

**Review of Future Arrangements for Language Interpreting
and Translation Services for Health and Social Care in
Northern Ireland**

**Analysis of Responses to the Consultation Document and Equality
Screening Document**

Any request for the document in another format or language will be considered. Please contact:

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1.0 Executive Summary

Language interpreting and written translation services are required to ensure that those who do not have English as a first or a competent second language are able to access health and social services in Northern Ireland. In January 2012 the Health and Social Care Board initiated a review of the provision of interpreting and translation services in Northern Ireland to determine the most appropriate arrangements for providing the service in the future. The review concluded in June 2013 and proposed that changes are required to the service administrator, the model of provision and the funding arrangements to ensure a cost effective and high quality service in the future.

The review made a number of recommendations including that language interpreting and translation services should be delivered in future on the basis of a regional shared service provided by the Business Services Organisation. In addition, it was recommended that the usage of the interpreting service should be reprofiled to achieve a more appropriate balance of face to face and telephone interpreting, increasing telephone interpreting from the current level of 7% to potentially around 50% of all activity. Other recommendations addressed the need to streamline funding arrangements, improve activity coding and information management and ensure the coordinated use of written translation services across the region's health and social care settings.

At the Health and Social Care Board meeting on 8 August 2013 the Board endorsed the recommendation that the review's findings should be the subject of a period of public consultation. The Board announced the consultation on 16 September 2013 for a period of 13 weeks until 13 December 2013.

A total of 44 submissions was received in response to the consultation document and the equality screening document. The responses have been analysed in the main section of this report.

The majority of those who responded were in broad agreement with the review recommendations.

2.0 Background

In January 2012 the Health and Social Care Board initiated a review of the provision of interpreting and translation services in Northern Ireland to determine the most appropriate arrangements for providing the service in the future. The review concluded in June 2013 and proposed that changes are required to the service administrator, the model of provision and the funding arrangements to ensure a cost effective and high quality service in the future.

Language interpreting for people requiring access to health and social care in the region includes face to face interpreting via the Northern Ireland Health and Social Care Interpreting Service provided through Belfast Trust, and back up face to face interpreting and telephone interpreting contracts through the Business Services Organisation Procurement and Logistics Service (BSO PaLS). Written translation services are also provided through contracts negotiated by BSO PaLS.

The Review assessed the need for language interpreting and written translation to facilitate access to health and social care for minority ethnic groups and examined the current model of provision including service delivery and funding arrangements. The methodology involved desk research, engagement with service users, healthcare professionals and independent Health and Social Care contractors and was guided by a steering group with membership from the Health and Social Care Board, Business Services Organisation, Trusts, the Patient and Client Council and the Northern Ireland Council on Ethnic Minorities. Following consideration of a range of options for the future provision of the service, a preferred model was identified and several recommendations were made.

Key Findings of the Review

- **Demand:** the demand for the face to face language interpreting service has increased annually from 1,850 sessions in 2004/5 to 75,649 sessions in 2012/13. The level of telephone interpreting, which accounts for only 7% of all interpreting, has remained generally stable at an average of 448 calls per month. The demand for written translation services has ranged between 30 and 80 orders per month.

- **Expenditure:** the main element of expenditure relates to the face to face service provided by the Northern Ireland Health and Social Care Interpreting Service. The current level of core funding from the Health and Social Care Board is £1.4 million of which £168k funds the administrative team employed by Belfast Trust. The cost of the service in 2012/13 was £2.628 million. Additional non recurrent funding to cover the cost pressure over and above core funding is allocated by the Health and Social Care Board.

- **Referrer Experience:** engagement with Health and Social Care professionals including independent contractors such as General Practitioners and dentists highlighted a range of issues such as a lack of clarity about the interpreting services available and the charging and contracting arrangements in place. There is inconsistency in the use of interpreting and translation, with particular concerns within primary care. A lack of understanding of the appropriate use of face to face and telephone interpreting was highlighted.

- **User Experience:** engagement with service users within minority ethnic groups identified several positive aspects of the current service while also highlighting a number of areas for improvement. These included the need to ensure a more appropriate and consistent response from Health and Social Care professionals and General Practitioners and hospital reception staff about the need for interpreting and the facilitation of booking a service for patients and clients.

Recommendations

The Review made a number of recommendations including that interpreting and translation services should be delivered on the basis of a regional shared service provided by the Business Services Organisation. In addition, it was recommended that the usage of the interpreting service should be reprofiled significantly to achieve a more appropriate balance of face to face and telephone interpreting, increasing telephone interpreting from the current level of 7% to potentially around 50% of all activity. This would mean that by March 2016, the estimated cost for the total service for face to face and telephone interpreting would remain broadly at current levels while potentially offering a more flexible and appropriate service to both

referrers and users. Other recommendations addressed the need to streamline funding arrangements, improve activity coding and information management and ensure the coordinated use of written translation services across the region's health and social care settings.

The consultation document and associated equality screening document were approved as the basis for a period of public consultation between 16 September 2013 and 13 December 2013.

3.0 Consultation Process

The consultation document, the equality screening document and the report of the Review of Regional language Interpreting and Translation Services were published on the Health and Social Care Board public website on Monday 16 September 2013. A press release and public notice were also issued at the same time. A letter of notification was sent to a very wide range of key stakeholders. Response proformas were included within the consultation documents and published on the Health and Social Care Board website. Consultees were made aware of the facility to request the documentation in another format or language. No one availed of this opportunity.

The consultation, which ran until 13 December 2013 received 44 responses from a range of sources including Health and Social Care Trusts, individual Trust staff, General Practitioners and General Practitioner practice staff, interpreters and voluntary organisations. The breakdown of responses is summarised in section 4.0 with further more detailed analysis of key issues in Section 5.0.

4.0 Analysis of responses to the Consultation

The Health and Social Care Board received 44 responses to the consultation document “Consultation on Future Arrangements for Language Interpreting and Translation Services for Health and Social Care in Northern Ireland”. Respondents were asked to consider the nine recommendations of the Review and to indicate agreement or disagreement with each, with the option to provide additional comment. Of the total responses, 31 consultees used the consultation questionnaire proforma wholly or partially with the remainder providing separate written feedback without using the questionnaire.

Recommendation 1: Appropriate actions should be taken to reprofile usage to achieve a more appropriate balance of face to face and telephone interpreting.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	5	2	1	8
HSC Trust	5		2	7
DHSSPSNI/HSCB/PHA/BSO	2	1	2	5
GP/GP Practice	5	1	1	7
Professional HSC Organisation	2	2	1	5
Voluntary/Community Organisation	2		3	5
Dentist/Optometrlist	1		2	3
Service User Representative /Support Group	1			1
Interpreters			2	2
Local Councils	1			1
Total	24	6	14	44

Recommendation 2: Clear guidance should be developed to ensure appropriate use of written translation services by Health and Social Care professionals.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	7		1	8
HSC Trust	5		2	7
DHSSPSNI/HSCB/PHA/BSO	3		2	5
GP/GP Practice	6		1	7
Professional HSC Organisation	4		1	5
Voluntary/Community Organisation	2		3	5
Dentist/Optomtrist	2		1	3
Service User Representative /Support Group	1			1
Interpreters			2	2
Local Councils	1			1
Total	31		13	44

Recommendation 3: Interpreting and written translation services should be delivered on the basis of a regional shared service provided by the Business Services Organisation.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	7		1	8
HSC Trust	5		2	7

DHSSPSNI/HSCB/PHA/BSO	3		2	5
GP/GP Practice	6		1	7
Professional HSC Organisation	4		1	5
Voluntary/Community Organisation	1	1	3	5
Dentist/Optometrlist	2		1	3
Service User Representative /Support Group			1	1
Interpreters			2	2
Local Councils	1			1
Total	29	1	14	44

Recommendation 4: All face to face and telephone interpreting services should be funded centrally and be accessible to all Health and Social Services Organisations as well as GPs, dental practitioners and community pharmacists.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	6		2	8
HSC Trust	5		2	7
DHSSPSNI/HSCB/PHA/BSO	3		2	5
GP/GP Practice	6		1	7
Professional HSC Organisation	4		1	5
Voluntary/Community Organisation	2		3	5
Dentist/Optometrlist	2		1	3
Service User Representative	1			1

/Support Group				
Interpreters			2	2
Local Councils	1			1
Total	30		14	44

Recommendation 5: A regional advisory group, reporting to Health and Social Care Board should be established to oversee the delivery of interpreting and translation services including governance and accountability issues. The group should include patient and client representation.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	6		2	8
HSC Trust	5		2	7
DHSSPSNI/HSCB/PHA/BSO	3		2	5
GP/GP Practice	6		1	7
Professional HSC Organisation	4		1	5
Voluntary/Community Organisation	2		3	5
Dentist/Optometrst	2		1	3
Service User Representative /Support Group	1			1
Interpreters			2	2
Local Councils	1			1
Total	30		14	44

Recommendation 6: Interpreters should be required to pay an appropriate annual registration fee.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	5		3	8
HSC Trust	4	1	2	7
DHSSPSNI/HSCB/PHA/BSO	2		3	5
GP/GP Practice	4	1	2	7
Professional HSC Organisation	3	1	1	5
Voluntary/Community Organisation	1	1	3	5
Dentist/Optomtrist	1	1	1	3
Service User Representative /Support Group			1	1
Interpreters			2	2
Local Councils	1			1
Total	21	5	18	44

Recommendation 7: Interpreters should be deployed as efficiently as possible through effective resource management and innovative use of technology.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	6		2	8
HSC Trust	5		2	7
DHSSPSNI/HSCB/PHA/BSO	3		2	5

GP/GP Practice	6		1	7
Professional HSC Organisation	4		1	5
Voluntary/Community Organisation	2		3	5
Dentist/Optomtrist	2		1	3
Service User Representative /Support Group	1			1
Interpreters			2	2
Local Councils	1			1
Total	30		14	44

Recommendation 8: An interpreting portal should be developed to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	6		2	8
HSC Trust	5		2	7
DHSSPSNI/HSCB/PHA/BSO	2		3	5
GP/GP Practice	6		1	7
Professional HSC Organisation	4		1	5
Voluntary/Community Organisation	2		3	5
Dentist/Optomtrist	1	1	1	3
Service User Representative /Support Group	1			1
Interpreters			2	2

Local Councils	1			1
Total	28	1	15	44

Recommendation 9: Consistent data sets should be developed to ensure effective performance management.

Responder	Agree	Disagree	Did not complete pro forma/provided separate statement	Total
Individual HSC Staff	5		3	8
HSC Trust	5		2	7
DHSSPSNI/HSCB/PHA/BSO	2		3	5
GP/GP Practice	5		2	7
Professional HSC Organisation	4		1	5
Voluntary/Community Organisation	2		3	5
Dentist/Optometrlist	2		1	3
Service User Representative /Support Group			1	1
Interpreters			2	2
Local Councils	1			1
Total	26		18	44

5.0 Key Issues raised by Respondents

The summary of consultation responses presented in Section 4.0 shows that the majority of those who responded are in broad agreement with the Review recommendations. A number of respondents did not use the questionnaire proforma provided but submitted instead a range of statements and comments relating to some of the specific recommendations. Also, some respondents who used the questionnaire only partially completed it.

In addition to raising a number of specific key issues, several general overarching points were common to many responses:

- The Regional Interpreting Service currently provided by Belfast Trust is regarded as a high quality service;
- Equality of access, quality of service and appropriateness of provision are fundamental considerations for language interpreting and written translation services;
- There is a need to improve awareness of the language interpreting service;
- Service users should be actively involved in the proposed process to reshape the service;
- Service users, including parents of children, should have access to effective methods of providing feedback on the quality and availability of interpreting services, including access to a complaints process;
- It is important to ensure that implementation of any of the Review recommendations does not cause disadvantage to any group of service users or staff;
- To ensure value for money appropriate procurement procedures should be employed in reshaping the services and economies of scale should be sought by considering partnership arrangements with other statutory organisations;
- The impact of Transforming your Care should be acknowledged in relation to future needs as home based care, day procedures and ambulatory care will increase;
- There is a need to ensure improved access to English language classes for minority ethnic individuals.

The key issues emerging from the consultation were:

Proposal to reprofile face to face and telephone interpreting.

There was a generally held view among respondents that there is a need to achieve a more appropriate balance of face to face and telephone interpreting, but many regarded a shift of telephone interpreting from 7% to potentially 50% of total provision as too ambitious. The preference for face to face interpreting over telephone was expressed by many respondents who all stressed that while telephone interpreting is appropriate in some circumstances, it is inappropriate for many health and social care interactions, especially in secondary care. Some respondents highlighted the importance of client choice and quality of service over what they perceived as a cost limiting proposal. The profile of interpreting provision should be based on the assessed needs of the client group rather than on funding considerations. One respondent suggested a pilot telephone interpreting exercise to test viability for specific interactions.

Telephone interpreting was criticised in many of the responses as inferior to face to face provision, with the potential risks of misunderstanding, misdiagnosis and prolonged clinical consultations being highlighted. Specific limitations were identified including speech and language therapy interventions for children and adults, physiotherapy, surgical preparation, cancer treatment and mental health treatment scenarios. The importance of non-verbal communication, facial expression and the implications of variation in regional accents were stressed as reasons for supporting the use of face to face rather than telephone interpreting. Some Health and Social Care staff, including General Practitioners responded that they find telephone interpreting problematic, time consuming and confusing as well as unhelpful in relation to the understanding and communication of medical terminology. In addition it was pointed out that interpreters who provide the face to face service also have local knowledge of health and social services which adds value to their interaction with clients.

Many of the responses stressed the need to develop and issue widely clear guidance on the appropriate use of the various forms of interpreting. In addition, Health and Social Care staff should be trained in

the use of the range of interpreting and communication methods. A suggestion was made that the Health and Social Care Board should consider a further process among all relevant stakeholders to identify the criteria upon which to base future guidance on the appropriate use of interpreting services within Health and Social Care. The involvement of service users in such a process would be important, including those who represent children.

The development of guidance to ensure the appropriate use of written translation services.

All respondents who completed the pro forma agreed to the recommendation, acknowledging the importance of clear guidance to ensure cost effective, high quality written translation services. The proposed guidance needs to clearly identify when it is appropriate and acceptable to translate written material to minimise duplication and overlap. The Business Services Organisation Accessible Formats Policy should be followed as well as the Plain English Campaign guidance.

Proposed delivery of interpreting and translation services as a regional shared service provided by the Business Services Organisation.

The majority of consultees supported this proposal, with a small minority suggesting that consideration should be given to other potential models such as the commissioning of services from the voluntary sector. The priority is to ensure that the model of provision promotes equality of access and consistent service quality across the region.

The proposal that all face to face and telephone interpreting and written translation should be funded centrally by the Health and Social Care Board was supported fully. The overwhelming view was that this would improve accessibility to the services and remove the disincentive to use telephone interpreting in situations where this might be appropriate.

Proposal that interpreters should be required to pay an appropriate annual registration fee.

While there was considerable support for the proposal to require interpreters to pay a registration fee, some respondents felt that such an approach could disadvantage those who work in relation to the minority

languages and who receive relatively limited levels of employment. There was also concern that levying a fee might discourage interpreters from offering their services, thereby reducing the overall resource available. Many respondents suggested that a sliding fee scale could be used, charged retrospectively, to enable it to reflect the level of paid employment secured in the previous year by each interpreter. In addition, the view was expressed by several respondents that the payment of a registration fee should entitle interpreters to training, accreditation and support such as counselling.

The use of technology to ensure efficient deployment of interpreters

A number of respondents supported the wider use of innovative technology including Skype, Face Time and video conferencing. However, the need to address potential data security issues and the cost implications of providing the necessary equipment were also highlighted.

The establishment of a regional advisory group to oversee the delivery of interpreting and translation services.

All respondents who completed the pro forma agreed that a regional advisory group, reporting to the Health and Social Care Board, should be established to oversee the delivery of interpreting and translation services. Many stressed the need to include membership from service user groups as well as representatives with clinical and other health and social care expertise. It was also felt to be important that the regional group links with other relevant networks and organisations such as the Patient Client Council and the Public Health Agency Minority Ethnic Forum.

Some respondents suggested that as each Health and Social Care Trust has needs specific to their own locality in respect of minority ethnic groupings and requirements, they should establish a local minority ethnic network which would feed into the regional group.

6.0 Equality Considerations

The Health and Social Care Board published an Equality, Good Relations and Human Rights Screening Template alongside the main Consultation Document for formal public consultation in September 2013 in accordance with Section 75 statutory requirements. The conclusion of the screening process was that a full Equality Impact Assessment was not required. It was agreed by the Health and Social Care Board that, following formal consultation, any revisions would be incorporated and the final screening document published as part of the Board's duty to produce quarterly screening reports.

Respondents were asked to respond to three specific questions:

Question 1: please let us know if you are satisfied with the content of the screening exercise and outcomes. If not we would be interested in your reasons for this.

Question 2: If you have any suggestions on how the proposals could better promote equality of opportunity, human rights or good relations please give details.

Question 3: If you have any additional evidence to support the equality and human rights screening activity please give details.

Only four responses were received which addressed all or any of these questions.

The following is a summary of the four responses:

Question 1: satisfaction with the screening process:- one respondent felt that the service user input to the Review process was limited, with relatively small numbers of users attending the focus groups. The other respondents expressed satisfaction with the content and outcomes of the screening exercise.

Question 2: suggestions for better promotion of equality of opportunity, human rights or good relations:- all four respondents suggested that the interpreting service should be promoted more widely to increase awareness among those who may need the service. The use of social media was suggested as a possible mechanism, along with

enhanced engagement with minority ethnic support groups and individuals. In addition, links with the Race Equality Strategy should be reinforced. It was also stressed that service user choice in relation to the various forms of interpreting (face to face and telephone) should be taken into account when delivering the service to clients.

Question 3: additional evidence to support the screening activity:-

only two respondents commented on this question, one of whom suggested that it would be helpful to undertake screening of the nature of the actual interpreting session as this would help to inform decision making in relation to the appropriate balance of face to face and telephone interpreting. The other respondent indicated that the equality and human rights screening process could examine activity data relating to the Western Health and Social Care Trust Chinese interpreting service contract with the Chinese Welfare Association and the Bilingual Health Advocacy Project provided by the Public Health Agency.

On the basis of the consultation responses and taking account of the implementation of the mitigation measures detailed in the published Equality, Good Relations and Human Rights Screening Template, there is nothing to suggest that there would be a major impact for any of the Section 75 groups as a result of the Review recommendations.

7.0 Next Steps

The consultation process has provided the opportunity for a range of stakeholders to offer their views on the future arrangements for language interpreting and translation services in Northern Ireland. The Health and Social Care Board has undertaken a thorough analysis of the consultation responses. A small proportion of the respondents disagreed with some of the specific recommendations. However, the majority of respondents agreed with the Review recommendations with the main issues highlighted being matters related to the *implementation* of the recommendations rather than the recommendations themselves.

Taking account of the consultation responses and the proposed mitigation measures detailed in the published Equality, Good Relations and Human Rights Screening Template, no adverse impact on Section 75 categories has been identified to deter implementation of the Review recommendations.

It is, therefore, proposed that the Review recommendations are approved for implementation in full as set out below:

Recommendation 1: Appropriate actions should be taken to profile usage to achieve a more appropriate balance of face to face and telephone interpreting. This should include development of clear guidance to ensure the appropriate use of the various forms of interpreting by Health and Social Care professionals.

A comprehensive process to develop clear and detailed guidance on the appropriate use of the various methods of interpreting will be undertaken. This process will involve service users and Health and Social Care staff and the possibility of undertaking a pilot exercise to test the viability of telephone interpreting for specific interactions will be explored.

Recommendation 2: Clear guidance should be developed to ensure appropriate use of written translation services by Health and Social Care professionals.

Work will be undertaken to develop clear guidance for written translation, taking account of the Business Services Organisation Accessible Formats Policy and the Plain English Campaign guidance.

Recommendation 3: Interpreting and written translation services should be delivered on the basis of a regional shared service, provided by the Business Services Organisation:

The Health and Social Care Board will work closely with the Business Services Organisation and Belfast Health and Social Care Trust to implement the arrangements required to transfer the regional interpreting service to a regional shared service.

Recommendation 4: All face to face and telephone interpreting services should be funded centrally and be accessible to all Health and Social Care organisations as well as GPs, dental practitioners and community pharmacists:

The Health and Social Care Board will undertake the necessary actions to implement this recommendation and will ensure that future arrangements for accessing interpreting and translation services are communicated effectively to all Health and Social Care providers who refer to the service.

Recommendation 5: A regional advisory group, reporting to the Health and Social Care Board, should be established to oversee the development and delivery of interpreting and translation services including governance and accountability issues. The group should include patient and client representation.

An advisory group will be established which will include service user representation as well as relevant clinical and other health and social care expertise. Links will be made with other relevant networks and organisations both local and regional to ensure a coordinated and comprehensive overview. Key priorities for the advisory group will be the need to improve awareness of language interpreting and translation services and to ensure the engagement of individual service users and minority ethnic groups in the continuing development and improvement of the service.

Recommendation 6: Interpreters should be required to pay an appropriate annual registration fee; the income generated should be used to provide additional resource as deemed necessary by the service provider.

Consideration will be given to the development of a registration fee system which is fair and appropriate to the wide range of employment levels available to interpreters.

Recommendation 7: Interpreters should be deployed as efficiently as possible through effective resource management and innovative use of technology.

Exploration of the range of innovative technology and its potential for use in language interpreting will be undertaken. This will include Skype, Face Time options and video conferencing. Service users and staff representatives will be involved in assessing the suitability and effectiveness of such options.

Recommendation 8: An interpreting portal should be developed to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests.

The Business Services Organisation will build on the work currently underway within Belfast Trust to upgrade the existing interpreting service electronic booking system to ensure the efficient processing of all future referrals.

Recommendation 9: Consistent and relevant data sets should be developed to ensure effective performance management, including information on referral source, assignment type and service response.

The Health and Social Care Board and the Business Services Organisation will work with the range of Health and Social Care providers to define and agree the performance management information required to be made available from the data handling system.

Appendix i: List of Consultees who responded to the Consultation

Neta Chada AMD Mental Health Service, SHSCT

Dr Eileen McAuley General Practitioner Dunluce Health Centre

Claire Brannagan regional Blood Spot Screening Nurse, BHSCT

Peter Mullan Dental representative, SE Local Commissioning Group

Edel Corr Patient Support Manager, SHSCT

SJB Barbour, optometrist in Larne

Gerry Maguire Administration, WHSCT

Valerie McConnell Social Care Commissioning Lead Mental Health/Learning Disability, Belfast LCG HSCB

John McGuinness ABC Community Network

Bruno Bastos Interpreter

David Marshall Consultant Paediatric Surgeon RBHSC

Diane McGrath Practice Manager Castlereagh Medical Centre

Margaret English Practice Administrator Kensington Medical Centre

Danielle McGimpsey Practice Receptionist Kensington Medical Centre

Gillian Stevenson Clerical Officer Kensington Medical Centre

Sandra Stranaghan Business Manager NI Social Care Council

Physiotherapist Antrim Hospital

Dr B Mitchel General Practitioner Coalisland Health Centre

Florence Millar-Wilson Clinical Lead Specialist Speech and Language Therapist Bilingualism, BHSCT

Cookstown Health Centre

Lynda Gordon on behalf of SHSCT

Sarah Morrin Optometrist Newtownabbey

Florence Millar-Wilson Chair of Committee of SLT Clinical Excellence Network Bilingualism

Jackie Patton Community Relations Officer Ballymena Borough Council

Jackie McIlroy Social Services Officer Office of Social Services DHSSPSNI

Walter Stafford Equality Unit DHSSPSNI

Race Equality Forum SHSCT

Tony O'Reilly Policy Officer Equality Commission for Northern Ireland

David Bingham Chief Executive Business Services Organisation

Julie McKnight BHSCT

NI New Entrants Service, BHSCT

Marty, Interpreter

Ligia Parizzi Manager NI Health and Social Care Interpreting Service, BHSCT

Dr Carole McKenna NI Practice and Education Council for Nursing and Midwifery

Dr Janet Little Public Health Agency

Una Isdell SLT Team Leader SLI/HLI on behalf of the Committee of the Paediatric Speech and Language Therapy regional Subgroup.

Paul O'Donnell project and Business Development Manager "I Need Translations" Language Service Provider

Alison Irwin on behalf of NHSCT

Eileen Chan-Hu Chief Executive Chinese Welfare Association

Elaine Campbell on behalf of South Eastern Health and Social care Trust

Dr John Knape Head of Communications, policy and Marketing Royal College of Nursing

Robyn McCready Communications and Policy Officer NIACRO

Maria Herron Participation Worker Parenting NI

Marie Mallon Deputy Chief Executive/Director of Human resources on behalf of BHSCT