

**Consultation on the Draft British Sign Language (BSL) National Plan 2017-2023 – See Me Scotland response**



See Me is Scotland's national programme to end mental health stigma and discrimination. Our vision is to enable people who experience mental health problems to live fulfilled lives.

We are working to change negative behaviours towards mental health, by creating a movement for change, bringing people together all over Scotland who are all passionate about tackling stigma, to work as one. Currently we have nearly 10,000 people signed up, including supporters, volunteers and champions, who are leading the way in making real changes in communities across the country.

We want to change the culture around mental health so people feel confident enough to speak about how they are feeling and can ask for help if they need it, without the fear that they will be stigmatised and discriminated against. To do this we are targeting key settings where people face stigma and discrimination; in work, education, health and social care, and in their local communities.

Like people who experience mental health problems, people with sensory impairments often face structural stigma and discrimination, however unintentional. Additionally we know that deaf people are twice as likely to experience mental health issues<sup>1</sup> so are more likely to experience dual discrimination and have difficulty accessing many mainstream supports due to language barriers. Therefore we welcome the British Sign Language (BSL) National Plan, congratulate those involved on its development, and welcome the opportunity to contribute to its consultation.

It's important that the BSL National Plan is linked into other Scottish Government and NHS initiatives, such as the See Hear Strategic Framework<sup>2</sup>, The Scottish Government Mental Health Strategy 2017-2027<sup>3</sup>, a person-centred and human rights-based approach, and Realistic Medicine<sup>4</sup>, as well as other funded initiatives, particularly around stigma work, to ensure systemic inequalities are tackled and Deaf people who experience mental health problems can be understood and supported as part of a whole person approach.

As we realise that this is a long-term plan and not a short-term solution, we have offered constructive suggestions and calls for further action with that in mind. Generally, we would suggest that more needs to be done to tackle the specific barriers and challenges that people who use BSL are likely to encounter, in all

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<sup>1</sup> <https://www.signhealth.org.uk/about-deafness/mental-health/>

<sup>2</sup> <http://www.gov.scot/Publications/2014/04/7863>

<sup>3</sup> <http://www.gov.scot/Publications/2017/03/1750>

<sup>4</sup> <http://www.gov.scot/Publications/2016/01/3745>

aspects of their lives, particularly due to intersectional factors increasing these exponentially. Indeed, under the Equality Act 2010<sup>5</sup> reasonable adjustments should be made for BSL users who register as disabled across their lives. We feel that the BSL National Plan as it stands doesn't go far enough towards achieving the 5 central aims of See Hear.

### **Q1 – Q3: Services**

We suggest that the BSL National Plan builds upon pre-existing work when developing guidelines for public bodies, such as the National Standards for Community Engagement<sup>6</sup>, and other activity that has been carried out by organisations like the Scottish Accessible Information Forum, and in health specifically by NHS 24, NHS Inform and the NHS Special Boards.

With regards to exploring the ways in which BSL/English interpreters can develop more advanced skills to work in specific settings, we would hope that these settings would also include education, health (including and specifically mental health), social care, and civic justice as well as criminal.

The role of the third sector needs to be more prominent in terms of supporting delivery of information – not solely in regards to health and social care, but also civic life in its widest sense. Similarly, the third sector's role in supporting delivery and rollout of the BSL National Plan needs to be more prominent.

In order for the needs of BSL users to be met, Deaf professionals must be included in workforce planning strategies, whether that is in education, justice, health and social care, or elsewhere.

### **Q7 - 9: Education**

In addition to Action 14, the Plan should include a commitment to working with the teaching profession to remove stigmatising attitudes, so people are not viewed by their label, whether that is a mental health condition, a physical disability, a hearing impairment, or any combination of these, but as individuals considered for their suitability or competency as teachers.

According to figures from the Department for Education, reported in the Guardian, less than 1% of teachers have a disability<sup>7</sup> – however, this is likely to be underreporting due to not everyone with a disability disclosing this, often because of a fear of facing discrimination. With both physical and mental health issues, under

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<sup>5</sup> <http://www.legislation.gov.uk/ukpga/2010/15/contents/enacted>

<sup>6</sup> [http://www.voicescotland.org.uk/media/resources/NSfCE%20online\\_October.pdf](http://www.voicescotland.org.uk/media/resources/NSfCE%20online_October.pdf)

<sup>7</sup> <https://www.theguardian.com/education/2012/nov/12/disabled-not-encouraged-teacher-training-costs>

disclosure creates a challenge, as it means that staff who are legally entitled to reasonable adjustments are likely not in receipt of them.

Both the low number of teachers and the low disclosure are often due to the extra financial costs of employing a disabled teacher and providing support, so we would recommend additional investment in this area – e.g. a separate fund to support disabled people into the teaching profession, similar to the 1 in 5 campaign to support disabled people's involvement in politics<sup>8</sup>. This would ensure equality for Deaf teachers in line with the inclusion agenda, which should be applied to staff as well as pupils so that they positive roles models. There should be increased prominence of schemes such as Access to Work, and support staff such as Disability Employment Advisers and DWP staff should receive additional training in working with Deaf people, ideally from Deaf-led training organisations.

Action 17 discussed ensuring appropriate guidelines and resources are available to schools and local authorities. We would suggest that this guidance should include information on how being Deaf can impact on a person's mental health, to ensure that any difficulties young people have with their mental or emotional health are not ignored and just considered to be part of their Deafness.

Additionally, equipment provided for use in school settings by Deaf children should be made available beyond the classroom, to enable Deaf children to access extra-curricular activities or groups/clubs – reducing their risks of social isolation and poorer mental health.

## **Q10 - 12: Post-School Education**

Whilst we welcome awareness raising around statutory duties, we feel that the post-school education commitments don't go far enough, and that there should be commitments to raising awareness to prospective students about what support they can expect, and to increasing the level of (accessible in BSL) support currently available (or accessed).

Going further than the provision of information, and providing additional student support and student mental health support should be a key priority in post-school education due to the diverse set of challenges that Deaf students will face. This is particularly important when recent figures have shown that the number of people who have dropped out of university due to mental health issues has trebled<sup>9</sup>.

The Action Plan doesn't address lifelong learning and leisure courses, and we would hope to see these incorporated in the next iteration, as the Scottish Government is a proponent of these and they can support positive mental health and wellbeing.

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<sup>8</sup> <http://www.oneinfive.scot/>

<sup>9</sup> <https://www.hesa.ac.uk/data-and-analysis/publications/higher-education-2014-15>

## Q13 -15: Employment

We welcome the measures around employment, however would posit that “Fair and equal access to employment opportunities” hasn’t been defined within the action plan, which we would hope would be amended in the next iteration.

With regards to Access to Work, we would draw attention to the DeafATW<sup>10</sup> report on problems with Access to Work, from the perspective of Deaf people who use BSL, Deaf people who use English, deafblind people, and interpreters. In particular concerns were raised about:

- advisers applying inconsistent ‘rules’ and citing ‘rules’ in lieu of explaining decisions;
- poor complaints handling procedures including significant delays in responding and not using customer feedback for improvement,
- the cap on awards acting in contravention to the policy intent of removing the financial burden on employers of providing access for high cost disabilities, and
- the Lower Earnings Level acting as a barrier to employment in an increasingly mixed economy.

We suggest the Scottish Government works with the Department for Work and Pensions to, at the very least, review claims and complaints handling procedures, (including improved feedback gathering mechanisms so that Deaf people can complain and feedback in their first language), and ensuring that they get Access to Work to the appropriate level.

In order to increase uptake of Access to Work, amongst this community, there should be targeted promotion to Deaf people in BSL and there should be awareness-training for ‘Deaf organisations’ that provide first-line support or information services to the Deaf Community. Furthermore, it should be ensured that information is accessible for BSL users, by providing information about Access to Work in BSL and plain English.

We would also encourage the development of funds that employers can access for offering volunteering opportunities as a way into employment, which could be used to provide access to communication support, for example. This is required as volunteers are not entitled to Access to Work; this would remove barriers and provide much needed financial support to organisations in line with the Scottish Government’s intent to support and promote volunteering.

DeafATW’s response to the UK government consultation on the Green Paper, “Improving Lives: The Work, Health and Disability Green Paper”<sup>11</sup> also highlighted many barriers to employment for people with BSL needs, that apply in Scotland as well, including that funding cuts to charities and Local Authorities have diminished

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<sup>10</sup> [http://www.deafatw.com/uploads/1/6/0/4/16042532/feedback\\_from\\_deafatw.docx](http://www.deafatw.com/uploads/1/6/0/4/16042532/feedback_from_deafatw.docx)

<sup>11</sup> [http://www.deafatw.com/uploads/1/6/0/4/16042532/deafatw\\_green\\_paper\\_submission.pdf](http://www.deafatw.com/uploads/1/6/0/4/16042532/deafatw_green_paper_submission.pdf)

the informal support avenues that Deaf people could have used in the past to help them with the admin tasks necessary for finding and applying for work.

Thus, whilst we would expect the new employability service to go some way to addressing these issues, we would encourage it to go further to support those who participate to find and sustain work *appropriate to their skills and experience* and to enable Deaf people to be trained (or retrained) to increase their employability

Furthermore, we suggest that more training is provided for Job Centre staff so that they may better support Deaf people, through enhanced understanding of the additional barriers that they face. A survey of 437 Deaf people found that 72% have received no support in finding a job<sup>12</sup>.

In the workplace, 56% had experienced discrimination, 25% had quit a job due to this, and 19% have not told their employer they are deaf or have experienced hearing loss. These stats are similar to those for mental health. 48% of Scottish workers say people would be unlikely tell their employers about mental health problems for fear of losing their job. 45% think people in their organisation wouldn't speak about their mental health for fear of discrimination from their colleagues.<sup>13</sup>

We recommend that more work is done with employers and with workforces to tackle potentially stigmatising attitudes and behaviours towards those in workplaces regarding their competency to fulfil their roles. This should take a rights-based approach; we all have the right to be treated with dignity and respect, free from discrimination and we all have the right to enjoy a full range of economic, social and cultural rights, including to work and to employment opportunities.

## **Q16-18: Health, Mental Health and Social Care**

We would recommend re-examining the business case for a Deaf CAMHS service<sup>14</sup>, in line with the preventative and early intervention agenda that is permeating health and social care and is embedded within integration legislation (the Public Bodies (Joint working) (Scotland) Act 2014) – even if not all Health and Social Care Partnerships have chosen to integrate children's services.

In terms of adult mental health, we suggest that there is an evaluation of the Scottish Mental Health service for Deaf People, with a view to extending the service or supporting improvements that will lead to even more Deaf people benefitting. We note that people should receive in-patient mental health care as close to home as is possible, to ensure that families and their wider-support networks can be involved

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<sup>12</sup> <https://www.totaljobs.com/insidejob/deaf-jobseeker-employee-report-2016/>

<sup>13</sup> <https://www.seemescotland.org/media/7279/summary-of-see-me-survey-of-1165-scottish-workers-by-yougov-for-pack.docx>

<sup>14</sup> [www.ndcs.org.uk/document.rm?id=1144](http://www.ndcs.org.uk/document.rm?id=1144)

and in-contact during hospital stays. Furthermore, we recommend that attention is paid to SignHealth and the Joint Commissioning Panel for Mental Health's Guidance for Commissioners of Primary Care Mental Health Services for Deaf People (2017)<sup>15</sup>, which includes 10 key messages for commissioners. These include the recommendations that Deaf people should have:

- The option to receive psychological therapy delivered in BSL (and not through a BSL/English interpreter)
- Clear care pathways that are equitable to the general population
- A role to play in the ongoing development of Deaf primary care mental health services, through their inclusion in service design and delivery

These recommendations will require increasing the amount of BSL trained practitioners and BSL interpreters, (the JUSTISIGNS project estimated that there are only 70-100 qualified interpreters, compared to a Deaf population of 7-8000<sup>16</sup>), which will require resource investment, however by enabling access to preventative and ongoing mental health support, this will create significant Return on Investment.

If there is an information source it needs to be accessible, and it needs to include information on mental health stigma. Furthermore, we would suggest that whilst it should be predominantly online, it should also be linked into national infrastructure that is locality-based (e.g. Citizen's Advice Bureaus) but that those locality-based settings have appropriate training and language-skills to be able to communicate effectively with BSL users. Generally, we feel that the role of the third sector needs to be more prominent in information provision. Financial support should be considered for supporting third sector organisations to have some of their key information to be translated into BSL resources, and mapping of BSL-translated information across the third sector.

To ensure that people can access the highest attainable standard of physical and mental health care, a person centred approach is vital, particularly for someone who is deaf and also experiences difficulties with their mental health. People with severe mental health problems are less likely to receive interventions for their physical health and experience reduced life expectancy (20 years less for men and 15 years less for women)<sup>17</sup>. To ensure BSL users can live healthy active lives, they must receive help and support for all areas of their health. We note that just being able to talk about how we are feeling with friends and peers can have a positive impact (see See Me's 'Power of Okay' campaign<sup>18</sup>) and we believe that there is an opportunity to support Deaf people in Scotland by supporting the Deaf community to reduce and ultimately remove mental health stigma and discrimination.

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<sup>15</sup> <http://www.jcpmh.info/wp-content/uploads/jcpmh-deaf-guide.pdf>

<sup>16</sup> <http://www.justisigns.com/downloads/report2016.pdf>

<sup>17</sup> <http://www.gov.scot/Publications/2008/11/28152218/0>

<sup>18</sup> <https://www.seemescotland.org/our-movement-for-change/power-of-okay/>

Furthermore, we strongly recommend increasing access to BSL services and reasonable adjustments for people going through the health, social care and mental health system. For example, by providing alternative contact methods such as email and text messaging within the health, social care and mental health systems, and additional technology such as video relay services should be used when a face-to-face interpreter is not available.

Mainstream Health and Social Care staff should receive Deaf awareness training, and some should be supported to learn BSL. All staff should be aware of how to access their local BSL interpreting services and all departments should promote their accessibility through contactScotland-BSL.

## **Q25 – 27: Justice**

A variety of evidence currently exists to suggest that Deaf people's experiences of the justice system is not equitable and falls short of their expectation<sup>19</sup>.

Legal professionals communicating with Deaf people are often not aware of the cultural and linguistic aspects – that Deaf people have their own language, culture and educational background, and thus we would welcome awareness training for those engaging with Deaf people. We would also recommend that more legal professionals learn basic BSL, and that deaf advocacy support workers should be provided in situations where they would be beneficial

Whilst we welcome an assessment of how the justice system could better meet the needs of BSL users, we would be keen to see a commitment to more action within the plan – for example, ensuring that learning from previous research (e.g. JUSTISIGNS<sup>20</sup>) is carried forward to the benefit of all stakeholders, particularly in terms of ensuring standards and quality of training, and the provision of interpreting services.

As in mental health, health and social care settings, reasonable adjustments for people going through the justice system are necessary, so that they can be afforded due process – for example, the use of alternative contact methods and assistive technology.

In the British Deaf Association's Access to Justice Consultation in Northern Ireland<sup>21</sup>, they recommended all staff involved in the legal system should receive Deaf Equality Training, either during their university courses or as part of their continuing professional development. Furthermore, they recommended that all those involved in the legal process are made aware of and understand the importance of booking fully qualified sign language interpreters.

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<sup>19</sup> [https://bda.org.uk/wp-content/uploads/2017/03/BDA\\_Hate\\_Crime\\_Report-March\\_2015.pdf](https://bda.org.uk/wp-content/uploads/2017/03/BDA_Hate_Crime_Report-March_2015.pdf)

<sup>20</sup> <http://www.justisigns.com/downloads/report2016.pdf>

<sup>21</sup> <https://bda.org.uk/wp-content/uploads/2017/03/Access-to-JusticeNI.pdf>

In Scotland, the Justice Disability Steering Group's Access to Justice Project<sup>22</sup> (2009) also recommended increasing the number of BSL interpreters, and ensuring that justice sector organisations communicate with each other regarding a person's requirements to ensure a disabled person's requirements are met. It had many further recommendations as well, including ones specific to Deaf people which we would suggest the BSL National Plan takes account of.

The recent "Healthcare in Prisons" report<sup>23</sup> by the Scottish Parliament's Health and Sport Committee, which builds upon the Royal College of Nursing report, "Five Years On"<sup>24</sup>, indicates that the standards of healthcare were below those of the general population. This is despite the fact that the prison environment offers a unique opportunity to reach individuals who don't normally engage with the healthcare system and thus reduce health inequalities.

Furthermore, a report by the British Deaf Association<sup>25</sup> indicated that prisons are likely not adequately assessing their Deaf populations, providing support for them, nor combating issues such as isolation, lack of communication, and this population lacking appropriate knowledge and awareness of policies and procedures (due to lower literacy levels) – which will detrimentally affect their abilities to realise their rights, and have a negative impact on their mental health through structural inequalities.

We suggest progressing the recommendations in that report, such as utilising volunteers to converse with Deaf prisoners, ensuring additional facilities such as video-conferencing technology to communicate with family and friends outside, providing additional learning support for any courses that they are on, and training relevant prison officers to an appropriate BSL level (at least level 4). Without addressing the aforementioned issues, this will be detrimental to the mental health of the Deaf population within prisons – a sub-section of a population that is already underserved, and therefore structurally stigmatised and discriminated against. Additionally, work should be undertaken to reduce stigmatising attitudes and behaviours in the prison population, and amongst prison staff, with regard to both mental health and Deafness.

## **Q28 – 30: Democracy**

Related to Action 51, we would like to highlight that work in this area has already been done in the past, e.g. Access to Democracy Project by the Scottish Council on

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<sup>22</sup> [http://www.capability-scotland.org.uk/media/63455/capability\\_scotland-jdsg\\_final\\_report-signed\\_off\\_21900\\_26914.doc](http://www.capability-scotland.org.uk/media/63455/capability_scotland-jdsg_final_report-signed_off_21900_26914.doc)

<sup>23</sup> <https://digitalpublications.parliament.scot/Committees/Report/HS/2017/5/10/Healthcare-in-Prisons>

<sup>24</sup> <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/policies-and-briefings/scotland/policies/2016/five-years-on-prison-report.pdf>

<sup>25</sup> <https://bda.org.uk/wp-content/uploads/2017/03/BDA-Deaf-Prisoners-Report-2016.pdf>



Deafness<sup>26</sup>, which was funded by the Electoral Commission, and therefore we would encourage use of this as a potential model for any further work.

### **Q.31: Further Comments**

We would like to reiterate that whilst people with sensory impairments face structural stigma and discrimination, many often also struggle with mental health issues, and due to intersectional factors this leads to an increase in the challenges faced by this population in protecting their own mental health and wellbeing.

Thus, it's essential that the BSL National Plan goes further than it does currently, particularly due to its long-term nature. As it stands, it doesn't go far enough towards achieving the 5 central aims of See Hear, the strategic framework for meeting the needs of people with sensory impairment in Scotland.

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**If you have any questions or would like more information on this response, please get in touch:**

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<sup>26</sup> <http://www.scod.org.uk/access-to-democracy/>