

BSL (Scotland) Act 2015


Scottish NHS Health Boards and NHS 24: Summary of Progress being made with BSL Plans

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I. Background

In 2015 Scotland passed the British Sign Language (Scotland) Act 2015. The Act placed a responsibility on listed public bodies to set out how they will promote the use and understanding of British Sign Language (BSL).¹

The Scottish Government is required to publish a BSL National Plan every 6 years that will cover itself and national agencies – the first one was published in 2017.²

Other listed Public Bodies are required to create BSL Authority Plans, which are to take due regard of the BSL National Plan. This includes Local Authorities, NHS Boards, Colleges and Universities across Scotland. The majority published their first BSL Authority Plans in 2018.³

The Scottish Government funds four Deaf organisations under the auspices of the BSL Partnership to support the public sector with implementing their work in relation to BSL.

The Access and Inclusion (Engagement) Officer within BDA Scotland is funded to support fourteen (14) NHS Health Boards and other health services such as NHS 24.

¹ The (BSL Scotland) Act 2015 legislation can be found at: www.legislation.gov.uk/asp/2015/1/1/pdfs/asp_20150011_en.pdf

² For reference, a copy of The National Plan can be found at: www.gov.scot/publications/british-sign-language-bsl-national-plan-2017-2023/

³ For reference, copies of these local Plans can be found in the NHS Health Boards section at: www.bs/scotlandact2015.scot/plans/

2. Purpose

The BSL (Scotland) Act 2015 states that a BSL National Plan Progress Report was to be submitted before the Scottish Parliament by October 2020 to review progress with the BSL National Plan. Due to the global Coronavirus pandemic and subsequent shifting of priorities for both the Scottish Government and NHS Health Boards, the expected submission of the Progress Report has been moved back to October 2021.

In order to collate information from the 14 NHS Health Boards and NHS 24 to submit to the Scottish Government for consideration in the BSL National Progress Report, the Access and Inclusion (Engagement) Officer created a questionnaire which focussed on National Plan Actions numbers 39 to 49 which is health, mental health and wellbeing, plus any additional actions from other sections where appropriate.

The Access and Inclusion (Engagement) Officer interviewed the equality and diversity leads of each NHS Health Board, as they are mainly responsible for the implementation of the actions stated in their Authority Plans. Interviews have been summarised for this report.

This report is an interim one, with the intention of supporting the Scottish Government and relevant Public Bodies in identifying good practices and challenges in advance of the BSL Progress Report, due on October 2021. It is hoped the information in this report will assist NHS Health Boards to progress their individual BSL local plans and engage with their local BSL communities. We also present this report in the hope of encouraging collaboration between the NHS Health Boards and relevant Public Bodies in working together to share ideas and tackle common challenges, in order to make progress towards a common goal.

3. Methodology

The questionnaire consisted of six questions. The first five questions were developed around the key themes identified in the BSL (Scotland) Act 2015⁴:

1. Progress of the BSL Local Plan

- a. Do you feel that your NHS Board has made some contribution to the action points under the BSL National Plan (under Health, Mental Health and Wellbeing) numbers 39 to 49 and are on track?
- b. Do you feel that your BSL Local Plan is progressing and on track?

2. Deaf Community

- a. What work have you progressed with the Deaf Community?
- b. Can you share any achievements and examples of good practice that your NHS Board are seeing in relation to BSL over the last three years?
- c. Do you feel you have been able to engage effectively with the Deaf community to empower them to use your complaint procedures? Are they accessible to Deaf BSL users?
- d. Has there been any feedback from BSL users?
- e. What changes/impacts have you achieved for the Deaf community?

3. Challenges and gaps

- a. What challenges did you face in your work in informing and promoting your BSL Plan?
- b. Have you identified any new gaps since your BSL plan was published?

4. Health and Social Care Partnerships (HSCPs) and Other NHS Boards

- a. Did you work with other NHS Boards or at HSCP level to achieve action points in your BSL local plan?
 - i) If yes, what work has been done?
 - ii) If not, why has this not happened?
- b. Did the partnership(s) work effectively, to benefit the Deaf community?
- c. What gaps/challenges would you identify in working with other NHS Boards, HSCPs and/or other external services?

5. Future actions and plans

- a. What further work is required to achieve the aims set out in your BSL Local Plan?
- b. Do you have any future plans to engage with the Deaf community?

6. BDA Scotland

- a. Do you feel you have a good understanding of BDA Scotland's role and work?
- b. What support would you like from BDA Scotland, and to what extent?

⁴ For reference, see p.11 of the (BSL Scotland) Act 2015 legislation: www.legislation.gov.uk/asp/2015/11/pdfs/asp_20150011_en.pdf

The Access and Inclusion (Engagement) Officer conducted the interviews between March 2020 and October 2020.

In March 2020, the Access and Inclusion (Engagement) Officer met with equality leads from 2 NHS Health Boards physically before the lockdown caused by the Coronavirus pandemic meant that any further meetings in person were not possible. Meetings with other equality leads were then arranged virtually using Zoom and Microsoft Teams.

The purpose of engaging directly, rather than communicating via email was to establish a rapport with the equality leads and to develop a working relationship where BDA Scotland could support each NHS Health Board in future engagement in relation to BSL (Scotland) Act 2015.

By September 2020, 9 interviews had been conducted with 11 NHS Health Boards and NHS 24. One Equality Lead interviewed was responsible for 3 NHS Health Boards' work in relation to BSL (Scotland) Act 2015; therefore, the interview covered all 3 NHS Health Boards.

The Access and Inclusion (Engagement) Officer noted that the BSL Plans for the following NHS boards are shared with relevant local authorities: NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Fife, NHS Lanarkshire and NHS Shetland. Information might therefore overlap with other reports.⁵ NHS Borders have not published their BSL Local Plan.

NHS Board:	Date:
NHS Greater Glasgow and Clyde	10 March 2020
NHS Forth Valley	16 March 2020
NHS Grampian, NHS Orkney and NHS Shetland	11 June 2020
NHS Ayrshire and Arran	15 June 2020
NHS Fife	29 June 2020
NHS 24	1 July 2020
NHS Highland	2 July 2020
NHS Dumfries and Galloway	24 July 2020
NHS Eileanan Siar/Western Isles	15 September 2020

⁵ For reference, all the shared plans can be found at: <http://bslscotlandact2015.scot/plans/>

This overview will summarise the information supplied by the 11 NHS Health Boards and NHS 24, under the appropriate elements of each aforementioned question.

I. Progress of the BSL Local Plan

- a. Do you feel that your NHS Board has made some contribution to the action points under the BSL National Plan (under Health, Mental Health and Wellbeing) numbers 39 to 49 and are on track?
- b. Do you feel that your BSL Local Plan is progressing and on track?

The main aspect of this question focuses on the Health, Mental Health and Wellbeing (Actions 39-49) section of the BSL National Plan which states: “BSL users will have access to the information and services they need to live active, healthy lives, and to make informed choices at every stage of their lives.”

Action 39: *“Publish a schedule for making all screening and immunisation information accessible in BSL. NHS Scotland will produce information in BSL to support Bowel, Breast and Cervical screening programmes. NHS Scotland will produce information in BSL to support Childhood and Seasonal Flu immunisation programmes. This information will be easy to find on the ‘NHS Inform’ website.”*

Actions by the NHS Health Boards:

- NHS 24 manages the NHS Inform website⁶ where there is a BSL-specific general information page containing all screening and immunisation information in BSL. NHS 24 also has a YouTube channel⁷ where BSL videos are stored and can be viewed directly. The information is appropriate for Scotland-wide access.
- All of the NHS Health Boards who responded stated that they regularly signpost local Deaf BSL users to the NHS Inform website for BSL information about screening and immunisation programmes.
- 3 NHS Health Boards who responded said they have created some BSL videos and other resources to refer to their local services, and that they had shared these with their network. The BSL videos were created after these health boards received some feedback from local BSL users.
- 4 NHS Health Boards manage their own social media platforms, which they use to engage with local Deaf BSL users and to share relevant information.
- NHS Highland reported that their staff are able to access their local online health resources library where there are copies of leaflets with links to BSL information and resources, along with links to the NHS Inform website.

⁶ For reference, the BSL-specific NHS Inform webpage can be found at: www.nhsinform.scot/translations/languages/british-sign-language-bsl

⁷ For reference, the YouTube channel can be found at: <https://www.youtube.com/user/nhsinform>

Action 40: *“Increase the availability of accurate and relevant health and social care information in BSL and will work with BSL users to determine where this information should be located. NHS Health Scotland and NHS 24 will deliver this work in partnership and will review progress in 2019 and every two years thereafter.”*

- NHS GGC and NHS Lothian have internal staff working on creating health information videos in BSL for the Deaf BSL community. NHS Grampian regularly uses local Deaf BSL users and interpreters to translate health information in BSL. The other NHS Health Boards have contracts with external agencies to create health information in BSL videos to share locally with Deaf BSL users. Once these videos have been produced, these are promoted within local networks through their websites and social media platforms.
- 5 NHS Health Boards reported that they regularly engaged with members of the local Deaf BSL community via various methods to ask them what health information they wanted to see in BSL. Some of this engagement was done by meeting members of local Deaf clubs and centres and through weekly walk-in sessions as well as through their own WhatsApp and Facebook groups. NHS GGC established a BSL Health Champion forum with participating Deaf BSL users taking on the role of engaging with the local Deaf BSL community to share health information through both visits to the Deaf clubs/centres and via their own Facebook groups.
- 3 NHS Health Boards reported that their websites were out of date and once they had upgraded to a new website platform they planned to add new BSL videos. For most of these NHS Health Boards, the upgrade had been put on hold due to the Coronavirus pandemic.
- NHS 24 reported that since their BSL general information webpage was created it has been visited 11,000 times and the YouTube BSL videos have been viewed a total of 16,000 times. NHS 24 mentioned that BSL is the second most popular choice of language (after English) on the NHS Inform website in terms of numbers of webpage visits.

Action 41: *“Work with local authorities, providers and service users to improve the way that adult social care is delivered, including how residential care is commissioned and how care and support is delivered to people at home. The voices and experiences of service users, including BSL users will be at the centre of these reforms and will shape planning and implementation and improve outcomes.”*

- 4 NHS Health Boards visited hospital wards and GP surgeries to check that each ward/ GP surgery had the resources required to meet Deaf BSL users' needs and whether staff knew how to meet these needs e.g. how to book BSL/English interpreters.
- 6 NHS Health Boards worked with both Video Relay Service (VRS) and Video Remote Interpreting (VRI) service providers to train both their staff and members of the Deaf BSL community in how to use both VRS and VRI services to communicate. However, there remains some confusion about the difference between the VRS and VRI.

- NHS Fife also arranged for BSL/English interpreters to visit hospital wards and meet with ward staff in their break times to discuss how to meet the communication needs of Deaf BSL-using patients and how BSL/English interpreting works during hospital ward consultations. Staff were also able to learn basic communication tips from the interpreters.

Action 42: *“Take forward the work to extend free personal care to everyone who requires it, regardless of age, taking account of the views and needs of BSL users.”*

- 5 NHS Health Boards said they are working in partnership with local authorities and local Health and Social Care Partnerships (HSCPs) to ensure BSL access to relevant health information, shared through visits to Deaf clubs/centres and by producing BSL videos to be shared through social media platforms.

Action 43⁸: *“Develop a learning resource for health and social care staff to raise awareness of BSL and Deaf culture. This will be led by NHS Health Scotland and will be rolled out across Scotland by 2018.”*

- All 10 NHS Health Boards reported that they have each got an e-learning portal for all staff to access relevant training programmes online. The online training includes information about BSL/Tactile BSL access and how to communicate with Deaf BSL and Deafblind BSL users. One Board reported that their funding for the training has been put on hold due to the Coronavirus pandemic.
- All 10 NHS Health Boards also reported that they had organised physical BSL and Tactile awareness training sessions too, provided by either an internal staff member or an external trainer (these took place before the Coronavirus pandemic put physical training sessions on hold).
- 5 NHS Health Boards also worked in partnership with other organisations such as local authorities to provide BSL awareness training for both the NHS staff and staff from other organisations, both physically and virtually.
- 2 NHS Health Boards reported that there was some interest among their staff to learn BSL because people would like to communicate with Deaf BSL users directly. 3 NHS Health Boards provided some “Introduction to BSL” courses to their staff as a result of feedback from the staff.

⁸ The information for Action 43 is also relative to Action 06 of the BSL National Plan which states that: *“Encourage public bodies to access BSL awareness training for staff who may work with BSL users, and signpost to appropriate training.”*

Action 44: *“We will agree how to improve individual patient health records so that they clearly show when the first or preferred language is BSL and a BSL/English interpreter is needed. NHS services can then be notified in advance of any appointments.”*

- There was wide variation among the NHS Health Boards around how Deaf patients' communication needs are flagged up on patient record systems:
 - a) NHS Dumfries and Galloway reported that they have a universal system they use for flagging up the need for BSL/English interpreting support for Deaf BSL using patients. However, they identified that their system did not function effectively for real-time situations such as a trip to A&E or a walk-in clinic. They recognise that they need to deal with this issue.
 - b) NHS Grampian have a system which flags up the need for BSL/English interpreters for out-patients appointments. However, in in-patients situations, the ward staff are instructed to liaise with the patient to see whether they require a BSL/English interpreter. They reported that in the first instance, staff would go to the VRI service.
 - c) NHS Lothian plans to establish two flagging-up and tracking systems in the near future, one for Primary Care and one for Secondary Care. However, they've identified an issue for any patient transferring from Primary to Secondary care because patients' extended data is not shared across. The patient would need to contact Secondary care services personally to ensure that their need for BSL interpreting support is included in the Secondary care's tracking system.
 - d) NHS Fife have a tracking system that frontline staff from both the Primary and Secondary Care services can access. Once a GP or other medical professional flags up a Deaf BSL-using patient's need for BSL/English interpreting support, all their facilities should be able to see that they need to organise a BSL/English interpreter for an appointment. However, Deaf BSL users regularly contact the Communication Service to double check who has been booked to interpret for their appointments.
 - e) NHS Forth Valley reported that after they switched to the Microsoft Office 365 Tracking Care system, they endeavoured to have BSL included in the languages options so health professionals could record which patients require BSL/English interpreters. The Tracking Care System is regularly updated to ensure that all data is up-to-date and accurate, meaning Deaf patients on the system should be automatically flagged.
- As it currently stands, there is no indication whether there is any cross-boundary flagging system in place for situations where a Deaf BSL user from one area needs to attend an appointment in a different area for a specific purpose. Currently, that person would need to contact the NHS Board directly to arrange for a BSL/English interpreter.

Action 45: *“Ensure that – in line with Scotland’s Mental Health Strategy 2017-2027 – BSL users should get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.”*

- There were a variety of ways in which the NHS Health Boards dealt with Deaf BSL users’ need for mental health support:
 - a) 4 NHS Health Boards have their own mental health practitioner support, with BSL/English interpreting support if required. However, 2 NHS Health Boards reported that they have previously referred some Deaf BSL users to NHS Lothian’s Deaf Mental Health Service.
 - b) NHS GGC is currently piloting a BSL counselling service in partnership with an external service provider.
 - c) NHS Fife stated that they run a “Mood Café” where mental health practitioners facilitate some psychological support for people who need it and supply information and resources online.
 - d) NHS Highland mentioned that they have an arrangement with an external service who sends a specialist mental health practitioner for Deaf BSL to their boundary once a month. They do not have their own bespoke mental health support for Deaf BSL users.

Action 46: *“Implement a new national Interpretation and Translation Policy which includes BSL provision. This will be led by NHS Health Scotland and will provide guidance to support delivery across all NHS boards by 2018.”*

- All 10 of the NHS Health Boards participated in the National Advisory Group where they worked together on the National Interpretation and Translation Policy which is chaired by Public Health Scotland. The policy is due to be launched in 2020.

Action 47: *“Work with partners to deliver and evaluate two training programmes aimed at supporting BSL/English interpreters to work within the Health sector, with a view to informing a longer-term approach.”*

- 3 NHS Health Boards reported that the agencies that they are contracted to for BSL/English interpreting support have got their own policy and guidance relating to the training of BSL/English interpreters.
- NHS Lothian have a partnership with a local University who currently provide training for BSL/English interpreters. This includes interpreting in medical settings and how to interpret medical jargon. The information for the medical-related training is provided by their Interpreting and Translation team.

Action 49: *“Ensure that the national strategy to address social isolation and loneliness which will be published for consultation in Autumn 2017 will make explicit reference to the experience and needs of BSL users.”*

- 7 NHS Health Boards have contracts with VRI service providers. They have provided iPads with the VRI service app on to hospitals to help tackle the isolation faced by Deaf BSL-using patients while they are in the wards, and for the ward staff to be able to communicate with them.
- NHS Ayrshire and Arran mentioned that they are working with local statutory partners to tackle social loneliness - this work helped to establish a local youth club for Deaf young people. However, for older Deaf people, they are looking at using arts and culture to encourage Deaf BSL users to come out and meet up – events such as attending art galleries, film showings, etc.
- NHS GGC mentioned that they are working with a local HSCP with the aim of providing workshops for the Deaf community on how to tackle social isolation and loneliness.

Other Relevant Actions

Action 05: *“Promote the use of the Scottish Government’s nationally funded BSL online interpreting video relay service (VRS) called ‘contactSCOTLAND-BSL’⁹, which allows BSL users to contact public and third sector services and for these services to contact them, and explore the potential for its greater use.”*

- 7 NHS Health Boards have promoted the use of contactSCOTLAND-BSL VRS service to both externally to their local Deaf BSL community and others via methods such as including links on their homepage, on their ‘contact us’ webpages and on their email signatures, and internally to their staff via the intranet.
- The contactSCOTLAND-BSL VRS service also attended some Deaf clubs and centres, along with representatives from NHS Health Boards, to demonstrate how to use the service to Deaf BSL users.
- contactSCOTLAND-BSL also provided training to some NHS staff on how to receive calls from Deaf clients using contactSCOTLAND-BSL.
- 4 NHS Health Boards also have contracts with Video Remote Interpreting (VRI) service providers to provide communication access for Deaf BSL-using patients if face-to-face interpreting provision is not immediately available.
- 3 NHS Health Boards have contracts with a different service provider to provide a VRS service as well as a VRI service.

⁹ For reference, the contactSCOTLAND-BSL website can be found at: <https://contactscotland-bsl.org/>

Action 9: *“Consider what further work is needed to ensure that a strong and skilled pool of BSL/English interpreters are working efficiently across Scotland.”*

- 5 NHS Health Boards have contracts with external agencies to provide BSL/English interpreting support when required.
- NHS Ayrshire and Arran found that the limited availability of interpreting support was caused by a high demand for BSL/English interpreters in the Central Belt of Scotland. Deaf BSL using-patients often found that interpreters were not booked for their appointments, which caused frustrations. NHS Ayrshire and Arran are working with the NHS Health Boards’ combined National Advisory Group to try to solve this barrier for Deaf patients.
- 4 Northern Scottish NHS Boards made the point that because the pool of interpreters in the North of Scotland is very limited, there is a reliance on the same few interpreters. Sometimes this leads to inflexibility, where Deaf BSL users have been unwilling to accept a different interpreter if their preferred interpreter is not available. This inflexibility can cause appointments to be postponed. The Northern Scottish NHS Health Boards are especially concerned because they are aware that despite the fact that there are people in North of Scotland who are interested in becoming BSL/English interpreters, there is no training programme in the North of Scotland. People would have to travel to either to the Central Belt of Scotland or to England to acquire BSL/English interpreting qualifications. Additionally, once people have qualified, there is a higher demand for interpreters in the Central Belt of Scotland and in England which means interpreters may elect to base themselves there once qualified, to increase their earning potential. The Northern Scottish NHS Health Boards are concerned about the current shortage of BSL interpreters in the North of Scotland and would like to see some support from the Scottish Government to increase the pool of interpreters in the North so local people can have more choice.
- Because of the remoteness of the area and the journey times that BSL/English interpreters would face travelling for face-to-face interpreting, NHS Eileanan Siar choose to use a VRI service exclusively for all Deaf BSL users’ appointments, instead of face-to-face support.

2. Deaf Community

- a. What work have you progressed with the Deaf Community?
- b. Can you share any achievements and examples of good practice that your NHS Board are seeing in relation to BSL over the last three years?
- c. Do you feel you have been able to engage effectively with the Deaf community to empower them to use the complaint procedures? Are they accessible for Deaf BSL users?
- d. Has there been any feedback from BSL users?
- e. What changes/impacts have you achieved for the Deaf community?

- 7 NHS Health Boards reported that they have had direct engagement with Deaf BSL users through local Deaf clubs and centres and have been able to signpost members to the information they required. They were also able to collect feedback from Deaf BSL users about their services and other health-related issues in relation to BSL access. At least one NHS Health Board has established an internal working group who engage directly with their local Deaf BSL community.
- NHS 24 met with Deaf BSL users when they visited several Deaf clubs, such as the Golden Amber Club and Edinburgh Sports and Social Club to collect feedback about the NHS Inform website. They found that the members were not sure how to access the website and that they struggled to navigate the technology. NHS 24 were able to demonstrate how to access the webpage in their subsequent visits and provided pens with the web address on to distribute to Deaf community members.
- NHS 24 and 3 NHS Health Boards employed Deaf BSL users with the support of the Access to Work scheme.¹⁰ They also recruited Deaf BSL-using volunteers to engage with the Deaf BSL community and to work along with their local NHS Health Board on the BSL (Scotland) Act 2015-related work and on the BSL local plans.
- 3 NHS Health Boards linked up with other bodies and VRS and VRI service providers to engage with Deaf BSL users and help them to understand how to access services as well as how to use VRS and VRI services.
- NHS Fife (in partnership with a local authority) have got a BSL action plan focus group with 5 Deaf BSL users and a Deafblind BSL user participating. The group meet to discuss topics such as the pros and cons of face-to-face and virtual interpreting, access to health services for Deaf BSL users and to provide feedback about BSL-related issues.

3. Challenges and gaps

- a. What challenges did you face in your work in informing and promoting your BSL Plan?
- b. Have you identified any new gaps since your BSL plan was published?

- One of the gaps identified by NHS Health Boards is the lack of opportunity for a two-way dialogue when Deaf BSL users view health information in BSL online. There was also concern that older Deaf people who may not have social media accounts will miss out. Direct engagement by physically attending Deaf clubs and centres across Scotland is one potential way of addressing these concerns. Some NHS Health Boards gave examples of sharing BSL videos with the Deaf clubs members in person and being available to answer queries.

¹⁰ This is relevant to the Action 35 of the BSL National Plan which states: "Raise awareness of the UK Government's 'Access to Work' (AtW) scheme with employers and representative organisations and with BSL users* themselves, so that BSL users* who are employed, (including those who are undertaking a Modern Apprenticeship) can benefit from the support it provides."

- 4 NHS Health Boards acknowledged that they do not engage directly with Deaf BSL users sufficiently, either to share information or to receive feedback. They currently rely on indirect engagements with Deaf BSL users via some individuals and organisations. These Boards acknowledge that they need to establish a direct engagement channel with Deaf BSL users which includes involving Deaf BSL users in strategic decision-making.
- The Coronavirus pandemic has meant that Deaf clubs and centres have been closed. This caused a new challenge for NHS Health Boards attempting to engage with Deaf BSL users. All 10 NHS Health Boards and NHS 24 therefore had to adapt their systems quickly to respond to the pandemic and to ensure that ever-changing information was regularly translated into BSL. This led NHS 24 to create a separate BSL-specific COVID-19 webpage on the NHS Inform website, which all NHS Health Boards shared with local Deaf BSL users accordingly.
- NHS 24 found that it was a challenge to regularly update the NHS Inform website with accurate health information and promote NHS Inform as the main health information hub because there were often videos containing inaccurate health information being shared widely by external organisations. Partly because of this, NHS 24 created the 'Communication For All' toolkit and distributed this widely with the goal of reducing the amount of inaccurate local information being shared.
- NHS Ayrshire and Arran acknowledge that there is a lack of Deaf BSL representation in their working group. When it is safe to resume engagement with Deaf BSL users following the Coronavirus pandemic, NHS Ayrshire and Arran aims to bring Deaf BSL users into the working group, so they can share information directly to the Deaf community and share the Deaf community's feedback with the working group.

4. Health and Social Care Partnerships (HSCPs) and Other NHS Boards

- a. Did you work with other NHS Boards or at HSCP level to achieve action points in your BSL local plan?
 - i) If yes, what work has been done?
 - ii) If not, why has this not happened?
- b. Did the partnership(s) work effectively to benefit the Deaf community?
- c. What gaps/challenges would you identify in working with other NHS Boards, HSCPs and/or other external services?

- All 10 of the NHS Health Boards are involved with the National Advisory Group. One example of the work they did together is the National Interpreting and Translation policy, planned for launch in March 2020 but delayed by the Coronavirus pandemic¹¹. All the NHS Health Boards participating in the National Advisory Group are working together to tackle any universal issues, usually by sharing feedback and information.
- There are two further points to be taken in consideration:
 - a) Each Health Board works with their own local Deaf BSL community in relation to the BSL (Scotland) Act 2015. The needs of Deaf BSL users vary between boundaries, therefore the work required differs in each area.

¹¹ The information for Action 43 is also relative to Action 06 of the BSL National Plan which states that: "Encourage public bodies to access BSL awareness training for staff who may work with BSL users, and signpost to appropriate training."

- b) Every NHS Health Board has their own budget allocation for any service provision for their local Deaf BSL users' needs. This means the services available to BSL users varies across Board boundaries.
- 4 NHS Health Boards commented that they would like to see more support from the Scottish Government in relation to the BSL (Scotland) Act 2015. They feel that they have a lot of questions for the Government and would like to engage in further dialogue.
 - NHS Lothian would have liked to proceed with a shared BSL Local Plan in partnership with local councils and other bodies but each body decided to establish their own BSL local plan following the retirement of the lead facilitator. NHS Lothian feels this has been to the detriment of local Deaf BSL users because separate plans means separate meetings and NHS Lothian feel is too much to expect the local community to commit to.
 - The NHS Health Boards who are currently working in partnership with other local public bodies and have shared local BSL plans felt that working with partners on the BSL (Scotland) Act 2015 has been beneficial for all parties; it has meant that partners only needed to produce, translate and distribute a single plan. Partners needed to meet with Deaf BSL users to discuss the shares local plan on fewer occasions to collect the maximum possible feedback. This is preferable for the Deaf BSL community too, ensuring that they are not over-consulted by various organisations. Health Boards felt that since there would be much overlap of each partner's work it would be much more beneficial for the local Deaf BSL community to be able to see their local organisations all working together to benefit them.
 - NHS Forth Valley reported that they often provide resources to other NHS Boards and are often visited by staff from other NHS Boards looking to see which systems they could adopt in their own areas.

5. Future actions and plans

- a. What further work is required to achieve the aims set out in your BSL Local Plan?
- b. Do you have any future plans to engage with the Deaf community?

- All 10 NHS Health Boards plan to resume engaging directly with local Deaf clubs on the actions remaining on their local BSL plans, once it is safe to do so.
- 3 NHS Health Boards plan to have a local BSL working group with Deaf BSL users where people will have the opportunity to suggest any changes that they would like to see and feedback on some of any issues they might have with local services. These NHS Health Boards would like BDA Scotland to attend the meetings to provide support.
- NHS Fife are hoping to engage with some young Deaf people in relation to the Children and Young People's Health Board, to link up with Children's Services. For example, they could provide feedback for the Equality Impact Assessments for any changes to services that affect young people, such as any GIRFEC-related changes. This is especially relevant to BSL resources as the current information and guidance in BSL focuses on an adult audience. There is a need to create child and young person-friendly BSL resources.
- NHS Forth Valley is currently working with the Scottish Qualifications Authority (SQA) to establish BSL Level 1 and 2 courses taught by Deaf BSL teachers and they hope to launch this in 2020.
- NHS 24 is currently focusing on expanding mental health services for Scotland and there will be an update on this later in the year. A BSL translation of the update will be created.

6. BDA Scotland

- a. Do you feel you have a good understanding of BDA Scotland's role and work?
- b. What support would you like from BDA Scotland, and to what extent?

- As the Access and Inclusion Officer only started working on the health remit in February 2020, NHS Health Boards and NHS 24 only recently started to gain an understanding of BDA Scotland's role and remit.
- All 10 NHS Health Boards expressed their appreciation for BDA Scotland's regular updates relating to the BSL (Scotland) Act 2015 and stated they regularly pass the information on to their communications team who then share it across their network, including with members of the local Deaf BSL community.
- NHS GGC suggested that BDA Scotland could work with Deaf BSL users to empower them to make complaints to the NHS Health Boards, to ensure that NHS services make amendments following feedback.

5. BDA Scotland's Perspective

BDA Scotland only took on the remit for Health in February 2020. In this short time we have had to establish working relationships with NHS 24 and 14 NHS Health Boards and collate three years' worth of information for this report (it has been three years since the NHS Health Boards published their BSL local plans). The actions discussed focus on work that NHS Health Boards and NHS 24 have done since initial publication, but this report offers a more detailed outlook, providing a fuller picture not just of work that has been done, but also of work that remains to be done and what support BDA Scotland would be able to offer to support this.

BDA Scotland's acquisition of the health remit coincided with the Coronavirus outbreak which caused a national lockdown. The lockdown proved challenging for BDA Scotland, making it difficult to proceed because the pandemic necessitated a shifting of priorities for the NHS Health Boards and NHS 24, and has meant that any engagements relating to BSL (Scotland) Act 2015 were understandably not prioritised.

The Coronavirus pandemic has also posed a challenge for Deaf BSL users, primarily because of the ever-changing information relating to the virus and the delays in releasing that information in BSL. BDA Scotland has been active in addressing this information deficit by ensuring that Deaf BSL users do not miss out on vital information. We have created our own COVID-19 webpage with BSL-friendly videos and shared the website and links to the videos with NHS Health Boards, who in turn have then shared these with their contacts. We are thankful for the Scottish Government's support on this.

9 NHS Health Boards, created their own Covid-19 webpages to signpost local Deaf BSL users to local resources and information, in addition to signposting to the NHS Inform website.¹²

BDA Scotland acknowledges that the NHS Health Boards have done a lot of work relating to the BSL (Scotland) Act 2015. There are many examples of good practice, such as establishing a Health Champion forum and collecting feedback from Deaf BSL users about resources.

However, one point that has been gleaned from the interviews is that many of the NHS Health Boards would like to have more support from BDA Scotland. Several asked for support in building direct engagement with their local Deaf communities and support to empower Deaf BSL users to influence decision-making at strategic level.

BDA Scotland also would like to see more collaborative work between NHS Health Boards and other local bodies in some areas, because work relating to the BSL (Scotland) Act 2015 often overlaps and Deaf BSL users often complained about being over-consulted, as each body sets up separate events. Solutions to this might include setting up a local working group with Deaf BSL users and for all the local bodies to set up joint events in Deaf clubs and centres where Deaf BSL users could provide feedback to all bodies in fewer meetings.

¹² The links to these webpages can be found in the appendix of this report.

BDA Scotland sees it as good practice that NHS 24 and some of Health Boards have employed Deaf BSL users internally, where they are in position to influence inter-departmental culture, and externally, to provide training to NHS staff. This helps to shape staff readiness to meet Deaf patients' needs. However, there is a universal lack of Deaf BSL representation at the strategic level. Deaf BSL users are currently not in position to influence the decision-making that could potentially affect Deaf people's lives. BDA Scotland suggest this is an area for Health Boards to look at during the remaining period of their strategic plans relating to the BSL (Scotland) Act 2015.

The point about the lack of Deaf BSL representation shows that there is a need for empowerment training where BSL users could learn more about their local NHS Health Board's structure, policies and procedures, and how to make complaints. As there is currently no statutory obligation for NHS Health Boards to provide access for BSL users; BDA Scotland believes it is vital that BSL users develop the understanding and confidence to challenge and respond to any inequalities they experience. This includes the confidence to participate in strategic level decision-making with their local NHS Health Board's services.

Having access to BSL users confident in being involved in decision-making could also be beneficial for NHS frontline staff, management and Board members. BSL awareness training on its own is not enough to influence a change in the policies and procedures relating to BSL access and ensuring that Deaf BSL users can fully understand the health information they need.

Therefore, BDA Scotland hope that empowerment training could lead to both BSL users and relevant NHS personnel having the confidence to engage directly with each other, with BDA Scotland's support. This could lead to a direct working relationship which could benefit Deaf BSL users across Scotland in the long term.

BSL Awareness training would help NHS personnel to distinguish the difference between the social model and the medical model of deafness. As part of the training, NHS personnel would learn that BSL is a recognised language and that Deaf BSL users see themselves as a linguistic minority rather than a disabled group. This would influence the culture within NHS Health Boards and ensure that Deaf BSL users could access services using their first language, BSL.

There are specific challenges for some NHS Health Boards in providing face-to-face BSL interpreting support. This is especially true for Boards whose boundaries contains remote and rural communities. BSL/English interpreters would need to make long journeys for short duration appointments. NHS Eileanan Siar felt that it was not financially viable to do this so they elected to provide a VRI service for the majority of appointments for Deaf BSL users.

In addition to this, The NHS Health Boards based in the North of Scotland and the Northern Isles brought up concerns around the limited numbers of BSL/English interpreters in their area. They would like to see some support from the Scottish Government to increase the pool of BSL/English interpreters in the region.

There is universal confusion about the difference between VRS and VRI services. This has been exacerbated by the introduction of the 'Near Me' service in 2020. BDA Scotland will need to work with all the NHS Health Boards, Scottish Government, ContactSCOTLAND-BSL and the Deaf BSL community on this so all parties can distinguish the differences between these services and use each service appropriately.

BDA Scotland would recommend that:

- NHS Health Boards who have their own social media platforms should share relevant BSL videos and any signposting information widely, including on the BSL (Scotland) Act 2015 website and social media platforms.
- When Boards establish new websites they should place a BSL emblem on their home page, re-directing people to a webpage that contains all their BSL resources. Once created, the emblem should be promoted widely so Deaf BSL users recognise it, and know what it means.
- If Boards produce their own materials in BSL, these should be presented by a Deaf BSL user who would be able present health information in a culturally appropriate manner. BSL Deaf users are more likely to engage with such material.
- NHS Health Boards should engage with Deaf BSL users to ascertain which topics they would most like information provided for in BSL.
- Any BSL videos relating to mental wellbeing could be created and shared with Deaf BSL users, including any tips about how to ensure emotional wellbeing, self-care, how to manage anxiety, etc. The videos could be promoted via social media platforms, including the BSL (Scotland) Act 2015 Facebook group.
- To tackle the communication isolation that Deaf BSL-using patients experience within NHS wards, all Health Boards should consider contracting with a VRI service provider, if they have not done so already. The VRI service would enable the ward staff to communicate with Deaf patients when they go to check on them.
- NHS Health Boards should recruit Deaf BSL users to their working groups and empower them to create a video suggesting how to reduce isolation. This could be shared with vulnerable Deaf BSL users via Deaf BSL community connections.
- When NHS Health Boards create specific BSL videos relating to the ContactSCOTLAND-BSL VRS service or VRI services, they could share the videos via the BSL (Scotland) Act 2015 social media platforms and website so Deaf BSL users across Scotland could access the information.
- Health Boards should continue to try and engage directly with Deaf BSL users. The BSL (Scotland) Act 2015 website contains useful links, including contact details for all the Deaf clubs and centres, to facilitate this.
- The National Advisory Group could invite the Access and Inclusion Officer to one of their meetings to discuss how BDA Scotland could support the National Advisory Group in relation to BSL (Scotland) Act 2015.
- Where community engagement plans have been put on hold due to COVID-19, we would recommend that the NHS Health Boards set up virtual meetings with Deaf BSL users using video call apps such as Zoom, Microsoft Teams or Skype. This would ensure that the NHS Health Boards could continue to engage with Deaf BSL users, rather than waiting until Deaf clubs and centres reopen.

7. Key Points

All 10 NHS Health Boards and NHS 24 have done much work on the action points of their local BSL plans over the course of the three years since the plans' publication. The work has helped to ensure that the BSL (Scotland) Act 2015 is making a difference to Deaf BSL users when accessing their local health services. However, it is clear that more work remains to be done by NHS Health Boards before Deaf BSL users enjoy the full benefit of the Act in relation to access to local and national health provision.

BDA Scotland recommends that the following actions and outcomes are taken into consideration over the next three years:

	Actions	Outcomes for Deaf BSL Users	Outcomes for NHS Health Boards
1.	Empowerment training provided by BDA for both BSL users and NHS Health Boards	Deaf BSL users become confident in promoting the BSL (Scotland) Act 2015 and have their voice heard	NHS Health Boards become aware of how to engage with Deaf BSL users and establish a direct working relationship with their local Deaf BSL community.
2.	BSL Awareness training and BSL Level 1-3 learning for NHS frontline staff	Deaf BSL users in Scotland are trained and employed as presenters in health information videos and to teach BSL Awareness and BSL Levels 1 – 3 to frontline staff.*	After acquiring both BSL Awareness and BSL qualifications, frontline staff will be able to confidently engage with Deaf BSL users directly and ensure that BSL access is provided in NHS facilities.
3.	BSL Roadshow (BDA Scotland leading the roadshow events)	Deaf BSL users to have the opportunity to have their views about their BSL local plans heard and confident to participate in their local working group.	NHS Health Boards and NHS 24 are provided with information and feedback on their BSL local plan. NHS Health Boards and NHS 24 could use the information and feedback to implement changes to meet Deaf BSL users' needs.
4.	Training on how to use Video Relay Services (VRS) and Video Remote Interpreting (VRI) services, including ContactSCOTLAND-BSL	Deaf BSL users understand the difference between the VRS and VRI services and know how to use these services appropriately, including ContactSCOTLAND-BSL.	NHS Health Boards' staff and Board members understand what the services are, including ContactSCOTLAND-BSL and how to support Deaf BSL users to access these services within NHS facilities.
5.	Ongoing funding for delivery of actions outlined in BSL local Plans and for BSL translation work	See no. 2 regarding Deaf presenters. Deaf BSL users would have greater access to health information in BSL.	NHS Health Boards engage directly with Deaf BSL users through both face-to-face and virtual interactions as well as ensuring that health information is translated into BSL.
6.	Engagement (BDA Scotland supporting the engagement events)	Deaf BSL users empowered to influence the strategic decision-making that affects Deaf BSL users' access to local NHS services and to provide information and feedback on their access to their local NHS Health Board through direct engagement using the working group.	NHS Health Boards reach out to their local BSL communities through face-to-face and virtual engagements as well as having BSL access to their websites and social media platforms.

* BSL Teachers will need to have achieved a standard equivalent to BSL Level 3, or above, in order to teach BSL Levels 1 onwards.

8. BSL COVID-19 Weblinks

The following is a list of NHS Board information about COVID-19 in BSL:

NHS Inform (NHS 24)

<https://www.nhsinform.scot/translations/languages/british-sign-language-bsl/illnesses-and-conditions/coronavirus-covid-19>

NHS Dumfries and Galloway

<https://www.nhsdg.co.uk/covid-19/>

<https://supportdg.dumgal.gov.uk/article/20829/Accessible-information>

NHS Eileanan Siar/Western Isles

https://www.coronavirus.wi.nhs.scot/?page_id=61

NHS Fife

<https://coronavirus.nhsfife.org/accessible-informationtranslation/>

NHS Forth Valley

<https://nhsforthvalley.com/health-services/az-of-services/disability-service/>

NHS Greater Glasgow and Clyde

<https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-the-public-patients/bsl-info/>

NHS Lanarkshire

<https://www.nhs Lanarkshire.scot.nhs.uk/novel-corona-virus-covid-19/other-formats/>

NHS Lothian

<https://services.nhslothian.scot/mhdeafservice/Pages/default.aspx>

NHS Shetland

<https://www.shb.scot.nhs.uk/>

<https://www.healthyshetland.com/helpful-links>

NHS Tayside

<https://www.nhstayside.scot.nhs.uk/Search/index.htm?searchterm=BSL&btn-search=search>

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

Vision

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

Mission

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

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

Values

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

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

About BDA

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

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

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

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





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

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