

BSL (Scotland) Act 2015

Scottish Deaf BSL Community: Summary of Progress being made with NHS Boards' BSL Plans through BSL Roadshows

February 2022



Scottish Government
Riaghaltas na h-Alba
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Equality and
Human Rights



DEAF ASSOCIATION SCOTLAND
COMANN NAM BODHAR ALBA



BDA Scotland would like to thank the Scottish Deaf community for their contributions on the progress of their local BSL plans, which are reported in this document.

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Compiled: 2022

BDA Scotland
www.bda.org.uk

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BDA Scotland prepared this summary report, which relates to the BSL (Scotland) Act 2015, following engagement with Deaf BSL users across Scotland. The Scottish Government funds BDA Scotland to support Deaf BSL users to engage with local NHS Boards to implement their work in relation to the BSL National Plan and their local BSL plans.

BDA Scotland submitted a summary BSL Progress Report for NHS Boards/NHS 24 in August 2021: <http://bslscotlandact2015.scot/summaries-progress/>

Because of the COVID-19 pandemic, BDA Scotland were not able to engage with the Deaf BSL users physically through Deaf clubs, centres, and groups. Instead, a series of 7 online BSL Roadshow were held, between February and July 2021 with **63 Deaf BSL users** participating in total:

- North of Scotland and Scottish Islands
- South of Scotland
- West of Scotland
- East of Scotland
- Central Scotland
- Scottish Ethnic Minority Deaf Club (SEMDC)
- Deafblind Scotland

This summary report focuses on their experiences of accessing local healthcare services in light of BSL local plans and the BSL National Plan. The report also includes their recommendations to local NHS Boards.



Progress Report 2021 Roadshow

BSL SCOTLAND ACT

BDA Scotland are working with the Scottish Government. We want your views and feedback on the BSL Plans in Scotland for the BSL Progress Report in October 2021

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BSL Policy Officer
Scottish Government

Helen Morgans-Wenhold
Chief

James Barlow-Miller
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Location	Date/Time
The Islands and the North of Scotland: Aberdeen City, Aberdeenshire, Angus, Comhairle nan Eilean Siar, Highland, Moray, Orkney Islands, Shetland Islands	Thursday, 18 February at 10am
The South of Scotland: Argyll & Bute, Dumfries & Galloway, East Ayrshire, North Ayrshire, Scottish Borders, South Ayrshire	Saturday, 6 March at 11am
The West of Scotland: East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire, West Dunbartonshire	Tuesday, 11 May at 2pm
The East of Scotland: Dundee City, East Lothian, Edinburgh City, Midlothian, Perth & Kinross, West Lothian	Saturday, 5 June at 11am
The Central of Scotland: Clackmannanshire, Fife, Falkirk, Forth, North Lanarkshire, South Lanarkshire, Stirling	Tuesday, 13 July at 2pm

Please book your space and you will receive a Zoom invitation.

These meetings are for BSL Users only

Contact
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The BDA stands for Deaf Equality, Access and Freedom of Choice

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SCOTTISH DEAF ASSOCIATION

2. Findings

This section will summarise the information supplied by the 63 Deaf BSL users who participated in the BSL Roadshow events, under each of the questions we put to them, **with recommendations in bold.**

I. Are you aware of your local public bodies' (e.g., council & NHS) BSL Plans?

29 (46%) participants stated that they were aware of their local BSL plans.

34 (54%) participants stated that they were not aware of any local BSL plans and **10 (16%)** also stated that they were not aware of the BSL National Plan.

This demonstrates that NHS Boards have work to do to promote their local BSL plans effectively and commit to co-production work with Deaf BSL users on their BSL local plan.

A. Do you feel public bodies have engaged effectively with the BSL community in setting their plans?

Participants' feedback demonstrated inconsistencies across Scotland in how the local NHS Boards engage with Deaf BSL users. However, the consensus was that NHS Boards have engaged more effectively with Deaf BSL users than Local Authorities have.

3 participants stated that they were part of a local steering group, with involvement from their local NHS Boards. **9** had engaged with the contact person from their local NHS Board.

28 participants felt that they had received little or no communication from their local NHS Boards; **4** of them participated in initial consultations around BSL plans but received no further communication. These participants stated that they would like to see more collaboration between the public bodies, so they could access more information and resources in fewer meetings.

B. If you were involved in discussion of a local plan, have you seen action taking place following that?

47 of the participants felt that the information about actions from their local BSL plans have not been shared with them, with a lack of engagement by NHS Boards exacerbating this.

BDA Scotland can set up support to build bridges between NHS Boards and Deaf BSL users, providing empowerment training in how to approach and work with each other.

NHS Boards could collaborate, with BDA Scotland's support, to develop examples of good practice, information and resources and share them with Deaf BSL users.

2. Since the National Plan was published in 2017, have you experienced an improvement in services which you think should be promoted more widely?

Participants provided examples of good practice in relation to accessing their local health services:

- a) **Deafblind Tactile BSL/English interpreters** were usually booked for all appointments.
- b) **Many NHS services** are now booking BSL/English interpreters as a matter of course, without Deaf BSL users having to request them.
- c) 1 participant described using the **VRI service** for an emergency dentist appointment which helped them to understand the dental procedure before giving consent.
- d) The participants appreciate having **Contact Scotland BSL**, which is funded by the Scottish Government, available for them to access their local services in BSL.
- e) 1 participant had sent a **BSL enquiry to NHS 24** about the NHS inform website and received a response in the form of a BSL video with subtitles.
- f) 1 NHS Board have a **SMS service** so Deaf people can contact them directly with any queries about appointments, or anything that is health service related.
- g) 1 NHS Board has **started accepting email correspondence**, which offers a further contact option.
- h) **Access to COVID-19 information in BSL** was good overall, with the First Minister's COVID-19 briefings regularly having BSL/English interpreters present and BDA Scotland providing COVID-19 news summaries. NHS Inform's COVID-19 BSL health information videos were also shared widely.
- i) **The NHS Inform website** was highlighted as an example of a BSL information hub.

3. What is still not working well for BSL users in Scotland? Can you give us examples?

The participants raised issues about a lack of community involvement with the BSL local plans. They felt this was due to:

- a) A **lack of confidence** within the community about taking part in consultation and providing feedback.
- b) Deaf people not understanding the **need to praise** public bodies when something is positive, rather than just giving negative feedback all the time.
- c) A lack of confidence around **contacting their local NHS Board** despite their details being on the BSL (Scotland) Act 2015 website and not knowing how to use **Contact Scotland BSL** to contact them.

BDA Scotland can support Deaf BSL users by providing some empowerment training and support on the solutions for the issues highlighted in the Roadshows, some of which were prevalent and recurring themes across Scotland.

The following issues were identified, and BDA Scotland have advised the Scottish Government to look at how to support training opportunities for current and potential BSL/English interpreters:

- a) Not enough **qualified BSL/English interpreters** available who are skilled in jargon-specific healthcare settings.
- b) The distance that many BSL/English interpreters need to **travel for appointments** creates issues, especially for time-limited appointments in rural areas.
- c) Very few BSL/English interpreters in Scotland are from **ethnic minority backgrounds**, meaning that Deaf BSL users from ethnic minorities have to rely on white BSL/English interpreters.

Deaf BSL users felt that the following were issues that NHS Boards would need to work on:

- a) **Inconsistency with BSL/English interpreters' availability**, including interpreters failing to turn up to appointments.
- b) The quality of access to online **VRS and VRI interpreting provision** has been hampered in some areas by poor quality laptops and weak WiFi signals.
- c) One VRI service relying heavily on BSL/English interpreters based in England, which has led to **misunderstandings due to regional differences in BSL**.
- d) Local healthcare services asking Deaf BSL users to **bring their children to interpret for them**, for staff's own convenience.

BDA Scotland's BSL helpline will support Deaf BSL users to become confident in navigating complaint and compliment procedures.

NHS Boards should ensure that the access in BSL to complaint and complement procedures is improved.

Empowerment training can be provided by BDA Scotland.

Participants said they would like the NHS Inform BSL webpage to:

- a) **Provide BSL videos** explaining general NHS procedures so that people know what to expect; for example, how staff prioritise people for treatment in A&E.
- b) Provide **information in BSL** on how to access everyday healthcare services, and what to expect from them.
- c) Act as a **BSL repository** that is easily navigable for Deaf BSL users.
- d) Develop easier **navigation to the BSL videos** on social media again, after original publication.

BDA Scotland will work with NHS 24 to empower Deaf BSL users to have their voice heard on the NHS Inform BSL page and to contribute to decisions about which resources should be translated.

Deafblind BSL users felt that healthcare staff do not understand how to approach them, and how to meet their needs. The staff often assumed that a BSL/English interpreter is sufficient for a Deafblind BSL user, without checking first whether they prefer to use tactile BSL.

BDA Scotland and Deafblind Scotland could work together to create resources to signpost Deafblind BSL users to healthcare information/resources that are tailored to their needs.

4. While BSL Plans for the next three years will remain mostly similar:

A. What would you like to see prioritised locally regarding BSL in the future?

Participants stated that they would like to see improvements in:

- a) **Direct communication** from their local healthcare professionals.
- b) Access to their local health services, interpreting provision and complaints procedures.
- c) Access to **clear healthcare information in BSL** on topics such as getting the right medications prescribed.
- d) Compulsory **BSL and tactile BSL training** for all staff.
- e) **Dedicated Deaf BSL staff** employed as the main point of contact for Deaf BSL users, for instances such as accessing the complaints/compliment procedures in BSL.

B. What would you like to see prioritised nationally regarding BSL in the future?

In relation to health, participants stated that national priorities should be:

- a) To **empower Deaf BSL users** in Scotland to have the confidence and knowledge to deliver 'sandwich' feedback to services or to get involved in trying to make improvements.
- b) To see **engagement becoming more of a two-way street**.
- c) Information and resources translated in BSL by **Deaf translators** from diverse backgrounds.

BDA Scotland can work with both the Deaf community and NHS Boards on both local and national priorities as part of the action points for the next few years.

5. What impact has the COVID-19 pandemic had on you with regards to your local BSL plans?

The participants gave examples of positive impacts from the COVID-19 pandemic:

- a) **Increased BSL translation work** because of the pandemic and that the NHS services in

particular set a good example for other public services.

- b) **Improved access to information** with regular interpreted updates, BSL summaries from BDA Scotland and updates from Deafblind Scotland.
- c) **Participation in online activities and events** helped with their mental health and reduced their isolation.
- d) There were examples of **positive experiences with COVID-19 vaccination**, such as:
 - Staff making the effort to find alternative methods to communicate with Deaf BSL users, e.g., a nurse changing their face mask to a see-through one.
 - Some vaccination centres providing tablets for Deaf patients to access VRI services.
 - One participant got a text message to tell them how to book an appointment at their convenience. Participants from other areas received letters with an official date and time.

Participants gave examples of negative impacts that the COVID-19 pandemic had on their access to their local health services:

- a) Issues with the healthcare services preferring the **VRI service** over face-to-face BSL/English interpreter bookings during the pandemic, to achieve the minimum possible numbers in the room. This was especially challenging for Deafblind patients because they may not be able to see a screen well. This barrier was exacerbated by poor Wi-Fi signals and IT support in hospitals.
- b) **BSL local plan engagement work** was difficult because NHS Board staff were working from home with no access to the phone numbers provided online. Some staff members used live-chat facilities on websites instead, which is not accessible for all Deaf BSL users.
- c) Participants identified several issues with their **access to COVID-19 information**:
 - **BSL translations** being released a considerable time after English versions.
 - The fast-changing nature of **information sharing** caused some stress for them.
 - **Communication with healthcare professionals** was not always easy, with participants having to keep checking the Contact Scotland BSL app for any call backs.
 - There was a lack of **localised information** translated into BSL.
 - Deafblind patients' inability to **access information visually** meant that they had to rely on guide communicators to physically translate the information into **tactile BSL**.
 - Too many organisations were **sharing similar information**, which was overwhelming for some.
 - **Information became out of date** quickly, yet was often left online, causing confusion.
 - Some of the **BSL translations circulated** were poor, with unclear or incorrect information.
 - The **post-vaccination information** was not translated, and some Deaf BSL users did not understand the information leaflet in written English.
 - Local vaccination clinics did not know how to **book BSL/English interpreters**.
- d) An example was shared of what **impact the COVID-19 lockdowns** had on a participant's mental health, especially with shielding, and their lack of access to information in BSL.

BDA Scotland will work with both Deaf BSL users and NHS Boards to engage with each other to find solutions to these issues for the future.

3. Recommendations

BDA Scotland would suggest the following recommendations are implemented over the next 3 years:

1	NHS Boards and Deaf BSL users to work together to address the issues highlighted in the report, with BDA Scotland's support.
2	NHS Boards to engage directly with Deaf BSL users, with BDA Scotland's support, to involve them further in the decision-making process and to make healthcare information and resources accessible in BSL . This includes visits to Deaf clubs and centres to empower Deaf BSL users to provide their feedback.
3	BDA Scotland to provide empowerment training for both Deaf BSL users and NHS Boards' representatives in how to approach and work with each other.
4	NHS Boards to collaborate, with BDA Scotland's support, to develop examples of good practice, information, and resources and to share them with Deaf BSL users.
5	BDA Scotland to provide support for Deaf BSL users, via the BSL helpline , to become confident in navigating compliment/complaint procedures.
6	BDA Scotland to work with NHS Boards to make sure that complaint and compliment systems and procedures are accessible in BSL.
7	BDA Scotland to work with NHS 24 to empower Deaf BSL users to have their voice heard on the NHS inform BSL page and to contribute to decisions about which resources should be translated.
8	BDA Scotland and Deafblind Scotland to work together to support Deafblind BSL users on health information/resources.
9	NHS Boards to consider recruiting Deaf BSL-using staff to engage with Deaf BSL users on BSL local plans.

4. The British Deaf Association

The BDA stands for **D**eaf **E**quality, **A**ccess and **F**reedom of choice

Vision

Our vision is Deaf people fully participating and contributing as equal and valued citizens in wider society.

Mission

Our Mission is to ensure a world in which the language, culture, community, diversity and heritage of Deaf people in the UK is respected and fully protected, ensuring that Deaf people can participate and contribute as equal and valued citizens in the wider society. This will be achieved through:

- Improving the quality of life by empowering Deaf individuals and groups;
- Enhancing freedom, equality and diversity;
- Protecting and promoting BSL and ISL.

Values

The BDA is a Deaf people's organisation representing a diverse, vibrant and ever-changing community of Deaf people. Our activities, promotions, and partnerships with other organisations aim to empower our community towards full participation and contribution as equal and valued citizens in the wider society. We also aim to act as guardians of BSL and ISL.

- 1. Protecting our Deaf culture and Identity** – we value Deaf peoples' sense of Deaf culture and identity derived from belonging to a cultural and linguistic group, sharing similar beliefs and experiences with a sense of belonging.
- 2. Asserting our linguistic rights** – we value the use of BSL and ISL as a human right. As such, BSL and ISL must be preserved, protected and promoted because we also value the right of Deaf people to use their first or preferred language.
- 3. Fostering our community** – we value Deaf people with diverse perspectives, experiences and abilities. We are committed to equality and the elimination of all forms of discrimination with a special focus on those affecting Deaf people and their language.
- 4. Achieving equality in legal, civil and human rights** – we value universal human rights such as the right to receive education and access to information in sign language, and freedom from political restrictions on our opportunities to become full citizens.
- 5. Developing our alliance** – we value those who support us and are our allies because they share our vision and mission, and support our BSL and ISL community.

About the British Deaf Association

Founded in 1890, the British Deaf Association (BDA) is a national Deaf-led organisation that works directly with Deaf people who use British Sign Language (BSL) and Irish Sign Language (ISL). Our work concentrates on campaigning for equal rights on a national level and working at a local level empowering Deaf people to achieve access to their local public services. This is carried out through projects delivering individual and community advocacy.

We also work to ensure BSL/ISL is included by public bodies by delivering a public commitment through signing the BSL and ISL Charter.

Our Board of Trustees are all Deaf (we use the capitalised 'D' to denote the fact that we have a separate language and culture), and, 80% of our staff are Deaf.

Many Deaf people who use BSL/ISL lack access to education, health services, employment and other public services. Our work is designed to empower Deaf people and to improve access to general information and public services. We seek to achieve this by working with Deaf people at the local level through setting up forums to lobby public bodies and supporting Deaf people individually.

This is in line with the overall BDA objectives, which are: **D**eaf **E**quality, **A**ccess and **F**reedom of choice.

For a list of signatories to our BSL and ISL Charter, FAQs, and other information, including what the BDA can do for your organisation, please look at our website: www.bda.org.uk





   www.bda.org.uk | bda@bda.org.uk

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