



**Access to  
Emergency  
Departments in  
Northern Ireland**

We would like to thank the Deaf people of Northern Ireland who freely gave their time to share their views and experiences.

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# Contents

1	Introduction	4
2	Objectives	5
3	Methodology	6
4	Findings	7
5	Testimonials	9
6	Recommendations	10
7	Conclusion	11
8	Additional Information	12
9	BSL / ISL Charter	13
	The British Deaf Association – BDA	14

# Introduction and Overview

The Department of Culture, Arts and Leisure Northern Ireland, DCAL, funded the British Deaf Association to undertake research into Deaf people's experiences accessing Emergency Departments. Following the consultations, Emergency Departments' staff attended Deaf Equality Training and a British Sign Language Taster Session.

Findings from the BDA Summative Report on Community Advocacy Questionnaire Responses, 2014, indicated that accessing Emergency Departments was especially problematic for Deaf people. This was closely followed by difficulty accessing emergency GP services.

Public and private organisations across Northern Ireland are encouraged to sign up to the BDA Charter for British and Irish Sign Language and make five pledges to improve access and rights for Deaf Sign Language Users.

## **The Charter has five Pledges:**

- 1.** Ensure access for Deaf people to information and services
- 2.** Promote learning and high quality teaching of BSL/ISL
- 3.** Support deaf children and their families
- 4.** Ensure staff working with Deaf people can communicate effectively in BSL/ISL
- 5.** Consult with local Deaf communities on a regular basis

The consultations and training enable Emergency Departments (ED) to work towards achieving pledges one, four and five.

# 2 Objectives

**2.1** The objective of the consultation was to assess the current level of the Deaf Community's access to primary healthcare, focussing on:

- Barriers Deaf people face when accessing EDs
- The provision of British/Irish Sign Language Interpreters in an ED setting
- Access issues in triage consultations
- Deaf people's positive experiences and suggestions for improvements.

**2.2** The aim was to:

- Improve the Deaf Community's access to healthcare
- Eliminate the barriers Deaf people face when accessing their local EDs
- Improve Deaf awareness amongst ED staff and general healthcare provision
- Ensure that the healthcare received by the Deaf Community is equal to that of the rest of the population.

# 3 Methodology

## 3.1 Primary Research

Consultation meetings were conducted by the British Deaf Association and the Belfast and Western Health and Social Care Trusts' Personal and Public Involvement (PPI) representative. The group, consisting of men and women spanned a wide age range and were British and Irish Sign Language users.

## 3.2 Secondary Research

The following reports were used as useful control factors and to broaden the scope of evidence.

- A Simple Cure. A report by RNID, 2004
- Access to Public Services for Deaf Sign Language Users. A report by RNID and BDA, 2009
- Access to GP Practices in Northern Ireland for Deaf, Hard of Hearing, Blind and Partially Sighted People, 2009
- Is It My Turn Yet? A report by RNID, RNIB and BDA, 2010
- BDA Summative Report on Community Advocacy Questionnaire Responses, 2014
- Sick of it! A Report by SignHealth, 2014

# 4 Findings

As a result of the consultation, a number of consistent themes were formulated, as follows:

## 4.1 Interpreting and Communication Barriers

- Lack of male interpreters
- Patients feeling obliged to source interpreters as not all ED staff see it as their responsibility
- ED staff confused about how to book Sign Language interpreters because they do not appear on the generic list of spoken language interpreter suppliers
- Gender-specific interpreter requests not acknowledged
- Attending ED without an interpreter risks misunderstandings and vital information is missed
- Relying on written communication is problematic as English is not a first or preferred language for many Deaf people
- Some Doctors are reluctant to write out explanations, meaning patients receive limited information
- A video interpreting service may be useful if an interpreter cannot be found at short notice or is being sought and patient needs to be seen by triage
- Deaf people in more remote areas, without access to the wider Deaf community, may rely on family members to communicate at medical appointments and be unaware that they are entitled to an interpreter.

## 4.2 Emergency Department Reception

- The busy, fast-paced environment in ED receptions is difficult for Deaf patients because ED staff can be unaware of appropriate behaviour and reasonable adjustments, such as, maintaining eye contact, repeating/paraphrasing, using gestures and ensuring the patient has understood fully.
- Some ED staff have mistaken Sign Language users as aggressive because of the visual nature of the language and has led to patients being fearful of how they are perceived
- Some reception staff panic when they are faced with a Deaf patient

- Reception staff get distracted by other patients talking over the Deaf person, without realising the Deaf person is still communicating
- Induction loop systems for hearing aid users not on or not working.

### **4.3 Waiting Room**

- Deaf patients are not informed of changes or exceptional circumstances and delays that may have arisen whilst they are waiting to be seen
- ED staff verbally call the name of the next patient. Deaf patients can often have a longer wait time because they miss their slot
- Constantly watching for their name to be called adds to the anxiety of being in ED
- No subtitles on the television: this creates an environment where it is explicit that Deaf patients are not considered in any way and adds to the patient's anxiety.

### **4.4 Positive Experiences**

- Doctors have written summative notes at the end for the patient to digest after their visit
- Print-out diagrams and explanations are provided for patient to take away with them
- Staff have attempted to point or gesture
- One Doctor was able to use basic sign language skills.



# 5 Testimonials

- 5.1 *“I’m concerned about any written material I might be asked to read or complete. English is a lot of Deaf people’s second language. I don’t think ED staff realise that. If there’s no interpreter there, there’s a very good chance I won’t understand it.”*
- 5.2 *“It frustrates me to see the poster at reception listing all the spoken language interpreters the ED can offer but Sign Language is never on the list. Often the staff do not know who to contact or how to book a Sign Language interpreter.”*
- 5.3 *“I took my child to A&E and because no-one could sign I was left in the waiting room and the Nurse took them through to be seen.”*
- 5.4 *“My partner came with me to ED and was told they couldn’t come in with me to be seen by the Doctor because only one other person is allowed at the bedside and they counted the interpreter as that person. It was really upsetting because I had no-one to comfort me and the interpreter was only there for communication.”*
- 5.5 *“I attended ED and my son came with me for support. They didn’t provide an interpreter and instead of trying to make sure I understood everything they said, they directed it all to my son. I wasn’t given the information directly and they relied on him, even though he isn’t an interpreter and isn’t qualified.”*

# 6 Recommendations

- 6.1 ED staff need training in how to book an interpreter and this information added to the existing interpreter/agency list used in the service
- 6.2 Front-line staff need to be trained in how to use the induction loop system
- 6.3 All front-line staff, doctors and nurses should be provided with Deaf, visual and general Deaf Equality training. This should include some basic British or Irish Sign Language. This should be provided as part of a staff induction programme and regularly refreshed
- 6.4 Deaf patients to be provided with a personal vibrating pager/alert device or a visual display paging system installed in the waiting area to alert patients when names are called
- 6.5 Services should be easily contactable through a variety of methods, such as, email, text message, remote interpreting, Text Relay Service, in conjunction with the usual phone facility
- 6.6 Only employ fully qualified interpreters who produce an ID badge indicating they are registered with the National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD)

# 7 Conclusion

The responses from the consultation meetings are consistent with the findings of national studies, thus supporting the evidence that Deaf people continue to face numerous barriers in accessing primary health care in EDs. Good practice is inconsistent and, therefore, cannot adequately ensure Deaf patients are not adversely put at greater clinical risk.

An equitable and satisfactory Deaf patient experience requires front-line and clinical ED staff to have undergone Deaf Equality Training, enabling understanding of patient communication needs and cultural adjustments. This should be integral to continuing professional development training programmes.

Alerting systems in the waiting area do not simply benefit Deaf patients but also other sections of the community who find it hard to manage spoken English and these should be universally applied.

Patients have the right to expect that the professional they receive a service from is fully trained and competent in medical matters and for Deaf patients to be using family members (who have not received any training whatsoever) or sub-standard interpreters effectively negates the medical expertise.

Our recommendation on using qualified, NRCPSD-registered English/Sign Language interpreters effectively ensures that the medical training is not wasted. It also ensures that there is no risk to confidentiality breaches or patients being put at clinical risk.

We very much hope that this report will lead to improved practice across all of Northern Ireland and that Deaf patients receive a service on a par with the rest of the community.

# 8 Additional Information

## 8.1 Interpreter Registration NRCPD

It is important that interpreters registered with The National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) are booked in health settings. NRCPD ID card is proof of registration.

To find out more information: [www.nrcpd.org.uk](http://www.nrcpd.org.uk)

## 8.2 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.

## 8.3 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)**

This takes place when the Deaf person visits an establishment to meet a hearing person. They use a BSL/English interpreter or ISL/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 or ISL users.

# 9 BSL / ISL Charter

Public services across the UK can sign up to the British Deaf Association's Charter for British Sign Language (BSL) and in Northern Ireland, the Charter also includes both BSL and Irish Sign Language (ISL).

## 1. Ensure access for Deaf people to information and services

**Pledge:** Deaf people will get the same quality of provision, information and standards and the same right to be consulted as everyone else.

**This will:** make more Deaf people (including those who have problems with written information) aware of services and able to access these independently. It will also ensure compliance with the DDA 1995 / Section 75.

## 2. Promote learning and high quality teaching of British Sign Language (BSL) and Irish Sign Language (ISL)

**Pledge:** The families of Deaf children and Deaf young people and public service employees will have access to BSL lessons from suitably qualified teachers.

**This will:** improve communication and bonding between parents/carers, children and siblings, reduce Deaf people's isolation and improve relations between Deaf and hearing people.

## 3. Support Deaf Children and Families

**Pledge:** At the point of diagnosis of deafness, health and education providers will offer genuinely informed choices, including a bilingual/bicultural approach.

**This will:** increase Deaf people's academic achievement and job opportunities and enhance family life by improving communication between children, parents/carers and siblings.

## 4. Ensure staff working with Deaf people can communicate effectively in BSL / ISL

**Pledge:** Frontline staff should have BSL/ISL skills to meet, greet and direct Deaf people as required.

**This will:** improve customer satisfaction, ensure Deaf people feel comfortable, services are accessible and Deaf people's experiences are positive until they arrive at specialist services with a fully qualified sign language interpreter.

## 5. Consult with the local Deaf community on a regular basis

**Pledge:** Deaf people will have the right to be consulted on services or changes to services that affect them and to have input into consultations alongside other forums and user groups.

**This will:** improve services for Deaf people, empower Deaf people and free them up to contribute more to the local community.

# The British Deaf Association - BDA

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.

## 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.



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