



# Report on Health Services Provision to BSL Users in Scotland



The Scottish  
Government



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# 1. Introduction & Background

In 2013, the Scottish Government Section 16b funded the British Deaf Association (BDA) Scotland with the aim of ensuring that Deaf people have equal and direct access to all forms of health care and health promotion across the whole of Scotland. As an objective within the Deaf Health Challenge Project, the BDA Scotland has been tasked with devising and carrying out a Deaf Health Challenge Survey. The survey seeks to gather and collate health related information from BSL users across Scotland, to include their own assessment of their general health, and their experiences of using health services. Added to this is a review of health service opinion on provision to Deaf patients, and in particular issues of accessibility. This research report presents our findings. Also included in the findings are a number of quotes from Deaf people. These have been added to help evidence service gaps relating to the key health challenges identified and assist with recommendations & guidelines for Health services.

The British Deaf Association (BDA) is the largest Deaf organisation in the UK that is run by Deaf people; united by shared experiences, history, and, most importantly, by British Sign Language (BSL).

Since 1890, the BDA's long standing commitment has been to ensure that the language, culture, community and heritage of Deaf people is effectively protected. Beyond this, the BDA recognises the rights of Deaf people to full participation in wider society and the contribution its members can make as equal and valued citizens. Indeed, the BDA wishes to see a society in which sign language users have the same rights, responsibilities, opportunities and quality of life as everyone else. According to the Scottish Council on Deafness ([www.scod.org.uk/faqs/statistics](http://www.scod.org.uk/faqs/statistics)), the number of people in Scotland who have BSL as their first, or preferred language, is estimated to be around 6,000 and, in the course of this research, the BDA has consulted with 170 from this number.

Our mission is to achieve a world in which the language, culture, community, diversity and heritage of Deaf people in the UK is fully protected, leading to the social inclusion of Deaf people. We strive to achieve this by:

- Improving quality of life by empowering Deaf individuals and groups;
- Enhancing freedom, equality and diversity;
- Protecting and promoting BSL;
- Establishing bilingual education for Deaf children.

## 2. Methodology

To carry out this survey, BDA Scotland organised consultation events in eight Deaf clubs/groups. This proved to be an effective way of engaging with individuals from Scotland's Deaf communities. The Deaf clubs/groups were:

- Edinburgh Deaf Club
- Inverness Deaf Group
- Falkirk Deaf Group
- Stornoway Deaf Group
- Elgin Deaf Group
- Aberdeen Deaf Club
- Shetland Deaf Group
- Glasgow Group

At each visit to the above locations, the purpose of the survey was explained to attendees and they were asked to complete a questionnaire about their experiences of using the NHS.

The written questionnaires were translated into BSL and arrangements were made to ensure that members could respond to the questionnaire in their native language, BSL. The advantage in doing this has been to enable participants to present a more in-depth response, while at the same time demonstrating a respect for participants, their community language, and their right to use it.

Questions were posed to Deaf BSL users covering the following areas:

- User knowledge of NHS services.
- Personal experiences of service use.
- Understanding amongst NHS staff of Deafness and BSL.
- The adequacy of NHS staff training to engage with and provide services to BSL users.
- Deaf BSL user choice in how their healthcare is delivered.
- NHS communication arrangements for Deaf BSL users.
- Availability of accessible health promotion materials.
- Deaf BSL user willingness to participate in NHS focus groups and reasons for non-participation.
- Deaf BSL user knowledge of Health Care Plans.
- The extent to which NHS websites have been localised for Deaf BSL users.
- Deaf BSL users' suggestions for service improvements

### 3. Research Findings

This section sets out the summary research findings from consultation events held in the 8 Deaf clubs/groups mentioned in section 1, which together had 170 participants. The 11 headings below correspond to the questions presented to participants; however, they have been set out under themes for readability.

Not all attendees at the consultation events felt, or were willing to contribute. Therefore numbers responding to questions have been used in the main, and percentages used where the view of all participants has been achieved. This approach is used in order to avoid the reader from extrapolating misleading data on the position of the Deaf community.

#### KNOWLEDGE OF NHS SERVICES

72 participants stated that they were aware of what the NHS does in general terms, in so far as it provides treatment for illnesses, injuries and so on. However, only 6 were able to provide more detailed about the range of health services the NHS is responsible for, or the departments/services that deliver them.

*“I know what the NHS is, but not about all of the services.”*

*“The NHS is for helping people who are ill and for helping them to improve their health... that’s what I think.”*

*“Some services are not covered by the NHS, like a private clinic or dentist. In the past, I went to a clinic which was covered by the NHS, but it isn’t now.”*

#### EXPERIENCES OF USING HEALTH SERVICES

102 participants reported problems with making an appointment to see their GP and were forced to rely on family, friends or others to do this. 40 participants said that they had to visit the surgery in person in order to make an appointment with their GP, and 20 said that they did so themselves, by using the text to speech relay service called ‘Text Relay’. See further information web link:

[http://btbusiness.custhelp.com/app/answers/detail/a\\_id/7740/~/\\_/what-is-text-relay%3F](http://btbusiness.custhelp.com/app/answers/detail/a_id/7740/~/_/what-is-text-relay%3F)

41 participants commented that they struggled in waiting rooms because staff sometimes failed to notify them that it was their turn. This issue was felt to be significant, with several participants reporting that they have missed appointments and not be treated, or been marked down as not having arrived, despite having reported as present at reception.

A male participant related a story of waiting in a hospital for treatment, stating that he told staff at reception that he is Deaf. He added that time passed and he was still waiting to see the doctor after seeing other patients come and go. He approached the reception to ask about the delay, to be told that reception had not informed the nurse of his request. The result was that he missed his appointment. He was very disappointed and critical of the service provided; a scenario that was echoed by other participants.

It was suggested that in the absence of an electronic notification system, numbered tickets could be issued to patients in the waiting area.

*“I’d rather have a numbered ticket when I arrive at the waiting area because it would be easier for me and other Deaf people to know when they are next to see the GP or Nurse.”*

*“If there is an electronic notification system, that would help Deaf people to know their appointment is due.”*

*“Please tell the nurse to prompt me when my appointment is ready.”*

30 participants reported that they felt their GP practices provided a good service, with 20 commenting that poor systems for booking BSL/English interpreters caused issues with communication. There were widespread variations between regions in terms of the extent to which booking systems met patient need according to participants.

*“My GP surgery is good because they know how to book BSL/English interpreters for my appointments.”*

*“I have a problem with my Dentist because they won’t provide a BSL interpreter for me.”*

55 participants confirmed that BSL/English interpreters were provided for their appointments consistently, but were concerned that difficulties occurred due to some being unregistered with a professional body or were unqualified. Others commented that they should be given more choice of female or male BSL/English interpreters for their appointment.

*“Sometimes NHS staff, especially from hospital/GP surgeries, don’t know how to book a registered and qualified BSL/English interpreter and sometimes they forget to book one.”*

*“I went to an appointment about prostate cancer. When I got there it was a female interpreter and I was really embarrassed. Who would like that?”*

*“I found it hard to explain that the level 3 interpreter booked for my nurse appointment could not understand what I saying.”*

*“I think it is not a good idea to have unqualified BSL/English interpreters for any appointment linked with Health.”*



Issues accessing group therapy sessions were offered by participants. 15 participants mentioned that they preferred to have one-to-one sessions, rather than in a group due to communication problems. They felt that confidentiality is reduced when using a third person, such as a BSL/English interpreter.

3 participants (each attending at a different consultation event) explained that they have accessed smoking cessation and alcohol counselling group work sessions, with support from a BSL/English interpreter. The following experiences were shared:

1. A female participant reported that she asked the NHS for access to an alcohol counselling group in her area with support from a BSL/English interpreter. However, she was told that the NHS had no funds for BSL/English interpreters. In the end she travelled to John Denmark Unit (JDU) – National Centre for Mental Health and Deafness, in Manchester. She commented that this was difficult to cope with, because her family were so far away. Consequently, she discharged herself and moved back with her family. She commented that she did not gain access to a service closer to home and has been coping with her addiction on her own.

*“When I arrived at the John Denmark Unit, I found it hard because I didn’t know them very well plus my family lives far away and can’t visit me. Later on, I gave up and discharged myself.”*

2. One male participant commented that mental health services were inadequate in Scotland and that,

*“If I needed access to mental health services, I would travel to England, as provision for Deaf people is better there.”*

3. A female participant reported that she asked staff at a smoking cessation group to provide a BSL/English interpreter for her weekly sessions. This was provided and she reported that,

*“I felt a part of the group and was able to benefit from the support of other members, as well as offer support of my own.”*

4. A male participant reported on his request for support with both smoking cessation and alcohol addiction. He stated that a BSL/English interpreter was provided for the two groups and that he benefited from each. On the importance of BSL/English interpreter support he said,

*“Without a BSL/English interpreter I would have been lost and would not have bothered going to the groups.”*

## BSL AND DEAF AWARENESS AMONGST HEALTH SERVICE STAFF

Most participants felt that NHS staff, doctors and nurses would benefit from BSL and Deaf awareness training and recommended that this training be provided to all NHS staff.

*“I feel that all NHS staff, including doctors and nurses, should learn about Deaf awareness, because it is important to be prepared for when a Deaf person turns up for an appointment.”*

*“If they know about BSL/Deaf awareness, there will be better services for us.”*

## COMMUNICATION, INFORMATION AND CHOICE IN HOW SERVICES ARE PROVIDED

17 participants mentioned problems with communication when attending as inpatients due to BSL/English interpreters not being booked despite requesting this.

Provision of BSL/English interpreters was thought by some to be hit and miss, with some health service departments providing cover and others failing. Doctor's rounds within hospitals were an example given, where BSL users reported instances of having to write down information in English, their second language, thus reducing the quality of information available to both patient and health professional, and impeding choice in how they are treated.

*“Hospitals should be better prepared and consider the nature of appointments, so that a female or male BSL interpreter is booked as necessary to meet the Deaf person's need!”*

*“When, I was in A&E I asked a nurse to arrange to get a BSL interpreter to come. The nurse told me that they will arrange to get one, but I waited for 2 hours and no one turned up. In the meantime I had to use a writing pad to communicate with the doctor. I didn't understand what the doctor was telling me. Then later the doctor asked the BSL interpreter to go outside the room, leaving me alone without communication. I was worried about my health because I thought something was wrong with me! Then, I found out that the doctor had asked the interpreter to go home as it was decided that there was no need for an interpreter to stay with me. I was shocked when I heard about that. I asked them why? They said that I can communicate with them using a writing pad. I told them as best I could that I can't because I didn't understand what the words meant. I really needed the interpreter to communicate with staff.”*

*“I had been waiting for an interpreter to come, but nothing happened. I asked three different nurses to find out what going on, but they told me three different stories. The first nurse said the interpreter was coming soon, the second nurse said half an hour and third that the interpreter is coming anytime. In the end the doctor gave up and asked me if would mind writing things down to communicate. I asked him what had happened about getting a BSL interpreter and he told me that he didn't know. I told him I was very frustrated.”*

*“My wife and I went to A&E because she was unwell. I asked the staff to arrange a BSL interpreter for my wife. We arrived at the hospital about 7pm and the BSL interpreter did not arrive until 5am the next morning. I asked the BSL interpreter why he had not come at the earlier requested time because we were going home at 8am and only had two hours with him. I feel that it is more difficult to get an interpreter during the evening and most Deaf people feel that BSL interpreters work 9 to 5 and not at weekends.”*

*“I was rushed to hospital a few weeks ago and asked for a BSL interpreter to come. But nothing happened and the hospital never arranged to get me one. The Staff didn’t seem to know how to book me an interpreter. I feel that they fail in their duty to provide for the Deaf community.”*

70 participants said that the NHS did not provide alternatively formatted information about services, such as DVDs with BSL interpretation or localised websites.

Most agreed that hospitals do not have Wi-Fi available, enabling video and social network communications, which they said was the preferred communication methods for many Deaf patients when communicating with family and friends while in hospital.

*“When I was in the ward, I found it really boring because I was on my own with no communication and no one to visit me. I tried to use my iPad for FaceTime with my family but it wouldn’t work because there was no Wi-Fi in hospital. I did manage to use my mobile for texting but the signal was poor in the building.”*

*“We are worried about using online interpreters in the future because most hospitals have poor Wi-Fi or none at all. If they use it when meeting with a Deaf person in the ward or for A&E we will find it difficult to stay connected to the BSL interpreter online!”*

30 participants felt that the NHS does not provide them with full information about their health or give them choice in how they are treated.

60 participants said that the pay voucher TV, Radio and bedside phone equipment available in some hospitals was too expensive, given that they cannot hear the TV or radio programmes and cannot use the telephones provided. Further, the TV programmes don’t always have subtitles, and in wards where TV’s are shared it is difficult and embarrassing to ask for the subtitling to be turned on.

## SATISFACTION LEVEL WITH HEALTH SERVICE INFORMATION

Overall participants were not satisfied with the health information provided by the NHS. They were critical of English based information and the medical jargon it contained, preferring instead more visual information and plain English to improve accessibility and to help remove barriers.

*“When I looked at the health website I found it difficult to understand what the words meant.”*

*“Some health services websites are easy to understand, but not all of it. Most of the information uses medical jargon and websites contain too much information. This makes me more confused.”*

*“I’d rather visit NHS websites that have a BSL version as this will be easier for the Deaf community to access and understand.”*

## ACCESSIBILITY OF EXISTING HEALTH PROMOTION MATERIAL

Participants felt that it was rare for NHS promotional material to be available in a BSL format or designed specifically for the Deaf community. A few participants reported that they have made requests for health information in BSL; however, staff were often unable to say if this was available.

70 participants requested accessible information on the following health topics:

- Different areas of Cancer e.g. throat, bowel, kidney, breast or prostate
- Heart Disease
- Diabetes
- Dementia, perhaps in partnership with Alzheimer’s Scotland
- Alcohol and other addiction services, in partnership with Alcoholics Anonymous
- Smoking cessation
- Pregnancy
- Autism

*“My son has Autism, but I really don’t understand what Autism means and don’t know if what I’m doing to care for him is the right or wrong thing. I want to support my son.”*

*“When, I was pregnant the health service didn’t give me enough information about my pregnancy.”*

## WILLINGNESS TO PARTICIPATE IN NHS FOCUS GROUPS/REASONS FOR NON-PARTICIPATION

45 participants said that they have never attended at NHS groups or events due to communication barriers. However, some said they would be willing to attend NHS focus groups if these barriers were addressed. Indeed, for many their first question on being asked to attend such a meeting was ‘will they provide BSL/English interpreters?’

*“In the past, I have asked an Alcohol group for support with a BSL interpreter, but they said they had no money for cover an interpreter. In the end I gave up.”*

*“I went to a smoking cessation group, and had asked the staff to provide BSL interpreters for these sessions. They provided 2 BSL interpreters for the sessions for 2 hours twice a week. Because of this I felt that I was one of group, having a full share in the discussions about how to stop smoking, etc. I did not feel left out of this group because BSL interpreters were there all the time.”*

*“I didn’t feel comfortable in my counselling sessions because a BSL interpreter, a third person, was in the room. I would prefer to have one-to-one communication with my counsellor. I would love to have someone to counsel me who can sign.”*

## AWARENESS OF HEALTH CARE PLANS

10 participants confirmed that they knew about Health Care Plans (HCP) due to having received treatment from a hospital, a home visit from a district nurse, or an Occupational Therapy team member assess their home prior to discharge from hospital. Participants noted concerns with communication when HCP staff came to do home checks without the support of a BSL/English interpreter. Comments about the time management of HCP staff were raised because some only stayed 10 minutes, which it was thought added to the potential for communication issues to occur.

*“I know what the Health Care Plan is because a family member has benefited from the Health Care Plan scheme when she had her hip replaced. The Occupational Therapy Team assessed her home before she was returned to it, adjusting things like rails. After that, the physiotherapist came to her home to help her with exercises. The District Nurse also came every week to make sure she was okay.”*

*“I am not sure about the Health Care Plan, but I have concerns about BSL interpreters and if health workers will arrange them?”*

*“I have a Health Care Plan for myself as health staff visit me to make sure that I am okay. I find it difficult to text them if I am unwell.”*

## WRITTEN COMMUNICATION AND RESPONSE METHODS OFFERED

46 participants reported difficulties with written correspondence. In particular, letters often asked for telephone confirmation of attendance at appointments, which resulted in reliance upon hearing family members or friends. Subsequent delays in response times were reported.

There was agreement that communication barriers exist, and that a range of alternative communication methods should be offered, for example, Short Message Service (SMS) text, email, fax, minicom and BSL format letters.

8 participants commented that they did not realise that their correspondence contained an instruction to confirm their appointment by telephone.

*“The English in the letters is too hard for me, so I don’t understand what they’re trying to tell me or ask me to do.”*

*“I received a text message to remind me that I have an appointment for the next day to get a blood test. I feel that reminding people of an appointment is a positive thing for the NHS to do.”*

*“When I receive a hospital letter, I have to wait until my family come home as they will help me to phone them.”*

*“I find it is difficult because I want to be independent and be able to deal with letters and communications with the hospital, like for appointments. I don’t want to rely on my mother all the time.”*

## ACCESSIBILITY OF HEALTH SERVICE WEBSITES

30 participants were critical of the limited access offered to BSL users on health service websites, stating that they are not ‘Deaf friendly’. Again English was an issue, together with the large amount of ‘jargon’ used.

There was thought to be too much information on NHS websites making navigation confusing, an absence of plain English, and not enough onscreen BSL.

*“I’ve tried looking for information on the NHS webpage before, but it was too confusing and I gave up. It was too hard to understand.”*

A participant from Shetland commented that Deaf people are not aware of health information available through the NHS website and more publicity is required.

Another stated that all information available to hearing people should also be available to Deaf people and it would be useful if information could be downloaded to tablets, laptops and PCs. Participants were keen to highlight inequalities in terms of access to information, comparing their service with that of hearing people.

*“I think there should be a BSL version of all Health Information released by the NHS. This information should be available via website, or can be downloaded to tablet, PC or laptop.”*

*“Sometimes I do find it difficult to understand what it means. This is because the information has medical jargon, or there is too much information, which is confusing. The sites should be more Deaf friendly, and should have more visual information e.g. pictures and video.”*

*“There are barriers that make it more difficult for Deaf people to access health service websites.”*

## **HEALTH SERVICE IMPROVEMENTS**

The following health service improvements were suggested by participants:

- An increase in Deaf and BSL awareness training for NHS staff, particularly frontline staff.
- An increase in BSL format health information, and in particular website based BSL, with clear direction & signposting on the homepage. It should have clear BSL translation.
- Where English is used it should be plain and with minimal jargon.
- Electronic notification equipment fitted in waiting rooms within hospitals, clinics and GP surgeries to notify Deaf patients that it is their turn.
- Online BSL/English interpreter provision in remote areas, for example Shetland, for making contact with hospitals, clinics and GP surgeries.
- Improved interpreter booking systems across the regions to ensure consistent access to the range of services offered by the NHS, designed with input from Deaf community members, ensuring that systems are relevant and needs-led.
- Patient records to prominently show that the patient is Deaf, and uses a BSL/English interpreter, in order that interpreters are booked automatically and well in advance. It was thought that this would also help ensure that NHS staff would always know that a patient attending their appointment is Deaf and will need additional support.
- An increase in BSL format health promotion resources covering a range of health issues available through websites and DVD's for those without internet access.
- Written information, if used in a patient waiting area, should also be provided in BSL format or contain 'easy read' English.
- Where audio visual equipment is used in hospitals, GP practices and so on it should include someone signing on screen in order that Deaf patients are not excluded.
- An increase in the number of health professionals skilled in BSL, for example counsellors, GPs and nurses, enabling one-to-one treatment.



## 4. Conclusion

The willingness of Deaf communities across Scotland to engage with the BDA Scotland persists, although, of those attending this latest series of consultation events, it was noted that a significant number did not fully participate in the process. Given that there have been a number of similar person-centred consultation exercises in recent years, each producing its own recommendations for service improvements, there may be motivational benefits in leading future events with an account of demonstrable progress arising from earlier consultations. This would show participants that recommendations are being acted upon and that their contributions have value. Notwithstanding this, several participants confirmed a continued willingness to be represented on health board forums, albeit with the proviso that BSL/English interpreters are in attendance.

Participants' central concerns were again linked to communication issues, such as the efficacy of current systems for booking interpreters and levels of consistency across regions, the credentials and skills of interpreters supplied, suitability and availability of communications (written correspondence, health promotion materials, electronic turn taking equipment, website localisation), and awareness amongst staff members of Deafness and good practice when engaging with Deaf patients. The following recommendations are offered to reflect the issues and suggestions raised by participants.

Feedback revealed that participants had a limited knowledge of the range of services offered by the NHS. This can be explained in part on the dearth of BSL format information available and, therefore, can be tackled with increased provision in this regard. Equally, negative experiences of using health services amongst Deaf patients can be addressed by improving those issues raised, such as consistency in meeting communication needs across regions. This is seen as a priority area and the recommendations for the introduction of new procedures for recording and meeting individual communication needs reflect this. The recommendations on page 18 reflect feedback and the service improvements suggested by participants.

### YEAR 2 PLAN

Continue from work undertaken in year 1 the following goals are identified:

- Develop and participate in more health related surveys and consultations seeking Deaf community views in Scotland relevant to Scottish Government consultation topics and continue to update existing information held.
- Distribute information to other NHS Boards in Scotland in order to invite feedback, learn lessons from work already undertaken and identify improvements for future projects. Work towards the creation of an effective model for engaging and consulting with the Deaf community.
- Establish BSL format media to support engagement with Deaf community members, which will complement English versions.



## 5. Recommendations

- In response to BSL/English interpreter booking system inconsistencies across regions it is recommended that NHS wide Quality Assurance systems cover services to Deaf patients under a separate category if not already the case. Other recommendations to address the issues highlighted by participants are:
  - Relevant NHS staff members should be made aware that a shared responsibility exists for meeting patient need, and that to discharge this duty either a BSL/English interpreter should be booked immediately, where protocols allow, or the person/department responsible is contacted with details of the requirement.
  - Correspondence with patients should state clearly if a BSL/English interpreter is confirmed as booked and where possible the name of the BSL/English interpreter or organisation should be provided to the patient prior to appointments.
  - Where written confirmation of appointments is not provided to BSL users, contact details using a variety of methods should be supplied to enable the BSL user to enquire about communication support prior to an appointment.
  - Each incident of a BSL user accessing a health service without a BSL/English interpreter should be investigated and findings recorded by the NHS, in order that trends and reasons, for example, 'BSL/English interpreter availability insufficient', 'BSL/English interpreter booking overlooked' and so on. Remedial action in relation to incidents of failure to provide communication services should also be recorded by the NHS covering all of Scotland.
  - Existing systems should be revisited within each board area to gauge the extent to which provision currently meets patient need. Examples of good practice, identified with support from Deaf community representatives, should be recorded and shared across regions.
  - An external audit of health service provision for BSL users across the regions should be considered.
- All physical and computer records for Deaf patients should be clearly marked 'DEAF' to indicate that the patient is likely to have additional access and support requirements requiring action.
- The importance of equality in health provision and patient experience should be stressed and the contribution that BSL/English interpreters make should be highlighted amongst staff, especially frontline staff members and those with responsibility for appointments.
- Physical and electronic patient records/referrals should contain clear instructions to staff members about the nature of the support required and the procedure for engaging this support (including service contact information). The files could also usefully contain the patient's preferences, (e.g. male or female BSL/English interpreter).
- When a BSL/English interpreter is engaged this should be recorded on the patient file in order that other staff members are aware that access arrangements are in place for each appointment and will know to act when they are not.
- Where a staff member/department has attempted to engage language support and failed this should be logged in an appropriate place in order that issues with supply can be identified.

- Work should be undertaken to create a service wide protocol to ensure that patient communication needs are met consistently, and robust record keeping systems established to record and collate anonymised data regarding unmet needs.
- Data on the delivery of language support and other initiatives that impact on Deaf peoples' access to health should be collated centrally at least annually to obtain trends and the extent to which Deaf patients' needs are being met. An annual report should be shared with stakeholders, for example with the BDA, Scottish Council on Deafness (SCoD), BSL & Linguistic Access Working Group (BSL&LAWG), Deaf club/groups and so on. This would have the added advantage of encouraging greater uptake at consultation events, as evidenced progress would motivate increased involvement.
- In response to patient concerns regarding the credentials and skills of some BSL/English interpreters supplied by the NHS, patients should be notified if the BSL/English interpreter scheduled to attend an appointment is unregistered or qualified below the National Occupational Standard (NOS). Reasons for engaging an under-qualified or unregistered BSL/English interpreter should be shared with patients if requested and recorded for NHS records.
- Evaluation of BSL/English interpreters, provision should be undertaken regularly and data collected used to improve practice/systems.
- The NHS should consider providing BSL training to health professionals, especially those involved in one-to-one appointments such as counselling. Where staff member achieves NOS level qualification consideration can be given to his or her deployment at consultation sessions without BSL/English interpreter input.
- Consider promoting the services of existing counsellors who have BSL as their first language and support the training of new candidates seeking to become qualified counsellors as demand requires. Give the Deaf patient a choice of either a mainstream counsellor or a counsellor who specialises in working with BSL users.
- Roll out electronic 'auto-indicate' equipment to all waiting areas, or introduce ticket systems where this is not possible to assist with Deaf patient turn taking.
- Ensure that health promotion audio visual material and website content is offered with BSL format to avoid excluding Deaf patients.
- An NHS micro site, which is localised for Deaf patients, should be considered.
- In response to Deaf patients travelling to England for treatment at John Denmark Unit (JDU) in Manchester, it is recommended that a review of Scottish provision is carried out and, if necessary, the development of a Scottish addiction rehabilitation service is considered, which is designed to serve the communication and other needs of Deaf patients. Ensure that options are given to Deaf patients so that they are able to access mainstream services if they opt for this. Ensure that adequate planning has taken place in order to provide best quality of care.
- Correspondence that requires a response from the patient should make this request more prominent. Also, alternatives to voice calls should be offered to Deaf patients, such as Short Message Service (SMS) text, email, fax, minicom and webcam.

- Produce or publicise existing health promotion resources covering health issues of concern to participants, as listed above. It is recommended that a single access point for accessing health promotion material is established, and publicised within Deaf communities.
- Continue to develop remote interpreting online facilities for patients in rural areas.
- Establishment of Health Board Forums borrowing from the England Health Watch model should be considered and Health Champions from within the Deaf communities trained/engaged.
- NHS focus groups should continue and be rolled out across regions as appropriate, ensuring that there is Deaf community representation.
- Ensure that protocols for dealing with Deaf patients attending at Accident and Emergency (A&E) are established and known to frontline staff.
- Ensure that frontline staff receive BSL & Deaf Awareness training, to enhance communication with Deaf patients.

# 6. Appendix 1

## List of NHS Questionnaires for Deaf BSL users:

1. What NHS services for?
2. Have you had a problem or bad experience with GP and/or Hospital?
3. Do you feel that you receive good services from Health Services?
4. Do you feel that medical staffs (such as Doctor or Nurses) have Deaf Awareness or British Sign Language Awareness? Do they need more training?
5. Do they (Health Services) give you more choice and full information e.g. – staying in ward, watch TV with subtitles? Do they provide BSL/English interpreting? Do they provide DVD with BSL?
6. Does Health Promotion have translated information (BSL)?
7. Do you feel that full access to information from Health Services?
8. Will you all go to NHS focus group (such as Diabetes, Bereavement, Mental Health – depression, anxiety, stress, etc.) or any NHS events? If no, why?
9. Do you all aware about Health Care Plan (e.g. after hospital support, treatment)?
10. What has been your experience visiting GP surgery, hospital, Accident and Emergency (A+E)?
11. When you receive a letter from the hospital for an appointment, does it ask you to phone and confirm your appointment? What do you do?
12. Are you ever left sitting in the waiting room because they have called your name and you have not heard?
13. Do you find information easy to understand on Health Service websites?
14. NHS includes: GP, Hospital, Dentist, Optician, Podiatry, Mental Health Services, and Counselling etc. Have you faced problems with accessing any of these services?
15. What would you do to improve Health Services?

# 7. Appendix 2

## List of stakeholders consulted with Deaf BSL users:

- Edinburgh Deaf Club (82)
- Inverness Deaf Group (10)
- Falkirk Deaf Group (19)
- Stornoway Deaf Group (3)
- Elgin Deaf Group (6)
- Aberdeen Deaf Club (28)
- Shetland Deaf Group (14)
- Glasgow Deaf Group (8)

# 8. 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 lip reading to communicate as English is their first language.

## BSL/English 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: [www.signtranslate.com](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 video chat to each other in real time. Both parties need to have Apple products to enable this interaction as well as an internet connection.

## 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:

- Scottish Association of Sign Language Interpreters (SASLI) is the only Registering and Membership body in Scotland for British Sign Language (BSL)/English Interpreters. SASLI emphasises the importance of using Registered and Registered Trainee BSL/English interpreters. Registered and Trainee Interpreter Members abide by SASLI's Code of Conduct and Professional Practice Policy. They are committed to maintain and enhance their interpreting skills and expertise through Continuing Professional Development (CPD).

- Association of Sign Language Interpreters (ASLI), our members have worked tirelessly and, for the most part, voluntarily to maintain and improve standards of service within our profession, raise awareness of sign language interpreting within the Deaf and mainstream communities and lobby government and regulatory bodies in order to achieve high levels of recognition and provision wherever possible.

ASLI is a membership organisation that encourages members to maintain and enhance their practice by offering opportunities for continuous professional development (CPD). We can also put interpreters in touch with a pool of mentors who have undertaken training specifically developed for those working in our field.

- 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 BSL/English Interpreter is in a different location to both parties. BSL/English 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 a BSL/English 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.

## 9. What is British Sign Language (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; other includes English, Welsh, Scottish 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 linguistics 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.



# 10. 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](http://www.bda.org.uk)

Email: [bda@bda.org.uk](mailto:bda@bda.org.uk)

ooVoo: [bda.britdeafassoc](https://www.ooVoo.com/bda.britdeafassoc)

Skype: [bda.britdeafassoc](https://www.skype.com/bda.britdeafassoc)

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