Notes from informal discussions with BSL users, Monday 9 June and Tuesday 10 June 2025

The Committee met with members of the British Deaf Association, Deaf Action and Deafblind Scotland in two separate sessions on the evening of Monday 9 June (online) and Tuesday 10 June (in person). An unattributed note of key points that arose in both discussions is provided below.

General reflections on progress since the passing of the BSL (Scotland) Act 2015

- Most participants agreed that there had been progress since the 2015 Act in terms of greater visibility of BSL, strengthening accountability, and enabling BSL users to challenge public bodies to enforce their rights. However, it was still a "work in progress" and more needed to be done to break down barriers.
- Services for BSL users tend to be better in cities/central belt (although still not perfect and subject to budgetary pressures) but are severely lacking in more rural areas.
- One major benefit is the Contact Scotland BSL system which enables BSL users to communicate via videocalls. However, this has come close to closing in the past due to lack of funding. It was noted that Contact Scotland is the only service of its type in the UK and it would be a huge backwards step if it was to be discontinued.
- Concerns were raised around the move away from specialist social work provision for Deaf people coupled with staff turnover and lack of training meaning professionals don't always fully understand BSL users' needs and priorities. This causes frustration and can deter Deaf people from engaging with public bodies and from using the services to which they're entitled.
- Importance of Deaf role models in education and early years settings (especially for Deaf young people and hearing families) who understand experience and challenges but also demonstrate that Deaf people do have good future career prospects.
- Deaf people should be involved in decision making – they can feel frustrated at being repeatedly asked the same questions by different public bodies, with little evidence of a coherent multiagency approach (consultation fatigue). Joint local plans and/or planning groups including all relevant public bodies and ideally, with Deaf chairs, were mentioned as examples of best practice.
- Importance of learning BSL from a very early age – it's their first language. This also applies to hearing parents who should be provided with support to learn as soon as possible after birth.
- This also applies to tactile BSL, particularly for people with Usher Syndrome whose vision is likely to deteriorate with age.

- Deafblind participants can feel marginalised and drowned out as a smaller community of which there is less understanding among public and professionals alike.
- Tactile BSL should be routinely included and on an equal footing, not just an afterthought. Deaf communities should interact and support one another.
- The importance of Deaf people engaging in democratic politics was also highlighted but this can be challenging since politics is usually "a hearing space." Support should be provided to BSL users seeking to stand for election to enable them to communicate with voters and after, if elected. It was noted that it's very unusual for party manifestos to be provided in BSL.
- Accurate data on BSL users and tactile BSL users is vital to support the planning of adequate service provision.
- Services providers should employ Deaf people with lived experience to provide Deaf services with the added bonus that they can also serve as role models to younger Deaf people.

Healthcare

- BSL/English Interpreter provision has improved for planned appointments although there are still issues with interpreters not having been booked or not turning up. The situation is worse in emergency situations which can exacerbate already traumatic experiences. It's completely inappropriate to expect family or friends to translate for Deaf patients. As English isn't their first language, written information can also be difficult to absorb, especially in stressful situations. It was also noted that an interpreter's job is to accurately interpret language, not to provide emotional or ongoing support to an individual or to ensure they understand complex terminology.
- A deafblind participant spoke of their experience of attending audiology where staff "didn't have a clue" about tactile BSL. Patients shouldn't need to educate medical staff – they're supposed to be professionals.
- Medical staff tend to focus on medical interventions such as cochlear implants but this neglects importance of BSL identity and the fact that Deaf people don't necessarily view themselves as having a disability (overreliance on medical model rather than social model). They can also have limited understanding of Deaf people's needs and this is even more pronounced for Deafblind people.
- In addition to Contact Scotland, another initiative that can be helpful is the interpreter on wheels service (on screen) although many BSL users prefer in person interpretation. There can also be problems with wi-fi connections etc which can make such services unreliable.
- BSL users also expressed frustration at being repeatedly assessed to "prove" that they are Deaf to enable them to access certain services and support.
- Several participants highlighted the importance of using correct terminology when NHS staff are engaging with Deaf patients or families.

- Mental health services and counselling are bad enough for hearing people and even worse for Deaf people due to a lack of BSL provision, thereby exacerbating conditions rather than treating them – loneliness and isolation are also a key factor and examples of young Deaf people having no option but to rely on adult mental health services were provided.

Education

- Importance of Deaf teachers being fluent in BSL (minimum Level 3 or Level 6 – it's the pupils' first language and significantly limits learning opportunities if teachers can't communicate fluently and accurately. Things are getting worse with some schools struggling to fill specialist vacancies, leaving Deaf pupils feeling marginalised and missing out on their education.
- Mainstream schooling can leave Deaf children feeling isolated from peers and socially excluded. Deaf clubs and signing groups etc are vital to help foster a sense of community but cuts mean such services are reducing. Some children also need to travel long distances to access these types of clubs.
- Ideally, many Deaf participants would want mainstream schooling with Deaf units grouped in peer cohorts. This would also bring economies of scale where Deaf pupils are grouped together in hubs. However, others suggested that the old system of residential schools was better in some ways, as they enabled Deaf children to feel "normal" among their Deaf peers and in their own Deaf spaces.
- One participant suggested that "inclusion" was being used as an excuse not to provide appropriate support, thereby resulting in greater exclusion.
- It can be difficult for Deaf students to access courses they want to take – they may have to move to a different school or different area entirely or pay for private tuition, but councils are not always sympathetic to these types of requests. One participant had taken a local authority to a Tribunal to ensure access to the courses they wanted to take. This was successful and forced the council to act but it was a stressful experience and shouldn't need to come to this.
- BSL should be routinely taught in schools both to Deaf and hearing children as part of the curriculum and the "1+2" language policy. If more hearing children were taught BSL from an early age, this would help address shortages in qualified BSL/English interpreters in the future.
- It is important to provide BSL/English interpreters and/or communication support in schools for Deaf pupils/students. Examples were given of Deaf students who had some hearing or who could lip read, and it was suggested that schools can use this as an excuse to avoid having to provide adequate interpretation support. It is also extremely tiring to rely on lip reading throughout the school day.
- One benefit of the Act is that pupils can now answer SQA exam questions in BSL but not all are aware of their rights.

- It was noted that GIRFEC (Getting it right for every child) should obviously include Deaf children too but this can be inconsistent in practice and improved support is vital for them.
- Concerns were expressed for Deaf school leavers given what is often a difficult entry process for further/higher education which can act as a deterrent.

Older People

- Reduced independence for older BSL users can cause greater isolation if they're less able to engage with BSL using community groups etc.
- Concerns for older BSL users including those living with dementia and/or in care homes – they can feel very isolated if staff or other residents don't have BSL skills, contributing to depression and other mental health conditions. This is even more the case for deafblind people.
- Acquired sensory loss can cause isolation –and tactile interpretation should be introduced at an early age. It's important for deafblind people to have a second language.