WELSH GOVERNMENT INTEGRATED IMPACT ASSESSMENT

Title of proposal:	**Accessible Communication and Information Standards**
Official(s) completing the Integrated Impact Assessment (name(s) and name of team):	**Lewis Owen** **Equality Team – Health, Social Care and Early Years Group**
Department:	**Health, Social Care and Early Years Group**
Head of Division/SRO (name):	**Emma Spear**
Cabinet Secretary/Minister responsible:	**Cabinet Secretary for Health and Social Care**
Start Date:	**22/09/2025**

A. CHILDREN'S RIGHTS IMPACT ASSESSMENT

All completed Children's Rights Impact Assessments must be sent to the CRIA@gov.wales mailbox

The Rights of Children and Young Persons (Wales) Measure 2011 places a duty on the Welsh Ministers to pay due regard to the United Nations Convention on the Rights of the Child (UNCRC) and its Optional Protocols when exercising any of their functions.

The CRIA process is the agreed mechanism officials should use to support Ministers to meet this duty and ensure they give balanced consideration to children's rights in their decision making. A CRIA should be used to inform ministerial advice and must be completed prior to a ministerial decision being made. Once a decision has been reached, your CRIA must also be published.

Please note we have an established Children's Rights Advisory Group (CRAG), comprising the Children's Commissioner for Wales's office, UNICEF, the Wales Observatory on Human Rights of Children and Young People, and Children in Wales, who can be used to discuss or test your draft CRIA. Please contact the Children's Branch CRIA@gov.wales for further information.

For further advice and guidance on the CRIA process, please consult the Children's Rights Manual for Staff or contact the Children's Branch CRIA@gov.wales

1. Policy objectives

- What decision are you impact assessing?

The Welsh Government are broadening and renewing the All-Wales Standards for Accessible Communication and Information for People with Sensory Loss. In 2023, the Welsh Government reviewed the effectiveness of the Standards, and explored the barriers faced by people when accessing healthcare. In collaboration with representatives from NHS Wales and external partners, the Welsh Government developed recommendations and actions aimed at removing barriers and ensuring the communication and information needs of patients, service users, parents and carers are consistently met.

They have been broadened to include:

- People who are D/deaf, deafened or hard of hearing, and British Sign Language (BSL) signers (it is important to also note the linguistic differences between the Deaf BSL signing community, and those who are deaf, deafened, or hard of hearing);
- people who are blind or partially sighted;
- people who are deafblind;

- people who have language and communication access barriers arising from disability (including dementia, learning disabilities and mental health conditions);
- people who have language and communication barriers arising from neurodivergence;
- people who have language and communication barriers arising from low literacy;
- parents and carers who experience language or communication barriers;
- people whose preferred language is not English or Welsh (including people seeking sanctuary, refugees and migrants).

By people – we mean everyone accessing services – including children and young people.

The Standards are also accompanied by the *Standard Operating Procedure: commissioning interpretation and translation services in primary and emergency healthcare (SOP)* and the *Accessible Information Standard (AIS)*. The SOP is a comprehensive guidance document for NHS staff to ensure that consistent quality and standards are upheld when commissioning interpretation and/or translation services. The AIS directs and defines a specific and consistent approach to identifying, recording, flagging, sharing and meeting the information and communication needs of patients, service users, carers and parents for GP practices; it was issued via Welsh Health Circular in 2018 and has been integrated into these Standards for consistency. Together, these will help deliver consistent equitable services to support access and improve patient experiences and outcomes.

2. Gathering evidence and engaging with children and young People

In-keeping with the Well-being of Future Generations (Wales) Act 2015, the Welsh Government is committed to involving people. Following ministerial approval to broaden and renew the Standards, the Welsh Government worked collaboratively with these stakeholders to develop the recommendations and actions aimed at removing barriers and ensuring the communication and information needs of patients, service users, parents and carers.

The stakeholder group encompassed a broad range of individuals, including those with protected characteristics and those possessing lived experiences, including:

Welsh Government Policy Teams

NHS Wales Executive (now NHS Wales Performance and Improvement)

Aneurin Bevan University Health Board

Betsi Cadwaladr University Health Board

Cardiff and Vale University Health Board

Cwm Taf Morgannwg University Health Board

Hywel Dda University Health Board

Powys Teaching Health Board

Swansea Bay University Health Board

Velindre University NHS Trust

Welsh Ambulance Services University NHS Trust

Public Health Wales

British Deaf Association

Learning Disability Wales

Lleisiau Dementia

Royal National Institute of Blind People

Royal National Institute for Deaf People

Swansea University

Wales Interpretation and Translation Service

The inclusion of these diverse perspectives was paramount to the development of renewed standards that genuinely addressed the needs of the affected populace. Our stakeholders represent all service users from various population groups, and these will include children and young people. When we have received feedback and input from stakeholders, they have been responsible for providing insight and consideration for their service users who are children and young people, and considering how best the renewed Standards can improve outcomes for them in accessing healthcare services.

More evidence and data will be gathered throughout the implementation process of the renewed Standards, which are already building on the work of the preceding Standards which related to sensory loss only. The built-in measures and indicators that now form the renewed Standards will also be able to give us a better insight into the effectiveness of the implementation of the Standards, and this will apply to all service users, including children and young people.

The needs of children and young people have been taken into account during this process (see below), and we will continue to engage with stakeholders.

We know that existing evidence suggests that autistic children are less likely to engage with some preventative healthcare services compared to other children with other special care needs (National Survey of Children's Health, 2008) largely because of sensory issues[1]. Some studies also suggest that, when not properly designed and managed, the healthcare environment could lead to failed medical interventions and even cancellation of appointments for those children who are autistic. For many autistic children, the most significant barrier to accessing optimal healthcare service is a sensory overload of the environment. For example, more than half of the participants in the studies reviewed reported experiencing difficulties in the waiting room. Some of the most common triggers are enclosed places, bright lights, strange tastes, and strange smells The environment is especially challenging for autistic children where it is busy and noisy or where children have to sit next to strangers, all of which contribute to heightened anxiety of the children and the parents[2].

Where healthcare services have not provided accessible communication and information to patients who are deaf or have hearing loss, many have had to rely on either a partner, children, family or friends to interpret or relay information for them at an appointment[3]. Some deaf children may also come from families where the preferred language at home differs from the national language, which is often the case with migrant families, making diagnoses and communicating the needs of the child difficult for healthcare providers to convey.[4] Another study recommends that service providers need increased awareness that the lack of worker knowledge, limited provision and constant battling families have to engage in will surely have negative impacts on family life, stress and ultimately the health and well-being of the deaf child[5].

The case of children interpreting or translating on behalf of their parents or guardians is also seen in situations where their parent or guardian does not speak English or Welsh as their preferred language, as seen for example in Eastern European migrants' use and experiences of UK health services. When appropriate interpretation or translation services were unavailable, Eastern European migrants with limited command of English sometimes needed familial and social networks, including children to mediate in healthcare encounters[6]. Language barriers have also been consistently cited as one of the greatest challenges facing

---

[1] Barriers and Facilitators of Healthcare Access for Autistic Children in the UK: a Systematic Review | Review Journal of Autism and Developmental Disorders

[2] Barriers and Facilitators of Healthcare Access for Autistic Children in the UK: a Systematic Review | Review Journal of Autism and Developmental Disorders

[3] Stop the Block: The ongoing crisis of NHS ear wax removal services in England

[4] NDCS Blank template

[5] Enablers and barriers for hearing parents with deaf children: Experiences of parents and workers in Wales, UK - Terry - 2023 - Health Expectations - Wiley Online Library

[6] Phung V-H, Asghar Z, Matiti M, et al. (2020). Understanding how Eastern European migrants use and experience UK health services: a systematic scoping review. BMC health services research. 20(1): pp.173

people seeking sanctuary in the HEAR 2 technical report, particularly difficulties with interpreting and translation and patients relying on their children to interpret for them again[7].

We have engaged with stakeholders throughout the development process of these Standards. Our stakeholders represent all service users from various population groups, and these will include children and young people. When we have received feedback and input from stakeholders, they have been responsible for providing insight and consideration for their service users who are children and young people and considering how best the renewed Standards can improve outcomes for them in accessing healthcare services.

3. Analysing the evidence and assessing the impact

The renewed Standards are anticipated to have a positive impact on children and young people – particularly amongst those whose main language is not English or Welsh; those who have language and communication barriers due to disability, mental health conditions or learning difficulties; those who have language and communication barriers arising from neurodivergence; and those who have language and communication barriers arising from low literacy.

The renewed Standards now include those with autism within its remit and takes into account the environmental factors within healthcare settings that can have a negative effect. This should have a positive impact on children with autism, ensuring that healthcare environments are less overstimulating and that these children can more comfortably access spaces without unnecessary distress because of sensory issues.

The need for children to translate or interpret for their parents/guardians should be removed by the Standards, as they now require NHS bodies to provide suitable translation and interpretation services to avoid this. This will put less pressure and expectation on children to support their parents or guardians in this way; the standard operating procedure for commissioning interpretation and translation services sets out in detail the steps that should be taken to ensure that appropriate services are provided for those that require them.

The application of the renewed Standards also ensures that parents or guardians or children are able to properly understand the information regarding their child's healthcare and/or treatment if they themselves have additional communication or information needs.

The mechanism of the Standards in their application does not change from person to person, regardless of age or characteristics; the core directive is that the additional communication and information needs of service users is recorded, and adjustments are made to ensure that communication and information relating to their healthcare is clear to them/their caregiver.

---

[7] https://phwwhocc.co.uk/wp-content/uploads/2020/07/PHW-Swansea-HEAR-technical-report-FINAL.pdf

UNCRC Articles or Optional Protocol	**Enhances (X)**	**Challenges (X)**	**Explanation**
Article 2: All children have all rights, no matter who they are, where they live, what language they speak, what their religion is, what they think, what they look like, if they are a boy or girl, if they have a disability, if they are rich or poor, and no matter who their parents or families are or what their parents or families believe or do. No child should be treated unfairly for any reason.	X		The Standards aim to tackle discrimination by ensuring equity of access to healthcare services, ensuring that all service users with additional communication and information needs are not disadvantaged in their access to, and experiences of healthcare services in Wales.
Article 3: When adults make decisions, they should think about how their decisions will affect children. All adults should do what is best for children. Governments should make sure children are protected and looked after by their parents, or by other people when this is needed. Governments should make sure that people	X		It is anticipated that the implementation of the renewed Standards can lead to improved wellbeing via improved access to healthcare services. This is particularly the case for those children and young people who are currently expected to interpret on behalf of their parent or guardian. The Standards will mean that this strain on those children and young people will be removed as NHS bodies are expected to commission

and places responsible for looking after children are doing a good job.			interpretation services via the guidance provided.
Article 17: Children have the right to get information from the Internet, radio, television, newspapers, books and other sources. Adults should make sure the information they are getting is not harmful. Governments should encourage the media to share information from lots of different sources, in languages that all children can understand.	X		At the heart of the Accessible Communication and Information Standards is ensuring that people have access to the information they need in relation to their health and care.
Article 23: Every child with a disability should enjoy the best possible life in society. Governments should remove all obstacles for children with disabilities to become independent and to participate actively in the community.	X		The renewed Standards aim to reduce the barriers to accessing healthcare services for disabled people, which also includes disabled children. Disabled children will be able to better understand their healthcare, and their parents or guardians will also be able to understand the communication and information regarding their child if they themselves have any additional communication or information needs.

Article 24: Children have the right to the best health care possible, clean water to drink, healthy food and a clean and safe environment to live in. All adults and children should have information about how to stay safe and healthy.	X		The renewed Standards have an overarching objective of ensuring that patients and/or their parents or carers who have additional communication and information needs can access health services without barriers or increased difficulty. This will be relevant for all service users, including children and young people. This can lead to a decrease in health inequalities for children with additional communication and information needs as they will be able to easier access services to address their healthcare needs, as well as a clearer understanding of treatment plans and any other information related to treatment.

- Consider whether any EU Citizens Rights (as referenced in the Equality Impact Assessment) relate to young people up to the age of 18.

The renewed Standards will be applicable to all service users of healthcare services, regardless of their citizenship.

4. Ministerial advice and decision

The findings of this CRIA have been integrated into your ministerial advice to inform their decision.

5. Publication of the CRIA

- *Following the ministerial decision, the CRIA should be published on the Welsh Government website.*
- *Send sections 1 and 8 of your IIA and the CRIA (Annex A) to your departmental web manager for publishing.*
- ***All** completed CRIAs must also be sent to the CRIA@gov.wales mailbox.*

6. Communicating with Children and Young People

- If you have sought children and young people's views on your proposal, how will you inform them of the outcome?

Not applicable – we have worked with stakeholders who represent all of their service users, which include children and young people.

7. Monitoring and Review

- Please outline what monitoring and review mechanism you will put in place to review this CRIA.

Measures and indicators have been developed that will help us measure progress against this work. All NHS Wales bodies will be required to report progress against these measures and indicators to the Welsh Government as part of their biannual policy assurance assessments. The renewed Standards will also be reviewed every two years and amended as necessary by the stakeholder group to ensure that they are fit for purpose and work for all service users consistently.

	No.	**Indicator**
PATIENT RECORDS	**1**	Percentage of people having their communication and information needs (including Welsh language) recorded by their primary and community care settings.

	2	Proportion of GP practices sharing specific patient communication requirements (including Welsh language) with wider healthcare settings in accordance with the AIS.
FACILITIES	**3**	Reception areas – Proportion of reception areas providing accessible resources to support patient communication i.e. hearing loops, multi languages booking system, easy read information.
	4	Consultation areas[8] – Proportion of consultation areas providing accessible resources to support patient communication needs through the consultation process.
COMPLIANCE WITH THE SOP	**5**	a) Number of appointments/services in primary care accessed via WITS.
		b) Number of appointments/services in secondary care accessed via WITS.
		c) Number of appointments services accessed via on demand language services.
	6	Proportion of same-day appointments being made by people who are unable to use the telephone. (phase 2 following GMS Quality Improvement Project)
	7	Proportion of Did Not Attend Appointments (DNAs) and Could Not Attend Appointments (CNAs) recorded against people with additional

---

[8] The 'consultation area' is applicable within the following spaces:

- The space within a hospital, clinic, or home where patients reside, receive treatment, or have access to for daily activities.
- Any area within a healthcare facility where patients attend, including day-cases, emergency attendances, in-patient wards, diagnostic settings, and community clinics.
- A department or service directly related to the diagnosis, treatment, or rehabilitation of patients.
- An ambulance.

		communication and information needs. (phase 2 following GMS Quality Improvement Project)
TRAINING	**8**	Proportion of NHS Staff (including contractors) undertaking: a) Mandatory Treat Me Fairly training; and b) Working with Interpreters and Translators in the Public Sector training (provided by WITS).
	9	Proportion of NHS staff (including contractors) declaring additional language skills on ESR beyond Welsh and English, including BSL.[9]
	10	Proportion of NHS staff (including contractors) completing additional CPD activity relevant to the Standards.
PEOPLE’S EXPERIENCE	**11**	Percentage of people receiving information about their healthcare in a format they can access and understand (including Welsh language).
	12	Percentage of people indicating that they were able to communicate in their preferred language (including Welsh language).
	13	Percentage of people rating their overall experience as: • Very poor • Poor • Neither good nor poor • Good • Very good

---

[9] Declaring language skills in the workplace should not require or create an expectation that staff undertake translation and interpretation as part of their professional work unless this is explicitly stated within their job description; this is discretionary according to individual staff confidence. This is not a replacement for a professional translation or interpretation service.

A governance arrangement has been established to ensure that the Standards remain fit for purpose. The current review period is every two years.

- Following this review, are there any revisions required to the policy or its implementation?

See above.