

The Health and Social Care Alliance Scotland (the ALLIANCE)

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

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Table of Contents

Introduction and background.....	3
Methodology	4
Overview of publications	7
BSL versions of plans	10
Deafblindness and tactile BSL.....	12
Consultation process	13
Accessibility	17
Ease of access and distribution.....	17
BSL versions of plans	19
Wider accessibility of plans	22
BSL plan priority areas	25
Priority 1: Delivering the BSL National Plan	26
Priority 2: BSL accessibility.....	29
Priority 3: Children, young people and their families	33
Priority 4: Access to employment	37
Priority 5: Health and wellbeing.....	39
Priority 6: Celebrating BSL culture	42
Priority 7: BSL data	45
Priority 8: Transport	46
Priority 9: Access to justice.....	48
Priority 10: Democratic participation.....	50
Combined reflections and recommendations	53
Appendix A	69
Appendix B	77
About the ALLIANCE.....	79
The Scottish Sensory Hub	80
Contact.....	80

Introduction and background

The British Sign Language (Scotland) Act 2015 (“the Act”) received Royal Assent on 22 October 2015 and is the legislation recognising both visual and tactile forms of the language.¹ The Act requires the Scottish Government to publish a national plan every six years, setting out the strategy to “make Scotland the best place in the world for BSL signers to live, work, visit and learn”.² The Act also provides a Schedule of Listed Authorities (listed authorities) who have a statutory obligation to produce their own local BSL Plan within a designated timescale. The Act stipulates that all local BSL plans must be publicly available, including in a BSL format.

Scotland’s first BSL National Plan was launched on 24 October 2017 and covered the period 2017 – 2023.³ This plan included 70 actions across ten long-term goals. The Act states that listed authorities had up to twelve months following the launch of the first National Plan to publish their own BSL Plan (spanning 2018 – 2024).

The second BSL National Plan, which covers the period 2023 – 2029, was launched by the Scottish Government on 6 November 2023 and includes 45 goals spanning ten priority areas.⁴ While the timeframe prescribed from publication of the first BSL National Plan to the publication of the first local plans was a year, the Act stipulates that:

“A subsequent Authority Plan of the listed authority is to be published as soon as is reasonably practicable after (and in any event **no later than 6 months after**) each National Plan subsequent to the first applicable National Plan.”⁵

The timeframe covered by the second round of BSL local plans is 2024 – 2030. The deadline for publication of BSL local plans 2024 – 2030 was 6 May 2024.

The Act also states that preparation for each local plan must include publishing a draft version first for consultation, where the consultation process is “accessible to persons who use British Sign Language and

who are deaf, or deafblind”. Following the consultation period, the final plan must “take into account any representation received by it by virtue of such consultation” and be publicly available in BSL.⁶

Rationale for analysis of local BSL plans 2024 – 2030

The publication of the new *BSL National Plan 2023 – 2029* and the second round of BSL local plans represents a new milestone in Scotland in promoting and supporting the human rights of BSL users. The Health and Social Care Alliance Scotland (the ALLIANCE) Scottish Sensory Hub have analysed BSL local plans 2024 – 2030 to highlight and make accessible examples of good practice and areas of learning from this process so far.

This report is intended to support and inform the Scottish Government and listed authorities on how they can strengthen their strategies while implementing their current BSL plans, and when planning and developing their future BSL plans.

This report begins with an overview of local BSL plan publications, including: the number of plans available for analysis by 22 August 2024, the availability of BSL versions of plans, the inclusion of Deafblindness and tactile BSL within plans, and the availability within plans of information on the consultation process. The report continues by considering the accessibility of plans, before analysing the content of regional Health Board and local authority plans around each of the ten priority areas listed in the BSL National Plan.

This report concludes with reflections and recommendations for consideration as Scotland moves forward with its ambition to ensure that BSL users are fully involved in daily and public life, as legislated by the Act.

Methodology

Documentary analysis was performed on all local BSL plans 2024 – 2030 published by 22 August 2024, 15 weeks after the expected publication deadline of 6 May 2024.

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 have not been included in this analysis.

Data collection

The approach to collating local BSL plans for analysis in the first instance was to use an internet search for each of the listed authorities. The official website for the BSL (Scotland) Act 2015 contained a list of published plans; however, it is not clear how often the website is updated, and whether links provided are to a previous local BSL plan 2018 – 2024 or the newer 2024 – 2030 version.⁷ Current distribution on the site includes a mix of first and second generation local plans.

When a plan was not located online, contact details for the listed authority were found and an email was sent with an enquiry as to whether the plan was available. Searches for local BSL plans continued up to 22 August 2024. All plans collated by this date formed the dataset for analysis.⁸ We analysed the provision and content of both written and BSL versions to evaluate compliance with the legislation.

Analysis

Plans were grouped for analysis under the following headings: Health Board, local authority, post-16 education body, and additional listed authorities. It was documented that for some local BSL plans, listed authorities had collaborated to produce a shared BSL plan. Examples of shared local BSL plans included Ayrshire, Fife, Lanarkshire, Scottish Borders and Shetland. All of these plans contained a collaboration between a Health Board and at least one local authority (and in some cases post-16 education bodies). Consequently, some data reporting may be repeated throughout this report when making reference to specific groups of listed authorities, such as the 14 Health Boards or the 32 local authorities across Scotland.

All collated local BSL plans for Health Boards, local authorities, post-16 education bodies, and additional listed authorities were analysed for their BSL versions and accessibility. Coding for accessibility of BSL formats was performed by an advanced BSL user, and written plans were tested by a JAWS screen reader user.⁹

Given constraints on time and resources for analysing local BSL plans and producing this final report, it was decided to focus on the collated BSL local plans of Health Boards and local authorities only when analysing information on both the consultation process, and the ten priority areas described in the BSL National Plan. It is recommended a deeper analysis of the content of plans produced by post-16 education bodies and additional listed authorities is carried out to capture wider learning and best practice in those areas.

Reporting

This report has been shared with the Scottish Government's BSL Implementation Advisory Group and the Scottish Parliament's Cross Party Group on Deafness. It is available as an Executive Summary in both BSL and written formats.

Overview of publications

The BSL (Scotland) Act 2015 (“the Act”) details 99 listed authorities who must produce local plans, including 32 local authorities, 14 Health Boards, 41 post-16 education bodies, and 12 additional listed authorities. As of 22 August 2024, 71 listed authorities (71%) had published a local BSL plan in written English by 6 May 2024. A further breakdown is available below and in table format in Appendix A.

There are 32 local authorities in Scotland, as defined under section 2 of the Local Government etc. (Scotland) Act 1994. Twenty-seven local authorities have published their BSL Plan, with five outstanding. Local authorities awaiting publication include:

- Clackmannanshire
- Dumfries and Galloway
- Edinburgh
- Falkirk
- Highland

There are 14 regional Health Boards in Scotland as defined under section 2(1)(a) of the National Health Service (Scotland) Act 1978. Ten regional Health Boards have published their BSL plans, with four outstanding. Regional Health Boards awaiting publication include:

- Dumfries and Galloway
- Forth Valley
- Orkney
- Western Isles

There are 18 universities and 23 colleges in Scotland, or approximately 41 post-16 education bodies for the purposes of the Further and Higher Education (Scotland) Act 2005. From the 18 universities, 17 have published BSL plans, with one outstanding from the University of Strathclyde.

From 23 colleges, 14 have published BSL plans, with nine outstanding. Colleges awaiting publication include:

- Dumfries and Galloway College
- Dundee and Angus College
- Fife College
- Forth Valley College
- Glasgow Kelvin College
- Newbattle Abbey College
- Sabhal Mor Ostaig¹⁰
- West College Scotland
- West Lothian College

From the remaining 12 authorities listed in the Act, four have published their BSL plan, including:

- The Commissioner for Children and Young People in Scotland
- The Scottish Commission for Human Rights
- The Scottish Courts and Tribunals Service
- The Scottish Information Commissioner

Eight listed authorities had yet to publish their plans as of 22 August 2024:

- Audit Scotland
- The Commissioner for Ethical Standards in Public Life in Scotland
- The Office of the Scottish Charity Regulator
- The Police Investigations and Review Commissioner
- The Scottish Housing Regulator
- The Scottish Parliamentary Corporate Body
- The Scottish Public Services Ombudsman
- The Standards Commission for Scotland

The BSL Plan for the Scottish Parliamentary Corporate Body issued a plan for consultation in July 2024; the call for views closed on 23 August 2024.

Reflections and recommendations

If Scotland is to effectively implement the BSL Act, it is vital that listed authorities publish their local BSL plans in a timely manner; they are essential to local delivery of the principles of the Act. In response to our email enquiries, several listed authorities acknowledged late publication, and some respondents noted that producing their second local BSL plan within a six-month timetable was more difficult than complying with the 12-month timetable of the first local BSL plans. In one case our email of enquiry (in July 2024) prompted the drafting of that listed authority's plan.

There was some reported confusion around communication lines between the Scottish Government and listed authorities. This is potentially influenced by significant movement in terms of Ministerial oversight of work on BSL, and the ensuing impact on civil servants supporting the work. Since the Act was passed, Scottish Government responsibility for BSL has been assigned to the Minister for Childcare and the Early Years (2016-2017), the Minister for Children and Young People (2021), and the Cabinet Secretary for Education and Skills (2023). May 2024 marked the most recent shift in responsibility for BSL to the Deputy First Minister and Cabinet Secretary for Economy and Gaelic. Clearer communication and oversight lines between Scottish Government and listed authorities may assist in timely consultation and delivery of local BSL plans.

Ideally, to meet a six-month timeframe 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 to support this work, and their uneven distribution across Scotland. Appropriate planning and support for consultation and co-production work is vital to ensure meaningful input from BSL users into local plans.

BSL versions of plans

There is a statutory duty for all listed authorities to produce a BSL version of their plan, as detailed in Section 8 of the Act:

“(8) A requirement which this section imposes to publish an Authority Plan includes (but is not satisfied by) making the content of the plan publicly available, in such form and manner as the listed authority publishing it considers appropriate, in British Sign Language.

(9) A requirement which this section imposes to publish a revised Authority Plan includes (but is not satisfied by) making the content of the plan, and an explanation of the changes it contains, publicly available, in such form and manner as the listed authority publishing it considers appropriate, in British Sign Language.”¹¹

As of 22 August 2024, 61 listed authorities (62%) had published a local plan in BSL and were compliant with the legislation to publish their plans in BSL as well as written English. A further breakdown is available below and in table form in Appendix A.

Out of the 27 published local authority BSL plans, 22 are available in BSL. Two local authorities published a summary in BSL, rather than the full plan. Twenty local authorities published their full plans in BSL. From those, ten opted to embed captions into their BSL videos, and five included captions and a voiceover.

Five listed authorities have yet to publish their plans in BSL alongside the written English versions:

- East Dunbartonshire
- Moray
- Orkney
- Scottish Borders
- Stirling

From the ten Health Board BSL plans, nine are available as full plans in BSL. Six of those opted to embed captions into their BSL videos. NHS Borders has yet to publish their plan in BSL alongside their written English version.

From the 17 university BSL plans, 13 are available in BSL. Three universities published a summary in BSL, rather than the full plan. Ten universities published their full plans in BSL. From those, five opted to embed captions into their BSL videos, and one included captions and a voiceover. Abertay University, the Glasgow School of Art, and the University of Dundee have yet to publish their plans in BSL alongside their written English versions. The Open University written plan links to a BSL version, but the videos in question are for their previous plan (2018-2024).

From the 14 college BSL plans, 13 are available as full plans in BSL. Five of those opted to embed captions into their BSL videos. South Lanarkshire College has yet to publish their plans in BSL alongside the written English version – although they do have a short BSL video dated 9 May 2024, stating that a full version will be available shortly, and inviting queries by email.

From the four other listed authorities who published plans, all are available as full plans in BSL, with captions.

Reflections and recommendations

The timely publication of BSL versions of local plans is key part of ensuring transparency and accountability of implementation and fulfilling the legislative requirements of the Act. As a note of interest, listed authorities could publish local plans solely in BSL and be compliant with the Act – but to publish solely in English does not meet the letter or the spirit of the law. If simultaneous publication is not possible, then it would be preferable to publish plans in BSL first, then the written English versions.

To meet the six-month timeframe, listed authorities should confirm early bookings with BSL users and an appropriate editing team to provide a simultaneous BSL version of the plans in time for the publication deadline.

The relatively low compliance rate around publishing BSL version of plans (62%) indicates that more communication on both legislative requirements and inclusive communication practice is needed to support listed authorities in this work. It would also be useful to seek feedback from listed authorities who did not publish plans in BSL by 6 May 2024 (or at all) on why that was the case. 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 mention Deafblindness in some capacity – primarily with regards to the sections on supporting children and young people and their families. This is a welcome acknowledgement of the significance of tactile BSL for people experiencing Deafblindness.

Reflection and recommendations

While it is welcome that all BSL local plans include mention of Deafblind people, some only make singular mention of Deafblind people and their requirements, as part of including Deafblindness within the term “BSL user”. Similarly, mention of support for Deafblind children and young people is welcome but does not encompass a whole life course approach to inclusion, support, and public planning. We suggest that best practice would be to emulate those listed authorities that cascade that awareness throughout their 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 (led by Deafblind Scotland and chaired by Annabelle Ewing MSP). For further information, see Appendix B.

Consultation process

It is a requirement of the Act that all listed authorities publish a draft plan for consultation, as stated under Section 2(5-7):

“(5) In preparing an Authority Plan a listed authority is—
(a) to publish, and consult on, a draft of the plan, and
(b) to take into account any representations received by it by virtue of such consultation.

(6) The persons consulted under subsection (5)(a) are to be those who, the authority considers, are likely to be directly affected by the Authority Plan or otherwise to have an interest in that plan and in particular are to include—
(a) persons who use British Sign Language, and
(b) persons who represent users of British Sign Language.

(7) In determining the form and manner of consultation for the purpose of subsection (5)(a), a listed authority is to have regard to the need to make that consultation accessible to persons who use British Sign Language and who are deaf, or deafblind.”¹²

Local BSL plans for Health Boards and local authorities were analysed for information included on the consultation process. From the ten Health Boards who published a plan, all of these (100%) included a section describing their consultation process. From the 27 local authorities who published a plan, 25 (93%) included details. Two (Argyll and Bute and Inverclyde) did not include this information. A further breakdown of this information is available in table form in Appendix A.

While these results are welcome, an important finding was that the volume and quality of information provided on consultation processes

varied widely from a single sentence in some cases, to much more detailed reporting. Examples of good practice included East Renfrewshire and Fife’s plan:

East Renfrewshire BSL Plan 2024 – 2030

This plan contained a dedicated section spanning two pages on how the plan was created. East Renfrewshire is not a shared plan with its corresponding Health Board, but did have support from NHS Greater Glasgow and Clyde with the plan’s development.

In terms of consultation with BSL users, the plan states that East Renfrewshire Council have a steering group of BSL users who have met regularly since 2023 and were heavily involved in consultation on the draft plan. A diagram is included which illustrates the Community Engagement Process that was carried out from April 2023 to March 2024, including the different organisations who visited the steering group covering a range of services. Consultation also included separate engagements with children and young people, Teachers of the Deaf, and parents and carers.

East Renfrewshire structured each section of their plan around the feedback and priorities raised by BSL users at their consultation events, and as part of wider co-production activity with their BSL steering group. This “you said, we did” structure explicitly linked concerns raised by local BSL users to planned activity and priorities. This was a welcome example of transparency in embedding consultation responses within the final local BSL plan, and illustrating co-production practice.

Fife BSL Plan 2024 – 2030

This plan is shared across NHS Fife, Fife Council and Fife College. The plan’s consultation process brought together engagement from 21 stakeholders across the local authority area including:

- Five different sections of Fife Council (Education Deaf Support Services, Communication Policy and Communication, Deaf

Support Service, Human Resources Service, and HR Workforce and Organisational Development), Four different section of the Health and Social Care Partnership (Adult Services Resources, Deaf Communication Service, Integrated Complex and Critical Services)

- OnFife (Fife Cultural Trust)
- Fife Centre for Equalities
- Fife Sports and Leisure Trust
- Fife Fire and Rescue Service
- The division of Police Scotland which covers policing in Fife
- Jobcentre – Department of Work and Pensions.

In addition to listing all the stakeholders, the plan also included a dedicated and detailed section describing engagements with Deaf and Deafblind BSL users as the main stakeholders. This wide reach approach to consultation on the local BSL plan increases the awareness of the legislation across the area and promotes partnership working and engagement.

Fife's plan was notable in naming specific partners who would take responsibility for delivering different activities, with defined timescales and success measures. It seems reasonable to assume that this welcome level of detail stems in part from the wide range of stakeholders involved in the development of the shared plan.

Reflections and recommendations

Including detailed consultation information in local BSL plans is good practice to evidence that those individuals who, “are likely to be directly affected by the Authority Plan or otherwise to have an interest in that plan”¹³ have an opportunity to engage with the process. Embedding the content of that evidence and feedback within plans, and specifically working to link feedback directly with planned activities and priorities, is welcome in closing feedback loops and increasing transparency.

We suggest that best practice would be to go beyond consultation and into co-production – ensuring BSL users are involved in decision-making

around local priorities and activities in local BSL plans, and that people of all ages (and/or the parents/carers of Deaf children and young people) are included. Some indication of broad demographics around consultation and co-production activity would also 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 for whom BSL is a second signed language).

Similarly, it is also useful to ensure that as wide a range of affected stakeholders as possible are involved in developing local BSL plans – particularly when relevant organisations and groups of people may be responsible for delivery. Including specific named partners responsible for activity assists in transparency and reporting processes.

Those 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 than those that followed best practice in consultation processes. Meaningful engagement and co-production is vital to ensure that solutions and plans are informed and directed by lived experience, and enable people to enjoy their human rights.

Where consultation for listed authorities was not possible or limited, it is important the reasons for this can be shared openly and without prejudice so that processes and access to resources can be improved for future consultations. Again, we strongly recommend that listed authorities move towards an ongoing co-production approach, to BSL users are involved in ongoing analysis and report of progress, decision-making, and implementation.

Finally, we heard from some listed authorities through our email communications that there were difficulties securing BSL/English interpreters. The availability of Language Service Professionals such as BSL/English interpreters and Electronic Notetakers varies across Scotland with some areas not having any or insufficient numbers to carry out successful consultations – particularly given the relatively tight six-

month publication requirement in the Act. This inequality of provision may be a barrier to listed authorities achieving compliance with the Act and should be addressed at national level.

Accessibility

In reviewing the content of local BSL plans, we also analysed the accessibility of relevant material. This included the following areas of interest:

- Ease of access and distribution: how easy were the written and BSL versions of the local plans to find online? How many people viewed the BSL versions?
- BSL versions: what choices were made in how the BSL versions of the plans were edited and published? Were they published simultaneously with written English versions? Was translation provided by qualified interpreters or people with lower levels of conversational BSL?
- Wider accessibility: are written plans accessible for people who are Deafblind or who have a visual impairment, including those who use screen readers?

Ease of access and distribution

There was a wide discrepancy in how much publicity was associated with local BSL plans from different listed authorities. While not every plan is available in BSL, or includes viewing figures, the majority include both; as such, they provide an interesting analytical tool for assessing impact and reach. All figures below date from 22 August 2024.

Within local authority and Health Board plans, some showed healthy viewing figures, indicating that they reached a wider audience. For example:

- 186 people viewed the Lanarkshire BSL plan (shared across North and South Lanarkshire councils, and NHS Lanarkshire).
- 173 people viewed Angus Council's BSL plan.
- 106 people viewed Aberdeen City Council's BSL plan.

While some of these figures are a likely consequence of shared plans across a wider and more populous area (e.g. Lanarkshire), others are proportionally high for a local authority with a relatively small population (e.g. Angus).

In comparison, the City of Glasgow's plan had been viewed 31 times, and NHS Greater Glasgow and Clyde 32 times. The pan-Ayrshire plan (shared between three local authorities and a Health Board) was viewed 21 times. Shetland's lower viewing numbers (17) are expected, given the population size. Fifteen people viewed West Lothian Council's plan. Only two people were recorded as viewing West Dunbartonshire's BSL plan.

Higher education institutes showed a similar range of engagement; Queen Margaret University (heavily involved in sensory research) had 73 views of its BSL plan, and Glasgow Caledonian University's plan had also been viewed 73 times. In contrast, nine people viewed the University of Stirling's plan, and only one person had viewed the Edinburgh Napier University plan.

Viewing figures for other listed authorities were reasonably high:

- 84 people viewed Historic Environment Scotland's plan (not required under legislation but published within the timeframe).
- 78 people viewed the Scottish Commission for Human Rights and the Information Commissioner for Scotland shared plan.
- 56 people viewed the Commissioner for Children and Young People in Scotland's plan.
- 47 people viewed the Scottish Courts and Tribunals Service plan.

While this method of assessing reach is not perfect, it is pertinent to note that the majority of listed authorities with higher viewing figures (50 or

more views) had several elements in common. 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 (SEO), and functional internal search options.
- Advertising on social media and via partner organisations.

Those with lower viewing figures (fewer than 50 views) had more limited areas of commonality; some are likely a result of smaller population groups within the relevant area or institution. The following items characterise some of the local BSL plans with lower viewing figures:

- Plan for a listed authority with a small population size (e.g. Shetland) or a smaller higher education institute.
- BSL version of plan was not embedded within listed authority webpages alongside a written version of plan. This category includes some shared plans where not all participating listed authorities shared information on their websites.
- Listed authority website has low levels of search engine optimisation (SEO), and limited or non-functional internal search options.
- Late publication of BSL version, rather than publishing it simultaneously with written English version.
- Limited sharing via social media and partner organisations.

BSL versions of plans

On behalf of the ALLIANCE, an advanced BSL user analysed the quality of the 61 BSL local plans which were available in BSL format. Best practice in BSL videos considers several factors. Firstly, it is important the signer can be easily seen. For this reason, there needs to be an

appropriate level of contrast between the signer and the background. Signers should wear a solid-coloured top (no patterns) which contrasts with their skin tone. The background should also be a solid colour easily distinguishable from the signer. Several public bodies demonstrated good practice on the visibility of the signer, including the Ayrshire shared BSL plan. However, a common issue from the analysis of the BSL videos is low contrast between clothing and background (particularly for regional Health Boards).

Another factor to consider for best practice is the signing space (the visible space around the signer when they communicate). The signing space needs to be protected for optimal access to content. Often additional items may need to be added to the video but should be kept outside of the signing space. Common examples include an organisation's logos, banners and headers. In some cases, these items are too big, meaning that full visibility of the signer is compromised. If the screen becomes too busy with additional items, it risks detracting the viewer's attention away from the signer.

In terms of signing the local BSL plans, several listed bodies demonstrate good practice when captioning or written titles are synchronised to sign production. A notable example of good practice is Fife's BSL video which incorporates images to reference organisations being signed (e.g. Skills Development Scotland), thus providing further clarity of messaging. Similarly, West Dunbartonshire include a photograph of the relevant Councillor on screen when translating her foreword to the plan. The advanced BSL user analysing the videos noted some good examples of signing clarity and fluency, as well as BSL versions of plans where this could have been improved. Other good practice was noted in instances where the signer would spell out the name of an organisation before abbreviating it, improving viewer understanding. In several cases information is provided in captions which is not conveyed in BSL – this should be addressed for parity of information sharing.

It is concerning that in several cases not all the information in written plans or summaries is fully translated into BSL. This is particularly

problematic when the information left out involves details of how to contact relevant listed bodies with comments or questions. Other BSL versions demonstrate good practice in providing several synonyms for particularly niche terminology. Listed bodies should take care to ensure parity of content and access across English and BSL versions of plans.

Across the BSL local plans, there is variation in the approaches to the length of BSL videos. Some include all the information in one continuous stream. Others either introduce segments within the same video as a natural break when introducing a new section or topic, or include several different videos to represent the whole plan. A segmented approach can be more accessible because different parts of the BSL plan are better signposted. This means the viewer does not have to return to watch a video of the entire plan again to get to the section they are looking for; for example, information on children, young people and families.

There is uncertainty in several cases as to whether BSL translations were provided by people with lower levels of conversational BSL, instead of a qualified interpreter. Best practice is to use a qualified interpreter, opting for a Deaf signer wherever possible. Several plans were notable for being signed by local Deaf BSL users, sometimes from the local area and using regional signs; this is welcome practice in increasing accessibility of content.

Some listed bodies included useful digital elements within the BSL versions of plans, to streamline people's engagement with material, such as embedding links to the written versions of plans within or below BSL videos. Others (such as Shetland's shared plan, or the University of Highlands and Islands' plan) include embedded links to ContactScotland BSL beneath videos, to support direct contact between viewers and relevant listed bodies about the content of the plans. This is good practice to encourage participation and accessibility.

One example of good practice in BSL versions of plans is Aberdeenshire; they provide a full 19-minute BSL translation of the nine page written version of their plan. The BSL version includes both captions and a voice-over, to maximise access for a wide range of

viewers, and they include time-stamp notes for different sections, including a short summary. This enables viewers to easily locate and jump to relevant sections of the plan as needed. They also include a full written transcript, again widening the accessibility of the plan, and a link to the council website for further information. The signing space, backdrop, and logo positions all follow best practice guidelines. It would be helpful for Scottish Government to share examples of good practice such as this with other listed bodies, to aid in their understanding and commissioning practices around BSL translation.

Overall, BSL versions of plans varied in quality, from partial translations of plans, or translation of summaries (which is arguably not compliant with the BSL (Scotland) Act 2015), through to detailed and considered plans, including Deaf BSL users from the local area and examples of good practice and considered design. Overall, universities and colleges were less likely to demonstrate best practice in their BSL versions of plans than local authorities or regional Health Boards. This finding indicates that more support is needed for listed bodies to provide high quality BSL material and sharing of best practice.

Wider accessibility of plans

In reviewing the plans, we also assessed wider inclusive communication and accessibility concerns.

Most written English local authority and Health Board plans are available in a PDF format, which can be challenging for screen reader use. Most of these are fully accessible. However, there are a small number of plans which have images that have not been described with Alt Text, meaning that it is not possible for screen reader users to tell what these images contained.

Most university and college plans are embedded on institutional websites, rather than available for download. On websites where there are accessibility issues, the plans are difficult to read – impossible in one case (where the website is not accessible to screen readers). The

ALLIANCE research team followed up under separate cover with that listed authority, to provide feedback on improving their website accessibility.

Several plans make regular use of tables. Screen reader access can be compromised with this, as screen readers struggle with tables, often not reading the content in the intended order. In many cases, the tables are introduced when it comes to the action proposals, resulting in the most important part of the plans being inaccessible. It is important that any tables are accompanied by descriptions of content within the main body of the text.

Reflections and recommendations

In reflecting on the accessibility and legislative compliance of listed authorities' plans, it is clear that while most listed authorities comply with the legislation, a substantial minority are either not compliant (38% did not publish their plans in BSL) or are late in delivering their plans. This indicates that there is a need for greater communication with listed authorities on the importance of this work, and its significance in ensuring that BSL users are able to participate fully and equally in society and enjoy their human rights. Scottish Government, as the authority responsible for the national BSL plan, has a role to play here, in providing appropriate communication and support to listed authorities to develop local BSL plans, and share good practice and useful resources.

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. It is important that BSL versions of the plan feature prominently on relevant webpages of listed authorities, without requiring viewers to read through large blocks of text to reach embedded video. Similarly, plans should be accessible to all BSL users and interested stakeholders, and follow inclusive communication best

practice, including use of captions, providing downloadable as well as or instead of embedded plans, and ensuring screen reader accessibility.

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. We also suggest that they would benefit from wider guidance on best practice around inclusive communication – such as ensuring that all table content is also be contained within the main body of plans to improve accessibility, and that written plans should be provided in downloadable format as well as embedded within the listed authorities' websites, to mitigate accessibility issues.

These recommendations should be seen as good practice for all public communications and strategic planning – not just BSL Plans. Civic engagement should be accessible to all.

BSL plan priority areas

In structuring their plans, most listed authorities elect to use at least some of the 10 priority areas found in the BSL National Plan 2023 – 2029. These are:

1. Delivering the BSL National Plan
2. BSL accessibility
3. Children, young people and their families
4. Access to employment
5. Health and wellbeing
6. Celebrating BSL culture
7. BSL data
8. Transport
9. Access to justice
10. Democratic participation

While the Act does not require listed authorities to follow the same pattern as the national BSL plan, local input on each of these priority areas is key to effective implementation of the national plan across the country. As such, we have analysed whether each listed authority's BSL plan contains material on each of the priority areas (either specifically named as such, or in terms of the wider content of the plans). We also aim to highlight areas of good practice, innovation and forward-looking planning.

Due to the proportionally high compliance rate among local authorities and Health Boards, and their significant role in terms of potential impact and reach in planning and support for BSL across Scotland, we focused our analysis of plan content on the BSL plans from those 46 listed authorities (and particularly the 37 local authorities and Health Boards who complied with legislation in publishing their plans). All statistics in the remainder of this report combine analysis of these two categories – in part, because of the number of plans which were shared across local authorities and Health Boards. A further breakdown of the information below is available in table form in Appendix A.

Reflections and recommendations

In this section we note which listed authorities have not included detailed or named content on priority areas of the national BSL plan. Typically, explanations are not provided in local BSL plans as to why particular priority areas were or were not included. We suggest that it would be useful for this information to be included in plans, to increase accountability and transparency about decision-making. For example, if wide-ranging co-production work with local BSL users indicated that they were most concerned with eight of the ten national priority areas, it would be reasonable for a local plan to orientate work to respond to local demand – particularly in the current fiscal environment.

Additionally, as outlined earlier in this report, the remainder of the analysis only covers the 37 published local authority and regional Health Board BSL plans. It does not include higher education institutions or additional listed bodies. We recommend that further work be carried out to analyse the content of the remaining listed authority plans.

Priority 1: Delivering the BSL National Plan

Of the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 18 (49%) include specific material on delivering the BSL national plan. The remaining 19 (51%) do not discuss delivering on the BSL national plan. This priority area has the joint-lowest inclusion rate in local plans (along with “access to justice”). A full breakdown of which plans include material on delivering the BSL national plan is available in table form in Appendix A.

Of those plans we analysed that include detailed discussion of how to deliver on the national BSL Plan, there are several areas of commonality. Key areas of constructive work found in several plans include:

- Commitments to ensure **ongoing engagement with Deaf and Deafblind people, as part of BSL advisory/working groups**

(e.g. Ayrshire shared plan, East Dunbartonshire, East Renfrewshire, NHS Tayside). Some listed authorities include specific targets for how often groups would meet (e.g. every six months) to ensure regular input on decision-making.

- **Monitoring and evaluation processes** to track progress and success, including proposals for annual reporting (e.g. Aberdeen City, East Dunbartonshire).
- **Publication of interim reports on progress**, mid-way through plan period (2026-2027) (e.g. Argyll and Bute, Ayrshire shared plan, Dundee City, East Renfrewshire, Fife, NHS Tayside).
- Plans for **partnership working** across geographic areas and listed authorities (e.g. Angus, Ayrshire shared plan, Dundee City, Fife, NHS Tayside).

The Ayrshire shared plan mentions the need to consider inclusive communication more broadly in planning, “in line with the PSED [Public Sector Equality Duty] to ensure BSL users are considered in communications.” NHS Tayside’s plan also engages with wider planning for inclusive communication practice as part of the delivery of the BSL national plan, with a commitment to “tailor communication support to the needs of BSL users (e.g. patients, families and carers) throughout the patient journey” and to “embed inclusivity in policies and procedures, reflect our commitment to meeting the needs of BSL users in line with the Public Sector Equality Duty.”

Reflections and recommendations

Examples of good practice around engagement work are welcome, and 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. This would also be in line with some fundamental human rights principles that are relevant to this discussion. This includes the five-point PANEL Principles of a human rights based approach, which are “participation”, “accountability”, “non-discrimination and equality”, “empowerment”, and “legality”.¹⁴ The PANEL Principles are one way in

which rights can be put into practice – they are not simply words on a page. BSL users must be at the heart of policy and practice if they are to enjoy their human rights.

The ALLIANCE welcomes that some plans include explicit commitments to transparency and regularity of reporting on progress – in line with PANEL principles on accountability. We suggest this should be standard practice for all listed authorities.

It was notable that few plans that we reviewed include specific, measurable and time-bound outputs and outcomes. Whether listed authorities use SMART (specific, measurable, achievable, relevant, and time-bound) goals, KPIs (Key Performance Indicators) or any other measuring system, it is important that the definitions of success are clearly laid out, to enable meaningful assessment of progress and evaluation of impact, and any additional action required to improve delivery. Where plans did include specific goals (e.g. for BSL advisory groups to meet on at least a six-monthly basis), they were welcome; but we would encourage greater use of evaluation and monitoring tools throughout this work.

That this priority area from the national BSL plan has the joint-lowest inclusion rate in the local plans we analysed indicates the need for more linkage between listed authorities and the Scottish Government. The Scottish Government is responsible for delivering the national BSL plan, and communicating to listed authorities in order for them to include national priorities and workstreams in their planning and delivery. Scottish Government should support listed authorities by providing clear pathways for engagement, responses to queries, and support with monitoring and evaluation tools. A network to share good practice across listed authorities would be helpful in ensuring that Scotland can deliver on the ambitions of the national BSL plan and the BSL (Scotland) Act 2015. We recommend that Scottish Government support the development of such a network within the life of this plan.

Priority 2: BSL accessibility

Of the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, all include specific material on BSL accessibility. This high rate of inclusion and consideration of accessibility in local plans is particularly welcome.

Key areas of constructive work found across most plans we analysed 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 of more content in BSL and reducing how many “clicks” required to access content.
- **Staff training** to improve accessibility and support for BSL users.

Aberdeen City Council’s plan includes specific work on monitoring and evaluation to assess success in this area; in particular, they propose to track how many BSL interpreters are booked via their in-house system, the number and variety of BSL videos created each year, and the number of BSL users involved in health and wellbeing projects.

While most of the local plans we analysed make statements about offering BSL interpretation services and increasing the range of BSL videos available on their websites, very few detail monitoring and evaluation programmes to go alongside that work. It is welcome that Aberdeen commit to that level of detail, to enable accountability and effective service planning.

Almost all the listed authorities who published plans we analysed mention the provision of local authority or HSCP staff training. However, there is wide divergence in the type of training mentioned, and who it would be offered to. There are also varying positions on explicit commitments to providing training, as opposed to “exploring”,

“investigating” and pricing options (which may or may not be delivered, and no clear timescales or indications of reach). Types of training include:

- Deaf awareness
- Sensory awareness (including the Right to Dream programme)
- Inclusive communication
- Website accessibility / accessible service provision
- How to book BSL interpretation
- Lipreading classes
- Learning BSL

Some listed authorities (e.g. Perth and Kinross) explicitly mention ensuring that training is informed by Deaf and Deafblind people’s priorities for staff. Others specify that Deaf awareness and BSL training should be carried out by a Deaf trainer for whom BSL is their preferred language (e.g. NHS Tayside).

Of those plans that include offering employees of listed authorities the opportunity to learn BSL (rather than/in addition to sensory awareness training or similar), there is a wide range of degree of commitment. Some plans state that all staff will be offered regular training in BSL; others state that they will train a small number of staff who are most likely to work closely with BSL users.

Five listed authorities (Fife, Glasgow, Midlothian, Moray and Stirling) state that they will either provide or “scope” introductory BSL training for staff. Plans vary between providing this training to “all staff” (e.g. Fife) or only the “public facing staff” who are most likely to support BSL users.

Two listed authorities go further and committed to either “provide” (Angus) or “explore the provision” (Inverclyde) of accredited BSL training for staff up to Level 2 BSL. East Dunbartonshire’s plan commits to supporting “employees within East Dunbartonshire Council to undertake accredited level 3 BSL training”.

Commitments to supporting staff to achieve higher level BSL competence are significant. Signature (who award BSL qualifications in the UK) state that Level 1 means that people should “be able to communicate with Deaf people in British Sign Language on a range of themes that involve simple, everyday language use”.¹⁵ Level 2 should “allow learners to participate in longer and more varied conversations”, and “deal with most routine communication and have enough understanding of grammar to cope with some non-routine communication”, and broadly aligns with National 5 qualifications.¹⁶

Level 3 is equivalent to Scottish Highers, and a more professionally useful level of competency, for:

“Those who work on a regular basis with Deaf people (for example social workers, teachers of the Deaf, communicators, voluntary workers, workers within Deaf organisations, schools, etc). [...] Learners will be able to understand and use varied BSL in a range of work and social situations”.¹⁷

Other topics include discussion of improving website accessibility and increasing provision of BSL material within listed authorities’ websites. Some plans state that they will assess the most-visited pages on their websites and publish targets to translate a set number of the most visited pages into BSL. Others (e.g. East Renfrewshire) focus on improving “one click” accessibility, where “any BSL information on the website should be easy to find with BSL symbol and any content produced should be checked with BSL users first to ensure standard of interpretation is accessible.” They also commit to creating a one-stop “webpage in 2024 that is easily accessible on the Council’s website to share information for BSL users.”

Several plans commit to reducing jargon and aiming for universal accessibility standards in written English and BSL translations and increased provision of BSL videos. East Renfrewshire’s plan takes this recommendation one step further, in developing an “Inclusive and Accessible Communications working group to revise a policy around this

subject [BSL accessibility], which will include best practice guidelines around interpretation and embed this across the Council.”

Finally, several plans mention use and signposting of SignPort, Near Me, Video Remote Interpretation, and Video Relay Services, as well as third sector organisations in the sensory sector (e.g. Deafblind Scotland, Deaf Action, British Deaf Association).

Reflections and recommendations

The ALLIANCE welcomes the acknowledgement of ContactScotland BSL as a vital resource, and work to improve awareness of its availability and purpose. Similarly, improvement in website accessibility and the provision of sensory awareness and BSL training is welcome. However, the vague nature of the commitments on these topics in some local plans we analysed is concerning, and risks seeing little meaningful progress over the life of the plans. We also suggest that it is important that a “digital choice”¹⁸ approach is taken, to ensure that BSL users who are not able or comfortable using technology still have equal access to public life, services, and support.

We recommend that all listed authorities should assess their progress on BSL accessibility on an annual basis, using specific, measurable, achievable, relevant and time-bound (SMART) goals. In line with those listed authorities who also committed to publishing regular updates on accessibility progress (e.g. Aberdeen City, East Dunbartonshire), we would encourage the public sharing of this aggregate data, to promote public accountability. Some listed authorities also mention work towards the implementation of inclusive communication duties; this acknowledgement is welcome and should come alongside specific reporting and evaluation work if it is to be effective.

Local plans committing to ensuring higher levels of BSL competency in staff increase the likelihood of Deaf BSL users being able to communicate directly with listed authorities, without additional wait time to request and secure interpreters. We would also encourage

commitments to ensuring widest possible range of people are able to access training.

Priority 3: Children, young people and their families

In the BSL National Plan 2023 – 2029 the priority area for children, young people and their families covers 12 of the 45 goals across the plan. The long-term goal of this priority area is as follows:

“The Getting it Right for Every Child (GIRFEC) approach will be fully embedded, with a deaf or deafblind child and their family offered the right information and support at the right time to engage with BSL. We will strengthen partnerships between relevant organisations to overcome barriers for BSL users and deaf/ deafblind children to ensure they have the support they need at all stages of their learning, so that they can reach their full potential.”¹⁹

From the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 36 (97%) include specific material on supporting children, young people and their families. NHS Grampian did not include tailored content on children, young people and their families.

Most of the plans we analysed explicitly specify full support for the Scottish Government’s National BSL Plan long-term goal above, and several commit to ensuring all children are fully aware of their rights under the United Nations Convention on the Rights of the Child (UNCRC).²⁰ The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 received Royal Assent in Scotland on 16 January 2024.²¹

One Health Board local BSL plan (NHS Grampian) does not include a dedicated section on supporting children, young people and their families. Given the findings of the British Academy of Audiology’s independent review into the paediatric audiology service in NHS Lothian (2021) and the *Independent Review of Audiology Services in Scotland*

(2023) that there were “significant failings”²² in paediatric audiology services in Scotland, not including a specific section on children and young people and their families is concerning.²³

From the plans we analysed that include material on how to support children and young people and their families, most also include the following:

- Support **children and young people to learn BSL**. Some plans specifically mention the importance of language acquisition in **early years**, and early referral to appropriate support to learn BSL.
- Support the **families of Deaf/Deafblind children and young people to learn BSL**. Some plans specify that both Deaf and hearing family members should learn BSL simultaneously, in the same setting.
- Promote **education and NHS staff understanding of BSL** provision and referral pathways for children and young people to learn BSL.
- Support **education and NHS staff to learn BSL and attend Deaf awareness training**. Some plans name specific training programmes that take a human rights based approach (e.g. Right to Dream).

Several plans we analysed include content about ante-natal, post-natal and early years support for Deaf babies, children and their families. Lanarkshire’s shared plan and NHS Tayside’s plan both include commitments to improving maternity services’ awareness of BSL – both for supporting Deaf parents and newborn babies. Training on BSL and Deaf awareness for Health Visitors is specifically mentioned in four plans (NHS Greater Glasgow and Clyde, NHS Highland, Shetland shared plan, and NHS Tayside).

Several plans also include discussion of the vital importance of language acquisition in early years – and particularly before children attend school. Commitments to improving early years staff awareness of and familiarity with BSL are welcome. Similarly, the plans that focus attention on transitions (from Early Years settings into primary, primary to

secondary, and between school, college/university and the workplace) respond to feedback on the most common points where support is dropped or reduced.

Several plans included in this review include reference to the Scottish Government policy, “Language Learning in Scotland: A 1+2 Approach”²⁴ with most stating a commitment to raise awareness of the option to include BSL within the 1+2 language approach in schools. Inverclyde already has BSL included within one school and aims to expand on this. The Angus Council plan states that they currently have seven primary schools who have BSL included in their 1+2 language programme and are aiming to add more. These findings suggest that awareness of the option to include BSL as part of the 1+2 language approach differs throughout Scotland. It is important to highlight those local authority areas already at the implementation stage as promoting good practice through their BSL plans and a source of learning for other areas seeking to learn from their progress – including (for example) discussions on pay rates for externally commissioned Deaf BSL users teaching BSL in schools.

Fife’s plan includes a commitment to supporting Sensory Support (Deaf) Services to develop a BSL curriculum for primary schools. Scottish Borders’ plan includes a welcome commitment to developing BSL leads in every school. However, only two plans (Lanarkshire and Scottish Borders) mention support for Teachers of the Deaf, and work to encourage existing teachers to explore additional training to qualify as Teachers of the Deaf. Lanarkshire also include material in their plan on the inclusion of BSL within wider school culture: from routine information being shared in BSL, to BSL support for children and young people and their families to participate in parent and pupil councils, events, and day trips.

While one plan (Aberdeen City) includes an aim aligning with Goal 18 on the BSL National Plan, “Work with the General Teaching Council Scotland (GTCS) to explore and facilitate pathways for BSL users to obtain Qualified Teacher Status”, the GTCS resource for teaching and supporting Deaf learners is not referenced in any of the other plans.²⁵

Several plans do however highlight awareness of Education Scotland’s BSL “Toolkit for Practitioners”²⁶ resource to help school staff engage more effectively with parents/carers who use BSL by understanding Deaf culture and identity.

While there are many examples of positive actions included across the plans we have reviewed that contain information on children, young people and their families, it is notable that few include measures to track success and impact, or commitments to report on the delivery of these actions. Examples include plans with an action to provide, or further, the BSL qualification level for different key staff who work with deaf children. However specific aims, including numbers of staff and the level of BSL to be achieved to meet the needs of babies, children and young people are not stipulated.

Reflections and recommendations

Children, young people and their families is a priority area in the National BSL Plan 2023 – 2029 and accounts for over a quarter of the 45 goals. It is positive so many local BSL plans recognise the importance of including actions within this priority area, and that there are several examples of good practice providing valuable learning opportunities for other listed authorities.

The main concern from our findings and analysis is that local BSL plan actions in the sample we analysed largely 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.

We recommend calling on all listed authorities to include SMART objectives or a similar framework within their BSL local plans. These objectives should be cognisant with 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 aims of GIRFEC and the UNCRC. There are several major educational transitions for children which begin in the early years and

continue through to young adulthood, all of which need to be prioritised to ensure appropriate access to support and information for children, their families as well as any staff and professionals involved in the transitions.

In 2021, O'Neill and Wilks investigated the impact of the Act on Deaf Education through analysis of the first round of local BSL plans. They stated that, “the plans often show a lack of understanding of what learning or acquiring a language involves, such as staff fluent in BSL, and encouraging a community of BSL users to join in.”²⁷ It appears these issues largely persist throughout most of the second round of local BSL plans where specified outcomes and clear measurement of impact are absent. Given the known issues around the educational attainment gap for Deaf children and young people,²⁸ it is vital that Scotland builds capacity and public accountability into systems design and planning.

Priority 4: Access to employment

From the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 36 (97%) included specific material on access to employment. One plan (NHS Tayside) does not discuss access to employment.

Whereas most of the listed authorities we analysed provide significant detail on how to improve accessibility, the level of detail around access to employment is generally more 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.²⁹

While the principles of No One Left Behind are welcome, and the support offered by general employability services, neither are designed to meet the needs of Deaf and Deafblind people. Those plans which detail further work to tailor support to BSL users are more likely to measure a meaningful impact.

Some local plans we reviewed include specific work to support self-employment among BSL users; for example, Aberdeen City aims to increase the number of BSL users who access business start-up support and seed funding. Several plans state that they will work to increase the number of BSL users employed by relevant listed authorities. Others commit to Deaf awareness training for employability organisations and staff within local areas.

Fife local plans (Aberdeen City, East Dunbartonshire, East Renfrewshire, NHS Lothian, Midlothian) specify action to support more BSL users to volunteer. Volunteering brings a host of benefits to people; where discussed within a wider context of employment support (e.g. Aberdeen City Council, East Renfrewshire), this is a welcome move to ensure Deaf people have equitable access to volunteering opportunities. However, this is a potentially concerning approach if it comprises listed authorities' primary means of improving Deaf and Deafblind people's access to employment – particularly given that Access to Work is not available to support BSL users to access interpreters for volunteering, and the known employment gap faces by Deaf and Deafblind people.

Other plans focus on explicit work to address structural barriers that Deaf and Deafblind people face in accessing employment – such as the pan-Ayrshire commitment to dedicated work by their BSL advisory group on the topic, or East Dunbartonshire's commitment to ensuring a 30% reduction in barrier to accessing employment information across the life of the plan.

Reflections and recommendations

Access to Work and No One Left Behind are important policies to enable people to work. However, it is equally important that local BSL plans are 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 ability to arrange interpretation and/or accommodate the use of ContactScotland BSL.

Volunteering brings many benefits; but as outlined above, it should not be viewed as a primary route to employment. Explicit planning should also be in place to provide BSL interpretation support for any volunteering schemes, given that Access to Work will not cover volunteering.

Finally, it would be useful for the monitoring and evaluation reporting of some of the more innovative aspects of plan content (e.g. work to increase BSL users' uptake and success with business start up support and seed funding) to be shared more widely, possibly via Scottish Government, to share learning and possible good practice. There is a potential role here for the national network recommended earlier in this report, in carrying out and sharing monitoring and evaluation result, and examples of good practice.

Priority 5: Health and wellbeing

Of the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 35 (95%) include specific material on health and wellbeing. Two (Argyll and Bute and Moray) do not have sections on health and wellbeing or discuss the topic in detail – although Moray's plan does state that they will “promote D/deaf awareness training and BSL training to among its Health and Social Care staff” and “promote the use [...] of assistive technology”.

A significant majority of plans include the following:

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

While it is welcome that listed authorities promote existing resources, it is disappointing that relatively few include specific commitments and targets on how to improve resources and support for BSL users to access health and social care services. References to Deaf awareness/BSL training vary from signposting staff to resources, with no indication of how to track uptake and use, to far rarer commitments to training all front-line staff (e.g. NHS Fife).

Within discussions of communication support, two listed authorities (East Renfrewshire, NHS Lothian) responded to consultation feedback by committing to ensure BSL users can choose to work with a preferred interpreter. NHS Lothian state that this includes situations where “BSL user[s] may reasonably object to the presence of an interpreter of the opposite sex”. East Renfrewshire and NHS Fife also commit to improving the way that communication requirements (e.g. BSL) are flagged across all patient record systems, to ensure people have access to preferred communication method when contacts about appointments and medical information.

As expected, all Health Boards with published plans include information on this theme. NHS Greater Glasgow and Clyde, NHS Fife, and NHS Grampian all mention work to improve the accessibility of audiology departments for BSL users, including staff awareness. NHS Fife includes a specific commitment to reviewing “the experience of Deaf and Deafblind patients in Adult Audiology through patient engagement”, in

direct response to the findings of the *Independent Review of Audiology Services in Scotland* (2023), and to improving the accessibility and visibility of their complaints system.

NHS Fife also include an action to use a BSL short life working group to “explore barriers around access and progress continuous improvement actions to mitigate and resolve issues identified”, with a focus on data. The proposal to launch a dashboard to ensure that BSL users in acute wards are provided with “a failsafe system for providing BSL interpreters to support communication needs” is welcome. Similarly, the proposal to regularly assess staff Deaf awareness and compliance with policies should help ensure people are properly supported, and staff training planned and managed appropriately. It is worth noting that NHS Fife’s plan includes a range of dates for activities (spanning 2026, 2028, 2030) and includes monitoring and evaluation work to assess impact. This approach is welcome in allowing evidence-based planning to support BSL users to access health and social care.

Reflections and recommendations

Health and wellbeing is a key priority for BSL users; BSL people typically wait longer than hearing people to access health and social care appointments, and to experience delays and cancellations if interpreters are not available.³⁰ Similarly, there is limited and varied support for BSL users in leisure facilities across Scotland – with some locations and staff offering excellent and tailored support, but no equitable provision of such facilities.³¹ It is welcome that this area had a high inclusion rate within local plans.

However, it is concerning that many plans we analysed rely on the continuation of existing services and activity as the content of their 2024 – 2030 plans; continuing the status quo is unlikely to reduce the health inequalities experienced by Deaf and Deafblind people. While it is welcome that listed authorities promote existing resources, it is disappointing that relatively few that we reviewed include specific commitments and targets on how to improve resources and support for BSL users to access health and social care services. As with previous

recommendations around monitoring and evaluation, inclusion of such considerations would encourage targeted and evidence-based activity to improve BSL users' health and wellbeing.

Similarly, training for front-line health and social care staff is welcome, and particularly when accompanied by commitments to ensuring some or all front-line staff will complete training, rather than to “explore” or “consider” the possibility of Deaf awareness or BSL training. The latter – if decisions are made not to prioritise training – is unlikely to have any positive impact.

We also recommend that more listed authorities 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 information and support they require.

Finally, we recommend that Scottish Government work with listed authorities to track trends emerging from new activity and data collection; for example, from Fife's work to track use of mental health services, or the use of a dashboard to highlight communication requirements across acute services. If these interventions can be evidenced to improve health outcomes for BSL users, then that information should (in an anonymised fashion) be shared more widely to inform practice in other parts of Scotland.

Priority 6: Celebrating BSL culture

Of the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 34 (92%) include specific material on BSL and culture. Three (Argyll and Bute, NHS Greater Glasgow and Clyde, and NHS Tayside) do not discuss this topic for 2024-2030 – although Argyll and Bute do report on action taken in the previous plan (awareness raising work with a local partner).

There is some difference between listed authorities on how they approach this priority area; most of the plans we reviewed 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. A small minority of plans cover both areas.

Proposed actions to support BSL users' access to all cultural events and venues 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 (e.g. museums, galleries, city tours).
- Using **technology** to increase the provision of BSL in arts, culture and heritage venues (e.g. Signly, Bloomberg Connect).
- Increasing **Deaf awareness among staff** working in arts, culture and heritage venues.

Some plans we reviewed mention increasing work experience and volunteering opportunities for BSL users within arts, culture and heritage venues. However, the addition of “where possible” in some plans raises concerns about the level of commitment to this action. Similarly, a reliance on volunteering (rather than paid placements/employment) to support BSL users to develop careers in the sector raises the same concerns outlined previously in this report about ensuring people can access interpreters via Access to Work or equivalent schemes where needed.

In terms of celebrating Deaf and BSL culture, the commitments are more varied. Some plans commit to advertising funding opportunities in the arts, culture and heritage sector to BSL users and Deaf clubs (in BSL) and tracking the uptake of applications from BSL users as a measure of success (e.g. Aberdeen, Scottish Borders). Others focus on increasing

partnership working between listed authorities and Deaf artists to produce and publicise their work. Activity includes promoting Deaf history and culture via public bodies' social media, websites, and newsletters (e.g. Deaf Awareness Week, the anniversary of the BSL (Scotland) Act 2015, the Edinburgh Deaf Festival).

Glasgow's plan provides detail on how they will work with BSL users and partner organisations to record and share Deaf history and culture. This includes creating museum and gallery displays on Deaf history and artists, including at the Burrell Collection, and working alongside the Royal Conservatoire BSL Acting MA on future content. Other plans focus on work led by local Deaf organisations – such as Fife's plan to work with Deaf Communication Service to develop memory boxes in relation to BSL history and cultures.

Finally, several public bodies outline welcome plans to work with Deaf children and young people to provide education and awareness-raising events on Deaf/BSL history and culture.

Reflections and recommendations

As with other priorities, the best practice examples of action to celebrate BSL culture involve specific commitments – either to increase (and measure) the provision of BSL interpretation/translation at arts, culture and heritage events and venues, and associated online information, or to produce specific exhibits or support creative work celebrating Deaf and BSL history and culture.

However, many plans we analysed are less specific in their content, with repeat use of the words “explore”, “where possible”, and “consider” alongside activities and provision. This level of commitment lacks ambition and renders accountability and transparency difficult; more measurable goals and outputs would be preferable.

It is also notable that only a few plans included in this review mentioned activity to support Deaf artists (using the term in the broadest sense). 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.

The commitments to work with children and young people to improve their knowledge and awareness of Deaf history and culture are welcome. It is worth noting that that most Deaf people are born to hearing families and may not be supported to learn BSL in childhood; as such, some of this activity could usefully 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

Of the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 29 (78%) include specific material on BSL data. Eight (22%) do not discuss action around BSL data. Those that do not include action on BSL data include Aberdeenshire, Argyll and Bute, East Lothian, Glasgow, NHS Greater Glasgow and Clyde, Midlothian, Moray, and Renfrewshire – although both East Lothian and Renfrewshire briefly mention BSL data from the Scottish Census.

Most plans included in our review do not contain detailed information on how they would collect, improve, analyse and use BSL data. The most common action in this priority area was accessing Scottish Census 2022 data for local areas, to inform work planning, and supporting expected Scottish Government work on improving national datasets around BSL. Some listed authorities also reference the use of wider existing datasets (e.g. educational records, National Records of Scotland, NHS data on people's communication requirements).

Several plans mention the use of equalities and monitoring forms, and Equality Impact Assessments (EQIA) as a source of BSL data in their area. This data is mainly linked to actions assessing people's inclusive communication requirements and the provision of BSL interpreters. NHS Tayside and NHS Grampian include specific plans to use of that data to

track how often BSL users can access healthcare appointment with appropriate communication support (with the potential to carry out disaggregated analysis across different demographics); NHS Fife discusses similar analysis via their proposed dashboard (under their section on “Health and wellbeing”).

Reflections and recommendations

The limited nature of local plan content on BSL data we reviewed indicates that more work needs to be done to support listed authorities to engage with the area. Interestingly, even those plans that discuss data in some depth 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 within their areas than local authorities. In line with previous recommendations, it would be useful for the results of NHS Tayside, Grampian and Fife’s proposed data collection and analysis to be shared in aggregate form – or even reflections on what works well, and what they would change in the future in terms of supporting BSL users to access services and support. The ALLIANCE suggests that the Scottish Government’s BSL implementation advisory group would be a natural body to begin this work – but it is important that learning is shared across all listed authorities to support the development of better data.

Priority 8: Transport

Of the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 27 (73%) include specific material on transport. 10 (27%) do not discuss transport. Those who do not discuss transport include Aberdeen City, the Ayrshires,

Eilean Siar (Western Isles), Renfrewshire, NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Tayside.

The content of local plans we reviewed 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 for those involved in transporting Deaf children and young people to and from school.

A few plans include commitments to translating bus timetables and travel information into BSL and issuing text alerts for cancelled services (e.g. Scottish Borders). Others state that following public consultation, Deaf BSL users had flagged issues with pedestrian crossings that were focused on audio-only indicators, and the need to improve visual indicators (e.g. Angus, Dundee).

A minority of plans commit to providing information on concessionary travel application processes in BSL – including online BSL material on applications, and face to face BSL interpreter support (Fife, West Dunbartonshire, West Lothian). These actions are in response to feedback about the inaccessibility of application processes for BSL users.

As seen elsewhere in this report, while most plans mention Deaf awareness/BSL training for front-line staff (primarily bus, train, and taxi drivers, in this section), the level of commitment varies widely. Some plans mention including Deaf awareness in “mandatory” and “annual” training for all drivers (e.g. Dundee City, East Lothian); others only commit to “signposting” drivers to resources and encouraging them to engage. The former approach is more likely to ensure wider uptake of training – although again, data collection on impact would be a valuable addition to these plans. Only East Dunbartonshire mention any data

collection around BSL users and transport – proposing to work with Police Scotland to improve data collection on “the language and communication support needs of people involved in traffic accidents” in the area.

Reflections and recommendations

The British Sign Language (Scotland) Act 2015 – and the national BSL Plan – aims to “make Scotland the best place in the world for BSL signers to live, work, visit and learn”.³² This statement is loaded with ambition. While some local BSL plans are aspirational and have innovative content, the material on transport is generally limited. Given that BSL users flag transport as a key priority area, this is problematic.³³

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 (Dundee City), and “considering” or “exploring” awareness training (as in several plans). Commitments in some plans (e.g. Scottish Borders) to translating timetables and travel information into BSL are welcome, as are proposals for alternative text alert systems for cancellations; but given the interconnected nature of transport systems in Scotland, it is important that progress is made across the country, not only in areas of good practice. There is a strong likelihood, under current proposals, that only some parts of Scotland will see improvements in the accessibility of travel for BSL users – which results in inequality of access. Again, there is a need for the Scottish Government to support the roll out of consistently good practice across the country.

Priority 9: Access to justice

Of the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 18 (49%) include specific material on access to justice. 19 (51%) do not discuss access to

justice. This priority area has the joint-lowest inclusion rate in local plans (along with “Delivering the BSL National Plan”).

Local authorities who do not include actions on access to justice include Aberdeen City, Aberdeenshire, Argyll and Bute, the Ayrshires, East Lothian, Eilean Siar (Western Isles), Midlothian, Moray, Renfrewshire, West Dunbartonshire and West Lothian.

Health Boards who do not include action in this area include Ayrshire and Arran, Greater Glasgow and Clyde, Grampian, Highland, Lothian, and Tayside. The only Health Boards that do include material on this topic do so as part of shared plans. This is an understandable pattern, as there are limited direct connections between Health Board and justice remits.

The content on this priority of the local plans we reviewed is notably 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 (e.g. Procurator Fiscal, Police Scotland, Social Work Criminal Justice departments, Community Justice Partnerships, Justice Advisory Group).
- Provision of **BSL interpretation and translation for people accessing the justice system.**

Some plans we analysed focus on improving BSL provision for different groups of people within the justice system: people who are victims of crime; people who are called for jury duty; people who are accused of crimes. Others call for universal support for BSL users to access justice.

None of the plans we looked at include proposals on how to track improvements in BSL users’ access to justice, or access to inclusive communication support.

Recommendations and reflections

It is concerning that “access to justice” has the joint-lowest inclusion rate of any priority area in local BSL plans; particularly given the concerns raised on this subject in consultations for the See Hear Strategy.³⁴ 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 for access to justice across most plans.

Priority 10: Democratic participation

Of the 37 local authorities and Health Boards who published plans in either written English or BSL by 22 August 2024, 30 (81%) include specific material on democratic participation. Seven (19%) do not discuss democratic participation. Those listed authorities that do not discuss this topic include East Lothian, Eilean Siar (Western Isles), Moray, NHS Grampian, NHS Highland, NHS Lothian, and NHS Tayside.

Key actions across most plans we analysed include:

- Promoting the **Access to Elected Office fund**, as a source of support for BSL interpretation for potential candidates. Some plans mentioned “exploring” advertising the use of this fund for local council-level elected posts as well as its use for national elections (it can be used for both local and general elections).
- Informing **elected members about how to access ContactScotland BSL and book interpreters** to meet with Deaf

constituents. Some plans also include proposals for Deaf awareness training for elected members.

- **Deaf awareness training for electoral staff.** Several plans are unclear whether this included polling station volunteers.
- **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, and – after election – committee meetings.

Two plans (Aberdeen and East Renfrewshire) include targeted work to improve young BSL users' engagement with politics and democracy, via recruiting BSL users to join existing youth programmes.

Of those plans that discuss democratic participation, most concentrate on supporting BSL users to engage with general elections (either as candidates standing for election, or as voters). Some also include actions and commitments on supporting BSL users to be involved in council elections. Few plans discuss support for wider or community-level forms of democratic participation (e.g. standing as a local NHS Board member, attending community council meetings).

Of the seven listed authorities who do not discuss democratic participation, four are Health Boards. NHS Greater Glasgow and Clyde is the only Health Board plan to include information on this topic who did not have a shared plan. Their relevant action centres on ensuring that BSL users can participate in public life by promoting NHS Greater Glasgow and Clyde Board recruitment through Deaf partner organisations and advertising in BSL and written English. This awareness is welcome, directly relevant to the “Health” priority area, and should be standard practice across Scotland.

Reflections and recommendations

Signposting the Access to Elected Office fund, to support BSL users to stand for election in local and national government, is welcome work in encouraging democratic participation. Similarly, so is awareness raising

among elected members and electoral staff, to improve BSL users' access to surgeries, election material, and voting. However, as with previous sections, there is a wide divergence in the level of commitment detailed by different listed authorities included in our analysis.

It is welcome that some plans we reviewed discuss support for wider or community-level forms of democratic participation (e.g. standing as a local NHS Board member, attending community council meetings) – although these were in the minority. There is work to be done to share these commitments among listed authorities, as examples of good practice and wider understanding democratic participation.

BSL users have a right to support to for more than just voting (with limited accessibility of campaign materials) 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 that equitable enjoyment of human rights.

Combined reflections and recommendations

This report contains analysis of local BSL plans 2024 – 2030 that was carried out from July to September 2024 by the Health and Social Care Alliance Scotland (the ALLIANCE). Throughout the report, the ALLIANCE has included our reflections and recommendations. These recommendations are based on our analysis of the listed authorities' BSL plans that were included in our analysis and informed by our wider work in this area. For ease of reference, our key reflections and recommendations from throughout this report are combined in this chapter.

Overview

The BSL (Scotland) Act 2015 details 99 listed authorities who must produce local plans. As of 22 August 2024, 71 listed authorities (71%) had published a local BSL plan in written English. 61 listed authorities (62%) had published a local plan in BSL and were compliant with the legislation.

If Scotland is to effectively implement the BSL Act, it is vital that listed authorities publish their local BSL plans in a timely manner; they are essential to local delivery of the principles of the Act. In response to our email enquiries, several listed authorities acknowledged late publication, and some respondents noted that producing their second local BSL plan within a six-month timetable was more difficult than complying with the 12-month timetable of the first local BSL plans. In one case our email of enquiry (in July 2024) prompted the drafting of that listed authority's plan.

There was some reported confusion around communication lines between the Scottish Government and listed authorities. This is potentially influenced by significant movement in terms of Ministerial oversight of work on BSL, and the ensuing impact on civil servants supporting the work. Since the Act was passed, Scottish Government responsibility for BSL has been assigned to the Minister for Childcare and the Early Years (2016-2017), the Minister for Children and Young

People (2021), and the Cabinet Secretary for Education and Skills (2023). May 2024 marked the most recent shift in responsibility for BSL to the Deputy First Minister and Cabinet Secretary for Economy and Gaelic. Clearer communication and oversight lines between Scottish Government and listed authorities may assist in timely consultation and delivery of local BSL plans.

Ideally, to meet a six-month timeframe 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 to support this work, and their uneven distribution across Scotland. Appropriate planning and support for consultation and co-production work is vital to ensure meaningful input from BSL users into local plans.

BSL versions of plans

The timely publication of BSL versions of local plans is key part of ensuring transparency and accountability of implementation and fulfilling the legislative requirements of the Act. As a note of interest, listed authorities could publish local plans solely in BSL and be compliant with the Act – but to publish solely in English does not meet the letter or the spirit of the law. If simultaneous publication is not possible, then it would be preferable to publish plans in BSL first, then the written English versions.

To meet the six-month timeframe, listed authorities should confirm early bookings with BSL users and an appropriate editing team to provide a simultaneous BSL version of the plans in time for the publication deadline.

The relatively low compliance rate around publishing BSL version of plans (62%) indicates that more communication on both legislative requirements and inclusive communication practice is needed to support listed authorities in this work. It would also be useful to seek feedback from listed authorities who did not publish plans in BSL by 6 May 2024 (or at all) on why that was the case. 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. However, some only make singular mention of Deafblind people and their requirements, as part of including Deafblindness within the term “BSL user”. Similarly, mention of support for Deafblind children and young people is welcome but does not encompass a whole life course approach to inclusion, support, and public planning. We suggest that best practice would be to emulate those listed authorities that cascade that awareness throughout their 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 (led by Deafblind Scotland and chaired by Annabelle Ewing MSP). For further information, see Appendix A.

Consultation process

Including detailed consultation information in local BSL plans is good practice to evidence that those individuals who, “are likely to be directly affected by the Authority Plan or otherwise to have an interest in that plan ” have an opportunity to engage with the process. Embedding the content of that evidence and feedback within plans, and specifically working to link feedback directly with planned activities and priorities, is welcome in closing feedback loops and increasing transparency.

We suggest that best practice would be to go beyond consultation and into co-production – ensuring BSL users are involved in decision-making around local priorities and activities in local BSL plans, and that people of all ages (and/or the parents/carers of Deaf children and young people)

are included. Some indication of broad demographics around consultation and co-production activity would also 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 for whom BSL is a second signed language).

Similarly, it is also useful to ensure that as wide a range of affected stakeholders as possible are involved in developing local BSL plans – particularly when relevant organisations and groups of people may be responsible for delivery. Including specific named partners responsible for activity assists in transparency and reporting processes.

Those 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 than those that followed best practice in consultation processes. Meaningful engagement and co-production is vital to ensure that solutions and plans are informed and directed by lived experience, and enable people to enjoy their human rights.

Where consultation for listed authorities was not possible or limited, it is important the reasons for this can be shared openly and without prejudice so that processes and access to resources can be improved for future consultations. Again, we strongly recommend that listed authorities move towards an ongoing co-production approach, to BSL users are involved in ongoing analysis and report of progress, decision-making, and implementation.

Finally, we heard from some listed authorities through our email communications that there were difficulties securing BSL/English interpreters. The availability of Language Service Professionals such BSL/English interpreters and Electronic Notetakers varies across Scotland with some areas not having any or insufficient numbers to carry out successful consultations – particularly given the relatively tight six-month publication requirement in the Act. This inequality of provision

may be a barrier to listed authorities achieving compliance with the Act and should be addressed at national level.

Accessibility

In reflecting on the accessibility and legislative compliance of listed authorities' plans, it is clear that while most listed authorities comply with the legislation, a substantial minority are either not compliant (38% did not publish their plans in BSL) or are late in delivering their plans. This indicates that there is a need for greater communication with listed authorities on the importance of this work, and its significance in ensuring that BSL users are able to participate fully and equally in society and enjoy their human rights. Scottish Government, as the authority responsible for the national BSL plan, has a role to play here, in providing appropriate communication and support to listed authorities to develop local BSL plans, and share good practice and useful resources.

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. It is important that BSL versions of the plan feature prominently on relevant webpages of listed authorities, without requiring viewers to read through large blocks of text to reach embedded video. Similarly, plans should be accessible to all BSL users and interested stakeholders, and follow inclusive communication best practice, including use of captions, providing downloadable as well as or instead of embedded plans, and ensuring screen reader accessibility.

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. We also suggest that they would benefit from wider guidance on best practice around inclusive communication – such as ensuring that all

table content is also be contained within the main body of plans to improve accessibility, and that written plans should be provided in downloadable format as well as embedded within the listed authorities' websites, to mitigate accessibility issues.

These recommendations should be seen as good practice for all public communications and strategic planning – not just BSL Plans. Civic engagement should be accessible to all.

BSL Plan priority areas

In this report we note which listed authorities have not included detailed or named content on priority areas of the national BSL plan. Typically, explanations are not provided in local BSL plans as to why particular priority areas were or were not included. We suggest that it would be useful for this information to be included in plans, to increase accountability and transparency about decision-making. For example, if wide-ranging co-production work with local BSL users indicated that they were most concerned with eight of the ten national priority areas, it would be reasonable for a local plan to orientate work to respond to local demand – particularly in the current fiscal environment.

Additionally, as outlined earlier in this report, the remainder of the analysis only covers the 37 published local authority and regional Health Board BSL plans. It does not include higher education institutions or additional listed bodies. We recommend that further work be carried out to analyse the content of the remaining listed authority plans.

A further breakdown of the information below is available in table form in Appendix A.

Priority 1: Delivering the BSL National Plan

Examples of good practice around engagement work are welcome, and 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. This would also be in line with some fundamental human rights principles that are relevant to this discussion. This includes the five-point PANEL Principles of a human rights based approach, which are “participation”, “accountability”, “non-discrimination and equality”, “empowerment”, and “legality”.³⁵ The PANEL Principles are one way in which rights can be put into practice – they are not simply words on a page. BSL users must be at the heart of policy and practice if they are to enjoy their human rights.

The ALLIANCE welcomes that some plans include explicit commitments to transparency and regularity of reporting on progress – in line with PANEL principles on accountability. We suggest this should be standard practice for all listed authorities.

It was notable that few plans that we reviewed include specific, measurable and time-bound outputs and outcomes. Whether listed authorities use SMART (specific, measurable, achievable, relevant, and time-bound) goals, KPIs (Key Performance Indicators) or any other measuring system, it is important that the definitions of success are clearly laid out, to enable meaningful assessment of progress and evaluation of impact, and any additional action required to improve delivery. Where plans did include specific goals (e.g. for BSL advisory groups to meet on at least a six-monthly basis), they were welcome; but we would encourage greater use of evaluation and monitoring tools throughout this work.

That this priority area from the national BSL plan has the joint-lowest inclusion rate in the local plans we analysed indicates the need for more linkage between listed authorities and the Scottish Government. The Scottish Government is responsible for delivering the national BSL plan, and communicating to listed authorities in order for them to include national priorities and workstreams in their planning and delivery. Scottish Government should support listed authorities by providing clear pathways for engagement, responses to queries, and support with monitoring and evaluation tools. A network to share good practice across listed authorities would be helpful in ensuring that Scotland can deliver

on the ambitions of the national BSL plan and the BSL (Scotland) Act 2015. We recommend that Scottish Government support the development of such a network within the life of this plan.

Priority 2: BSL accessibility

The ALLIANCE welcomes the acknowledgement of ContactScotland BSL as a vital resource, and work to improve awareness of its availability and purpose. Similarly, improvement in website accessibility and the provision of sensory awareness and BSL training is welcome. However, the vague nature of the commitments on these topics in some local plans we analysed is concerning, and risks seeing little meaningful progress over the life of the plans. We also suggest that it is important that a “digital choice” approach is taken, to ensure that BSL users who are not able or comfortable using technology still have equal access to public life, services, and support.

We recommend that all listed authorities should assess their progress on BSL accessibility on an annual basis, using specific, measurable, achievable, relevant and time-bound (SMART) goals. In line with those listed authorities who also committed to publishing regular updates on accessibility progress (e.g. Aberdeen City, East Dunbartonshire), we would encourage the public sharing of this aggregate data, to promote public accountability. Some listed authorities also mention work towards the implementation of inclusive communication duties; this acknowledgement is welcome and should come alongside specific reporting and evaluation work if it is to be effective.

Local plans committing to ensuring higher levels of BSL competency in staff increase the likelihood of Deaf BSL users being able to communicate directly with listed authorities, without additional wait time to request and secure interpreters. We would also encourage commitments to ensuring widest possible range of people are able to access training.

Priority 3: Children, young people and their families

Children, young people and their families is a priority area in the National BSL Plan 2023 – 2029 and accounts for over a quarter of the 45 goals. It is positive so many local BSL plans recognise the importance of including actions within this priority area, and that there are several examples of good practice providing valuable learning opportunities for other listed authorities.

The main concern from our findings and analysis is that local BSL plan actions in the sample we analysed largely 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.

We recommend calling on all listed authorities to include SMART objectives or a similar framework within their BSL local plans. These objectives should be cognisant with 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 aims of GIRFEC and the UNCRC. There are several major educational transitions for children which begin in the early years and continue through to young adulthood, all of which need to be prioritised to ensure appropriate access to support and information for children, their families as well as any staff and professionals involved in the transitions.

In 2021, O'Neill and Wilks investigated the impact of the Act on Deaf Education through analysis of the first round of local BSL plans. They stated that, “the plans often show a lack of understanding of what learning or acquiring a language involves, such as staff fluent in BSL, and encouraging a community of BSL users to join in.”³⁶ It appears these issues largely persist throughout most of the second round of local BSL plans where specified outcomes and clear measurement of impact are absent. Given the known issues around the educational attainment gap for Deaf children and young people,³⁷ it is vital that Scotland builds capacity and public accountability into systems design and planning.

Priority 4: Access to employment

Access to Work and No One Left Behind are important policies to enable people to work. However, it is equally important that local BSL plans are 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 ability to arrange interpretation and/or accommodate the use of ContactScotland BSL.

Volunteering brings many benefits; but as outlined above, it should not be viewed as a primary route to employment. Explicit planning should also be in place to provide BSL interpretation support for any volunteering schemes, given that Access to Work will not cover volunteering.

Finally, it would be useful for the monitoring and evaluation reporting of some of the more innovative aspects of plan content (e.g. work to increase BSL users' uptake and success with business start up support and seed funding) to be shared more widely, possibly via Scottish Government, to share learning and possible good practice. There is a potential role here for the national network recommended earlier in this report, in carrying out and sharing monitoring and evaluation result, and examples of good practice.

Priority 5: Health and wellbeing

Health and wellbeing is a key priority for BSL users; BSL people typically wait longer than hearing people to access health and social care appointments, and to experience delays and cancellations if interpreters are not available.³⁸ Similarly, there is limited and varied support for BSL users in leisure facilities across Scotland – with some locations and staff offering excellent and tailored support, but no equitable provision of such facilities.³⁹ It is welcome that this area had a high inclusion rate within local plans.

However, it is concerning that many plans we analysed rely on the continuation of existing services and activity as the content of their 2024 – 2030 plans; continuing the status quo is unlikely to reduce the health inequalities experienced by Deaf and Deafblind people. While it is welcome that listed authorities promote existing resources, it is disappointing that relatively few that we reviewed include specific commitments and targets on how to improve resources and support for BSL users to access health and social care services. As with previous recommendations around monitoring and evaluation, inclusion of such considerations would encourage targeted and evidence-based activity to improve BSL users' health and wellbeing.

Similarly, training for front-line health and social care staff is welcome, and particularly when accompanied by commitments to ensuring some or all front-line staff will complete training, rather than to “explore” or “consider” the possibility of Deaf awareness or BSL training. The latter – if decisions are made not to prioritise training – is unlikely to have any positive impact.

We also recommend that more listed authorities 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 information and support they require.

Finally, we recommend that Scottish Government work with listed authorities to track trends emerging from new activity and data collection; for example, from Fife's work to track use of mental health services, or the use of a dashboard to highlight communication requirements across acute services. If these interventions can be evidenced to improve health outcomes for BSL users, then that information should (in an anonymised fashion) be shared more widely to inform practice in other parts of Scotland.

Priority 6: Celebrating BSL culture

As with other priorities, the best practice examples of action to celebrate BSL culture involve specific commitments – either to increase (and measure) the provision of BSL interpretation/translation at arts, culture and heritage events and venues, and associated online information, or to produce specific exhibits or support creative work celebrating Deaf and BSL history and culture.

However, many plans we analysed are less specific in their content, with repeat use of the words “explore”, “where possible”, and “consider” alongside activities and provision. This level of commitment lacks ambition and renders accountability and transparency difficult; more measurable goals and outputs would be preferable.

It is also notable that only a few plans included in this review mentioned activity to support Deaf artists (using the term in the broadest sense). 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.

The commitments to work with children and young people to improve their knowledge and awareness of Deaf history and culture are 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, some of this activity could usefully 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

The limited nature of local plan content on BSL data we reviewed indicates that more work needs to be done to support listed authorities to engage with the area. Interestingly, even those plans that discuss data in some depth 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 within their areas than local authorities. In line with previous recommendations, it would be useful for the results of NHS Tayside, Grampian and Fife's proposed data collection and analysis to be shared in aggregate form – or even reflections on what works well, and what they would change in the future in terms of supporting BSL users to access services and support. The ALLIANCE suggests that the Scottish Government's BSL implementation advisory group would be a natural body to begin this work – but it is important that learning is shared across all listed authorities to support the development of better data.

Priority 8: Transport

The British Sign Language (Scotland) Act 2015 – and the national BSL Plan – aims to “make Scotland the best place in the world for BSL signers to live, work, visit and learn”. This statement is loaded with ambition. While some local BSL plans are aspirational and have innovative content, the material on transport is generally limited. Given that BSL users flag transport as a key priority area, this is problematic.

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 (Dundee City), and “considering” or “exploring” awareness training (as in several plans). Commitments in some plans (e.g. Scottish Borders) to translating timetables and travel information into BSL are welcome, as are proposals for alternative text alert systems for cancellations; but given the interconnected nature of transport systems in Scotland, it is important that progress is made across the country, not only in areas of good practice. There is a strong likelihood, under current proposals, that only some parts of Scotland will see improvements in the accessibility of

travel for BSL users – which results in inequality of access. Again, there is a need for the Scottish Government to support the roll out of consistently good practice across the country.

Priority 9: Access to justice

It is concerning that “access to justice” has the joint-lowest inclusion rate of any priority area in local BSL plans; particularly given the concerns raised on this subject in consultations for the See Hear Strategy.⁴⁰ 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 for access to justice across most plans.

Priority 10: Democratic participation

Signposting the Access to Elected Office fund, to support BSL users to stand for election in local and national government, is welcome work in encouraging democratic participation. Similarly, so is awareness raising among elected members and electoral staff, to improve BSL users’ access to surgeries, election material, and voting. However, as with previous sections, there is a wide divergence in the level of commitment detailed by different listed authorities included in our analysis.

It is welcome that some plans we reviewed discuss support for wider or community-level forms of democratic participation (e.g. standing as a local NHS Board member, attending community council meetings) – although these were in the minority. There is work to be done to share these commitments among listed authorities, as examples of good practice and wider understanding democratic participation.

BSL users have a right to support to for more than just voting (with limited accessibility of campaign materials) 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 that equitable enjoyment of human rights.

Accountability and legal compliance

On 6 September 2024, Karen Adam MSP submitted a written Parliamentary Question as follows:

“To ask the Scottish Government how many of the authorities listed in the schedule of the British Sign Language (Scotland) Act 2015 had published their own BSL local plans by May 2024, in line with the requirement in section 3 of the Act.”⁴¹

The question was answered by Kate Forbes MSP, Deputy First Minister and Cabinet Secretary for Economy and Gaelic (with responsibility for BSL) on 20 Sept. 2024. She stated that:

“The Scottish Government is committed to making Scotland the best place in the world for BSL users to live, work, visit and learn. [...] The Scottish Government does not have a regulatory role in ensuring compliance with the British Sign Language (Scotland) Act 2015. It is for Listed Authorities to satisfy themselves they are complying with the law, meet statutory deadlines and assess the legal risks should they fail to do so.

The Scottish Government has a strong interest in the actions contained in BSL local plans. As a result, we are engaging with key partners to identify initiatives that can be shared as best practice across the wider system.”⁴²

It is welcome that the Scottish Government has restated their commitment to BSL. However, there is a question still to be addressed

as to who (if anyone) is responsible for monitoring and evaluating legal compliance on local BSL plans and supporting listed bodies to fulfil the requirements of the Act.

It would be useful if the Scottish Government outlined what work they are planning in this area to increase and support compliance, in order to ensure meaningful progress towards making Scotland “the best place in the world for BSL users to live, work, visit and learn” – and to outline the avenues of recourse available to people if listed bodies do not comply with the BSL (Scotland) Act 2015.

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. While this is not a theme explicitly coded in plan analysis, given that nearly every plan references local Deaf and third sector organisations in some capacity – and frequently as essential partners for the development and/or delivery of work – it seems appropriate to include within final reflections.

As discussed earlier, meaningful participation is a key component in delivering on people’s human rights, and to ensuring that policy and practice responds to the requirements and priorities of affected communities and population groups. Many of the good practice examples discussed in this report carried out detailed consultation and engagement activities; activity that would not have been possible without support from the third sector. While we have generally not named specific Deaf clubs and sensory organisations in this report, they are frequently named in individual listed authority plans, as key partners to the work. As such, it is vital that planning at local and national government levels includes and supports the third sector, to ensure sustained progress and participation for BSL users.

Appendix A

Publication of BSL Plans

Listed authority	Published written plan by 22 August 2024	Published plan in BSL by 22 August 2024	Information provided on consultation process
Local authorities			
Aberdeen City	Yes	Yes	Yes
Aberdeenshire	Yes	Yes	Yes
Angus	Yes	Yes	Yes
Argyll and Bute	Yes	Yes	No
Clackmannanshire	No	No	N/A
Dumfries and Galloway	No	No	N/A
Dundee City	Yes	Yes	Yes
East Ayrshire	Yes	Yes	Yes
East Dunbartonshire	Yes	Yes	Yes
East Lothian	Yes	Yes	Yes
East Renfrewshire	Yes	Yes	Yes
Edinburgh	No	No	N/A
Eilean Siar (Western Isles)	Yes	Yes	Yes
Falkirk	No	No	N/A
Fife	Yes	Yes	Yes
Glasgow	Yes	Yes	Yes
Highland	No	No	N/A
Inverclyde	Yes	Yes	No
Midlothian	Yes	Yes	Yes
Moray	Yes	No	Yes
North Ayrshire	Yes	Yes	Yes
North Lanarkshire	Yes	Yes	Yes
Orkney	Yes	No	Yes
Perth and Kinross	Yes	Yes	Yes

Renfrewshire	Yes	Yes	Yes
Scottish Borders	Yes	No	Yes
Shetland	Yes	Yes	Yes
South Ayrshire	Yes	Yes	Yes
South Lanarkshire	Yes	Yes	Yes
Stirling	Yes	No	Yes
West Dunbartonshire	Yes	Yes	Yes
West Lothian	Yes	Yes	Yes
Health Boards			
NHS Ayrshire and Arran	Yes	Yes	Yes
NHS Borders	Yes	No	Yes
NHS Dumfries and Galloway	No	No	N/A
NHS Fife	Yes	Yes	Yes
NHS Forth Valley	No	No	N/A
NHS Grampian	Yes	Yes	Yes
NHS Greater Glasgow and Clyde	Yes	Yes	Yes
NHS Highland	Yes	Yes	Yes
NHS Lanarkshire	Yes	Yes	Yes
NHS Lothian	Yes	Yes	Yes
NHS Orkney	No	No	N/A
NHS Shetland	Yes	Yes	Yes
NHS Tayside	Yes	Yes	Yes
NHS Western Isles	No	No	N/A
Universities			
Abertay University	Yes	No	Not analysed
Edinburgh Napier University	Yes	Yes	Not analysed
Glasgow Caledonian University	Yes	Yes	Not analysed
Glasgow School of Art	Yes	No	Not analysed

Heriot Watt University	Yes	Yes	Not analysed
Robert Gordon University	Yes	Yes	Not analysed
Royal Conservatoire of Scotland	Yes	Yes	Not analysed
SRUC – Scotland’s Rural College	Yes	Yes	Not analysed
The Open University	Yes	No	Not analysed
Queen Margaret University	Yes	Yes	Not analysed
University of Aberdeen	Yes	Yes	Not analysed
University of Dundee	Yes	No	Not analysed
University of Edinburgh	Yes	Yes	Not analysed
University of the Highlands and Islands (UHI)	Yes	Yes	Not analysed
University of St Andrews	Yes	Yes	Not analysed
University of Stirling	Yes	Yes	Not analysed
University of Strathclyde	No	No	Not analysed
University of the West of Scotland (UWS)	Yes	Yes	Not analysed
Colleges			
Ayrshire College	Yes	Yes	Not analysed
Borders College	Yes	Yes	Not analysed
City of Glasgow College	Yes	Yes	Not analysed
Dumfries and Galloway College	No	No	Not analysed

Dundee and Angus College	No	No	Not analysed
Edinburgh College	Yes	Yes	Not analysed
Fife College	No	No	Not analysed
Forth Valley College	No	No	Not analysed
Glasgow Kelvin College	No	No	Not analysed
Newbattle Abbey College	No	No	Not analysed
North East Scotland College	Yes	Yes	Not analysed
Sabhal Mor Ostaig	No	No	Not analysed
South Lanarkshire College	Yes	No	Not analysed
UHI Argyll	Yes	Yes	Not analysed
UHI Inverness	Yes	Yes	Not analysed
UHI Moray	Yes	Yes	Not analysed
UHI Orkney	Yes	Yes	Not analysed
UHI Perth	Yes	Yes	Not analysed
UHI Shetland	Yes	Yes	Not analysed
UHI North, West and Hebrides	Yes	Yes	Not analysed
West College Scotland	No	No	Not analysed
West Lothian College	No	No	Not analysed
Other listed authorities			
Audit Scotland	No	No	Not analysed
Commissioner for Children and Young People in Scotland	Yes	Yes	Not analysed
Commissioner for Ethical Standards in	No	No	Not analysed

Public Life in Scotland			
Office of the Scottish Charity Regulator	No	No	Not analysed
Police Investigations and Review Commissioner	No	No	Not analysed
Scottish Commission for Human Rights	Yes	Yes	Not analysed
Scottish Courts and Tribunals Services	Yes	Yes	Not analysed
Scottish Housing Regulator	No	No	Not analysed
Scottish Information Commissioner	Yes	Yes	Not analysed
Scottish Parliamentary Corporate Body	No	No	Not analysed
Scottish Public Services Ombudsman	No	No	Not analysed
Standards Commission for Scotland	No	No	Not analysed

Inclusion of national BSL plan priority areas

In this table, “yes” indicates listed bodies have included named sections on a priority area from the BSL national plan. It also includes plans which have discussed the topic at length under another heading. Where only very brief mention is made of a priority area, with no clear associated activity, we have not included this within the table.

It is worth noting that there are some priority areas which are outwith the remit or influence of some listed bodies, and where it is reasonable for them not to include actions and material on a topic; for example, while we would expect all regional Health Boards to discuss “Health and wellbeing”, “Access to justice” is likely to be less relevant to their work.

	1.Deliver the BSL National Plan	2. BSL accessibility	3.Children, young people and families	4. Access to employment	5. Health and wellbeing	6.Celebrating BSL culture	7. BSL data	8. Transport	9. Access to justice	10.Democratic participation
Local authorities										
Aberdeen City	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
Aberdeenshire		Yes	Yes	Yes	Yes	Yes		Yes		Yes
Angus	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Argyll and Bute	Yes	Yes	Yes	Yes				Yes		Yes
Clackmannanshire	No published plan as of 22 August 2024.									
Dumfries and Galloway	No published plan as of 22 August 2024.									
Dundee City	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
East Ayrshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
East Dunbartonshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Analysis of Local BSL Plans 2024 – 2030

East Lothian		Yes	Yes	Yes	Yes	Yes		Yes		
East Renfrewshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Edinburgh	No published plan as of 22 August 2024.									
Eilean Siar (Western Isles)		Yes	Yes	Yes	Yes	Yes	Yes			
Falkirk	No published plan as of 22 August 2024.									
Fife	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Glasgow		Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
Highland	No published plan as of 22 August 2024.									
Inverclyde		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Midlothian		Yes	Yes	Yes	Yes	Yes		Yes		Yes
Moray		Yes	Yes	Yes		Yes		Yes		
North Ayrshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
North Lanarkshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Orkney		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Perth and Kinross		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Renfrewshire		Yes	Yes	Yes	Yes	Yes				Yes
Scottish Borders	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Shetland		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
South Ayrshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
South Lanarkshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Stirling		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

West Dunbartonshire		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
West Lothian		Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes
Health Boards										
NHS Ayrshire and Arran	Yes	Yes	Yes	Yes	Yes	Yes	Yes			Yes
NHS Borders	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NHS Dumfries and Galloway	No published plan as of 22 August 2024.									
NHS Fife	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NHS Forth Valley	No published plan as of 22 August 2024.									
NHS Grampian		Yes		Yes	Yes	Yes	Yes	Yes		
NHS Greater Glasgow and Clyde		Yes	Yes	Yes	Yes					Yes
NHS Highland		Yes	Yes	Yes	Yes	Yes	Yes	Yes		
NHS Lanarkshire	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NHS Lothian		Yes	Yes	Yes	Yes	Yes	Yes			
NHS Orkney	No published plan as of 22 August 2024.									
NHS Shetland		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NHS Tayside	Yes	Yes	Yes		Yes		Yes			
NHS Western Isles	No published plan as of 22 August 2024.									

Appendix B

Definition of Deafblindness

A formally recognised definition for Deafblindness is a crucial step toward identifying and diagnosing dual sensory loss at the earliest point, and addressing the unique challenges faced by the Deafblind community. This can lead to significant inequalities in relation to access to education, employment, healthcare, and public and social services and can have a negative influence on a person's cultural and emotional wellbeing. The impact of this condition can be devastating resulting in profound levels of social isolation and loneliness. Addressing this demands specialist interdisciplinary approaches and skilled intervention, with a particular focus on early identification and transitional support.

Deafblindness can be considered as a spectrum and within this context the age of onset of the condition, severity of the impairment and underlying co-morbidities will contribute to an individual's ability to communicate, receive information, and orientate within an environment. Often, in terms of accessibility, reasonable adjustments are afforded for either hearing or visual loss, but rarely both. Without support of skilled communication partners, people with Deafblindness are at significant risk of isolation and social withdrawal, with compounding and ongoing risks to health, wellbeing, and human rights.

The 2024 declaration calls for the formal adoption of the Nordic definition of Deafblindness to pave the way for a more inclusive and equitable future for Deafblind people and to fortify the broader landscape of disability rights in Scotland.

The World Health Organisation (WHO), alongside other significant health systems and countries, have adopted the Nordic definition of deafblindness which states:

“Deafblindness is a combined vision and hearing impairment of such severity that it is hard for the impaired senses to compensate for each other. Thus, deafblindness is a distinct condition.

To varying degrees, deafblindness limits activities and restricts full participation in society. It affects social life, communication, access to information, orientation, and the ability to move around freely and safely. To help compensate for the combined vision and hearing impairment, the tactile sense becomes especially important.⁴³

Current research estimates more than 30,000 people live with the condition in Scotland, and this number is set to rise in line with an aging population.⁴⁴

In this context, it is vital that listed authorities plan for full engagement with the needs of Deafblind people in their planning to support BSL users to live well. This includes support for sighted BSL users who experience or will experience acquired sight loss later in life.

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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² As above.

³ As above.

⁴ Scottish Government, *British Sign Language National Plan 2023 – 2029: Making Scotland the best place in the world for BSL signers to live, work, visit and learn* (2023). Available at: <https://www.gov.scot/publications/bsl-national-plan-2023-2029/>.

⁵ Scottish Parliament, *The British Sign Language (Scotland) Act 2015* (Section 3). Available at: <https://www.legislation.gov.uk/asp/2015/11>.

⁶ As above.

⁷ As above.

⁸ It should be noted NHS Highland published their local BSL plan by 6 May 2024 and this was included in the analysis. After the data collection cut-off date of 22 August 2024, NHS Highland and Highland Council published a shared report and this version was not included in the analysis.

⁹ JAWS (Job Access With Speech) screen reader. Further information available at: <https://www.freedomscientific.com/products/software/jaws/>.

¹⁰ It is unclear from relevant publications whether Sabhal Mor Ostaig is included in the University of Highlands (UHI) and Island plan or not. Sabhal Mor Ostaig is not explicitly named as such, nor is there any information on their website about a BSL plan, but the college has close links to the UHI.

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¹⁵ Signature, “British Sign Language Level 1 Award” (2024), available at: <https://www.signature.org.uk/british-sign-language-level-1-award/>.

¹⁶ Signature, “British Sign Language Level 2 Certificate” (2024), available at: <https://www.signature.org.uk/british-sign-language-level-2-certificate/>

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²⁰ UNICEF, *United Nations Convention on the Rights of the Child* (1990). Available at: <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

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²² Scottish Government, *Independent Review of Audiology Services in Scotland: Review report and recommendations* (2023), p. 69. Available at: <https://www.gov.scot/publications/independent-review-audiology-services-scotland/>.

²³ As above. R. O'Neill and R. Wilks, *The Impact of the British Sign Language (Scotland) Act 2015 on Deaf Education* (2021).

²⁴ Scottish Government, *Language learning in Scotland: a 1+2 approach* (2012), available at: <https://www.gov.scot/publications/language-learning-scotland-12-approach/>. Education Scotland, *A 1+2 approach to modern languages* (2023), available at: <https://education.gov.scot/resources/a-1-plus-2-approach-to-modern-languages/>.

²⁵ General Teaching Council Scotland, *Teaching and supporting deaf learners: a professional guide for teachers* (2021), available at: <https://www.gtcs.org.uk/documents/teaching-and-supporting-deaf-learners-a-professional-guide-for-teachers>

²⁶ Education Scotland, *British Sign Language (BSL) – Toolkit for Practitioners* (2022), available at:

<https://education.gov.scot/resources/british-sign-language-bsl-toolkit-for-practitioners/>.

²⁷ R. O'Neill and R. Wilks, *The Impact of the British Sign Language (Scotland) Act 2015 on Deaf Education* (2021).

²⁸ NDCS, *Close the Gap: Promoting positive post-school transitions for deaf young people in Scotland* (2014), available at: https://www.ndcs.org.uk/media/3525/close_the_gap_scotland_report_web_dec_14.pdf. Scottish Government, *Attainment and School Leavers Destinations, Supplementary Data* (2013).

²⁹ Employability in Scotland, *No One Left Behind* (2023). Available at: <https://www.employabilityinscotland.com/policy/no-one-left-behind/>.

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³³ Scottish Government, *British Sign Language National Plan 2023 – 2029: Making Scotland the best place in the world for BSL signers to live, work, visit and learn* (2023), available at: <https://www.gov.scot/publications/bsl-national-plan-2023-2029/>. The ALLIANCE, “Access to transport”, *See Hear Strategy Refresh – Lived Experience Consultation. An ALLIANCE report for Scottish Government* (2023), pp. 50-53, available at: <https://www.alliance-scotland.org.uk/blog/news/see-hear-strategy-refresh-lived-experience-consultation-report-published/>.

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