



EVALUATION SIS SURVEY 2012 **with SUSSEX PARTNERSHIP TRUST**

The satisfaction survey (attached) was distributed to 350 SPFT staff via e mail with follow up prompts sent 2 weeks later. Over 200 individuals (practitioners and booking contacts) were taken from the SIS database.

The forms were accompanied by a joint letter from SIS and SPFT signed on behalf of SPFT by Deputy Director of Social Inclusion – Andy Porter (attached). It was hoped that the endorsement of a senior management figure would encourage a greater rate of return.

RETURNS and DEMOGRAPHIC INFORMATION

9 forms were returned which was less than 1% of the number distributed. This compares very poorly with previous surveys;

2006	General survey of all Service providers	8%
2009	GP survey	25%
2010	Health Visitor survey	46%
2010	Maternity survey	19%

However, at least 2 of the forms were completed on behalf of an entire team which makes the information more meaningful.

Although there were a small number of responses, there is good representation both with regards geography, discipline and role of respondent.

Working Age Mental Health Services

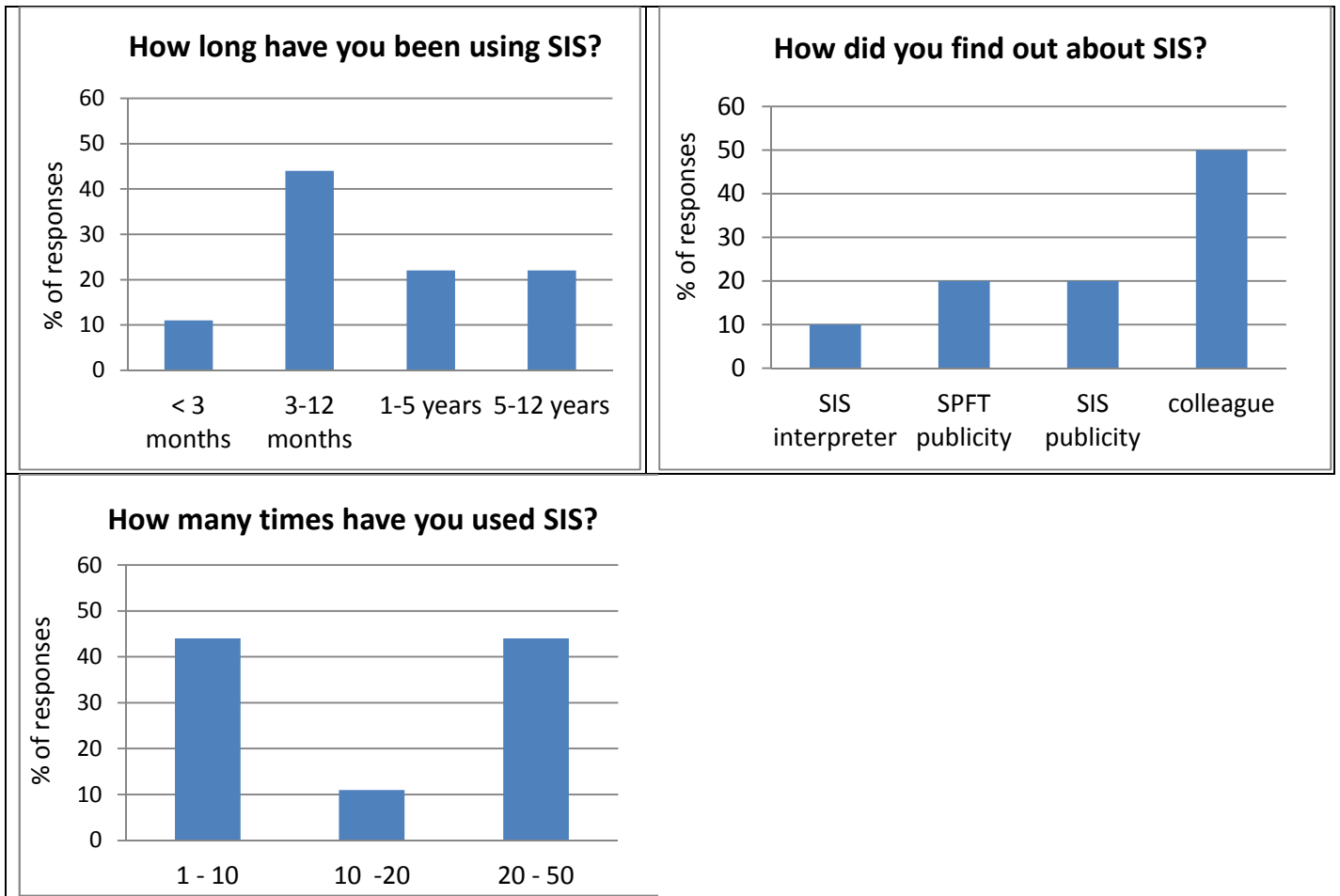
Early Intervention in Psychosis	practitioner	Brighton & Hove
Improving Access to Psychological Therapies	CB Therapist	East Sussex
Mental Health Homeless Team	whole team input	Brighton & Hove
Central Access Team	administrator	Brighton & Hove
East Recovery Team	administrator	Brighton & Hove
Shepherd House Recovery Unit	whole team input	West Sussex
Rural Mental Health Recovery Service	CPN	East Sussex

Older Peoples Mental Health Services

Aldrington Day Hospital	staff nurse	Brighton & Hove
Greenacres	consultant psychiatrist	West Sussex

It is disappointing that CAMHS aren't represented.

Additional demographic information (see charts below) also verified fairly broad representation. Furthermore, this demonstrates evidence of both long term and new collaborative partnerships.



Half the respondents had found out about SIS from colleagues and 100% said they would recommend SIS to other colleagues showing fantastic support for the service.

SATISFACTION

Questions 5 - 9 are all questions posed using a Leichart Scale to grade degrees of satisfaction in areas that CSE ¹ research has indicated are a priority for customers; quality, timeliness, access, delivery and information. Respondents are asked to state how strongly they agree / disagree with statements on a scale of 1 -5.

CSE Criteria	Statement	% agreeing or strongly agreeing
Quality	SIS is consistent, trustworthy and professional	100
Timeliness	SIS provides prompt responses to my needs	100
Access	SIS is approachable and easy to contact	89
Delivery	SIS is respectful, polite and friendly	100
Information	SIS listens and explains it's services clearly	100

¹ CSE – Customer Service Excellence – Governmental quality standard for public services

The results showed an extremely high level of satisfaction. We were pleased to note there were no statement to which respondents actively disagreed or strongly disagreed.

SIS has used the same satisfaction criteria in all surveys since 2006 enabling robust benchmarking and target setting. SIS had set the challenging and stretching target to continuously improve the satisfaction levels across all five criteria AND to increase the % of respondents who strongly agree. ***SIS met all the satisfaction targets*** except with regards to Access where the % dropped from 95% to 89%.

100% of respondents (who were able to make a comparison) stated that SIS was better than other interpreting services.

SIS Guidelines for working with Community Interpreters

80% of respondents who had seen the “SIS Guidelines for working with Community Interpreters” stated they were very useful.

However, it is concerning that over 40% of the replies stated “don’t know”, implying that they had never seen these essential guidelines.

This issue had also been highlighted in previous customer surveys. SIS has taken various measures to improve the situation (see actions listed below) and the current survey indicates a degree of success because the % of “don’t know” has dropped from over 60% in 2010.

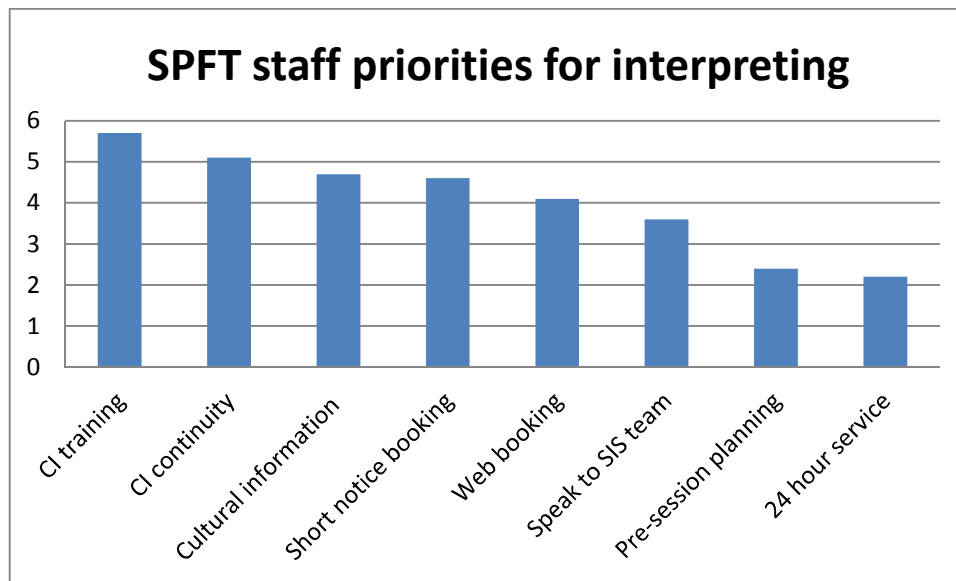
It is part of the Community Interpreter’s role to give information about how they work, their boundaries and limitations at every session. It must be assumed that this has been a fairly effective way of delivering information however the information provided by the interpreters is quite basic and is meant to be only a reminder. It would be preferable for Service Providers to have knowledge about, access to, and have read the full guidelines.

To this end SIS will

- offer training to practitioners in the use of interpreters; the first training was delivered by SIS Service Manager to Worthing Early Intervention in Psychosis Team on 16th March 2012.
- mail guidelines to central offices and administrative staff for distribution
- ensure interpreters carry the guidelines with them to give to practitioners
- alert practitioners to the guidelines via a link on the web booking confirmations and other e mail correspondence
- engage with commissioners to promote awareness of good practice and guidelines

PRIORITIES

Question 12 asks respondents to rate what was most or least important to them when using an interpreter (from a selection of 8 options), with 7 being the most important and 1 the least. The overall ranking was as follows.



It was clear that SPFT staff had a strong agreement about the most important factors

The community interpreter is trained to an accredited level

90% of SIS interpreting sessions were delivered by accredited trained Community Interpreters (in the financial year 2011 – 12).

*within my role, of utmost importance is the **quality of the interpreter** (knowledge, ability) and **quick access**.*

Tammy Grung, CBT therapist, Hailsham IPAT Service

I have continuity of the same community interpreter for the same patient

SIS's Allocations Policy states

"SIS endeavours to provide continuity for clients with the aim of providing a holistic service."

*It will be important that some clients/patients receive the **same interpreter** so they do not have to repeat their story to someone new; **it may take time for them to open up**.*

J Roochove, B&H Central Access Team Administrator

The community interpreter can provide appropriate cultural information

One of the unique aspects of the Community Interpreting model (in contrast to the Public Service Interpreting Model) promoted and advocated by SIS, is the ability for the community interpreters to use intervention skills to present factual cultural information to enable the SP to steer away from action and advice that may be culturally inappropriate or insensitive.

*The client I work with has had **continuity** of interpreter. This has allowed their work to be **more accurate**. Also they have given the client and I very useful **cultural information**.*

Allison Mackenzie, CPN for ES Rural MH Recovery Service

The interpreter can be booked within a short period of time

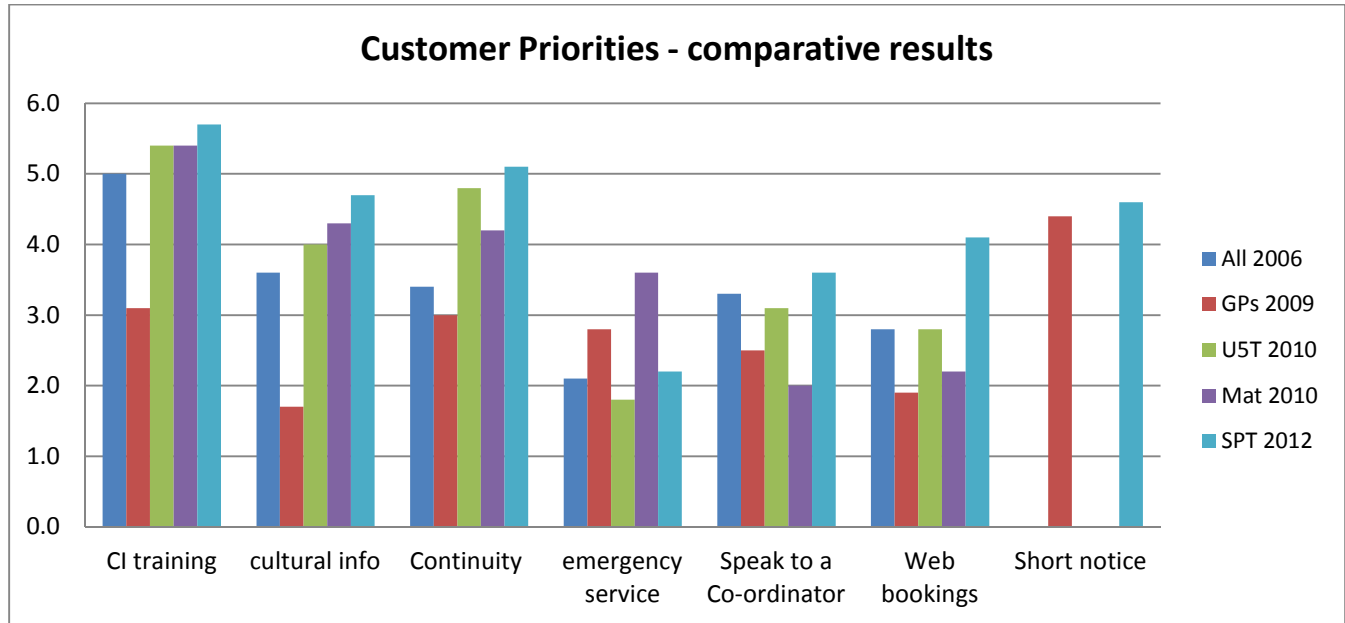
97% of SIS interpreting sessions, co-ordinated through our 24 hour emergency service, were met within 1 hour of the request (in the financial year 2011-12).

20% of SPFT session met by SIS were requested with less than 3 working days' notice (in the financial year 2011-12).

Many of our clients lead a transient life style so it is important to be able to offer them an appointment at **short notice** to engage with them quickly.

Anne Abdo, Administrator on behalf of Mental Health Homeless Team

The top three priorities for SPFT staff are consistent with results from previous surveys with other service providers.



OUTCOMES

Questions 13-21 are all questions posed using a Leichart Scale to grade degrees of agreement (on a scale of 1-5) with statements about the benefits of using SIS Community Interpreters. The potential benefits had been identified by SIS customers through previous interviews, discussions and surveys.

They are also reflective of the desired outcomes of SPFT in particular those cited in the Single Equalities Scheme, Recovery Model and Government White Paper “Equity and Excellence: Liberating the NHS” which sets out a vision of the NHS that is easy to access, treats people as individuals and offers care that is safe and of the highest quality.

Qu	Statement	% agreeing and strongly agreeing
	Working with a SIS Community Interpreter helps	
13	... improve understanding of non-verbal communication	86
14	... me convey difficult or complex concepts	100
15	... me to build a relationship of trust with clients	100
16	... clients to make informed choices	100
17	... me to make an accurate assessment or diagnosis	86
18	... clients to access SPT services	100
19	... me support clients with dignity and respect	100
20	... create a calm and safe environment	100
21	... in planning client care around what they want	100

60% of respondents said a telephone interpreter or video conference interpreter instead of face-to-face interpreter WOULDN'T produce the same outcomes for clients.

When looked at in the context of the priorities for staff as identified in question 12 it is clear that the high priority areas - provision of cultural information and continuity of interpreter would be compromised by use of a telephone interpreter.

Telephone interpreting can help but is not good for assessing or building up relationships.

Allison Mackenzie, CPN for ES Rural MH Recovery Service

Although they would be able to interpret the verbal communication from the patient, the non-verbal gestures/communication would be more difficult to access.

Aruna Wijetunge, Consultant Psychiatrist, Greenacres

I think this question is most importantly asked of the person who requires an interpreter to communicate with the service. As a professional I can adapt to different circumstances, this may not be the case for the service user.

Tammy Grung, CBT therapist, Hailsham IPAT Service

I think mental health clients would find the screen distracting and could exacerbate any feelings of paranoia or existing psychosis.

Anne Abdo Administrator on behalf of Mental Health Homeless Team

Whilst this result, and the associated comments, indicates strong support for the face-to-face model of interpreting it is acknowledged that there are some limited benefits to using telephone interpreting particularly when used as a complimentary service. It could be an especially useful tool for short notice bookings which was a high priority for SPFT staff (identified in question 12).

It would be useful to further explore this area and possibly ask more detailed questions such as under what circumstances staff thought telephone interpreting would be helpful.

100% of respondents agreed / strongly agreed that SIS makes an essential contribution to delivering the trust's Single Equalities Scheme.

SPFT has shown a great commitment to issues around equalities, diversity and human rights providing forthright leadership. SIS is very proud of the fantastic indictment of staff for the work we are doing with our contribution to the delivery of the SES.

Without the excellent and professional service provided by SIS interpreters, non English speaking clients would be at a tremendous disadvantage and would not have an equal access to the service.

Anne Abdo Administrator on behalf of Mental Health Homeless Team

Without the support of an interpreter there would be no service offered in some cases.

Tammy Grung, CBT therapist, Hailsham IPAT Service

The final question of the survey asked for further feedback or suggestions for improvements or changes. The only comments were from Tammy Grung, CBT therapist, Hailsham IPAT Service

I think it is a shame that GP's do not use an interpreter whenever they see a patient who would benefit from this.

SIS fully supports and agrees with this comment. The PCTs operating in East Sussex are signatories to the **Sussex Consortium Framework Contract for the Supply of Translation and Interpreting Services** (SUSTI) and therefore all GP practices are able to book free² interpreters for their service users through one of the SUSTI providers. It may be that further promotion of the contract is required.

A client was turned down by CRUISE for bereavement counseling as the charity would not pay for an interpreter, if there could some access for charities this would be equality.

SIS advises and encourages all voluntary sector groups and organisations to consider the needs of service users with a language need when drawing up their budgets to ensure they are able to provide equality of access. In Brighton and Hove, the interpreting contract jointly commissioned by the city council and NHS trusts provides an allocation of interpreting sessions for the use of voluntary sector organisations.

² The SUSTI contract is core funded therefore interpreters are free at the point of use