



OFFICIAL REPORT
AITHISG OIFIGEIL

Equalities, Human Rights and Civil Justice Committee

Tuesday 17 June 2025

Session 6



The Scottish Parliament
Pàrlamaid na h-Alba

Tuesday 17 June 2025

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EQUALITIES, HUMAN RIGHTS AND CIVIL JUSTICE COMMITTEE
16th Meeting 2025, Session 6

CONVENER

*Karen Adam (Banffshire and Buchan Coast) (SNP)

DEPUTY CONVENER

*Maggie Chapman (North East Scotland) (Green)

COMMITTEE MEMBERS

*Pam Gosal (West Scotland) (Con)

*Marie McNair (Clydebank and Milngavie) (SNP)

*Paul O'Kane (West Scotland) (Lab)

*Evelyn Tweed (Stirling) (SNP)

*Tess White (North East Scotland) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Dr Robert Adam (Heriot-Watt University)

Robert Eckhart (Scottish Government)

Kate Forbes (Deputy First Minister and Cabinet Secretary for Economy and Gaelic)

Stacey Gourlay (NHS Forth Valley)

Professor Annelies Kusters (Heriot-Watt University)

Kevin McGowan (Scottish Government)

Rachel Tardito (NHS Forth Valley)

Alison Taylor (Scottish Government)

CLERK TO THE COMMITTEE

Euan Donald

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Equalities, Human Rights and Civil Justice Committee

Tuesday 17 June 2025

[The Convener opened the meeting at 08:52]

Decisions on Taking Business in Private

The Convener (Karen Adam): Good morning, and welcome to the 16th meeting in 2025, in session 6, of the Equalities, Human Rights and Civil Justice Committee. We have received no apologies.

Under our first agenda item, we will take a decision on whether to take agenda items 5 to 8 in private. Agenda item 5 is consideration of the committee's approach to stage 1 of the Children (Withdrawal from Religious Education and Amendment of UNCRC Compatibility Duty) (Scotland) Bill; item 6 is consideration of a draft report on the Border Security, Asylum and Immigration Bill legislative consent memorandum; item 7 is consideration of a draft letter to the Scottish Government on the International Covenant on Economic, Social and Cultural Rights; and item 8, which is our final agenda item, is consideration of the committee's work programme. Do we agree to take those items in private?

Members indicated agreement.

British Sign Language Inquiry

08:53

The Convener: Under our second agenda item, we have the final evidence sessions of our inquiry into the British Sign Language (Scotland) Act 2015. In the inquiry, the committee is exploring whether the BSL act, the current BSL plan and the listed authority plans are improving the lives of BSL users, and what changes could be made in the shorter and longer term to further improve things. I refer members to papers 1 and 2, and I welcome the first of two panels of witnesses.

We are joined in the room by Professor Annelies Kusters, professor of sociolinguistics, and Dr Robert Adam, associate professor in languages and intercultural studies, who are both from Heriot-Watt University. Joining us online from NHS Forth Valley are Stacey Gourlay, who is the disability liaison officer, and Rachel Tardito, who is the equality, diversity and wellbeing lead. Good morning—you are all very welcome to the committee.

We have just under an hour and a half for the discussion. We have not scheduled any breaks, but please indicate to me or the clerks if a break would be helpful. We move straight to questions and I will start us off. What are the positive impacts of the BSL act, and what are the main challenges in meeting its aims?

Dr Robert Adam (Heriot-Watt University): *(simultaneous interpretation from British Sign Language)* Good morning. Thank you for inviting us to join you. It is a real pleasure and honour.

The BSL act has had an incredible impact on the Scottish deaf community. It has increased the profile of BSL, which has led to increased access for deaf people in a range of areas. However, there is still much work to be done. A number of local plans have been agreed by various public authorities and organisations, involving a lot of work and consultation to understand what BSL users' needs are.

As for the key positives of a BSL plan, what really needs to happen is consultation with deaf people to understand what their needs are. There also needs to be clear accountability if change does not follow. There needs to be clear explanation of who is responsible for what in a BSL plan. Although it is positive to see authorities put forward their ideas and suggestions about how they will promote BSL, we also need checks on how that will be implemented to ensure that it happens.

We have experience of organising Heriot-Watt University's BSL plan; we have one because we

are a public body. We organised a consultation process, consulting with the Heriot-Watt community, BSL users and other stakeholders in the university to inform the development of our plan.

Our BSL plan is presented in English and in BSL. It is disappointing that not all public authorities have translated their BSL plan into BSL. That limits access for deaf people in understanding the content of the plan.

It would be good to see accessibility considered more in local plans and for there to be more accountability. It is easy for public bodies to say, "This is something that we will aspire to do," but, if they are not delivering on what they are promising, what are the ramifications? If deaf people are not getting the BSL access that they were expecting, what are the consequences that follow? We need clarity; otherwise, what is offered to the BSL community is just lip service. We would like there to be more robust standards and accountability in place.

The Convener: Thank you so much. We move on to Professor Annelies Kusters.

Professor Annelies Kusters (Heriot-Watt University): (*simultaneous interpretation from British Sign Language*) The various BSL plans have made BSL more visible across Scotland, both online and in the real world. It is good to see BSL become more visible. If you take, for example, BSL on screens, we see more of that in various places.

Moving forward, we need to give more attention to what Scottish BSL is, such as through a corpus of Scottish BSL and filming how BSL is used in Scotland, because there are regional variations. There is an opportunity to collect a corpus of Scottish BSL. It would be good to see more research on how BSL is used in Scotland and to achieve a better understanding of the Scottish BSL profile. Who are the people who use Scottish BSL? That would be important in feeding continuous professional development opportunities to people who work with deaf people. We also need to look at how to support teachers of BSL so that they become more aware of how BSL is used in Scotland.

09:00

There would be lots of benefits from that Scottish corpus data. At Heriot-Watt University and the University of Edinburgh, we have five deaf academic staff, which places us in a prime position to lead such research on BSL and Scottish BSL. It can be used to inform how public services can be improved to address the needs of deaf people in Scotland.

The Convener: Thank you. I put the same question to Stacey Gourlay and Rachel Tardito. From the context of a public body and public service, what have been the positive impacts of the BSL act, and what are the challenges in meeting its aims?

Stacey Gourlay (NHS Forth Valley): I reiterate what Professor Kusters and Dr Adam have already said. I believe that the act has made a clear difference. It has helped to place BSL firmly on the agenda. It has given public bodies responsibilities to actively promote and support the language, which is great. Having the national and local plans in place has definitely opened the door for more conversations and for more direct involvement with the community. There have been positive local developments, especially where there has been strong partnership working.

That said, progress has been relatively mixed and uneven. Some services move quicker than others, and day-to-day access for BSL users is not necessarily consistent across sectors or geography. Overall, however, it has made a clear difference.

Rachel Tardito (NHS Forth Valley): I echo what my colleagues have said. The key positive of the plan is that it has brought BSL to the forefront. Speaking from a local perspective in NHS Forth Valley, I note that our plan has certainly allowed our board to become engaged with the issue and to make clear strategic links to making it a priority, so that it is not just a tick-box or stand-alone exercise.

We have made strategic links in our joint BSL plan to our equality and inclusion strategic framework and our equality outcomes, one of which is around accessibility, which we know continues to be one of the main barriers for our local users. Through continued co-production and engagement, we are focusing on ways in which we can make a tangible difference with our plan over the next four years. As Dr Adam said, we do not want something that is not measurable and that is just a tick-box exercise. We want it to be robust and to have clear measurements to show progress. That will include continued engagement with the local community.

We are really trying to increase awareness, which, as Professor Kusters shared, is about making it local and realistic in terms of what our Scottish BSL users experience. We have tried to pick that up locally as part of our plan delivery through deaf awareness sessions, making sure that our staff and colleagues really understand and appreciate the differences and nuances between regions. That has been a real positive of the plan that we have seen.

The Convener: Thank you. We have heard really positive feedback from BSL users on Contact Scotland BSL, including that it has been life changing for some people, but unfortunately it has been threatened with closure a couple of times. What are your thoughts on Contact Scotland BSL? Is there anything that we can do to ensure that the service remains for BSL users?

Professor Kusters: (*simultaneous interpretation from British Sign Language*) Contact Scotland BSL is an important service in the landscape in Scotland. Lots of deaf people use it, myself included. It is a very valuable service. It has an impact in people's everyday lives, enabling them to navigate life independently by ensuring that they can make phone calls and access services in that way.

However, we also know that there are issues with Contact Scotland BSL. For example, people are concerned about the behaviour and professional ethics of the interpreters who service the contract and there are concerns around confidentiality. The interpreters have access to a lot of information through the service. Interpreters work in many different fields and some of them may not be suited to that type of work. The standards of service and the standards of the interpreters perhaps do not always align.

We need a better evaluation of the service to see what deaf people actually think of it. Are they completely satisfied with it? Is there anything that could be improved? That is important for on-going monitoring and evaluation of such a crucial service.

Dr Adam: (*simultaneous interpretation from British Sign Language*) I back up what Professor Kusters said. The service really is a lifeline for deaf people. It is an important service because it enables people to call and make contact with people both during and outside working hours, which is life changing. Without it, organisations and public bodies would not have a way for BSL users to contact them. The access that it allows both during and outside working hours is important. However, the service needs to be looked at. It needs quality assurance and some evaluation.

The Convener: Stacey, as someone who uses Contact Scotland BSL in your service delivery, do you feel that it has changed the services that you provide? How has it improved things for BSL users, if it has?

Stacey Gourlay: As has been said, Contact Scotland BSL is definitely a lifeline for BSL users. It gives people the freedom to call without having to wait for family or friends, which is especially important out of hours or when they need a service quickly. I think that a lot of awareness

raising is still needed on how to use the service and the correct procedures. I feel that a lot of people do not really understand how it works, especially when we are trying to contact a deaf patient.

Rachel Tardito: I echo Stacey Gourlay's comments. We know from our extensive engagement with local BSL users when we created our plan that Contact Scotland BSL is definitely a lifeline. We built it into our plan, so it would be a real loss to see it go. That possibility remains quite high in our risk assessment. We would need to look at alternative provisions and support to make sure that loss of the service was not experienced too greatly by our local community. It is certainly a concern for us. We are very supporting of the service continuing.

The Convener: Thank you. We move on to questions from Paul O'Kane.

Paul O'Kane (West Scotland) (Lab): Good morning. I think that it is fair to say that there have been mixed views on the second national BSL plan. For example, many users have said that it lacks focus, measurable goals, timelines and accountability. It would be useful to hear your broad views on the second national BSL plan and how it assists with the development of local plans.

Dr Adam: (*simultaneous interpretation from British Sign Language*) As I said earlier, the consultation part is vital. Without that, all the local plans for deaf people will be meaningless. There has to be co-design, with deaf people being involved in the creation and implementation of the local plans. It is not enough to hold a consultation with deaf people in a room, go away and produce the plan and then present it and say that it is a done deal. You need to have deaf people leading the process and being involved in it, because they are the people with lived experience of using BSL in everyday life. Co-design is a foundational principle for designing and delivering plans. That has been an issue, because they are usually run by people who do not have that strong background in deafness or that lived experience of being deaf and using BSL.

Professor Kusters: (*simultaneous interpretation from British Sign Language*) I agree. As has been said, accountability is vital. We need to know that there are measurable goals. People can put a plan together quite easily, but it will not necessarily be deliverable and the accountability may be unclear.

Paul O'Kane: What was your involvement in the preparation of the national plan? What influence do you feel that you had?

Dr Adam: (*simultaneous interpretation from British Sign Language*) I led on the local plan for Heriot-Watt University, so I brought that

knowledge to bear there. I understand how the local plans function. However, the consultation for the national plans was quite limited.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* I have nothing to add to that.

Paul O'Kane: We have heard evidence from various quarters that it feels as if the national plan has been watered down and does not have the impetus that people desired in the consultation. Do you recognise that view?

Dr Adam: *(simultaneous interpretation from British Sign Language)* Yes. As has been said, accountability is lacking. We do not know what will happen if what the plan says will be done is not done. That is key. We need more accountability, as well as better monitoring and measurement.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* The second plan is much briefer than the first, which is disappointing.

Dr Adam: *(simultaneous interpretation from British Sign Language)* With lots of language plans, there are language advisory panels to support and advise the Government when it is looking at how to implement and process plans and how to work with them, but that does not seem to be in place in this case. We do not have a representative board to advise the Government on progress with the work. We are not seeing a cross-section of the Scottish deaf community represented in the process of creating and implementing the plans. If there was a consultation body or expertise panel, there would be a much more robust process for the national plan.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* It is important to think about specific groups of people in more targeted ways. For example, older people have very different needs compared with young children or teenagers. Young children are often not exposed to British Sign Language except, maybe, in a mainstream setting. They do not necessarily get quality BSL input. Older people may have learned BSL later. There is a lot to look at with regard to providing opportunities to learn BSL at a younger age. We have deaf people coming to Heriot-Watt University to do our applied language studies course in BSL and we support them to develop their own identities. We also have a PhD student who is looking at the identities of young deaf people in Scotland.

There is a lot of work to be done. We are finding that there is a gap in the availability of and access to BSL and the opportunity for deaf people in Scotland to develop their own identities. We also have migrant communities who come with other sign languages. When those people come here

and they want to make their lives in Scotland, they are often provided with a BSL interpreter, but they do not use BSL, and they need to learn it before they can really interact in their local communities. We have some issues with all of that.

Paul O'Kane: Dr Adam, you said that the Government does not have an expert group on BSL to advise it on the plan. Is it your view that the status that Bòrd na Gàidhlig has as the national body for Gaelic should be replicated for BSL in Scotland? Is that what you are pointing to?

Dr Adam: *(simultaneous interpretation from British Sign Language)* Yes. That is exactly it. I do not need to add anything to that, but I will make another point. When we compare BSL with Gaelic, we need to consider teaching and education. I know that we are not talking about that under the agenda for today's meeting, but that is a big gap with regard to BSL in Scotland. We want to encourage deaf people and others to learn BSL, so we have to look at education, but elements to do with language planning are missing from the BSL act.

09:15

Paul O'Kane: We heard some useful evidence on that point last week, from people with lived experience. It is useful to hear that reinforced in the evidence today.

Rachel Tardito: I note the point that Professor Kusters made about intersectionality. We felt that that was really important locally in our engagement with the plan and our equality impact assessment. We knew that, in using the national plan as a framework, we could not just have one stand-alone action that would be a one size fits all.

At the committee's meeting on 3 June, Avril Hepner spoke about the need for a focus on mental health in particular and the barriers to accessibility for our BSL community. We certainly experienced that in relation to our local plan, and it was fed back by our community members. That is an example of where the intersectionality point really comes into play, because it is important that we ensure that we have robust measurements and different actions in place that are tailored to the different needs of the community. We have tried to make strong strategic links to, for example, our anti-racism plan for asylum seekers and our new Scots integration plan. We have tried to ensure that the BSL plan is not a stand-alone plan but is embedded and integrated in all of that so that we represent the true needs of our local communities.

As Professor Kusters and Dr Adam said, there was a slight lack in the national plan as regards the measurement framework. We have made adaptations locally to ensure that none of those actions gets lost. Any support that we could

receive for that nationally around the framework would always be appreciated.

The Convener: We move on to questions from Marie McNair.

Marie McNair (Clydebank and Milngavie) (SNP): Good morning. Rachel, will you go into a bit more detail on the engagement that you have had with the deaf community and the deafblind community in developing your local plans?

Rachel Tardito: Yes. I will ask Stacey Gourlay to comment on that as well, as she did a lot of the engagement. We are in a privileged position in that, as a service, we take the lead within NHS Forth Valley on the plan. We are based in the Forth Valley Sensory Centre in Falkirk and we have a lot of day-to-day interaction with our BSL and deaf community members, which is great. We are also in a really strong position in that, although we are a small service, 75 per cent of our team can use BSL. That allows us to have immediate and on-going interaction with our community.

We produced a joint plan with Falkirk Council. We shared the consultation process because we heard in feedback that service users did not want duplication, with different local authorities and bodies going out and asking the same questions before going away to produce plans. We tried a multitude of methods, and we were mindful of digital exclusion and accessibility issues and barriers. We did that work over a good few months, and we have continued engagement. We did not want to do what Dr Adam mentioned—to have a period where we went out and engaged, and then to sit in a room and create the plan, with nothing else being done. For us, continued engagement features very strongly. We have constant contact with our local community to ensure that we have effective two-way feedback.

Stacey Gourlay: Rachel Tardito described that eloquently. I totally agree that it must not be a one size fits all. We have tried to tailor our plan and we have had multiple communications with the deaf community and the deafblind community. It is an on-going thing, as Rachel said. We are in a privileged position in that we are constantly in communications with our deaf community. They raise complaints and positive experiences, and it is an on-going sharing of lived experience. It is really good.

Marie McNair: Thank you. Robert, will you share the engagement that you have had with the deafblind community and the deaf community in developing your local plan?

Dr Adam: (*simultaneous interpretation from British Sign Language*) As Heriot-Watt University has deaf staff and students, we are able to recruit and consult the local community. We invited local deaf organisations to participate in the

development of our plan. We were able to talk about our successes as well as issues that remain, and we were able to get a number of ideas that informed our plan. We were well positioned to do that, and I personally facilitated that consultation. There is a real difference when it is a deaf-led consultation. Deaf leadership in the process makes a real difference in developing the plan.

Marie McNair: Thank you. Rachel Tardito, you talked about working alongside Falkirk Council. Are you aware of any good practice in the development of local plans in other health boards, and have there been any opportunities to share and use that good practice in your plan?

Rachel Tardito: Yes. We are all aware of the resource shortage that is often experienced in health and social care and the need to make our resources go as far as possible and ensure that we allocate resources in a way that is responsive to the needs of our local community. Certainly, we constantly look for that shared learning and engagement with national colleagues, so that we are not reinventing the wheel. We are collecting examples of good practice but, rather than embedding it immediately, we are engaging with our community members and saying, "On paper, this seems like a good idea, and these people have had a good experience with it. Is this something that might be beneficial in your area, too?" We have those conversations in places such as the national equalities leads group, and put some of that shared learning into practice.

We have a close and good working relationship with Falkirk Council colleagues, so there has been an on-going focus on sharing good practice, which has naturally informed the development of the plan. We look to continue that integration approach with Stirling Council and Clackmannanshire Council, our local authority partners, and to widen it where possible.

We have close working relationships not just with other health boards but with other key stakeholders. For example, we take a lot of learning from Police Scotland colleagues and we could get involved with them in some sharing of resources and approaches or some partnership working.

Marie McNair: Thanks, Rachel. That is great to hear.

Pam Gosal (West Scotland) (Con): Good morning. In the evidence sessions over the past couple of weeks, this committee has heard real-life examples of deaf people struggling, especially in rural areas. Those examples, particularly the ones that we heard in the private session, have been harrowing. Lucy Clark, who is a deaf survivor of domestic abuse, told the committee that there

were only three BSL-trained domestic abuse advocates, all based in Dundee. How would a deaf woman who has been domestically abused in Argyll and Bute get the support she needs? I would like Professor Kusters and Dr Adam to respond to that.

Dr Adam: *(simultaneous interpretation from British Sign Language)* Sorry—could you clarify the question?

Pam Gosal: The question is around there not being enough BSL support in rural areas. A couple of weeks ago, we heard from a witness who was a survivor of domestic abuse. What should people like that do, especially if they stay in rural areas such as Argyll and Bute? How would they get that service?

Dr Adam: *(simultaneous interpretation from British Sign Language)* As in other areas of deaf people's lives, they do not have parity in terms of service and options in that situation. The provision is limited. It is difficult for deaf people to get good public services, not just in relation to domestic abuse but in other areas. The example that you gave is symbolic of the everyday lived experiences of deaf people in rural areas.

Crucially, there needs to be further training of the people who provide those services, and more people must be trained to provide those services, because having three in Dundee is not enough.

Heriot-Watt University has carried out research in the area of domestic abuse. We have an understanding of what good practice is, but our findings have yet to be implemented, so that stage is yet to happen.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* There is a misplaced assumption that those who live in rural areas can easily access public services via the video remote services. However, in delicate or sensitive situations, such as domestic abuse, receiving support via videolink is not ideal. A different approach is needed.

Pam Gosal: The committee has also heard that deaf people are faced with barriers in relation to the issue of poor mental health. Mental health services for people with full hearing are already strained and experience regular budget cuts, and those services are further stretched in rural areas. Imagine how bad they are for deaf people in those areas. In addition, with regard to education, some pupils may have to move to different schools or different areas entirely, or even pay for private tuition. How might consistency in the BSL plans be improved across Scotland?

Dr Adam: *(simultaneous interpretation from British Sign Language)* On mental health services, again, it is down to the training of people who can

work with deaf people. We need more deaf people to become experts in domestic abuse as well as mental health services. We need more deaf social workers, deaf counsellors and deaf therapists. One of the aims of the BSL national plan was capacity building of deaf people with skills who can work with deaf people in the community.

To respond to your points around domestic abuse and mental health services, we need more capacity building, with deaf people being trained as experts to support other deaf people in those particular situations. I appreciate that there are budget limitations and that there are only finite resources that we can work with. However, I believe that support for the training of deaf people to become specialists in those areas is necessary.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* I would just like to re-emphasise that the assumption that all our issues will be resolved if we just train more interpreters is incorrect. What we need is more BSL-trained deaf people to receive specialist training in areas such as mental health. If you are experiencing mental health issues, you need to be able to communicate directly with an expert who can read your body language and understands directly what you are saying and how that is being expressed. That is the kind of service that will support you through your difficult times. There must be some capacity building, as Robert Adam said.

Dr Adam: *(simultaneous interpretation from British Sign Language)* You mentioned education, Ms Gosal. That links back to a point that I made earlier about language acquisition planning. What plans are being put in place to make sure that deaf children are given access to opportunities to learn BSL? I am not saying that we should force BSL on deaf children, but it is important that that facility is there for deaf children and deafblind children, no matter where they live in Scotland. They should be given the opportunity to receive an education in BSL.

Pam Gosal: On the point about giving that opportunity to children, witnesses have told us that early intervention is key. Do you agree with that?

Dr Adam: *(simultaneous interpretation from British Sign Language)* Yes, 100 per cent. We need to make sure that that support is there for deaf children and deafblind children and for their parents and families. At the moment, many parents who are looking for opportunities to learn BSL have to do that independently. Most BSL courses are evening classes for deaf adults who might be thinking about working with deaf people; they are not really designed for parents with deaf children, so those parents face many challenges.

Research has shown that, as is the case with any children, if you give deaf or deafblind children a rich language environment, that opens up their potential. I have met many deaf adults who have said, "I wish I'd had the opportunity to learn BSL when I was younger. I wish my parents had had the opportunity to learn BSL". I have never met a deaf adult who has said, "I wish I had not learned BSL".

09:30

Pam Gosal: Thank you. My next two questions are for Stacey Gourlay and Rachel Tardito. Have you undertaken any monitoring or assessment of how effective your local BSL plans are? If so, which areas meet the needs for BSL users and which areas may require further work?

Rachel Tardito: I will respond first and then let Stacey Gourlay come in.

We are currently doing our first review and evaluation against our action plan. That will be fed through our various governance routes to ensure that we have robust scrutiny in place across the board. We will also involve local community members, so that the evaluation is done not only by colleagues and board members but also by local people with lived experience. That is the area in which we have seen a real benefit of the partnership working with Falkirk Council, because, again, our plan goes through two separate governance routes.

We would be remiss if we said that there are areas that we have got 100 per cent correct. There is always room for learning and improvement, and we want to make sure we get this right and are making a positive difference to the lives of our local service users. We have made a lot of great progress on accessibility. For example, we are reviewing our appointment letters, so that there is not an overreliance on asking people to phone in for an appointment or on the person having English as a first language. We are looking at ways that we can tailor our approach to make sure that we are not negatively impacting our local community members from the first point of access.

There is definitely a lot more to be learned and improvement to be made. The board is on a continuous improvement journey. We are committed to it, and having the plan definitely helps, through that evaluation and constant governance route.

Pam Gosal: Stacey Gourlay, do you want to come in on that?

Stacey Gourlay: No, thank you. Rachel Tardito has covered all the points.

Pam Gosal: Convener, I have one last question, which is question 13. Should I come

back in after questions 11 and 12, or would you like me to ask it now?

The Convener: It is up to you what you would like to ask, Pam.

Pam Gosal: That is fine.

Again, this question is for Stacey Gourlay and Rachel Tardito. Another issue that frequently came up was the difficulty of accessing national health services. I have a constituent who has waited months to access audiology appointments through the national health service. Those are people who just need hearing aids, but the situation is even more challenging for someone with complete hearing loss. Witnesses have called for the NHS to be better joined up with local authorities to create a more coherent plan and give deaf people a better chance in life. How can that be done?

Rachel Tardito: That is certainly what we have tried to do by having our plan as a joint one with Falkirk Council colleagues. That puts us in the privileged position of being able to have access to each other's information and approach. For example, Dr Adam talked about the importance of education. We would not have direct input to that, but we can work closely with Falkirk Council colleagues to get information and make sure that it is put into practice for ourselves and, vice versa, they can have access to information on accessibility barriers for health appointments.

Again, your question comes back to the power of intersectionality. There are accessibility barriers for all when accessing NHS services at the moment, especially given the pressure on our resources, but we know that there are additional pressures for intersectionality individuals. For example, if our BSL users are also rural and older adults, they have additional needs and will face additional barriers. That is where we have to have personalised actions to provide support and where on-going work and communication with our local community to be responsive to their needs are important. A lot of that will be picked up strategically in our population health and care strategy, which involves looking at how best we use the resources that we have to meet the needs of our local population, and our BSL community members will be right in the centre of that.

Pam Gosal: It is good to hear that you are engaging with Falkirk Council and working together. That was one of the issues that came up with witnesses. They felt that the left hand does not know what the right hand is doing because they are not working together.

You might not know the answer, but are all boards working with councils or is that just something that Falkirk Council is doing with your board?

Rachel Tardito: I do not know the exact number, but I can certainly find out and get back to you. In our local area, we have Falkirk Council but also Stirling Council and Clackmannanshire Council. Although the current iteration of our joint plan is just with Falkirk Council, we are still working closely with Stirling and Clacks colleagues and making sure that it is a cross-body representation. We are also working with Police Scotland and other bodies with the aim of continually furthering our integrated approach. As you say, that aim is based on feedback from service users on the avoidance of duplication and potential communication barriers, where one area knows something and that is not communicated correctly to another.

We hope that the work with Falkirk Council will be a positive blueprint for how we can expand on that approach. I certainly know that other areas have taken that approach as the gold standard. Stacey Gourlay might know more detail, but NHS Lanarkshire and, I think, NHS Lothian have developed plans that have been made in partnership with their local authorities.

Stacey Gourlay: NHS Lanarkshire has done a joint plan with the councils and, I believe, Police Scotland, and the same has happened in Dundee and other places. We can certainly find out and come back to you on that.

Pam Gosal: Thank you very much.

Evelyn Tweed (Stirling) (SNP): Good morning, and thanks for all your answers so far, which have been very helpful.

My question is about mental health services. The committee has heard that service provision is not good enough, particularly for deaf young people. What is NHS Forth Valley doing to tackle that issue?

Rachel Tardito: I can give you some local examples of what we have tried to do recently as part of our action plan for our BSL joint plan. We know that our young people are at additional disadvantages, as you say. Stacey Gourlay will be able to give a bit more detail, but we have had one initial session with child and adolescent mental health colleagues, working with interpreters—both for BSL and foreign languages—to look at ways in which we can make sure that information is accurately represented and put across, and that lived experience and representation form part of those colleagues' key delivery plans.

A couple of weeks ago, along with senior colleagues from women and children's services, I attended the child and adolescent mental health service senior leadership team meeting to discuss the use of equality impact assessments and building in the United Nations Convention on the Rights of the Child to ensure that, from the point of

creation, the rights of children are inputted and embedded. Obviously, that includes children and young people who are BSL users.

For us, it is about making sure that, locally, that is done not as an afterthought but at the point of creation and that opportunities for co-production with lived experienced individuals are part and parcel of that.

Stacey Gourlay: I echo what Rachel Tardito said. We have delivered targeted training to raise awareness on communication with CAMHS. We basically got the BSL interpreters in the room and discussed the nuances and things that just do not work or do not translate, and how best to deal with those. On an on-going basis, we work closely with CAMHS to try to resolve those issues. We have also recently become involved in the bairns' hoose—I cannot say it in the Scottish accent—which is where children who have had trauma or have witnessed a crime and so on go into a specialised area. That is at the planning stages, and we are involved to advocate for the BSL community and how that will work in the long term. We are trying.

Evelyn Tweed: Thank you.

Tess White (North East Scotland) (Con): Good morning. My questions are for Dr Adam and Professor Kusters.

The BSL act has been in place since 22 October 2015, so it has been 10 years. That act of the Scottish Parliament stated that listed authorities had up to 12 months following the launch of the first national plan to publish their BSL plans. One concern that the committee has is that only 62 per cent of the local BSL plans were published in BSL at the same time as the English version. How should we hold listed authorities to account to meet the publishing requirements of the BSL act?

Dr Adam: (*simultaneous interpretation from British Sign Language*) I agree that they need to publish in BSL at the same time as in English. I have checked my local council's local plan. I will not name and shame, but it has not been published in BSL, so I am very disappointed to see that.

There are a few things that we need to bear in mind. If deaf experts are involved in the development of a plan, you can easily commission the BSL translation—they would know how to do that. You need to know where to find a translator to produce that translation. There are very, very few deaf translators in Scotland—I can count them on one hand, or a maximum of two hands. There are more local authorities than there are deaf translators available to do the work to translate the local plans, so we need to capacity build—it comes back to that again. There are deaf people who have the skills to do this job. They need the

training and capacity building. That comes down to commissioning.

It links to what I would like to ask public bodies in the first place. Are you getting your narrative clear? Are you explaining what needs to be done? Are you being accountable? Are you building in follow-up actions? It comes back to the empowering of the processes and the language that is used.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* I fully endorse what Dr Adam has said. There is not much to add, although it is important also to think about not focusing on the translation itself. It is more important to think about the process of developing the plan. If you have not had any deaf people involved in the process, it is tokenistic to have a translation at the end of that. It should be a whole-process approach.

09:45

Tess White: To me, that is basic. You can measure other things, but you should first do the most basic thing right.

My colleague talked earlier about the comparison with Gaelic. Dr Adam talked about capacity building. We have heard from the previous two evidence sessions that there is a lack of capacity, for various reasons, whether it is a lack of interpreters, a lack of teachers or a lack of training facilities. However, when I compare Gaelic to BSL, I think that 2.7 per cent of people in Scotland speak Gaelic, and I think that 2.2 per cent are BSL users. They are very similar populations, yet the Scottish Government spends £30 million a year on Gaelic. We asked our research team, but we cannot find any evidence on how much the Scottish Government spends on BSL.

Dr Adam, you talked about lip service. That is lip service, and you cannot manage what you do not measure. As the British Deaf Association said, there is limited funding to support any development and implementation of the act. What is your view of that?

Dr Adam: *(simultaneous interpretation from British Sign Language)* I have to say that the BSL act is very powerful and symbolic. It has led to other nations in the United Kingdom thinking similarly about their own BSL acts. It has had a very positive impact and has led the way, so thank you and well done to Scotland.

However, at the same time, we have not seen capacity building. We have not seen a growth in BSL teachers—people who can actually teach children and families or other professionals. We do not have growth in the professionals who can

teach BSL. We do not have any training courses in Scotland to train people to teach BSL. We have interpreter training courses and we have seen more interpreters coming through, but interpreters are not the answer to this.

As you said, we need more professionals to be trained to work with deaf people. As we have said, we need that with domestic violence advocates, counsellors and therapists. The act is 10 years old now, so by now you would expect to see an increase in the number of people who are doing that work, but we have not seen that.

We do not have a BBC BSL Scotland channel. We have BBC Alba, and I enjoy watching it, but we do not have programmes out there showcasing BSL culture in Scotland. We have seen more individuals thinking about how to provide services and things like that, but there has not been a big societal impact. There has been no big bang since the act.

Tess White: You said that it is lip service, so it is almost aspirational but there is no implementation. The rubber has not hit the road yet.

Dr Adam: *(simultaneous interpretation from British Sign Language)* That is it—yes.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* Absolutely. It is ironic in a way that there is more funding for people to speak Gaelic than for people to use BSL in Scotland but, actually, when you survey, you find 117,000 people using BSL, whereas 69,000 use Gaelic. It is important to make the point that the funding does not currently follow. What we are talking about today—all the things that we would like to see and all the aspirations—cannot happen without funding, so we need that.

Tess White: After this session, we have Kate Forbes, the Deputy First Minister, in front of us. What one question would you like us as a committee to ask Kate Forbes?

Dr Adam: *(simultaneous interpretation from British Sign Language)* I would personally like to ask, “What are you doing for deaf children to ensure that they can acquire BSL as a first language?” What is the point of having a BSL act if you do not make it work for deaf children and their families? If they cannot actually access BSL learning and quality BSL input at that stage, what does it mean?

Professor Kusters: *(simultaneous interpretation from British Sign Language)* I absolutely agree. That is the thing; that is the crux of it.

Tess White: So that is the one question that we need to ask.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* Yes.

Maggie Chapman (North East Scotland) (Green): Good morning. Thank you for joining us today.

I want to pick up on some of the things that you have been talking about. Professor Kusters, in response to Tess White's questions, you talked about resourcing and the disparity between the number of people who are BSL users and the number of people who speak Gaelic, and the funding that follows. Or than just hoping for more money, are there ways that the resources that are available could be used more effectively? I think that there are challenges. We have heard about education and the lack of understanding of the culture of BSL. How do we do better with the resources that we have?

Dr Adam: *(simultaneous interpretation from British Sign Language)* I would say that it is down to training more deaf people to do those things. You cannot spend more money but you can train more people.

Like Professor Kusters said, increasing the number of interpreters will not be the answer, as we have seen in the past. For example, in cases of domestic abuse, there can be an advocate and other professionals plus an interpreter, but that is really not the support that deaf people are looking for or need. What they want is direct support delivered in BSL.

It is like what I said before. We were expecting that, by now, we would have seen the big bang of there being more professionals with quality BSL providing services to deaf people in different areas. Rather than thinking that such provision will cost us money and asking how we are going to resource things, we should be asking who we can train to provide services.

Professor Kusters: *(simultaneous interpretation from British Sign Language)* I agree with Dr Adam that training is essential. We also need to remember that there are ways that we can celebrate BSL and we have not really talked about that. It is a rich, beautiful language. It brings a lot to Scottish culture and we do not have to go far to see the history. There is a lot to celebrate and I think that that is an important part of the BSL act. We need to not only make BSL more visible but think about how we can celebrate it.

Maggie Chapman: Thank you. There is something in that culture piece that I hope we can tease out, not only with Kate Forbes but in our report. Thank you for that.

I will ask Stacey Gourlay and Rachel Tardito that same question of resourcing. Do you see

prioritisation being effective? How would you allocate resources differently?

Rachel Tardito: For us, the answer is really about going back to simplicity. At one of the committee's previous sessions, Alana Harper brought up the example of the simple solution of laminated sheets for travel routes.

We have certainly experienced real power and engagement at the local level. If we had failed to engage with our local community, we would perhaps be allocating resources to solutions that we felt would be best use of those resources but would not be what brings the greatest success and effectiveness to the community. There really is power in that engagement, and it is often simple solutions that are the most effective.

Money will not solve everything. The issue is about how we allocate our resources, and that is where strategically there is a strong link between the upcoming population health and care strategy and the local work that we are doing around values-based health and social care. That is about making the resources that we have go further in response to lived experience feedback. We will be continuing that engagement with our local community to ask them what the best use of resources would be and how best we can improve their experience of and access to healthcare.

Maggie Chapman: Stacey, is there anything that you want to add to that?

Stacey Gourlay: No. In answer to the question on what we would like to ask Kate Forbes, we would ask her whether the Scottish Government will commit to ring fencing long-term funding to build real BSL capacity. As witnesses have said, it is not just about interpreters; it is about mental health counsellors and teachers, for example. We need to get it right for families by making sure that BSL is learned from the very start, and is not just an add-on at some point. That requires commitment and funding for more support.

Maggie Chapman: Thanks, Stacey. That is helpful.

My final question is for Dr Adam and Professor Kusters. It seems that, as we have been talking this morning, questions have been arising for us about what goes into national and local plans and the watering down of the second national plan as compared to the first. It also seems to me that what is in the national plan does not necessarily get at the things that Dr Adam was talking about, such as training more BSL users to be counsellors, teachers, educators—a whole range of people in communities—and not just interpreters or translators. Are there ways that we can join things up a bit better and close that gap?

Although there are questions, clearly, about measurement and accountability with regard to the plans, there is something missing if all we are doing is measuring the numbers of interpreters. That does not change the numbers of people who have BSL as a first language who are teachers or nurses, or who are doing other things in society, not just doing things specifically as BSL users, interpreters and translators.

Dr Adam: (*simultaneous interpretation from British Sign Language*) You are right. We need more deaf and deafblind people to be given the opportunities to do things, such as to be politicians, for example. It would be wonderful to see a deaf MSP in this Parliament representing the BSL community. It is not just about seeing deaf people doing things for deaf people. Deaf people can contribute to Scottish life and everyday Scottish society—mainstream society—including the economy.

Professor Kusters: (*simultaneous interpretation from British Sign Language*) In terms of measuring change, there does need to be accountability rather than lip service because otherwise other priorities will get in the way. We need to think about how we make sure that the BSL plan remains a priority.

Maggie Chapman: Are you both confident that the plan can drive that culture change not only in how BSL users are seen and supported in society but in everything else—education, training and capacity building? Are you convinced that with the right engagement, we will have the right plans, or is there something else that we are missing in all of this?

10:00

Dr Adam: (*simultaneous interpretation from British Sign Language*) That is a very difficult one to answer. I want to remain positive because we have a national plan, whereas many other countries do not have a plan for promoting their national sign languages. We are leading the way internationally but there are several gaps, which we have already covered in this session, such as those involving education, language acquisition of BSL, the collection of data—who is using BSL in Scotland—and how we can increase the number of professionals who are providing a direct service in BSL.

Professor Kusters: (*simultaneous interpretation from British Sign Language*) There are still many countries that have yet to recognise their national sign languages, so that is one thing to celebrate. However, what we have in common with those countries is that there is very little provision for deaf children, in terms of giving them opportunities to learn their national sign language.

Dr Adam: (*simultaneous interpretation from British Sign Language*) If you do not have a good education system for deaf children, that will only lead to mental health issues for those people as they grow up, and that will have more impact on resources. We need to deal with the issue very early on, by making sure that there are opportunities for deaf children to learn so that they can then go on to have career aspirations and so on, and become more resilient. The way to do that is to think about how we can use resources earlier. It will be less expensive to use resources at the earlier stage than it will be if we try to fix problems at a later stage.

The Convener: Thank you. Before I bring this session to a close, I ask the witnesses whether they have been able to express everything that they wished to. Would you like to add anything else?

Dr Adam: (*simultaneous interpretation from British Sign Language*) No, that is it from me. I had the intention to talk about education. It is really good that we have had the opportunity to talk about education as well as other issues, so thank you.

The Convener: That is great. Thank you all once again very much for joining us. That brings our evidence session to a close. We will suspend briefly for a changeover of witnesses.

10:02

Meeting suspended.

10:07

On resuming—

The Convener: I welcome our second panel of witnesses this morning. With us from the Scottish Government we have Kate Forbes, Deputy First Minister and Cabinet Secretary for Economy and Gaelic; Kevin McGowan, unit head, equality division; Andrew Godfrey-Meers, BSL and social isolation policy manager; Alison Taylor, deputy director for improvement, attainment and wellbeing; and Robert Eckhart, additional support for learning policy team leader. You are all welcome; thank you for attending.

I invite the Deputy First Minister to make a short opening statement.

Kate Forbes (Deputy First Minister and Cabinet Secretary for Economy and Gaelic): Thanks, convener, and thanks to the committee for having us here and for taking the time to do an inquiry into the BSL (Scotland) Act 2015.

At the outset, I want to say how much I look forward to seeing the committee's recommendations off the back of the evidence that

you have taken, because this is an issue of such importance that it calls for the best participation of the Parliament and the consideration of the lived experience of those who have given evidence to you over the course of the past few weeks.

As the committee knows—I assume that this is partly why you are taking the evidence—this year is an important year for BSL in Scotland, because it marks the 10th anniversary of the passing of the British Sign Language (Scotland) Act 2015, which, of course, offers an important opportunity to reflect on what progress has been made and on what further action is required to improve the lives of BSL users.

As I have engaged with BSL users over the past few weeks, I am conscious of their feedback and reflections on areas where they think that progress has been made and areas where they think that the Government can go further. I am keen to work on a cross-party basis on those latter areas in order to do that. That work builds on Scotland's national heritage, because Scotland holds a significant place in the rich culture and history of British Sign Language.

I am delighted to have responsibility for BSL under the languages portfolio that I hold. Particular thanks go to the convener for her on-going contribution and her role as a member of the cross-party group on deafness, as well as her on-going advocacy for the BSL community—not least in rating my progress in using BSL, which is slower than I would like.

At the heart of the BSL national plan for 2023 to 2029 is a focus on accessibility and tackling the systemic barriers that are faced by BSL users in their daily lives, whether that is in the realms of education, health, justice or culture. The 10 priority themes in the plan are areas that the community have told us are important to them. To successfully deliver on that plan, we have spent the first year building the infrastructure to deliver for BSL users in Scotland. Crucial to that has been the formation of the implementation advisory group, which is made up of key organisations that represent BSL users in Scotland. I want to thank the group for its continued support as it works with us to provide accountability on the actions in the plan.

In addition to that, my officials have been building connections across Government and across devolved nations to support and monitor actions in the plan to share knowledge, lived experience and best practice in order to ensure that BSL users are factored into all policy decisions. As we progress with the second year of the plan, we will be focused on delivery across Government, and officials are continuing to check on the progress of actions to provide support and

connections to the community for policy teams, and looking for opportunities to strengthen work.

Finally, I acknowledge the role that listed authorities and their local plans play in realising the ambitions of the BSL national plan. Although it is important that I am here with accountability for progress on the plan, it is also important to note that it is not only Government that is responsible for delivery; it is also for other listed authorities to do so.

I look forward to hearing the committee's questions. I am sure that there will be things for us to take away, and I have here an able panel of officials covering several areas who will respond on areas that precede my time in this role.

The Convener: Thank you, Deputy First Minister. We will now move to questions, and I will start us off.

We have heard from witnesses that the BSL act has improved visibility and awareness of BSL in Scotland. We have even heard praise for the fact that Scotland has been a leader in this area, by recognising BSL as an official language, and praise for the engagement that there has been with the BSL community, but there has also been some criticism with regard to the delivery of services, capacity building and the lack of interpreters and teachers of BSL. What do you think are the positive impacts of the BSL act, and what have been the main challenges in delivery of the aims?

Kate Forbes: On the progress that there has been, the points that you made around promotion and accountability are important. For the approach to be effective, we need to see implementation and delivery right across people's experiences. Within each of the spheres that I listed—education, justice, healthcare and so on—we can point to progress that has been made, but we can also point to areas where BSL users still identify gaps. For example, on education, I know that the committee has heard evidence around the need to ensure that there is a depth of BSL fluency in schools and that there are enough opportunities for BSL users to become teachers—there is a live consultation on that issue. I have also heard how effective a specialist BSL social worker has been in certain areas, and I have heard people say that they, too, would like to be able to access specialist BSL social workers. That is something that we need to work on with local authorities, as they are primarily responsible for social work.

Those are examples where one person's experience of high-quality, excellent provision might be another person's experience of aspiring to receive the same. It is in relation to that consistency of provision across Scotland that we can see both the strength of the progress in

Scotland, because it speaks to delivery, and the areas in which we need to do more, because there are still gaps in provision.

The Convener: Thank you. I appreciate that those gaps have been highlighted and are being considered by the Government.

We have also taken evidence from deafblind tactile BSL users, who feel that there has perhaps not been parity of esteem or parity in regards to education for tactile BSL. What are your reflections on that?

10:15

Kate Forbes: Our responsibility is to improve the quality of life for BSL users, especially deaf and deafblind BSL users. In terms of that parity of esteem, we work with key partners who represent the deaf and the deafblind communities in Scotland. That is part of the work of the implementation advisory group, whose members are the ones who ultimately provide accountability on the actions in the plan and provide their experience to help strengthen its delivery. The point is that it is not just me telling the committee where I believe that progress has or has not been made, because we have the implementation advisory group, and key partners who represent deafblind communities are involved with it, and they are the ones who advise us whether progress has been made.

I think that your question was whether there is parity of esteem between all BSL users, and I stress that the partners who represent deafblind and deaf communities are represented on the implementation advisory group.

Kevin McGowan or Andrew Godfrey-Meers might want to say more on that.

Kevin McGowan (Scottish Government): I would just highlight that we fund Deafblind Scotland through the equality and human rights fund, and part of that funding is to advise us on the issues that deafblind people face in Scotland and the barriers that they, in particular, are up against. That is very much part of our policy work with Deafblind Scotland.

The Convener: We have heard much praise for Contact Scotland BSL and how it has been a lifeline for BSL users, and, to an extent, life changing for them. However, although, overall, Contact Scotland has made quite a significant improvement in the lives of BSL users, we have also heard some evidence this morning on some issues with it with regard to quality and the appropriateness of interpreters in different situations, and we have also heard concerns about threats to its continuation. What can the

Scottish Government do to ensure the service stays and is possibly improved?

Kate Forbes: The way that you characterise the evidence that you have heard on Contact Scotland BSL is consistent with the evidence that we have heard, which is that some users are very satisfied and happy with the service, but there are others—some of whom I have heard directly from—who feel that there are areas in which the service could be significantly improved.

We know that the total number of people who use that service currently is not the full number of BSL users who need to use a service. In other words, we have a responsibility to take on board both the positive feedback and some of the more negative feedback. That is why we have been in active consultation with the community and are currently engaged in live procurement of a new service.

I want to stress two points. First, I regret hugely any alarm that was caused by the communication of that new procurement round, and the fears that that gave rise to. Since then, we have made efforts around consultation—I have certainly attended a number of different groups to hear directly from BSL users—and the fact that we are now in a live procurement process is very encouraging.

The second thing that I want to stress is that there will be no break in provision. That is the commitment that we gave to the community, and we stand by it. On the timing, we are hopeful that there will be a new service in place as quickly as possible once the procurement process completes, and there will certainly be no break in services for BSL users as we transition to a new contract.

If there are any other details that you would like to know about that process, I am happy to ask a colleague to come in.

The Convener: That is great. If there is anything that your colleagues would like to add, that would be helpful.

Kevin McGowan: I would just highlight that what came out clearly through the community engagement process was that the BSL users who use the service value it. They see it as providing an independent lifeline, and we have taken that on board with regard to the design of a new service.

We are in the live procurement stage now. We held an industry event in which potential suppliers came forward. There was a healthy number of potential suppliers at that event, which gives me faith that competitive bids will come forward. It will be interesting to see how the market responds to the specification that the Government has set out and to see what they can do with advances in

technology and how they respond to community needs. It is an exciting phase of the procurement process, and I look forward to the next stage, in July, when the bids close and we undertake the evaluation.

Paul O’Kane: I think that it is fair to say that, in the evidence that we have heard so far, the views on the second BSL national plan have been mixed. We heard commentary not only on some of its positives but on people’s concerns, particularly the lack of focus, measurable goals, timelines and accountability. We also heard criticism that the plan was watered down, despite the evidence that was given during its preparation. Will the Deputy First Minister respond to those criticisms that the draft version was watered down?

Kate Forbes: I am not aware of it having been watered down. The BSL national plan is a six-year plan, so it represents our commitment to improving lives. It is important to state that we are committed to delivering on the plan, but we are also committed to responding to feedback. It is not that the BSL plan is so rigid that, if the community makes representations in another area where they feel that more progress needs to be made or issues need to be strengthened, we ignore that.

The plan is heavily informed by consultation with the community, and the actions in it were all chosen because they address the barriers that BSL users had identified in their daily lives. However, as all lawmakers and representatives in the Parliament will know, the plan is there to provide strategic focus. In a sense, it is a means by which all parts of Government can get behind the plan, because the nature of any language is that it cuts across all spheres of Government. It is not just the remit of the BSL team to implement the plan; it requires change from education, justice and so on. Having the national plan brings together or requires responsibility to be taken by other areas of Government.

However, as I said, it also requires us to respond to the feedback that we hear regularly. Take the procurement round for Contract Scotland BSL as an example of that. The process—the specifications—that Kevin McGowan just mentioned are in response to the consultation. That happens independently of the national plan.

Ultimately, the value of the plan will be in whether, annually, we can point to tangible changes that have improved people’s lives in the BSL community. A plan is only as strong as its implementation.

Paul O’Kane: There are two points in what you have just said. One is that you do not recognise that the draft plan have been watered down; however, you do recognise that such criticism has been made of it.

Rachel O’Neill from Moray house school of sport and education at the University of Edinburgh was consulted on the plan, and her research with Dr Rob Wilks of University of the West of England in Bristol was incorporated into the draft version. Their view was that recommendations had been watered down or removed, and they were disappointed with that. It would be useful for the committee to understand why that decision was taken in the final draft and why people feel that things have been watered down.

On your last point on progress being measured in tangible outcomes, a lot of the criticism is to do with there not being measurable things in the plan. There is not a sense that we will measure targets. I appreciate that you are saying today that that will be the case, but is it your view that there should be measurable outcomes?

Kate Forbes: I will ask an official to speak about the process, because I was not here to manage that.

On the criticisms, I have been following the committee’s evidence so I have certainly heard the same evidence as the member, some of which he has referenced. I am conscious of some of the commentary, for example, from BDA Scotland about how comprehensive the second plan is compared with the first plan, which included some of the areas where it would have liked to see it go further.

I was seeking to give reassurance that, in the spirit of always seeking to listen to those with lived experience and those who are key partners in representing the community, I do not dismiss their feedback. I am very happy to engage on that and on how we can respond to some of the points that have been made, independently of the plan. Rachel O’Neill made some particularly interesting remarks on education, which we might get on to. I was quite struck by that reflecting some of the other comments that I had heard when engaging with community groups.

On monitoring plans, an action in the BSL national plan focuses on the sharing of best practice, and we are working with listed authorities to develop how they effectively implement and deliver their plans. If every listed authority, as well as the Scottish Government, takes ownership of delivering their element to the best of their ability and seeks excellence and effective implementation, you completely shift the dial in removing the barriers that BSL users face.

There is a challenge with our regulatory role in relation to the 2015 act. It is up to listed authorities to comply with the legislation by publishing local plans in accordance with the act. We consider how we can support them to do that and fill any gaps that are identified. That is maybe the difference

between a carrot and a stick. I do not know whether that is what some of the evidence was getting at.

Support is in place. We encourage listed authorities to engage with BDA Scotland in particular. We fund BDA Scotland and we ask listed authorities to seek BDA Scotland's support and to work with it to engage with BSL users. That is all part of a process that is about encouraging rather than necessarily about regulating, and that might be quite a critical difference.

Does someone want to talk about the process?

Kevin McGowan: Yes, I do. We consulted widely as part of the process for the BSL national plan. No discussion or ideas were left off the table as part of that process. However, we had to distil the main actions for the plan into deliverable actions that would improve outcomes for BSL users. That is why some things did not make the final cut and why others were put in the plan so that they could shift the dial for BSL users.

On setting up the implementation advisory group, we say in the plan that there are key areas for that group to revisit and focus on. Those areas came out of the consultation and were maybe more difficult to deliver on within the six-year period, but that was never to say that those aspects were off the table or that we should not start to take the first steps in relation to that. That was the approach that we took; that was the process.

10:30

On the targets and monitoring, every action in the plan has been identified as either being short, medium or longer term, and we monitor those actions based on that process. We do that regularly across Government, given that many actions sit in other areas of Government. We also bring that information to the implementation advisory group. In addition, under the 2015 act, we will produce a progress report in year 3, which is 2026. In that, we will detail more succinctly what the status of each action is.

Paul O'Kane: I appreciate the Deputy First Minister's comments about taking a carrot-and-stick approach in encouraging people to engage in best practice. However, the DFM is very committed to delivering overarching Government policy. What scope is there to revisit the idea that there should be measurable goals, timelines and accountability?

I appreciate what Mr McGowan has just said about taking stock at the end of that three-year period, but is the Deputy First Minister committed to having more tangible timescales on what needs to be done during that time?

Kate Forbes: I am always keen to see tangible evidence of delivery, particularly when it relates to people's lives and the barriers that they face. It is difficult not to be inspired and moved in equal measure when engaging with the BSL community about the barriers that they face and the opportunities there are to support the removal of those barriers.

There is a statutory element to all this; there are legal implications. There is a statutory requirement for listed authorities to meet their obligations under the act. The point that I was making about regulation is that local authorities have a responsibility to ensure that they comply with the legislation and publish their plans in line with statutory deadlines and deliver on those plans. There is no regulatory role for the Scottish Government under the act in that respect, but there is the backstop of what the legislation requires of listed authorities.

I am very happy to reflect, particularly if this comes out of the committee's evidence, on what further steps can be taken to ensure that local delivery. We have a duty to deliver. You hold us accountable for what we do or do not deliver—and rightly so. When it comes to the national plan, the same will go for other listed authorities, and it is about all the public sector taking ownership for how to remove those barriers. If there is a tool, an instrument or a means by which we can make that happen more effectively, I am very open to considering that.

Paul O'Kane: That is useful, because there is concern about a lack of central oversight of all of that. In our session with the previous panel, we had a discussion about the lack of a formal oversight body. I appreciate what the Deputy First Minister has said about the legislative constraints in that regard, and I do not want to pit BSL against Gaelic, because I am supportive of the Gaelic language, too—which we will have a wide-ranging discussion about in the chamber this afternoon—but, earlier this morning, we were told that Bòrd na Gàidhlig has a very clear role and that it often acts as the central oversight organisation. The fact that we do not have a similar body for BSL was a matter of concern for the witnesses who gave that evidence.

The Deputy First Minister has said that she is open to having a conversation about that or to a potential recommendation, but I wonder whether she might like to reflect on that comparison.

Kate Forbes: That is a very interesting comparison. What the committee will get from me is an openness to radical ideas about how to accelerate progress; it will also get from me a strong desire only to take action that the community asks us to take. One can sometimes go ahead and build well-meaning infrastructure

that is not in the best interests of, or has not been demanded by, the community, because a more decentralised approach is more effective.

I am open to suggestion. We have some very effective partner organisations. For example, I mentioned BDA Scotland, which is an effective representative organisation, but which also has a role to play in advising, guiding and supporting listed authorities and others, including us, on how to take action.

I am neither shutting down Paul O'Kane's idea nor saying, "Let's do it," because we need to engage in careful consultation on everything that we do, and we need to understand what structures would be most effective.

I do not know whether my team has more to say about that.

Kevin McGowan: Yes. The community itself—BDA Scotland and the Health and Social Care Alliance Scotland—has spoken to us at length about the possibility of setting up a network that will enable discussions to take place so that best practice can be shared and the community can be involved. Through such a feature, the community could give a live reaction to any policies or emerging issues. That is an idea that we are considering. It merits further discussion, because it has been derived from the community.

Paul O'Kane: That is why I asked the question. The evidence that we heard was from people who use BSL. The contention was that the users of the language must be at the heart of the process. It is useful to hear that the cabinet secretary is open to that suggestion. I am sure that the committee will want to reflect on that as part of its work.

I will hand back to the convener. I hope that those questions were substantive enough.

The Convener: Thank you. We move on to a question from Marie McNair.

Marie McNair: Good morning. It is important that the development of local plans involves joint working. What leadership and direction has the Scottish Government provided to listed authorities in supporting the development of local BSL plans?

Kate Forbes: There is a requirement for local plans to be published, and under the British Sign Language (Scotland) Act 2015, we have a duty to publish a national plan to outline what we will do during the period to promote and facilitate the promotion and understanding of BSL in Scotland. As is required by the 2015 act, we consult the deaf community when we draft the plan, and we continue to work with key partners that represent the deaf and deafblind communities in Scotland on the implementation advisory group to provide accountability. As Kevin McGowan said earlier, we

have a duty to publish a progress report at the halfway point. That is the requirement on us.

Under the 2015 act, listed authorities have a responsibility to ensure that local plans are published and implemented. We recognise the role that councils and their employees play in communities across Scotland, and we believe that it is important that the local plans reflect the requirements that we hear about through local consultation and local engagement, from which we gain an understanding at local level of what citizens want to see in their local areas.

I have said a little about what happens next, which is about the sharing of best practice and so on, but we want to support listed authorities. We are always looking at ways to fill any gaps in advice and guidance and so on, but we want to make it crystal clear that all of us—all partners—share a responsibility for the implementation of their duties. I stress that because of the tension that exists between firm control being exerted from the centre to direct and dictate what happens in every local area and its being understood that every listed authority and every layer of government has its own duties.

From having engaged, two weeks ago, with the deliberative process in the Highland Council area, I know that the issues that BSL users in the Highland Council area are talking about are remarkably different from those that I heard BSL users in the middle of Edinburgh talk about. That illustrates why I am apprehensive about the Government playing an overly directive role from the centre that misses the distinctive local nuances.

That was a long answer to a short question.

Marie McNair: I appreciate that it was long, but it is useful for the committee to understand the issue. Thank you.

The Convener: We move on to a question from Evelyn Tweed.

Evelyn Tweed: Good morning, and thank you for your answers so far.

My question is also about BSL local plans. We have heard that those plans are high level and that there is a lack of consistency across Scotland. You have touched on this already, but what monitoring is the Government doing to show what is working, what is not working and what we need to do better?

Kate Forbes: There are two specific routes for monitoring. First, there is our own progress report, which is produced halfway through the lifespan of the plan. We will work with the implementation advisory group on the national plan to ensure that that reflects the experiences of BSL users. The progress report will set that out in black and white.

That will be available for the committee to scrutinise so that it can be clear about what progress has or has not been made.

The other form of monitoring relates to the engagement that takes place across all the listed authorities for the sharing of best practice. As I said earlier, we fund BDA Scotland to support those listed authorities as they develop and implement their plans. It is an on-going iterative process.

From listening to the committee, I get the strong impression that it is keen for us to explore a third alternative to those two forms of monitoring. I am certainly open to doing that, because we want to understand how to ensure that best practice is followed across all the different listed authorities. We are also aware of the ALLIANCE's recent report on local plans. We engage regularly with it as part of the implementation advisory group.

I am very open to anything that the committee believes that we can do to improve monitoring, while stressing the point that monitoring can sometimes morph into direction. There are reasons why, in this particular subject area, direction from the centre is not always the most effective way of progressing matters, especially when national targets are created that may distort what a local area wants to prioritise.

Tess White: Good morning. I have a few questions around the implementation of the 2015 act. Deputy First Minister, you say that any plan is only as strong as its implementation. Thank you also for the intent to shift the dial—I have heard both you and Mr McGowan say that this morning. There is recognition that there is a lack of complete implementation of the act. We have the figure of only 62 per cent of BSL plans having a BSL version.

On implementation, we have heard from the BDA that there is inconsistency across Scotland, there is lack of accountability and there is limited funding to support plans. Is there monitoring of the spend on BSL? We know that the spend on Gaelic and Scots is £30 million a year and that covers the 2.5 per cent of the population who speak Gaelic or Scots. Almost the same percentage of the population—2.2 per cent—are BSL users. The Scottish Government manages and sets a budget for Gaelic and Scots but does not seem to know what it spends on BSL. The question is why.

10:45

Kate Forbes: On the points from the BDA around accountability, implementation, and inconsistency, the point about inconsistency reflects—fairly, I think—my comments at the outset in relation to the convener's first question. In some areas there is high-quality, excellent

provision—there is a very positive response to that—and in other areas, they say, “We want what they've got”. The point is about having that consistency across the country, so I take on board the criticism about the inconsistency.

In terms of accountability and tracking the spend, we invest considerably in organisations that work with and represent deaf BSL users and deafblind people in Scotland; we have referenced some of them already—BDA Scotland, the Scottish Ethnic Minority Deaf Charity and Deafblind Scotland—and then separately we are investing funding in improving services. I do not know whether the committee has been sighted on some of the work that we have done through the Scottish Government CivTech programme on improving accessibility to BSL interpreters. That can all be closely monitored and evaluated.

There is a difference between Gaelic and BSL—and this may not be a difference that the committee is willing to tolerate and the feedback might be, “No, we want to see you change this”. There is a difference because of the responsibility on listed authorities. For example, having specialist BSL social workers is a responsibility of local authorities, so it is for local authorities to monitor. Tracking the spend becomes more challenging when there are areas of responsibility on local authorities. I would say that the difference with Gaelic is that it is managed on a more national level rather than on a more local level.

There may be points to consider there around whether the Scottish Government should take responsibility for more funding from the centre that then becomes specialist funding, which would be different from how things have been approached so far, which is about more mainstreaming; local authorities get their pot of funding and then they determine how that is spent. That is a difference and perhaps leads to the challenge around tracking the money because it is happening at a local and national level.

The one point of challenge I would make is that sometimes the temptation is to say, “Bring it back to the centre,” so we bring it back and then we get into the difficulty I referenced earlier where you then have the Scottish Government determining that every part of Scotland should get an allocated pot for this service and that service, which may mean that some local authority areas find themselves focusing on a particular priority that may not be the top priority.

For example, in the Highland Council area, their argument would be that even though they have the training provision for BSL, their big challenge is recruitment. Another area may have exhausted the funding for training and need more funding for the training because there is an ample supply of people who are interested. None of those issues

are insurmountable—we can overcome them all—and the committee's challenge is helpful in that regard.

Kevin, do you have anything to add on the point around accountability and tracking spend?

Kevin McGowan: Yes—given that the Scottish Government does not have a regulatory function under the BSL act, it is over to the listed authorities to determine what their spend will be locally. That may be based on the number of deaf or deafblind BSL users within their area or their service. It makes tracking more difficult from the Government's point of view, but that is why we have the action within the plan around engaging and sharing best practice. That is to help us understand what it is like from a local delivery perspective.

Tess White: That, however, feels very wishy-washy because if we have an act that received royal assent 10 years ago—and we are having four sessions on this—and the evidence demonstrates that there is a lack of implementation, that is a huge issue. Might you be willing to consider a change in approach, because you cannot manage what you do not measure?

Kate Forbes: We will agree to take that point away. I have extensive experience now around the structures of how Gaelic language is managed. The two are different, but it shows us that there is an alternative route. It is to do, as Kevin McGowan said, with the original statutory responsibilities on Government either being a regulator or not being a regulator.

The committee is identifying the area of tracking and monitoring. I think that what you are talking about is compelling, as well, in relation to making sure that progress is made. That is something we would need to consult on carefully with local authorities and with BSL users.

Tess White: In terms of your asking for ideas and thoughts, we are being told from the consultation process—which was an extensive consultation process right across Scotland—that there is a shortage of education facilities, a lack of evidence of plan implementation, a lack of classes teaching BSL and a lack of interpreters. You can take that away and implement it. Thank you for recognising it. Do you have any thoughts on those four things?

Kate Forbes: Yes. These are very timely questions because quite a number of education changes are being proposed or are currently being consulted on that have particular relevance to BSL users, including in the Education (Scotland) Bill, which is at stage 3 next week, on parity of esteem and on support for training facilities. I ask Alison Taylor or Robert Eckhart to come in on that.

Alison Taylor (Scottish Government): I will start and then I will ask Robert to contribute.

The DFM is absolutely right. In the education portfolio, there is a tremendous amount of work under way on additional support for learning, which is the broader context in which BSL sits in our policy work. We have a review due to start in the next parliamentary year; Ms Gilruth, the Cabinet Secretary for Education and Skills, recently committed to that. Right now, we have a consultation under way on the guidance that supports the requirements for teacher regulations; it sets out the training and qualifications that teachers are required to have to support the BSL community of learners. Perhaps Robert would like to say a bit more on that.

Robert Eckhart (Scottish Government): As Alison says, the guidance is on the requirements for teachers to gain an appropriate qualification as teachers of the deaf in schools—so, this is relevant to BSL users. The existing guidance is from 2007. In the consultation, we have put forward an amended set of guidelines for what the competencies should be for teachers of the deaf—in particular, what BSL language level those teachers should have and the length of time in which they are required to gain the appropriate level of qualification. The consultation is out until July and those are areas on which we would welcome feedback and views. We will take into account points made in evidence and by committee members, which will allow us, following the consultation and publication of the revised guidance, to look more closely at the teachers of the deaf workforce.

Tess White: I will make a comment on that and then ask my final question.

We are being told that BSL is very much an afterthought in education. I give the example of the Education (Scotland) Bill. BSL was not factored into it at the outset. It has only come in at the end, through amendments, and that is upsetting to the deaf community. That is take-away feedback.

I told the previous panel of witnesses that we had the Deputy First Minister in front of us next, and I asked what one question they would like us to ask her and her officials. Members can correct me if I have it wrong, but I think that their question was, "What will you do to ensure that deaf children are all trained to use BSL in Scotland?"

Kate Forbes: Before I answer, if this is your final question, Ms White, I commit to coming back to the committee—at a time of your choosing, convener—once the consultation has closed on the teacher qualification issue, to summarise precisely what we will do next on some of the criticisms that have been made around the

number of teachers with BSL at a suitable level for teaching young BSL users.

The points that are made about young BSL users seem to all come back to two points. One is about the number of suitably trained teachers in BSL to ensure that every young person has access to a teacher.

The second point is about ensuring that teachers are at a level that means that the young person will be competent in BSL, because, if you are not able to train them in BSL at a young age, they will miss out on opportunities for the rest of their life. From my engagement with young BSL users, I have heard that they must have a teacher but that it cannot just be any teacher—the teacher has to be trained to a suitably high level.

That is the answer: having enough teachers who are trained to a suitably high level so that every young person has access. I would like to come back to the committee, convener, once the consultation is closed, so that we can tell you precisely what we will do to ensure that that happens.

Tess White: Will you be coming back before the end of the year?

Kate Forbes: I would like to because, if I do not come back before the end of the year, we will not have long before the end of the parliamentary session. Alison, when does the consultation close?

Alison Taylor: The consultation closes in July.

Kate Forbes: July—that is what I was thinking. Perhaps I can come back in early autumn.

Tess White: Thank you. We are discussing our work programme later, and we can build that in.

The Convener: We are getting short of time now, but we still have a couple of members who would like to ask some questions. We go first to Pam Gosal.

Pam Gosal: Good morning, Deputy First Minister and officials. Thank you for all the information that you have provided so far. I will turn my question around a little bit because you have been talking about education; I will come in on education first.

In private evidence sessions, the committee heard from deaf pupils and parents who said that, in many cases, pupils placed in mainstream schools face difficulties, because there are not enough BSL specialists, and teachers are not properly equipped to deal with the needs of deaf pupils. One of the pupils who we spoke to said that it was difficult to keep up with the work and, therefore, she failed her exams. Witnesses expressed their disappointment with the

Government's Education (Scotland) Bill, saying that it does not deliver for deaf people.

It would be great to hear from you, Deputy First Minister, on how we can improve the outcomes for deaf children. Alison and Robert have said that quite a bit of work is being done, and it would be good to hear about that, but, as Dr Robert Adam said earlier, what are the ramifications of not delivering? Accountability is needed; otherwise, deaf people are just being paid lip service. This is clearly a big issue, and I would like to hear your plans to sort it.

Kate Forbes: Let me take on board those comments, in particular. In my own consultation or engagement, some of the most inspiring conversations have been with young people, including young people who are still in school. I was very inspired by their comments on what we need to do.

11:00

The Education (Additional Support for Learning) (Scotland) Act 2009 places a duty on education authorities—who are the listed authorities for local BSL plans, too—to identify, provide for and review the additional support needs of their pupils, which includes all deaf children. The level of support that is required and the amount of input from a specialist teacher of deaf children and young people will vary depending on a child's individual needs; that has become clear to me. We have to, therefore, support staff to increase the capacity in schools to provide effective support to deaf pupils.

We provide specific grant funding for the Scottish Sensory Centre to support such staff training. We also fund CALL Scotland to provide advice and training to support staff in the use of assistive technology when working with children and young people who have specific communication and sensory needs such as hearing and/or sensory impairments. Education Scotland has a professional learning resource to support practitioners to engage more effectively with BSL users, and the Scottish Qualifications Authority offers qualifications in BSL in the form of awards from level 3 to level 6. We track the number of secondary school leavers who are deaf from publicly funded schools in Scotland to see how many are in a positive destination nine months after the end of the school year, and that number has increased in the past few years.

That is what we are doing, but the evidence that you have just shared with me and the evidence that I have heard still gives the sense that some young people are not getting the full package of support that they want to enable them to participate as fully as they want.

For me, the answer comes in the answer that I gave to Tess White, which is that we must ensure that there is the right number of teachers with the appropriate level of training. Some of the criticism that I have heard is that there are teachers but that they are perhaps not at an advanced level of training and, therefore, a young person does not get the full advanced experience that they could get. I am very conscious of that, and it is why I would very much like to come back to the committee once we have done a little bit more work off the back of the committee's evidence, and we can say how we can go further to fill the gaps of young people's experiences.

Pam Gosal: Thank you for that, Deputy First Minister. The people who we heard from said that school teachers should be qualified to level 3 in BSL and that there are opportunities for more deaf or deafblind people to teach or help in the system. Those may be things for you to look at.

Two weeks ago, the committee heard from Lucy Clark, who is a deaf survivor of domestic abuse. She said that there are only three BSL-trained domestic abuse advocates in Scotland, all of whom are based in Dundee. Lucy said that finding an interpreter is always at the forefront of a deaf woman's mind and that many interpreters find it challenging to cover areas of domestic abuse. Deaf women already face so many day-to-day challenges and it is even more harrowing to know that, when a woman needs support the most, it is not there. What is being done to help women such as Lucy?

Kate Forbes: Thank you very much for sharing that. I know that you will be very aware of all the work that we are doing around domestic abuse and the funding that is available there. Of course, that also needs to take into account BSL users.

Let me consider the question in the wider context of BSL users' experiences in the justice system. We are working on an amendment to the Victims, Witnesses, and Justice Reform (Scotland) Bill to remove the legislative barrier that prevents people with certain physical disabilities from serving as jurors. We think that we need to make more progress in and around BSL users' experiences of participating in the justice system. That is not only about supporting them as survivors, but also about supporting them to participate in every aspect of the justice system. You and I know that it is often the case that, if we do not have representation from a community in every aspect of the justice system, we are less likely to see progress.

We also think that it is important to roll out different forms of support. Different types of communication supporters will be allowed to be present in the deliberation room at a later stage under the Victims, Witnesses, and Justice Reform

(Scotland) Bill. We also have the BSL justice advisory group, which was established in February 2020. It brings together a number of organisations to provide expertise and guidance to justice and legal agencies, and it meets quarterly to discuss and monitor implementation of solutions for BSL users.

I am happy to go into more detail about the equally safe strategy and so on. Funding is available for organisations, but the question is about more than just domestic abuse and the experience of survivors; it is also about how we adapt the entirety of the justice system to take BSL users into account. The more representation you have, the easier it becomes for survivors who are experiencing the justice system.

Pam Gosal: Thank you. Lucy Clark also highlighted that many deaf women who experience domestic abuse assume that it is normal behaviour and do not even know what consent means. While working on my Prevention of Domestic Abuse (Scotland) Bill, I came across a woman who had slurred speech, and she said that her abuser had told the police and the authorities that she was drunk, which meant that she was not taken seriously.

Data collection is key to having a clear picture of which communities are more likely to be affected by domestic abuse. That is why my bill seeks to place a requirement on authorities to collect data such as age, sex, disability and ethnicity. Do you have the figures to hand on the percentage of deaf women who are survivors of domestic abuse? Do you agree that accurate data collection is key to understanding which communities are most likely to be affected by it?

Kate Forbes: I do not have those figures to hand. I completely agree on the importance of data. I am conscious that the impact of domestic abuse on BSL users was referenced in some of your earlier evidence sessions. Data is important, and so is training in the justice system so that examples such as the one that you referenced do not happen. Representation of BSL users in all parts of the justice system is also important.

It is important that we have, first, monitoring of data; secondly, training in the justice system; and thirdly, representation and access for BSL users to all parts of the justice system. Those are three ways in which we try to tackle what is a completely abhorrent issue in society.

Pam Gosal: At present, that data is not collected when crimes are reported to Police Scotland. Certain data is collected, such as the person's name and some other details, but details of ethnicity and disability are not collected. That is why my bill seeks to require that data. Thank you

for shedding light on the importance of those three points.

Maggie Chapman: Good morning, Deputy First Minister. I thank you and your officials for being here and for your contributions so far.

In my questions, I will pick up on some of the things you have touched on and try to bring them together. We heard clearly from the first panel this morning and in previous evidence that we can look at the national and local plans and we can identify gaps in what they cover as well as issues with how we monitor, evaluate and track progress, but something that is not really apparent—I am interested in hearing your views on this—is how we can capture the development of the culture of BSL and its users in Scotland.

We have heard strong evidence that BSL in Scotland has a very important legacy within BSL across the United Kingdom and probably further afield, yet we do not see that element being understood or being tracked in any of the plans. We can talk about capacity building to support BSL users to be teachers, nurses or whatever, but we are not talking about the whole human. Where could we do more work in that area?

Kate Forbes: I think that I have understood the question, but please stop me if I have not.

A couple of weeks ago, when I was in Inverness, I engaged with representatives of the BSL community in the Highlands, who were talking about the different idioms, accents and words that are used within Scotland, such as in the Highlands versus Edinburgh or Glasgow. I was very struck by the rich heritage that you refer to. It is also an argument for taking a decentralised approach in supporting the different communities. One lady referenced the fact that she had moved to the Highlands and had to pick up all the new terminology.

My second point, which I alluded to earlier, is that I have been struck by the pivotal role that Scotland has played in BSL provision for 200 or 250 years. The point was put to me that, because Scotland had some of the first educational facilities for deaf children and young people, they went on to achieve remarkably brilliant things. Scotland was a real pioneer in developing other facilities and provision. We should not take that for granted. We should be very proud of it and build on it. However, the message that came through is that education is critical. That goes to the points that Tess White and Pam Gosal have made, in particular. Education is the lifeline for young people. If we get the first intervention right, it sets them up to be able to achieve whatever they want to achieve, which is why it is so important.

On how we celebrate that heritage, there are a number of heritage sites, particularly in Edinburgh,

that showcase the history. Maybe we could work with some of them on that. An example is Deaf Action, whose premises include an old church. It has a wonderful exhibition that showcases the history, with wonderful pictures on the wall and so on. Bringing that to a new audience could be quite special.

I do not know whether my colleagues have any other ideas on how we can showcase and celebrate that heritage.

Kevin McGowan: The deaf people whom we speak to regularly are very protective of their deaf culture and want to amplify it further. They have told us about some things that work and can be built on, which are very much rooted in community activity. There are a number of thriving deaf clubs in Scotland that enable people to connect. That leads to intergenerational activity, so people develop role models through the deaf clubs, which can provide pivotal support throughout their lives.

Parents of deaf children tell us about the importance of having support both at the parent level but also for children to play together and teach each other the BSL signs that they are picking up. There are also key players such as Deaf Action. It runs the Edinburgh deaf festival, which is a celebration of arts and wider culture. All those elements are particularly important, and the deaf community is clear that it wants them to be built on.

11:15

Maggie Chapman: Thank you for those helpful answers. Kevin, you talked about the deaf clubs. It came through strongly in our informal engagement sessions and our previous evidence that that is where people understand that being deaf is an identity that is part of our wider culture.

The acquisition of language is profoundly important to us all as individuals, but BSL is sometimes not understood as a legitimate first language with everything that comes with that, such as the cultural associations and attributes. I still do not know whether we have captured that in any of the national and local plans. They may say that we will support deaf clubs and so on, but there is something more about celebrating the culture of deaf people as human beings with a legitimate, a priori culture, if you like, that is not mediated through translation or interpretation into English, Gaelic or any other language. BSL is the language.

Is there a way of thinking about that that will mean that we can do better? I appreciate that that is probably quite a big conversation, but if you have any further comments, I will be interested to hear them.

Kate Forbes: I think that the way to identify the answer to that question is probably to consult the community about ideas on where it would like to see progress. On language policy, it is always fascinating that politicians generally crave targets, outcomes and outputs, and rightly so, but that often misses the wealth of heritage, history, community and culture, which are harder to squeeze into obvious outcomes. We see that with other languages as well.

I wonder whether there is a question to pose to the community, both from the committee's perspective when you think about your recommendations and in relation to the Government's decisions on which actions to prioritise.

Maggie Chapman: Thank you. I will leave it there, convener.

The Convener: That brings our second evidence session to a close. As a north-east Doric BSL user, I appreciate the awareness of regional BSL that has been shown this morning. I am sure that my dad will be watching and that he will also be pleased about that.

I thank the Deputy First Minister and her officials for joining us. I will suspend the meeting briefly before we turn to agenda item 3.

11:18

Meeting suspended.

11:22

On resuming—

United Kingdom Subordinate Legislation

Private International Law (Implementation of Agreements) Act 2020

The Convener: Our next agenda item is consideration of a type 1 consent notification for the Private International Law (Implementation of Agreements) Act 2020. I refer members to paper 3. The Minister for Victims and Community Safety wrote to the committee on 27 May to give notice of the Scottish Government's proposal to consent to the UK statutory instrument. The UK Government intends to lay the instrument on 1 September 2025.

Do members wish to make any comments on the Scottish Government's notification?

Maggie Chapman: I do not have any objection to the Scottish Government's approach, but we could say in our letter to it that it would be useful for it to share a little more information as outlined on page 6 of paper 3. Scotland has experts on private international law, including at the University of Dundee in my region, and it would be useful to get their expertise through consultation processes, given that these issues are much more complex and nuanced post-Brexit. We could suggest to the Government that there are people out there who could help us to understand some of these things better and that it could choose to engage more widely. It has not done that in this case, but it could do so in future.

The Convener: Are members content to take on board Maggie Chapman's suggestion and ask for more detail?

Members indicated agreement.

The Convener: Is the committee content to agree to the Scottish Government's decision to consent to the UK regulations?

Members indicated agreement.

The Convener: Thank you. We will write to the Scottish Government and we will take on board Maggie Chapman's suggestion.

That concludes our business in public. We will move into private session to discuss the remaining items on our agenda. Thank you.

11:24

Meeting continued in private until 12:09.

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