

The Health and Social Care Alliance Scotland (the ALLIANCE)

More than Words: Report on the provision of inclusive communication by public bodies in Scotland

May 2025



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Introduction and background

Communication connects us, but we all communicate differently. Good, inclusive communication matters to us all. It helps us live well and take part in our communities.

It is a little-known fact that most of us will need communication support at some point in our lifetimes.¹ However, because there is a lack of good support, people frequently encounter problems accessing work, education, health and social care services, and community life.² If we design for inclusive communication today, we can plan for a future where everyone lives well, without discrimination.

Using Freedom of Information requests and interviews, from March to April 2025, the Health and Social Care Alliance Scotland (the ALLIANCE) Scottish Sensory Hub researched the current provision and understanding of inclusive communication across a range of listed authorities in Scotland. Our analysis focuses on public bodies' data collection practices, provision of inclusive communication support, complaints about support, and staff training. A full outline of how we carried out this research is available in Appendix A.

This report is intended to support and inform the Scottish Government and listed authorities on how they can strengthen their inclusive communication strategies, and aid planning and future work in this area. We highlight and provide examples of good practice and areas of learning, as well as areas for improvement. It is available as an Executive Summary in BSL, Easy Read, and written formats.

The report concludes with reflections and recommendations for consideration as Scotland moves forward with its ambition to ensure that everyone can access their human rights.

Legal context

Currently, Scotland does not have clear legal protections for inclusive communication, although both the Equality Act 2010 and the BSL

(Scotland) Act 2015 set useful precedents. This can lead to significant inequality for people with communication support needs.

Section 149 of the Equality Act 2010 outlines the Public Sector Equality Duty (PSED).³ PSED is a legal requirement for public authorities and organisations carrying out public functions. It lists a range of duties on listed authorities, intended to support citizens to have equitable access to rights.⁴ The Equality and Human Rights Commission summarise the purpose of the PSED as follows:

“The three aims of the general duty are to make sure that public authorities have due regard to the need to:

1. put an end to unlawful behaviour that is banned by the Equality Act 2010, including discrimination, harassment and victimisation⁵
2. advance equal opportunities between people who have a protected characteristic and those who do not
3. foster good relations between people who have a protected characteristic and those who do not.”⁶

In 2023, the former Minister for Equalities, Migration and Refugees stated that the Scottish Government would include “a new duty on listed public bodies in relation to their use of inclusive communication” as part of the review of the effectiveness of the PSED in Scotland.⁷ This commitment was welcome and responded directly to the performance indicators recommended in the 2011 Principles of Inclusive Communication.⁸ However, in 2024 Ministers dropped the commitment to an additional duty on inclusive communication and instead decided to focus on capability building for listed authorities.

Although a 2021 Scottish Government consultation paper reviewing the operation of the PSED identified barriers to embedding inclusive communication practices, including costs and insufficient understanding of communication needs,⁹ these barriers are not insurmountable. Furthermore, it is equally important to evaluate the costs of not providing inclusive communication support.

What is inclusive communication?

Based on a range of co-production work, the Scottish Government define inclusive communication as follows:

“Inclusive communication means sharing information in a way that everybody can understand.

For service providers, it means making sure that you recognise that people understand and express themselves in different ways.

For people who use services, it means getting information and expressing themselves in ways that meet their needs.

Inclusive communication relates to all modes of communication:

- Written information
- Online information
- Telephone
- Face to face

Inclusive communication makes services more accessible for everyone. It will help to achieve successful outcomes for individuals and the wider community. It enables people to live more independently and to participate in public life.”¹⁰

Inclusive communication can be about specific supports, like BSL-English interpreters, captions, Plain English, Easy Read, or Braille. It can also be about ensuring that systems enable tailored and alternative communication methods – sending out letters in Large Print or being able to text or email instead of phoning to arrange an appointment. The ALLIANCE asserts that inclusive communication is a gateway to accessing all our human rights.

Response rate

The ALLIANCE issued FOI requests to 101 listed authorities operating in Scotland. As of 6th April 2025 – the 20-day legal limit for responses – 84 listed authorities (83%) provided a response.

26 out of 32 local authorities in Scotland responded within 20 days (81%). The six local authorities who did not respond by 6th April include:

- Aberdeen City
- Angus
- Argyll and Bute (late response; not included in statistical analysis)
- East Renfrewshire
- North Ayrshire (late response; not included in statistical analysis)
- Scottish Borders (late response; not included in statistical analysis)

Nine out of 14 regional Health Boards in Scotland responded within 20 working days (64%). This is the lowest response rate across groups of public bodies. The five regional Health Boards who did not respond by 6th April include:

- NHS Borders
- NHS Forth Valley
- NHS Greater Glasgow and Clyde
- NHS Lothian
- NHS Shetland (email of apology for delay, followed by late response; not included in statistical analysis)

16 out of 18 universities responded within 20 days (89%). The two universities who did not respond by 6th April include:

- Abertay University (late response; not included in statistical analysis)
- SRUC Scotland's Rural College

20 out of 22 colleges responded within 20 days (91%). The two colleges who did not respond by 6th April include:

- UHI Inverness
- UHI Orkney

Of the remaining 15 public authorities we contacted with duties under the Freedom of Information Act (Scotland) 2002, 13 responded (87%). Scottish Fire and Rescue Service and UCAS did not provide responses by 6th April (although UCAS submitted a late response, which was not included in statistical analysis).

A full breakdown of FOI requests and responses is available in Appendices B and C.

Reflections and recommendations

The 84 responses by listed authorities to the ALLIANCE FOI requests and the three interviews all provide valuable information to assess the provision of inclusive communication data gathering, provision of support, and staff training. However, it is notable that 17 listed authorities did not comply with legal requirements for responses, i.e. providing a response within 20 working days (17%). Of those 17, six responded by 22nd April (14 working days after the legislative deadline of 20 working days), with 11 outstanding at the time of writing this report.

Health Boards had the poorest rate of return, with only 64% returning responses within the legal 20 working days limit, compared to 81% of local authorities, 90% of HEIs, and 87% of other listed authorities. Given the importance of health services to people, this is concerning and should be addressed. This concern is particularly acute given that NHS Borders, NHS Forth Valley, NHS Greater Glasgow and Clyde, and NHS Lothian did not respond at all (at time of writing); Health Boards who cumulatively represent most of the Scottish population.

Accessibility of responses

In reviewing the information provided by listed authorities on how to submit an FOI, and the content of their FOI responses to us, we analysed the accessibility of relevant material.

Most written FOI responses were shared either by email or in .PDF format, with a minority shared in Word .docx. Most of the responses are reasonably accessible. However, it is worth noting that .PDFs can be challenging for screen reader use, and several of the FOI responses we were sent are not fully accessible for screen readers – including one where information after the initial logo is completely inaccessible (NHS Western Isles). There are also a small number of responses 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 contain.

Several responses make regular use of tables. Screen readers struggle with tables, often not reading the content in the intended order. In many cases, the tables are used in responses to reply to a specific FOI question, resulting in the most important part of the response being inaccessible. It is important for everyone to understand that to be accessible, tables should be accompanied by descriptions of content within the main body of the text. This is particularly the case when the table layout is complicated and involves a lot of columns.

Reflections and recommendations

In terms of accessibility, departments and staff who are responsible for managing FOI requests would benefit from inclusive communication training and systems testing – particularly around screen reader accessibility, and the use of online request submission forms. No respondents' websites offer information up front about how to submit an FOI request in alternative formats or receive information in ways that meet the communication requirements of the recipient (such as Plain English, Large Print, BSL, .docx). We recommend that in order to improve the accessibility of the process, listed authorities consider how to broaden the inclusivity of their FOI process, including offering alternative formats.

Listed authorities' inclusive communication provision

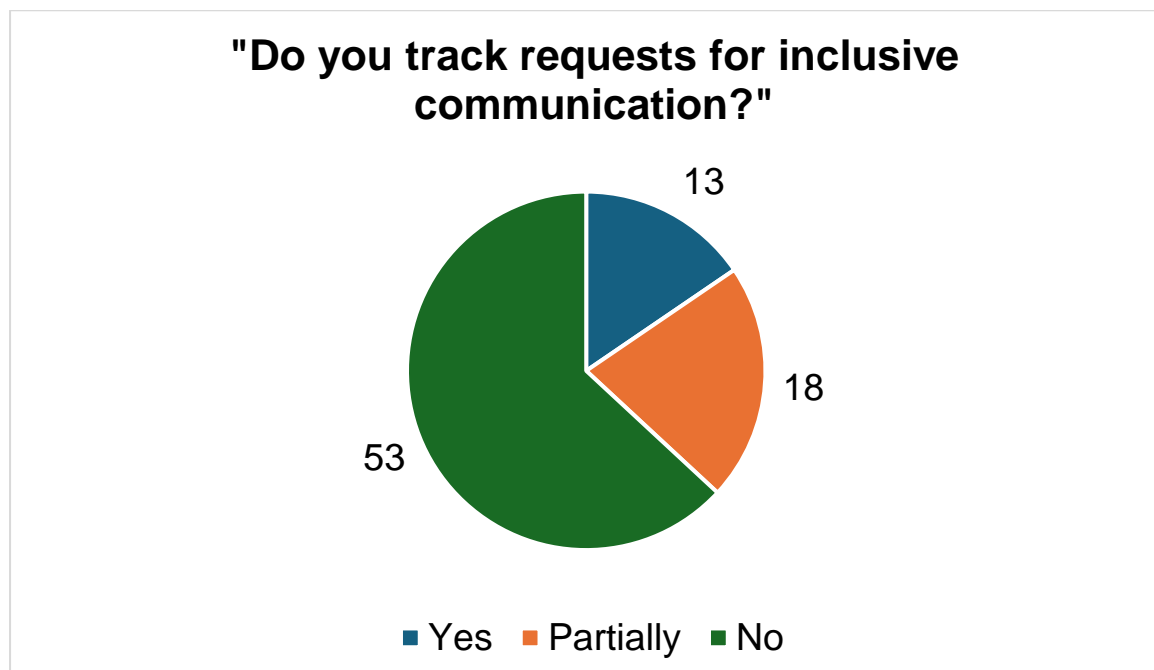
This section of the report looks at the answers to our FOI request questions and includes data from three anonymised interviews.

For full details of the FOI request questions that inform this report, and response rates, see Appendices B and C.

Tracking support requests

We asked listed authorities, "Do you track requests for inclusive communication support in your listed authority?"

Of the 84 respondents, 53 (63%) stated that they do not track requests for inclusive communication. 13 (15%) stated that they do collect requests for accessible information. 18 (21%) said that they collect data on some but not all aspects of inclusive communication requests – most typically, requests for BSL-English interpretation. This group also includes one respondent who reported that they did not collect data on inclusive communication from 2020-2024 but had implemented new tracking mechanisms in 2024-2025.



Of the 53 (63%) respondents who indicated that they do not track requests for inclusive communication support, some provided information on why not, or statements on the partial collection of relevant information. Representative comments are as follows:

“No, we do not track any inclusive communication requests.”
(Local authority)

“[Local authority] do not record requests for inclusive communication support centrally for the full council, however the council’s Social Work Resources do hold records.” (Local authority)

“Requests of this type would usually be dealt with at service level, using local budgets. There is no centralised tracking.” (Local authority)

“We would consider these requests as reasonable adjustment requests within the University. The University is a devolved organisation in many respects and we do not systematically record the information you are requesting centrally, and there is also no external requirement for us to do so.” (Higher Education Institute)

“We have interpreted 'your listed authority' as the Scottish Government. The Scottish Government does not track inclusive communications support requests centrally. While Scottish Government individuals or teams may have requests recorded within their areas, there is no standardisation of inclusive communications requests that allow us to track these across the Scottish Government accurately.” (Scottish Parliament)

Among the 15% of respondents who do track inclusive communication requests, respondents provided the following additional information:

“Requests are tracked in a marketing database which includes any requests that relate to inclusive communications.” (Local authority)

“The Council’s Communications Team and Environment, Housing and Infrastructure Service track requests which they receive.”
(Local authority)

“Yes, [Health Board] does track requests for inclusive communication support. The company used for written translations records all requests.” (Health Board)

The 21% of respondents who collect some form of data on inclusive communication requests, but who either did not have information spanning 2020-2024, or whose data did not cover all areas of their organisation or all types of communication support request, shared the following comments:

“Only communication support requests to access our services for British Sign Language (BSL) interpretation or lip speakers etc. for deaf or hard of hearing customers are tracked.” (Local authority)

“Our Interpretation and Translation Service (ITS) is a team that sits centrally to assist with Large Print, Braille, Audio transcription and BSL interpreting.” (Local authority)

“[Health Board] record the number of formal requests made for the following only: face to face (f2f) interpreters only (BSL and spoken languages), not digital on-demand interpreters; written translations; easy read; braille; Deafblind Guides; or any other that request that would be made. We do not track the number of all requests made for easy read, large print, telephone calls or email/digital correspondence as this is undertaken at any service level therefore no central system.” (Health Board)

“The University does not hold overall data for inclusive communication requests but can respond based on requests for British Sign Language (BSL) interpretation only, which are tracked.” (Higher Education Institute)

“The University does not have a central record of inclusive communication support requests. [...] Disability and Learning Support Service [...] records the number of students that requested a British Sign Language (BSL) interpreter, electronic notetaking, remote captioning or the adjustment for all written exam materials to be provided in an alternative format.” (Higher Education Institute)

In discussing this question with the three interviewees (equality leads from two local authorities and one Higher Education Institution), they shared the following reflections:

“Numerically we don’t so [...] a lot of stuff would not even get to manager level – something would happen at a front desk or a phone call, it would be an encounter, and someone would ask for something and it would get sorted there. If it becomes problematic or somebody can’t find a resource, I would say nine times out of ten it comes back to me.” (Local authority)

“I can only speak for stuff that goes through [specific translation and interpretation request system] because I see the bill. There’s no system across the organisation looking at it.” (Local authority)

“I don’t think if someone asked for that information [that] we would be able to collate it easily and say, ‘this is what we have.’ [...] However, there will be ad hoc bits of information. For example, our interpretation and translation service probably have a record of requests that come through them for different formats. There may be information through the way that different services’ budget is spent that would pick up some of that information. I don’t think we have a useful way of effectively monitoring what the demand is, and how we fulfil that demand in a way that we could say we are doing it alright or we’re not doing it alright.” (Local authority)

“I’ve got services who support students, so students who disclose an impairment or a disability of some kind. We have got a duty, a legal duty to make sure that they are communicated with in a way

which does not disadvantage them. [...] Every university and college has to track this. Colleges and universities in Scotland – you are legally bound to provide, you can't knowingly discriminate. Even if somebody hasn't disclosed because we get a lot of disclosures, but we also get people who don't disclose and choose not to. So there's an anticipatory aspect to this as well. [...] For us, roughly one in four of our students disclose something. That could be a disability, a health condition or an impairment, a learning difficulty, etc." (Higher Education Institution)

It is notable from these interviews that while some parts of local authority provision collate data, there appears to be very limited centralisation or overall analysis of demand. This renders strategic planning and inclusive design difficult. It was evident that Higher Education Institutions generally collate more detailed data on inclusive communication support requirements; a topic which was unpacked by one interviewee, who reflected that:

"At [specific university] we are quite good at gathering data, we have a client management platform that records everything for us, like the case management and it categorises things so when it comes to writing annual reports a lot of the work is there, data is in the background. It means you can make a good case for things, you can show an increase in things, you can show trends, you can make a business case for the university to make investment in its campus, or to do things because a higher percentage of people are now looking for that and they might go elsewhere, or if our students hear about something they will be looking for that in another institution. So, it's up to you if you want to be the choice institution." (Higher Education Institution)

Meanwhile a different interviewee reflected on the disparate systems in place for data collection across their local authority:

"One thing is that we have different systems in different areas of our work. For example, we have a platform [...] which records education-based information about people, and another different

platform for social work type areas – and they are not compatible. We would also find that we have platforms we use that aren't necessarily comparable with other local authorities. [...] I think one of the barriers is not having a consistent approach across the council where it would be good if we went to any team and asked for their information on Inclusive Communication and what they provided was exactly the same as other service areas and we could say clearly there's issue in this team that we can support, or this one is an example of good practice. It's difficult to do that at the moment." (Local authority)

The interviewees spoke of the difficulties in changing mindsets across their organisation – and of the usefulness of lived experience in forming policy and practice. For example:

"With the inclusive communication stuff, if councils aren't really invested in change, then it's difficult. Whether you're on about human rights stuff or inclusive communication stuff or equality stuff, it can be hard to get purchase on that." (Local authority)

"The 2010 Equality Act was supposed to put things on a proactive footing. There's still a thing about not wanting to get sued; it's reactive and it's about stopping bad stuff instead of making good stuff happen. [...] I've got to laugh when people talk about mainstreaming equalities. That always gives me a laugh – the 'M' word! So, there's a bit of an issue there. I'll give you a positive example of something we started doing recently which I think is quite good: we have been doing pretty serious diversity monitoring of things like our citizen's panel survey, budget surveys etc." (Local authority)

"The best thing we've done at the moment is engagement with people to find out what they think generally. [...] We've engaged with a number of different organisations and different people and got information about accessibility there which includes inclusive communication." (Local authority)

We asked interviewees what they understood by the term “inclusive communication”. Interviewees reflected on the need to consider more than reacting to requests for accessible information, and to be proactive in wider planning and design:

“There’s the legal duty stuff, in terms of like information being accessible to disabled people, but wider than that it’s just trying to make everything as accessible as possible to everybody. But it’s being proactive about it [...] so it’s about things like if you’re planning an engagement, all the planning that goes into that, like what’s happening? Who are you inviting? How are you inviting them? [...] What’s the lighting like in the place when you get there? So for me, inclusive communication is [...] try and draw a scenario where someone is coming to a council building, before they get there and when they get there, how are you communicating to them?” (Local authority)

“Inclusive Communication to me just means [...] that everybody [...] is able to access communication in different ways, we’re mindful of who our users, our audience might be, so they’re not excluded from it.” (Higher Education Institute)

One interviewee elaborated on this topic, and called for minimum standards on inclusive communication and clearer guidance:

“One of the things I thought of was having minimum standards. [...] It would be good to see something in place that was easy enough for a person who has a different job anyway to then go, ‘right I quickly need to find out what I need to do for this to a satisfactory level.’ [...] To have something that sets it out very clearly that is your go-to, would be very helpful.” (Local authority)

Reflections and recommendations

It is concerning that most respondents (63%) stated that they do not track requests for inclusive communication support. Without collecting and analysing accurate data on inclusive communication requests, it is impossible for listed authorities to fully assess whether they are

supporting people to engage with public life (health and social care, social security, education, employment, access to justice, leisure – to name but a few). Nor is it possible to consider whether some groups of people are more or less able to access their rights than other parts of the population. It is particularly concerning that the Scottish Parliament does not track this information, as a body well-positioned to set an example of best practice.

It is welcome that over a third of respondents (37%) do track inclusive communication requests – either fully or in part. However, it is concerning that only 15% collect a full dataset, and that Health Boards have low compliance in this area.

Centralisation was a repeated theme across responses – especially among local authorities and Higher Education Institutions. Local authority respondents were less likely to have access to a central database of information than Higher Education Institutions; comments earlier in this chapter about not having “a useful way of effectively monitoring what the demand is, and how we fulfil that demand” are typical of local authority respondents. On the other hand, Higher Education Institutions were able to analyse more data – in part due to market forces (if students aren’t supported, they may choose another university or college), but also a greater awareness of anticipatory planning.

It is notable that BSL translation and interpretation was the most mentioned form of inclusive communication recorded by listed authorities (particularly by the 21% of said they collate some but not all relevant information). Some respondents mentioned their local BSL plans and associated activity (previously analysed by the ALLIANCE in 2024).¹¹ Given that several listed authorities track translation and interpretation requests more broadly via the provision of services from subcontracted companies, this higher reporting rate on BSL may be due to billing and data collection systems for subcontracted work. It is also possible that the BSL (Scotland) Act 2015, and the recent work on the second round of BSL local plans in 2024, has informed this improved tracking and consideration of the needs of BSL users. The ALLIANCE

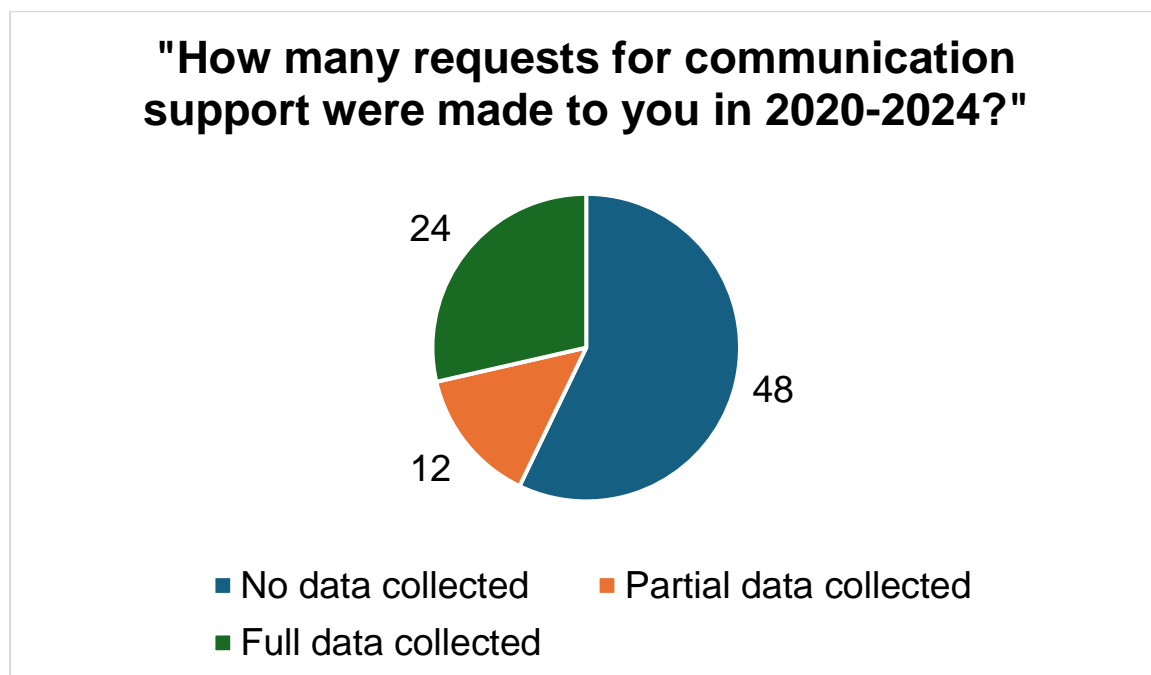
suggests that while not comprehensive evidence, this does indicate a benefit of legislation on inclusive communication (in this instance, BSL) – and the need to seriously consider legislation on inclusive communication more broadly, to ensure equitable access to support and widespread understanding of inclusive communication best practice. There is also a current template for the provision for inclusive communication in wider legislation, via the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, which could usefully inform this proposal.¹²

As part of a drive towards best practice, we recommend that all listed authorities collate data on inclusive communication requests centrally – even if only on an annual basis. They should monitor and assess their own progress in supporting people to participate in civic life, and access public services. Public reporting of findings would help promote transparency and good practice in demonstrating improvements on an ongoing basis. This information could also be shared with relevant lived experience panels and stakeholder networks, as mentioned by several respondents as a useful part of their existing practice. The reference by one interviewee to minimum standards is another helpful prompt for improvements in this area; the ALLIANCE supports calls for minimum standards on inclusive communication provision and practice, including the inclusion of minimum standards within guidance and any new legislation. Preparing minimum standards on inclusive communication now would help listed authorities prepare for future incorporation of international human rights treaties, and the principles of “minimum core obligations”.¹³

Numbers of support requests

We asked listed authorities, “How many requests for inclusive communication support were made to you in 2020, 2021, 2022, 2023, and 2024?” Of the 84 respondents to this question, 48 (57%) stated that they do not hold this information. 24 (29%) provided data on inclusive communication support requests made from 2020-2024. 12 (14%) provided data on some forms of inclusive communication support

requests made from 2020-2024 (such as Braille, BSL), or information on requests within a shorter time period (for example, 2024).



Of the 36 (43%) respondents who provided some details of inclusive communication support requests, respondents reported a total of 86,557 unique requests for support. That is an average at least 17,311 a year. Given that less than half of respondents provided any data for this question (and some of those only retained data for a one-year period, or for specific types of requests), this is indicative of the high number of support requests received each year by listed authorities – and the importance of that support in enabling people to access public services.

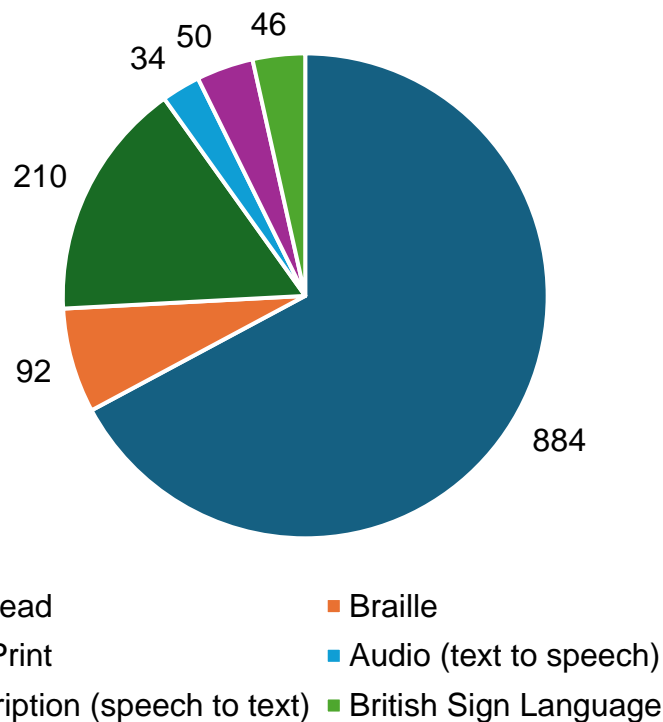
It is worth noting that while some respondents indicated that they were providing figures for all forms of inclusive communication requests received across 2020-2024, the level of detail provided by the respondents who provided “partial” information was on several occasions more detailed and indicative of significantly higher numbers of requests than those who provided simpler information on “all” requests. The widely divergent figures, and the example of the resubmitted response outlined in the methodology section of this report, indicate that the quality of data capture is variable.

Respondents also provided data on the number of requests for inclusive communication support in different forms; most typically, they provided the number of items (such as specific documents) or meetings where support was requested. However, several respondents provided the number of people supported, and some included information on the number of hours of support provided. As an example from one respondent who provided both forms of information, five requests for BSL-English interpretation to enable participation in public meetings equated to 10 hours of support. In our analysis and report, we use figures on the number of unique support requests where possible, then preferencing data on the number of people supported. In one instance we only received information on BSL provision in hours (and thus that figure is used) – although other forms of support were tracked by the number of requests.

Most respondents did not provide a clear breakdown of types of support requested. However, a substantial minority (particularly within HEIs, but also in other groups) provided much more detailed responses. To give one example, Social Security Scotland provided the following breakdown of support requests in 2024 (before that date requests were not broken down by type):

- Easy Read – 884
- Braille – 92
- Large Print – 210
- Audio (text to speech) – 34
- Transcription (speech to text) – 50
- British Sign Language – 46

Inclusive communication requests 2024: Social Security Scotland



It is notable that several of the respondents who had access to high quality data also worked in organisations with an easily accessible and centralised database. Those respondents who did not collect this data frequently mentioned localised data collection as a reason why they could not comply with the FOI request. One interviewee provided additional comment on this topic:

“I have lost track of the probably hundreds of restructures that have gone on in the council. [...] It's shifting sands, you get political changes in the administration, you get reduced funding, systems get changed so it's very difficult to have stable systems. [...] So sometimes things like technological changes, that funding can affect your information in being able to use it again. So that is an issue. If you had something like a three-year funding cycle rather than one year you would have more confidence that systems would remain the same, that would help. [...] One way of making

things better would be to log everything on a survey system and keep it running.” (Local authority)

During the interview with a HEI employee, they reflected on the need for anticipatory and proactive planning for inclusion (and the conflicts between medical and social models of support planning):

“The funding council still largely have a medical-based model, which really irritates everybody. There’s a good few years ago now, maybe ten years ago the funding council was questioning the college sector particularly about how it was spending so much money on people who didn’t have a diagnosis. [...] But they still have massive needs. [...] [Then the funding council] said we are moving away from the medical model to what’s called the social model, so they basically turned the tables and said if you’re living in a catchment area where 10% of people are Visually Impaired or 5% are in the Deaf community or 10% have a mental health issues, assume that those people will come to your institution, so you sort your campus out in an anticipatory way to make it more inclusive.” (Higher Education Institution)

In considering inclusive communication requests, and attitudes to data tracking, one interviewee shared the following reflections:

“What I started pushing about 18 months ago was to include a thing [in all public-facing surveys] about people’s communication needs. I got some kick back on that because people were saying, ‘we’re not taking people’s contact details so what’s the point of asking about communication needs?’ I said, ‘well it’s to build a profile of what kind of things people want out there.’ [...] There’s a whole list of questions about people’s communication needs – we started gathering data on that.” (Local authority)

The same interviewee then discussed the knock-on impact of inclusive communication data on wider practice:

“If people are turning up at a Deaf person’s house (actually we should do this at everyone’s house), ring the bell and knock, make sure you ring the bell, and wait a decent amount of time. We built that into guidance on repairs. [...] So, the information we’ve got back from ‘what are your communication needs?’ has been quite interesting. I knew there would be some demand for Easy Read in there but I’ve been surprised by how big the demand has been. [...] So that is something positive we’ve been able to do. Now we’ve got a foot in the door it can become more of a standard thing. Once services start doing that type of thing, they realise it’s not going to be the end of the world, they’ll buy into it. But at first you usually get a bit of kick-back.” (Local authority)

The HEI interviewee also reflected on how data collection about students’ needs had usefully informed policy delivery in recent years:

“One of things we do as part of our inclusive communication is we put on special events. We do a welcome day for autistic students because they have particular needs and communication styles and issues with communication – words don’t always mean the same to them or they have difficulty with certain things. The Sunday before induction week when it’s very quiet, we invite everyone who has applied who has disclosed their autism and their families/guardians/carers and we use current students to give them a tour. [...] We let the students who have autism here to give them some advice, to take questions from the new ones, to give some input – it’s very informal. Because we’ve got a high number disclosing with autism and ADHD – sometimes it’s joint – we’re doing more tailored things to try and communicate things with them that they otherwise might not know. [...] The numbers who are attending on the Sunday is getting higher and higher. We started off with about 12 and last year we had 76!” (Higher Education Institution)

Reflections and recommendations

It is concerning that more than half (51%) of respondents do not collect or hold data on inclusive communication requests. Without that structure

in place, how can there be assurances that support is provided, and improvements made? We strongly recommend that those listed authorities who do not have access to a centralised data tracking system learn from partners in the sector and follow their lead.

Equally, it is welcome that nearly half of respondents (49%) collected some form of data. The range and depth of detail provided by some respondents demonstrates area of good practice; for example, the University of Edinburgh, City of Glasgow College, Edinburgh City Council, and Social Security Scotland all provided detailed breakdowns of requests, with clearly delineated categories. It would be useful for the Improvement Service, the Equality and Human Rights Commission, and Scottish Government to share examples of guidance and best practice on inclusive communication data collection and provision, to enable robust monitoring and evaluation of support for specific population groups, and their communication requirements.

It was also notable that some respondents within local authorities included a call for longer-term funding to support better data capture. One interviewee expanded on the impact of short-term funding patterns on the ability to retain software to support high quality data capture and monitoring and evaluation; other respondents raised similar issues within written responses. Meanwhile, the interviewee from a Higher Education Institution was able to use the data they collect to evidence impact in terms of increased uptake and attendance at open days tailored to people's communication needs.

As with the previous question, listed authorities were typically better at collecting information on support for BSL users (interpretation and translation) than any other form of inclusive communication support request. It is welcome that this data is routinely recorded by a significant minority of respondents. The ALLIANCE recommends that legislation should be introduced to give everyone in Scotland a right to inclusive communication support, if required, to give everyone equitable access to civic life and public services.

Number of requests fulfilled

We also asked listed authorities, “How many of those requests for inclusive communication support made to you in 2020, 2021, 2022, 2023, and 2024 were fulfilled?” Of the 84 respondents to this question, 43 (51%) stated that they do not hold this information. 28 (33%) provided data on how many support requests were fulfilled from 2020 – 2024. 13 (15%) provided data on how they fulfilled some forms of inclusive communication support requests made from 2020-2024 (such as Braille, BSL), or information on requests within a shorter time period.

Of the 41 respondents (49%) who provided details of how many inclusive communication support requests were met (including partial data), 30 (36% of all respondents; 73% of those who collect data on this topic) indicated that all requests were fulfilled. Eight (10% of all respondents; 20% of those who collect data on this topic) indicated that they had fulfilled some but not all requests. Finally, three (4% of all respondents; 7% of those who collect data on this topic) outlined proactive measures they had taken to meet inclusive communication support needs, without receiving specific requests.

Representative comments are as follows:

“100% of these requests were fulfilled.” (Local Authority)

“The 8 occasions when requests were not fulfilled was due to interpreter/translator availability.” (Local Authority)

“One written translation request meeting the criteria was recorded. This was not fulfilled as the requester did not wish to continue.” (Health Board)

“Alternative strategy utilised for electronic note-taker request.” (Higher Education Institute)

Among respondents there were several instances of good practice in this area, and detailed record keeping. Key examples are as follows:

2020: 1,327 (98.8%)
 2021: 1,689 (99%)
 2022: 2,105 (98.6%)
 2023: 2,322 (98.5%)
 2024: 2,480 (98.2%)

It should be noted that requests that were not fulfilled can be for a number of reasons i.e. staff sickness, interpreter sickness, personal circumstance.

NHS Fife

Communication Support Worker: 2019/20=1, 2020/21=0, 2021/22=7, 2022/23=3, 2023/24=0, 2024/25=0.**

Notetaking support in class: 2019/20=1, 2020/21=6, 2021/22=9, 2022/23=7, 2023/24=5, 2024/25=5.**

Course materials in alternative formats: 2019/20=75, 2020/21=46, 2021/22=29, 2022/23=26, 2023/24=8, 2024/25=19.**

Alt formats in assessments: 2019/20=87, 2020/21=54, 2021/22=61, 2022/23=42, 2023/24=62, 2024/25=58.**

Assistive Technology Training: 2019/20=109, 2020/21=96, 2021/22=67, 2022/23=102, 2023/24=58, 2024/25=28.**

Assessment Arrangement –Reader: 2019/20=243, 2020/21=150, 2021/22=109, 2022/23=107, 2023/24=81, 2024/25=99.**

Assessment Arrangement –Scribe: 2019/20=137, 2020/21=67, 2021/22=49, 2022/23=66, 2023/24=53, 2024/25=65.**

All requests were fulfilled.

** data is collected by Academic Year so is presented as such in the table below. 24/25 data is year to date figures.

University of Edinburgh

Based on such requests tracked centrally by the Interpretation and Translation Service (ITS):

Audio: 2020=12, 2021=14, 2022=7, 2023=10, 2024=14.

Braille: 2020=36, 2021=29, 2022=26, 2023=38, 2024=33.

Large Print: 2020=75, 2021=116, 2022=89, 2023=119, 2024=88.

BSL Interpreting in hours: 2020=357, 2021=674, 2022=251, 2023=377, 2024=365.

All the requests were fulfilled.

City of Edinburgh

Building on this question, we asked interviewees whether they thought that they and their colleagues are confident in helping people with communication support requests, and why (or why not). They shared the following observations:

“I think ultimately people would go out their way to try and find out what they need to do, but not necessarily confidently. And not necessarily in advance either. A lot of it will be, ‘well if somebody needs help then they can contact us, and we’ll try and get it in a different format.’ In terms of developing an inclusive communication profile on the customers that we have, I don’t know that there’s much across the council.” (Local authority)

“I don’t think that we’re as proactive as we could be, I don’t think we’re as confident as we should be, but that doesn’t mean that someone wouldn’t go out their way to help if someone needed help. [...] I can give an example – somebody got in touch about a customer wanting a list of different services the council provides [...] it was to do with someone who has a Visual Impairment, and they were having trouble navigating the website. I got in touch with people within the council and we tried to make Large Print copies. Once you do know there’s an issue you can do something about it. But if you’ve got a busy work programme already it’s difficult to find

the space to go, ‘right how can I be proactive and anticipatory about this in a better way?’” (Local authority)

“We’re probably pretty good things like at Arabic, and just about any spoken language. We’re probably not so good at BSL. We are technologically prepared for it; we’ve got a contract with [named provider]. Theoretically, if a BSL user turns up at the front desk, or if a housing officer is out on a home visit and there’s someone there who is Deaf and we didn’t know we would be encountering a Deaf person, within two minutes we should be able to get a BSL interpreter online. So technologically we’re prepared for it, in terms of being able to access things like [specific video relay interpretation company]. I’m still aware there’s gaps in knowledge about that.” (Local authority)

Interviewees also reflected on instances where colleagues opposed inclusive communication practices and requests. For example:

“Sometimes we have to have a few battles with academics, academics have a lot of influence. [...] There’s still a huge amount of academics and other staff who are directly telling students that you shouldn’t be here. [...] And being straight up front about it as well, like, ‘you shouldn’t be here if you have a disability – if you can’t hear you shouldn’t be here, if you can’t see you shouldn’t be in an institution like this’. [...] [Students] are reliant on the lecturers doing the right things and if they don’t, they don’t have the confidence to raise it and they don’t want to make a fuss about it for reasons that they worry it’s going to be detrimental to them.” (Higher Education Institution)

Other challenges centred around convoluted internal systems, which slow the provision of inclusive communication for the person requiring support. Respondents also raised concerns about the cost of inclusive communication, and the financial consequences to departments if they follow best practice:

“Schools are a particular issue. [...] One of my main callers are schools saying, ‘can I have an interpreter?’ I’ve been back in touch with Education and said to them, ‘here’s the information, you need to get this to all schools and check that they have this information’ because it’s ridiculous that they are contacting me, it’s slowing things down and it’s taking up my time. Schools are in some ways run independently – it’s very much up to the head teacher, so the knowledge across there is quite patchy in terms of what’s available and how you do it.” (Local authority)

“The other issue is well is that we kind of have a centralised budget for [...] in-sign video interpreting. If someone is approaching housing for a repair and they need communication in another language, it’s up to [housing] to do it from their budget. That’s another reason why it’s very difficult to track stuff spent from say eight or nine different budgets. It’s difficult to track that because you’ve got to go back to Finance and ask them to drill down into that and that’s an issue.” (Local authority)

Finally, interviewees spoke clearly of the importance of leadership in advocating for embedding knowledge and enabling staff to take time for training and continued professional development:

“It feels like your line manager and their line manager and so on are endorsing time that might be taken to do something like this. So it makes a difference if it’s promoted like that. The other thing is having leadership, having strong visible leadership within the organisation is really important.” (Local authority)

Reflections and recommendations

It is disappointing that more than half of respondents do not hold information on how many support requests were fulfilled. Data collection on inclusive communication must be improved in order to ensure people’s support needs are met.

On the other hand, it is reassuring that of the remaining 49% who provided some data on fulfilment of inclusive communication requests,

most (73%) met “all” communication requests – and of the remainder, responses indicated that between 75% and 98% of all requests were fulfilled. It is worth noting that the respondent with the lowest fulfilment rate (75%) only received four requests, of which three were met; the small sample size of this respondent means this percentage should be treated with caution when compared against respondents receiving a significantly larger volume of requests.

The reflections of respondents on the difficulties they faced trying to improve and change systems from within, and the positive impact of leadership teams who prioritised inclusivity, show the need for whole-organisation buy-in to systems change. That applies both in terms of challenging poor behaviour from individuals, and in ensuring that internal systems are efficient and prioritise person needing support.

These findings – and some of the specific responses – indicate that there are good practice examples available. We propose that it would be useful to develop specific inclusive communication networks across each sector (as there is within Higher Education Institutions for BSL support) to share problems and solutions across listed authorities, and improve monitoring and evaluation, internal information sharing, and service provision. There should also be a legislative duty of reporting, to ensure public accountability on the provision of inclusive support and equitable access for all.

Types of support requests

We asked listed authorities, “What types of inclusive communication support request were made to you in 2020, 2021, 2022, 2023, and 2024?” Of the 84 respondents to this question, 43 (51%) stated that they do not hold this information. 31 (37%) provided data on the types of inclusive communication support requests made across 2020 – 2024. A further ten (12%) provided partial responses. That included respondents who did not collect data, but who could share examples of common requests based on anecdotal evidence from colleagues. Also included in that 12% were respondents who did not have data for 2020-2024, but shared information on requests made within a shorter time period.

Of the 41 (49%) respondents who shared examples, the following communication support requests were mentioned most frequently:

- BSL, including interpretation and translation. Mentioned by 90% of respondents who shared information on forms of support request received.
- Alternative formats (including digital and print formats) (56%).
- Braille, including digital Braille (44%).
- Large Print (39%).
- Assistive listening technology for Deaf/Deafblind people, including hearing loops/mics, personal vibrating fire alarms (24%).
- Assistive reading technology, including screen readers, speech to text software (24%).
- Electronic notetakers (24%).
- Captions (including live captions) (24%).

As full breakdown of responses is as follows (note that several respondents indicate support requests across most categories):

Type of request	Number of respondents who received requests
Alternative formats (including digital and print formats, such as .docx, coloured overlays)	23 (56%)
Assistive listening technology for Deaf/Deafblind people (including hearing loops/mics, personal vibrating fire alarms)	10 (24%)
Assistive reading technology (including screen readers, speech to text)	10 (24%)
Braille (including digital Braille)	18 (44%)
BSL (interpretation and translation)	37 (90%)
Captions (including live remote captioning)	10 (24%)

Communication support (unspecified)	3 (7%)
Deafblind Guide-Communicators	6 (15%)
Easy Read	6 (15%)
Electronic notetakers (ENTs)	10 (24%)
Large Print	16 (39%)
Notetakers	4 (10%)
Physical adaptations to rooms (such as lighting, background noise)	3 (7%)
Readers and scribes	7 (17%)
Sighted Guides	1 (2%)
Tactile images	1 (2%)

Overall, HEIs provided more detailed information on the types of inclusive communication support requests received than other groups, followed by Health Boards. Examples of good practice in this area within Higher Education could be usefully shared with the wider public sector, to improve people's access to inclusive communication across civic life.

In interviews, respondents provided additional reflections on some centralised efficiencies and examples of partnership working which could improve accessibility in specific areas of their work. For example:

“Recently, we were contemplating doing a BSL video on National Entitlement Cards [NEC]. But before doing that I contacted the Improvement Service [for local government] and said, ‘do you have a video on NEC cards in BSL that we could all just stick on our website?’ And they said, ‘no that would cost too much – goodbye!’ That’s how helpful they were. So, there’s a lack of national resources, things that councils can just put a link on, there’s a lot of wasted time and money with everyone trying to get put out the same information – and it doesn’t need to be like that. Other people have been having the same conversation with the Scottish Government for the last 20 years – just tell us what to do, if there’s a pro-forma gives us a set and we’ll just do that instead of inventing 32 local council versions of it. So that is a problem

because you're spending time just replicating stuff." (Local authority)

"We've done the scoping exercise with a view to improving going forward. We want to provide guidance that helps the council - different services - to have consistent approach. [...] People would take notice if they couldn't then go ahead with what they were intending to do. For example, if it's a committee report, it can't go to committee because it's not a report that's accessible – then they would soon learn to make sure it was accessible!" (Local authority)

"I think if it was one consistent process across the council that we all knew, it was easily found, easy to follow, and when they see the benefits of implementing that, taking the time to do it or budget in advance for it, it develops more confidence embedding it within your day-to-day work." (Local authority)

"[Specific] council – they've got a department who help anybody locally in the public sector who want to put an event on. They'll do somethings to help us like set up a website, help us with communication – somebody else I knew put a huge event on and I asked how they did it and they said get in touch with these people at the council. So I did and they've been super helpful." (Higher Education Institution)

Reflections and recommendations

As with earlier patterns, just over half of respondents (51%) stated that they did not hold information on the types of inclusive support request made to them across 2020-2024. It is positive that nearly half (49%) provided some form of data on this topic. As some respondents indicated, knowing the types of inclusive communication support requests made to each listed authority allows for accurate budgeting, as well as provision of services when needed and greater confidence in employees.

Several respondents – including those who did not collect information on this topic – called for centralised resources and guidance. One

interviewee highlighted the potential role of the Improvement Service in the provision of resources and information.¹⁴ There is a clear role for a more efficient provision of inclusive practice and information on key issues and topics that affect multiple listed authorities across a sector (with the added benefit of consistent messaging). Scottish Government, COSLA, and the Improvement Service could usefully support the provision of inclusive formats for some parts of local authority communication, and equivalencies across other listed authorities.

Again, BSL far outstrips any other form of inclusive communication support request in terms of how many respondents included mention of BSL interpretation and translation, with 90% of those who collected data reporting that they provided BSL interpretation and translation during the period in question. It is welcome that there is this high level of awareness and support of the requirements of BSL users.

Regarding other forms of support, awareness was significantly lower; the next most commonly noted item was “alternative formats” (a combined category that spanned a wide range of single-use mentions of specific adaptations), which was mentioned by 56% of respondents who collected data. Braille was noted by 44%, Large Print mentioned by 39%, and 25% of respondents reporting support requests for assistive reading and listening technology, captions, and electronic notetakers (respectively). Overall, the data collected by Higher Education Institutions was more detailed and of higher quality than that shared by other respondents (although there were exceptions to this pattern, such as Social Security Scotland). Examples of good practice in this area within Higher Education (and elsewhere) could be usefully shared with the wider public sector, as part of the networking proposals outlined previously.

Finally, some respondents mentioned the strengths of partnership working, including across both local authorities and Higher Education Institutions, as enabling better mutual support and increasing inclusive design and planning. This is a welcome pattern in keeping with the recommendations above.

Complaints received and resolved

We asked listed authorities, “How many complaints did you receive about a lack of inclusive communication in 2020, 2021, 2022, 2023, and 2024?” Of the 84 respondents to this question, 56 (67%) provided a specific number of complaints received across 2020-2024. A further six respondents (7%) provided partial responses – including respondents where data was not formally collected on inclusive communication complaints, but systems enabled manual keyword searches for those terms within complain summaries, and those who could only provide data for some parts of their organisational structure. 22 respondents (26%) could not provide any data on the number of complaints received about inclusive communication support provision. This was the highest data return rate of any question, and enabled more detailed analysis.

Of the 62 respondents who collect data (including partial data), 18 (29% of responding listed authorities) received complaints about a lack of inclusive communication. Those 18 respondents received between 60 and 72 complaints across 2020-2024.¹⁵

Of the 26 local authorities who answered this question, 18 (69% of responding local authorities) collected data about inclusive communication complaints. A further two (8%) provided partial data. Six local authorities (23%) do not collect data on inclusive communication complaints: East Ayrshire, Falkirk, Fife, South Ayrshire, South Lanarkshire, and Stirling. Within the local authorities who did collect this information, three received complaints on this topic within 2020-2024, including Glasgow (6), Perth and Kinross (8), and Renfrewshire (2). The remaining 17 local authorities who collected data recorded no complaints on this topic.

Of the nine Health Boards who responded, four (44% of responding Health Boards) provided data, one (11%) provided a partial response, and four (44%) did not collect this information. The four Health Boards who do not collect data on complaints were NHS Ayrshire and Arran, NHS Dumfries and Galloway, NHS Lanarkshire, and NHS Tayside. Within the NHS Boards who collect this information, two received

complaints on this topic within 2020-2024: NHS Fife (between 17 and 26 complaints across 2020-2024) and NHS Western Isles (less than 5 complaints). The remaining three Health Boards who collect data recorded no complaints on this topic.

Of the 36 HEIs who responded, 26 (72%) collect information on inclusive communication complaints, two (6%) provided a partial response, and eight (22%) do not collect this data. Those who do not collect data include: Heriot Watt, The Open University, Royal Conservatoire of Scotland, University of Aberdeen, University of Dundee, University of Stirling, Ayrshire College, and UHI North, West Hebrides. Within the HEIs who collect this information, ten received complaints during 2020-2024: Edinburgh Napier University, Glasgow School of Art, Robert Gordon University, UHI, City of Glasgow College, Dumfries and Galloway College, Fife College, North East Scotland College, UHI Perth and West Lothian College. The remaining 17 HEIs who collect data did not have any recorded complaints.

Of the remaining 13 respondents to this question, eight (62%) provided data, one (8%) shared a partial response, and four (31%) did not have information available: Scottish Courts and Tribunals Services, Scottish Parliament Corporate Body, Scottish Public Services Ombudsman, and Social Security Scotland. Amongst the other respondents who collect this information, two received inclusive communication complaints during 2020-2024, including Police Investigations and Review Commissioner (1) and the Scottish Awards Agency for Scotland (1). The remaining seven respondents who collect data recorded no inclusive communication complaints.

We also asked listed authorities, “How many complaints about inclusive communication made in 2020, 2021, 2022, 2023, and 2024 have been resolved?” All 16 local authority complaints (across three local authorities) were listed as “resolved” (100%).

Health Boards did not provide figures for complaints numbering less than 5. NHS Fife reported 17-26 complaints, of which all were resolved (100%). NHS Western Isles reported that both the number of complaints

and resolutions was “less than 5”. As such, it is not possible to know whether all complaints received by NHS Western Isles were resolved.

Responses from HEIs were complicated by respondents adding “upheld” and “partially upheld” response categories alongside “resolved” and “not resolved”. Across the ten HEIs who reported inclusive communication complaints, 16 complaints were either “upheld” or resolved” (62% of all HEI complaints). Three complaints (12% of all HEI complaints) were listed as “partially upheld”. Seven complaints (27%) were reported as “not upheld” or unresolved.

A full breakdown of the data we received about complaints received and resolved is as follows:

Respondent	Number of complaints	Number of complaints resolved or upheld	Number of complaints not resolved or upheld
Glasgow City Council	6	6	0
Perth and Kinross Council	8	8	0
Renfrewshire Council	2	2	0
NHS Fife	17-26	17-26	0
NHS Western Isles	Less than 5	Less than 5	Less than 5
Edinburgh Napier University	2	1 “partially upheld”	1 “not upheld”
Robert Gordon University	4	4	0
University of Highlands and Islands	3	3	0
City of Glasgow College	2	1 “resolved”	1 “not upheld”
Dumfries and Galloway College	1	1	0

Fife College	3	1 “resolved” 1 “upheld”	1 “not upheld”
North East Scotland College	2	1 “partially upheld” 1 “resolved”	0
UHI Moray	1	0	1
UHI Perth	2	0	2 “not upheld”
West Lothian College	3	1 “partially upheld” 1 “upheld”	1 “not upheld”
Police Investigations and Review Commissioner	1	1	0
Scottish Awards Agency for Scotland	2	2	0

It is worth noting that some respondents provided helpful additional information on action associated with inclusive communication complaints. For example, Fife College provided the following information:

“Issues identified through [...] the 2023/24 complaint investigation resulted in additional actions for relevant staff. This included staff training on inclusive technologies and providing additional support.”

Reflections and recommendations

It is positive that nearly three quarters (74%) of respondents collect some level of complaints data on the provision of inclusive communication. However, it is troubling that a quarter (26%) could not provide any data on the number of complaints received. Given that 18% of those who do collect data recorded that they received complaints about a lack of inclusive communication support, it is concerning that there is no oversight of trends among a quarter of respondents. Without

this information, it will be difficult for listed authorities to assess patterns or address specific barriers to inclusion.

Health Boards have the lowest rate of data collection on complaints. Only 55% of responding Health Boards collected any information (including partial information). Meanwhile, HEIs and local authorities collate the most detailed information about inclusive communication complaints – 78% of HEIs track complaints, 77% of local authorities, and 69% of the other listed authorities. Access to this information enables those respondents to share and – more importantly – analyse the findings and use them to inform and improve practice.

Given the vital importance of communication to effective health and social care interventions, and the systemic health inequalities and barriers that people with sensory impairments or who have who have Learning Disabilities have to face (to name just a few examples), this highlights an area for improvement among Health Board data collection in particular, with support from NHS Education for Scotland and Healthcare Improvement Scotland.

It is welcome that most recorded complaints were resolved, and that several respondents had access to information on the specific mitigations and supports put in place in response to individual complaints. Such detail highlights the importance of tracking complaints and resolutions in order to learn from them – including the final example, which prompted the roll-out of wider staff training.

Staff training

We asked listed authorities, “Do you offer your staff training on inclusive communication?” Of the 84 respondents to this question, 32 (38%) stated that they provide inclusive communication training to their staff. A further 22 respondents (26%) provided training on some but not all aspects of inclusive communication. 30 respondents (36%) reported that they did not provide any inclusive communication training to staff.

Several participants expanded on their responses to this question. The 54 respondents (64%) who provide some form of inclusive communication training noted:

“All [...] staff who edit the Council’s website receive training on digital accessibility and how to produce digitally accessible web content.” (Local Authority)

“Deaf awareness, Deafblind awareness, Sight loss awareness.” (Local Authority)

“Turas Learn modules on Augmentative and Alternative Communication.” (Health Board)

“The Disability Information Team [...] run training on Creating Accessible Materials every two months. The training is available to all staff within the University. This training discusses both physical and digital information, whether as a resource, document, leaflet, electronic communication or system, and how to ensure this content is as accessible as possible. The training provides practical advice on how to apply accessible practices to both digital and physical materials.” (Higher Education Institute)

“Yes [...] [we] offer staff training and resources in inclusive communication. This includes:

- Guidance on creating accessible materials and using inclusive language.
- Support in understanding communication needs related to disability and neurodiversity.
- Training opportunities aligned with our BSL Plan, including a resource in development for working with Deaf sign language users.
- Inclusive teaching practices, particularly those informed by Universal Design for Learning (UDL).
- BSL instruction embedded in some academic programmes.

- Collaboration with the National Autism Implementation Team (NAIT) to raise awareness of neurodiversity.” (Higher Education Institution)

“We offer our staff numerous training opportunities on inclusive communication. We currently have an accessibility working group where staff from various teams collaborate on projects such as producing easy read documents. This is volunteer based and open to all staff. We also provide training on plain English, web accessibility and Microsoft word accessibility.” (Commissioner for Ethical Standards in Public Life)

“Social Security Scotland offer all colleagues an inclusive communication e-learning package. This is designed to increase understanding of inclusive communication and why it is important at Social Security Scotland. It also provides practical guidance on communicating inclusively with colleagues, stakeholders and clients. This was created in collaboration with the Inclusive Communication External Stakeholder Reference Group and was launched in 2021. Our upcoming inclusive communication and Equality Strategy [...] was co-produced with expert stakeholders and with people who have lived experience of the Social Security system who themselves have a communication disadvantage.” (Social Security Scotland)

It is worth noting the multiple respondents who refer to BSL specifically, including:

“Staff received training on using and promoting the ContactScotlandBSL video interpreting relay service for British Sign Language users.” (Local Authority)

“As part of [specific local authority]’s British Sign Language Plan, it is also planned to investigate opportunities for early years workers to learn BSL up to [...] SCQF Level 3.” (Local Authority)

“There has also been an offer of British Sign Language introduction training, this was offered out to all [...] staff members for expressions of interest, an initial cohort of 22 were offered places this was prioritised for the services where it was felt the greatest need was and 21 completed. A second cohort of 18 have started training.” (Local Authority)

“Yes. All staff are offered an introduction course to BSL.” (Higher Education Institute)

Among respondents who do not provide inclusive communication training, one local authority respondent noted that Scottish Government is “currently developing a national Inclusive Communications Toolkit and Guidance which is due to be rolled out to Scottish Local Authorities late 2025”.

We also asked interviewees about the training offered to staff. They shared the following observations:

“We do offer a lot of training, we’re always saying we invite any member of staff. [...] We encourage them to say if you’re not sure about the plan, come and ask, we’ll have a chat with you, go through it, stuff like that.” (Higher Education Institution)

“We do provide some training – we get training through our professional bodies, through agencies we all know. The sector is full of specialist groups, sector bodies and professionals who we all benefit from because they deliver a training session with people in a similar role” (Higher Education Institution)

“There’s about 18,000 if not more staff across the council so I can’t speak for all the staff, but I do know that from time to time there will be raising awareness. For example, there was something recently in our news online encouraging people to take up a BSL awareness course and an introduction to BSL course.” (Local authority)

“When we’ve got capacity, we’ll build stuff on to our [digital] system which is just like online modules. [...] We point people to things like NDCS [National Deaf Children’s Society] training because it’s free – for Deaf awareness. The other things is that we’ve got no money.” (Local authority)

Interviewees also highlighted the role of networks in supporting knowledge and sharing of good practice with colleagues across their sectors:

“There’s a lot of good network groups as well, things like BSL now because of the [local BSL] plans. So, there’s a Scottish group for that which I’m on – it’s a Further Education/Higher Education one. [...] We’ve got an agreement that we’re going to share data and insights and learn from each other because every institution seems to have a small number. We’ve agreed to share good practice etc. across the sector. ” (Higher Education Institution)

“We have an accessibility commission set up to look at accessibility and planning, public spaces like pavements and parks. We’ve got a team looking at Inclusive design in our own council estate – and that’s also with a view to looking at inclusive signage. So we’ve got various different things going on which I think are examples of good practice.” (Local authority)

“We have staff networks set up – one for disability, one for race, one for women etc. Those networks have been really useful to flag up issues that are important, that the staff are noticing needs improvement, so that’s another avenue for making improvements across the organisation. [...] The network has been able to give feedback on things like PowerPoint presentations that aren’t accessible and have input into the reasonable adjustments policy.” (Local authority)

We asked listed authorities, “If you provide staff with training on inclusive communication, is this training open to all staff or to selected groups?” Most respondents indicated that they offer training to all staff on some

aspects of inclusive communication best practice – even if its limited range is a cause for concern (as discussed above).

52 respondents shared information on whether training is available to all staff or only to selected groups. Of those 52 respondents, 43 stated that training was open to all staff (83% of those who collect data on this topic). Eight (15%) indicated that training options were only available to specific groups of staff. Specific groups who are given primary access to training (or more advanced training) include:

- Early years staff
- Social work staff
- Web and digital teams
- Disability support staff

We also asked listed authorities, “What percentage of your staff accessed inclusive communication training in 2020, 2021, 2022, 2023, and 2024?” Of the 54 respondents who provided information on inclusive communication training, 20 (37%) do not collect data on the number of staff who access training and relevant resources. 17 respondents (31% of those who provided training) shared information on the percentage of staff who completed training on some aspects of inclusive communication best practice. A further 17 respondents (31%) provided partial data.

Of those who provided percentages of staff accessing training, the highest rate of uptake was from the following respondents:

- Police Investigations and Review Commissioner – 100%
- Standards Commission for Scotland – 100%
- Dundee and Angus College – 93%
- West Lothian College – 91%
- Social Security Scotland – 67%

A substantial minority of respondents provided training completion rates in terms of number of staff, rather than a percentage of all staff (with some respondents providing both). These responses are not usable for

comparison purposes, due to the range in sizes of different public bodies – although it was clear that the staff uptake rates were very low in most cases. In several instances the numbers of staff attending training were in single figures.

A detailed breakdown of responses from listed authorities who provided percentage figures is below:¹⁶

Respondent	Percentage of staff who accessed training on inclusive communication
Dundee City Council	1%
Falkirk Council	1%
Glasgow City Council	1%
West Dunbartonshire Council	8%
NHS Western Isles	9%
Ayrshire College	6%
City of Glasgow College	5%
Dundee and Angus College	93%
Fife College	30%
New College Lanarkshire	2%
Queen Margaret University	1%
UHI Perth	41%
West Lothian College	91%
Commissioner for Children and Young People	52%
Police Investigations and Review Commissioner	100%
Scottish Information Commissioner	36%
Standards Commission for Scotland	100%
Social Security Scotland	67%

Reflections and recommendations

It is welcome that nearly two-thirds (64%) of respondents offer training around some aspects of inclusive communication – including 38% providing training covering a range of relevant areas within the topic. It is also a positive finding that most training is open to all staff.

However, the fact that a quarter (26%) of respondents indicated that full training on all aspects of inclusive communication was not provided, and more than a third (36%) reported that they did not provide any inclusive communication training to staff at all, indicates that there is room for improvement. Public bodies must embed a deep understanding of inclusive communication practices – including minimum standards – if people are to be able to access their rights and engage in public life.

The repeated references to BSL training are encouraging. However, it is troubling that several respondents referenced inclusive communication and BSL as interchangeable, rather than acknowledging that BSL is only one part of a wider whole. Similarly, some respondents mentioned captions or visual impairment awareness training as synonymous with inclusive communication. The broad definition outlined in the introduction is key to designing and delivering systems that work for everyone and maximise access.

It is interesting to note that those respondents who run regular repeater training session to maximise staff uptake (such as every 2 months) also had better data collection and lower complaint rates (for example, the University of Edinburgh). Meanwhile, several respondents highlighted that training is important to consider alongside accessibility working groups and stakeholder groups (for example, Social Security Scotland's work to embed lived experience feedback into their practices). These positive examples demonstrate the interconnectivity of the topics under discussion in this report.

However, then it comes to training uptake, very few respondents indicated that most staff had completed relevant training offers. It is welcome that some respondents (Police Investigations and Review

Commissioner, Standards Commission for Scotland) had 100% completion rates for staff engagement in inclusive communication training. Similarly, Dundee and Angus College and West Lothian College reported very high uptake rates for their staff, at 93% and 91% respectively. Social Security Scotland also reported that 63% of their staff had completed inclusive communication training and referenced examples where they are embedding good practice in their policies and practice.

Several respondents had staff training update rates of 1-2%, and of those who provided numbers of staff who completed inclusive communication training (without corresponding total numbers of employees to enable a percentage calculation), several responses were in single figures.

It is worth acknowledging that it is likely easier for smaller organisations to ensure high completion rates of training than larger organisations and public bodies. However, while any uptake is welcome, completion rates of more than 50% (or even 30-40%) are far more likely to cascade good practice than those where completion is either not monitored or very low (1-2%). Overall, most staff employed in listed authorities contacted for this report had not received any training – even when it was available.

Conclusion

In assessing the evidence gathered by our research, the ALLIANCE calls for statutory duties on inclusive communication to be placed on public bodies, including provision, data collection and staff training. Without legal protection for people's right to inclusive communication – as in the BSL (Scotland) Act 2015 – Scotland is unlikely to see systemic change. Real and meaningful reform is needed, to counter existing inequalities and enable people to enjoy their human rights and be a full part of civic society.

Everyone should have a right to communicate in a form they understand – to access health and social care when they need it, attend education or work, and participate in society.

Designing for inclusion today means planning for a future where everyone can live well, without discrimination. When we get inclusive communication right, everyone benefits.

Combined reflections and recommendations

This report analyses the current provision and understanding of inclusive communication by listed authorities in Scotland. From March to April 2025, the Health and Social Care Alliance (the ALLIANCE) Scottish Sensory Hub analysed evidence from a range of listed authorities, including local authorities, Health Boards, universities and colleges, and other relevant public bodies operating in Scotland.

Throughout the report, the ALLIANCE has included our reflections and recommendations. These are based on our analysis of 84 Freedom of Information (FOI) responses, and interviews with three listed authorities. They are also informed by our wider work in this area. We aim to highlight and provide examples of good practice and areas of learning, as well as areas for improvement.

For ease of reference, our key reflections and recommendations from throughout this report are combined in this chapter.

Response rates

The 84 responses by listed authorities to the ALLIANCE FOI requests and the three interviews all provide valuable information to assess the provision of inclusive communication data gathering, provision of support, and staff training. However, it is notable that 17 listed authorities did not comply with legal requirements for responses, i.e. providing a response within 20 working days (17%). Of those 17, six responded by 22nd April (14 working days after the legislative deadline of 20 working days), with 11 outstanding at the time of writing this report.

Health Boards had the poorest rate of return, with only 64% returning responses within the legal 20 working days limit, compared to 81% of local authorities, 90% of HEIs, and 87% of other listed authorities. Given the importance of health services to people, this is concerning and should be addressed. This concern is particularly acute given that NHS Borders, NHS Forth Valley, NHS Greater Glasgow and Clyde, and NHS Lothian did not respond at all (at time of writing); Health Boards who cumulatively represent most of the Scottish population.

Accessibility of responses

In terms of accessibility, departments and staff who are responsible for managing FOI requests would benefit from inclusive communication training and systems testing – particularly around screen reader accessibility, and the use of online request submission forms. No respondents' websites offer information up front about how to submit an FOI request in alternative formats or receive information in ways that meet the communication requirements of the recipient (such as Plain English, Large Print, BSL, .docx). We recommend that in order to improve the accessibility of the process, listed authorities consider how to broaden the inclusivity of their FOI process, including offering alternative formats.

Tracking support requests

It is concerning that most respondents (63%) stated that they do not track requests for inclusive communication support. Without collecting and analysing accurate data on inclusive communication requests, it is impossible for listed authorities to fully assess whether they are supporting people to engage with public life (health and social care, social security, education, employment, access to justice, leisure – to name but a few). Nor is it possible to consider whether some groups of people are more or less able to access their rights than other parts of the population. It is particularly concerning that the Scottish Parliament does not track this information, as a body well-positioned to set an example of best practice.

It is welcome that over a third of respondents (37%) do track inclusive communication requests – either fully or in part. However, it is concerning that only 15% collect a full dataset, and that Health Boards have low compliance in this area.

Centralisation was a repeated theme across responses – especially among local authorities and Higher Education Institutions. Local authority respondents were less likely to have access to a central database of information than Higher Education Institutions; comments earlier in this chapter about not having “a useful way of effectively

monitoring what the demand is, and how we fulfil that demand” are typical of local authority respondents. On the other hand, Higher Education Institutions were able to analyse more data – in part due to market forces (if students aren’t supported, they may choose another university or college), but also a greater awareness of anticipatory planning.

It is notable that BSL translation and interpretation was the most mentioned form of inclusive communication recorded by listed authorities (particularly by the 21% of said they collate some but not all relevant information). Some respondents mentioned their local BSL plans and associated activity (previously analysed by the ALLIANCE in 2024). Given that several listed authorities track translation and interpretation requests more broadly via the provision of services from subcontracted companies, this higher reporting rate on BSL may be due to billing and data collection systems for subcontracted work. It is also possible that the BSL (Scotland) Act 2015, and the recent work on the second round of BSL local plans in 2024, has informed this improved tracking and consideration of the needs of BSL users. The ALLIANCE suggests that while not comprehensive evidence, this does indicate a benefit of legislation on inclusive communication (in this instance, BSL) – and the need to seriously consider legislation on inclusive communication more broadly, to ensure equitable access to support and widespread understanding of inclusive communication best practice. There is also a current template for the provision for inclusive communication in wider legislation, via the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, which could usefully inform this proposal.

As part of a drive towards best practice, we recommend that all listed authorities collate data on inclusive communication requests centrally – even if only on an annual basis. They should monitor and assess their own progress in supporting people to participate in civic life, and access public services. Public reporting of findings would help promote transparency and good practice in demonstrating improvements on an ongoing basis. This information could also be shared with relevant lived experience panels and stakeholder networks, as mentioned by several

respondents as a useful part of their existing practice. The reference by one interviewee to minimum standards is another helpful prompt for improvements in this area; the ALLIANCE supports calls for minimum standards on inclusive communication provision and practice, including the inclusion of minimum standards within guidance and any new legislation. Preparing minimum standards on inclusive communication now would help listed authorities prepare for future incorporation of international human rights treaties, and the principles of “minimum core obligations”.

Numbers of support requests

It is concerning that more than half (51%) of respondents do not collect or hold data on inclusive communication requests. Without that structure in place, how can there be assurances that support is provided, and improvements made? We strongly recommend that those listed authorities who do not have access to a centralised data tracking system learn from partners in the sector and follow their lead.

Equally, it is welcome that nearly half of respondents (49%) collected some form of data. The range and depth of detail provided by some respondents demonstrates area of good practice; for example, the University of Edinburgh, City of Glasgow College, Edinburgh City Council, and Social Security Scotland all provided detailed breakdowns of requests, with clearly delineated categories. It would be useful for the Improvement Service, Equality and Human Rights Commission, and Scottish Government to share examples of guidance and best practice on inclusive communication data collection and provision, to enable robust monitoring and evaluation of support for specific population groups, and their communication requirements.

It was also notable that some respondents within local authorities included a call for longer-term funding to support better data capture. One interviewee expanded on the impact of short-term funding patterns on the ability to retain software to support high quality data capture and monitoring and evaluation; other respondents raised similar issues within written responses. Meanwhile, the interviewee from a Higher Education Institution was able to use the data they collect to evidence impact in

terms of increased uptake and attendance at open days tailored to people's communication needs.

As with the previous question, listed authorities were typically better at collecting information on support for BSL users (interpretation and translation) than any other form of inclusive communication support request. It is welcome that this data is routinely recorded by a significant minority of respondents. The ALLIANCE recommends that legislation should be introduced to give everyone in Scotland a right to inclusive communication support, if required, to give everyone equitable access to civic life and public services.

Numbers of requests fulfilled

It is disappointing that more than half of respondents do not hold information on how many support requests were fulfilled. Data collection on inclusive communication must be improved in order to ensure people's support needs are met.

On the other hand, it is reassuring that of the remaining 49% who provided some data on fulfilment of inclusive communication requests, most (73%) met "all" communication requests – and of the remainder, responses indicated that between 75% and 98% of all requests were fulfilled. It is worth noting that the respondent with the lowest fulfilment rate (75%) only received four requests, of which three were met; the small sample size of this respondent means this percentage should be treated with caution when compared against respondents receiving a significantly larger volume of requests.

The reflections of respondents on the difficulties they faced trying to improve and change systems from within, and the positive impact of leadership teams who prioritised inclusivity, show the need for whole-organisation buy-in to systems change. That applies both in terms of challenging poor behaviour from individuals, and in ensuring that internal systems are efficient and prioritise person needing support.

These findings – and some of the specific responses – indicate that there are good practice examples available. We propose that it would be

useful to develop specific inclusive communication networks across each sector (as there is within Higher Education Institutions for BSL support) to share problems and solutions across listed authorities, and improve monitoring and evaluation, internal information sharing, and service provision. There should also be a legislative duty of reporting, to ensure public accountability on the provision of inclusive support and equitable access for all.

Types of support requests

As with earlier patterns, just over half of respondents (51%) stated that they did not hold information on the types of inclusive support request made to them across 2020-2024. It is positive that nearly half (49%) provided some form of data on this topic. As some respondents indicated, knowing the types of inclusive communication support requests made to each listed authority allows for accurate budgeting, as well as provision of services when needed and greater confidence in employees.

Several respondents – including those who did not collect information on this topic – called for centralised resources and guidance. One interviewee highlighted the potential role of the Improvement Service in the provision of resources and information. There is a clear role for a more efficient provision of inclusive practice and information on key issues and topics that affect multiple listed authorities across a sector (with the added benefit of consistent messaging). Scottish Government, COSLA, and the Improvement Service could usefully support the provision of inclusive formats for some parts of local authority communication, and equivalencies across other listed authorities.

Again, BSL far outstrips any other form of inclusive communication support request in terms of how many respondents included mention of BSL interpretation and translation, with 90% of those who collected data reporting that they provided BSL interpretation and translation during the period in question. It is welcome that there is this high level of awareness and support of the requirements of BSL users.

With regard to other forms of support, awareness was significantly lower; the next most commonly noted item was “alternative formats” (a combined category that spanned a wide range of single-use mentions of specific adaptations), which was mentioned by 56% of respondents who collected data. Braille was noted by 44%, Large Print mentioned by 39%, and 25% of respondents reporting support requests for assistive reading and listening technology, captions, and electronic notetakers (respectively). Overall, the data collected by Higher Education Institutions was more detailed and of higher quality than that shared by other respondents (although there were exceptions to this pattern, such as Social Security Scotland). Examples of good practice in this area within Higher Education (and elsewhere) could be usefully shared with the wider public sector, as part of the networking proposals outlined previously.

Finally, some respondents mentioned the strengths of partnership working, including across both local authorities and Higher Education Institutions, as enabling better mutual support and increasing inclusive design and planning. This is a welcome pattern in keeping with the recommendations above.

Complaints received and resolved

It is positive that nearly three quarters (74%) of respondents collect some level of complaints data on the provision of inclusive communication. However, it is troubling that a quarter (26%) could not provide any data on the number of complaints received. Given that 18% of those who do collect data recorded that they received complaints about a lack of inclusive communication support, it is concerning that there is no oversight of trends among a quarter of respondents. Without this information, it will be difficult for listed authorities to assess patterns or address specific barriers to inclusion.

Health Boards have the lowest rate of data collection on complaints. Only 55% of responding Health Boards collected any information (including partial information). Meanwhile, HEIs and local authorities collate the most detailed information about inclusive communication complaints – 78% of HEIs track complaints , 77% of local authorities,

and 69% of the other listed authorities. Access to this information enables those respondents to share and – more importantly – analyse the findings and use them to inform and improve practice.

Given the vital importance of communication to effective health and social care interventions, and the systemic health inequalities and barriers that people with sensory impairments or who have who have Learning Disabilities have to face (to name just a few examples), this highlights an area for improvement among Health Board data collection in particular, with support from NHS Education for Scotland and Healthcare Improvement Scotland.

It is welcome that most recorded complaints were resolved, and that several respondents had access to information on the specific mitigations and supports put in place in response to individual complaints. Such detail highlights the importance of tracking complaints and resolutions in order to learn from them – including the example of a complaint whose resolution prompted the roll-out of wider staff training.

Staff training

It is welcome that nearly two-thirds (64%) of respondents offer training around some aspects of inclusive communication – including 38% providing training covering a range of relevant areas within the topic. It is also a positive finding that most training is open to all staff.

However, the fact that a quarter (26%) of respondents indicated that full training on all aspects of inclusive communication was not provided, and more than a third (36%) reported that they did not provide any inclusive communication training to staff at all, indicates that there is room for improvement. Public bodies must embed a deep understanding of inclusive communication practices – including minimum standards – if people are to be able to access their rights and engage in public life.

The repeated references to BSL training are encouraging. However, it is troubling that several respondents referenced inclusive communication and BSL as interchangeable, rather than acknowledging that BSL is only one part of a wider whole. Similarly, some respondents mentioned

captions or visual impairment awareness training as synonymous with inclusive communication. The broad definition outlined in the introduction is key to designing and delivering systems that work for everyone and maximise access.

It is interesting to note that those respondents who run regular repeater training session to maximise staff uptake (such as every 2 months) also had better data collection and lower complaint rates (for example, the University of Edinburgh). Meanwhile, several respondents highlighted that training is important to consider alongside accessibility working groups and stakeholder groups (for example, Social Security Scotland's work to embed lived experience feedback into their practices). These positive examples demonstrate the interconnectivity of the topics under discussion in this report.

However, then it comes to training uptake, very few respondents indicated that most staff had completed relevant training offers. It is welcome that some respondents (Police Investigations and Review Commissioner, Standards Commission for Scotland) had 100% completion rates for staff engagement in inclusive communication training. Similarly, Dundee and Angus College and West Lothian College reported very high uptake rates for their staff, at 93% and 91% respectively. Social Security Scotland also reported that 63% of their staff had completed inclusive communication training and referenced examples where they are embedding good practice in their policies and practice.

Several respondents had staff training update rates of 1-2%, and of those who provided numbers of staff who completed inclusive communication training (without corresponding total numbers of employees to enable a percentage calculation), several responses were in single figures.

It is worth acknowledging that it is likely easier for smaller organisations to ensure high completion rates of training than larger organisations and public bodies. However, while any uptake is welcome, completion rates of more than 50% (or even 30-40%) are far more likely to cascade good

practice than those where completion is either not monitored or very low (1-2%). Overall, most staff employed in listed authorities contacted for this report had not received any training – even when it was available.

Conclusion

In assessing the evidence gathered by our research, the ALLIANCE calls for statutory duties on inclusive communication to be placed on public bodies, including provision, data collection and staff training. Without legal protection for people's right to inclusive communication – as in the BSL (Scotland) Act 2015 – Scotland is unlikely to see systemic change. Real and meaningful reform is needed, to counter existing inequalities and enable people to enjoy their human rights and be a full part of civic society.

Everyone should have a right to communicate in a form they understand – to access health and social care when they need it, attend education or work, and participate in society.

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Appendix A

Methodology

The Freedom of Information (Scotland) Act 2002 details a schedule of listed authorities who must respond to FOI requests within 20 working days.¹⁷

The ALLIANCE issued Freedom of Information (FOI) requests to 101 relevant public bodies operating in Scotland. This included:

- 32 local authorities
- 14 Health Boards
- 40 Higher Education Institutions (HEIs)
- 15 other authorities listed who are subject to the PSED, or whose work is relevant to enabling people to participate in civic life. This includes one authority operating across the UK (Universities and Colleges Admissions Service (UCAS)).

For full details of FOI requests for this project, and response rates, see Appendices B and C.

Data collection ran from 5th March 2025 to 6th April 2025 (the 20 working days required by law for responses to FOI requests). By the end of data collection, we received 84 responses (83% of those asked).

Between 27th March and 11th April 2025 we also contacted 100 equalities leads in Health Boards, local authorities, universities, colleges, and other public bodies, inviting respondents to participate in anonymous interviews to inform this research. We could not locate contact details for the equalities lead at NHS Borders, so they were not included in this request.

We arranged interviews with three equalities leads in April 2025. These interviews included two local authority employees and one employee of a Higher Education Institution. Different geographical areas of Scotland are represented by the interviewees. All identifying details for the three interviewees have been removed to ensure anonymity, with any changes

indicated with square brackets. For example, “At [specific university] we are quite good at gathering data.”

The FOI requests covered the following areas:

- Do listed authorities track requests for inclusive communication?
- How many requests for inclusive communication support were made and fulfilled between 2020-2024?
- How many complaints about a lack of inclusive communication were received across 2020-2024? How many were resolved?
- Do listed authorities offer staff training on inclusive communication? If so, is it open to all, or only select groups?
- What percentage of staff accessed inclusive communication training across 2020-2024?

A full breakdown of FOI request questions is available in Appendix B.

Not all listed authorities shared responses to our FOI request by 6th April 2025. Some responses were received between the end of the data collection period and the publication of this report. These have not been included in the statistical analysis and figures present in the report, but key quotes from their responses have been included where relevant. Late submissions received by 22nd April are noted in Appendix C.

It is worth noting that in reviewing the content of FOI responses, the research team were surprised that one respondent (a Higher Education Institution) with whom the ALLIANCE has worked closely indicated that no inclusive communication data was collected, no information was available on forms of support provided, and no training provided to staff. As the research team were aware of several areas of good practice within that institution, and specific areas of inclusive communication training and provision, they queried the response and asked whether an interview to discuss further would be possible. The Higher Education Institute subsequently chose to resubmit their FOI response (after 6th April), with substantially altered content to several parts of their response. The revised version was used in the data analysis. We welcome this more accurate response, and the work that went into it.

However, it highlights an area of concern about the understanding of inclusive communication across institutions, as well as wider compliance with the Freedom of Information (Scotland) Act 2002.

We also considered the accessibility of FOI request formats and responses within our analysis. Written responses were tested by a JAWS screen reader user for accessibility for screen reader users.¹⁸

Responses were grouped for analysis under the following headings: local authority, Health Board, Higher Education Institutions, and additional listed authorities.

Appendix B

Freedom of Information Request questions

1. Do you track requests for inclusive communication support in your listed authority? This could include (but is not limited to) requests for communication support for meetings (online or in person) and for static resources, e.g. Large Print, telephone calls, email/digital correspondence, Easy Read, Braille, Moon, Guide-Communicator support, BSL or Deafblind Manual interpretation or translation, Electronic Note Takers, audio descriptions, captions.
2. How many requests for inclusive communication support were made to you in 2020, 2021, 2022, 2023, and 2024? Data in either a year-by-year breakdown, or as a single figure across 2020-2024 would be helpful; whichever is easiest.
3. How many of those requests for inclusive communication support made to you in 2020, 2021, 2022, 2023, and 2024 were fulfilled? Data in either a year-by-year breakdown, or as a single figure across 2020-2024 would be helpful; whichever is easiest.
4. What types of inclusive communication support request were made to you in 2020, 2021, 2022, 2023, and 2024? This could include (but is not limited to) requests for Large Print, telephone calls, email/digital correspondence, Easy Read, Braille, Moon, Guide-Communicator support, BSL or Deafblind Manual interpretation or translation, Electronic Note Takers, audio descriptions, captions. Data in either a year-by-year breakdown, or as a single figure across 2020-2024 would be helpful; whichever is easiest.
5. How many complaints did you receive about a lack of inclusive communication in 2020, 2021, 2022, 2023, and 2024? Data in either a year-by-year breakdown, or as a single figure across 2020-2024 would be helpful; whichever is easiest.

6. How many complaints about inclusive communication made in 2020, 2021, 2022, 2023, and 2024 have been resolved? Data in either a year-by-year breakdown, or as a single figure across 2020-2024 would be helpful; whichever is easiest.
7. Do you offer your staff training on inclusive communication?
8. If you provide staff with training on inclusive communication, is this training open to all staff or to selected groups?
9. What percentage of your staff accessed inclusive communication training in 2020, 2021, 2022, 2023, and 2024? Data in either a year-by-year breakdown, or as a single figure would be helpful; whichever is easiest.

Appendix C

Freedom of Information Request Responses

Listed authority	Responded to FOI request by 6 th April 2025	Responded to FOI request by 22 nd April (late)
Local authorities		
Aberdeen City	No	No
Aberdeenshire	Yes	Yes
Angus	No	No
Argyll and Bute	No	Yes
Clackmannanshire	Yes	Yes
Dumfries and Galloway	Yes	Yes
Dundee City	Yes	Yes
East Ayrshire	Yes	Yes
East Dunbartonshire	Yes	Yes
East Lothian	Yes	Yes
East Renfrewshire	No	No
Edinburgh	Yes	Yes
Eilean Siar (Western Isles)	Yes	Yes
Falkirk	Yes	Yes
Fife	Yes	Yes
Glasgow	Yes	Yes
Highland	Yes	Yes
Inverclyde	Yes	Yes
Midlothian	Yes	Yes
Moray	Yes	Yes
North Ayrshire	No	Yes
North Lanarkshire	Yes	Yes
Orkney	Yes	Yes
Perth and Kinross	Yes	Yes
Renfrewshire	Yes	Yes
Scottish Borders	No	Yes
Shetland	Yes	Yes

South Ayrshire	Yes	Yes
South Lanarkshire	Yes	Yes
Stirling	Yes	Yes
West Dunbartonshire	Yes	Yes
West Lothian	Yes	Yes
Health Boards		
NHS Ayrshire and Arran	Yes	Yes
NHS Borders	No	No
NHS Dumfries and Galloway	Yes	Yes
NHS Fife	Yes	Yes
NHS Forth Valley	No	No
NHS Grampian	Yes	Yes
NHS Greater Glasgow and Clyde	No	No
NHS Highland	Yes	Yes
NHS Lanarkshire	Yes	Yes
NHS Lothian	No	No
NHS Orkney	Yes	Yes
NHS Shetland	No	Yes
NHS Tayside	Yes	Yes
NHS Western Isles	Yes	Yes
Universities		
Abertay University	No	Yes
Edinburgh Napier University	Yes	Yes
Glasgow Caledonian University	Yes	Yes
Glasgow School of Art	Yes	Yes
Heriot Watt University	Yes	Yes
Robert Gordon University	Yes	Yes
Royal Conservatoire of Scotland	Yes	Yes
SRUC – Scotland's Rural College	No	No
The Open University	Yes	Yes

Queen Margaret University	Yes	Yes
University of Aberdeen	Yes	Yes
University of Dundee	Yes	Yes
University of Edinburgh	Yes	Yes
University of the Highlands and Islands (UHI)	Yes	Yes
University of St Andrews	Yes	Yes
University of Stirling	Yes	Yes
University of Strathclyde	Yes	Yes
University of the West of Scotland (UWS)	Yes	Yes
Colleges		
Ayrshire College	Yes	Yes
Borders College	Yes	Yes
City of Glasgow College	Yes	Yes
Dumfries and Galloway College	Yes	Yes
Dundee and Angus College	Yes	Yes
Edinburgh College	Yes	Yes
Fife College	Yes	Yes
Forth Valley College	Yes	Yes
Glasgow Kelvin College	Yes	Yes
Newbattle Abbey College	Yes	Yes
North East Scotland College	Yes	Yes
Sabhal Mor Ostaig	Yes	Yes
South Lanarkshire College	Yes	Yes
UHI Argyll	Yes	Yes
UHI Inverness	No	No
UHI Moray	Yes	Yes
UHI Orkney	No	No
UHI Perth	Yes	Yes
UHI Shetland	Yes	Yes
UHI North, West and Hebrides	Yes	Yes
West College Scotland	Yes	Yes

West Lothian College	Yes	Yes
Other listed authorities		
Commissioner for Children and Young People in Scotland	Yes	Yes
Commissioner for Ethical Standards in Public Life in Scotland	Yes	Yes
Office of the Scottish Charity Regulator	Yes	Yes
Police Investigations and Review Commissioner	Yes	Yes
Scottish Commission for Human Rights	Yes	Yes
Scottish Courts and Tribunals Services	Yes	Yes
Scottish Housing Regulator	Yes	Yes
Scottish Information Commissioner	Yes	Yes
Scottish Parliamentary Corporate Body	Yes	Yes
Scottish Public Services Ombudsman	Yes	Yes
Standards Commission for Scotland	Yes	Yes
Scottish Fire and Rescue Service	No	No
Student Awards Agency for Scotland (SAAS)	Yes	Yes
Universities and Colleges Admissions Service (UCAS)	No	Yes
Social Security Scotland	Yes	Yes

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 3,500 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 is Scotland's sole cross-sensory forum. Our work spans research, policy, and campaign work. We focus on three key areas to promote living a good life: communication, information, and mobility.

We provide a platform for the voice of anyone in Scotland with lived experience of Deafness, Deafblindness or Visual Impairment. The Scottish Sensory Hub launched in 2021 with substantial support from Scotland's sensory sector, and we draw experience from deafscotland (formerly the Scottish Council on Deafness) and SCOVl (Scottish Council on Visual Impairment). We are supported by an active advisory group, with members from across the sensory sector.

Lived experience is at the heart of everything we do. The Scottish 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.

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¹² Scottish Parliament, *Uniter Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024* (2024), available at: <https://www.legislation.gov.uk/asp/2024/1/contents>.

¹³ Scottish Government, *A Human Rights Bill for Scotland: Consultation Guide* (2023), “Minimum core obligations”, p. 3, available at: <https://www.gov.scot/publications/human-rights-bill-scotland-guide-consultation/pages/3/>. The ALLIANCE, *A Human Rights Bill for Scotland* (2023), available at: <https://www.alliance-scotland.org.uk/blog/news/the-alliance-responds-to-the-human-rights-bill-consultation/>.

¹⁴ Improvement Service, “About us”, available at: <https://www.improvementservice.org.uk/about-us>.

¹⁵ The range accommodates responses from public bodies who do not provide specific data where numbers are less than 5; the minimum total number was calculated by assuming 1 in each instance where a response stated “<5”; the maximum number was calculated by assuming 4 in each instance where “<5” was the response provided.

¹⁶ Where year by year percentage breakdowns were provided, an average has been used to provide a single figure across 2020-2024 (or relevant years for which data is available). In instances where only part of the workforce was given access to training (such as social work staff),

responses have not been included to avoid inflating uptake rates. Percentages have been rounded to zero decimal places throughout.

¹⁷ Scottish Government, *Freedom of Information (Scotland) Act 2002* (2002). Available at:

<https://www.legislation.gov.uk/asp/2002/13/schedule/1>.

¹⁸ JAWS (Job Access With Speech) screen reader. Further information available at: <https://www.freedomscientific.com/products/software/jaws/>.

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