Regional Review of Communication Support Services

For People Who Are Deaf or Hard of Hearing

DEAF ASSOCIATION NORTHERN IRELAND

This paper responds to the Health and Social Care Board (Northen Ireland) on the consultation 'Regional Review of Communication Support Services for People who are Deaf or Hard of Hearing'

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To develop and procure a regional service provision, which will offer consistency, standardisation, accessibility of service delivery and represents value for money

AGREE

As a regional branch of a national organisation our project workers have been able to build up a network of contacts within health care provision right across Northern Ireland. As a result we are now aware that current services across different trust areas provide varying levels of standards, service and ease of accessibility which leads to a 'postcode lottery' in terms of crucial communication provision. BDA Northern Ireland believes that a regional service would be a more equitable and efficient service provision and would support this recommendation in principle.

The Access and Inclusion (Advocacy) Officers within BDA Northern Ireland meet many clients throughout the course of their work and a recurring theme has been the inequality of services offered across the various trusts. I have included below an example that was recently posted onto the Department for Communities' Facebook page during their BSL/ISL Consultation.

"Hello Sign Language Framework. I fully support the Framework. I would like to talk about access to dentists. It is interesting that there seem to be regional differences in relation to whether an interpreter can be provided for dentist appointments. In my area, there is no funding available for interpreters for dental appointments yet I know someone who lives in a different area who is allowed to request an interpreter for dental appointments. I feel this is unfair. Although we are registered with different dentists, we are both Deaf with the same needs so I would like to know why the funding rules are different. I personally struggle every time I visit the dentist as I have no option but to resort to writing things down in order to communicate with the dentist. I have had to return to the dentist every few months with the same recurring problem and I think this is because communication is limited so I can't explain properly to the dentist what the problem is or describe the pain I am experiencing exactly. Much of the time I have to gesture or point and the dentist tries to guess what I mean. Communication is very limited indeed and I really do require a BSL interpreter for all dental appointments. I think it is crucial that we can request an interpreter for any dental appointments regardless of which dentist we are registered with or where we live. This would allow us to communicate fluently with the dentist. It is important that all dentists are aware of the importance of providing a BSL interpreter."

The proposal mentions 'value for money' and BDA Northern Ireland understands the need for the service to be as cost effective as possible but wonders if this implies the interpreter may be asked to work for a reduced rate (this would lead to a shortage of interpreters willing to undertake BSO bookings thereby diminishing accessibility for Deaf people) or will Deaf people have to accept the 'cheapest' interpreter – potentially a trainee - over the quality of an interpreter?

2 A **Regional Shared Communication Support Service should be provided by the HSC Business Services Organisation (BSO) and managed independently of HSC provider organisations (Trusts) – this was option 5**

AGREE

BDA Northern Ireland was instrumental in facilitating workshops throughout Northern Ireland in relation to this consultation, and recognises that the majority of Deaf people feel that using BSO would be the best option. BDA Northern Ireland however still has some concerns that the organisation does not fully understand Deaf people's needs. Members of the Deaf community have various forms of communication and it is paramount that this is catered for when providing communication support in a health setting. There is a significant difference in providing interpreting services to the Deaf community than those of spoken languages. When a spoken language is used, the client will have had full access to information and immediate understanding of the issue when delivered in their native language. However, for Deaf people, due to their knowledge/information deficit (arising from living in an English based culture when English is only their second or even third language) very often they will not have this background information. As an example, in a A&E department a hearing patient is told by their interpreter that they have a certain condition such as a burst appendix and immediately on hearing this they understand what has happened and what is the likely outcome (surgery) but for a Deaf client, being told they have a burst appendix will lead to many other questions – what is an appendix, what will I need, is it serious and so forth because Deaf people cannot access the incidental learning that hearing people can – i.e. reading magazine and newspaper articles, listening to radio shows, chat over the lunch table with work colleagues or family members .

Experiences in the past of booking organisations working with both spoken and signed languages have not been good as the two types have substantial differences making a one-fit-all service unsuccessful. Historically, the justice system is one example where one service was used for all languages but which proved difficult. BDA Northern Ireland would recommend that within the BSO there is a designated team to work specifically with Deaf clients (perhaps roles within this team will be open to Deaf people). Sign language, like all languages, is a living language and therefore the use of this language is not static. One example would be of the older generation who prefer to communicate mainly through finger spelling, and not all interpreters are equally skilled at working in this arena. Deaf children might not have a full range of BSL/ISL signs yet and therefore incorporate a range of "home signs", or use Sign Supported English (SSE) and therefore an appropriately experienced interpreter would need to be booked in these situations. Those clients who have become deafened, and therefore have minimal signing skills might require different assistance dependant on the setting, and this needs to be taken into consideration when providing communication support. This is just a small sample of different settings that can crop up and the person arranging the communication support needs to be aware of all the potential dynamics when deciding what is most appropriate.

Consequently BDA Northern Ireland feels it is vital that there is a designated team of people who have been appropriately trained, preferably by a Deaf organisation, to ensure that a high quality of service can be delivered.

BDA Northern Ireland also has concerns over the statement made at consultation meetings that Deaf people will not be able to contact the BSO directly. We are aware that the ultimate aim of the HSCB is to provide an equitable service that works effectively and efficiently. Over these years Deaf people have, at times, felt disempowered by the booking process and have worked

hard to feel a sense of control and independence when booking communication support. If Deaf people feel that this is now being taken away from them, and they are no longer able to request a specific interpreter, this could hinder and effectively prevent communication, potentially causing unnecessary and unwarranted issues further down the line.

BDA Northern Ireland accepts that bookings can only be made by referrals from the service provider, for example a dentist, but understands that service providers do not always understand the importance of interpreters and the need to book them well in advance. A Deaf person making an appointment should be allowed to send a text to the BSO of their requirement (such as preferred interpreter) which can then be matched with request from service provider, or chased up if the Service providers has not provided the necessary referral. This would ensure that Deaf people do not miss out on important appointments and give them a degree of independence where they are able to have some say in their needs. Typically a Deaf person will go to their GP, optician etc, make an appointment, text a local interpreter to ensure they are available, and then let the agency know the arrangements. This is empowering for the Deaf person as they are making an appointment that suits their diary, with an interpreter of their own choosing. A degree of flexibility needs to be included in this matter which we believe will make it more effective. Over a number of years providing advocacy services, the BDA Northern Ireland has received feedback from the Deaf community within the Northern Trust Area with very positive experiences of the text service provided there.

3 All interpreting service should be funded centrally and be accessible to all Health and Social Care organisations as well as independent contractors such as GP's, General Dental Practitioners, Community Pharmacists and Opticians

AGREE

Deaf people often lack access to interpreters within both health and social care services, such as counselling, going to support groups, or voluntary sector services with a mental health remit as there is no specific funding allocated for interpreters. There should be a clear model on how access can be gained for services and which areas the communication support service covers. These could include services where a patient has been referred by their GP such as counselling, antenatal classes, physiotherapy. As mentioned, BDA Northern Ireland is concerned that the community is not treated on an equal basis and are at a disadvantage as service provision is inconsistent and depends on their geographical location - therefore it is important that BSO ensures all needs are met regardless of location in the new arrangement.

It is important to recognise that there might be a need for communication support even if it is not the Deaf person who is directly receiving these services. Many Deaf people are carers for relatives, or have young children, and when the people they care for are being treated, it is vital that the care-giver has full access to the information ensuring adequate and proper care is provided.

Another situation which requires an interpreter is when a Deaf child is attending an appointment. Typically the child is accompanied by a parent (usually hearing and therefore will not normally request an interpreter), but it is vital that the Deaf child is able to participate in any discussions about their health care requirements and to have an opportunity to express themselves fully. BDA Northern Ireland is very aware that many parents of Deaf children do not sign so when the Doctor asks 'what is the problem?' the parents will answer on behalf of their child but may

not fully appreciate how or what that child is feeling. It is imperative that this question is asked directly to the child and they have the opportunity to respond. If they are sign language users, then this should be via an interpreter. Also, if the child understands what the issue is, and any potential future consequences such as not finishing a course of antibiotics, they are more likely to follow instructions correctly. For this to be effective, the GP would need to have records that automatically flag up the patients Deafness and communication requirements – when a parent phones to make an appointment for their child, it should be apparent the child is Deaf and an interpreter needs to be booked.

This consultation has brought to our attention the possibility of accessing communication support when visiting a pharmacy. Among the Deaf Community there is a lack of awareness that pharmacies such as Boots offer a minor aliment service that means it is no longer necessary to visit a GP before being given medication. It is important that initiatives such as this are highlighted to the Deaf community, along with the potential to have communication support during this visit (a possible ideal situation is to use VRI). The BDA Northern Ireland would be willing to work alongside BSO in promoting this type of service through our networks, social media and events with the Deaf community and would be happy to advise on the appropriateness of other promotional methods such as information on Board website and leaflets.

The Accessible Information Standard which was recently launched in England is very relevant to this point:

https://www.england.nhs.uk/ourwork/patients/accessibleinfo/

4 The Service Model should be profiled to achieve a balance of face to face interpreting and, where appropriate non face-to-face interpreting (remote), to manage demand, offer value for money and increase accessibility. This should include developments of clear guidance to ensure the appropriate use of the various forms of interpreting by Health and Social Care professionals

AGREE

BDA Northern Ireland wishes to state categorically that while VRI (Video Remote Interpreting) might prove to be cost effective, it should never been seen as a suitable replacement for an actual interpreter being present during an appointment. There are certain settings where VRI may be appropriate, but it is important to always respect the Deaf person's right to choose how they wish to communicate. The use of VRI during appointments which will be short, or visits to the pharmacy would free up interpreters for other, vital appointments, but this must be carefully balanced against the individual needs of each Deaf person.

As previously mentioned BDA Northern Ireland believes that remote interpreting should only be used for very basic GP appointments such as clarifying repeat prescriptions. If it is an in-depth appointment looking for a diagnosis, discussing treatments, ailments and so forth, this needs to be on a face-to-face basis. This is due to the sensitive nature of some appointments where information can be clearer on a face-to-face basis as body language and intonation - which is an integral part of sign language - is more evident this way. If a patient is receiving bad news, this is more personal and sensitive when face-to-face, if it is an elderly Deaf patient or someone who is not confident with technology, this may be off putting and affect the appointment.

VRI: *Enables two people, who speak different languages, in the same location (for example, a doctor and a patient) to communicate by using the services of a remote interpreter.*	**VRS:** *allows for communication between two people in different locations with at least one of the individuals being Deaf (for example, a Deaf patient at home uses 'video chat' to sign to an interpreter who then in turn makes the requested voice call to the GP surgery to make an appointment)*

It is important that there is a clear understanding in the differences between VRI and VRS (Video Relay Service) as there are inherent differences which affect how each is used.

VRI could be suitable for use in an emergency medical situation such as a Deaf person being transported to hospital in an ambulance if the Deaf client is compos mentis but would not be suitable if the client was in an altered state. Arrangements could be put in place for an actual interpreter to be waiting at the hospital for the arrival of the ambulance, but VRI could be used from the paramedic's arrival at location of the Deaf patient and throughout the journey to enable basic exchanges of information between the Deaf patient and the paramedics.

For the above to be effective, the BSO would need to be in possession of a list of interpreters who are prepared to work out of hours – perhaps on a rota basis. The BDA Northern Ireland would be willing to work with BSO on developing appropriate out-of-hours services and ensuring it meets the needs of the Deaf community. BDA Northern Ireland believes there is a lot of scope for the use of video chat services such as Face-time, Skype and oovoo. As a suggestion, most Deaf people will have interpreters listed within the contacts on their mobile phones and in an event of an emergency setting, the Deaf person could easily make a short video call to one of the interpreters for an initial consultation and from this, the medical team could discern if an interpreter would need to be brought into the situation in person. There would need to be clear guidelines put in place but BDA Northern Ireland believes there is potential for use of this type of technology.

During the recent Department for Communities Sign language framework consultation, one Deaf person told of her experience which might have been alleviated through the use of VRI:

I would like to talk about the A&E departments within hospitals. Years ago I was suffering from terrible pains in my stomach. I knew it was connected to the fact that I hadn't been able to go to the toilet or pee. My partner at that time phoned for an ambulance, and I was wheeled into it and taken to A&E. They tried talking to me but I couldn't understand them. My partner who could hear did talk to them but he didn't have great BSL skills as he communicated with me through speech and writing. I kept indicating that my stomach was giving me pain, but they told me that it was in my right side due to either a cyst in my ovary or my appendix. I told them that I knew the pain wasn't in my side, it was in my stomach, and that it was because I was unable to pee. They ignored me so I kept asking for an interpreter to be provided, but they kept ignoring me and carried on with what they were doing. This went on for 12 hours! I was in such pain that they decided that I needed to go for an operation. I asked could it wait until an interpreter arrived so that I could get all the information beforehand, but they said that I had to go into surgery immediately. During surgery they realised that it wasn't my appendix! I had obviously been right, which was why I had wanted an interpreter before they took me in and operated. They carried out further investigations and removed a cyst which I found hard to believe. I still believed that the original problem lay with the fact that I was unable to pee. The operation took 2-4 hours and I woke up afterwards still needing to go to the toilet. I shouted for the nurse, and when she came over I tried to tell her that I needed the toilet. She couldn't understand me so I had to try and write even though I was still woozy. Once she understood she inserted a catheter and 2 bags immediately filled up. I would like to talk about the A&E departments within hospitals. Years ago I was suffering from terrible pains in my stomach. I knew it was connected to the fact that I hadn't been able to go to the toilet or pee. My partner at that time phoned for an ambulance, and I was wheeled into it and taken to A&E. They tried talking to me but I couldn't understand them. My partner who could hear did talk to them but he didn't have great BSL skills as he communicated with me through speech and writing. I kept indicating that my stomach was giving me pain, but they told me that it was in my right side due to either a cyst in my ovary or my appendix. I told them that I knew the pain wasn't in my side, it was in my stomach, and that it was because I was unable to pee. They ignored me so I kept asking for an interpreter to be provided, but they kept ignoring me and carried on with what they were doing. This went on for 12 hours! I was in such pain that they decided that I needed to go for an operation. I asked could it wait until an interpreter arrived so that I could get all the information beforehand, but they said that I had to go into surgery immediately. During surgery they realised that it wasn't my appendix! I had obviously been right, which was why I had wanted an interpreter before they took me in and operated. They carried out further investigations and removed a cyst which I found hard to believe. I still believed that the original problem lay with the fact that I was unable to pee. The operation took 2-4 hours and I woke up afterwards still needing to go to the toilet. I shouted for the nurse, and when she came over I tried to tell her that I needed the toilet. She couldn't understand me so I had to try and write even though I was still woozy. Once she understood she inserted a catheter and 2 bags immediately filled up. I was right – I knew it had been something to do with the fact I couldn't go to the toilet. I really wasn't happy as the doctors hadn't listened to me or brought in an interpreter, but I was the one who suffered. Doctors must contact interpreters any time that a person is brought in through an emergency. It is vital that interpreters are provided on a 24hr basis for Deaf people. Look at what happened to me! I was forced to write notes and it looks like I ended up having an unnecessary operation. Interpreters must be provided as my human right.

VRI could also be used for situations such as ward rounds as it is never known exactly when a doctor will turn up and this will prevent an interpreter potentially having to wait long periods of time. It is also suitable as it is usually just a routine exchange of information.

Bearing in mind there are regional variations in British Sign Language, until all our local interpreters are trained on remote interpreting the chances of a patient receiving an interpreter signing with a different dialect are high (such as Scottish or English), this can lead to misunderstandings and frustrations which

again is why face-to-face interpreting is more accurate but if VRI is to be used, constraints should be in place to ensure it is only local interpreters used.

Furthermore, remote interpreting is limited in that the on-screen interpreter will not be able to convey the physical instructions etc that inform the consultation as it will be via a 2-dimensional screen rather than a physical 3-dimension demonstration. If a patient is particularly unwell or drowsy, there may be less time for the interpretation to happen or opportunity for clarification to take place if done remotely.

There are concerns with regards to Deaf people losing control over own booking of interpreter and preferences. Vulnerable, less able Deaf people, who potentially have different language skills, benefit greatly from face to face interpreting.

There are certain scenarios which would never be appropriate for VRI services, such as mental health settings, as a client who is experiencing a mental health episode is often agitated, emotionally volatile, unreasonable etc. In these situations, there are too many traits, nuances, body languages cues and so forth that make up the communication and which would be too easily missed when using video relay. There is also the issue that a Deaf person may feel more comfortable and at ease to really open up to the care provider when they have an interpreter with them that they know and trust.

It is important to bear in mind that whilst VRI may prove invaluable within rural locations, the technology is dependent on the strength of WIFI signal which can fluctuate within Northern Ireland.

BDA Northern Ireland believes that BSO would need to hold a file on each client which clearly sets out their preferences for what type of interpreting they would be prepared to use and which interpreters they are comfortable using.

'Value for money' – BDA Northern Ireland agrees that improvements in service delivery and adoption of new methods can lead to a quality service at a cost effective rate meaning value for money is improved against the old system. However, BDA Northern Ireland would emphasise that quality of interpreting is of extreme importance and this can only be achieved if suitable experienced and qualified interpreters are used throughout.

It is noted that "clear guidance to ensure the appropriate use of the various forms of interpreting" will be developed by the Health and Social Care Board, but BDA Northern Ireland would like to see Deaf representatives be part of this decision making process as they have the pre-requisite knowledge that would be required when arriving at the final decision.

As a final note, BDA Northern Ireland is aware of services using remote interpreting that have already taken place in the UK but is not in a position to comment on their effectiveness and popularity. However, as the leading Deaf organisation working with Sign Language Users, BDA Northern Ireland would be fully prepared to work with BSO in exploring and developing a model that maximises the chance of success as, not holding any contracts for service provision, we have no vested interest or conflict of interest to prevent us supporting the BSO in this way. BDA Northern Ireland would be prepared to be part of a monitoring and evaluation group.

5 The service model should undertake a controlled pilot in the use of remote (non face-to-face) communication support

AGREE (with requisites)

BDA Northern Ireland believes that to hold an effective pilot, it would need to be planned well in advance in order to raise awareness and train staff and Deaf people. To undertake the pilot too quickly in order to get the project up and running could lead to failure.

It is suggested that trials are held with a small cohort of Deaf people from each of the regions within Northern Ireland to get a good geographical representation and that social media, such as Facebook, is utilised to show to Deaf people how the service will work, for example, a video-clip showing a GP's office and how each GP already has software on their computers which will allow for VRI. This visual means of demonstrating its use to Deaf people will be vital if the service is to be appealing to the Deaf community.

When setting up this pilot, BDA Northern Ireland believes it is imperative that Deaf people are included in the setting up, evaluation and review. All members of staff need to be trained in Deaf Awareness and fully understand the various communication methods that the Deaf community use, situations where remote will not be appropriate and the processes of ensuring the appropriate method of communication support is in place. If remote interpreting is ever to be an option then every GP surgery throughout NI will require a visual queuing system in the waiting area as the Deaf patient will no longer always have an interpreter to inform them when their name is called. This should be mandatory.

Regardless of when a pilot is launched, BDA Northern Ireland would be willing to work in partnership with HSCB to provide road shows or other initiatives to educate the Deaf community on the service.

6 A regional advisory group should be established to oversee the development and delivery of interpreting services including governance and accountability issues. This group should include service user representation

AGREE

Deaf people need to be fully involved especially in the development of the service at early stages and this should be made up of Deaf service users and representatives from Deaf organisations when applicable (i.e. no conflict of interest/Terms of Reference established). Their presence would ensure the system is consistently meeting the needs of the Deaf community and mechanisms such as Facebook and Deaf e-Groups could be utilised to inform the Deaf community as a whole of changes and developments happen.

We also believe BSO should work closely with ASLI (Association of Sign Language Interpreters), VLP (Visual Language Professionals) and NRCPD (National Register of Communication Professional working with Deaf and Deaf blind People) as they have the expertise in working with interpreters and NRCPD already have a complaints system in place if there are issues with the communication professional. BDA Northern Ireland therefore feels that interpreters themselves (ASLI, VLP rep) should also be involved in this advisory group.

7 Interpreters should be deployed as efficiently as possible through effective resource management and innovative use of technology

AGREE

Although it was clear in the consultation process that the board retains the right to refuse an interpreter if for example, they were not local (and this is understandable in order to run an efficient service), there are some situations where the needs of the Deaf person must outweigh the needs for cost efficiency. These situations could be:

- Gender specific: interpreters need to be considered for various appointments, i.e. gynaecology or when a male patient is attending for an examination and this may require getting an interpreter from further away than Deaf person's location.
- Consistency: one interpreter may be regularly used in diagnosis and regional appointments, for example, local to North West, but if the Deaf patient is then referred to Belfast for further treatment such as at the Regional Cancer Centre, then there must be a degree of flexibility that would allow that interpreter - knowing full details and history of case with the client – to be allowed to continue to provide the service despite incurring increased transport costs.
- It is important that patients have a choice for their preferred interpreter, who they are comfortable with, who they have used in the past and know their medical history without having to use various interpreters and feeling that everyone knows their personal business, it is also more efficient using an interpreter that is preferred as communication is smoother and accuracy is improved. Northern Ireland is such a small community and most interpreters know all of the community yet privacy and comfort is a must for the Deaf patient. As previously suggested, the BSO should hold a client file including a list of preferred interpreters and a list of those that should not be considered under any circumstances.
- It is recognised that as a result of "effective resource management" there may be a move towards trying to make several appointments for a variety of Deaf people in one location, thereby removing the need for an interpreter to travel to several locations, similarly removing the need for several interpreters to attend the same location. It would be advisable for an appropriate period of time to be left between these appointments to protect the privacy and confidentiality of the Deaf person, and to avoid distress if an appointment runs over time or starts late, affecting the subsequent appointments.
- Deaf-Blind – the use of VRI would not be suitable for a Deaf-Blind person who would require a 'hands on' interpreter to be physically present with them for any appointments. There are very few interpreters who are qualified in this field so it may require additional travel for the right kind of interpreter to attend with a Deaf-Blind person.

Use of innovative technology is welcomed and as mentioned previously, BDA Northern Ireland believes there is great scope for using technology to everyone's advantage. Using existing programmes such as Face-time, Skype and other sources could provide efficient and cost effective services, if, the infrastructure and guidelines around using these are in place. BDA Northern Ireland is happy to work with BSO to ensure that any developments will maximise benefit to all parties.

8 A central system should be used to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests

AGREE

First and foremost, the Deaf patient needs to be asked who they would prefer to have as an interpreter. This is important because the Deaf community is small and there are so few interpreters. Most Deaf people will have a preference for which interpreter/s they use - who they are comfortable with knowing their private information, who they understand and who understand them, who they know will deliver a skilled and professional service – as many of these appointments will be sensitive. As mentioned above, it is more efficient to have a preferred interpreter who knows the medical history and knows the nuances of the private information. It is worth noting that many interpreters have family members within the Deaf community and there could be an unknown conflict of interest if an interpreter is booked for a sensitive appointment with a Deaf person who is not a relative but is a close family friend – it would be important that both the Deaf person and the interpreter are happy to proceed in this situation.

An effective emergency and out of hours service would be excellent but obviously needs to be 24/7 with a list of interpreters who are happy to be contacted out of hours. If it is remote interpreting it is important to have an interpreter from Northern Ireland.

It is important to bear in mind that a Deaf person who has need of an out-of-hours service might need to request this service directly. Therefore the communication pathways need to work efficiently. Below is an example that was uploaded in relation to the Department for Communities Sign Language Framework consultation:

> *Hello, I would like to explain about a situation that arose with my son. He had become ill with a fever, cold and runny nose over the weekend. I knew the GP would be closed so I decided to phone the out-of-hours GP. I explained the situation via text-phone, and they said they would contact my GP who would then phone me. I explained that I am Deaf and it would therefore be easier if they could contact me via text message, but they said that this would not be possible. I explained again that I am Deaf and would be unable to hear the phone, but they said they were sorry and they could not help me. I was astounded! I asked again if there was no way they would be able to text me, but there was such a total barrier to communicating in this way. In the meantime my son was crying, his nose was streaming due to his fever, and my wife and I were totally lost as we were trying to convey this information over the phone. I was on the phone for 30 minutes! I could feel myself getting frustrated as my temper began to rise, and in the end I just gave up and hung up the phone. I sent my mum a text message explaining the situation, so my mum agreed to phone. My mum spent 2 minutes talking on the phone, and by the end of those 2 minutes everything was sorted and resolved. I had spent 30 minutes going round in circles, but my mum had it sorted in 2 minutes! The very apparent inequality in how I had been treated was obviously wrong.*

Another example given during the Sign Language Framework Consultation highlights the importance of a timely and appropriate referral system to be put in place for out-of hours requests:

I support the strengthening of recognition of ISL and BSL. I had quite a scary and shocking experience about two years ago. I never want to go through such an experience again. My husband suddenly and frighteningly was taken ill and we had to call an ambulance to the house. My mother came over to help us with all of that negotiation. I couldn't understand the ambulance man. My sister then came with me to the hospital. My sister signs in ISL, that's my first language. But my husband's first language is BSL so my sister interpreted for me and then I translated that into BSL for my husband. He was kept in hospital. After two days of this highly stressful situation where I was interpreting for him back and forth I was so scared and stressed and worried for my husband. I broke down. It was too much. I was depending on friends to interpret for me and then I was interpreting for my husband. The hospital should have called a professional interpreter sooner. They did after two days. I was so frustrated with the interpreting situation and stress of it all. On the third day I just cracked, I broke down crying, I was raging. All the interpreting was too much. I wasn't his interpreter, I was his wife! I really never want to go through something like that again and I don't want anyone to go through something like that, ever. It was really terrifying. Having that ad hoc interpretation and communication for two days in a serious medical situation is simply not right. It was unbelievably stressful. Thanks.

9 A central system should be used to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests

AGREE

Following consultations that BDA Northern Ireland carried out with members of the Deaf community it became clear that they are happy with this proposal. Regular analysis is crucial to ensuring a good quality service, and this should include feedback from clients such as through the forum mentioned earlier which will be very important to ensuring quality of service and identifying problem issues and areas for improvement etc. It will be important to have a transparent statistical review to ensure the effective running of the service. This information will also be crucial to ensuring cost management and effective budget monitoring. Such information will be valuable to both the relevant Government Departments and the User group which will have been set up.

BDA Northern Ireland would like clear guidelines set-out on the minimum response time to requests for an interpreter and these times should be included in any analysis.

10 Regional quality standards for communication support service should be developed as part of the contract, including the management of complaints

AGREE

BDA Northern Ireland knows that having quality standards for the service is imperative to ensure the service meets the needs of clients, to monitor the service, to show that high-quality care is being provided and highlight areas needing improvement.

It is important that the complaints procedure put in place is Deaf friendly. Many Deaf people are not comfortable in using written English, so a complaints form or letter is not accessible. The BSO would need to ensure there is scope to have a face-to-face meeting or for a Deaf person to record their issue in BSL/ISL which can then be translated by a qualified translator or interpreter.

BDA Northern Ireland would recommend BSO to produce both a BSL & ISL format for their website on the topic of 'How to make a complaint'.

BDA Northern Ireland questions if this will include monitoring the performance of the Interpreters. Registered Qualified Interpreters all have to work to a standard through their governing body the NRCPD (National Register of Communication Professional working with Deaf and Deafblind People) which already have a complaints system in place. If BSO seek to develop their own system, any new system will need consultation with a regulatory body that is familiar with the roles and responsibilities of interpreters and has the pre-requisite knowledge and skills to adequately carry out an assessment. BSO should research which would be the most cost effective method.

Complaints in relation to BSO and/or their running of the service or communication support need to be dealt with immediately. BSO will have to ensure all interpreters on their books are registered to maintain a high standard.

11 A communication Support Code of Conduct should be developed in association with governing bodies

AGREE – in principle

BDA Northern Ireland agrees that a Code of Conduct is essential in providing this type of service. However, as mentioned, Sign Language Interpreters if registered (BSO should not be using unregistered interpreters) already have a Code of Conduct through their registration with NRCPD to which they must adhere and therefore BDA Northern Ireland does not feel there is a need to duplicate work when all interpreters, if registered, work to this code. Hence as mentioned above, it is important that BSO ensure all interpreters involved in the service are registered and maintain their registration. N.B. registering is done on an annual basis and interpreters must give evidence of ongoing professional development before their registration is renewed.

It is important to also note that membership of an interpreter in a professional body ensure they have been assessed as both qualified and competent to work, are undertaking continuous professional assessment AND have professional liability insurance. This is important as if the board were to book someone unregistered, they could leave themselves open to liability if anything goes wrong with the process.

However, BDA Northern Ireland still recognises that there are many others involved in providing the service which would need their own Code of Conduct to work to e.g. administrators, booking clerks and so forth in order to ensure that the confidentiality of the client is maintained. BDA Northern Ireland also recommends that any staff involved in providing the services should receive Deaf Awareness training.

Other Questions

The RCSSR was equality impact assessed and found some positive and potentially negative impacts for a number of the sections 75 groups. Do you agree with the findings of the Equality Impact Assessment? *

AGREE

Do you have any views on the potential impacts for any of the section 75 groups? (Religious belief, political opinion, racial group, age, marital status sexual orientation, gender, disability and dependants)

If you have noted any negative impacts, how do you think they could be addressed?

N/A

Do you agree with the findings of the Regional Communication Support Services Review on Good Relations between people of different religious beliefs, political opinions and racial groups? If not, why not?

It is vital that relations between people of different religious beliefs, political opinions and racial groups are treated fairly regardless. Everyone should be treated as an equal as their needs should also be respected and treated fairly. This is also true of language choices so regardless if a BSL or an ISL user, the Deaf person should have equal access and be treated with equity.

ADDITIONAL COMMENTS

N/A

The British Deaf Association – BDA

The BDA stands for Deaf Equality, Access and Freedom of Choices

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

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