

The Health and Social Care Alliance Scotland (the ALLIANCE)

BSL (Scotland) Act 2015: Analysis of Local BSL Plans 2024 – 2030

Executive Summary

October 2024



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HEALTH AND SOCIAL CARE
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Executive Summary

The British Sign Language (Scotland) Act 2015 is the legislation which recognises both visual and tactile forms of BSL. The Act requires the Scottish Government to publish a national plan every six years, setting out their strategy to “make Scotland the best place in the world for BSL signers to live, work, visit and learn”.

The Act names a range of “listed authorities” who must produce their own local BSL Plans. Preparation for each local plan should include publishing a draft version for consultation, and the consultation process must be accessible to people who use BSL and who are Deaf or Deafblind. The final plans must consider and accommodate feedback and be published in BSL.

Scotland’s first BSL National Plan was launched on 24 October 2017 and covered the period 2017 – 2023, with accompanying local plans covering 2018-2024. The second BSL National Plan, which covers the period 2023 – 2029, was launched by the Scottish Government on 6 November 2023. The deadline for publication of accompanying local plans covering 2024-2030 was 6 May 2024.

Why the ALLIANCE analysed local BSL plans 2024 – 2030

The publication of the new BSL National Plan and the second round of BSL local plans represents a milestone in promoting and supporting the human rights of BSL users in Scotland. The ALLIANCE Scottish Sensory Hub have analysed these new BSL local plans to assess compliance with the law and highlight examples of good practice and areas of learning so far.

The results of the analysis have been written into a report to support and inform the Scottish Government and listed authorities during the implementation of their current BSL plans, and for their future planning. It includes reflections and recommendations to support actions for Scotland to move forward with its ambition to ensure that BSL users are fully involved in public life.

This report represents an executive summary of the full report, providing an overview of the main findings and recommendations from the ALLIANCE for future areas for action.

How we carried out this research

The team analysed all local BSL plans 2024 – 2030 published by 22 August 2024. This was 15 weeks after the plan publication deadline of 6 May 2024. We analysed compliance with the BSL (Scotland) Act, and then focused on the detailed content of plans for local authorities and Health Boards.

Not all listed authorities published their local BSL plans by the 6 May 2024 deadline, or by 22 August 2024. Figures in this report are accurate as of 22 August 2024. Some plans have been published between the end of the data collection period and the publication of this report. These were not included in this analysis.

Several listed authorities worked together to produce a shared BSL plan (e.g. Fife Council, Fife College, and NHS Fife). As such, some data reporting may be repeated when referring to specific groups of listed authorities.

Overview of publications

The BSL (Scotland) Act details 99 listed authorities who must produce local plans, including 32 local authorities, 14 Health Boards, 41 universities and colleges, and 12 additional listed authorities.

As of 22 August 2024, 71 listed authorities (72%) had published a local BSL plan in written English. This included plans from:

- 27 out of 32 local authorities
- 10 out of 14 regional Health Boards
- 17 out of 18 universities
- 14 out of 23 colleges
- 3 out of 12 other listed authorities.

60 listed authorities (61%) had published a local plan in BSL by 22 August 2024. This included plans from:

- 22 out of 32 local authorities
- 9 out of 14 regional Health Boards
- 13 out of 18 universities
- 13 out of 23 colleges
- 3 out of 12 other listed authorities.

A detailed breakdown of results is available in the full report.

BSL versions of plans

The timely publication of BSL versions of local plans is a key part of ensuring transparency, accountability, and compliance with the BSL (Scotland) Act 2015. The relatively low compliance rate around publishing BSL version of plans (61%) shows that more communication on both legal requirements and inclusive communication practice is needed to support listed authorities in this work. In response to our enquiries, several listed authorities acknowledged late publication. Some noted that producing their second local BSL plan within a six-month timetable was more difficult than the 12-month timetable of the first local BSL plans. One listed authority only started work on their plan when we emailed to enquire if it was available. It would be useful to seek feedback from listed authorities on why they did not publish plans in BSL by 6 May 2024 (or at all). That information could then be used to inform future action to ensure that local plans are provided in BSL as quickly as possible for 2024 – 2030 plans, and in a timely manner in the future.

Deafblindness and tactile BSL

All the local authority and Health Board plans analysed mention Deafblind people in some capacity – primarily with regards to children and young people. However, some only make singular mention of Deafblind people as part of including Deafblindness within the term “BSL user”. Mention of support for Deafblind children and young people is welcome but does not encompass a whole life course approach to

inclusion and public planning. We suggest that best practice would be to cascade that awareness throughout plans, to best support Deafblind people of all ages to live well throughout their lives. We also suggest that it would be useful for listed authorities to recognise and use the proposed definition of Deafblindness developed by a working group of the Cross-party Group on Deafness (available in the full report).

Accessibility

We analysed the accessibility of local BSL plans, including how many people viewed BSL versions of plans, how easy they were to find, and wider accessibility concerns (e.g. for people who are Deafblind and/or who use screen readers).

Key characteristics of most of the local BSL plans with higher viewing figures are as follows:

- BSL version of plan available via multiple platforms (e.g. YouTube, Facebook, local authority websites).
- BSL version of the plan featured prominently on relevant webpages of listed authorities, without requiring viewers to read through large blocks of text to reach the embedded video.
- Listed authority's website has high levels of search engine optimisation, and functional internal search options.
- Advertising on social media and via partner organisations.

While most listed authorities comply with the legislation, a substantial minority are either not compliant (39% did not publish their plans in BSL) or are late in delivering their plans. This indicates that there is a need for better communication with listed authorities on the importance of this work, and its significance in ensuring that BSL users can participate fully and equally in society and enjoy their human rights.

We recommend that all listed authorities should aim to increase the reach and engagement of their plans by sharing widely with relevant stakeholders, including local Deaf, Deafblind and sensory organisations and clubs, in accessible formats, and via social media channels. There is

also useful work that can be done to track engagement activity, including feedback loops to those who participated in consultation activity wherever possible.

We suggest that listed authorities may benefit from clearer guidance on best practice for producing BSL versions of local plans so that quality media can be produced which optimises accessibility for BSL users. Clearer communication and oversight between Scottish Government and listed authorities may help in timely consultation and delivery of local BSL plans. Ideally, listed authorities would be supported to plan their consultation and co-production work before the publication of the National BSL Plan. This is particularly important given the limited number of communication support professionals available (e.g. BSL/English interpreters and Electronic Notetakers), and their uneven distribution across Scotland.

Consultation Process

All listed authorities must publish a draft plan for consultation. From 10 Health Boards who published a plan, all of these (100%) included a section describing their consultation process. From 27 local authorities who published a plan, 25 (93%) included their consultation process. Two did not.

The information provided varied widely from a single sentence in some cases, to much more detailed information. Including detailed consultation information is good practice to evidence that people likely to be directly affected by the plan have an opportunity to engage in consultation.

Best practice would go beyond consultation and into co-production – ensuring BSL users are involved in decision-making, and that people of all ages are included. Describing broad demographics would be useful in demonstrating the range of people who have been involved in plan development – and identifying and responding to any gaps (e.g. children and young people, Deafblind people, or Deaf people who first learned a

different sign language and are now learning BSL after moving to Scotland).

Plans that were developed and published with limited consultation with stakeholders, and particularly with BSL users, are less likely to meet the needs of people most affected by the plans. Meaningful engagement and co-production is vital to ensure plans are informed and directed by lived experience. Where consultation for listed authorities was not possible or limited, it is important the reasons for this are documented to improve this for future consultations.

BSL plan priority areas

Most listed authorities chose to include at least some of the 10 priority areas found in the BSL National Plan 2023 – 2029. This part of our analysis only covers the 37 published local authority and Health Board BSL plans. It does not include higher education institutions or additional listed bodies. We recommend further work be carried out to analyse priority areas in the remaining listed authority plans.

Most listed authorities do not say why particular priority areas are or are not included in their local plans. It would be useful for this information to be included in plans, to increase accountability and transparency about decision-making.

Priority 1: Delivering the BSL National Plan

From 37 local authorities and Health Boards, 18 (49%) include specific material on delivering the BSL national plan. Positive areas of work found in several plans include:

- Commitments to ensure **ongoing engagement with Deaf and Deafblind people, as part of BSL advisory/working groups**
Some listed authorities include specific targets for how often groups would meet to ensure regular input on decision-making.
- **Monitoring and evaluation processes** to track progress and success, including proposals for annual reporting.

- **Publication of interim reports on progress**, mid-way through plan period (2026-2027).
- Plans for **partnership working** across geographic areas and listed authorities.

Examples of good practice around engagement work are welcome, particularly commitments to ongoing co-production and development work with BSL users and listed authorities (e.g. BSL advisory groups). Feedback loops for participants and involvement in decision-making are key to ensuring that BSL plans respond to the priorities of BSL users.

The ALLIANCE welcomes that some plans include explicit commitments to transparency and regularity of reporting on progress. We suggest this should be standard practice for all listed authorities. Few plans included specific, measurable and time-bound outputs and outcomes. It is important that definitions of success are clearly laid out, to enable meaningful assessment of progress and evaluation of impact. Some plans did include specific goals, but we would encourage greater use of evaluation and monitoring tools.

This priority area has the joint-lowest inclusion rate of the local plans analysed. A network to share good practice across listed authorities would be helpful in ensuring listed authorities have clear pathways for engagement, responses to queries, and support with monitoring and evaluation tools. We recommend that Scottish Government support the development of such a network within the life of their National plan.

Priority 2: BSL accessibility

From 37 local authorities and Health Boards, all include specific material on BSL accessibility. This high rate of inclusion and consideration of accessibility in local plans is particularly welcome. Positive work found across most plans include:

- Signposting the use of **ContactScotland BSL**, and training staff in how to use the system and book interpreters.

- Work to improve the **accessibility of council and HSCP websites** for BSL users, including the production and ease of access of more content in BSL.
- **Staff training** to improve accessibility and support for BSL users.

The ALLIANCE welcomes the acknowledgement of ContactScotland BSL in the local plans as a vital resource, and improving awareness of its availability and purpose. Improvement in website accessibility and the provision of sensory awareness and BSL training is also welcome. However, commitments on these topics in some local plans is vague and risks meaningful progress over the life of the plans. It is important BSL users who are not able or comfortable using technology still have equal access to public life, services, and support.

We recommend all listed authorities should assess their progress on BSL accessibility annually, using specific, measurable, achievable, relevant and time-bound goals. We encourage the public sharing of this data to promote public accountability.

Finally, local plans committing to ensuring higher levels of BSL competency in staff increases the likelihood of BSL users being able to communicate directly with listed authorities, without additional waits to request and secure interpreters. We encourage commitments to ensuring staff can access training.

Priority 3: Children, young people and their families

From 37 local authorities and Health Boards, 36 (97%) include specific material on supporting children, young people and their families. Most include the following:

- Support for **children and young people to learn BSL.**
- Support for the **families of Deaf/Deafblind children and young people to learn BSL.**
- Promotion of **education and NHS staff understanding of BSL** provision and referral pathways for children and young people to learn BSL.

- Education and NHS staff training to **learn BSL and attend Deaf awareness training**.

It is positive many local BSL plans recognise the importance of including actions within the children, young people and families priority area, and that there are several examples of good practice. The main concern from the analysis is that local BSL plan actions mostly lack clarity on specific outcomes and on measures to track success and impact. For this reason, most plans risk being tokenistic – proactive, evidence-based work is required to bring about improvements.

Listed authorities should include specific, measurable and time-bound outputs and outcomes. These objectives should be underpinned by a firm understanding of child development and language acquisition to ensure that babies, children and young people have the support they need at all stages, in line with the UN Convention on the Rights of the Child.

There are several major educational transitions for children, beginning in the early years and continuing through to young adulthood, all of which need to be prioritised to ensure appropriate access to support and information for children and their families, as well as any staff and professionals involved in the transitions. It is vital Scotland builds capacity and public accountability into systems design and planning to bridge the educational attainment gap for Deaf and Deafblind children and young people.

Priority 4: Access to employment

From 37 local authorities and Health Boards, 36 (97%) include specific material on access to employment. However, the level of detail is limited. Most of these plans include the following:

- Signposting BSL users to **Access to Work** and raising staff awareness of Access to Work.
- Increasing **BSL content on relevant websites** around employability.

- **Signposting to local organisations** that support people with employability.
- Commitments to wider work on the ambitions of **No One Left Behind** approaches to employability.

Access to Work and No One Left Behind are important policies to enable people to work. Local BSL plans should be shaped around the specific requirements of BSL users. Signposting BSL users to local employability organisations is only likely to be helpful if those organisations are able to support BSL users, with good Deaf awareness and arrangements for interpretation and/or the use of ContactScotland BSL.

Some plans mentioned volunteering under this theme. Volunteering brings many benefits but should not be viewed as a primary route to employment. Planning should be in place for BSL interpretation support for any volunteering schemes as Access to Work will not cover volunteering.

It would be useful for the monitoring and evaluation reporting of the more innovative aspects of plan content to be shared more widely, possibly via Scottish Government, to share learning and good practice. There is a potential role here for the national network recommended earlier to share good practice.

Priority 5: Health and wellbeing

From 37 local authorities and Health Boards, 35 (95%) include specific material on health and wellbeing. Most plans include the following:

- Promoting **existing healthcare information and support in BSL** (e.g. via NHS Inform, remote video interpreting services).
- Increasing **Deaf awareness and BSL training for front-line health and social care staff** (including on the use of Contact Scotland BSL and how to book interpreters).
- Promoting the use of the **Scottish Mental Health Service for Deaf People**. Some plans include specific actions around collecting data to track and respond to trends/needs.
- Provide **leisure facility inductions and information in BSL**.

Prioritising health and wellbeing is important because BSL users typically wait longer than hearing people to access health and social care appointments. There is also limited and varied support for BSL users in leisure facilities across Scotland - some locations and staff offer excellent tailored support, but this is not nationwide.

Many plans rely on the continuation of existing services and activity - continuing the status quo is unlikely to reduce health inequalities experienced by Deaf and Deafblind people. It is disappointing that relatively few plans include specific commitments and targets on how to improve access to health and social care services. Including monitoring and evaluation would encourage targeted and evidence-based activity for improvements.

Training for front-line health and social care staff when accompanied by commitments to ensuring staff will complete training is best, rather than “explore” or “consider” the possibility of Deaf awareness or BSL training.

More listed authorities should commit to providing preferred or same sex interpreters where requested, and act to ensure that inclusive communication requirements are flagged across all patient records in health and social care settings. Without these actions, there is a risk that people will not be able to access the health and social care support they require.

Finally, we recommend that Scottish Government work with listed authorities to track activity and data collection. If interventions can be evidenced to improve health outcomes for BSL users, that information should be shared more widely to inform practice in other parts of Scotland.

Priority 6: Celebrating BSL culture

From 37 local authorities and Health Boards, 34 (92%) include specific material on BSL and culture. Most plans focus on BSL users' access to arts, culture and heritage events and venues. Others centre on promoting BSL culture and heritage, such as Deaf Awareness Week, the

Edinburgh Deaf Festival, local Deaf clubs, and performances and creative work produced by BSL users. Proposed actions are as follows:

- Increasing the **provision of BSL interpretation** at arts, culture and heritage events and performances.
- Increasing **information online** about which venues and events include BSL interpretation.
- Providing **BSL tours** of places of public and cultural interest.
- Using **technology** to increase provision of BSL in arts, culture and heritage venues.
- Increasing **Deaf awareness among staff** working in arts, culture and heritage venues.

The best practice examples involve specific commitments – either to increase and measure the provision of BSL interpretation/translation at arts, culture and heritage events, or to support creative work celebrating Deaf and BSL history and culture. Many plans are less specific, with repeat use of the words “explore”, “where possible”, and “consider”. This level of commitment lacks ambition and makes accountability and transparency difficult.

Few plans mentioned activity to support Deaf artists across genres. We would welcome work to ensure that more funding opportunities are open to BSL users, and creative work in BSL, and more public reporting on the number of BSL users who obtain support via cultural and heritage funding schemes at local and national levels.

Work to support children and young people engage with Deaf culture and history is welcome. It is worth noting that most Deaf people are born to hearing families and may not be supported to learn BSL in childhood. As such, celebrating culture activities could be expanded to a wider age range, to enable people who learn BSL later in life to engage with Deaf culture.

Priority 7: BSL data

From 37 local authorities and Health Boards, 29 (78%) include specific material on BSL data. More work needs to be done to support listed

authorities to engage with BSL data. Plans that discuss data under other priorities (e.g. around BSL accessibility, health and wellbeing, or transport) do not include much information within their named sections on data. Most plans reference data sets such as the Scottish Census 2022, without any clear outline of how that data would be used to inform policy and practice.

Health Boards generally include more robust proposals for how they intend to collect, use and improve BSL data than local authorities. Three local plans include specifics on using data to track how often BSL users can access healthcare appointments with appropriate communication support. It would be advantageous for this data collection to be shared in aggregate form. The Scottish Government's BSL Implementation Advisory Group could begin this work – it is important that learning is shared across all listed authorities to support the development of better data.

Priority 8: Transport

From 37 local authorities and Health Boards, 27 (73%) include specific material on transport. Content on this priority is notably less detailed compared to others. Most plans consist of the following items:

- Compliance with **Transport Scotland's Accessible Travel** guidance.
- Promoting awareness of **Transport to Healthcare Information Centres**.
- **Deaf awareness training for bus and taxi drivers** – particularly those involved in transporting Deaf children and young people to and from school.

While some local BSL plans are aspirational and have innovative content, the material on transport is generally limited. Compliance with existing legislation, regulation and guidance is not likely to bring significant improvement.

Deaf awareness training for bus, taxi and train drivers and transport company staff is welcome – but there is a significant difference between

“mandatory” training for all bus staff, and “considering” or “exploring” awareness training. Commitments in some plans to translating timetables and travel information into BSL are welcome, as are proposals for alternative text alert systems for cancellations. It is important progress is made across the country, not only in areas of good practice. Under current proposals, only some parts of Scotland might see improvements in the accessibility of travel for BSL users – resulting in inequality of access. There is a need for the Scottish Government to support the roll out of good practice across the country.

Priority 9: Access to justice

From 37 local authorities and Health Boards, 18 (49%) include specific material on access to justice. The content on this priority is less detailed compared to others. Most consist of the following items:

- **Deaf//BSL awareness raising sessions and training for people employed in the justice system.** In some cases, this includes specific outreach programmes and named partners.
- Provision of **BSL interpretation and translation for people accessing the justice system.**

It is concerning that “access to justice” has the joint-lowest inclusion rate of any priority area in local BSL plans. BSL users have the right to expect equitable access to the justice system – as members of civic society who are called for jury duty, as victims or witnesses of crime, as people accused of crimes, or as family members. To do otherwise is to deny people their human rights.

Content in these sections of local BSL plans centres around partnership work to improve Deaf/BSL awareness among relevant groups, and the provision of BSL interpretation for people accessing the justice system. In both cases, stronger commitments and clearer targets to define success and improvement are needed across most plans.

Priority 10: Democratic participation

From 37 local authorities and Health Boards, 30 (81%) include specific material on democratic participation. Key actions across most plans include:

- Promoting the **Access to Elected Office fund**, as a source of support for BSL interpretation for potential candidates.
- Informing **elected members about how to access Contact Scotland BSL and book interpreters** to meet with Deaf constituents.
- **Deaf awareness training for electoral staff.**
- **Provide election information in BSL.** Plans vary between providing information in BSL about how to register to vote and use polling stations, through to BSL translation of information on candidates, and BSL interpretation of debates, campaign material.

Plans which signposted the Access to Elected Office fund, to support BSL users to stand for election in local and national government, encourage democratic participation. As does awareness raising among elected members and electoral staff to improve BSL users' access to surgeries, election material, and voting. However, there is wide variance in the level of commitment detailed by different listed authorities across the plans.

Some plans discuss support for wider or community-level forms of democratic participation although these were few. There is work to be done to share these commitments among listed authorities, as examples of good practice and wider understanding of democratic participation.

BSL users have a right to support for more than just voting every parliamentary term – they have a right to full and equal participation in every area of democratic and civil society. BSL plans at national and local level should demonstrate a firm commitment to ensuring equitable enjoyment of human rights.

Partnership working and the third sector

Throughout listed authorities' local BSL plans, there are frequent references to partnership working, and particularly to links with local Deaf and third sector organisations. Given that nearly every plan references local Deaf and third sector organisations in some capacity, it seems appropriate to include this within final reflections.

Meaningful participation is key in delivering on people's human rights, and to ensure policy and practice responds to the priorities of affected communities and population groups. Many of the good practice examples carried out detailed consultation and engagement activities; activity that would not have been possible without support from the third sector. Deaf clubs and sensory organisations are frequently named in individual listed authority plans as key partners to the work. It is therefore vital that planning at local and national government levels includes and supports the third sector, to ensure sustained progress and participation for BSL users.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,600 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

The ALLIANCE is a strategic partner of the Scottish Government and has close working relationships, several of which are underpinned by Memorandum of Understanding, with many national NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims. We seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

The Scottish Sensory Hub

The Scottish Sensory Hub provides a platform for the voice of lived experience for anyone in Scotland with lived experience of Deafness, Deafblindness or Visual Impairment. It was launched in 2021 and draws experience from deafscotland (formerly the Scottish Council on Deafness) and SCOVl (Scottish Council on Visual Impairment).

Lived experience is at the heart of everything the Scottish Sensory Hub does. The Sensory Hub acts as a bridge between the Scottish Government, public bodies, the third sector, and individuals, and enshrines a human rights-based approach for all. The Scottish Sensory Hub was founded to provide a strategic forum for cross-sensory input into policy and practice. It focuses on three key areas to promote living a good life – communication, information, and mobility.

The Scottish Sensory Hub looks to support partnerships which uphold the strategic aims of the Scottish Government's See Hear strategy and engage with organisations and individuals across the sensory landscape.

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