

## Interpreting and Translation Guidance

Version:	2.0
Ratified By:	Quality Sub Committee
Date Ratified:	7 <sup>th</sup> October 2015
Date guidelines come into effect:	January 2016
Author:	Macius Kurowski, Equality Manager
Responsible Director:	Zoe Reed, Director Organisation and Community
Responsible Committee:	Quality Sub Committee
Target Audience:	All Clinical Teams
Review Date:	January 2019

Equality Impact Assessment	Assessor: Macius Kurowski	Date: 02/11/15
HRA Impact Assessment	Assessor: Macius Kurowski	Date: 02/11/15

## Document History

### Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
1.0	March 2007	Guidelines drafted		Adrian Webster, Head of Psychology Psychosis CAG
2.0	May 2015	Updating, inclusion of translation guidance, inclusion of links to information on intranet	Major	Macius Kurowski, Equality Manager
3.0	June 2015	Updating with comments from Equality and Human Rights Group	Minor	Macius Kurowski, Equality Manager

### Consultation

Stakeholder/Committee/ Group Consulted	Date	Changes Made as a Result of Consultation
Equality and Human Rights Group	21 <sup>st</sup> May 2015	Amendments to interpreting and translation guidance text
Equality and Human Rights Group	7 <sup>th</sup> October 2015	Final draft signed off

### Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
All clinical teams	Cascade via CAG Service Directors, Equality Leads, and Equality and Human Rights Group members	Electronic	Equality Manager
All clinical teams	Made available through intranet <a href="#">interpreting page</a> . Versions of old guidelines to	Electronic	Equality Manager

	be removed from intranet		
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## 1. Introduction

The Trust recognises the importance of timely and effective interpretation and translation to the provision of quality care to service users who may require this due to a disability or language requirement.

## 2. Definitions

**Service User:** A service user is an individual who is referred to, receiving or has received Trust services.

**Carers:** A carer is someone who provides care and support to a service user

**Telephone interpreters:** a professional who is available over the phone to convey spoken information from one language into another.

**Face to face interpreters:** a professional who in person conveys spoken information from one language into another or sign language into spoken English and vice versa. They can also act as “cultural mediators” taking into account potential cultural differences between service users and staff

**Translation:** information that is converted from one format (normally written English) into another format such as easy read, braille or text in another language.

**thebigword (tbw):** The company that is currently contracted to provide interpretation and translation services for the trust.

## 3. Purpose and Scope of the guidance

This guidance give staff information and good practice for:

- Effective booking face to face and telephone interpreters.
- Effective communication with service users through face to face and telephone interpreters
- Considering translation need and requests for information for service users, carers or people in local communities
- Useful contacts for help and advice in relation to interpreting and translation

## 4. Roles and Responsibilities

### 4.1 Managers and team leaders:

- Will ensure all staff are made aware of and have read the guidance
- Will identify any additional training and support needs required to enable their teams to effectively use interpretation or translation services and highlight this to the trust’s Equality Manager.
- Will ensure periodic monitoring of the quality and effectiveness of interpretation and clinical staff use of interpreters.

### 4.2 All clinical staff:

- Will follow the good practice and guidelines set out within this document when using interpreters or considering translating information

### 4.3 All staff (including administrative staff) who book interpreters:

- Ensure that they are aware of the process for booking, and if required, giving feedback on interpretation and translation services.

#### **4.4 Trust Equality Manager:**

- Will maintain up to date information on interpreting and translation on the trust intranet.
- When required, facilitate discussion on interpretation and translation at the Trust's Equality and Human Rights Group.
- Will support the Head of Procurement managing the Trust's interpretation and translation contract by highlighting issues affecting the quality of care to service users

#### **4.5 Trust Head of Procurement:**

- Will lead on the procurement and management of the trust's interpretation and translation contract.

## **5. Interpreting guidance**

### **5.1 When should an interpreter be used?**

**Staff should consider using an interpreter if a service user or carer is Deaf or if their first language is not English and:**

- Their command of spoken English compromises care
- They request an interpreter
- A family member is offering to interpret for the service user, but this may not be in the service user's best interest.

#### **IMPORTANT:**

- 1. Staff should use qualified interpreters from the Trust's interpreting service provider whenever an interpreter is required.**
- 2. Staff should never use children as interpreters.**

### **5.2 Risk of using non-qualified interpreters**

Using a relative, friend, volunteer or staff member to interpret may seem to have advantages (for example availability or being familiar and reassuring to the service user). However staff should be aware of potentially significant risks to doing this, such as:

- Using relatives and friends to interpret may inhibit the service user from discussing sensitive, embarrassing or traumatic issues or past events.
- Relatives and friends may change what is said because they want to:
  - Protect the service user from bad news, or decide to tell them in private later
  - Withhold the information about side effects, believing that it will improve compliance
  - Hide the true causes of a partner's bruises or incidents of child or sexual abuse
- Availability cannot be guaranteed, especially in an emergency or outside working hours
- Most will not have received any interpreting training and although some may have an instinctive understanding of what is required, others may lack empathy or have a poor grasp of the language

- Some service users may be concerned about confidentiality or stigma from their family or community. They may prefer someone they do not know to interpret for them.

### 5.3 What interpreters are available to staff?

The Trust's interpreting provider is called thebigword. They provide:

- **Telephone interpreters:** a professional who is available over the phone to convey spoken information from one language into another.
- **Face to face interpreters:** a professional who in person conveys spoken information from one language into another or sign language into spoken English and vice versa. They can also act as "cultural mediators" taking into account potential cultural differences between service users and staff.

### 5.4 Telephone interpreters: When is it appropriate to use a telephone interpreter?

Telephone interpreters are suitable when pre-booking is not possible or in some circumstances when a face to face interpreter is not available but there needs to be quick access to interpretation: This can include:

- First time contact with service users
- Short enquiries
- Emergency situations

### 5.5 Telephone interpreters: How do you book a telephone interpreter?

You need the access code for your team to do this. Instructions of how to use this to book a telephone interpreter and the costs involved can be found on the intranet at: [Interpreting and Translation](#)

### 5.6 Telephone interpreters: How should you work with a telephone interpreter?

- Be aware that there is a charge for every minute of the call
- Before you call the telephone interpreter make sure you have your details of the assignment at hand as well as other relevant background information.
- Always write down the interpreter name for identification and follow up.
- Introduce yourself and brief the interpreter before talking to the service user on background information and any relevant issues.
- Ask the interpreter to introduce participants when the service user is connected.

### 5.7 Face to face interpreters: When is it appropriate to use a face to face interpreter?

Face to face interpreters are suitable for a range of one to one appointments with service users, such as clinical consultations, as well as occasions when staff may need to communicate with groups of people, such as at a local community meeting.

### 5.8 Face to face interpreters: How do you book a face to face interpreter?

Bookings must be submitted through thebigword's website. Details of how to register for a log on; instructions for booking interpreters and the costs involved can be found on the intranet at: [Interpreting and Translation](#).

It is important to consider the service user's perspective and needs (other than just language) as well as the nature of the session when booking an interpreter. Some factors to consider are:

- Would it help to request an interpreter of the same gender?
- Would it help to request a named interpreter that the service user knows and has confidence in?
- Would booking an interpreter who speaks the same language but is of a different nationality help provide extra reassurance to a service user's concerns about stigma from members of their community?
- What concerns may a service user from a country where there has been conflict have about who their interpreter is? For example would factors such as the ethnicity, religion, nationality of the interpreter present barriers to open communication?

Any additional requirements should be specified when making a booking.

### **5.9 Face to face interpreters: What do you do if you have problems booking a face to face interpreter?**

Problems can sometimes arise in securing an interpreter, for example when requesting a rare language or making a short notice booking. Any problems should be raised directly with thebigword to resolve. However if problems persist, staff can contact the procurement manager working on thebigword contract. See useful contacts for details.

Staff in teams and wards who work with people in crisis or where emergency situations may develop, are authorised to request interpreters from a secondary provider if thebigword are unable to fulfil a booking and telephone interpreting is not appropriate. Team managers will be able to advise staff how to make such requests.

### **5.10 Face to face interpreters: How should you work with a face to face interpreter?**

There are three stages involved in a face to face interpreted session:

#### **Stage 1: Before the session:**

It is important to spend some time with the interpreter to ensure that the session goes smoothly. Topics covered should include some background information if the interpreter has not worked with the service user before and a brief explanation of the purpose of the session. At this stage the interpreter can advise on what cultural issues may arise, although this information should be regarded as tentative to avoid making incorrect assumptions. It is also an opportunity to agree with the interpreter how they should intervene if:

- Anything is done or said which is culturally unacceptable to the service user
- Where the interpreter feels that there is a clear misunderstanding
- If anyone speaks too long or the interpreter cannot hold all the information.
- Agree physical arrangements (chairs, lighting, etc) to suit all parties' needs.

#### **Stage 2: During the session:**

On a first session introduce yourself to the service user and explain your position and role in this session. To promote trust you should also explain that the content of the interview will be kept confidential within the limitations of the law. The interpreter should then introduce themselves to the service user and explain that they will also keep the session information confidential.

- Ensure that everyone is sitting in a way that they can see each other and that eye contact will be easy

- Explain to the service user that the interpreter will interpret all that is said by both parties and that it is important for everyone involved to speak slowly and to pause frequently to allow accurate interpreting to take place.
- Speak directly to the service user. Check your tone of voice as an interrogating style can be off-putting for the service user and put pressure on the interpreter.
- Only say things to the interpreter that can be translated to the service user. The service user can feel alienated if the interpreter and clinician have a private conversation.
- Stay involved when the service user is talking and show you are listening through your body language.
- Speak in manageable chunks and allow the interpreter sufficient time to translate.
- Use straightforward language and avoid jargon. Encourage the service user to ask questions and check to see that they have understood.
- Be aware that the service user or interpreter may need a short break, particularly if the service user has been talking about distressing experiences.

### **Stage 3: After the session:**

A short debriefing session gives the opportunity to check out the following:

- Did the session go smoothly?
- Go over the interview content, asking for any factual observations from the interpreter. It is an opportunity to ask questions about observations or cultural issues. Any communication difficulties should be discussed at this point.
- Consider if the interpreter needs debriefing if they have been listening to distressing information.
- Complete and sign the interpreters claim form.

#### **Good practice for working with a face to face interpreter**

- Be punctual. Always keep waiting times to a minimum.
- Remember to request an interpreter of specific gender if appropriate.
- Make a note of the interpreter's name. This will enable you to use the same interpreter the next time if requested by the service user.
- Remember that sessions with an interpreter take longer than sessions where you are able to speak directly to a service user. The interpreter may take some time to interpret the language spoken in English (or vice versa). You should allow for this when setting the time of the sessions and in the timing and interjection of your speech during the session.
- Allow a short time at the start and the end of sessions to brief the interpreter
- Always speak directly to the service user. This improves communication. Avoid talking to the service user through the interpreter (e.g. "please ask him/her about...").
- End the session by checking that the service user has understood everything. Remember to ask them if there is anything else they would like to ask.
- Check that decisions taken during the interview are clear for everyone.
- Be aware that the interpreter has the responsibility to interpret all comments in any setting whether the comment is made directly to the service user or not.

## 5.11 What should you do if something goes wrong with an interpreter?

A session with an interpreter can go wrong in the following cases:

- The interpreter seems to lack the language and skills required
- The interpreter takes over the session by answering for the service user or expressing his or her own opinion
- There is conflict between the interpreter and the service user
- The interpreter overly identifies with the service user or clinician
- Either party is late
- The interpreter paraphrase responses rather than reporting word for word
- There are technical difficulties or other problems with telephone interpreting

If problems arise, you may have to pause the session and have a private word with the interpreter to raise your concerns and negotiate a solution. If this does not work, it may be better to end the interview and reschedule with a different interpreter. You should also provide formal feedback on the interpreter (see below).

## 5.12 Compliments and complaints

The majority of interpreters provide a high quality service for service users and staff and it is important for this to be acknowledged. However when problems do occur it is important that these are identified and responded to accordingly.

You can leave positive and negative feedback through any individual bookings on thebigword's online booking system. Instructions of how to do this can be found in the frequently asked questions on the interpreting and translations intranet page at: [Interpreting and Translation](#).

Ensure that you provide full details of any bookings when giving feedback. thebigword need this to pass-on compliments or investigate complaints and doing this ensures feedback is recorded in the monthly reports the Trust uses to monitor thebigword's service provision.

## 6. Translations

### 6.1 What kind of information could need translating by the trust?

- Written information that individual service users and staff need for the provision of care such as clinical records, recovery and support plans, or appointment letters.
- Written information about the trust that local people may need to know such as leaflets about services, policies, strategies or events.

The main categories of translated information are:

- **Accessible information:** information that is provided in a format that makes it accessible to someone with communication support needs related to a disability. This includes audio information, large print and Easy Read.
- **Information in other languages:** information that is translated from English into another language or vice versa.

### 6.2 When is it appropriate to translate information?

Translating information for individual service users and staff:

- It is appropriate to consider translating information into an accessible format to make a reasonable adjustment in the provision of care to a disabled service user.
- It is appropriate to consider translating information that is essential for either a service user or staff member to have or to be able to provide effective care.

Translating information for groups of service users or people in local communities:

Each decision should be made on a case by case basis by considering the following:

**What is the most effective method of communication?**

- Is translating written information the best way of communicating the information?
- *Another way of communication may be more effective. For example by attending a group meeting and communicating using an interpreter or by working in partnership with another organisation to assist communication.*
- Do you know how you will evaluate or get feedback on the usefulness of the translation?

**What translated information already exists?**

- Has anyone else translated the information?
- *Links to some translated leaflets, psychology resources and mental health information are available at [Interpreting and Translation](#) and on the Patient Information Intranet.*

**Who is the intended recipient of the translated information?**

- Is there evidence of need for similar translations? For example high use of interpreters for a certain language within the Trust.
- Will the translated information be used more than once?
- Will the translated information be relevant to groups of service users or local people?

**What is the purpose of translation?**

- Is it to raise awareness of trust services, how to access them and what people should expect when they do?

**What are the costs of translation?**

- Does the cost seem proportionate to the need?

**6.3 How do you request a translation?**

Translation of non-confidential information can be sent to thebigword contract manager and also the trust's patient information manager for information.

Requests to translate private and confidential information about staff or service users should be requested through thebigword's secure website.

Details of how to request such translations, translation costs, frequently asked questions and links to existing translated information can be found on the intranet at: [Interpreting and Translation](#).

**7. Useful contacts**

**Thebigword contract manager:** Eva Dolezalova, [Eva.Dolezalova@thebigword.com](mailto:Eva.Dolezalova@thebigword.com)

**Head of Procurement:** Tom Medhurst, [tom.medhurst@slam.nhs.uk](mailto:tom.medhurst@slam.nhs.uk)

**Equality Manager:** Macius Kurowski, [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)

**Patient Information Manager:** Sarah Panzetta, [sarah.panzetta@slam.nhs.uk](mailto:sarah.panzetta@slam.nhs.uk)

## 8. Monitoring Compliance

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring/ performing co-ordinating	Group(s)/committee (s) monitoring is reported to, inc. responsibility for action plans and changes in practice as a result
The guidance will be reviewed by the Equality and Human Rights Group (EHRG)	Discussion at EHRG meeting	Annually	Macius Kurowski, Equality Manager	Equality and Human Rights Group

## 9. Freedom of Information Act 2000

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).

## APPENDIX 1: Equality Impact Assessment

### PART 1: Equality relevance checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
  1. All SLaM service users have a say in the care they get
  2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
  3. All service users feel safe in SLaM services
  4. Roll-out and embed the Trust's Five Commitments for all staff
  5. Show leadership on equality through our communication and behaviour

<b>Name of the policy or service development:</b> Interpreting and translation guidelines								
<b>Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?</b>								
<b>Please select yes or no for each protected characteristic below</b>								
Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership <i>(Only if considering employment issues)</i>
Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N/A
<b>If yes to any, please complete Part 2: Equality Impact Assessment</b>								

**Date completed:** 02/11/15  
**Name of person completing:** MaciusKurowski  
**CAG:** Trustwide  
**Service / Department:** Trustwide

**Please send an electronic copy of the completed EIA relevance checklist to:**

1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)
2. Your CAG Equality Lead

## PART 2: Equality Impact Assessment

**1. Name of policy or service development being assessed?** Interpreting and translation guidelines

**2. Name of lead person responsible for the policy or service development?** Macius Kurowski, Equality Manager

**3. Describe the policy or service development**

**What is its main aim?** Provide guidance and good practice to staff on interpreting and translation

**What are its objectives and intended outcomes?** Support better communication with staff and service users requiring interpretation or translation

**What are the main changes being made?** Updating 2007 guidance on interpreting and adding guidance on translations

**What is the timetable for its development and implementation?** Developed during 2015 for rollout across trust in 2016

**4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?**

- Feedback from members of the trust's Equality and Human Rights Group
- Consideration of the trust's interpreting and translation data. (Available at: <http://www.slam.nhs.uk/media/333510/2014%20Trust-wide%20equality%20information.pdf>)

**5. Have you explained, consulted or involved people who might be affected by the policy or service development?**

Consultation and sign off of guidance by members of the trust's Equality and Human Rights Group

**6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?**

Age	Positive impact: Yes	Negative impact: No
<b>Please summarise potential impacts:</b> It is anticipated that the guidance will have a potentially positive impact on service users of all ages (who require information interpreted or translated) by		

supporting staff to use interpreters or provide translations more effectively.		
<b>Disability</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b> It is anticipated that the guidance will have a potentially positive impact on disabled service users (who require information interpreted or translated) by supporting staff to use interpreters or provide translations more effectively.</p> <p>This will be particularly relevant to service users who are Deaf (in 2014 the trust requested 390 BSL face to face interpreters), blind or service users who have a learning disability and require an interpreter or information translated into an alternative format.</p>		
<b>Gender re-assignment</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b> It is anticipated that the guidance will have a potentially positive impact on trans service users (who require information interpreted or translated) by supporting staff to use interpreters or provide translations more effectively.</p>		
<b>Race</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b> It is anticipated that the guidance will have a potentially positive impact on service users of all ethnicities (who require information interpreted or translated) by supporting staff to use interpreters or provide translations more effectively.</p> <p>This will be particularly relevant to service users whose first language is not English (in 2014 the trust requested 6,442 face to face interpreters; 510 telephone interpreters and 159 translations) and who require an interpreter or information translated into another language.</p>		
<b>Pregnancy &amp; Maternity</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b> It is anticipated that the guidance will have a potentially positive impact on pregnant service users (who require information interpreted or translated) by supporting staff to use interpreters or provide translations more effectively.</p>		
<b>Religion and Belief</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b> It is anticipated that the guidance will have a potentially positive impact on service users of all religions and beliefs (who require information interpreted or translated) by supporting staff to use interpreters or provide translations more effectively.</p>		
<b>Sex</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b> It is anticipated that the guidance will have a potentially positive impact on service users of all sexes (who require information interpreted or translated) by supporting staff to use interpreters or provide translations more effectively.</p>		
<b>Sexual Orientation</b>	<b>Positive impact:</b> Yes	<b>Negative impact:</b> No
<p><b>Please summarise potential impacts:</b> It is anticipated that the guidance will have a potentially positive impact on service users of all sexual orientations (who require information interpreted or translated) by supporting staff to use interpreters or provide translations more effectively.</p>		
<b>Marriage &amp; Civil Partnership</b>	<b>Positive impact:</b> N/A	<b>Negative impact:</b> N/A
<p><i>(Only if considering employment issues)</i></p>		

Please summarise potential impacts: N/A		
Other (e.g. Carers)	Positive impact: Yes	Negative impact: No
Please summarise potential impacts:		

**7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?**  
**YES:** *Please detail actions in PART 3: EIA Action Plan*

**8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?**  
 The guidance will be reviewed on an annual basis by the Equality and Human Rights Group.

**Date completed:** 02/11/15  
**Name of person completing:** MaciusKurowski  
**CAG:** Trustwide  
**Service / Department:** Trustwide

**Please send an electronic copy of the completed EIA relevance checklist to:**  
 1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)  
 2. Your CAG Equality Lead

### PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
Review guidelines	Agenda item to review guidance at Equality and Human Rights Group (EHRG) meeting	Equality Manager  EHRG members	Sep 2016	
Review actual equality impacts of guidelines	Review EIA	Equality Manager	Jan 2019	

**Date completed:** 02/11/15

**Name of person completing:** MaciusKurowski

**CAG:** Trustwide

**Service / Department:** Trustwide

**Please send an electronic copy of the completed EIA relevance checklist to:**

1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)
2. Your CAG Equality Lead

## APPENDIX 2: Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Anthony Konzon, Legal Services.

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
<b>The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?</b>	No	
Article 2 - Right to Life [Resuscitation /experimental treatments, care of at risk patients]	No	
<ul style="list-style-type: none"> <li>Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical &amp; mental wellbeing - potentially this could apply to some forms of treatment or patient management]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 9 - Freedom of thought, conscience and religion [Drugging patients, Religious and language issues]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 11 - Freedom of assembly and association</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 14 - Freedom from all discrimination</li> </ul>	No	

<b>Name of person completing the Initial HRA Assessment:</b>	Macius Kurowski
<b>Date:</b>	02/11/15
<b>Person in Legal Services completing the further HRA Assessment (if required):</b>	
<b>Date:</b>	