

NHS Health Scotland Response to Education and Culture Committee call for evidence on British Sign Language (Scotland) Bill

NHS Health Scotland is a national Health Board working with and through public, private and third sector organisations to reduce health inequalities and improve health. We use evidence and data to inform decision-makers and the public about how we can improve Scotland's health outcomes. Our response is therefore from the perspective of how the proposed BSL Bill could contribute to improving health and in particular any inequity in health outcomes that might result from people not having access to services and information.

NHS Health Scotland recognises the need to promote the use of British Sign Language (BSL) and increase its use in the delivery of services, including health services. However more effective implementation of existing legislation would be our preferred approach in order to prevent new inequalities arising between groups with different language interpreting needs.

We know that some population groups, including Deaf people, experience poorer access to health services and that this inequity in access to services can result in poorer health outcomes. Provision of timely and accessible information can contribute to achieving equal access to and outcomes from health services and therefore to reducing inequalities in health for particular population groups, which may be compounded by other life circumstances such as poverty. If public bodies are required to focus on the provision of one language over others it could potentially lead to unintended consequences for other languages and forms of communication used by the deaf community. Research commissioned by NHS Health Scotland which examined approaches to remote interpreting for sign language users (2011) reported that older people with hearing loss are more likely to be lipreaders than BSL users and that 45% of profoundly deaf people with disabilities have significant dexterity or sight difficulties or both¹. It may also create further inequalities amongst groups whose first language is not English and who require interpreting services, leading to potential discrimination.

While it is noted that Mark Griffin MSP explored whether BSL could be promoted through existing legislation, we believe existing legislation is sufficient. The Equality Act and Public Sector Equality duty as well as, the Human Rights Act and the Patient Rights Act all place requirements on public authorities to meet the needs of Deaf people (such as provision of accessible goods, services and facilities, right to be free from non-consensual medical treatment and the right to have clear communication about care). The International Covenant on Economic, Social and Cultural Rights includes the right to the highest attainable standard of health. The 'right to health' includes a number of elements which the World Health Organisation has set out. This includes health care and what leads us to have healthy lives (health determinants) being available, accessible, appropriate and of suitable quality. Equality is fundamental to achieving the right to health. Greater focus on all public bodies to meet existing legislation and human rights frameworks, as well as other relevant policies (for example the Sensory Impairment strategy) may be more effective rather than placing further requirements on public authorities which may create added bureaucracy.

Finally, placing a requirement on public authorities to prepare and publish BSL plans may put further demand on the limited availability of qualified, registered BSL interpreters in Scotland. This may make it difficult for public authorities to meet the demand for services in BSL.

NHS Health Scotland supports the intentions behind the Bill; however we would advocate better use of existing equality and human rights levers to advance the needs of BSL users.

¹ Researching models of remote British Sign Language interpreting in the UK and beyond, Lacey, M. et al, August 2011, www.healthscotland.com/documents/5496.aspx