independence and integration. Therefore, support workers encourage families to attend appointments and engage with healthcare services more independently after the intense period of wraparound support.

In December 2017 the Calderdale Council Cohesion and Resettlement Officer raised issues with Healthwatch Calderdale regarding a reported lack of access to interpretation and translation services to help Syrian refugees use health services including GPs, dentists and hospitals:

***'Some of the families on the scheme have experienced difficulty in being able to access interpreters when visiting their dentist and GP and also when attending hospital appointments. Pressure is being put on support workers to attend all appointments in order to act as an interpreter and this cannot go on.'***

***'For Syrian refugees there are three dentists who have been taking on new NHS patients, but they never provide interpreters. Damage to teeth is a big issue, there was one 5-year-old who had to have all his teeth removed.'***

The Principal Cohesion and Equality Officer at Calderdale Council also put some questions forward:

***'SVPR can have access to support such as interpretation and costs can be claimed back by GPs, can dentists also do this?'***

***'Are GP's more skilled at using LanguageLine telephone interpreting, and dentists less skilled?'***

We wanted to find out what the real issues were, and how they were affecting people's lives, so that we could:

- Contact the organisations representing the services with our findings
- Ask them how they would use the feedback to improve services
- Request that they respond to Healthwatch Calderdale with their proposals within a specified timeframe

## What did we do to find out more?

In order to investigate the issues, we wanted to gather a small number of detailed stories from Syrian refugees, relating to difficulties they have had accessing health services without interpreters being provided.

We spoke to **Housing Support Workers** who had been working closely with the families, and they told us about some of the difficulties they were aware of:

### Dental Services

- At one dentist they don't provide interpreters even when people book a month ahead, the receptionist says 'We don't book interpreters!'.
- On one occasion two teeth were going to be extracted, but the dentist was stopped from giving the injection as the patient didn't know what was going on.
- Some family members have been measured for dentures but they don't know why.
- Recently there was a bit of an improvement at one dental practice after the Support Workers spoke to the manager - some appointments were brought together and an interpreter was booked on that occasion.

### Hospital Services

- At Calderdale Royal Hospital Neurology Department – one patient had two slipped disks and was expecting to see a consultant but there was no interpreter. The support worker made notes and used Google Translator so that he could explain the situation to the patient's wife – they had lots of questions.
- One patient had an MRI scan booked but attended twice and no interpreter turned up.

### GP Services

- Some GP Practices never provide face to face interpretation, and at others you have to check on the day whether they have arranged an interpreter.

The support workers also queried whether their clients were able to give informed consent for treatment if they didn't have support with interpretation.

Three families were identified that had all had difficulties due to a lack of interpreters, and who were happy to talk to us about their experiences, so we arranged to meet them with an interpreter so that we could capture their stories. We visited the families on 15<sup>th</sup> March 2018, and they told us about their experiences of accessing healthcare from GP and dental practices as well as from a hospital.

## What did we find out?

The families who were interviewed were very welcoming and happy to talk about their experiences. Not all of the stories they told were negative, with the husband of one of the interviewees telling us about the excellent service he received when he had a heart operation, but each family had had experiences that were at least frustrating, and possibly even harmful, due to the lack of interpretation services when they really needed them.

Lack of interpretation services when they were needed led to:	Resulting in:
Wasted trips for patients to the hospital, GP and dentist. Appointments that have to be cancelled, including ones that have already been rearranged.	<ul style="list-style-type: none"> <li>• Lost time and increased costs for both the patient and the services.</li> <li>• Longer waits for assessment and treatment, which could negatively impact on patients' health and wellbeing.</li> </ul>
Patients being prescribed medication without understanding how to use it or what dosage to take.	<ul style="list-style-type: none"> <li>• Cost of medication being used incorrectly.</li> <li>• Not being aware of side effects or contraindications.</li> <li>• Possibility of overdose.</li> </ul>
Increasingly large doses of over the counter painkillers being taken.	<ul style="list-style-type: none"> <li>• Not being aware of side effects or contraindications.</li> <li>• Possibility of overdose.</li> </ul>
Parents potentially being accused of the neglect of their child, as they were not aware of how to use medication.	<ul style="list-style-type: none"> <li>• The possibility of safeguarding issues being raised which could have led to unwarranted social services involvement with the family.</li> </ul>
SVPR support workers having to accompany people to appointments and help with translating medical information. (These workers are only available during the refugees initial settling-in-period, and might not be able to speak Syrian Arabic themselves.)	<ul style="list-style-type: none"> <li>• Being dependent on support that may not be available in the future.</li> <li>• Pressure on support workers to attend medical/dental appointments.</li> <li>• Using people as interpreters who are not trained in interpretation or translation, and may not understand complex medical terminology.</li> </ul>
Medical professionals and support workers using Google translate to give information to patients	<ul style="list-style-type: none"> <li>• Lack of accuracy in translations. (Google Translate has only 57.7% accuracy when used for medical phrase translations and should not be trusted for important medical communications.) (BMJ 2014;349:g7392)</li> </ul>
Patients not having confidence in the services, and in some cases being frightened to use them again.	<ul style="list-style-type: none"> <li>• Patients becoming increasingly disengaged from services at greater cost to their health and wellbeing.</li> </ul>

## Conclusions

Looking at the feedback from the case stories two key issues stand out:

- It does not appear to be common practice for GPs, dentists and hospitals used by these families to book interpreters or use phone interpretation with Syrian refugees who are not able to speak or understand English.
- The families we spoke to were unfamiliar with NHS structures and procedures, and some expected greater access to GPs, specialists, diagnostic tests and medication, than they were able to routinely get.

### Statutory duty to provide interpretation

Health services have a legal duty under the Equality Act 2010 to provide accessible services to all its users and carers. This includes the provision of spoken language, British Sign Language (BSL) interpreters, and information translated into other languages or alternative formats which supports the individuals identified communication needs. Many refugees will not be able to read or speak English, so planning for interpreting and translating is essential.

Health services also receive special funding for resettled refugees. It ensures their treatment doesn't come at the cost of other UK residents' treatment. And, like all statutory services, health services have an obligation to use interpreters to ensure access for people who can't communicate in English, but our case stories show that this doesn't always happen.

### The specific interpretation needs of Syrian refugees

Syria is a diverse country with many religions and ethnicities. When exploring different interpreting options, services need to be aware that:

- Arabic is spoken by a majority of Syrian refugees, but Arabic isn't the only language used. Languages such as Armenian and Kurdish are also spoken by some of the refugees who have been resettled in the UK so far.
- Some Syrian refugees may not be literate in their own first language and may benefit from picture-based information.
- Cultural norms can prevent women speaking about certain issues in the presence of a male. Female interpreters might need to be available.

Failure to take these needs into account could lead to discrimination and further limit patients access to the services they need, as well as significantly increasing the risk of miscommunication leading to errors in diagnosing and medicating health complaints.

## Recommendations

*‘Good communication is fundamental to providing a high standard of service: if the correct meaning is not conveyed via effective communication; there is a risk of inducing feelings of confusion, frustration, isolation, even anger and increase the scope of missing symptoms and hence affecting diagnosis.’ (South West Yorkshire NHS Trust, Interpreting, Translation and Transcription Policy)*

- **Provide high quality interpreting and translation services**

Patients should be able to access primary care services in a way that ensures their language and communication requirements do not prevent them receiving the same quality of healthcare as others.

- **Clearly documented patient’s communication needs**

Language preferences and communication needs should be recorded in the patient’s record and shared with other services when the patient is referred on (for example to secondary care services). A highly visible alert should be used to ensure staff are aware of the needs of the patient in time for them to book appropriate support.

- **Improve information for, and communication with, patients**

Patients requiring language support should be made aware of the different types of interpreting available to them, as there is a significant risk of miscommunication if appropriate interpreting, translation and transcription services are not used.

This should include making patients and carers aware that an interpreter can be made available for consultations and appointments and that the service is free to patients.

Health information can also be provided in the patient’s own language, by using readily available online resources, (see page 20 in this report for examples), but staff should not make assumptions about the patients’ ability to read it.

- **Increase awareness and training for staff**

All staff should be offered training to raise awareness of the role of interpreting, the positive impact on patients and clinicians of high quality interpreting, and appropriate types of interpreting for specific situations. This training should include details of the organisation providing interpreting and translation services, and how to make bookings.

Staff also need to be aware that the use of family members or friends for interpreting purposes is regarded as not ideal and support should be provided an appropriately qualified registered professional where possible.

## What will we do next?

We will publish this draft report on the Healthwatch Calderdale website, and forward copies to Calderdale Council, and Calderdale CCG.

We will contact the relevant organisations representing healthcare services in Calderdale to ask them how they plan to address the issues identified, and asking them to respond to us in writing within 6 weeks of receiving the report.

- GP Practice feedback, we will contact Calderdale Local Medical Committee and Calderdale Clinical Commissioning Group
- Dental Practice feedback, we will contact Calderdale and Kirklees Local Dental Committee
- Hospital feedback we will contact Calderdale and Huddersfield Foundation Trust.

We will ask them how they will use this feedback to improve services for Syrian Refugees in particular, but also for other patients that do not have English as their first language.

We will publish their responses alongside this report on our website, and follow up any issues that have not been addressed.

## Appendix 1: Summary of feedback from case studies

Issues	Actions
<b>GP Practices – Case Stories 2, 4, 5</b>	
<ol style="list-style-type: none"> <li>1. Difficulties with making GP appointments</li> <li>2. Painkillers being prescribed without a thorough examination</li> <li>3. GPs not being able to explain how and when to use medication due to lack of interpreter support</li> <li>4. Patients getting medication without instructions about how to take it leading to patients taking the wrong dose.</li> <li>5. Support workers having to explain how to use medication because of language barriers.</li> <li>6. Problems with using telephone interpretation services – in one case the line was cut off.</li> <li>7. GP unsuccessfully attempting to use Google Translate.</li> <li>8. The families we spoke to were unfamiliar with NHS structures and procedures, and some expected greater access to GPs, specialists, diagnostic tests and medication.</li> </ol>	

Issues	Actions
<b>Dental Practices - Case Story 3</b>	
<ol style="list-style-type: none"> <li>1. Long waits for dental appointments, even for emergency care</li> <li>2. Advice to take painkillers without explaining dosages and dangers</li> <li>3. Lack of communication and understanding of patients' needs due to not using interpretation services.</li> <li>4. Pain and fear felt by patients due to lack of communication</li> <li>5. The families we spoke to were unfamiliar with NHS structures and procedures, and some expected greater access to GPs, specialists, diagnostic tests and medication.</li> </ol>	

Issues	Actions
<b>Hospital Services - Case Stories 1, 2</b>	
<ol style="list-style-type: none"> <li>1. Difficulties with getting an ambulance to take patient to A&amp;E following collapse</li> <li>2. Long waits in A&amp;E for treatment</li> <li>3. Painkillers being prescribed without a thorough examination</li> <li>4. Lack of interpreters for consultations and scans</li> <li>5. Lack of interpreters for rearranged appointments</li> <li>6. Support workers who don't speak Syrian Arabic or have detailed medical knowledge being used as interpreters</li> <li>7. Support workers having to use Google Translate to pass on information to the patient</li> <li>8. The families we spoke to were unfamiliar with NHS structures and procedures, and some expected greater access to GPs, specialists, diagnostic tests and medication.</li> </ol>	

## Appendix 2: Individual Case Stories

### Case Story 1 – Overlooking a patient’s communication needs led to delays in treatment

Healthwatch Calderdale was asked to find out about the experiences of Syrian refugees when they try to access health services. This is one person’s story, which was told with the help of an interpreter...

Mr A lives in Halifax with his wife, and has back problems causing him a lot of pain and greatly limiting his mobility. He was given an appointment to see a specialist at Calderdale Royal Hospital, but this appointment had to be cancelled when the interpreter who was supposed to have been there to help the doctor communicate with him did not attend.

Mr A said *‘When I go to the GP and they speak politely I feel comfortable, but when I go to hospital and there is no interpreter, and they can’t do anything, how should I feel? When someone gets severe pain and expects treatment, but doesn’t get it, he feels very angry.’ Sometimes my Support Officer goes with me and helps at the GP and hospital, but he does not speak Syrian Arabic.*

When he attended the rearranged appointment there was still no interpreter present. Although his support worker doesn’t speak Syrian Arabic, he managed to help by speaking to the consultant, and then using Google Translate to explain the treatment Mr A was being referred for.

His support worker said, *‘I explained the difficulty he has with understanding English to the consultant, who then explained everything to me in regards to him requiring a small operation to remove a cyst. I then used Google translator to relay the information back to him.’*

#### What did this mean for Mr A and the NHS...?

- There were delays to his treatment when he was experiencing severe pain
- Time was wasted attending the cancelled appointment for Mr A and his support worker
- There was the additional cost of a rearranged appointment with the consultant
- The support worker was relied upon to provide translation via Google Translate

Healthwatch Calderdale will be contacting Calderdale and Huddersfield Foundation Trust regarding the feedback from this story to ask them how they plan to address the issues identified.

## **Case Story 2 – The unfamiliar NHS health system felt uncaring and confusing**

Healthwatch Calderdale was asked to find out about the experiences of Syrian refugees when they try to access health services. This is one person's story, which was told with the help of an interpreter...

Mrs B lives in Halifax with her husband, and had been suffering from severe head pain. She tried to make an appointment with her doctor, but she had to wait for a couple of days before she could see him as there weren't any appointments available. When she saw the GP she was just given pain killers, and told that if they didn't work to double the dose. She thinks the doctor should have checked the real reason for the head pain and not just handed out painkillers.

Then three months ago she had severe pain and dizziness and fell to the floor. Her friend phoned the ambulance but they started asking her questions, like "Put your hand on her heart and see if it is still beating". Then when no ambulance arrived they had to get a friend to take Mrs B to A&E at the hospital.

She was told she would have to wait three hours for treatment but she refused as she was in a lot of pain, so they brought her a doctor who just asked her a few questions then gave her painkillers. She thinks the medication didn't work well because she was not checked properly by the doctor at the hospital.

*'In Syria where we used to live, and in Jordan which we travelled through, the health services seemed much better. Here the ambulance doesn't come quickly, you might be nearly dying before it gets to you. Somebody has nearly died and they take him to the ambulance and start asking him what is your name, what is this, what is that – Just take him to the hospital!'*

### **What did this mean for Mrs A and the NHS...?**

- She did not feel that her symptoms were taken seriously by the GP or hospital
- She could have taken too many painkillers without realising the dangers
- She has little faith in the way the NHS works, so may not access services in the future when she really needs to.

Healthwatch Calderdale will contact Calderdale Local Medical Committee and Calderdale Clinical Commissioning Group regarding the feedback about GP Practices, and Calderdale and Huddersfield Foundation Trust regarding the feedback about hospital services, to ask them how they plan to address the issues identified.

### **Case Story 3 – Poor communication increased a dental patients fear and pain**

Healthwatch Calderdale was asked to find out about the experiences of Syrian refugees when they try to access health services. This is one woman's story, which was told with the help of an interpreter...

Mrs C lives in Halifax with her husband and has been having lots of problems with her teeth. She wanted the dentist to remove some broken teeth as the pain was stopping her from sleeping at night. *'I had severe toothache, all my teeth were in pain, so I asked for a dentist appointment but had to wait one month, but I was suffering now so just kept taking painkillers to reduce the pain. Then my supporter advised me not to take so many painkillers.'*

She felt comfortable when she went to the appointment as she had a supporter with her, but the dentist didn't know about her problems or understand what she was trying to say. *'I told the dentist I had lots of pain in my tooth and wanted her to take it out, but then instead of doing that she started cleaning all my teeth. I have really sensitive gums and she was hurting me a lot, so I caught her hand and pushed her away, and said I don't want you to complete the treatment. I didn't want to be aggressive, I just wanted to stop the pain. I was not annoyed; I knew the dentist didn't understand what was hurting me.'*

She went out without treatment and was told the next appointment was for the next month, but as she was in severe pain and couldn't even chew her food properly she said to her supporter, *'Please take me away from here, take me to the hospital instead and take off all my teeth, I don't want any teeth!'*

Her supporter couldn't speak Arabic so he couldn't explain what she was feeling to the dentist but he told her she needed an interpreter to help her understand the treatment she needed. Her support worker said *'She was distraught and in severe pain and stated that she wanted all her teeth out. At this point I complained to the practice manager regarding the seriousness of not providing interpreters and she acknowledged the complaint and stated that she would do her utmost to get an Arabic speaking interpreters for any future appointments.'*

#### **What did this mean to Mrs C and the NHS...?**

- There was a basic lack of communication because an interpreter was not used
- Mrs C suffered a great deal of pain and fear, and was not able to continue with the treatment when she really needed it

Thankfully her treatment is much better now, as when she needs anything doing to her teeth the dentist uses anaesthetic and attempts to get an interpreter.

Healthwatch Calderdale will contact Calderdale and Kirklees Local Dental Committee regarding this feedback to ask them how they plan to address the issues identified.

## **Case Story 4 – Language barriers could have led to child neglect allegations**

Healthwatch Calderdale was asked to find out about the experiences of Syrian refugees when they try to access health services. This is one family's story, which was told with the help of an interpreter...

Mr D lives in Halifax with his wife and three children, and was struggling to get treatment for his one-and-a-half-year-old daughter who had a high temperature and was very flushed. He took her to the hospital where they said she had a virus. They didn't give her any medication, but said that if she became worse or her temperature became very high, he should bring her back to the hospital.

She didn't get better so he took her to the out-of-hours surgery but they didn't give her any medicine either, he was just told to take off her clothes and give her water. She deteriorated and as her temperature was still high, he took her back to the hospital. Her temperature did eventually go down but the redness remained.

Then when he took her to her day nursery he was told to go back to the GP for something to treat the redness on her arms and legs. When he saw the GP the next day he was told to stop using the skin cream he had been using, and given a prescription for two different ointments. His supporter then explained to him how he needed to use the new medication, and once his daughters skin was treated with the prescribed treatment in the correct way her condition improved.

Their support worker said *'The family were not able to understand what the GP was saying or vice versa, medication was given but they did not understand how and when to use it. As the child's condition was not improving the nursery thought it might be due to neglect, which could have led to safeguarding issues being raised. When I explained fully to the family how to use the medication the problem was sorted out, and the nursery realised that the problem had been due to the language barrier and not neglect.'*

### **What did this mean for Mr D, his daughter, and the NHS...?**

- Mr D found the support he got from A&E, the out-of-hours surgery, and his GP, confusing and inadequate
- There was a basic lack of communication when the GP did not use an interpreter
- Without the support workers help Mr D's daughters condition might have led to mistaken allegations of child neglect

Healthwatch Calderdale will contact Calderdale Local Medical Committee and Calderdale Clinical Commissioning Group regarding the feedback about GP Practices, and Calderdale and Huddersfield Foundation Trust regarding the feedback about hospital services, to ask them how they plan to address the issues identified.

## **Case Story 5 – Lack of an interpreter led to repeated visits to the GP and medication being taken incorrectly**

Healthwatch Calderdale was asked to find out about the experiences of Syrian refugees when they try to access health services. This is one woman's story, which was told with the help of an interpreter...

Mrs E lives in Halifax with her family, and has been struggling to get treatment from her GP. She had been to see him several times but she didn't have anyone to interpret for her, so she was advised by her supporter to ask the GP practice to use a telephone interpreting service in future.

*Mrs E said 'Once the GP did use a telephone interpreter when I went for my stomach ache, but the line was cut off after two minutes so it didn't work well. I was given medication and told to go back if I didn't feel better after two weeks. After two weeks I went back to the GP again and he tried to use Google Translate as he couldn't understand me, but I couldn't understand him as it wasn't accurate.'*

After this Mrs E had some tests done which showed that she needed treatment, so she was sent a message on her mobile to collect some medication. When she got the medication no one explained to her how to take it, so she tried to read the instructions but misunderstood them and took only one spoon twice a day, instead of two spoonfuls four times a day which would have been the right dose. She then developed a very severe pain in her stomach.

*'I then had another GP appointment with my son, so I took my medication with me and told him I had taken it but was still not well. Because there was no interpreter the GP thought I wanted a repeat medication but he still didn't tell me how to use it. Then my supporter read the information with my medication and told me how to take it. Then I went back to my GP with my supporter and told them what had happened, and they promised to phone an interpreter in future. Today I had to go to the GP for a blood test because I am losing my hair, but they didn't use an interpreter...'*

### **What did this mean for Mrs E and the NHS...?**

- Mrs E had to make repeated visits to the GP for the same condition because of a basic lack of communication
- Without the help of her support worker Mrs E might not have been able to take her medication correctly, or explain her communication needs to her GP

Healthwatch Calderdale will contact Calderdale Local Medical Committee and Calderdale Clinical Commissioning Group regarding the feedback about GP Practices, to ask them how they plan to address the issues identified.

## Appendix 3: Definitions

**Refugee:** A refugee is a person who 'owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country...' (Definition quoted from the 1951 Refugee Convention)

**Interpreter:** a person who facilitates communication from one language or sign language into its equivalent, or approximate equivalent, in another language.

**Interpretation:** Includes telephone, webcam and face to face interpretation for people who need information translated verbally into different languages, including British Sign Language.

**Translation:** Includes translation of written materials, where this is proportionate and needs based.

## Appendix 4: Relevant legislation

**Equality Act 2010:** highlights the need to provide equality of access to public services. This requires paying attention to such factors as language. When there is an interpreter involved, trust needs to be developed on a three-way basis: the interpreter needs to be able to speak the same dialect as the client and be trusted by both the client and any workers involved. The situation is of course, more complex still when someone with hearing loss has no sign language (which may be the case if they come from a rural area or for socio-economic reasons had no access to learning sign language), and a four-way interpreted session may be needed.

**Public Sector Equality Duty:** The general duty requires NHS organisations to have due regard to: eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act.

## Appendix 5: Useful Resources

- **Guidance for commissioners: Interpreting and Translation Services in Primary Care:**  
<https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf>
- **Language interpretation: migrant health guide:**  
<https://www.gov.uk/guidance/language-interpretation-migrant-health-guide>
- **Health Needs Assessment Refugees and Asylum Seekers in Calderdale:**  
<https://www.calderdale.gov.uk/v2/sites/default/files/refugees-asylum-seekers-hna.pdf>
- **Asylum Seekers, Refugees and People from Emerging Communities: Health issues, inequalities and barriers in Kirklees:**  
<https://healthwatchkirklees.co.uk/wp-content/uploads/2017/12/Emerging-Communities-Final-report.pdf>
- **Migration and disability, part of the Introduction to Migration series from the Integration up North project:**  
<https://www.migrationyorkshire.org.uk/userfiles/attachments/pages/625/p-15-migrationanddisability-iun-v2-june2015.pdf>
- **Resettling refugees: support after the first year:**  
<https://www.local.gov.uk/resettling-refugees-support-after-first-year-guide-local-authorities>
- **NHS Resources available in Arabic:**  
<https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide>
- **Healthcare for refugees:**  
<https://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/hsmc-library/snappy-searches/Healthcare-for-refugees.pdf>
- **Syrian Resettlement Toolkit – Health:**  
<https://www.birmingham.ac.uk/research/activity/superdiversity-institute/Syrian-resettlement-training/Health.aspx>

## Appendix 6: Health resources in multiple languages

### General health information

- [Northumberland, Tyne and Wear NHS Foundation Trust resource library](#) - a collection of health information available in different languages
- [Medline Plus](#) - information for the public in about 50 languages, from the US National Library of Medicine
- [Health Information Translation](#) - find educational resources translated into 20 languages

### Advice for specific health concerns

- [Royal College of Psychiatrists](#) - mental health advice in multiple languages including Arabic
- [Diabetes UK](#) - diabetes topics in multiple languages including Arabic
- [Macmillan cancer support](#) - information about the most common cancer topics translated into multiple languages including Arabic
- [Sheffield Back Pain](#) - patient information leaflets about back pain and sciatica translated into ten languages including Arabic
- The Baby Centre – Information about pregnancy and birth in multiple languages including [\(Arabic\)](#)

### Advice about how to use the NHS

- [Videos about how to use the NHS in England](#) produced by the BHA, are available on YouTube multiple languages including Arabic
- The Department of Health [Questions to ask: getting the most out of your appointment leaflet](#) is available from the UK government web archive in multiple languages including Arabic