

Findings from the Consultation on the Regional Review of Communication Support Services for People who are D/deaf or Hard of Hearing



Easy Read Report



1.0 Background



In 2015/16, the Health and Social Care Board (HSCB) looked at how Communication Support services for people who are D/deaf or hard of hearing was provided.



They looked at how things work now and what would be needed to provide a better service.

For the purposes of this report, Communication Support Services include:



1. British Sign Language (BSL)/Irish Sign Language (ISL) interpreting for those who use BSL/ISL as their first language;



2. Lip Speaking/Electronic note taking for People who are Hard of Hearing;



3. Specialist interpreting services for deafblind people

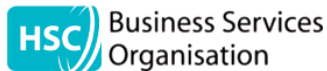


A copy of the full report is available on the HSCB's website

<http://www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support/>



The report said that future services should be provided by one organisation so that they are available to everyone who needs it no matter where they live in Northern Ireland.



The HSCB's Business Service Organisation (BSO) was chosen as the best provider to deliver a Regional (throughout NI) service.



It was felt that a mix of face to face and where appropriate, non-face to face interpreting would be used.



This would help with delivering the same quality of service to everyone who needs it and would also help with giving best value for money.

2.0 Consultation



The HSCB board agreed to go out to public consultation to make sure they spoke to as many people as possible including the Hard of Hearing and Deafblind communities.

3.0 Equality Impact Assessment



In order to make sure the recommendation in the RCSSR report was being fair, the HSCB looked at how any proposed changes to Communication Support would affect different groups of people.

This is called an Equality Impact Assessment.



A copy of the full RCSSR Equality Impact Assessment is available on

<http://www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support/>

4.0 Findings from Consultation:



The following is a summary of key findings from this public consultation and key issues raised by those who responded.

A total of **61** submissions were received in response to the consultation document and the Equality Impact Assessment.

These responses represent the views of **234 individuals/ organisations.**



Most people agreed with the Recommendations; however, a number of concerns were raised around the following themes (types of issues):

Theme 1: Moving to a Regional Service



- People agreed that the services were different depending on where you live.
- Most people felt that one organisation managing and booking interpreters was a good idea.
- Most people felt that and the use of remote interpreting/Video Relay Service (VRS) in appropriate settings was a good idea.
- One person stated “Communication Support Services need to consider the ‘FULL SPECTRUM of deaf/ hard of hearing’ people going forward”.
- It was pointed out that Communication Support for D/deaf and Hard of Hearing people will only happen if all staff are using good practice guides by Health and Social Care (HSC) staff, for example:
 - Making Communication Accessible Guidance for HSC staff (2016)
 - Accessible Communication Guidance for GPs (2014)
 - The HSCB Accessible Formats policy (2016)



For further information go to

<http://www.hscboard.hscni.net/our-work/social-care-and-children/psds/>

This would make sure that health and social care services are more accessible to the D/deaf community.



- One person said that the organisation which is brought in to provide the services should provide them themselves and not pay other organisations to provide them as this would increase how much it costs.



- Another person said that the interpretation service should not be part of a general interpretation service (for example, for minority languages) as it stops specialist groups from applying to provide the service).



- Some of the people who responded felt that “focus on standardisation” (*making sure all interpretation services work in the same way*) would mean that individual needs of people with hearing loss would not be met. For example: booking methods, sourcing interpreters with particular specialisms and experience, etc.”



What?

- The consultation showed the need to know which Health and Social Care services are included in a regional HSC Communication Support Service.



- It was suggested that a strategy/policy in relation to D/deaf children having access to interpreters which also considers the needs of hearing children with D/deaf parents is required.

Theme 2: Communication Strategy



- People felt there was a need for a plan to let the D/deaf and Hard of Hearing Communities and Health and Social Care professionals know about Communication Support services, what the service is, who can access it and how to access it.



- It was suggested that videos with signed BSL/ISL messages are used on social media (like Facebook/Twitter etc) to show how the Communication Support Services works.

Theme 3: Booking Processes and Interpreter Allocation



- People were aware of how there weren't enough qualified BSL/ISL interpreters, specialist interpreters, lipspeakers and electronic note takers across Northern Ireland for the people who needed to use them.



- People felt a 2 hour interpreter booking was not required for many Health and Social Care appointments e.g. for a 10 minute GP appointment.



- How much interpreters get paid for their work and their travel is different across Northern Ireland.



- A concern was expressed that in the future, interpreter(s) may be allocated on the basis of cost rather than qualification and that the “cheapest interpreter – potentially a trainee” will be chosen.



- An easy to use booking system which allows staff to book Communication Support and confirm the booking with the D/deaf/hard of hearing person in a D/deaf friendly was suggested.



Choice



- It was suggested by one organisation that an online system or phone app is developed for this purpose.
- Service users said that **choice** is important i.e. personal choice of preferred interpreter(s) and personal choice as to whether or not the use of remote interpreting is appropriate.
- D/deaf users asked if they could give the service a list of interpreters that they feel comfortable working with.
- Some people said they would feel more comfortable with a **gender** specific interpreter (a female interpreter for a female/male interpreter for a male) even if their appointment is not related to whether they are male or female.
- One response suggested a move towards trying to make several appointments for a number of D/deaf people in one location, removing the need for an interpreter to travel to several locations.
- One response said time needs to be left between appointments to protect the confidentiality of the D/deaf person, and to avoid upset if appointments don't run to time.

Theme 4: BSO Expertise & Suggestions for Going Forward



- Some people were worried that interpreters wouldn't have enough experience.
- Some were also worried that the Business Services Organisation wouldn't have enough knowledge to make sure people got the right type of interpreter.



- It was strongly felt that the Business Service Organisation would need training from a Deaf organisation to make sure they had a good understanding of Deaf culture and the range of sign systems used by Deaf people in N Ireland (BSL/ISL/Sign Supported English/ Finger spelling/"home signs" and combined use of two or more of these systems).



- This training would also train staff in communication support systems used by people who have become deafened (lipreading, lipspeaking, speech to text, sign with speech and any combination of 2 or more of these systems).
- It was reported that not all interpreters are skilled in all of the different types of support.



- It was pointed out that some D/deaf people have additional needs and/ or present with co-existing conditions, for example, Autism Spectrum Disorder, Learning Disability, Dual sensory loss, Deafblind and this will require BSO staff to receive awareness training on the impact of these additional needs.



- One group suggested that BSO employ a D/deaf person/ someone who has expertise in interpreter qualifications, interpreting bookings and how to deal with complaints from the D/deaf community.

Theme 5: Remote (Non face to face) interpreting



- Video Remote Interpreting is a service that uses as web cameras or videophones to provide sign language or interpreting services. People felt that this should only be used for very basic health appointments and for basic information giving.



- One person said that there should be choice and flexibility.



- It was pointed out that visual display appointment systems in Health and Social Care settings are essential for remote interpreting. For example, not all hospital and GP waiting rooms have a visual display with the patient's name appearing. The D/deaf person relies on the presence of the interpreter to tell them that their name has been called.

- Some people said it may not always be possible to know before the appointment if it is suitable for remote interpreting.



- One person said interpreters must be asked to offer guidance as to how and when remote interpreting is appropriate.



- Some pointed out the need to think about the needs of older service users especially in relation to using smart phones, video calling etc.



- When 'testing' remote interpreting, people said the trial needs to include all types of D/deaf people across the region, including D/deaf users with additional needs and not just those who use technology already.



When testing, interpreters and health care professionals also need to be able to feed back.



- It was largely accepted that “remote interpreting is not appropriate for deafblind”.
- Some suggested that Video Remote Interpreting (VRI) is appropriate for use in Chemists and A&E Departments if used in a private consultation room.
- One person suggested using a Video Relay Service (VRS) but pointed out that a BSL interpreter from other parts of England, Wales and Scotland may not be familiar with local Northern Ireland signs nor will they offer ISL interpreting.

Theme 6: Continuity of Care



- One individual felt that there may be times where an interpreter with higher travel costs should be used to ensure the care a person has had is continued. For example, a service user transferred from a local service in the Western HSCT to the regional Cancer Centre in Belfast.



- Service users felt that the same interpreter should be used for all appointments in an episode of treatment. For example, if a person was going through pregnancy, the same interpreter would interpret throughout.

Theme 7: Hard of Hearing Communication Support



- The hard of hearing community felt that communication support services need to be extended to meet the needs of hard of hearing people.



- One person said “the use of speed text (electronic note taking) at health appointments would be welcomed.”



- Others stated that communication supports need to be available for the Hard of Hearing in Health & Social Care settings e.g. Hearing Loops, personal listeners, quiet rooms.

- It was strongly felt that good practice guides should be used.

See:

http://www.hscboard.hscni.net/download/PUBLICATIONS/physical_and_sensory_disability_guidance/Making-Communication-Accessible-for-All-Guide



Theme 8: Advisory Group



In January 2016 the review recommended that a regional group be set up to oversee the development and delivery of a regional Communication Support Service.

This group should include D/deaf and hard of hearing people.

The following comments were received in the Consultation about this Advisory group:



- It was agreed important that D/deaf and Hard of Hearing people were on this group to set up and oversee the development and delivery of interpreting services.
- It was proposed that “service user representation does not just include D/deaf people from organisations”. It was also felt that interpreters should be on this group.
- The group needs to include people who use other Communication Support services such as Lipspeakers and Electronic note taking.





- The group needs to talk to with interpreters and interpreter governing bodies such as Association of Sign Language Interpreters (ASLI), Visual Language Professionals (VLP) and National Register of Communication Professionals working with Deaf and Deafblind people (NRCPD) during the development process.

Theme 9: Performance Management/Governance



Some people suggested that a complaint procedure needs to be made available in a range of accessible formats such as:



1. Written form;



Complain

2. Face to face via an interpreter;



3. Facility to record a signed BSL/ISL message for translation by a qualified translator /interpreter at a later date.

This was felt to be important for D/deaf people who are not comfortable using written English and all information should be provided in both BSL and ISL formats.

- It was suggested that as the NRCPD (The National Register of Communication Professionals working with Deaf and Deafblind people) already have a complaints procedure and a code of conduct in place there was no need to create alternatives.
- A number of people advised that the Business Services Organisation needs to make sure that all interpreters are registered and maintain their registration with the professional body NRCPD.

Theme 10: Payments



- One person said that there is a need to protect the public purse. However this person went on to say that “existing cancellation policies should be adhered to and that low pay and unacceptable working conditions are a barrier to attracting high quality interpreters”.

Theme 11: Training and professional development



- It was stated that NRCPD members must complete 24 hours of professional development (for example, attending courses or training) every year.



- Positive suggestions were made about providing more training opportunities for interpreters. It was also stated that educating health and social care staff about the role of interpreting was needed.

5.0 Equality Impact Assessment Consultation Findings

The Equality Impact Assessment made the following suggestions. The majority of people who responded to the consultation agreed with these actions.

Gender

A limited number of interpreters mean that it may be difficult to provide a gender specific (male or female) interpreter on request.



The supplier of Communication Support Services will do their best to try and provide a male or female interpreter when available if requested.

Religion/Political Opinion

There is very little information available. The supplier of Communication Support Services will make sure that the service is available in both Irish Sign Language and British Sign Language. The supplier will also keep a record of how many people use each service.



Ethnicity

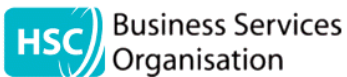


There was very little information available at the moment. The supplier of Communication Support Services will do their best to meet the needs of people from different ethnic groups and keep a record of who uses the service to make sure they can better meet any needs.

6.0 Conclusion



The RCSSR public consultation has found overwhelming support for the RCSSR Recommendation (and all parts of this Recommendation).



It also had support for the Business Services Organisation to supply regional Communication Support Services for D/deaf and hard of hearing people who need to access Health and Social Care across NI.



The consultation findings were presented at the Health and Social Care Board Public Meeting on 11th May 2017.

All of the Board members approved the recommendation that BSO would be commissioned to supply regional Communication Support Services for D/deaf and hard of hearing people who need to access Health and Social Care across NI.



All of the constructive feedback received during the consultation will be taken into consideration by the Advisory Group in the co-production of the new regional service model.



We would like to thank everyone who participated in the consultation either by submitting a questionnaire or attending one of the public events.

This feedback has been very helpful and will be important to for the Advisory Group to consider as we move forward.



The next stage is to agree a timeline for the introduction of a new regional service the regional Communication Support Service.



Copies of the final Consultation report and Equality Impact Assessment can be found at <http://www.hscboard.hscni.net/our-work/social-care-and-children/psds/>

7.0 Contact Details

If you have any further queries please contact us by writing to us at:



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