Report on NHS BSL/English interpreting provision within health settings in Scotland

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Executive Summary

The Scottish Government Health and Social Care Directorate (SGHSC) commissioned the British Deaf Association (BDA) to research models of British Sign Langauge (BSL) / English Interpretation within health settings for Deaf communities in Scotland. The aim being to improve the level of BSL / English Interpreting provision across NHS Boards for all Deaf BSL users.

In addition to anecdotal evidence, there were significant external factors such as:

- Ofcom's review of relay services
- The Scottish Government's own literature review of this area of interpreting
- The probable creation of a Communications Bill leading to a full Act

A steering group comprising of Peter Kelly from the SGHSC Directorate, Parveen Khan from NHS Health Scotland and Avril Hepner from the BDA, managed a series of face to face consultations with 9 NHS Boards and Deaf BSL users.

The research findings from NHS Boards elicited the following:

- Sourcing of interpreters varied from one NHS Board to another with no consistency
- There was a similar lack of consistency in the tendering process
- There was confusion on the registration process for BSL/English interpreters, with some NHS Board unclear as to the status of the interpreters they used
- Not all NHS Boards required the interpreters to translate the Patient Consent forms
- There were no confidentiality concerns by all the NHS Boards
- 7 of the 9 NHS Boards actively consult with Deaf BSL users
- 3 NHS Boards have systems to monitor quality of BSL/English interpreting provision
- Suppliers are responsible for ensuring that interpreters are able to work in mental health settings
- 6 NHS Boards expressed satisfaction with their experience of working with BSL/English interpreters
- There was no uniform provision of interpreters for medical setting such as opticians, dentists and pharmacies
- All 9 NHS Boards were willing to consider online provision of interpreting.

The evidence from Deaf people indicate that:

- There was a lack of satisfaction with the management of communications within the GP surgeries, the process of booking interpreters
- Rural areas were particularly affected by a shortage of a interpreting provision
- Deaf people wanted to continue the NHS Board consultations
- There was unanimous agreement that all interpreters should be qualified and registered

- There was concern about confidentiality as the Deaf community is small and close-knit
- Deaf people would like to be able to choose their own interpreter
- It was felt important to have same sex interpreters for some situations
- Deaf people generally want to chat with the interpreter before appointments – described as a soft and informal approach
- Online interpreting is only applicable in some situations, Deaf people were clear about where it should not be used
- Issues around online interpreting covered the following:
    - Reliability
    - Quality of screen resolution
    - Confidentiality
    - Costs
    - Provision in rural settings
    - Regional Variation in BSL
    - Computing skills
- The over-whelming preference was for face-to-face interpreting
- Information about complaints needs to be made accessible for Deaf BSL users

The recommendations are:

- Procedures for sourcing, engaging and tendering should be re-visited with the involvement of Deaf BSL users
- The use of qualified interpreters should be prioritised
- There should be a policy to ensure Patient Consent forms are translated for Deaf BSL users
- Deaf people should be able decline particular interpreters on grounds of confidentiality
- NHS Boards should continue to engage with Deaf BSL users
- Systems for monitoring quality need to expand the access options
- There should be more formalised criteria for selecting BSL/English interpreters in mental health settings
- Interpretation should be made available for all medical settings
- Good practice guidelines should be developed for online interpreting with a pilot scheme in rural areas to explore the viability
- New procedures to enable Deaf BSL users to complain should be established
- Deaf/BSL awareness training should be provided for frontline staff
- A clearer system for interpreter booking that informs patients who has been booked should be developed
- There should be Deaf BSL user control over which agency is used
- There should be a means of managing poor timekeeping by interpreters.

1. Introduction & Background

The purpose of this consultation was to research models of BSL / English interpreting provision, within health settings for Deaf communities in Scotland, to then make recommendations for the Scottish NHS Boards. There is much anecdotal evidence that suggests obtaining live interpretation for Deaf people is problematic. With an improved understanding of the current situation, the aim of this consultation was to achieve improved BSL/English interpreting provision across NHS Boards for all Deaf British Sign Language users.

The Scottish Government Health and Social Care Directorate (SGHSC) commissioned the British Deaf Association (BDA) to carry out this consultation because it is an independent Deaf people's organisation working with mainly British Sign Language users. The BDA does not provide any BSL/English interpreting provision and is able to maintain an impartial stance.

The consultation has been led by a steering group of representatives from the SGHSC Directorate (Peter Kelly); NHS Health Scotland (Parveen Khan) and the BDA (Avril Hepner).

The timing was felt to be opportune because of the research and lobbying by VRS Today!, regarding access to telecommunications for Deaf people. An Early Day Motion (1438) was tabled in the House of Commons to raise awareness of this issue in February 2011. Video Relay Services (VRS) is technology which enables Deaf people to communicate with non-Deaf (hearing) people using a remote BSL/English interpreter. Some of the developments surrounding VRS have relevance for this consultation. Developments to consider are:

- A Review of Relay Services for Deaf people published by Ofcom in July 2011, proposed the introduction of a video relay service to enable Deaf people to make video phone calls in BSL with the aid of an interpreter.
- A literature review 'Researching models of remote British Sign Language interpreting in the UK and beyond' funded by the Scottish Government and commissioned by the NHS was published in August 2011. The aim of the literature review was to examine and synthesise research on approaches to remote interpreting for sign language users, and to make recommendations on the most appropriate approach for NHS Boards in Scotland.
- Work is likely to begin in November 2011 on a communications bill, with draft legislation to be presented to Parliament in 2012. It is expected to become an Act by 2015. This will set the parameters of how VRS will be developed and used.

The content and outcome measures (see objectives, section 2.0) for the consultation have been determined through preliminary meetings with the SGHSC directorate and NHS Scotland, also with input from the Translation, Interpreting and Communications Strategy Joint Action Group (TICSJAG) in October 2011.

Throughout 2011 - 2012, face to face consultation has taken place with Deaf British Sign Language users across Scotland on current BSL/English interpreting provision to assess their interpreting needs within health settings. In addition, open meetings with individual officials within NHS Boards with remits for interpreting provision were set up across nine NHS Boards including:

- Ayrshire and Arran
- Dumfries and Galloway
- Fife
- Forth Valley
- Grampian
- Highland
- Lanarkshire
- Tayside
- Western Isles

The research findings and recommendations from the consultations are all detailed in this report.

2. Objectives

The overall objective was to assess the current situation and whether or not online BSL/English interpreting would be of benefit to Deaf people in various health settings. To achieve a full assessment, it was necessary to identify current provision and consult with BSL users about specific interpreting requirements. In addition, staff within NHS Boards who have specific responsibility for interpreting provision were also consulted.

In summary, the original aims of this report, as agreed with both the SGHSC Directorate and NHS Scotland at a briefing meeting in April 2011, are:

- To set up open meetings with Deaf BSL users across nine NHS Boards
- To investigate the current BSL/English interpreting services provision within the NHS for Deaf BSL users
- To consult with Deaf BSL users on whether online BSL/English interpreting would benefit Deaf people in various health settings, for example, when seeing a GP or doctor at hospital; ordering a repeat prescription; booking a medical appointment; going to the dentist/optician/for an operation; getting a test result; mental health and counselling support
- To consult with Deaf BSL users on specific interpreting needs within health settings
- To identify current provision of various interpreting services
- To discuss how current BSL/English interpreting provision could be improved
- To find out whether there is a demand for new technologies (video relay services and video remote interpreting) within health settings
- To consult with Deaf BSL users on how recommendations could be addressed in order to resolve any issues around interpreting services and to plan future action.

3. Methodology

The methodology employed was twofold; quantitative and qualitative through the use of a survey of Deaf BSL users (Appendix 1) and staff in NHS boards (Appendix 2), and face to face individual and group meetings with Deaf people (Appendix 3). Key organisations such as; the 9 NHS boards (Appendix 4); the Scottish Association of Sign Language Interpreters (SASLI) and the Scottish Council on Deafness (SCoD) were also consulted.

The steering group also made the best use of current resources by working in collaboration with colleagues within local organisations (Deaf Action, Deaf Links, North East Sensory Services, and Sight Action); and Deaf clubs and forums across the nine NHS Boards in Scotland. In addition to this, both the BDA and the SCoD forwarded flyers to Deaf BSL users via their databases to ensure that as many Deaf BSL users as possible were informed of the meetings. Using these distribution methods, it also ensured that there was no discrimination in selection, and that the opportunity to input into the consultation was as open as possible.

Deaf BSL users were offered the opportunity to be interviewed individually, should they prefer, either through face to face interviews or via web-based technology, such as ooVoo or Skype. This enabled them to share their experiences even if they were unable to attend an open meeting or if they wished to remain anonymous due to the sensitive nature of their experiences.

Local Deaf community networks, and the BDA's social networking sites were also used to promote engagement of Deaf BSL users.

4. Research Findings

This section starts with the research findings from consultation with the 9 NHS Boards, and the second section discusses the research findings from consultations with Deaf BSL users.

4.1 Research Findings from Consultations with NHS Boards

4.1.1 Procedure for sourcing, engaging and appointing BSL/English interpreters

Sourcing:

- 2 NHS Boards have formal contracts with an agency to supply BSL/English interpretation
- 2 NHS Boards have Service Level Agreements.
  - o 1 with three individual interpreters (supplemented with bookings from agencies as required)
  - o 1 with a single, multi-language interpreting agency, giving access to five interpreters, with four of them being local
- 1 NHS Board has access to a local authority's interpretation service, which books interpreters by the day, and as a result can confirm bookings and the name of the interpreter who will attend straight away. This Board also holds details of 14 BSL/English interpreters on an 'out of hours' list, which enables staff to deliver a 24-hour emergency service for Deaf BSL users
- 1 NHS Board relies upon a local authority employee who has a dual role as social worker and BSL/English interpreter
- 1 NHS Board contacts a variety of organisations and agencies to provide its BSL/English interpretation needs and also holds a list of individual interpreters. It reports that sometimes it is necessary to book individual interpreters from further afield to meet need.
- 1 NHS Board reported that it has no specific procedure for sourcing BSL/English interpreters, but appointed them through word of mouth and has, over a ten year period, created a list of agencies. BSL/English interpreters must be recommended before getting on the list of interpreting agencies (although it is unclear who can recommend an agency and the criteria for approval). The current arrangements for spoken and sign languages are under review
- 1 NHS Board engages a specific agency as required, but does not have a formal contract or specific procedures for doing so. The very remote location of the interpreting assignments required, and distances that interpreters must travel to provide face-to-face interpretation, mean that interpretation is costly.

Tendering:

- 3 NHS Boards reported that they had carried out a tendering process to award BSL/English interpreting contracts.
  - o 2 out of the 3 NHS Boards reported that this had occurred
  - o Both engaged their local Deaf Club in the process and each had one Deaf BSL user on their selection panel, one of whom was the Chairperson of the local Deaf Club.

- 1 NHS Board reported that its tender process is under review and is considering annual awarding of contracts rather than every three years. A concern as to whether this would allow consistency of BSL/English interpreter provision was expressed, although it was thought that effective monitoring would help with reviewing the quality and standard of interpreting provision.

Appointing:

- None of the NHS Boards employ BSL/English interpreters directly and there were no reports of future plans to do so. Currently NHS Boards buy in BSL/English interpreters from a number of sources, including private sector companies, voluntary sector organisations, local authority interpreting services and freelance individuals.

4.1.2 Registration with professional bodies & Qualifications held by BSL/English interpreters working in health settings

Qualifications:

A BSL/English interpreter practicing in Scotland can be described as professionally qualified to the National Occupational Standard (NOS) if s/he holds at least one of the following:

- NVQ Level 4/6 in BSL/English Interpreting
- Postgraduate Diploma in BSL/English Interpreting
- MA in BSL/English Interpreting

It was clear that there was uncertainty amongst NHS staff as to the minimum qualification required to achieve NOS for BSL/English interpreters and confusion as to whether registration with a professional body such as the Scottish Association of Sign Language Interpreters (SASLI) also meant that the individual is qualified to this level.

- 4 NHS Boards indicated that the BSL/English interpreters they engaged were qualified to NOS
  - o 1 NHS Board stated that it will not book interpreters that are not qualified and assumes responsibility for checking that this is the case.
- 3 NHS Boards did not know
- 1 NHS Board reported that some of the interpreters used were qualified
- 1 NHS Board did not respond

Registration:

BSL/English Interpreters in Scotland can register with two professional bodies. Each has its own registration process and membership eligibility criteria. The bodies are:

- The Scottish Association of Sign Language Interpreters (SASLI)
- The National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD).

- 1 NHS Board was unsure about the registration status of the interpreters they engage
- 8 NHS Boards use interpreters registered with a professional body
  - o Most interpreters appear to be members of SASLI
  - o 2 had membership with NRCPD

4.1.3 Patient consent

- 3 NHS Boards have specific expectations that BSL/English interpreters translate patient consent forms prior to the patient signing them
  - o 2 of which state that the interpreter must counter sign the form to confirm that this has happened
  - o 1 then asks a nurse to sign the consent form witnessing that it has been translated, which it believes will help it to meet its legal obligations
- The remaining NHS Boards assumed that BSL/English interpreter suppliers would ensure that consent forms were translated into BSL, but were unsure if the BSL/English interpreter was asked to counter sign these forms to confirm that they had been translated and understood by the Deaf BSL user. 1 confirmed that BSL/English interpreters do not counter sign the patient consent form.

4.1.4 Patient confidentiality

- No confidentiality concerns were raised by those NHS Boards interviewed.
- Patient confidentiality was said to be maintained in the same way as with any other patient, through the secure storage of paperwork and by ensuring that patient names were not recorded on paperwork relating to BSL interpreter provision unnecessarily.
- 2 NHS Boards stated that client confidentiality and the safe storage of records is a condition of service level agreements and contracts.

4.1.5 Involvement of Deaf BSL users in evaluating services

7 of the 9 NHS Boards interviewed actively consult with Deaf BSL users, either directly or through other means, such as:

- Working/Engagement Groups
- Deaf Forums
- Disability Consultation Events
- Patients' Surgeries
- Diversity Events

The research found that the most useful approaches have been through Deaf Forums and Patients' Surgeries.

- 1 NHS Board has regularly engaged with two local Deaf Forums since 2009, each associated with a local authority area within its catchment, which has proved an effective

way of obtaining Deaf Community feedback on concerns about NHS services and provides a means of empowering its members by offering them an opportunity to be actively involved in NHS decision making

- 1 NHS board has an 'open door' policy and encourages Deaf community members to drop in to discuss service issues with staff members, which is thought to provide good access and allows minor issues to be resolved quickly.

- Open meetings have also taken place, with 1 NHS Board commenting that it holds such events in order to share information about specific health issues such as Swine Flu with Deaf BSL users.

- 1 NHS Board uses The Patient Focus Public Involvement (PFPI) guidelines to guide regular consultation events with members of the Deaf

Of the NHS Boards that do not consult with Deaf users directly, 1 asks its BSL/English interpreter supplier to do so on its behalf, an another Board stated that it has plans to hold open meetings with members of the Deaf Community in the near future.

4.1.6 Monitoring quality

3 NHS Boards reported that they have systems in place to monitor the quality of BSL/English interpreting provision themselves. It was found that they have:

- Quarterly monitoring as part of its own quality assurance system using feedback from its supplier. It complements this with regular meetings involving its Equality and Diversity Team, a local Deaf Forum and the supplier of its interpretation service.

- A designated member of staff who monitors quality using a pro-forma NHS form and 'comments cards' that are available in hospitals.

- The use of a plain English format form, informal one-to-one discussions with Deaf BSL users and holds regular consultation events with the Deaf Community.

Most the NHS Boards relied on feedback provided by BSL/English Interpreting suppliers. Monitoring is gathered in different ways:

- Annual feedback

- Monthly statistics on usage and information showing which appointments were cancelled and why

- Service questionnaires completed by NHS staff members

- Patient consent forms

- 'Deaf-friendly' client questionnaires (one supplier asks its interpreters to give Deaf BSL users a client questionnaire after seeing a GP or doctor at hospital, which the clients then fill in themselves. However, the response from Deaf BSL users was low and the forms were often reported to have been filled out by BSL users' carers).

Analysis of the feedback from the questionnaires completed by Deaf clients is often unknown. 1 NHS Board uses it to inform an annual audit of the service. Another NHS Board received evaluation data but had concerns that the monitoring carried out by the service supplier may lack objectivity.

4.1.7 Interpretation in mental health settings

Currently, suppliers have responsibility for deciding upon the suitability of a given interpreter, and individual interpreters make it known that they are available for work in mental health settings.

- None of NHS Boards reported separate arrangements for BSL/English interpreting assignments within mental health settings, although one commented that for continuity it accesses a team of qualified BSL/English interpreters who are deployed in mental health settings

   "We ensure that the same interpreter is booked for continuity, and also take into consideration the appropriate interpreter for each appointment (i.e. an interpreter with experience in this field), and the Deaf patients' level of understanding."

- Responsibility for allocating interpreters with the specialist knowledge and skills to deliver an adequate service in this area rests in the main with the suppliers
- 1 NHS board stated that all BSL interpreters can provide services in any health appointments, including mental health appointments and another said that it was aware of a list of BSL/English interpreters who undertake specialist jobs within mental health settings but did not know who is on the list
- Only 1 NHS Board mentioned using a native BSL user, known as a 'Deaf Interpreter', in a mental health setting to facilitate communication in linguistically challenging circumstances, commenting that a Deaf interpreter had recently qualified but that they had not had an opportunity to book this person yet
- It was also noted that some BSL/English interpreters listed on the SASLI website advise that they are available to work in a mental health setting.

4.1.8 NHS experience of working with BSL/English interpreters

- 6 NHS Boards reported that they have had a satisfactory, good or excellent experience of working with BSL/English interpreters
- 1 NHS Board commented that regular dialogue takes place with interpreters and that they seem always ready to resolve issues quickly if needed. Another said that, while there was minimal contact with BSL/English interpreters, there had been no issues raised.
- Staff in one area commented that the more they work with interpreters the more natural it feels.

   *"Our involvement with *** has been incredible. They are pro-active, and are totally supportive of the Deaf community in ***. They go out of their way to arrange to be at appointments for the convenience of NHS ***."*

- There were concerns from 1 NHS Board about the maintenance of professional boundaries due to some interpreters accompanying Deaf BSL users to the chemist after their appointments as this was not viewed as part of their duties.

- Another NHS Board commented that sometimes medical appointments have been changed because BSL/English interpreters have been unable or unwilling to undertake specific medical assignments and have too many breaks during assignments – presumably longer ones, for example, procedures, births and so on.

- 1 NHS Board reported that some agencies and freelancers have been pushy about having their names added to the list of authorised providers. This Board also felt that the BSL/English interpreting profession should be more neutral and less political, leaving Deaf BSL users to exercise the right to choose who they would like to work with in health settings. Worryingly, the words 'bullying' and 'harassment' were raised during the interview process. In contrast, 2 NHS Boards commented that the interpreters they have used have approached their work with professionalism.

4.1.9 Existing Provision of BSL/English interpreters

A shortage of BSL/English interpreters affects all NHS Boards, but is a particular issue for those in rural areas. However, interpreters are generally booked for all health related appointments by NHS Boards, with exceptions in some areas.

- 1 NHS Board confirmed that it does not provide interpreter support at pharmacies
- 1 NHS Board doesn't cover dental appointments
- 1 NHS Board doesn't cover optician appointments
- 1 NHS Board will provide an interpreter at an optician appointment, but only if they offer free NHS eye examinations
- 1 NHS Board disclosed that there were occasions when BSL/English interpreters were not booked and are currently monitoring this with GPs with a view to developing more robust referral systems to ensure that the Deaf community's needs are being met.
- 1 NHS Board has a referral system in place for new Deaf patients, commenting that its system allows a note to be attached to the patient's appointment letter, informing them that an interpreter has been booked and includes the interpreter's name.
- 2 NHS Boards stated that they believe Deaf BSL users have the right choose who they wish to interpret for them at medical appointments. It is noted however that this question was not posed to all nine NHS Boards and so the overall position with regard to patient choice is unknown.

4.1.10 Potential use of online provision

There is an appetite for developing online BSL/English interpreting service amongst NHS Boards, with all 9 confirming that they are willing to explore its potential, with 2 NHS Boards (one located in a rural area) already planning to pilot a scheme and a further 2 expressing an interest in participating in future pilot schemes.

"It is important we are always horizon scanning to ensure that we do not miss opportunities to provide the best service."

There are currently two online BSL/English interpreting pilot projects underway, one within NHS 24 and the other 'Sign on Screen' (SOS) is being promoted by a voluntary organisation.

- 1 NHS Board was willing to develop online interpreting if it would help to reduce costs, but only after consultation with Deaf BSL users.

- Another said that it was open minded with regards to online provision and was willing to participate in a pilot programme, but felt that it was not the right time to explore new technologies because face-to-face interpreting suited the Deaf Community and seemed to be working well.

- Another NHS Board was more resolute, stating that it would be foolish not to explore the potential of new technologies within health settings.

NHS Boards commented that online provision would be useful in rural locations, A&E (until a face to face interpreter arrives), pharmacies, and for short notice and short duration assignments. There was agreement amongst NHS Boards that online provision has limitations though, and should be viewed as an addition to existing provision rather than as a replacement for it. Also that choice should be retained to allow Deaf BSL users to opt out of using online interpreting if they prefer the face-to-face model.

Unsurprisingly, those NHS Boards situated in rural areas appear to be very eager to develop an online solution to the geographical and cost issues arising from delivering face-to-face interpretation. However it was noted that broadband coverage is a greater issue for these communities which will reduce the benefit and affect reliability.

- 1 rural NHS Board commented that there is huge potential in using online BSL/English interpreting provision, but acknowledged that face to face interpreting may be required in some cases, for example, for patient procedures/operations.

- 1 NHS Board said that it was vital to have face-to-face interpreting as the priority and another that it would like to encourage online interpreting for circumstances where a face-to-face interpreter is not an option.

4.1.11 Complaints Procedure

There appears to be no consistency or agreed method of handling complaints about BSL/English interpretation services.

- Not all NHS Boards commented on their complaints procedures, but of those who did, it was evident that written English continues to be the dominant method of raising complaints, which may pose a barrier for Deaf BSL service users and discourage some from raising issues.

    "If a Deaf BSL user wishes to make a formal complaint about one of the BSL/English interpreters on the *** list, NHS *** would encourage the service user to approach the BSL/English interpreter on the list directly or to put the complaint in writing."

- 2 NHS Boards offer an SMS texting service for those wishing to raise complaints and 1 offers face-to-face meetings with an interpreter provided, stating that 'in the past Deaf BSL users were asked to put their complaint in writing'.

4.2 Research Findings from Consultations with Deaf BSL Users

4.2.1 Deaf BSL users' experiences and views on current BSL/English interpreter provision in NHS settings

The main issues regarding current BSL/English interpreter provision in NHS settings were as follows:

- NHS Staff members, including those in frontline services such as A&E, tend not to be 'Deaf aware'
- NHS interpreter booking systems are inadequate and often fail Deaf BSL users who attend appointments to find an interpreter has not been booked
- Lack of Deaf BSL user control over which interpreter is assigned to their medical appointment
- BSL/English Interpreters are often late for assignments
- The language and interpreting skills of BSL/English interpreters working in medical settings is often inadequate
- Better training is required for BSL/English interpreters working in medical settings
- The provision of interpreters in rural areas is insufficient
- The small size of the Deaf community and limited number of interpreters available to Deaf BSL users gives rise to confidentiality issues.
- Participants at one consultation event stated that NHS front line staff members need Deaf/ BSL awareness training in order that they have a better understanding of the needs of Deaf BSL users.

Other barriers to access, experienced by Deaf BSL users included accounts of receptionists calling out Deaf patients names in waiting rooms and the use of secure entry doors that require the patient to talk through an intercom system to gain entry at Some GP surgeries and hospitals.

> *"They won't let me in without speaking, so I had to wait for someone to come out."*

An account of a Deaf BSL user being asked to leave a GP practice because s/he banged on the receptionist's table was provided too, who was later banned from the local GP surgery and had to transfer to a different practice.

Existing interpreter booking procedures were said to be of a poor standard.

- Participants commented that some NHS staff members do not know how to book BSL/ English interpreters or do not have access to a list of providers.
- Participants at two consultation events shared accounts of local BSL users who had spent lengthy periods as inpatients at local hospitals without an interpreter being provided, one for six weeks and the other for eight.

> *"It appears that the booking system within the NHS is of poor standard, as some NHS staff do not know how to book BSL/English interpreters, or have access to a list of BSL/English interpreters."*

"I waited for a BSL/English interpreter for an hour. S/he never turned up. The NHS forgot to book one for me, which meant I had to wait longer to attend another appointment. It's not fair."

"I have asked for a BSL/English interpreter but one was not provided so I had to carry on with the appointment on my own, which is not right because I did not have full access to information."

"At one time at an A&E, there was no interpreter so I had to write everything down. It took too much of my time and it made me more frustrated, especially when it was an emergency. I will have to prepare notes in advance in case I get admitted to an A&E with my medical condition(s)."

Deaf BSL users were concerned that the existing booking systems did not include procedures for informing them who has been booked to interpret for their medical appointments, or that when they have been told the name of the interpreter a different interpreter attends unexpectedly. Some participants also commented that they had insufficient control of who is booked for their appointment, suggesting that they should be able to check availability and book an interpreter directly via text. Deaf BSL users felt annoyed about not being able to contact the contracted interpreting service or NHS to book one of the interpreters on the list directly, or to check their availability because the centralised booking system does not permit this.

*"*** said they were not allowed to mention the name of interpreter booked on NHS letters for medical appointments."*

*"They will not let Deaf people contact *** directly to see if an interpreter is booked for their appointments."*

Although family members are not considered appropriate people to interpret, some Deaf BSL users felt they had no choice but use their families because some BSL/English interpreters were not considered good enough. Interpreters were said to need more training for work in a medical setting.

"I would like BSL/English interpreters to have a more in depth knowledge of medical signs. They need more health-related training."

*"*** normally book trainee interpreters who are not registered with either SASLI and/ or NRCDP."*

"On one occasion, the BSL/English interpreters did not understand my signing, and had poor receptive skills. I was annoyed because it was an important appointment. Why do some BSL/English interpreters accept appointments if they know that they are not good enough?"

"Sometimes I get stressed after appointments because I have not understood both the BSL/English interpreter and GP clearly, or do not know what my medication is for."

"Most freelancers use too much Sign Supported English (SSE)"

Provision of BSL/English interpreters was said to be insufficient, particularly in rural areas, with one group stating that they are not provided with interpreters very often due to cost, forcing them to write things down when communicating with doctors and nurses, which they find difficult. Some use family members in the absence of an interpreter. The group were frustrated at the lack of service improvement for their area and commented that the struggle to communicate sometimes meant that NHS staff were frustrated too, leading to Deaf BSL user criticism of some NHS staff members' attitudes.

> *"My daughter is aged nine, and she was asked by emergency services to supply them with details of the nature of the emergency. She came with me to hospital because no interpreter was provided."*
> *"I feel I have to change my medical appointments to suit interpreters, not myself."*
>
> *"Once, I had to change my appointment because the interpreter had to go to court. I feel interpreters prioritise police and court appointments over medical appointments because they get more money."*
>
> *"Sometimes hospitals change appointments with little notice because they are unable to book an interpreter, but my father refuses to attend appointments without an interpreter."*

Most participants at the 9 consultation events confirmed that they had experience of BSL/ English interpreters arriving late for assignments. Unsurprisingly, this has proved to be a major issue for Deaf BSL users attending medical appointments.

> *"I am fed up with interpreters being late and I've missed some appointments. But I do not know how to make a complaint or report this to the NHS. I need to know more information on how to report this."*

4.2.2 Deaf BSL users' preference with regard to how the NHS engages interpreting services

There was no clear trend in terms of BSL users' preference of how interpreters are engaged by the NHS, however several suggested that a mixture of BSL/English interpreters from agencies as well as freelancers be used.

> *"We would like to approve a list of BSL/English interpreters for us to choose from for NHS appointments."*

Although one group mentioned a local Deaf forum's desire to establish and in-house sign language interpreter service that operates a shift/rota system in response to perceived inconsistencies in provision in the area. Activists are motivated by a desire to establish provision whereby Deaf patients would not need to go through the NHS itself to book an interpreter or the organisation that currently holds the contract for interpreter provision in the area.

While most participants appeared to have no strong feelings on how interpreters were engaged, they were keen to stress that existing arrangements were unsatisfactory, and caused them to seek support from family members instead of BSL/English interpreters, often reluctantly.

"Sometimes we've had to use a family member, as our daughters or sons are near-native signers, unlike some of the BSL/English interpreters provided by ***, who struggle."

"We've had to use family members to cover private issues. We'd prefer to use registered and qualified BSL/English interpreters for more serious matters. Also it would enable us to make a formal complaint if they didn't do their jobs."

"I relied on my son, aged 14 to interpret for both of us when he was being treated in hospital. It was a bad experience."

"I was unhappy about using my mother to interpret for me for a hospital appointment, as she was upset because the results from the GP were bad."

4.2.3 NHS consultation with Deaf BSL users

- There was wide agreement amongst participants that efforts to consult with the Deaf community, and work jointly on the development of BSL/English interpreting services in health settings should be maintained.
- 1 group commented that if there was no regular consultation or working relationship between Deaf BSL users and the NHS, the quality of interpreting services in the area would drop.
- Most proposed that the natural partners to consult with the NHS are Deaf forums and Deaf Clubs, with 1 group suggesting that the British Deaf Association (BDA) and/or Scottish Council on Deafness (SCoD) could offer advice on resolving any issues around interpreting services, potential partnerships with organisations/service providers and joint campaigns to improve interpreting services.
- Commenting on the benefits of open meetings and consultation exercises, one group stressed the importance of booking interpreters for such events from outside the area, as participants may wish to raise a complaint or discuss issues around existing interpreting services, as well as plan future action.
- Consultation with Deaf BSL users in some NHS Board areas were challenging. It was felt that using existing database contacts through already established services like the NHS and Social Services Department would reach out to more Deaf BSL users.

4.2.4 Deaf BSL user involvement in the tendering process for BSL/English interpretation

There was unanimous agreement across all 9 consultation events that BSL users should be involved in any future tendering exercises. It was suggested that representatives could be used from Deaf forums or Deaf clubs who are familiar with working with BSL/English interpreters. There were some concerns expressed regarding the criteria for selecting the winning tender, suggesting that other factors should be considered beyond cost.

"I have heard negative stories of the NHS looking for the cheapest contracts. I don't want this to happen here."

Several participants attending consultation events were willing to share their expertise in local interpreting issues and work closely with the NHS in the development of tendering processes. 1 group agreed that it would like to see more Deaf BSL users involved in decision making about BSL/English interpreting provision in the NHS generally, either through Deaf clubs or by engaging with Deaf forums. In addition to this, they would like more involvement with the tendering process and to be represented on interview panels, should the NHS or interpreting agencies appoint BSL/English interpreters in the future.

4.2.5 BSL/English interpreter qualifications and registration with professional bodies

There was unanimous agreement at all consultation events that BSL/English interpreters working in medical settings should be both qualified and registered with a professional body. Although there was confusion between the two, with some participants saying that they thought they were the same thing.

> *"They should be qualified and have a good knowledge of medical jargon, like the names of tablets, and why they have been prescribed."*

Participants at 1 consultation event provided a more mixed response regarding the level of qualification BSL/English interpreters working in the NHS should have, stating that for 'light' appointments, with for example a GP, someone qualified with NVQ level 3 or 4 might be sufficient, but for more complex medical situations, insisted that all BSL/English interpreters must be qualified.

> *"I would accept Junior Trainee Interpreters (JTI) working alongside qualified interpreters at hospital appointments – JTIs should not work alone in the first one or two years in the community."*

Participants agreed that BSL/English interpreters should have specialist knowledge of medical jargon to work in the range of health settings, such as maternity, oncology and operating theatres.

> *"Sign language interpreters need to be trained in medical jargon, terms and treatment before they work in the health or mental health fields. It is important that interpreters undertake continuing professional development training to make sure they keep up to date on medical jargon."*

- Participants commented that qualified interpreters with good BSL skills are essential in health settings, because poor communication at appointments often prompts the Deaf BSL user to make a follow up appointment to double check if they have understood correctly.
- It was agreed by 1 group that it should be compulsory for all interpreters to display ID cards at medical appointments, in order that Deaf BSL users and NHS staff can easily check their credentials.
- In terms of registration with professional bodies, participants at 1 consultation event wanted to know if the Scottish Association of Sign Language Interpreters (SASLI) has in place a set criteria to determine which members are permitted to work in specific medical appointments.
- 1 group suggested that an update from the Scottish Association of Sign Language Interpreters (SASLI) was necessary to clarify its position with regard to interpreter qualifications and minimum registration status for those working in a medical setting.

4.2.6 Confidentiality

Deaf BSL users raised the issue of confidentiality issues arising from the small number of interpreters available, who they will use in areas outside health, which may mean that they feel that confidentiality is compromised as the interpreter will have been exposed to other information about the patient. This can lead to a blurring of boundaries, which needs to be addressed.

> *"It is confusing that this particular interpreter has so many different roles and we're uncomfortable that s/he knows so much information about us."*
> *"Trust is the most important of all. We are a close knit community so confidentiality is a huge issue."*

4.2.7 Deaf BSL user choice of BSL/English interpreter

The importance of patient choice in terms of interpreter used appeared to be unanimously agreed by those attending the consultation events.

> *"Being able to pick who I want to work with is important to me."*

> *"Choice of interpreters is important to me. Not being forced to work with someone I don't want."*

Many participants stated that they believed choice of interpreter to be their right.

> *"I pay my taxes and should have a right to choose the interpreter I want to use for my NHS appointments. I should not have to grin and bear it when I am not satisfied."*

> *"What would happen if I don't like a specific interpreter for some reason? Will I be denied my right to choose an interpreter?"*

> *"We should have the same rights as all hearing patients with regard to choices."*

- The majority at one consultation event felt that the NHS does not always provide good quality BSL/English interpreters, stating that they would prefer to choose their own.
- Participants would like to see a greater of choice of agency and freelance interpreters used on the approved list, and do not like being forced to use interpreters they are not comfortable with.

> *"I feel that I have been forced to use NHS contract interpreters, which would not be my choice"*

> *"I would prefer it if my GP or doctor made another appointment if my preferred interpreter was unavailable."*

A few participants also commented on their right not to have an interpreter if this is their choice.

"I told my hospital that I didn't want an interpreter because I had my daughter who is a BSL/English interpreter with me but they ignored my request and called an agency. I feel it is important to have choices. This has happened twice so the NHS wasted money by paying for both interpreters."

Choice of male or female BSL/English interpreters

The majority of participants stated that they would prefer to use an interpreter of the same sex, but acknowledged that this is sometimes not possible, or necessary depending on the nature of the medical appointment. Some participants were critical that they are not routinely asked what their preference is. The decrease of male BSL/English interpreters across Scotland was a concern to some.

"The other issue for our clients is when they ask particularly for a male interpreter. There has been a clear reluctance to meet this need because it is cheaper to use the two local female freelance interpreters."

1 group stated that, with the exception of certain appointments of a personal nature, the gender of their BSL/English interpreter was unimportant, as long as they were professional and provided a good service.

4.2.8 BSL/English interpreters' relationship with Deaf BSL users and the maintenance of professional boundaries

The majority at all consultation events were critical of interpreters who adopted a formal approach to service delivery, which was described by one participant as cold.

"Some BSL/English interpreters can be cold, which creates a bad feeling between us."

"One interpreter read a book before my GP appointment and I felt uncomfortable. She had an attitude problem. My confidence went rock bottom."

The majority valued the opportunity to talk with interpreters prior to medical appointments, whether the conversation was related to the appointment or not, with the intention of establishing a warmer relationship.

"I would prefer to relax with a BSL/English interpreter prior to my appointment – to discuss general topics not related to my appointment."

"It is up to us whether we want to tell BSL/English interpreters what our issues are before our appointments. I'd prefer a more soft and informal approach."

Not all were in agreement that interpreters should adopt a warmer, more informal approach. Some felt it was inappropriate for BSL/English interpreters to ask them what their problems were before their appointments. Others stated that the waiting time prior to an appointment is important because it allows them to prepare and judge the interpreter's receptive skills.

4.2.9 Online Interpreting

Gaining reliable information about Deaf BSL users' experiences and views about the use and potential benefits of online interpreting was problematic due to the fact that most people interviewed had little knowledge of it and had not been able to try it for themselves.

- Some participants thought that the introduction of online interpreting services could benefit them by speeding up access to GP's.
- 1 participant from a rural area commented that it could avoid delays of up to two weeks due to a lack of interpreter availability
- It was suggested that it might be a useful alternative source of interpreting when local interpreters are fully booked
- Possibly beneficial for home visits or last minute appointments. 1 participant commented that it could prove invaluable for short appointments.
- It was suggested that it would be good to see a 24 hour online service provided at a local hospital, and while there was disagreement regarding the appropriateness of online provision for emergency situations many were otherwise positive about its potential benefits in this situation.

"Perhaps we could have a direct payment system, like phone top-ups, to cover online interpreting provision, which would be cheaper than face to face."

"Perhaps we should be prepared to try this kind of provision rather than refusing it. It was the same when subtitles were first introduced on our screens."

"Perhaps we could have a mixture of online and face to face interpreters – not a full-time online interpreter."

"Online would be okay for simple things like making a quick call but should not fully replace face to face interpreting provision."

Examples of settings where participants thought online provision could be used were as follows:

- Ordering repeat prescriptions
- Booking health related appointments, but not actual appointments
- Short appointments
- Hospital appointments
- Emergency consultations, particularly those occurring out of hours, e.g. after midnight

In addition to the potential benefits suggested, a few individuals within 4 consultation groups had participated in a demonstration of online facilities provided by a voluntary organisation (NHS24) although they had not had an opportunity to use it 'live' since then.

Other individuals who had tried online provision in a 'live' situation did not have positive experiences, raising concerns about lengthy delays in connecting to the service and the technical problems they encountered, thought to be caused by poor Wi-Fi reception and low broadband speeds.

"I found online interpreting with a doctor useful at a health centre because there was no third party involvement – although the reception at the centre was poor."

"There were technical problems at my doctor's and with reception, so I was unable to have a full conversation with my doctor."

"Some online interpreters switch off the connection if I look away from the screen or fetch something. This would not happen with Typetalk. They would hold."

Participants across all consultation events were keen to prescribe settings where they believed online interpreting would be inappropriate:

- Operating theatres
- Areas that prohibit the use of mobile phones
- Opticians - due to the need to darken rooms for eye examinations
- Dentists - because interpreters need to be able to maintain eye contact with the patient which requires them to be able to reposition themselves appropriately during examinations
- Appointment where the patient's emotional wellbeing is discussed
- Appointments where bad news is to be given or likely to be given
- Regular appointments with GPs or other health professionals
- Appointments to receive test results, especially in circumstances where patients have been tested for serous medical conditions
- Counselling and mental health settings

"If I get upset or cry after appointments, will online interpreters still be online to provide some emotional support. I wouldn't like it if they switch off the connection soon after receiving upsetting news."

"It would be okay for booking taxis, ordering pizzas or getting in touch with my bank but not for health related appointments."

"It would appear cold online. I am also not sure about quality assurance systems – would the interpretation be good enough?"

"We are all humans not robots. Would we accept bad news via online interpreting provision, especially in a state of shock?"

"What happens if the situation involves a lot of movement, for example labour, or if there is too much technology in the operation room? Will online interpreting interfere with the technology?"

"What would happen if I collapse? A face to face interpreter can crouch down to me but will online provision allow such movements?"

In summary, the majority of Deaf BSL users who attended the 9 consultation events were uncertain about how online interpreting would work in practice, and these discussions dominated the events.

Despite this, the conclusion was that Deaf BSL users appeared willing to still try online interpreting, especially those in rural areas, given the benefits that potentially could be seen and were unknown without 'trying' it 'live'.

Trying an online interpreting pilot would need to consider the following concerns and limitations:

1. Reliability of technology

"I do not feel that technically online interpreting would be good because poor reception or signal or a frozen screen could cause the system to fail. I would prefer to use face to face interpreters"

"I would be nervous about using online provision because of technology."

2. Quality of screen resolution and barriers for visually impaired people

"Online is not real and not good for our eyes because the screens are 2D. The screen on a PC or a laptop is too small to watch."

"It may be hard to tell the difference between the signs for three or eight tablets, for example, as both signs are quite similar."

"What about access for partially sighted BSL users? Would online interpreting provision be accessible?"

3. Confidentiality

Confidentiality in the use of online interpreting was a major concern. Many expressed a distrust of it and others said they would need reassurance that their fears over confidentiality issues were addressed prior to its introduction.

"I prefer face to face. I cannot see who is actually behind the screen when using online BSL/English interpreting. How do I know there aren't others in the same room?"

"I have issues with online interpreting. I'm not sure about interpreters working from home."

"Most GPs have their own rooms but what about online interpreters? It may be hard to tell whether they are working at an office or at home. They should tell a client where they are working from."

"All online BSL/English interpreters must sign a confidentiality agreement."

"I still can hear the BSL/English interpreter online, so does that mean people can listen to other online conversations in the same room?"

"I know that phone calls may be recorded for security reasons. Will online conversations via BSL/English interpreters be recorded or not."

On the other hand, some Deaf people said that they thought it might be a good idea to record online conversations, in case they needed to make a complaint about an interpreter. There were questions too about whether there would be a real difference with regard to confidentiality between online interpreting and the face-to-face model.

4. Cost of online provision to Deaf BSL Users

- Participants queried whether funding would be available from the Scottish Government for online interpreting
- Would it be free to use for the Deaf community
- Whether their allocation of interpreting hours would be capped
- Concerns about paying on a monthly basis for online interpreters were raised and some felt they might not be able to afford it.

5. Online provision in rural settings

- Participants living in rural locations tended to be more pragmatic and positive about the introduction of online interpreting due to existing difficulties in arranging face to face interpretation for health appointments.
- The majority of participants at one consultation event for rurally located Deaf BSL users said that they would accept the option of online interpreting as a quicker solution to accessing interpretation and to avoid delaying treatment.
- It was agreed that broadband connections are often poor in rural areas and suggested that laptops with 3G connectively are supplied to them.
- Weather was also thought to be a factor, which could affect the clarity of on screen signers.

6. Regional Variation in BSL when interpreters are used from other geographical areas

- Participants at 2 of the consultation events raised concerns about where online interpreters would be based due to regional variations in BSL, which they believed could have a negative effect on communications where the interpreter was from a different geographical area.
- Some participants held the view that despite the service being online, they would still prefer to use the regular interpreters they have used in the past and are comfortable with.

7. Computing skills / Access to Broadband and Technology

- The range of computer skills amongst participants varied widely.
- The majority of participants at 5 consultation events had access to and used PCs/Laptops. Participants who use computers also tended to use video calling software, such as ooVoo and Skype, social networking sites and email.
- The lowest recorded usage of PCs/Laptop was 24% at one of the events; however, most Deaf BSL users reported that while they did not use PCs/Laptops, they did use other communication equipment such as minicoms, faxes and mobile phones for SMS texting.

8. Preference for online or face-to-face interpreting

- While there were some mixed reactions, the overwhelming majority of participants preferred face-to-face interpreting

*"Someone from NHS *** visited to talk about online interpreting provision. Why only online and not face to face?"*

*"*** provides a good service for interpreters. Why do we need online interpreting if we are currently happy with the service?"*

"Face to face interpreting feels more comfortable and real."

"I would rather face to face, as only 50% of the information will be translated through a webcam."

"I would be worried if my GP could not see me on a face to face basis. How would s/he diagnose or assess my health because s/he would look at the online interpreter not me."

"Online is unsuitable for serious medical appointments especially when it concerns mental health issues or anything emotional. It should be face to face."

- There was a willingness amongst participants (especially at 3 consultation events) to try online interpreting services, taking into account the limitations.
- 2 participants suggested a year-long trial of online services followed by an assessment of its benefits to Deaf BSL users before deciding on its long-term use.
- There was agreement that choice was important, and where online interpreting services were available, face-to-face interpreting should still be on offer to the Deaf BSL user.

"Choices between online and face to face should not be judged – it's an individual's choice, and depends on the situation."

"We cannot force Deaf BSL users or BSL/English interpreters to use online provision. Both of them should have choice."

"I would prefer choices – of online or face to face, as well as having preferences for particular BSL/English interpreters. I don't want to have to accept the cheapest option just so the NHS can save money,"

4.2.10 Complaints

Deaf BSL users at all 9 consultation events reported that they struggle to obtain information about the existing complaints procedures in place within NHS Boards, that they didn't know how to raise a complaint, and that their reliance upon written English is a barrier to access in doing this. Participants agreed that accessible information regarding NHS complaints procedures should be made available to Deaf BSL users.

> *"I would like to know more about the NHS complaints procedure because I have lots of complaints to bring up about interpreters in this area."*

> *"I did not know how to make a complaint because there were no procedures in place for me to make a complaint."*

> *"I approached a receptionist to make a complaint about an interpreter but s/he insisted on details, which I felt was inappropriate. The complaints process was not clear enough for me to make a formal complaint."*

> *"The NHS had one month's notice to book an interpreter for my operation – and never found one. They are very lazy. I asked if I could complain and they (NHS) were not Deaf aware and said their manager was too busy to deal with my complaint."*

Participants at one consultation event commented on inconsistencies in local interpreter provision in recent years, stating that several attempts to resolve disputes and complaints between the NHS, interpreting services and the local Deaf community have failed. It was felt that a neutral organisation, such as the Scottish Council on Deafness (SCoD) would be useful in representing Deaf BSL users of health services.

> *"I would prefer a neutral organisation, like SCoD, who does not provide interpreting services, to represent us."*

5 Conclusion & Recommendations

There have been many concerns raised both from NHS Boards and Deaf BSL users regarding BSL / English Interpreting provision in health care settings. The recommendations are based on the findings, and direct feedback.

The following recommendations are made with an aim of improving BSL/English service provision in Scotland:

5.1 Procedure for sourcing, engaging and tendering for BSL/English interpreters

- It is recommended that each NHS Board revisits its procurement procedures with a view to establishing more formal criteria for the selection of agencies/interpreters, perhaps with weighting for qualification held in response to the importance placed upon this by Deaf BSL users.

- Deaf community representatives should be involved in all stages of the BSL/English interpreting services tendering process, including selection panels.

- Tender criteria should be set out to favour bids from agencies that employ NOS qualified BSL/English interpreters in order to meet the expectations of Deaf BSL users.

- Deaf BSL users have indicated a desire to have access to a range of services and be able to exercise control over who is booked for their appointments, therefore, NHS Boards may wish to consider establishing approved lists rather than allocating single contracts wherever possible.

5.2 Qualifications and registration with professional bodies of BSL/English interpreters working in health settings

- Interpreters qualified to the National Occupational Standard (NOS) for BSL/English interpreters should be engaged in the first instance and under-qualified interpreters used only after sources of qualified interpreters have been approached.

- NHS Boards should actively promote improved service standards by making it known to the BSL/English interpreting profession that NOS qualified interpreters will be prioritised in order to encourage service improvements in the future.

- NHS staff members engaging interpreters in the future should not rely solely on the registration status of BSL/English interpreters with the Scottish Association of Sign Language Interpreters (SASLI) or The National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD) when gauging their suitability to work within health settings.

- Interpreter qualifications should be treated as vital when assessing providers.

5.3 Patient consent

- It is recommended that all NHS Boards introduce a policy of ensuring that consent forms are translated and signed by the patient and the interpreter to help ensure that the Deaf BSL user understands fully, the purpose of giving consent and to help the NHS to meet its legal obligations.

5.4 Patient confidentiality

- A system should be established within each NHS Board area to ensure that Deaf BSL users are able to opt out of using a particular interpreter in order that they can control who has access to health related information about them.

5.5 Involvement of Deaf users of BSL/English interpreting services

- NHS Boards should continue to engage with Deaf BSL users on a regular basis on planned service changes using the range of methods currently being employed
- Systems should be established to enable all NHS Boards to share feedback from Deaf BSL users in order to inform and develop a consistent policy for NHS boards with regard to delivering BSL/English interpreter provision.

5.6 Monitoring quality

- NHS Boards should consider making arrangements for Deaf BSL users to submit feedback in 'video letter' format to increase choice and access.
- NHS Boards relying on supplier feedback only, should consider the good practice of other boards who seek feedback directly from Deaf BSL users regarding their views and experiences.

5.7 Interpretation in mental health settings

- NHS Boards and Deaf BSL users would benefit from more formalised criteria for selecting BSL/English interpreters for work in mental health settings, based on qualification, experience and any specialist training completed. It is recommended that only NOS qualified interpreters are engaged to work in this setting.
- It is recommended that the NHS works in partnership with the profession (it is acknowledged that this would be under the perusal of the professional) to develop and specifically promote a specialist training programme, preferably mapped.
- NHS Boards could encourage the use of 'Deaf Interpreters' rather than BSL/English interpreters in relevant mental health settings.

5.8 Existing Provision of BSL/English interpreters

- NHS Boards should make arrangements for interpretation regardless of the setting. Pharmacies and opticians should be considered as medical settings as these are vital for continued health well-being.
- Wherever possible registered interpreters should be used. If this is not possible – particularly in rural areas – there should be a system of mentoring. This will enable people who are working as interpreters but are unregistered to be supported and monitored to enable professional boundaries to be maintained in order to safeguard the rights of Deaf people.
- It is recommended that Deaf people have a choice on the gender of the interpreter. In cases where this is not possible, VRS should be offered to enable that choice to be made.

5.9 Potential use of online provision

- It is recommended that good practice guidelines in the use of online interpreting are developed to ensure that the concerns of Deaf BSL users are taken into account when piloting online provision.
- The guidelines should specifically address issues of:
  o Confidentiality
  o Home working
  o Patient choice
  o Minimum specifications of equipment
  o Connection speed
  o Use of interpreters from other geographical areas
  o Instructions to staff on the appropriate settings in which a remote interpreter can be used.
- To ensure that the guidelines are workable, it is recommended that a pilot scheme using VRS provision be established in selected rural areas. The emphasis would need to be on the settings as suggested in the findings (Findings 4.2.9).
- There needs to be a financial arrangement so as not to disadvantage Deaf people.

5.10 Complaints Procedure

- NHS Boards should devise new procedures to enable Deaf BSL users to make complaints without the need to do so using written English.
- NHS Boards could consider contracting an independent external organisation to receive complaints from Deaf BSL users.

5.11 Deaf/BSL awareness amongst NHS frontline staff

- NHS Boards should provide Deaf/BSL awareness training for frontline staff members to support communication between them and Deaf patients.

5.12 Interpreter Booking Systems

- A BSL/English interpreter booking system that makes the communication needs of Deaf BSL users conspicuous to those making appointments is recommended, together with clear instructions to staff members on how to go about engaging an interpreter
- Patients should be informed that an interpreter has been booked and who this is
- Booking systems should enable Deaf BSL users to log their preference of interpreter/ agency and other requirements, such as a female or male interpreter only
- The system should also include measures for recording instances where an interpreter has not been provided at appointments in order that adequate monitoring can take place centrally and system improvements made as required.

5.13 Deaf BSL user control over interpreter allocation

- It would be advantageous for the NHS to adopt a policy of giving Deaf BSL users control over the interpreter/agency that is engaged from an approved list, which will be of benefit to the NHS in terms of quality control as only those interpreters deemed to meet a patient's needs are likely to be re-engaged.

5.14 Interpreter Timekeeping

- There should be support for Deaf people in how to submit complaints about poor timekeeping by interpreters.
- Commissioners should be able to contract interpreting agencies with clauses allowing for penalties for non-attendance or poor timekeeping.
- NHS Boards should have policies and procedures for the management of interpreting services.

Appendix 1: List of questions for Deaf BSL users

1. Do you have good computing skills and access to technology and broadband?

2. Do you think online BSL/English interpreting would benefit Deaf people? If so, in what ways? For example: Seeing a GP or doctor at hospital, ordering repeat prescriptions, booking a medical appointment, going to the dentist/optician/for an operation, getting test results, mental health, counselling etc.

3. How would you feel about using online BSL/English interpreting, with regard to confidentiality?

4. Do you think online BSL/English interpreting would be better than face to face interpreting, as it could be available more quickly?

5. What level should BSL/English interpreters working in the NHS be? i.e. Level 3 or 4? Should they be registered and/or qualified?

6. What do you think about the current interpreting services within the NHS and what do you want to see improved as a result of this consultation? If you are not happy, can you suggest any recommendations or solutions?

7. Who do you think is in the best position to deliver interpreting services; i.e. in-house interpreters, freelance interpreters, a contract with one agency or 'family members'? If family members were used, how would you feel about them being present, and how might they feel?

8. What are your priorities regarding BSL/English interpreters working with you; i.e. should they be qualified and/or registered? What about their behaviour and attitudes: e.g. reading a book and not joining in while in a waiting room? Do you think the service should be more formal and businesslike, where there is a neutral relationship between yourself and the BSL/English interpreter, or would you prefer a more informal approach where a warmer relationship is established?

9. Do you have issues about the use of male or female interpreters? Any preferences?

10. Have you had any positive and/or negative experiences with BSL/English interpreters?

11. The NHS may consider having an open tender for the provision of interpreting services from agencies. What is your view about the tender process?

12. Do you have any specific interpreting needs within health settings?

13. Do you have any recommendations which could address and resolve any issues around interpreting services, and plan future action?

Appendix 2: List of questions for NHS Boards

1. a. How do you source BSL/English interpreters - do you have a specific procedure?

    b. How do you appoint BSL/English interpreters? Are Deaf people involved in panels?

2. Are your BSL/English interpreters qualified to National Occupational Standards (NOS)? If so, via which route(s):

    • NVQ Level 4/6 in BSL/English Interpreting

    • Postgraduate Diploma in BSL/English Interpreting

    • MA in BSL/English Interpreting

3. Are your BSL/English interpreters registered? If so, with whom; i.e. SASLI and/or NRCPD?

4. How do you monitor the quality and standard of BSL/English interpreters?

5. Do you regularly consult with members of the Deaf community who use your services?

6. Do you employ a team of BSL/English interpreters (qualified Deaf/hearing interpreters) in mental health settings?

7. How do you check that a consent form has been translated, thus ensuring that the NHS is following relevant legal requirements? How do you treat the confidentiality of the patient?

8. What has your experience of working with BSL/English interpreters been like?

9. Currently, what is interpreting provision like for Deaf BSL users within health settings, for example, in doctor's surgeries; hospitals?

10. Is there demand for new technologies (video relay services and video remote interpreting) within health settings?

11. Do you think online BSL/English interpreting services are the future?

Appendix 3: List of stakeholders consulted – Deaf BSL users

1. Ayrshire Society for the Deaf, Kilmarnock & Prestwick (26)
2. Dumfries & Galloway Society for the Deaf, Dumfries (6)
3. Fife Centre for the Deaf, Kirkcaldy, Fife (34)
4. Forth Valley Sensory Centre, Falkirk (41)
5. North East Sensory Services (N.E.S.S), Aberdeen (29)
6. Inverness Deaf Centre, Inverness (8)
7. Lanarkshire Deaf Club, Motherwell (24)
8. Deaf Links, Tayside Deaf Hub, Dundee (15)
9. Western Isles Sensory Centre (6)

Appendix 4: List of stakeholders consulted – NHS Boards

1. NHS Ayrshire and Arran
   - Elaine Savory, Equality and Diversity Officer, Patient and Community Relations Team
2. NHS Dumfries and Galloway
   - Liesje Turner, Equality Lead
3. NHS Fife
   - Ann Hatton, Head of Clinical Governance, Dumfermline & West Fife Community Health Partnership
   - Angela Heyes, Equality & Diversity Lead
4. NHS Forth Valley
   - Charlene Condeco, Disability Service Manager, NHS Forth Valley Disability Service, Forth Valley Sensory Centre
   - Caroline Nesbit, Disability Equality Advisor, NHS Forth Valley Disability Service, Forth Valley Sensory Centre
5. NHS Grampian
   - Roda Bird, Equality & Diversity Assistant
   - Nigel Firth, Line Manager
6. NHS Highland
   - Moira Paton, Head of Community & Health Improvement Planning
   - Esther Dickson, Policy Development Manager
7. NHS Lanarkshire
   - Hina Sheikh, Equality and Diversity Manager
8. NHS Tayside
   - Pammy Chima, Interpretation & Translation Services Project Manager
   - Derek Tasker, Safety, Governance and Risk Facilitator and Co-ordinator.
9. NHS Western Isles
   - Calum Russell, Lead Chaplin & Strategic Diversity Lead
   - John Gill, Policy and Projects Manager, Western Isles Sensory Centre

The British Deaf Association - BDA

Vision

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

Current Activities

The BDA operates in Scotland, Northern Ireland, Wales and England delivering:

* Community Development work

* Community Advocacy support

* Youth, Children and Families programmes

* BSL services

* Policy and Campaigns work

* Membership support through Area Deaf Associations/Special Interest Groups

* Information provision using British Deaf News and its bi-lingual website

* Fundraising and PR

Contacting the British Deaf Association

British Deaf Association London Office
18 Leather Lane, London, EC1N 7SU.

Telephone: 0207 405 0090

Email: admin@bda.org.uk

Website: www.bda.org.uk

British Deaf Association England

Brockholes Brow, Preston, Lancashire PR2 5AL

SMS: 07814386488

Rycote Centre, Parker Street, Derby, DE1 3HF.

Telephone: 01772 259725 Fax: 01772 561610

British Deaf Association Northern Ireland

Northern Ireland Unit 5C Weavers Court Linfield Road, Belfast BT12 5GH

Textphone: 02890 437486 Telephone: 02890 437480 Fax: 02890 437487

British Deaf Association Wales

British Sign Language Cultural Centre, 47 Newport Road, Cardiff, CF24 0AD.

Textphone: 0845 1302853 Telephone: 0845 1302851 Fax: 0845 1302852

British Deaf Association Scotland

1st Floor, Central Chambers, Suite 58, 93 Hope Street, Glasgow, G2 6LD.

Telephone: 0141 248 5554 Fax: 0141 248 5565

Room 13, Volunteering Matters, The Gateway, 1a Millburn Road, Inverness IV2 3PX.

Fax number: 01463 717482

6 Glossary

BSL	British Sign Language
SGHSC	Scottish Government Health and Social Care Directorate
NHS	National Health Service
BDA	British Deaf Association
TICSJAG	Translation, Interpreting and Communications Strategy Joint Action Group
SASLI	Scottish Association of Sign Language Interpreters
SCoD	Scottish Council on Deafness
NOS	National Occupational Standard
NRCPD	The National Registers of Communication Professionals working with Deaf and Deafblind People

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