



Improving Access for British Sign Language Users

Checklists for Health Boards and NHS Trusts

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Introduction

The BDA is asking Health Boards and NHS Trusts in Wales to use these checklists for improving access for British Sign Language (BSL) users.

This is in accordance with the All Wales Standards for Accessible Communication and Information for People with Sensory Loss known as the 'All Wales Standards'.

The All Wales Standards clearly state that there is:

“A legal duty under the Equality Act 2010 to ensure that reasonable adjustments are made to deliver equality of access to healthcare services for disabled people. This duty is anticipatory and requires public bodies to be proactive in making adjustments to ensure all access and communication needs are met.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD) provides an international standard for disabled people's human rights. Effective and appropriate communication is fundamental to ensuring services are delivered in ways that promote dignity and respect. The evidence also demonstrates that ineffective communication is a patient safety issue and can result in poorer health outcomes.”

In addition to this, the UNCRPD states in Article 9 – Accessibility, Section 2 (e) that States parties shall also take appropriate measures to “provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public.”

The checklists in this guidance are designed to be complementary to the All Wales Standards and set out a number of key commitments with practical measures to improve access for Deaf people who use sign language. As stated in the All Wales Standards (section 4) there should be an assessment of healthcare settings accessed by patients prior to any action planning; and this should involve service users, including BSL users.

These checklists have been produced in conjunction with Deaf BSL users, Sign Language Interpreters (who have a pivotal role in health interactions) and healthcare professionals.

There are a number of ways in which people engage with the health system:

- People may need to attend a health setting, for example, a GP surgery, a community health clinic or a hospital out-patient clinic which often involves a period of waiting time.
- People may need to spend some time on a hospital ward for planned surgery or a medical procedure.
- People may need to have contact with ambulance and paramedic services and hospital accident and emergency departments.
- People engaging with the health system need to be able to communicate effectively with health professionals.
- People often need information after their diagnosis about how to take their medication or how to manage their health.

Each commitment requires action to overcome the disadvantages that Deaf people using BSL face when accessing health services. The benefits that will ensue from delivering the commitments are also listed.

The five commitments are:

1. Ensure access for Deaf people to information and services at first points of contact.
2. Promote equal access in health settings, particularly in reception areas.
3. Ensure accurate diagnosis and appropriate treatment.
4. Provide clear and accessible information about treatment and management of health.
5. Engage and involve local Deaf communities on a regular basis.

A glossary of the terms used in the checklists is included on page 33 as well as information about British Sign Language.

Commitment 1

Ensure access for Deaf people to information and services at first points of contact.

Rationale

Deaf people face many barriers when trying to access information or services, either through lack of awareness or language barriers. Many Deaf people are often unable to access written information.

Comments by Deaf people

- ▣ *'My surgery's great, I can book by text or online'.*
- ▣ *'I have to physically drive to my GP surgery to take a note to book an appointment.'*
- ▣ *'I was in A and E; the receptionist didn't know how to book an interpreter. I had a follow-up appointment but the letter didn't say if an interpreter had been booked.'*
- ▣ *'What I don't understand is how some departments are great, they know just what to do, others - especially A and E haven't got a clue!'*
- ▣ *'My dentist is really Deaf aware; the surgery texts me when I need a 6 month check-up.'*
- ▣ *'Staff still don't know they should book a qualified interpreter or how to do it.'*

The objective

The health provider recognises and values all its patients, including those who use BSL by ensuring that there are no barriers to booking appointments, receiving notifications and ensuring that there are opportunities to have Sign Language Interpreters when required. This ensures that Deaf patients have the same quality of engagement, information, and right to be consulted as everyone else.

Primary Healthcare Settings			
Commitments:	Details:	YES / NO	Action required
General Practices are aware of the information and communication needs of their Deaf patients.	Deaf patients are asked to describe their communication and information needs when they register with the Practice.		
	The communication and information needs of all Deaf patients are recorded on their medical records.		
	There is a 'flagging system' on Deaf patients' medical records to enable practice staff to understand the communication needs of the patient when they attend the Practice.		
There are a variety of contact methods for Deaf people to use when booking and confirming an appointment.	Voice Call		
	Letter		
	Email		
	Online booking		
	My Health Online		
	Text Message		
	Video Relay		
	Skype		
Staff are trained in how to use the different communication systems for Deaf people to book or confirm an appointment.			
All letters, promotional materials and the website include information about the different communication systems available for booking or confirming appointments.			

Deaf people are given the choice of using Sign Language Interpreters or other communication methods. There are clear guidelines for all reception staff about pathways to booking interpreters.	The communication requirements of Deaf patients are identified each time they need to attend the Practice. There is a process for booking a Sign Language Interpreter.		
	Reception staff understand the process for booking a Sign Language Interpreter.		
	The preferences of Deaf patients for particular Sign Language Interpreters are recorded and where practicable, are met.		
	The Deaf patient is notified of the booking of the Sign Language Interpreter at the same time as the booking of their appointment.		
	All staff are trained in how to communicate effectively with a Deaf patient who uses Sign Language.		
	The practice is able to provide a Video Relay Service where this is requested by a Deaf patient who uses Sign Language.		
	Arrangements are made to ensure that a Deaf relative of a patient has equal access to information and communication support (particularly parents of a non-deaf child) by carrying out the above procedures.		
Written communication is provided in an accessible format for Deaf patients who use Sign Language.	Deaf patients who use Sign Language are asked to indicate how they would like any written communication.		

Recording the communication and information needs of Deaf patients is an integral part of the referral process from primary to secondary care.	The communication and information needs of Deaf patients who use Sign Language are recorded on the electronic referral to secondary healthcare.		
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Secondary Healthcare Settings			
Commitments:	Details:	YES / NO	Action required
The communication needs of Deaf people who use Sign Language are addressed in the process for booking hospital appointments.	There are arrangements in place to ensure that the communication and information needs of Deaf people who use Sign Language are identified on the electronic referral process from primary care.		
	There is a clear policy and guidance for staff on how to book a Sign Language Interpreter for a hospital appointment.		
	Where a Sign Language Interpreter is required, arrangements are made to ensure this is provided for each appointment.		
	All relevant staff understand the process for booking Sign Language Interpreters.		
	The process enables staff to note the Deaf patient's preferences for a particular Sign Language Interpreter and where practicable, their choice of interpreter is provided.		
	The Deaf patient has the opportunity to use the same Sign Language Interpreter throughout the treatment process where this is practicable.		
	The Deaf patient is notified of the booking of the Sign Language Interpreter at the same time as the booking of their appointment.		

	The policy for booking Sign Language Interpreters ensures that a Deaf relative of a patient has equal access to information (particularly parents of a non-deaf child) by carrying out the above procedures.		
	There is access to a Video Relay Service as an alternative to a Sign Language Interpreter attending the appointment.		
	Appointment letters are written in plain English and in a format accessible to the patient.		
There is a variety of contact methods for Deaf people to use when confirming or changing the appointment.	Voice call		
	Letter		
	Email		
	Online booking		
	Text message		
	Video Relay		
	Skype		
	Deaf patients are made aware of the different forms of communication available for booking and changing appointments.		

Emergency Care Settings			
Commitments:	Details:	YES / NO	Action required
Ensure that Deaf people are identified in accident and emergency areas.	Reception staff in A&E departments are aware of the Deaf patient's communication needs.		
	Healthcare professionals are made aware of the Deaf patient's communication needs for treatment purposes.		
	There are accessible lists of locally sourced Sign Language Interpreters who may be able to attend at short notice.		
	Video Relay Services are available in emergency reception areas.		
Ensure that Deaf people are not placed at greater risk in emergency situations.	Paramedics are aware of the communication needs of the Deaf patient.		
	Paramedics are able to use basic Sign Language to communicate simple sentences with the Deaf patient to make them feel more at ease.		
	Paramedics have been trained in how to communicate sensitively with a Deaf patient who uses Sign Language.		
	Paramedics have the Pre-Hospital Guide ready to use and they know how to use it.		

Benefits

- Health services become accessible to a wider section of the local community, including those with lower literacy skills in English.
- Customer care is improved.
- Effective communication between patient and clinician
- Deaf people can access services independently.
- Compliance with the Equality Act 2010.

Thinking outside the box!

Could Paramedics have an iPad to use Facetime with a Video Relay Service when visiting a Deaf patient or a patient with a Deaf carer/relative to ensure ease of communication?

What to avoid!

- ☞ Excessive delays in booking a Sign Language Interpreter that might endanger the Deaf patient especially in emergency situations.
- ☞ Using a child under the age of 16 as an interpreter. ¹
- ☞ Forcing the Deaf patient to use a family member because there is no other option available – family members are not qualified as Sign Language Interpreters and may increase the risk to the patient through inaccurate or incomplete information.

¹ "Article 32;1. states "Parties recognise the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development."

Commitment 2

Promote equal access in health settings, particularly in reception areas

Rationale



Deaf people are often placed at a disadvantage when in health settings, especially in reception areas whilst waiting for their appointment.


Comments by Deaf people

- *'Nobody knows how stressful it is waiting for your turn; I can't relax. I'm always watching the receptionist or the LED display.'*
- *'I want to have the interpreter I prefer. I'll postpone my appointment until they're free.'*
- *'As soon as somebody learns some sign language they move!!'*

The objective


The health provider recognises and values all its patients, including those who use BSL by ensuring that appointments are not made more stressful in waiting areas or with reception staff unable to communicate with Deaf people. This ensures that Deaf patients have the same quality of engagement, information, and right to be consulted as everyone else.

All Healthcare Settings			
Commitments:	Details:	YES / NO	Action required?
<p>Ensure that frontline staff receive BSL Awareness/Deaf Equality training, including information about how to communicate with Deaf people.</p> <div>   </div>	Reception staff have received basic communication tactics training that they can use to put the Deaf patients at ease.		
	Basic Sign Language training is provided to reception staff to use simple sentences to enable communication with Deaf patients.		
	Deaf patients are alerted through the use of basic Sign Language when the healthcare professional is ready to see them.		
	The Deaf patient is informed that a registered Sign Language Interpreter has been booked for their appointment.		
	If the registered Sign Language Interpreter is not available, there is a back-up facility available e.g. iPad or a PC connection to a registered Sign Language Interpreting service.		
	If the appointment is not urgent, there is a process for booking a registered Sign Language Interpreter whilst the Deaf patient is present, and dates can be arranged at the same time.		

Ensure that buildings are accessible with clear signage. Plain English terms and clearly understood symbols are used.	All signage has symbols and plain English phrases. 		
	There is clarity of layout e.g. coloured lines leading to the correct department or arrows placed strategically.		
Ensure that Deaf people in waiting rooms are alerted when their appointment is due using appropriate devices.	There is an opportunity to use a simple check-in process that does not require communicating with the receptionist.		
	There is a Visual Display Unit announcing patient names, doctor names and room numbers.		
	There is a pager system that vibrates and notifies the patient that the healthcare professional is ready to see them.		
	There is a ticketing system with indicators showing which ticket number is due.		
	There is information recorded on the patient's medical notes that informs staff that the patient is Deaf, and may require reception staff to alert the Deaf patient when the healthcare professional is ready to see them.		

Staff have effective communication skills which ensure that Deaf patients are treated with dignity and respect.	Staff who have daily contact with patients are trained in how to communicate effectively with a Deaf patient who uses Sign Language.		
	All relevant staff are trained in the use of different communication systems for example, the use of Text messaging, hearing induction loop systems and basic Sign Language. Instructions are available for staff to remind them of how the systems work.		
	There are arrangements in place to ensure that the health professionals treating the Deaf patient are aware of their communication and information needs each time they attend an appointment.		
	There are arrangements in place with reception staff to ensure that Deaf patients do not miss their appointment.		
	Healthcare professionals treating the Deaf patient are aware of their responsibility to ensure that they communicate clearly with the Deaf patient and that they understand what is being said to them.		

Secondary Healthcare Settings			
Commitments:	Details:	YES / NO	Action required?
The communication and information needs of Deaf patients who use Sign Language are met whenever they may need to stay in hospital.	Deaf patients are asked to identify their communication and information needs for any planned hospital admission.		
	The communication and information needs of Deaf patients who use Sign Language are identified on their care plans and medical records.		
	Staff on the ward are trained in how to communicate effectively with a Deaf patient who uses Sign Language.		
	There are Sign Language Interpreters booked for pre-planned consultations that the Deaf patient is required to attend.		
	There is provision for Video Relay Services for doctors making ward rounds.		
	Deaf patients are able to use text messaging to contact friends and relatives outside of the hospital.		
	All televisions have access to subtitled programmes.		
	On maternity wards, there are appropriate/vibrating baby alarms for Deaf mothers of new born babies.		

<p>Ensure that Deaf people can visit patients on secure wards with entryphone systems.</p> 	<p>An entry phone system allows for Deaf visitors to notify staff that they are Deaf without needing to use a voice announcement.</p>		
	<p>Deaf patients or visitors are able to use text messaging to gain entry onto wards and to ensure effective communication.</p>		

Examples of accessible technology



Thinking outside the box!

- *If the hospital is a multi-site campus or has many different departments – why not have an App for the iPhone or a Smartphone to guide the patient to the right department.*
- *Many Deaf patients have an iPhone or smartphone that vibrates when there is an incoming call – why not ask the Deaf patient if they are happy to use the phone to be alerted*

What to avoid!

- ☞ Members of staff announcing appointments by a reading from a clipboard or notes using their voice only – this makes it difficult to lip-read or even to hear what has been said.
- ☞ Announcing appointments using a public address system – there is no possibility of a Deaf patient knowing who has been called.
- ☞ Broken down systems not being repaired.

Benefits

- Health services become accessible to a wider section of the local community, including those who have lower literacy skills in English or are unable to hear well.
- Customer care is improved.
- Deaf people can access services independently.
- Compliance with the Equality Act 2010.
- Effective communication and calling systems between the service and Deaf BSL users.
- There are fewer delays and missed appointments.

Commitment 3

Ensure accurate diagnosis and appropriate treatment

Rationale

There is a need for accurate diagnosis leading to improved patient management of their own condition and using treatment appropriately.

Comments by Deaf people

- *'I try to talk with the doctor and ask them to talk slowly if I don't understand. Very often their writing is terrible.'*
- *'The staff gave me paper and pencil after my operation. I couldn't write because I was hooked up to drips and drains!'*
- *'They (the staff) left me in a room by myself for ages. I couldn't get anybody's attention and I wanted the toilet.'*
- *'Why do GP's go through agencies [to book an interpreter]. Can't they book local people? My GP got an agency interpreter from England who uses different signs.'*
- *'One of the GPs in my practice signs a little; I only book when I know he's going to be there. He's quite Deaf aware.'*
- *'My GP won't use Sign Translate, he books an interpreter to come. I've told him about Sign Translate – he could save money.'*
- *'Why don't we get Deaf people to teach health service staff some sign language?'*

The objective

The health provider recognises that accurate diagnosis reduces risk, and improved communication between health professionals and Deaf patients will result in Deaf people responding positively to treatment and taking greater care of their own condition.

Primary and Secondary Healthcare Settings			
Commitments:	Details:	YES / NO	Action required?
Ensure that health professionals are able to make accurate diagnoses and are able to provide the Deaf patient with the correct treatment.	Health professionals are aware of the Deaf patient's communication and information needs from the medical records.		
	When required, a registered Sign Language Interpreter is available to ensure effective communication with the Deaf patient.		
	Where it is not practical to provide a Sign Language Interpreter, the Deaf patient may access a Video Relay system to assist with communication.		
	There is accessible communication throughout the appointment whether through a Sign Language Interpreter or a Video Relay system.		
	Healthcare professionals treating the Deaf patient are aware of their responsibility to ensure that they communicate clearly with Deaf patients and that they understand what is being said to them.		
	Arrangements are in place to ensure that the Deaf patient is able to give <u>informed</u> consent to any proposed treatment, for example, the consent form may need to be translated into BSL.		

	Deaf relatives of hearing patients and particularly parents or carers, have their own communication and information needs met to enable them to support a hearing patient.		
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Emergency Care Settings			
Commitments:	Details:	YES / NO	Action required?
Ensure that health professionals are able to make accurate diagnoses and are able to provide the Deaf patient with the correct treatment.	Reception staff have a list of local registered Sign Language Interpreters and are able to assess how quickly they can call one in.		
	Where it is not possible in an emergency situation to provide a Sign Language Interpreter, a Video Relay system is available as an alternative form of communication.		
	Healthcare professionals treating the Deaf patient are aware of their responsibility to ensure that they communicate clearly with Deaf patients and that they understand what is being said to them.		

Thinking outside the box!

If the nearest BLS Interpreter is at least one hour away but they are willing to work using an iPad – why not use Facetime on an iPad?

Where it is impossible to book a BSL Interpreter for in-patients waiting for a visit from the doctor as there are no scheduled appointments - why not use Facetime on an iPad?

Benefits

- Informed Deaf people are less likely to require lengthy or additional treatment
- Interactions using Sign Language Interpreters ensure that information is conveyed appropriately and adequately – this is not guaranteed with relatives
- There is less chance of inappropriate treatment as a result of improved diagnosis through appropriate communication
- Young non-deaf people are protected from too much responsibility for their family's care

Commitment 4

Provide clear and concise information about treatment and management of health

Rationale

Deaf people require good communication from the time they first present themselves as patients. The BDA believes that the majority of Deaf people will then make better use of the health facilities available rather than avoiding them because of communication difficulties.

Comments by Deaf people

- *'Why don't they produce DVDs on things we need to know; like how Warfarin affects you, or diabetes care?'*
- *'I don't understand the leaflet that comes with the medication.'*

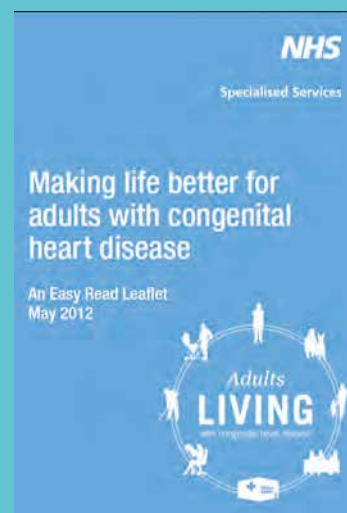
The objective

Health services recognise the importance of Deaf people being able to self-manage their own conditions by providing accessible information.

All Healthcare Settings			
Commitments:	Details:	YES / NO	Action required?
Develop leaflets in a variety of formats so that they are accessible in different ways for those who struggle with the written word.	All leaflets are available in a variety of accessible formats including Plain English and Easy Read.		
	Leaflets and DVDs on key areas of health information are available to patients in BSL format.		
	There is information on where to find BSL translations of health information on the website.		

	All courses to help patients manage chronic health conditions are accessible to Deaf people including the delivery of the programme and any related information resources.		
	There are Information Days about health related topics for Deaf people that are supported by BSL Interpreters.		

Examples of DVDs and webpages with British Sign Language:



Thinking outside the box!

Why not develop a QR² code system on business card sized hand-outs so that anyone including Deaf people can access web-based information in their preferred language?

² QR is Quick Response bar code now being used to access websites – see Glossary.

Commitment 5

Engage and involve with local Deaf communities on a regular basis

Rationale

Deaf people should be engaged and involved in the development or review of any healthcare services that are relevant to them and in particular, any changes that may have a specific impact on them.

Comments by Deaf people

- *'It's so important that health professionals visit Deaf clubs, we could tell them all these problems then.'*

The objective

Health services recognise the importance of Deaf people being able to self-manage their conditions by informing them and ensuring that they are aware of what is happening in health settings. Deaf people who use BSL want to engage with health organisations and give feedback on how services affect them alongside other forums and user groups. This enables the Deaf community to be a positive resource that can be used to improve the design of services for Deaf people.

Health Provider Consultations			
Commitments:	Details:	YES / NO	Action required?
Engagement takes place with local Deaf communities on a regular basis to ensure that services are responsive to local needs.	There are regular and scheduled public meetings in all local Health Board areas and these meetings take place in venues that are accessible to Deaf people.		
	All relevant information about proposed changes to health services are provided in accessible formats for Deaf people.		
Deaf people and their representatives are supported to engage fully with health organisations.	Engagement with Deaf people takes place at venues that Deaf people regularly attend. The local Deaf club, for example.		
	As well as regular interactions with Deaf organisations, there are Information Days about health related topics for Deaf people that are supported by Sign Language Interpreters to ensure that the events are accessible to Deaf people.		
	Deaf people are encouraged to apply for voluntary roles within the health board or NHS Trust.		

Thinking outside the box!

*Why not commission a local Deaf person to be your Deaf advisor?
This could be on a sessional basis or even on a part-time basis covering the whole Local Health Board area.*

Benefits

- Deaf people become more involved in the decision-making process leading to additional benefits such as improvements in the design and delivery of services for Deaf people.
- Through involvement, services are designed and delivered in ways that are accessible to Deaf people.
- In turn, Deaf people are empowered by improved services, allowing them to manage their own conditions better.
- Improving access to healthcare should result in improved health outcomes for Deaf people.

Glossary & Additional Information

Hearing

This is a term used by Deaf people to denote those who are non-deaf.

Deaf (upper case 'D')

This term refers to someone with a strong cultural affinity with other Deaf people, and whose first or preferred language is BSL. The BDA uses the capital 'D' to denote adults who have BSL as their first or preferred language and have Deaf culture.

deaf (lower case 'd')

Because many Deaf people do not use BSL while at school, we tend to use the lower-case 'd' for children. This is also used for people with significant hearing loss who tend to use exclusively speech and lipreading to communicate.

Sign Language Interpreter

This refers to a fully trained and registered interpreter proficient in both English and British Sign Language. They are sometimes referred to as BSL/English Interpreters.

Sign Translate

Sign Translate offers a commercial online interpreting service for GPs and hospitals as a subsidiary of Signhealth. For more information please see: <http://www.signtranslate.com/>. See Video Interpreting Services below for a full explanation of how this works plus a list of companies offering VIS services.

FaceTime

An application supported by Apple products that allow people to videochat to each other in real time. Both parties need to have Apple products to enable this interaction as well as an internet connection.

QR Code system

A QR code consists of black modules (square dots) arranged in a square grid on a white background, which can be read by an imaging device (such as a camera) and processed. This is used to access data on websites.

Registration

The National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) register Sign Language Interpreters on two levels:

- Trainee
- Registered

They have achieved the appropriate skill qualifications and have undertaken interpreting training resulting in a recognised qualification. Registered and qualified BSL/English interpreters tend to be members of a representative body. The current representative bodies are Association of Sign Language Interpreters (ASLI), Scottish Association of Sign Language Interpreters (SASLI), Visual Language Professionals (VLP) and Institute of Translation & Interpreting (ITI).

Trainee Sign Language Interpreters may carry out some assignments in a health setting but for complex assignments especially in **secondary** or **emergency** care, it is recommended that Registered Sign Language Interpreters are **always** used.

Videophone

This is usually used online, via a webcam, or by using stand-alone videophone equipment that uses the telephone system to transmit visually in addition to audio calls.

Video Interpreting Services (VIS):

There are two types of Video Interpreting Services:

Video Relay Services (VRS)

This is used when the Deaf person and the hearing person are in separate locations. The Sign Language Interpreter is in a different location to both parties. The interpreter relays the conversation back and forth between the two people using a telephone link to the hearing person and a video-phone link to the Deaf person.

Video Remote Interpreting (VRI)

Takes place when the Deaf person visits an establishment to meet a hearing person. They use an interpreter using an online video link to communicate with each other –no telephone call is involved. Some local authorities are experimenting with this as a way to improve access for BSL users.

Video Interpreting Services (VIS) Companies:

For an up-to-date list of companies offering this service, please go to <http://www.deafcouncil.org.uk/relay-providers.html>.

What is BSL?

British Sign Language (BSL) is the first or preferred language of many Deaf people in the UK. It is a language of space and movement using the hands, body, face and head.

BSL is the sign language of the Deaf community in the UK (in Northern Ireland, Irish Sign Language (ISL) is also used). BSL is a real, full and living language that is part of a rich cultural heritage. It is one of the UK's indigenous languages; others include English, Welsh, Scottish Gaelic, Irish Gaelic and Cornish. Many hearing people also use BSL; it has more users than other indigenous languages such as Welsh or Gaelic.

It is a language that has evolved in the UK's Deaf community over hundreds of years. There is considerable research evidence that shows Deaf children who are exposed to BSL early can develop linguistically at the same rate and to the same linguistic levels as hearing children with spoken language. This kind of early access to language ensures the ability for learning throughout life, leading to improved life opportunities.

BSL is not just a language; it is also a gateway to learning, a path towards a sense of Deaf identity, and the means whereby Deaf people survive and flourish in a hearing world.

The British Deaf Association – BDA

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.

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.

- 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 as a human right. As such, BSL 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 community.

Campaigning for Equal Rights for Deaf people!

To contact the British Deaf Association,
please look at our website.
www.bda.org.uk

email: bda@bda.org.uk
ooVoo: [bda.britdeafassoc](https://voox.com/bda.britdeafassoc)
Skype: [bda.britdeafassoc](https://www.skype.com/name/bda.britdeafassoc)

