Thank you for this opportunity to comment on the financial implications of the British Sign Language (Scotland) Bill.

This response is sent on behalf of Heriot-Watt University's School of Management & Languages. As part of its Department of Languages & Intercultural Studies, the School houses Scotland's largest concentration of academics (two professors and 13 staff and early-career researchers) specialising in aspects of sign language studies. Also within the School are the Department of Business Management, and of particular salience here, the Department of Accountancy, Economics & Finance, which may afford Heriot-Watt a uniquely relevant perspective on these matters as the Bill progresses.

Consultation

Did you take part in any consultation exercise preceding the Bill and, if so, did you comment on the financial assumptions made?

1. We did not make an institutional contribution to the earlier consultation exercise. A number of individuals associated with Heriot-Watt (staff and students) responded at a personal level.

2. Not applicable.

Did you have sufficient time to contribute to the consultation exercise?

3. Yes.

Costs

If the Bill has any financial implications for your organisation, do you believe that they have been accurately reflected in the FM? If not, please provide details.

4. The Bill per se does not appear to have direct financial implications for the University sector as a whole. Given that the Bill can be seen to prefigure some growth in demand for sign language skills in Scotland, it may be anticipated that Heriot-Watt's track record in this field may lead to demand for an intensification of our efforts (eg in the education of British Sign Language (BSL) teachers and interpreters), with attendant resource implications. However, the Bill itself does not demand or require any such development and the financial memorandum properly reflects that measured approach.

Do you consider that the estimated costs and savings set out in the FM are reasonable and accurate?

5. We see no specific reason to question the estimated costs set out in the FM. Comparisons with Gaelic in Scotland have been made with due circumspection. We have not located any comparable calculations through our international points of
There are two reasons for this: firstly, such financial details are not always in the public domain; secondly, and perhaps more pertinently, Scotland's proposed legislation takes a distinctive 'enabling' or 'landscaping' form, for which we have seen no direct comparator. It is, in this respect, unlike the constitutional recognition seen in countries such as Finland, Austria, Hungary, New Zealand, South Africa, Uganda and Iceland; equally, it takes a different approach than the sign language legislation in Catalonia, Spain, New Zealand, Slovenia, Hungary, Iceland and Brazil; yet it is again different in kind from the other legislative measures – affecting but not primarily targeting language outcomes in the way Scotland proposes – that have been taken in Sweden, Flanders, Germany and France. The estimated costs therefore appear both proportionate and rational.

We note, however, that there is no measure of the potential value of the Bill and the contribution to individuals, organisations and society that could accrue from the enactment of the Bill. We consider this a significant factor which should by no means be overlooked here. In the context of Scotland's current progressive National Performance Framework, its openness to social accounting and the preventative spend agenda, alternatives to GDP as a measure of a 'successful' nation, and the rethinking of wellbeing in the design of public policy, we believe that salient benefits to society are conceivable – but as yet unquantified – as a result of the proposed legislation.

One example with which Scotland is already familiar is the value of investing in mental health care. It is estimated that a disproportionately large number – up to 40% – of deaf and hard of hearing people experience a mental health problem at some time in their lives. There is also good evidence of a high degree of unmet need in this area because of the reluctance of people to present to services due to communications and access issues and due to perceived discrimination in mainstream services. The economic impacts of mental illness affect personal income, the ability of ill persons – and often their caregivers – to work, productivity in the workplace and contributions to the national economy, as well as the utilization of treatment and support services. The WHO (http://www.who.int/mental_health/media/investing_mnh.pdf) has put the cost of mental health problems in developed countries at between 3% and 4% of GNP. Mental disorders cost national economies billions in terms of expenditure incurred and loss of productivity.

It is for this reason that the Scottish Mental Health Service for Deaf People was launched in May 2011, commissioned by National Services Division, NHS National Services Scotland (NSS) on behalf of all 14 NHS Boards in Scotland. This is an excellent start; but its value will be limited by the effectiveness of intervention – and the key to this will always be good communication. For BSL users, that entails communication in sign language, of exactly the kind which this Bill is designed to promote. The significant benefits of such investment in effective BSL communication are not fully addressed by the FM.

If applicable, are you content that your organisation can meet any financial costs that it might incur as a result of the Bill? If not, how do you think these costs should be met?
6. See our response to Q4 above.
Does the FM accurately reflect the margins of uncertainty associated with the Bill's estimated costs and with the timescales over which they would be expected to arise?

7. See our response to Q5 above. The nature of the Bill makes clear that expenditure in this area is indefinitely recurrent, insofar as the required BSL planning and, especially, promotional processes have no specified shelf-life. That is entirely appropriate (cf Gaelic language planning). It will take some years to address existing gaps in BSL provision (eg to put in place interpreting services in the quantity and quality to fully meet all national requirements, since interpreting involves a demandingly complex set of linguistic, cognitive and interpersonal skills as well as high levels of world knowledge).

Wider Issues

Do you believe that the FM reasonably captures any costs associated with the Bill? If not, which other costs might be incurred and by whom?

8. Yes.

Do you believe that there may be future costs associated with the Bill, for example through subordinate legislation? If so, is it possible to quantify these costs?

9. It is the apparent intention of the Bill's careful framing that, outwith the planning and review processes themselves, no additional obligatory future costs inherently arise from it. It is evident that a set of expectations will arise in relevant sections of the community if the Bill becomes law, and these will need to be judiciously managed. The groundwork done over many years by the Scottish Government's Equality Unit, the Scottish Council on Deafness, and the BSL & Linguistic Access Working Group has established a relatively robust platform to support that process. Contrary to the anxieties of some respondents at earlier phases of consultation – notably NHS Grampian, Orkney, Ayrshire and Arran – the Bill does not directly require additional implementation funding in such forms as short-term up-skilling of the workforce: developments of this nature should be expected to be incremental, and to arise from a whole-society response to the promotion of BSL. For example, if BSL becomes available as a curriculum subject at compulsory school levels, it can be anticipated that a viable proportion of NHS staff will, in due course, enter the workforce equipped with much or all of the linguistic capability they may require for frontline service delivery. Meanwhile, nationally planned structuration of the sign language interpreting profession will, over time, permit a mixed economy of translation and interpretation skills for face-to-face, remote and recorded communication to be nurtured and operationally managed – without the NHS itself having to shoulder a disproportionate burden for generating and delivering these services.

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