OFFICIAL REPORT
AITHISG OIFIGEIL

Equalities, Human Rights and Civil Justice Committee

Tuesday 3 June 2025

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Tuesday 3 June 2025

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EQUALITIES, HUMAN RIGHTS AND CIVIL JUSTICE COMMITTEE

15th 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:

Lucy Clark
Alana Harper (Deaf Links)
Avril Hepner (British Deaf Association Scotland)
Professor Jemina Napier (Heriot-Watt University)
Rachel O'Neill (University of Edinburgh)
Dr Hannah Tweed (Health and Social Care Alliance Scotland)

CLERK TO THE COMMITTEE

Euan Donald

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Equalities, Human Rights and Civil Justice Committee

Tuesday 3 June 2025

[The Convener opened the meeting at 09:00]

Decision on Taking Business in Private

The Convener (Karen Adam): Good morning, and welcome to the 15th meeting in 2025, in session 6, of the Equalities, Human Rights and Civil Justice Committee. We have received apologies this morning from Pam Gosal and Paul O'Kane.

Our first agenda item is a decision whether to take in private agenda item 3, which is consideration of our work programme. Given that a number of members are not present today, I am minded to postpone that item until a future meeting. Do we agree to do that?

Members *indicated agreement.*

British Sign Language Inquiry

09:00

The Convener: Agenda item 2 item is the first of our evidence-taking sessions for our British Sign Language inquiry. As part of the inquiry, the committee is exploring whether the British Sign Language (Scotland) Act 2015, the current BSL plan and listed authority plans are improving the lives of BSL users, and what changes could be made in the shorter and longer term to improve users' lives. I refer members to papers 1 and 2.

I very much welcome the first of this morning's two panels. We are joined by Alana Harper, chief executive officer, Deaf Links; Avril Hepner, BSL Scotland manager, British Deaf Association Scotland; and Dr Hannah Tweed, Scottish sensory hub manager, Health and Social Care Alliance Scotland, which is known as the ALLIANCE. Let me say, in BSL, good morning and welcome to the Scottish Parliament and the equalities committee. Thank you for coming.

We have scheduled an hour and a half for this discussion. We have not scheduled any breaks, but please indicate to me or the clerk if a break would be helpful.

We will now move to questions, and I will kick off. When, in our call for views, we asked about the impact of the 2015 act, we had some positive feedback about its increasing visibility and recognition of BSL as a language and about successes such as Contact Scotland BSL. Even so, the service has faced the prospect of closure twice, and we also heard that meeting the aims of the act comes with some challenges, such as limited funding and having the resource available to support it. Moreover, many referred to the lack of interpreters and investment in BSL education.

First, then, what have been the positive impacts of the BSL act, and what are the main challenges? I would like to come to Avril Hepner first.

Avril Hepner (British Deaf Association Scotland): *(simultaneous interpretation from British Sign Language)* Thank you for inviting me along to the committee this morning. I am here to represent BDA Scotland and the deaf community.

I would say that the biggest impact of the British Sign Language (Scotland) Act 2015 being passed in Scotland was actually having it here. We were a fantastic role model for the rest of the United Kingdom and the world.

There has definitely been more engagement by public services with the deaf community. They do need to engage with them and do some outreach work in the community; that was not happening before, and it has been a huge and positive step forward. Because councils and national health service boards have had to create local plans, they have had to engage.

When the first plan was going through its process, we set up the national advisory group, which included different members of the deaf community, the deafblind community and public bodies. It meant that everybody had to work together and listen to each other, which was very positive, and there was diverse representation from all the communities, including deaf people. I see that as having a hugely positive impact, and it made the whole plan a lot more visible, too. People knew what was happening.

Another positive aspect was Nicola Sturgeon. In the daily briefings that we had during Covid, she had interpreters with her every day, and that had a huge impact on the deaf community and the visibility of BSL in Scotland and the UK. It opened up more doors for deaf people to be included in work here at the Parliament, in the Scottish Government and in universities, and employment opportunities for deaf people definitely increased after that, too. That is something that we need to celebrate.

A lot more BSL videos have been produced, and there has also been a lot more information from the NHS, councils and other public bodies. People have been bringing in deaf BSL presenters, while some local councils have set up advisory groups and are getting deaf people from the local community involved in them.

The BSL act has had a huge positive impact. I have many more examples that I could give—that is just a very few of them. I would also highlight the Government's commitment to Contact Scotland BSL and allowing, through access to that free service, deaf people to become independent and live their lives independently. That has been one of the act's biggest impacts on the deaf community.

The Convener: Thank you, Avril. Can you tell us some of the challenges that there have been, perhaps with implementing some of the actions?

Avril Hepner: *(simultaneous interpretation from British Sign Language)* Okay—challenges. About 31 of the councils have their own local plans, and they have them in English and in BSL, and about 13 out of the 14 NHS boards have them. The challenge, though, is that there is no robust monitoring of the plans in those public bodies and how successful they have been; nobody is monitoring them to see whether they have been successful.

There needs to be evaluation, definitely with support. We need to bring the deaf community together with those public bodies, which is what has happened in most places. Indeed, some have been very good in that respect. However, there is no measurement and nothing that says, "Right—this is what we are going to do and this is when we are going to do it by." There are no timelines in the plans, and we need short-term, medium-term and long-term actions if we are to make the plans a bit more robust and accountable.

When the first national plan came out, there was funding for councils; it was maybe only about £5,000 or £6,000 for each council, but it got the ball rolling and the process moving. With the second plan, there has been nothing. Councils are obviously facing budget cuts, and it has been a lot more difficult to see what progress has been made and to see where they want to move forward. I think that the NHS and councils could be providing three-year progress reports. Things have been a bit vague in some areas, and we need more of a progress report to know what has been happening and to make those systems a little bit more robust.

The Convener: Thank you for that.

Hannah, what do you see as the positives and the challenges of the BSL legislation?

Dr Hannah Tweed (Health and Social Care Alliance Scotland): In terms of the positives, I would echo colleagues in the room in saying that this is flagship legislation that we can—and should—be proud of. We can see that through the great work with NHS Inform and the roll-out of various health-orientated videos.

Also, I think that it is worth drilling down into the impact of the local plans. When the ALLIANCE was analysing the plans and compliance with the act, we saw some clear examples of close working with communities to co-produce work that was making a difference on the ground. That, to me, is a direct consequence of the act and is really welcome.

We also saw some authorities that are not listed in the act following suit. For example, Historic Environment Scotland is not a listed authority in the act, and it has chosen to have its own local BSL plan. We are seeing examples of what I would call wider community impact beyond the act's limitations—and when I say "limitations", that is just a factual description, not a critique.

I think that Contact Scotland BSL can be held up as a real positive, albeit with the codicil that it has faced closure on short notice twice now. It is not an uncomplicated example of success, but I do think that it really has been a success. When you step back a bit and look at some of the work that the Royal National Institute for Deaf People has done down south, and the issues with accessing healthcare that people have reported recently, you can see the importance of Contact Scotland BSL in stepping into that place and providing a contrast.

The other observation that I would make relates to a second bit of work that the ALLIANCE recently carried out on public bodies' inclusive communication practices, how they collect data, what support they provide to people, and training for staff. One finding that I thought was interesting but which I did not expect to come out—and which I would link directly to the act—is that, of those who collect data, 90 per cent collected information on BSL and how they provide BSL-specific support. I am not pretending that that is perfect, but I note for contrast that only 44 per cent had information on Braille and 25 per cent had information on Easy Read. That is quite a significant difference across respondents, which would include health boards, local authorities and higher education institutes, plus others as mentioned in the act. I cannot evidence it fully, but I am certainly inclined to say that that is a direct consequence of having legislation that protects and is specifically orientated to the rights of BSL users in Scotland.

I will stop talking and highlighting all the available examples before Alana Harper shoots me.

The Convener: That is okay, thank you. Alana Harper, what are the positive impacts of the act, and what are the main challenges?

Alana Harper (Deaf Links): Like Avril Hepner and Hannah Tweed, I would say that Contact Scotland BSL has been amazing for grass-roots deaf community people. It enables them to book a table at a restaurant, phone the hairdressers, phone their general practitioner—to the extent that any of us is able to phone our GP; I mean that deaf people can at least try to get through to their GP. Those are things that they could never do before without support, so that has been an amazing move forward, and is a direct impact of the act.

The fact that public bodies and local authorities have engaged with deaf people and asked them what they want them to do is also important, and a lot of those bodies have stepped up to the mark. Certainly, in the areas that I have worked across, the availability of BSL interpretation has resulted in a significant difference with regard to deaf people being included in local life and being able to go to things that they would never have been able to go to before and access things such as museums, libraries, history tours, golf at Gleneagles and so on. Again, that is a direct impact of the act.

As an advocacy organisation, predominantly, one of the challenges that we see is that, as Avril Hepner said, there does not seem to be any robust monitoring or accountability for the local plans. Although local authorities in our area, particularly health boards, have been quite good at properly engaging in the writing of the plans and developing them with the local deaf and deafblind community, the other public bodies seem to have taken more of a lip-service approach, to be honest. They did not come near us, particularly in relation to the plans that were to be published last May; we spoke only to the local authorities and the local health board. We know from the research that was done by the ALLIANCE that many bodies did not comply with the legislation by publishing their plans on time, which is extremely disappointing.

The national plan and a lot of the local plans rely on developing language, developing deaf awareness and developing people's skills in BSL. It has been my experience, over more than 30 years of working in the deaf field, that there are not enough deaf people who are trained as tutors. We will never solve the problems that we face until we have more BSL training available. Once, probably around 1995, City Lit came up to Scotland to run a training programme for BSL tutors. There were 12 places, and no account was taken of applicants' geographical location or where tutors were already available; it was a free-for-all application process that resulted in most of the places being taken up by people in the central belt. At the time, I was working in the Highlands and we had no BSL tutors at all—as we know, there is a dearth of interpreters up there.

Investment in training is needed if we are going to make Scotland the best place for the availability of BSL in all aspects of life, because we need parents, siblings, teachers of the deaf, preschool education staff, deaf children themselves and people in the general workforce to be trained in BSL, and that means that we need more BSL tutors.

09:15

We cannot go beyond level 2 in Tayside, for example, because we just do not have any tutors beyond level 2 who are available to teach, as we cannot get training for them. I think that it is becoming an issue in the central belt as well. A lot of people have to get training online, which means that they are getting training from England that does not take account of regional variations in Scotland. That means that, when they get up to level 6 and so forth and then go out to sign with the deaf community, people look at them and go "What's that mean?" because they are using English signs.

We need that investment. That is one of the biggest challenges but I do not think that it is an insurmountable one. If we were to get that investment, it would help with an awful lot of the other problems that exist at the moment.

The Convener: Thank you. Alana Harper, could you tell the committee a bit more about interpreters, how the different levels work and why that is important?

Alana Harper: Interpreting in BSL requires a national qualification standard and being registered with the NRCPD, which is the national register of communication professionals working with deaf and deafblind people. It can take no end of time to reach level 6 of BSL, which is the level that you need to be at in order to be a professional interpreter. There is a BA degree course at Heriot-Watt University for interpreters, but a lot of people cannot take time out of their everyday life to go and do that full-time so they end up spending thousands—and I mean thousands—of pounds on training for BSL in their own time, usually alongside that time that they spend at their jobs and with their families.

After someone reaches level 6 of BSL, there is a level 6 interpreting course, which is exceptionally expensive. One of my staff and our chair are doing the level 6 interpreting course, and it is exceptionally difficult. They have to learn online and do their assessments online because there is nobody available in our area to give them that training. The situation is similar in relation to teachers. We have said that our aspiration is to get teachers up to level 6, which is the bilingual interpreter level, but how are we going to do that if we do not have tutors available to teach them in every area? I hope that that is a helpful answer.

The Convener: Yes, it is really helpful. We will move to questions from Maggie Chapman.

Maggie Chapman (North East Scotland) (Green): Good morning, and thank you for joining us.

Before I come to my questions, I declare an interest, as, six or seven years ago, I worked for a vision impairment charity that did quite a lot of work across the sensory impairment landscape, including with deaf charities.

I am interested in views on the second national BSL plan, and I will come to Avril Hepner first. We have heard mixed views on that plan. It recognises some of the key issues for BSL users, but there are concerns that it lacks focus and does not have clear, measurable goals or specific outcomes—you have touched on some of that already—and that timelines and accountability are not always clear. There is also criticism that it was watered down from earlier drafts. My question is an open one. What are your views on that second plan, and how have you been involved in its development?

Avril Hepner: *(simultaneous interpretation from British Sign Language)* To be fair, I want to praise the Scottish Government for creating the draft plan originally and then asking the deaf community about it through consultations. It was not like the Government was just making the decisions on its own. BDA Scotland covered the whole of Scotland, as far as possible, by contacting deaf clubs and people in the deaf community, providing them with the draft and giving them the opportunity to give their feedback.

However, in the first plan there were 70 actions, which was obviously quite a lot. There was a lot more structure to it. I think that that was because the NAG had been involved in the first plan. However, the second plan was a bit more diluted, and there were only 45 actions. I would say that I preferred the structure in the first plan.

A lot of actions seemed to be missing from the second plan. For example, the first plan had more of a focus on young people and actions relating to them than seems to be the case in the second one, which seems to be focusing more on hearing people supporting deaf young people rather than deaf people being role models.

Among other issues that were missing was that of qualifications for teachers of the deaf—not people teaching BSL but teachers of the deaf who are teachers working with deaf children. There was no training for teachers of BSL. We need deaf people with a high level of BSL being teachers, as well as hearing people with a high level of BSL. However, again, the structure that would enable people to achieve that is missing. Another issue is the fact that Education Scotland's 1+2 approach to languages is missing from the second plan, which is quite concerning.

Those were some of the things that were raised in feedback from the deaf community. We have asked the Scottish Government why those things are missing from the plan, but we still are not clear about that.

It would also be good if we had something similar to the NAG, like a NAG part 2, so that it could review what has been happening and get the views of the deaf community.

We need to have people other than teachers who are looking at the health and wellbeing of deaf children. There seem to be gaps in the second plan in that regard, and also in relation to employment. For example, the first national plan contained actions relating to accident and emergency departments, the Scottish Fire and Rescue Service and the Scottish Ambulance Service, but they are not in the second plan. A lack of training that specifies what members of staff of those bodies need to do makes it a bit more difficult for deaf people to access those services in a time of emergency.

It would be interesting to know why those actions were left out of the second plan. Have the aims been achieved? Is there another reason why they are not there? However, there has been no feedback on that.

I know that the first plan had 70 actions, which is an awful lot to achieve. We are in the early days of the second plan—it was released just last year—so we have to allow some time to see how things progress, but it would be interesting to know why a lot of the actions that were in the first plan were left out of the second plan.

Maggie Chapman: Thank you. You have spoken about teachers and about other public services that do not have a BSL facility. Are there any other areas where you think that measurable goals or specific outcomes would be beneficial? As you say, the plan is in its early days. Are there things that we can get into the plan at this stage?

Avril Hepner: *(simultaneous interpretation from British Sign Language)* I would like to see some more measurable timescales. The plan, at the moment, just seems to say, “We will do this in the first year, we will do that in the second year,” but it would be useful for the deaf community to have more relatable timescales and also to have more contact with the public bodies. We do not want to simply be told that certain things have been achieved; we would prefer to have some progress reports.

For example, BDA Scotland has been doing some research into care homes in Scotland, including those caring for deaf people with dementia. On the back of that, we have produced a report and a toolkit, which I have here, and a range of clear short-term, medium-term and long-term goals. We would like the second plan to take a similar approach in relation to its targets. I can leave these documents with you.

There is not much in the second plan about older people in Scotland—there is also a United Kingdom-wide problem in that regard. The situation around residential care and the national care service, which has been mentioned, is very vague. We need to have a bit more of a robust approach to the issue, because we have an ageing population, and ensuring that deaf people have access to the appropriate services as they get older is a matter of huge concern.

Maggie Chapman: My final question for you, Avril, is about the NAG. Would it be feasible for that to help to support the second plan as it goes through? Could we establish NAG part 2 now and have it make robust and important interventions to the second plan?

Avril Hepner: *(simultaneous interpretation from British Sign Language)* There is the implementation advisory group—the IAG—for the national plan; the Scottish Government set that up and got people involved in it. However, the IAG provides more of an overview to check how things are going. BDA Scotland represents the deaf community, and the Scottish Government has been great in asking us to consult, involving us and listening to our feedback. We represent the deaf community, and we go all over Scotland meeting deaf people and feeding back to the Scottish Government.

A NAG part 2 would be great. I do not know about the cost of setting that up. I know that, previously, it was a bit expensive, but there was diverse representation on it from the deaf community and public bodies throughout Scotland, and they worked together. There was support from the Scottish Government, and we provided support, as the voice of the main deaf community. It would be great to have that co-working back again, which was very important. Working together and advising one another—with public bodies learning from the deaf community and vice versa—was so valuable, and I think it was why the first national plan was so successful, with the NAG’s support.

Maggie Chapman: I put the same questions to Hannah Tweed around views on the second plan, the issues around the lack of measurement and, in essence, the watering down that we have heard about from Avril Hepner. The second plan is smaller in scope and size than the first plan. What are the consequences of that?

Dr Tweed: There is a risk to not being ambitious, which begins to trickle down. If I can be blunt, we are 18 months since the publication of the second plan in November 2023 and roughly a quarter of the way through the plan’s life, and I am concerned that we have had little in the way of measurable progress across the piece, even with the 45 actions. There is a real challenge for public bodies and the Government in how to demonstrate best practice in supporting the plan—or not.

It troubles me that costings—if only for communication support, which was one of the major costs for the national advisory group—have not been included in meaningful planning, because, if we cannot even get that right, we are not getting the basic level of inclusivity at the outset. That challenge has to be addressed if we are to take seriously the commitments in the opening lines of the plan.

In places, there is a bit of a disjoint between the national plan and the local plans, and there is a tension in that local and national government are separate things. I am not suggesting that that should be otherwise, but there is an important role, which the national advisory group took on for the previous iteration of the plan, for how support is cascaded to what, in some cases, are quite small listed authorities—for example, a college up in the north or different public bodies that might only have half a dozen employees. If there is no support from either an independent group or the Government, we will not see equitable responses, reactions and involvement, because people only know what they know.

I am not trying to demonise or make worse the lack, in some cases, of any real progress, because, if people do not have a support network, progress is hard to achieve. That goes back to the comments that Avril Hepner made about the importance of having something to fill that space.

09:30

Although the Scottish Government BSL implementation advisory group is a welcome thing—we are on it, as are other colleagues in the room—and it does good work, a Government group that meets four times a year with limited public transparency will not be the sole solution.

On what the ALLIANCE has been speaking in favour of, my instinct is that a national advisory group mark 2 would be a good thing. There is also a space for a network to support the sharing of good practice among duty bearers. At the moment, some of that happens. For example, the higher education institutes have organised themselves to pool good practice and wrestle with some of their problems, but that is not happening on a larger scale.

One of the things that I was pleasantly surprised about in the response to the research that we carried out was the number of people who came back to us when we politely named them as non-compliant with the 2015 act, saying, “Actually, this is useful because it gives me evidence to go to my senior managers and say we have to do this. I have been banging on their door for months, and I wasn’t getting anywhere.” That was welcome feedback for us, but it is quite troubling, because there is a space there for something like the national advisory group or a support network, which could have pre-empted some of those problems and created a much more meaningful connection between the ambitions of the national plan and delivery on the ground.

I would like us to have some developed guidance and specifics for each of the 45 actions, so that they are more than statements that are nice in theory but without necessarily having much detail. Instead, they could say, “By X date, we will have done Y, and, if we have not, this is what resource we will put into supporting it.” That could be about percentages of numbers of uptake, it could be about regional spread or it could involve mapping exercises to identify gaps and where there are BSL language cafes for people to practise and learn BSL for family members.

It is about identifying such things, because that would be progress. It is not about an immediate fix; it is about working out how to be strategic with the resource available. That is what I would like to see to make the plan more robust and meaningful, if I can put it in those terms.

Maggie Chapman: That is really helpful—thank you. Following on from that, are there things in the plan that need to be prioritised and should happen first? I know that, broadly speaking, certain things will happen in the first year or the second year and so on. However, being strategic, and in the mapping or analysis of what is missing, are there things that need to be prioritised?

Dr Tweed: My feeling is that I should not be the one answering that question. The answer to that should be something that is proactively put to the deaf community as part of co-production; I do not have the right to give that answer. I am sorry to be blunt. I do not know that that is systematically happening; that is where the proposals from elsewhere in the room would come into it, and there is something in there about prioritisation. I can tell you what I think, but I am not sure that that is the most helpful response—sorry.

Maggie Chapman: No—that response is very helpful. One of our challenges is the disconnect, almost, between good ideas happening but the consequences not necessarily being that meaningful, so your response is helpful to hear.

Alana Harper, I put the same kick-off questions to you. What are your views of the second plan? Where is it good and where are there gaps or issues? What about that point about it having been watered down—not only including fewer recommendations and things to do but being watered down?

Alana Harper: When Avril Hepner or her staff came out to do the consultation on the draft plan, the local deaf community and deafblind people within the community were pleased with what the main headings were and what the plan was for going ahead. They were quite disappointed when they saw the final version, from which a lot had been taken out. They were very disappointed that there were no robust and measurable accountability actions, as Hannah and Avril have said, about which it could be said, “That has been done and this has been done, and they were done by then”, and so forth.

Deaf people are practical and like things to be done in a practical way; they like it to be black and white—has it been done or is it not being done? Woolliness does not go down well with the deaf community. A national advisory group mark 2 would be very helpful, particularly if it is a group that involves people at grass-roots level who experience being a BSL user in Scotland every single day and in every aspect of their life. We work with such people every day in our services, and they access all services, so we see a broad spectrum of how the national plan might or might not be working.

As Hannah said, the plan lacks ambition, and I think that the deaf community's reaction to it has become, "Hmm". When they saw the draft, I think that people thought, "Right, okay, we're moving on now and we're going to get to the next level. This is looking good; we're going to be more visible and there'll be more support for us as deaf people within Scotland." However, they then saw what came out and they were a bit deflated. It was like the consultation fatigue that they get with everything else. People regularly come out and ask them stuff, listen and say, "Oh, yes," and then say that they are going away to do stuff, but it does not happen. The deaf community just get fed up with it, sit back and say, "Oh, well, we might have expected that," because that is what they are used to. The attitude that they have had from the hearing world their entire life is, "Oh, well, you don't really matter." It smacked of that, when the plan came out.

From the feedback that we have had from the community, I know that education and ensuring that deaf children have access to their language from birth is the biggest issue; that came out in spades and it also came out when evidence was being sought on the British Sign Language (Scotland) Bill. It was the biggest thing that the community was talking about, and I hear it every single day from deaf adults who I work with. They never want deaf children to go through what they have been through. They do not want another generation suffering in the way that they have suffered: not being able to get a job or an education; being treated like a second-class citizen; not being able to access the hearing world in any way, shape or form; and having their life chances reduced because they are deaf and use BSL.

The education issue came out in spades, and it is still there. It is of paramount importance, especially to deaf adults. They do not want deaf children to suffer, which is the case even more now that deaf people can be seen as half-hearing because they have cochlear implants. The deaf community is worried that there will be a reliance on implants, as well as an effect on their identity now that a lot of children with implants are growing up into adulthood.

We have certainly seen people with implants coming, eventually, into the deaf community, because they have felt lost—not part of the hearing community but not deaf. They have drifted around, without any positive role models, but, when they come into our building—quite often as a volunteer on work experience in our cafe—and see other deaf adults, they think, "Wow, these are people I can identify with". It is a revelation for them and hugely helps their mental health.

A lot of those elements are missing from the plan. Again, it is about the factual accountabilities and actions that can be measured and followed, so organisations can say, "Yes, we have done that," or, "We have not managed to do that, but this is how we will sort that." That is what the deaf community would like to see. A NAG mark 2 would go a good bit towards filling that gap. It should be a group that involves grass-roots deaf members, because they are the ones taking it in the face every day.

Maggie Chapman: Thank you. I know that Avril Hepner wants to come back in.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* I thank Alana for making some really good points.

I think that, for the deaf community, the education of deaf children has been the key priority throughout the process that we have been going through. Most deaf children are mainstreamed, and they can be the only deaf child in a mainstream school. We are looking at the one-plus-two language policy in education, but we also need to look at deaf children and give them the opportunity to know their identity, the community that they belong to and the journey that they are going to be on. As part of the transition from primary to secondary and from secondary onwards, they need to know what is available to them.

We have a transition project at the BDA. We work with children to show them some of the gaps that they have experienced throughout their lives. We have deaf role models, so that they have somebody to look up to. They may not have seen any deaf role models in school. In a deaf school in Glasgow there are deaf teachers and deaf role models. That allows the deaf pupils to see that they have life choices—they can see the routes that are there for them to progress in life. However, deaf children who are in mainstream schools may not have that identity and may struggle.

We need some more support within the deaf community for health, mental health and wellbeing. Things are getting worse; there just is not enough support out there for people. I know that mental health is an issue everywhere, but I think that it is maybe twice or three times as bad for deaf people because of the access issues.

People may not have had access to a good education or good support. For example, parents have no support to learn to sign when their children are diagnosed, although that would allow the children to pick up the language early on and mean that they can do well at school and get a job. People's mental health has been affected, and there are knock-on consequences from childhood right through to adulthood because of that.

Maggie Chapman: Thank you. Alana, do you want to come back in?

Alana Harper: I meant to say this earlier but forgot—it is a point about a lot of the stuff that is in the new plan and the ambitions from the previous plan. We used to see quite a lot of local involvement groups in health, local authorities and strategic planning—groups that involved the deaf community. Those groups all fell off during Covid and a lot of them never restarted. A lot of that has been about people saying that they cannot manage on Teams, or that they get interpreters and so on. The groups have just fallen by the wayside. A lot of the local plans that have tried to map themselves to the new national plan also say that they will take that approach. However, as Hannah Tweed said, we are a quarter of the way in and we are not seeing any evidence of that happening on the ground. That is disappointing. When we had the first plan, it made a huge difference to have local people on advisory groups to try to improve services in public authorities, but that has just disappeared.

Maggie Chapman: Thanks. I know that Evelyn Tweed wants to ask about local plans, so you will be able to delve into that in a little bit more detail.

Hannah, do you have anything else to say?

Dr Tweed: Yes. I have two follow-up points on education. We are seeing increasing workforce issues with qualified teachers of the deaf. In a number of local authorities, provision is being reduced or made peripatetic, so there are fewer hours available to individual students. The impact of people not being able to fully access language and education is huge and, potentially, lifelong.

There is also a complicated challenge for me in relation to legislative developments. For example, it is welcome that the Education (Scotland) Bill, which is proceeding to stage 3, now includes BSL-medium education and BSL learners. That is great, but they were not included in the first iteration of the bill, so there is a bit of a tension for me there.

Joint campaign work has been warmly welcomed and supported by relevant colleagues in Government, and that is great, but what is the role of the national plan in following things through to legislative developments? Who is asking, "Are we thinking about BSL users and what that means in terms of equality?" If Gaelic is mentioned as a language, why is BSL not mentioned? That has a trickle-down impact, right down to local budgets. We are in a financial crisis and people are asking, "What do we cut?" There is a strong case to be made about saving £30,000 on the salary of one qualified teacher of the deaf given the lifelong impact on people. To be frank, you could also make an economic argument about the impact on people's ability to join the workforce. If someone does not have access to education, they are going to face challenges. I think that equality and the concept of people's right to education, to language and to be able to be involved in civic life have to be at the core of the assessment when these decisions are being made. That is where we must follow through.

Maggie Chapman: It is almost as if mainstreaming only works one way—it does not come back. I will leave it there. Thank you.

09:45

The Convener: Thank you. Just before Evelyn Tweed asks her questions, I want to ask a follow-up question. If you have this information to hand, that is great; if not, we could perhaps get it after the meeting. Is it right to say that the attainment gap for deaf children is significantly wide? Alana Harper, do you want to come in on that?

Alana Harper: The most recent statistic that I am aware of is that a deaf child is 300 per cent less likely to attain a nat 4 than a hearing child. That information came from the National Deaf Children's Society some time ago.

The Convener: Do you think that the BSL plan in itself can help to address that issue, at least in part?

Alana Harper: I think that it can, but again there is the underlying structural issue that we do not have enough people teaching BSL. We need to train deaf people to teach BSL so that we have teachers. I currently have two teachers of the deaf—actually, quite a number of teachers of the deaf—resitting their level 2, and they have been teaching deaf children for about 20 years. That would be like me going to France and teaching my rubbish standard grade French in a primary school and saying that it would be a great idea for me to teach French to French kids when their language skills are up here and my language skills are down there. That is what has been happening, which is why we have a deaf community that is so illiterate and unable to follow English—quite aside from the fact that they are not picking up general knowledge. There is scope within the plan to be able to address that, but we need to look at the underlying structure that would enable it to happen in a more structured and successful manner.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* On the attainment gap for deaf children, schoolchildren now can ask for their exams to be in BSL and to be filmed. It is great that that is allowed in Scotland. I think that it is a real positive step forward. Deaf children can present their work in BSL and have it translated, so they have the opportunity to access their language, which is good.

However, we also need more deaf BSL teachers of the deaf and deaf classroom assistants. We need to have many more deaf people in classrooms as role models all over Scotland. There are some good classroom assistants. If we had the funding, it would be beneficial for them to support the staff, and to support the pupils to achieve the qualifications that they need to achieve. We need some investment in that area.

The Convener: Thank you. As you say that, I am aware that if there was a classroom assistant who could use BSL to talk to a deaf child in a mainstream school, that child would still only be talking to an adult in the classroom. What difference would it make to a deaf child if other pupils in the class—their peers—could communicate with them in BSL?

Avril Hepner: *(simultaneous interpretation from British Sign Language)* Having that peer support and that identity are important. I went to a deaf school and I had that deaf identity, and I just thought that that was normal. However, I see that a lot of deaf children do not have that, and they lack confidence. It is as if they go through rehab when they leave school: they have to figure out who they are, they have to relearn, and they have to learn about a culture in order to become proud of who they are after they have left school. BDA Scotland has a mentoring programme to support deaf children and a transition project, but we should not have to have those things—they should be innate. They should be there already for deaf children. We have deaf role models for those children so that they can grow up confident and feel that they can fit into whatever environment—socially, in their family, locally and at work. We need to do those things way back at school. We need to give people confidence at that stage so that they know what their culture is and what their language is and feel proud of them. Children who are mainstream school just now do not have that.

Alana Harper: I would like to make a quick point to follow up on what Avril said. In our experience, the hearing children within the school would love to learn to sign. We get that feedback all the time. Parents of children in the mainstream population have said that all children should learn to sign in school. We hear all the time that children should be learning to sign, that it would be great for them and more useful to them than French, German or Spanish. There is an appetite there because BSL is more visible. There is the legislation, and we are seeing it used on TV and in films, with actresses such as Rose Ayling-Ellis and so on. Pupils and their parents are saying that pupils would embrace BSL. Most public services are the same. They say that they would love to sign, but they just cannot access it. The appetite is there, certainly, for hearing people to learn BSL and for education to be more inclusive, but it is just not there to be accessed, unfortunately.

The Convener: Thank you.

Evelyn Tweed (Stirling) (SNP): Good morning. Thank you for being here today. As Maggie Chapman said, my questions are about local BSL plans. We have heard criticism that they are high level and lack detail and consistency. What does a good BSL plan look like? Do you have any exceptional examples of good practice? I will start with Hannah Tweed.

Dr Tweed: There are examples of good practice. Although I have raised concerns about the fact that only 62 per cent of authorities had published their plans in BSL by three months after the deadline last year, that does not mean that there is not good work going on. It is interesting that a number of listed authorities chose to work in partnership, which is an efficient way of working. There are examples of colleges, health boards and local authorities in an area working together to consult with and work with the people in their communities and to draw together the inputs. That seems to me to be a sensible approach, because people do not live life in little blocks and think, “I’m engaging with my health board today,” or, “I’m engaging with my local authority today.” You live your life, and those things are interconnected, so having plans that reflect that is a real positive.

More than half of the plans were very tokenistic in how they referenced deafblindness. In many cases, it was literally a single footnote—I am not exaggerating when I say that. However, other authorities worked closely to ensure that they consulted with deaf and deafblind BSL users and their families, and with people working to support them. Those stood out as clearly unpacking the distinctions and different forms of support planning that are needed to meet the needs of the different population groups.

Similarly, some great consultation work went on—colleagues in the room were involved in it. Where we had the breakdown of the demographics, we had a real sense that children and young people and their families were involved as well as adults, including older adults who have learned BSL in later life. They are perhaps not fully fluent but have acquired deafness and are learning BSL and want to use it as a means of communication with their community. Where we saw that detail and nuance, that made for better plans.

Personally, I was not particularly concerned that not every area of the national plan was mentioned in every plan. We did a mapping exercise on that. For example, access to justice is not directly relevant to a health board's remit, so I am not concerned about that. However, it was positive that some authorities had specific measurable and achievable targets and had stated self-imposed—because it is not required by the act—dates by which they will deliver a report on progress transparently to the public in English and BSL. By my reckoning, that is good practice. Whether that happens is a separate conversation, but I respect a body that has gone into that detail and that has consulted, worked out what people want and stated, "This is when you can hold us to account and this is what we will aim for."

It also comes down to some of the specifics. For example, several plans said that the authority will consider the feasibility of training for all staff in BSL and deaf awareness, which does not really mean much. The word "consider" weakens the entire concept and does not respond to the needs that people have raised. Other plans were much more specific and said that, by the end of year 2, the authority will aim for 5 or 10 per cent of staff in front-facing roles to have completed BSL level 2 training. That is not trying to say that they will achieve everything instantly, which is not realistic; it is setting out a clear plan for how to improve. The model that we should be looking to is the one in the areas where there is excellence.

Another point relates to earlier comments. A significant minority of authorities—certainly not most of them but a good range—stated that, because the consultation work had been so useful, they had decided to continue to run a local on-going feedback loop involving deaf community groups. As Alana Harper mentioned, that is a smaller number than in the previous iteration, which is concerning, but it is still good that it has been included in some local plans.

I could go into further detail, but that is a starter answer for you.

Evelyn Tweed: Avril, would you like to come in?

Avril Hepner: *(simultaneous interpretation from British Sign Language)* It would be good if we had people from some public bodies here to talk about what work they have been doing and to highlight that. Every year, BDA Scotland has been inviting public bodies to talk about their good practice, because there is good work out there and it is important to review that and to look at the progress and at what has worked well. As I said, BDA Scotland's role is to connect with councils and NHS boards throughout Scotland. So far, 31 of the councils have their own local plans—so they do have them. That has come about through engagement and talking with the deaf community. We have set up about 17 meetings overall and we had well over 200 people attending those meetings to chat with the NHS and councils about how dialogue can happen between the two to get the answers that they are looking for.

With the first national plan, a lot of bodies created their own local plans, but we have now seen a lot more plans coming out that involve councils working together or with the NHS. Deaf people get consultation fatigue, as the NHS, councils and other public bodies are all consulting with them. People get tired of looking at the same questions from different bodies, so we are sharing that information and sharing those plans, which is a lot more positive.

Some local councillors visit deaf clubs to speak to people and get their feedback. They have been invited along, which has been really successful. In Ayrshire recently, the chair of a steering group that the council set up was deaf, which was really positive. That group involves NHS and council staff and aims to get consultation feedback, and it has a deaf chair. There are examples of good practice throughout the country, which is great.

As we have mentioned, with the local plans, we need a review process so that we can look back and see what has been achieved, what has not been achieved and when it will be achieved. Certainly, some health boards have been working very hard. They have been creating BSL videos. NHS 24 and NHS Inform have on their websites a huge variety of videos in BSL, which is definitely to be commended. They have been working with us at BDA Scotland, and we have been going out and promoting that. We have been asking people what they want to be improved, which we have not had previously.

We need to show and highlight best practice. Every year, BDA Scotland invites public services to come along with the deaf community. We had another event in January for people to give their feedback and share best practice. Some meetings are held every quarter, but that gives people the opportunity to feed back locally. We need to make sure that good practice is visible, and we have to promote it. We need to put things out on social media to show what good practice is happening.

In more rural areas, when bodies are developing their local plans, there might be very few deaf people in the area. That is certainly the case on the islands. The local authority might have a plan, but there might be only two or three deaf people, so they might think, "Is it worth it?" They feel that their hands are a bit tied. It maybe looks good or it might be a good advert for deaf people to go there on holiday or to move to the islands. However, in more rural areas, it is definitely a bit more difficult to get the feedback that is needed.

10:00

We need regular engagement with councils and NHS boards. Maybe something should be set up involving sessions to look at how we can support them and what they need so that they can promote things. They cannot do it all on their own. We need to work together to support them. The BDA, public services and the deaf community need to work together, and we are offering opportunities for that to happen. We need more measurable actions in the plans and we need to make them more robust, which will make them more successful. Co-production and working together are key.

Alana Harper: I agree with Avril Hepner and some of the comments that Hannah Tweed made. The plans need to be measurable and robust. Plans like that have some teeth, because you can hold the authority to account and say, "When are you going to do this?" An awful lot of the local plans were very woolly and not very specific about what the authorities were actually going to do, because they used woolly words.

For the previous plan process, all the local authorities in the Tayside area came together with NHS Tayside, which spans three councils. Dundee City Council, Angus Council and Perth and Kinross Council came together to sort out their plans and they did the consultation all at once. However, that did not happen the second time around. NHS Tayside did its own plan, Angus and Dundee councils tried to work together and Perth and Kinross Council did its own thing.

Last week, the equality officer from Perth and Kinross Council came to meet the deaf community to ask, "How do you think we're doing with our BSL plan so far, a year in? What do you think? Is there anything we need to change? Is there something we need to improve on?" That is exceptionally welcome and having that relationship with a local authority and the equality officer is hugely beneficial. That develops a relationship of trust with people in the deaf community, who think that the council is actually listening and doing something.

On the other side of the coin, Angus Council had that relationship of trust with its equality officer, but that post has now been got rid of through restructuring. Angus Council no longer has a senior practitioner for equality and diversity, as the role has been diluted among other staff, which is extremely worrying. What will happen to the BSL measures in Angus, which were worked on quite hard?

Follow-up is very important and that is good practice. Obviously, local authorities are having to develop the local plans in challenging economic times and within budgets and so on. As colleagues have said, authorities often think, "Not that many people use BSL, so we could maybe just cut that bit." That seems to be something that is happening.

As I said, local authorities and health boards definitely seem to be on it—they have published plans and been engaging with the community. We have the grey area of health and social care partnerships, which span both areas. How are they accountable? That is sometimes a bit of a grey area and it can be difficult. When we ask what they are doing, they say, "That's not our problem; it's the council's problem," or, "That's not us; that's health." That is because they are not a body and they do not have to produce a plan.

We also have other public bodies that are required to produce plans and that have not consulted at all or have not bothered with anything—even when they have been poked in the ribs, there is nothing. For example, I have a real issue with the Office of the Scottish Charity Regulator, because there are a whole load of charity law changes, and the deaf community are totally unaware of them. I have asked OSCR about that on many occasions. Before Covid, I went down to its offices to meet people from OSCR and ask what they were doing about accessibility—that was in relation to plan 1. They said, "Oh, yes, we'll try to do something," but there is still nothing. For the deaf community, it is challenging, because deaf clubs could be held up for non-compliance, but they are blissfully unaware, as nobody has given them the information in a format that they can understand.

There are lots of bits and pieces that go along with the good practice and that could be mirrored by other public bodies that need to produce local plans. That good practice could be publicised on social media. Maybe robustness from the Scottish Government and having accountability would help to ensure that the good practice is replicated in other public bodies that are perhaps not as obvious as local authorities and health boards, which are the go-to organisations that everybody knows about.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* I have been involved in work with the Scottish Government on the British Sign Language (Scotland) Act 2015 for at least the past 10 years, and it has been great to see how we have been able to influence the Scottish Government but, with some local authorities, it is difficult to know who is leading on the plan. People leave, there are staff changes and things are handed over to somebody else, which means that we have to go through the process all over again and start educating new people. Previously, each local authority had a BSL lead, but then that person left and was not replaced and it became difficult to know who to follow up with. We have doggedly tried to do that, but it has become increasingly difficult.

Some listed authorities that are not local authorities have been very mindful of the issues. For example, Food Standards Scotland contacted us and we have been working with it. We have advised it on what it should be doing and what is best practice. The videos on its website are a fantastic example of that.

The Children and Young People's Commissioner Scotland also contacted us, wanting a young person to be involved in translation work for videos that it was creating, and we were able to assist with that. That shows that there is good practice out there. It was fantastic that the Children and Young People's Commissioner had a young person doing that work.

There are now two deaf people who are members of the Scottish Youth Parliament, so the good practice is not just on a local level; it is on a national level, in the Scottish Youth Parliament. Deaf people are involved in the advisory group for that, which is amazing in that they can advise members of the Scottish Youth Parliament. That shows that there is good practice and there are fantastic role models out there. Other young people see that and want to be involved. As I said, it gives them a good role model.

Evelyn Tweed: My next question is about the rural aspect. We seem to have a particular problem with providing services in rural areas. If we are talking about sharing best practice and working together, could our larger public authorities or local authorities work with smaller rural areas or islands to help provide services? I do not know whether that is happening already.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* It is quite interesting to look at the rural areas. In the national plan, one of the themes is transport, and that is key in rural areas. It is important in rural areas to be able to access information, to travel and to go places, and buses can be limited in those areas.

In Edinburgh and Glasgow they have BSL information videos on the screens in the train stations, which is great, but in rural areas, they do not have that information. That approach needs to be widespread throughout Scotland. In every station, there needs to be that information. Transport is a key issue.

As I mentioned earlier, there are maybe only a couple of deaf people living on some islands or in some rural areas. We need public bodies to be able to contact those people. BDA Scotland has been up to the islands and we have had meetings on Zoom as well to try to encourage people from more rural areas to contact each other and to be in touch. There is a sense of empathy from living in those areas. They are able to share their experiences and share any issues that they might be having with their councils and NHS boards.

Up in Aberdeen, although it is a rural area, there is a strong deaf community and they were able to feed back to councils and NHS boards or, if they were asking us who to contact, we could signpost them to the right contact. It is a rural area but there is a more local deaf community as well and it is about the element of finance within communities. They are small communities, but it is about joining them up so that they can exchange that information, and it is about letting them know that they can do that, which I think is key to moving forward.

Tess White (North East Scotland) (Con): Still on the rural theme, I will touch upon what Avril Hepner said about Aberdeen as well as your experience, Alana, in terms of Deaf Links, which covers not only Dundee but Angus and Perth and Kinross.

The 2022 census shows that, in local authorities in the north of Scotland and the Highlands and Islands, the number of BSL users is slightly higher than the Scotland average. You have talked about the challenges of not having sufficient teachers or sufficient trainers, but is that the main challenge that you find in your area in the north-east?

Alana Harper: As Avril Hepner mentioned, transport is a big issue. In the rural areas in the north-east, transport is a lot less frequent and sometimes you cannot get from one town to another. For example, in Angus, you cannot get from Forfar to Carnoustie. There is no transport that takes you that way—you would have to go to Arbroath and then come all the way down to Carnoustie. We deal with folk up in the glens, people who are away out in Comrie, and people all the way up to Pitlochry and down to Kinross and, for them, getting around and getting to meet other deaf people is exceptionally difficult, so transport is a huge issue.

One of the biggest issues that they have had is that, although they have their national entitlement card, they now have to say where they want to get off—they have had to do that for quite a number of years. They used to just get on the bus, tap their card, and off they went. Now, there is a communication barrier with the driver. There are people standing behind them and they are trying to get out the words, if they have any voice at all, or they might not have any voice and they feel really embarrassed. The whole bus is looking at them and the driver is getting really frustrated because the driver does not usually have any deaf awareness training.

The deaf community has met many different providers over the years, such as Stagecoach, which provides services across Tayside, and Explore, which does Dundee City. The community has said to the providers, “Just laminate the route map that you have on your website and stick it at the front of the bus. Then we can just get on and point”. It would not be just the deaf community that would benefit from that. There are other groups that would benefit as well. Have the providers done it? No. It would probably cost them about £1 to do for each bus. Those are simple solutions that the deaf community has come up with but they have not been put in place.

That is a major issue, because it puts people off going anywhere, even when there is a bus, because they will have to go through this embarrassing situation of trying to say, “I want to go to Blairgowrie,” or wherever, and the timings are difficult, and so forth. There is also the amount of travel time that is needed for our staff to get to people who are in far-flung areas. I come from Wick and I worked in the far north-east for many years before I moved south. Although, bit by bit, a lot of people in the older deaf community have died off, isolation is more of an issue now, because the members of the deaf community who are left are scattered all over, in Caithness, Sutherland and even Orkney.

It is very isolating for them because there are so few of them, and because the children are now in mainstream education, they perhaps do not identify as being in the deaf community. There is then the cochlear implant issue that I mentioned earlier. It is a huge struggle and because they are so disconnected all over these rural areas, I think that sometimes they become invisible to local plans and local authorities and health boards, which maybe should be engaging with them a bit better but find it difficult. The individuals then find it difficult to get to an engagement event because of things such as transport information not being accessible. It is a mixture of many different things but it is a huge challenge in the rural communities, especially the more inland that you get or the further north that you get; transport is a biggie.

10:15

Avril Hepner: *(simultaneous interpretation from British Sign Language)* Linking to what Alana Harper said about rural issues, there are very few interpreters in rural areas. In the central belt, there are quite a lot of them, but there are not enough interpreters covering the more rural areas. Also, a lot of the time, the interpreters move down to the central belt for work, but we want to encourage them to stay, because deaf people need to go to the general practitioner, for example, and access services, but there are no interpreters in the area to allow them to do that.

We need to grow the interpreting community and get them to stay in their own areas because we do not want deaf people to have to move or travel just to get interpreters so that they can access those services. We want deaf people to stay in their own local areas and we want deaf people to be able to access health services face to face, so we need to grow the interpreting population as well.

Tess White: It is interesting that you say that, because in our notes, it says that in Aberdeenshire, there are only interpreters—there are no trainers. If we look outside the central belt, what you are saying is that there is an issue with interpreters. Another huge issue is that there are no trainers and no training programme. You talk about people having their life chances reduced; for people in Aberdeenshire, their life chances are definitely reduced.

Avril Hepner: Yes.

Alana Harper: I do not think that there are any interpreters in Highland at the moment—there is maybe one. There used to be two—one has retired for sure, and the second one may have retired as well. I do not think that there are any interpreters in Orkney. There certainly were none when I worked up there and it was exceptionally difficult for the deaf community to access any services—healthcare, housing, you name it—because there was just not the accessibility of interpreters there. They relied a bit on social workers for the deaf coming up now and again and they used them, but social workers for the deaf are not qualified interpreters, and that is a conflict of interest in itself.

The transport business has always been an issue, too, because the further north you go, there is even less transport available in terms of buses and trains and it takes forever to get anywhere.

Tess White: Alana, you have talked about the budgets being cut for Deaf Links and about the squeezing of local budgets. Deaf Links covers a huge area that includes Dundee, Angus and Perth and Kinross. If you were talking to Kathryn Lindsay, the chief executive of Angus Council, what would you say to her to help improve things in Angus?

Alana Harper: She needs to bring her equality officer back, for a start. It is a huge concern, because deaf people do not live in silos. They have intersectionalities, too, and it is really concerning if nobody is having oversight of or responsibility for that.

I would also tell Kathryn Lindsay that she needs to listen to what the deaf community is saying about what they would like to happen. Often, what happens in local areas, particularly in a lot of rural areas, is that people say, "We have always done it this way, so this is the way we're going to do it", and the services that the community gets given are perhaps not what they have asked for or what they need. In other words, the budget could be used better.

Tess White: You have raised the issue of central versus local government. The fact is that chief executives will say, "We've had our funding squeezed", so would you also say to the Scottish Government, "Given that the local councils have had their funding squeezed, could you earmark some money for training programmes, mapping interpreters and so on?" What two or three things would dramatically improve the situation in the rural areas? We have talked about transport, training and more teachers—is there anything else? Can you tell us two or three things that we really need to do, so that it is not woolly? Perhaps Avril Hepner could answer that question after Alana Harper does.

Alana Harper: Another aspect in rural areas would be investment in support for deaf people to use technology. Online interpreting is more a cost-effective way of accessing interpreters, but a lot of deaf people are terrified of it; during Covid, we had major issues with getting deaf people on to Teams and Zoom, because they just could not work it. We have an 80 per cent deaf community board, and it took us about an hour and a half to start a board meeting, because of the carry-on that we had trying to connected to Zoom. They were in their own homes, so we were not there to provide face-to-face support to help them get on it and so forth—it was a huge barrier. That could be a helpful solution in rural areas, but the infrastructure needs to be in place to support them to be able to use it.

Moreover, front-line staff, particularly in rural areas, need to be supported to know that it is okay to make adjustments to certain systems that can be extremely disabling. There seems to be buy-in at the top, with people saying, "Yes, we are keen on and committed to the BSL plan, and we will do it", but that is not trickling down to the front line. For example, someone who was homeless had to wait four weeks for an appointment for a homeless interview, because the council does not do advance appointments. We had a back-and-forth for four weeks; eventually I had to go to the head of housing and say, "Come on—you need to make adjustments here", and then they phoned the line manager to say, "It's okay. You can book an interpreter for Wednesday. It does not have to be a same-day appointment."

The front-line staff were obviously terrified to do that, because they had not been told that it was okay to make adjustments. It is mega-important, particularly in rural areas, to have that knowledge; to know, from those on high, that it is okay and that they are committed to these things; and to ensure that it trickles right down to the front line so that people can get the services that they need along with the support that they need.

The budget is the other issue. Those on the front line—indeed, in all areas—need to know the process for booking interpreters. We see that as one of the biggest problems. They do not know how to book an interpreter, because they have not been told how to do it by their line managers; and then they get worried about whether there is the budget for it. It is the biggest issue, and it goes across all services—the police, the courts, the lot.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* Wow. How can I pick up just a couple of things? I have so many to talk about.

Like Alana Harper, I think that it is important, as we said earlier, to have a spread of interpreters across the country, so that deaf people can access appointments, can contact the council or the health boards and so on and have the interpreters in order to do so.

Again, in rural areas, what are the future care plans and what support is in place for older deaf people to get care at home? Where will older deaf people get that care support? After all, there are no care homes for them. Hearing people have a huge choice when it comes to what they want when they are older, but what about the older deaf people who are isolated and have dementia and whose mental health is suffering? Those in rural areas might also have a fear about where they could end up as they get older.

Another issue is education for deaf children. They are very isolated up in rural areas, and I think that we need that support there. There might be only a couple of these children in certain areas, and when we in the BDA go to see the deaf community, they get excited. They love seeing us, and they get very down and disappointed once we have to leave.

As we have said, we need accessibility in BSL. Some of the things that we have mentioned should be accessible to everybody. It is like everyday life; deaf people need interpreters to access things, so we need to look at that. The people who live in rural areas are no different.

Moreover, people do not know how make a complaint. It is not clear, because the complaints procedures in some areas are not accessible, and deaf people do not know how to complain about the rights that they have. They might be told, "We have a helpline", but it is just a telephone line. That is certainly the case in rural areas; deaf people are happy enough to complain, but they just do not know how to, because the information is not accessible. It is just not there for them.

Going back to the issue of older people in the deaf community, there are, as I have said, no care packages or care at home for them. People want to stay in their own homes as long as possible, but I do not know whether that will be possible for deaf people, because they will not have the access to care that they need. The carers who come in will not be able to sign and therefore will not be able to communicate with them, so we need to grow the workforce to ensure that they can go into all the different aspects of deaf people's lives and allow them to access these things.

My father, who was deaf, had a care package; luckily, he had a deaf care supporter who came in every day, which was fantastic, and he could access that service in his language. I do not think that he would have had that, had he lived in a rural area, and it is definitely something for us to think about.

Again, we have talked about interpreters and education for deaf people in more rural areas. Their identity is reduced; they just do not know they are. There are no deaf clubs for them to go to, and they have no deaf role models. There is not the same contact. When some of the deaf clubs go into schools to see deaf children, the children think, "I thought I was the only one, but I'm not." It is good for them to see that and to have those role models.

I have many more suggestions that I could give you, but I know that time is precious.

The Convener: Dr Tweed, did you want to come in?

Dr Tweed: I second what has been said about interpreters. The other thing that I would highlight is that, currently, our social care system—even the assessment process—is not designed to provide this type of support, and that hits people in all areas, but particularly where there is already an interpreter deficit. We recently carried out work on dementia assessment and referral pathways to see whether people's sensory communication needs were being considered, and we found that it has not been built into an awful lot of current practice.

It is also probably worth flagging that we are seeing increasing numbers of people in older age who are experiencing dual sensory loss; in other words, they will be becoming deafblind, which will exacerbate the isolation that Avril Hepner has highlighted. It is something that we are going to see more and more with an ageing population, particularly considering the fact that, despite the specific recommendations in the national plan, very few organisations—only a handful, in fact—are able to offer such support. They do excellent work—I know that you will be hearing from Deafblind Scotland later in the inquiry. Some superb work is going on, but it is not available to everyone in all parts of the country, and I think that it has a particularly high impact on people in rural areas.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* I know that I am speaking a lot, but can I just add another point? We have been talking about interpreters, but we might also need specialist social workers for the deaf. We have seen those numbers greatly reduced, and deaf people in rural areas are not able to access social workers—or they can access them, but they are not able to sign. So, we need social workers specifically for the deaf; we used to have quite a few, and now we have very few. I think that it is definitely something that we need to be looking at.

The Convener: Thank you. We will move to questions from Marie McNair.

Marie McNair (Clydebank and Milngavie) (SNP): Avril Hepner, you have made a lot of helpful points, and the committee will raise those with the Scottish Government. I want to give you the opportunity to highlight anything else that would help to improve outcomes for BSL users across Scotland.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* We would like to see measurable progress on the timeframes. What the Scottish Government has been doing has been great. It produced a progress report, but I want to see councils and NHS boards providing their own progress reports, and for BDA Scotland to be able to follow up those to consider what additional support and monitoring those organisations might need. Bringing them and the deaf community together would be useful, certainly when looking at timescales.

10:30

In Scotland, we have made good progress so far—we have the BSL act, and the Parliament has been supportive of it—but funding for public services is needed to give them the support that they need. A lot of people are hungry for more—they want to develop those services and they want to do better. We are trying to support them as much as possible. I am delighted that the Parliament passed the legislation in the first place and has been so supportive of it ever since.

It is important to have early intervention. The BDA has been a strong advocate of early intervention to enable deaf children to acquire BSL at home as well as at nursery. Scotland has no deaf nurseries, so that is another gap. We need to have some deaf nurseries where deaf children at a young age can learn BSL. That would make their transition much smoother.

It is like a jigsaw. We are trying to build up the picture piece by piece and we need to have all the pieces to see the full picture. We are getting there. We do not want to give up. We will keep moving on and will get the full picture—we will achieve what we want to achieve.

Marie McNair: I really appreciate the work that you have done so far.

I go back to the profession of interpreters. Is there a shortage across Scotland or is it more of an issue in rural areas?

Avril Hepner: *(simultaneous interpretation from British Sign Language)* I would say that most interpreters are in the central belt—I think that Hannah Tweed and Alana Harper would agree with me on that. Some interpreters are further north.

Quite a few years ago, we had an apprenticeship scheme to train interpreters, which was a previous training route. At that point, the Scottish Association of Sign Language Interpreters—SASLI—had received funding from the Scottish Government to train interpreters through an apprenticeship scheme, which was fantastic. Quite a few of the apprentices were from the north, but, when they finished the scheme, they did not go back because there were more opportunities in the central belt. I would like to see people maybe coming down to train but going back up to those areas. They did that only because there were more job opportunities down in the central belt.

However, we also struggle down here. Since Covid, we have had an awful lot of issues getting interpreters because most people had to move online and are continuing to work online. Therefore, getting face-to-face interpreters is difficult. Training is impacted as well.

In addition, the Government's plan has nothing to help BSL teachers to progress. People maybe learn level 1 BSL or level 2, but there is no clear pathway for them to be able to progress further or for tutors to be able to teach them to those levels.

Marie McNair: In the interests of time, convener, I will not ask the other witnesses to respond to that point and I will move on to my next question.

Dr Tweed, your organisation has set out specific requests for further action, including holding a parliamentary inquiry into sensory support cuts. You raised your concerns about that, but what might an inquiry on sensory support achieve compared with the aims of the BSL act and the national and local plans?

Dr Tweed: That ask came from reflections on a wider pattern—it was not just the examples that I raised earlier, which were the most pertinent to that conversational topic.

There is a direct link between some of the rollbacks that we are seeing and some of the work around the plans. For example, two years of consultation work went into a refresh of the see hear strategy, which includes BSL users alongside other forms of visual impairment, including deaf and deafblindness. However, that was then cancelled with little communication to the community. The concern is that we have a policy that is from 2014 and is therefore not fit for purpose. It predates the BSL act, so it obviously cannot reflect it fully. That is also mentioned in recommendation 3 of the Government's plan, I think. If that is not happening, what is being done to scrutinise policy progress?

That also relates to my earlier point abut having in place internal processes to check the equality impacts of things. For example, when the decision was made to cancel Contact Scotland BSL, there was no equality impact assessment, because that was not required under the legal framework. However, common sense tells me that has an impact on deaf and deafblind people and that that should be considered.

There are also areas where, if there is no strategic oversight, you do not have inclusion. That is where the comments about the inclusion of BSL within the Education (Scotland) Bill come in. I find concerning the rollback across the piece and various on-the-ground cuts that have real impacts for people accessing services and their rights, as well as how Scotland positions itself strategically and how we are thinking about decision making that affects people.

Another aspect is how we embed accountability structures in that. I know that 62 per cent of authorities were compliant with the BSL act three months after it came into force. I can say that because the ALLIANCE carried out that work as our members were asking us what was happening, not because that was funded or that the Scottish Government led that work.

There is a real question mark over how an inquiry can position itself and ask questions about key priorities and how accountability structures are embedded. There might well be other routes to doing that, and I would welcome any thoughts on that, but my key concern is that we do not have that process meaningfully embedded. That puts us at risk—it risks some of the real progress that we have seen so far that has been referenced today and that is important to see continue.

I hope that that answers the question.

Marie McNair: I really appreciate your comments. Thank you.

Alana Harper, your organisation has raised similar concerns. Do you want to add to that?

Alana Harper: The shelving of the see hear strategy refresh has had a massive impact locally. Authorities have all taken that to mean that the strategy is finished and they have disbanded all the see hear steering groups. They disbanded the group in Dundee during Covid. Angus and Perthshire have recently shoved the groups to one side, saying that they will keep in touch with everybody by email and will email anything relevant to members. That has no oversight. BSL was included in the see hear steering groups, so that has been shoved out as well.

The shelving of the strategy has had a major impact. It is as if sensory issues do not matter now—it is not a priority issue and it can be shoved to one side. It has also reduced the involvement of deaf BSL users at that level.

Marie McNair: Thanks for your comments. I am alert to the time so will hand back to the convener.

The Convener: I have an additional question. We have spoken a lot about how important the expansion of BSL education and interpreter training, improved data collection and sustainable funding are in meeting the everyday needs of BSL users. The evidence that you have provided has been really helpful and extremely thorough, and I thank you all for that. However, an issue that we have not touched on is that of how important it is for BSL users to be able to access sport and arts and culture.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* You are right. The first national plan mentions sport, but the second one does not. Sport is an important part of the deaf community, because people get excited about it. They are involved in different sports. I am not sure whether the committee is aware of this, but the Deaflympics will take place in November this year. There are Scottish people who want to attend that. They have been doing fundraising, but it has been very difficult to get the funding to enable them to attend that. That is just one example.

Deaf people are committed to going to sporting events and are very involved in sports, but because communication is an issue in many mainstream sports, deaf people have their own deaf sport groups. For football and various other sports, they have their own teams. Linked to that is the social aspect. After they have played football, deaf people get together and socialise. The fact that that is a deaf space is critically important for them.

Deaf sport is a huge part of deaf history and deaf culture, but we do not see that when we look at culture in museums. When deaf people are at school, they are taught about the history of various things, but deaf people cannot see themselves in that history. We need to learn from the deaf clubs, which are where we learned. At school, we did not learn about what deaf people's place in history was or what our culture was in order that we could be proud of that. We did not learn that at school. We got that information at the deaf clubs.

BDA Scotland has set up deaf-led tours all over Scotland. We go out to different places. Deaf people are learning about history and things that they had never known about before because they did not have access to that. We set up something at Holyrood palace. It was the first time that a lot of deaf people had been there. A deaf person led the tour, which was fantastic for them to see. They learned history from another deaf person. That needs to become the norm.

Deaf people have been accessing Scottish mainstream arts and culture venues so that they can learn about history and culture, both of which are important. We need to know about who we are and what our country has achieved—our history. We need to have a knowledge of deaf culture and Scottish culture. Many museums will now book interpreters or will have information in BSL on screens. There has been a huge advancement in that regard.

However, there definitely needs to be more of that in rural areas. There needs to be a bit more joined-up working so that people in those areas can access arts and culture.

The Convener: Thank you so much. That brings us to the end of our session with our first panel. If members have asked all the questions that they wished to ask, I give members of the panel an opportunity to make any additional comments that they would like to make.

Alana Harper: We have not touched on access to justice, which is a massive issue for the deaf community at the moment. Under regulations set by the Scottish Government, when it comes to legal aid, nothing is paid in retrospect. For a first appointment for a deaf person to ascertain whether they are eligible for legal aid, they must have an appointment with a solicitor and fill in a form, but there is no funding to pay for an interpreter. That means that, most of the time, they cannot access an interpreter unless they can find someone to go along with them, and that person might not be able to sign to the adequate level.

That is especially difficult in civil cases. Courts are very mindful of the need to book interpreters for witnesses, the accused and so forth in criminal cases, but that is not the case in civil cases, such as divorce cases. We work with women who have experienced gender-based violence and domestic abuse. We are the only service in Scotland to do that with specific advocacy workers who are qualified independent domestic abuse advocates. They are the only ones in Scotland.

Difficulties are being experienced with civil courts booking interpreters, because they do not seem to be aware of the need to do that or they do not seem to think that it is important. That probably goes back to the issue of local plans. There needs to be a bit of scrutiny there. One of my advocacy workers was forced by a sheriff to communicate something that was being set down in relation to how access would happen for a child of two deaf parents. Because there was no interpreter in court, the sheriff forced my advocacy worker to communicate that. She protested, but what do you do when a sheriff tells you to do something? You think, "I'd better do it or I'll be held in contempt." There are lots of issues around that.

10:45

When it comes to police officers, although there has been a lot of buy-in at a higher level, examples of which I am sure that Lucy Clark and Jemina Napier will tell you about when they give their evidence, officers on the front line who go out to attend 999 calls are not deaf aware. They often speak to the hearing person, and they assume that the hearing person is telling the truth or can communicate for the deaf person with adequate language, which they usually cannot. There are a lot of issues around access to justice for the deaf community.

The Convener: That was really helpful—thank you.

Avril Hepner: *(simultaneous interpretation from British Sign Language)* Linked to that, given that we are talking about justice, is the BSL justice advisory group, which is still in progress. I am involved in that. We feel that there is a big gap in Scotland when it comes to the need to have BSL intermediaries. The courts in England have intermediaries. If a deaf person who is going to court is not sure about the process or how things will be and they feel a bit out of their depth, they are able to have an intermediary with them. That is possible in England, and we are advocating for that service to be provided for deaf people in Scotland.

The intermediary would be a deaf person who would be with the victim or maybe even the accused. They would be there to make sure that the person understood the information or to let them know what the process was. An appropriate adult might need to be there as well. If an intermediary is there, that means that everyone is aware of what is happening in the situation. There needs to be someone there who can advise. As Alana Harper has mentioned, trying to get legal aid in the first place is an issue.

The provision of deaf intermediaries should be a priority, because we need them in place right now in Scotland.

The Convener: Thank you for that. That is a great crossover, because, for the past three weeks, we have been doing an inquiry into legal aid.

Dr Tweed: As a final comment, I welcome the attention that could be brought to some of these issues by the committee's inquiry. I also have an ask—I would like to know whether there are any plans for comparative attention and scrutiny after the midpoint of the plan reporting in 2026-27, either for the national plan progress report to Parliament or for local plan intermediate points, with a view to strengthening some of the calls for meaningful and measurable progress reports.

The Convener: Thank you. That is helpful. We will certainly take note of that.

I again thank everyone for their evidence today. We will now have a brief suspension to allow for a changeover of witnesses.

10:47

Meeting suspended.

11:00

On resuming—

The Convener: I welcome our second panel of witnesses today: Professor Jemina Napier, who is chair of intercultural communication, Heriot-Watt University; Lucy Clark, who is a deaf domestic abuse researcher, advocate and trainer; and Rachel O'Neill, who is from the Moray house school of education and sport, University of Edinburgh. You are all welcome. As with the first panel, we have not scheduled a break, but please indicate to me or the clerks if you would like a short break.

I say in BSL, good morning and welcome to the Scottish Parliament and the equalities committee. It is good to see you.

I will start off by asking questions. We heard from the first panel about a lot the positives of the British Sign Language (Scotland) Act 2015 but also some of the challenges with it. I will come to you first, Lucy Clark. What is your opinion on the positives of the BSL act and what challenges have you seen?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* The BSL act is a positive thing, but there are still a lot of barriers. We have seen positives. I feel that I am more included now. BSL is a language but it is also part of the culture and it is a part of who I am—my identity. Without that deaf identity, we would not know who we are. Without the BSL act, we would not know what the expectations would be. I feel that the BSL act has empowered us. It has given us a voice to go out into the world. We now know that we have that back-up of the right to access, to inclusion, to communication and to be part of society.

The Convener: That is great. What are the challenges with implementing some of the actions related to the BSL act?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* The challenges are more about BSL resources and having enough interpreters. English is not our first language. It is not just me; that is the case for other deaf people as well. Also, immigrants come into the country and English is not their first language. Deaf people will come from other countries, and we need to work with them and teach them BSL.

The BSL act has helped a lot more people to be a bit more deaf aware, understand where deaf people are coming from and have a bit more patience when communicating with us.

People have been listening to us. From my perspective of growing up as a deaf person, I am not disabled—I am deaf. We are showing people that we are normal and the same as everybody else; it is just the language that is different. We need to speak to people about how to communicate, such as through lip reading or writing things down, which is a good back-up. BSL is my first language and my preferred way to communicate, but we can look at other ways that people out there can communicate.

Professor Jemina Napier (Heriot-Watt University): Thank you very much for the opportunity to give evidence and for agreeing to Lucy Clark coming with me. We have worked in collaboration a lot and I did not feel comfortable coming without her, given that we will be talking about justice issues.

In answer to your general question, having the BSL act gives recognition to the language status of the deaf community. It means that, like Lucy said, we can empower the deaf community to have their rights recognised, access services and education, and participate in society using their first and/or preferred language. It raises the profile of BSL. It empowers not just deaf people themselves but the people who work with them, whether that is in public services or universities, so that we can advocate and say, “I do not know whether you are aware of this, but people’s right to use BSL has been recognised by the Scottish Parliament and the Scottish Government.”

The BSL act perhaps gives us a bit more teeth than we had 10 years ago, but I do not know whether it has enough teeth. The primary reason for that is that translating the philosophy of the act into the national plan is one thing, but we are facing barriers to the implementation of the national plan because of a lack of funding, to be honest. We rely on local authorities, public services and so on to draw on their own resources—no additional funding has been given. There is an expectation of promotion of BSL—we talk about Scotland being the best place to live, work, study and visit as a BSL user—but not giving extra resources means that authorities and public services, which are already feeling the pinch financially, will not prioritise the provision of BSL. I understand that you have to focus on critical services, so there is not necessarily synergy between having the act and the national plan and making a difference in everyday lives.

The Convener: Thank you. Rachel O’Neill, what do you think are the positive opportunities and the challenges?

Rachel O’Neill (University of Edinburgh): I am talking today on behalf of the BSL working group at the University of Edinburgh—my colleagues Dr Gabrielle Hodge, Dr Audrey Cameron and I are in that group. I also work with Rob Wilks, a researcher from the University of the West of England, who is a deaf lawyer. For five years, we have been researching the impact of the BSL act on deaf children and education. That is one of the things that I will talk about.

I was involved in the bill in the lead-up to it being passed, as many other people were. When it was passed, I was disappointed that it was not quite like the legislation that set up Bòrd na Gàidhlig. It would have helped if there had been a fund like there is for Bòrd na Gàidhlig, for its supervision of plans. However, from my work with Rob Wilks in 2021 and the ALLIANCE’s work, I have seen that the ALLIANCE is taking on the job of looking at progress with the plans, even though there is not a structure or a system for doing that. That should be funded, as Dr Hannah Tweed made clear earlier.

There have been many positives. In the world of deaf education, we are starting from a point where the workforce is not skilled in the language and many of them feel that BSL will not be needed very much in the future because progress with early diagnosis and speaking and listening is going well. However, it is not going so well, as you know from the NHS Lothian situation. Many audiology clinics across Scotland and the UK are missing a lot of deaf children, and children who arrive late into the UK often have not had any access to any language. Those positives of the BSL act have not yet transferred into education.

The first round of the local BSL plans did not really mention what happened in the classroom, which I think was because of guidance from the equality unit. The guidance focused more on things such as trips and the transition to adult life; it did not focus on teaching and learning. The second national plan was a little bit better, because it mentioned the level of teachers of deaf children. However, point 17 of the plan said that teachers of the deaf should aim for qualification at Scottish credit and qualifications framework 10, which is real fluency in the language, but it did not say how many or by what time. There was no monitoring involved. That target was not a SMART—specific, measurable, achievable, relevant and time-bound—target.

Fortunately, at the moment we have a consultation going on about teacher competencies for teachers of deaf children, which has some targets. They might not be as good as we want them to be, but one says that every local authority in Scotland should have at least one teacher of deaf children who has SCQF 6 BSL. That is not real fluency, but that requirement would be better than what we have now. I know of two or three occasions in the past year where deaf signing children have moved into rural areas and their teacher of the deaf has had SCQF 3 or 4 and has not been able to teach them. The consultation comes at a good time and it builds on the work of the BSL act and the second national plan. It makes those things more definite.

The Convener: We have heard that Contact Scotland BSL has been a positive achievement of the act, but it has faced potential closure twice and we have had feedback that it seems to be in a quite precarious situation sometimes. Can I have your views on that, please?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* Contact Scotland BSL is a useful service for me. I grew up in England and I did not have access to such a service until I came here.

I see a lot of positive attitudes in the public services. When I ask for support and help in BSL, I get that. People have told me that Contact Scotland BSL is available and they have showed me how to use it. If deaf people have medical issues or their kids have issues at school—or whatever it may be—they are able to use Contact Scotland BSL as a form of communication.

It is much better than the old Typetalk service where you had to use English and you had to type the words that you wanted to say. It means that I can use my language to communicate. It means that I have access and it makes communication with other people much easier. I feel that that service is definitely a benefit to the deaf community.

Professor Napier: At Heriot-Watt University, we train sign language interpreters. It has been interesting to see the impact of having Contact Scotland BSL available. Previously, we would have trained interpreters to work face to face in the community. We told them to be careful about thinking about going online because it is two dimensional rather than three dimensional. We recommended that interpreters should have at least two years' experience before they work in the online context.

However, following the impact of Covid, everybody is used to communicating more online. We have seen deaf people feeling more confident to communicate online and use an online service, rather than being suspicious of a remote interpreter who they do not know, and perhaps not feeling as if they have as much control. There is much more willingness to use the service and see the benefits, as Lucy Clark has outlined.

We have shifted in the way that we train interpreters. We still think that it is important that they get experience working in the community face to face but, because there is much more acceptance about communicating online, we now strategically focus on training interpreters to be ready to work for services such as Contact Scotland BSL when they graduate, because we see increasing demand in that area.

The threat of closure, like you mentioned, has got the deaf community worried. Anyone can pick up a phone and call NHS 111, and Contact Scotland BSL means that deaf people have an equivalent, equitable experience. To take that away would mean that deaf people would do not have the opportunity to say, “I need to contact someone right now,” rather than having to make an appointment in two weeks' time and find an interpreter. Contact Scotland BSL gives them an experience that is equivalent to that of the wider community, which is critical.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I like the fact that we are able to access services at the same time as anybody else who needs to access them. When you make phone calls, the worst thing is when people say, “I need you to confirm something in your own voice,” so that they know that it is definitely you. That used to happen in the past, so I had my parents phone for me, but now I am independent. I can use Contact Scotland BSL and I can be independent. That needs to continue, so that the deaf community can have the same independence as everybody else.

Rachel O'Neill: At the University of Edinburgh, we put Contact Scotland BSL on every website so that people can contact admissions or any department. That went along with training. In the first BSL plan period, we had a BSL officer. Unfortunately, the university did not have the funding to continue that post. We are trying to get it back again, but that might take some time.

Training on how to work with Contact Scotland BSL is important, and young people and children in schools need to know how to use it. I have not yet seen a lot of that happening in schools.

Maggie Chapman: Good morning, and thank you for joining us. We have started talking about the national BSL plans, and I am interested in people's views on the second plan. We know that it recognises key issues for many BSL users, but there are concerns that it lacks focus and does not have measurable goals or timescales. You have already alluded to some of that in your opening comments, but there is also a criticism that it was watered down compared to the draft that people saw initially. Lucy Clark, what are your views of the second national plan?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I will hand over to Jemina Napier to answer that question because I am still fairly new to this. Jemina has been around those plans a lot longer, so she will probably have a better view on that—sorry, Jemina.

11:15

Professor Napier: That is fine. I agree with that criticism: the national plan feels watered down. Lucy Clark and I prepared a submission specifically around the access to justice theme. My colleagues from Heriot-Watt will come to the committee at a later date, I believe, to talk more generally about other issues, so we wanted to focus on the access to justice theme.

At the moment, the access to justice theme has only three items. One of them says that the Government will continue discussions with the BSL justice advisory group, which Avril Hepner mentioned. I am a member of that group, along with her. It is a good advisory group, because it includes key representatives from organisations across the whole BSL deafness sector. However, the meetings often get cancelled and it seems that, although the discussions that we have in the meetings are positive and have actions associated with them, the people from the Scottish Government side are underresourced, so they come back to the meetings and say that they have not been able to progress the actions yet.

For example, we have talked about the paper proposing a law reform to allow deaf people to serve as jurors, which has already happened in England, where deaf people can now serve as jurors. In Scotland, when a deaf person turns up for jury service, they are told that they are automatically excluded because they are deaf—I know that Lucy Clark has had that experience. I have done a body of research to show that there is no impediment to the integrity of the jury deliberation process if deaf people and interpreters are involved. We have had discussions in the advisory group about that and everyone has agreed that it would fit the spirit of the BSL act to promote the use of BSL in that context, but the issue has not gone anywhere. A lot of the time, that is because of the resource that is available in the Scottish Government. It is all very well for the national plan to commit to continuing discussions with the BSL justice advisory group, but that will not take any work forward.

The advisory group has also discussed the two other items under the access to justice theme. One concerns the training of BSL intermediaries, which Avril Hepner mentioned. Alana Harper mentioned the need for qualified independent domestic abuse advisers in that regard. There are only three independent domestic abuse advisers in Scotland at the moment, and they are all hearing. They are BSL users but they are not deaf, so they do not have the lived experience of being deaf.

The third item concerns supporting public bodies within the justice sector to explore how BSL support can be accessed more efficiently. Again, that is quite vague. Support access in what way? Who will take responsibility for it? Where is the accountability?

The national plan could have more specific targets and more specific monitoring. Because we do not have an advisory group like the English BSL advisory board, which was set up under the British Sign Language Act 2022, there is perhaps a lack of accountability in that sense. The justice advisory group is supposed to have accountability, but only for those specific three items in the plan. The rest of the plan is devolved to other areas, so there is no central oversight.

Maggie Chapman: Thanks; that was helpful. Given the need for quite specific care and attention around access to justice issues, were you involved in the discussions on the development of the second plan? If so, when you made those points, what came back to you? How did we get from the broader scope of the first plan to the smaller, watered-down, less ambitious—that is how it was described this morning—second plan?

Professor Napier: We discussed it in the justice advisory group and wider consultations were conducted so that people could feed in their views. However, I always had the impression that there were a lot of requests for what people would like to see in the plan across all the categories and themes. There always seemed to be a tension between what we would like to see if we are going to truly empower our deaf people and BSL users and what resources are available.

Ultimately, the whole plan has been watered down a lot, because it is about what the Scottish Government felt that it could deliver with the resources that it has. I understand that everybody is experiencing financial constraints at the moment, but that is what has driven what the national plan ends up looking like, rather than the idea of what we want and what we need. The Government has simply thought about what can be achieved in the timeframe, which is a lot less than what was originally discussed.

Maggie Chapman: Given your focus this morning on access to justice and related issues, do other elements, priorities and issues in the second plan need to work as well in order to get the access to justice stuff right? Are there other things that you would say need more focus and more attention in order for the points that you have made about justice to be taken seriously and implemented effectively?

Professor Napier: I could talk about many different things but, around the justice section, Contact Scotland is a brilliant example of an initiative that can help with regard to immediate access. We know that Police Scotland is trying to develop a similar initiative that would enable, for example, a police officer who is called out to deal with something in a house to use their normal radio-based device to call on an interpreter on their own system. At the moment, the police cannot go through Contact Scotland.

One of the things that we found out through talking to deaf women who have experienced domestic abuse is that, when an officer responding to a call arrives at the house, no interpreter is available, because they do not know that the person is deaf until they arrive. One project that we are working on is exploring the impact of that situation on children. Often, what happens is that the children get drawn in to help with communication—you can imagine what that would be like.

We need to think about how we can alert the police to the fact that a caller or someone making contact is deaf and ensure that they understand what provisions are available, so that an interpreter can be made available at the end of the phone, or a deaf intermediary, which Avril Hepner mentioned, can attend.

At the moment, much of the focus around access to justice and other parts of the plan is on providing interpreters. However, we should also be talking more about training deaf people to work in public services, so that they can provide support directly in BSL. I am an interpreter so I am criticising myself in a way, but interpreters can provide an illusion of inclusion, because a lot of people think that simply having interpreters somewhere means that deaf people get access. Of course, it means that they get more access than they would have done otherwise but, sometimes, as Avril Hepner commented, having BSL-qualified deaf people with lived experience providing services or support directly will enhance deaf people's experience and access to public services.

Maggie Chapman: That was helpful, and it moves me on nicely to Rachel O'Neill. I will ask your views about the second plan in general, but first, can you talk about the need to train people and ensure that the education is there so that deaf people can have the full range of career options?

Rachel O'Neill: Within education, the second national plan mentions the level of signing among teachers of deaf children, which is good. However, as I mentioned before, that part is vague.

There is another group of people who perform a valuable role in deaf education: deaf support workers, who are badly paid and not acknowledged. Many local authority services have deaf support workers. Sometimes they act as deaf role models or informal BSL tutors, and they often take part in early years teams, because early years is terrifically important in deaf education. Children often get diagnosed at birth, so the families meet people from the deaf education team from the time that their child is a month or several weeks old. Those support workers do not have proper pay, they do not have any training course, they do not have a career structure and they are generally regarded as valued but of low status.

If you think about what they do, it is quite amazing. For example, if you go to a school with a resource base and a number of deaf children, children there will have experienced language deprivation—some extremely severe. The deaf support workers do the labour of bringing those children into signing and developing a first language. It is a near miracle that that happens, but they are not rewarded for it. The teachers around them might have SCQF 4 BSL and be teaching and getting paid a good wage for being a teacher, but the support workers are untrained and unqualified, largely. I feel that that group needs a proper career path.

It is the same for BSL teachers. We do not have BSL teacher training going on in Scotland for BSL tutors who want to work in colleges. It is possible that we might get school teachers who are able to teach BSL, for example, through the one-year postgraduate diploma in education course for graduates who have deaf studies as part of their degrees.

I am more concerned about younger children in particular, and the fact that language deprivation is, unfortunately, all too common, as we have seen in Scotland. Children are moving across Scotland to get to well-resourced schools such as St Roch's secondary school, because support is not available locally. Those low-paid, often disregarded staff need to be recognised for what they do, which is extremely valuable.

Maggie Chapman: Does the second plan even attempt to address those things or is it largely silent on them?

Rachel O'Neill: It has a bit of an emphasis on early years. When Rob Wilks and I did our research in 2021 and 2022, we first looked at the national and local plans and then, in the second phase, we interviewed people from across the education sector in Wales and in Scotland. We wanted to learn about Welsh and Gaelic, because we felt that those were successful examples of language revitalisation. In Wales, we saw some interesting examples of preschool play groups that had been going for 50 years and had successfully brought children into Welsh learning at home and with their parents. We thought that that was a good parallel.

To come on to your wider point, we were pleased that we were consulted in the lead-up to the second plan—Max Barber was the civil servant with whom we were in contact. The team listened to what we said in our research and we were delighted with the draft plan. In fact, I said to Rob Wilks, "Don't tweet about it so much," because we got a lot of points across successfully from the research that we had done. However, when we saw the final version, we were disheartened because it had been changed dramatically.

One point concerns an issue that is not just financial but also possibly ideological, and that is point 15. Right in the middle of saying that we need to have BSL in schools, it says that, of course, there is the presumption of mainstreaming. If you are going to have BSL used in education, you have to accept that there will be settings where deaf children come together, just as in Gaelic-medium education, but right in the middle of the national plan is this warning that, of course, people have to go to their local school. BSL will not work like that. Those children will not learn through BSL if they are all in their local school. In fact, the levels of BSL skills among communication support workers is low. Teachers of deaf children have not yet raised their levels of BSL. Therefore, the mainstreaming approach is not a good idea. If it is possible, it would be a good idea to revise the wording of point 15.

Maggie Chapman: Those specific points are helpful, as we will have to make recommendations to the Government after this inquiry.

I am curious about your response to a question that is similar to one that I asked Jemina Napier. Your focus, clearly, is on education and the full suite of concerns around that. What else needs to work for your strategic priorities through the plan to be realised?

Rachel O'Neill: I did a quick survey last week of all the websites of all the colleges in Scotland to see what was happening with regard to the levels of BSL on offer. In general, I was not pleased with the results. The BSL classes that the colleges run, often as evening classes, are the way in for hearing people who want to improve their BSL and for parents. An evening class is not the ideal thing for parents of young deaf babies—they are not likely to go out to an evening class until the child is a bit older—but it is a start. We need BSL teaching going on in colleges.

Two colleges in Scotland are doing quite well: Glasgow Clyde College and UHI Moray. They both offer SCQF level 6 BSL, but they are the only ones that do. Many colleges across Scotland are not doing anything, including UHI Argyll, UHI Inverness, Borders College, and Dumfries and Galloway College—they do not offer even the basic level.

11:30

It would be good—I hope I am allowed to suggest this—if the Scottish Funding Council could instruct colleges that already have good provision to improve the level and could look at the colleges that have no provision and say, "Come on, get something going," so that every level can move up. To do that, you will need teachers who are confident about teaching at the next level up, and that will require there to be a tutor training course in colleges. To work in a college, you do not need to be a school teacher. It is a completely different job, in a way. You have to have a degree if you want a pro rata job, but part-time hours are quite often done by skilled people. Therefore, those BSL tutors could teach at higher levels with a training course. That is how the engine could start up to improve the level of the teachers of deaf children. That would be good. It would help parents who currently cannot access BSL classes.

I would like those deaf tutors to go into people's homes and run local classes for parents as well because, basically, that group that I talked about first is probably the most important for children. Deaf support workers and BSL tutors need to know about child development. They need to know about bilingualism and how to work in a team with early years. The colleges could do more if there were a bit of a plan.

Maggie Chapman: That was helpful—thank you. This is my final question. Off the back of some of the discussions that we had with the previous panel, there is a sense that having a second version of the national advisory group—NAG mark 2—would help to drive forward the national plan. That might help with the development of some of the issues that you have highlighted should be implemented now rather than waiting until the third plan. I wondered whether any of you had any views on that as a way of driving development of the national plan. Jemina Napier, do you want to come in first?

Professor Napier: Exactly. I made a point about accountability. The problem is that accountability is devolved to all the different sectors—the justice part of the plan is for the justice department, the education part is for the education department and so on. However, if there was a centralised advisory group that involves representative organisations and representatives of the deaf community, that could hold those different departments to account.

It might well be that work could be undertaken that would benefit different elements across the plan, otherwise you will continue to have—I think that this is what is happening—different departments working in silos, such as the justice department working on its three points in the plan and the health department working on its points. An advisory group would have oversight of the whole plan and would be able to go to the different departments and tie all the elements together, as well as identify work that they can do together.

That central oversight is missing. Everyone is getting on and doing their own thing, which is great, but how are they coming back together and reporting on what progress is being made?

I mentioned the BSL justice advisory group. I do not know whether other sectors have an equivalent group for the other parts of the plan. We have been able to make progress so far, but do the other sectors know what we are doing? That approach is critical.

Maggie Chapman: Thank you. Rachel O’Neill, do you want to come in?

Rachel O’Neill: Yes. There is an advisory group or work implementation group, but we have never seen any minutes of its meetings. For that to be accountable, those need to be put on the website. We need to see what has happened, which organisations are present and how much money is being spent on which things.

When Rob Wilks and I reviewed the first plan, we noticed that there was no accountability. That is still the case. We need to have an advisory group or a working group. We could have a BSL advisory board like the one that they have in England—that seems to have more clout. Next week, I am talking to the BSL advisory board, which is connected with the Cabinet Office, about a new general certificate of secondary education in BSL. That board seems to be having an effect. This committee is extremely helpful, because things are properly documented. However, when I look at the websites of those involved, I do not see good co-ordination yet.

Professor Napier: That is absolutely right. I believe that a working group was established, but, as far as I know, since the deaf BSL officer left the Scottish Government, nothing has happened with it. I understand that there were issues within the Scottish Government that meant that recruiting externally was not an option and someone was recruited internally. That person is not deaf, does not use BSL and does not have contacts in the deaf community. I believe that they have someone nominally in the BSL officer role, but it is not someone who will really take things forward.

As I say, my understanding is that nothing has really happened with that group. It was established only recently, with the implementation of the second plan, but nothing has happened with it because the person who was responsible has left.

Maggie Chapman: Does Lucy Clark want to say anything about the second plan?

Lucy Clark: (*simultaneous interpretation from British Sign Language*) I would like to see more deaf professionals employed in a variety of roles. The opportunities for deaf people are much better than they were 10 years ago, which is great, and we have interpreters and communication support workers in mainstream education, which is also great. However, we need to build relationships between everybody.

I am from a hearing family and I am the only deaf person in it. My niece learned to sign, which made me feel really appreciated within the family. She understood my language and who we are. It is important for deaf people within hearing families to see that every day—to see their language and to see people being able to communicate with them. That means that deaf people can access mainstream services. They also feel that they have a place in society. That then means that we can help other people in the future, because people already know sign language or it is much more widely available within the community. Hearing people and deaf people will have greater access and more opportunities in the future.

Evelyn Tweed: It is great to have you with us today. My questions are about local BSL plans. I do not know whether you caught any of the previous session, but I will ask exactly the same questions that I put to the earlier witnesses. We have heard criticisms that the plans are high level, that they lack detail and that they lack consistency. What does a good local BSL plan looks like?

Rachel O'Neill: I will start. The process that you go through matters. When Rob Wilks and I were looking at the first round of plans, we discovered that quite a few of them were written on a template and they did not deviate from that. A section had to be addressed about education and quite a lot of the authorities specified that they would wait for Education Scotland to provide them with materials. That did not show much initiative or consultation.

In some areas, we discovered that there had been consultation, but there had been conflict. In one case, the version of the plan that was published showed that there had been conflict but that the decision of the planners in the council was to go with the teachers of deaf children rather than the parents or the other people who were involved in the consultation. I will not name that authority, but it is in our 2021 report.

More of the local plans in the latest round are better. That is because they undertook consultation, which involved a whole range of deaf people, from young people to older people. Fewer of the plans from the second round were a template response. They started to look more at education and at what happens in the classroom. That was good.

The best ones are not always those from city authorities. I noticed that Dumfries and Galloway did a good BSL plan. That might have something to do with the involvement of a BSL councillor who is deaf. I note that Glasgow also has quite a good BSL plan. It was obvious that it had consulted a lot with deaf teachers and deaf young people.

What makes the plans good? Undertaking good consultation and not using a template.

Professor Napier: I agree with Rachel O'Neill. Consultation is the critical part, because it is, ironically, hearing the deaf voice. With consultation, deaf people have their voices heard and they are contributing to what they feel will make a real impact on their everyday lives.

It is easy for policy makers or service providers to say what they think is needed, but you need to listen to the people who that will impact on, and their families, parents of deaf children and carers. For example, we know that we do not have any deaf care homes in Scotland so ageing deaf people find it difficult. Where do they go? How are they supported? Can they communicate? Are they isolated? Their families are also impacted. That is an important part of the process.

I will speak from my experience of being involved in the Heriot-Watt University plan. We undertook a consultation and realised that our first plan was probably a bit too vague and much too ambitious. We had a whole list of all this amazing stuff that we are going to do—there were 40 points or something ridiculous. When we came around to review it the second time, we realised that we needed to be more realistic about time, resources and what is achievable.

Anyone who knows anything about the university sector will know it is bureaucratic, so we have to go through various committees to get things approved. With our second plan, we tried to be more realistic. We reduced the number of actions and we tried to be as specific as possible with timelines for what was achievable. Rather than saying, "We will promote BSL through the university's websites," we tried to be much more specific and say, "We will make sure that BSL is on the landing page," and things like that.

Rachel O'Neill mentioned SMART objectives earlier. The best local plans are those where consultation has been involved and that are specific, realistic and achievable within a timeframe.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* At the same time, the deaf community needs a bit more time to understand what is going on. A lot of people say that they have given feedback, but they do not know what is happening. They want to know what is going on with the plan. We need to have interpreters booked. We need to see what is happening.

Sometimes it is stressful for the deaf community. They might not feel confident in giving their views, but, when they do, they need to know how that relates to the work under way and how they will know what will happen. They might not feel confident speaking to somebody, say, from a council, but they might feel more confident in speaking with me. In those cases, I can take that information and feed it back on their behalf.

There needs to be a bit more patience and understanding. Also, if specific information is needed, specific questions need to be asked, and people can speak to the community directly, which, obviously, would be through an interpreter.

Evelyn Tweed: To follow on from that, we have heard that there are particular challenges in rural settings. How might we bring consistency across Scotland?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* That is not an easy one. What do you mean by consistency? Could you maybe clarify that a bit for me?

Evelyn Tweed: I am talking about ensuring that everybody is provided with similar services.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* We have the census, which we can use that to find out where deaf people are in Scotland. The more information that you have about the population of the deaf community through Scotland will help each council and then means that people can maybe work together.

It might not be the case that a lot of deaf people live in the north of Scotland. They might move down to, say, the central belt because maybe there are more social activities and there are more opportunities for jobs and in life. However, I have met some deaf people from further up north and they have told me that they wanted to remain where they were born, but they could not because there are no services, including interpreting services, the council does not provide what they need and they cannot access courses at colleges. People must work together in more local settings so that people can stay in their home town.

BSL has regional variations so everybody does not sign the same way. We need to find the people who have the skills to communicate with the deaf people in that area.

Having the BSL act has been great, but we could do some work on how we make the plans better, and we can make better use of the plans and the information that we have.

Professor Napier: Lucy Clark is absolutely right. The last Scottish census, in 2022, had a question specifically about whether you use BSL, and 6,500 deaf people reported that they use BSL and more than 100,000 people said that they use BSL regularly. We know roughly what the deaf population is in Scotland.

I was involved in leading a census of sign language interpreters a few years ago. According to the UK-wide National Register of Communication Professionals working with Deaf and Deafblind People, there are 88 registered interpreters living in Scotland, and the Scottish Register of Language Professionals with the Deaf Community had 62. Some interpreters are registered with both bodies. We know that there are no more than about 80 registered interpreters. As Avril Hepner mentioned earlier, a lot of them are concentrated around the central belt, primarily because that is where the services are—there are lots of different reasons for that. The deaf population seems to be concentrated around the central belt as well.

11:45

In the census that we did with interpreters, we asked what work they undertook regularly. Only 35 per cent of the interpreters who responded to our survey said that they would regularly do healthcare appointments. If there are 88 interpreters in Scotland, most of whom are in the central belt, what proportion of them do medical work, legal work, work in education and so on? If they are concentrated around the central belt, we are not seeing those interpreters go out to rural areas.

We have students who come from rural areas to do our course at Heriot-Watt in Edinburgh. Some of them will go back home but, because not that many deaf people live and work in those areas, the interpreter could go back there and then not have enough work to sustain a full-time career.

Of course, online provision will make a massive difference. We can see that with services for hearing people in rural areas as well. How do we provide equitable services? Whatever we provide for the hearing community, we should provide for the deaf community.

A good example in Australia, where I lived for a long time, is an incentive scheme for medical practitioners to go and live in rural areas for a minimum amount of time once they qualify. Most people, once they become a qualified doctor, will say, “I’ll stay in the city, because that is where it is fun and interesting.” The Australian Government has incentivised healthcare professionals to go and work in a rural area for three to five years, depending on the role that they have.

An incentive scheme like that could work here for interpreters and BSL teachers, for example. People who wanted to live and work in rural areas could be given accommodation or a regular source of employment to support them. If you are a freelancer at the moment, the trouble is that you might be getting booked for 15-minute or half-hour medical appointments. A typical interpreter would usually charge a minimum two-hour fee, so getting only one 15-minute appointment every couple of days is not sustainable for people who need to pay the bills.

How can we think about creating incentives for interpreters, deaf professionals and other deaf people to go and live in those areas, so that we are providing those equitable experiences? It is about resourcing and finance, but investing in that kind of thing creates a longer-term value and a longer-term benefit.

Rachel O’Neill: There is a lot of inequality in education, because rural areas do not have so many schools with resource bases where BSL is more likely to be used. We have three small deaf schools in Scotland—in Aberdeen, Hamilton and

Falkirk—which are primary schools, and we have about 15 resource-base schools, which are largely concentrated in the central belt. We need to think of ways around that issue.

Gaelic is one model to look at, because online schooling is possible. Children who learn online get something from having contact with other deaf young people. Also, the need for there to be a minimum of one teacher of deaf children who has fluent BSL and more deaf support workers in each area will gradually mean that more deaf children will have the possibility of acquiring BSL. They might use BSL alongside spoken English, as many deaf children now use both. It is perfectly possible to do that.

I have noticed the issue most in the university in relation to the postgraduate diploma in education, which is a one-year course to become a teacher. Quite often deaf people who use BSL do that course. They are okay on placement, as we provide interpreters, although it is difficult to get interpreters to go outside a line between Glasgow and Edinburgh. Interpreters do not usually go far, probably because of the reasons that Jemina Napier mentioned. Then those teachers have a probation year, which can be anywhere. Next year, we have a student going to Dumfries and Galloway. They will have access to work funding from the Department for Work and Pensions to pay for an interpreter—possibly two interpreters at times. It is difficult for a deaf BSL user to control a class through an interpreter. Those teachers have to do their probation year in a mainstream school, which is demanding. It could be better if it was a resource base school where they also taught deaf children.

It is difficult to get interpreters to go and do those jobs. Will the council in Dumfries and Galloway secure a full-time interpreter so that that teacher can do her probation year in that local authority? It is a challenge for the councils. Maybe they will get the money back, but many councils do not know about access to work. They do not have systems to make it work.

I would like to see more infrastructure built up so that deaf people can go into all sorts of different jobs, as Lucy Clark said. To do that, we need to get more flexibility on where the interpreters are, and that means contracts.

The Convener: I suggest that we have a brief five-minute comfort break.

11:50

Meeting suspended.

11:55

On resuming—

The Convener: Thank you and welcome back. We move to questions from Tess White.

Tess White: Thank you. My questions are for Lucy Clark. We have just covered a question about exclusion and support services in rural areas. People in rural areas experience a sense of isolation and linguistic and social exclusion. You said that we have only three BSL-trained domestic abuse advisers in Scotland. Where are they located?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* The professionals are in Dundee. We have three independent domestic abuse advocates—IDAAs—in Scotland, who are all hearing. BSL is not their first language. One is a CODA—a child of deaf adult—so their parents were deaf. We have only three, which is not enough to cover the rural areas as well. One or two might be able to drive to the more rural areas to meet clients and visit them in their localities, but often there is no interpreter who specialises in domestic abuse in rural areas. Most interpreters do not feel comfortable dealing with those situations because they have not been trained for that; they are not sure about the police approach or about the resourcing and what is available to the client. Lots of question marks hang over those cases.

We need more interpreters in rural areas, more trained deaf IDAAs and more people with lived experience who can become representatives in Scotland. The question is, where is the funding for that?

Tess White: There are only three in the whole of Scotland, and they are located in Dundee.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* Yes, that is right. They are all based in Dundee.

Tess White: My second question for Lucy Clark is whether there is any monitoring of who experiences domestic abuse and are also deaf, especially women.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* There is a lot of monitoring and evaluation in society of women generally, but no specificity in relation to deaf women and no approach, planning or preparation ahead of time to set up anything like that. Deaf women might think that domestic abuse is normal because there is not enough resource given to, and not enough access to, information about domestic abuse—

about the law, sentencing and the things that can happen. We find that a lot of deaf women who experience domestic abuse do not know what consent is or means, or what permission means. They do not know about their rights to their body and to say no if they do not feel comfortable. When hearing women are growing up, they might come across that information incidentally and pick up on it. That means that that alarm bell rings for hearing women when things do not feel right. Deaf women face a lack of resources, which leaves them vulnerable to domestic abuse.

Tess White: My next question is for Lucy as well. One in four women experience domestic abuse in their lifetime. Do you believe that we should monitor and measure that much better than we do right now?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* Absolutely, yes—definitely. I am a survivor and I had to learn throughout my journey. I had no support; often, I had no interpreters, even in court. I was told that I was going to have an advocate, when I turned up to court they were not there. I asked where the interpreters were, and I was told that they were going to arrive late. It became about what I needed to do next. That put a lot of the burden on me throughout the process of charging and so on. I had to consider my language access and make sure that I was able to access information in court so that I could understand things. Of course, in a very serious situation such as domestic abuse, I am not able to access a lot of things to do with tone. You might think that a deaf person is being angry, but they are really frustrated.

I can now recognise what people are thinking and what they want to say. Maybe somebody will say that they have a bad relationship and I can tell them that I have had an experience and that I am a survivor. That allows a lot of deaf women to let go and express themselves in a way that they have not expressed themselves before.

12:00

I have had access to cognitive behavioural therapy, eye movement desensitisation and reprocessing therapy and things like that. However, I have never had an interpreter in there. From speaking to other deaf women who have accessed CBT, for example, I know that they have never had interpreters there. I feel responsible because I recognise that—I have been through it and I want to make sure that it does not happen again and that other deaf women do not go through what I experienced.

Tess White: It is bad in the cities, but it is even worse in rural areas where there are additional overlays and intersectional issues.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* Yes—absolutely. If you live in a rural area, you can end up with delays booking an interpreter, which can then affect the processing. If the police arrest the perpetrator, how do we support the victim by removing the perpetrator to make sure that the victim is safe? How long does it take the police to book an interpreter and get them in for an interview so that they can get a statement, and to then book the interpreter for court? How long do all those things take? It is always at the forefront of a deaf woman's mind to think about when the interpreter will arrive and if one has been booked. That heightens the stress. You need a high-quality interpreter who has level 6 training. The Crown Office and Procurator Fiscal Service needs to have deaf awareness and to understand that they need to book an interpreter. If there is no interpreter, that can affect sentencing, meaning that perpetrators can get away with it in a way that leaves deaf women feeling that they have not been listened to. An attitude change is needed there.

Tess White: Thank you. This is my final question to you, Lucy. Pam Gosal MSP asked me to ask you this because she is leading on the Domestic Abuse (Prevention) (Scotland) Bill. What does the bill need to include for deaf women who are experiencing domestic abuse to improve their access to justice?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I believe that deaf women who have experienced and been through abuse should be included in the consultation for the bill so that they know how the system works. They have been through abuse, and more women who go through it are becoming aware of how the justice system works, how the police work and the use of interpreters within that. There should be a workshop that provides information for women so that they can become more comfortable and which gives them the confidence to say, "This bit of the system works but this bit does not work."

Ultimately, we need to teach deaf women how the system works. It might take some time for the police to arrive and arrest the perpetrator, for example. There are a lot of information gaps for deaf women, which makes us feel as though we have become confused or that we might have done something wrong. That is not a nice feeling at all. Full access to information through an interpreter or through deaf IDAAs is crucial.

Tess White: Thank you. I said that I had asked Lucy a final question, but I have one more before I move to Rachel O'Neill.

The witnesses in the previous panel told us that transportation is a huge issue for people in rural areas, such as those who, for example, need to get to Dundee but cannot get on a bus to go to the town centre. The issue of digital exclusion was also raised, and we heard about problems with people accessing Zoom and so on. What are your thoughts on those issues?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I had personal experience of that when I lived south of London and went to a workshop in London—the only workshop for deaf women experiencing domestic abuse. It was a six-week course that was all about consent, what red flags to notice, the rights and wrongs of the situation and so on, and it was run by a deaf woman who was a survivor. I managed to learn so much. However, I had no funding to pay for me to travel there and I had to pay out of my own pocket to go back and forth. When I went to court, the interpreter did not turn up and the advocate did not turn up because no one paid for them to come there as well. Everything felt centred on London, and that was stressful and not fair. There was a lack of consistency around what happened in rural areas and there were issues to do with being further from the central area.

There should be someone who is responsible for arranging travel and finding someone to pick people up, take them to court, explain the process of court, meet the lawyer, meet the COPFS people and so on. Who is responsible when it comes to the interviews? It should not be the person themselves. You cannot rely on their families to take them to court and do this, that and the next thing. It is a dignity issue. We do not need our families to hold our hands as we go through the necessary processes. More than 75 per cent of deaf children are born to hearing parents, so we need to look at providing in-house interpreters in the police stations or in the courts who are permanently resident in those agencies. Contracted interpreters could stay there all the time so that we know that they will be there. It would be good to have internal interpreters in the court.

Knowing that those skilled people will be there to advise the police, the court and the lawyers would make things a lot easier. It would be good to have such a person to explain to the deaf person things such as how the seating works and to find out the deaf person's wants and needs, such as whether they feel safer and more comfortable in this room or that room, and to ensure that they understand what is going on.

During my court proceedings, I had to send screeds and screeds of emails in English, which takes a lot of processing for me, as that is my second language. At the same time, I was being sent here, there and everywhere. It became confusing. I felt vulnerable, isolated and trapped. Because of all of that, I think that in-house interpreters would be a real benefit in rural areas.

Tess White: You are saying they are available in England but we do not have them in Scotland. Professor Napier, do you want to come in on that?

Professor Napier: I will add to Lucy's comments. You can see that she is passionate about her lived experience, and I want to draw on some research evidence as well.

The only research that has been done to try to monitor the experiences of deaf women in relation to this issue has been in the United States. It estimated that deaf women are two to three times more likely to experience domestic abuse than hearing people. A lot of that is to do with potential perpetrators using their hearing status as part of the power dynamic, because they can restrict communication and access to information for deaf women who rely on sign language.

One issue that we find in the United Kingdom is that deaf women are lumped in with disabled women. We get statistics around the number of disabled women who experience domestic abuse, but, as you have heard from Lucy Clark, the experiences for deaf women are often quite different, because of the language access issue. If a deaf woman turns up at the police station—or police are called to their house, or they turn up at court—and there are no interpreters or there is a lack of information in BSL, they will experience constant barriers to accessing information and to understanding what their rights are and what is going on with the proceedings around them.

We have also found that deaf women might be offered a safe house, the same as any hearing woman would be, but that they are then completely isolated when they get there because they cannot communicate with anyone. We have interpreter funding available in the police system and in the court system but, as Alana Harper has already mentioned, there is no provision in relation to legal aid, and there is no provision for interpreters in refuges, so deaf women find themselves trying to write notes or becoming completely isolated because they do not have access to information.

To go back to your question about Pam Gosal's domestic abuse bill, our research has led us to recommend that there must be funding for deaf-specific services so that deaf independent domestic abuse advocates can be trained up. We have only three in Dundee. Alana Harper's team runs the DefinTAY violence against deaf women project, which has been set up in collaboration with Angus Women's Aid, Dundee Women's Aid and Perth Women's Aid to provide support and access to services for deaf women. It is supposed to cover only that region, but Alana Harper has said that if, for example, a deaf woman from Inverness came to the service, it would support her, as there is no other such service in Scotland.

As I said, we have recommended that there needs to be more training for deaf people to serve in those support roles, and more funding for services regionally. That training should not just be for existing interpreters, as many have told us that they do not want to work in those contexts. They see those deaf women as being incredibly vulnerable and the interpreters are worried that they might make mistakes. Of course, that means that the women have to wait longer for interpreters, which exacerbates the situation.

We see that deaf women in that situation are doubly disadvantaged: they experience barriers because they have faced domestic abuse and also because they are deaf. Including them alongside disabled women in the statistical monitoring masks their real experiences. If that could be recognised through the justice part of the national plan under the BSL legislation and in Pam Gosal's domestic abuse bill, it would make a real difference.

Tess White: I have one final question. Rachel O'Neill, you said that colleges could do more if there were a bit of a plan but that there are only two colleges in the whole of Scotland that are doing quite well with regard to the levels of BSL on offer. However, even if there is a plan, how can they train more teachers if they do not have any more funding?

Rachel O'Neill: It would be helpful to have a BSL tutor course for the whole of Scotland, parts of which might be delivered online. That could be targeted on colleges, which would be expected to improve their provision and raise the level of training that they provide.

Tess White: If representatives of colleges were here now, they would say that colleges are on their knees, so—

Rachel O'Neill: Yes, but the demand for BSL is quite strong. If we had a course that enabled us to get teachers trained to work in colleges, more colleges would take the challenge and increase the number of classes that they offered at higher levels.

Tess White: So, the gauntlet is down; colleges just need to take it up. Is that what you are saying?

Rachel O'Neill: The Scottish Funding Council could do something about it. It has outcome agreements with colleges.

Tess White: Thank you. I especially thank you, Lucy. I realise that giving that evidence in front of a committee was probably difficult, but it is a very important topic.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I appreciate you inviting me. Thank you.

Marie McNair: Good afternoon. Thanks for your time this afternoon. Do you have anything else that you want to bring to the attention of the committee that you think would improve outcomes for BSL users across the whole of Scotland? I will pop that out there for anyone who wants to answer it.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* We need more counselling services and more CBT and EMDR treatments for deaf people. Those therapies are great for hearing situations as they ask people questions and get people thinking, but they are not appropriate for deaf people. Deaf people think differently—they think more visually. We need to have deaf counsellors and deaf CBT services, which involves training deaf people who know what we do as deaf people every day and how we think and work.

Some of the questions that are asked in those treatments are like this: "If you wake up in the morning and you hear this noise, does it make you stressed?" That does not happen for a deaf person. It might be better to ask, "If you wake up in the morning and see lights flashing to alert you, what does that make you feel?" We need to look at those services and adjust them for deaf people. We need to have deaf people who are qualified and trained in that so that they can share knowledge, experience and training, and can support each other and other deaf people in the best way possible.

12:15

Professor Napier: Scotland has led the way in this area. Scotland passed the first act that recognised BSL as an official language, long before the UK Westminster Government did so, and a lot of people have been looking to Scotland as a sort of flagship.

I do not know how much we could do about this in the Scottish devolved context, but deaf people will typically need to use interpreters to work with them regularly if they are to access work and maintain employment and progress in employment, and that provision is funded through the Department for Work and Pensions, as Rachel O'Neill has mentioned. There is always a tension around the fact that the DWP wants to, for example, cap the number of hours for interpreters. There is almost an assumption that deaf people will never progress into senior roles, although there is a lot of potential there. If we want Scotland to be the best place for deaf people to live in, work in, study in and visit, the work part is critical.

We have talked a lot about the need for direct service provision in relation to issues such as domestic abuse and education, and it is important for trained and qualified deaf people to occupy positions in those services. However, quite often, they cannot access the necessary training because of lack of interpreters and then, even if they get a job, the number of hours of interpreting that they can get is restricted, which means that they cannot attend certain meetings, so it is harder for them to progress. Rachel O'Neill talked about the need for a deaf student on a teacher training placement to have an interpreter with them from 9 to 5 every day. However, a lot of deaf people say that their interpreter hours are capped.

What could we do in a Scottish context to make a difference? Deaf people should be able to pick whatever profession or career that they want and then, when they get into that career, have the resources available to them so that they can progress and do the best job that they can do. That means providing accommodations such as having interpreters in place. If funding is restricted, it restricts what they are capable of doing, which holds them back from making a contribution to our society.

Marie McNair: I agree with you there. Does anyone want to add anything before I hand back to the convener?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* Professor Napier mentioned the access to work support from DWP, and the cap on the number of hours that we can access an interpreter. Access to work gives me a budget, which means that I have to be responsible for working out how many hours I can use interpreters for. I get frightened that I will run out of interpreting support by the end of the year, which would mean that I would not have the interpreters that I need to do my job. That is an additional burden that I have at my work. I have to deal with invoices, fill out forms and sort out for how many hours the budget allows me to have interpreters. It becomes very stressful and is additional to my work. If I am working 37 hours a week, where do I find the time to deal with the additional paperwork? "Well, use your lunch hour." You would not tell a hearing person to do that for their work. Deaf people have additional burdens just to do their jobs in the same way as anybody else. We want to have systems in place so that we do not have those additional burdens and stresses just to be able to do our jobs.

Marie McNair: Thank you. It is all about equality, is it not? Rachel O'Neill, do you have anything?

Rachel O'Neill: Yes. I would like to say one more thing about language rights and deaf children. In the second national plan there is more focus on health staff understanding BSL, which is good, but there is still a bit of a battle between different approaches for deaf children. We should be in an age where families can have real choices and do both speech and BSL, and both should be available. At the moment, speech is available everywhere and the NHS provides great support for early cochlear implantation. They have changed, I must say, very recently, and the national cochlear implant centre in Kilmarnock has accepted that BSL is a possibility.

The issue about language rights goes back to what I said at the beginning about deaf support workers and how important it is to have people who are fluent in the language available everywhere in Scotland, so that deaf children can acquire the language. That means a certain amount of contact, especially in the early years. In a nursery setting, for example, that would be 15 hours a week minimum with fluent BSL users. That is quite hard to organise in rural areas but it is not impossible. For example, there could be roving au-pairs or nursery staff who move around.

The right to a language is an important thing to remember. It is such a basic right that we often do not even think of it as a right and we assume it will be fine, but deaf children often arrive at school without any well-developed language. Language rights should be built in, and it is not just spoken language that has to be thought about but BSL. There must be enough contact with BSL-fluent signers in the very early years.

In Scotland, the person in the local authority who runs in-school services for deaf children is sometimes an expert in additional support for learning. They do not know about the early years. This part of the job has been with teachers of deaf children since the 1960s, but the person who is in charge of it in the local authority thinks that it starts in nurseries. Well, it does not. It starts well before that.

It is a difficult and multifaceted problem to try to get health staff to be more positive about BSL and to talk about not Makaton and sign along, but BSL. I am including here speech therapists, doctors, the cochlear implant surgeon—who, surprisingly, sometimes has quite a strong role in how parents think—and all of the people who are in the health service. They have to know more about BSL. It is in the second national plan, but I would like to know how that is going. It is very important to get language rights for deaf children so that they have at least one fluent language established by the time that they start school. It is a very big challenge but I think that it is possible.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* We are speaking about two different things there. I was born deaf and I had access to a speech and language therapist. I wish that the audiologist was specific. They rely too much on speech and language therapists now in audiology, and I do not think that they should. It is very stressful because they put a lot of pressure on a child to learn how to speak. Parents should not be allowing that burden. They should be allowing children to have both languages. Children who speak other foreign languages do not have such pressure. They are not being forced to speak English or to choose which language to speak. There is a huge pressure from the audiologists to learn to speak and I think that we need to change that. Audiologists need to change their attitude to that.

Huge funding is going into speech and language therapy and cochlear implants, but not into BSL. There should be more funding and you should be speaking to families to ask them what it is that they want and what is the best approach for their child. Speech and language therapy is good, but it is not the only way, and it should not have to be a split. Children and families should be able to have both.

The Convener: Thank you. Lucy, we have had feedback that there is sometimes pressure for assimilation, I suppose that we could call it, into the hearing world. How important is it to you that BSL is protected as a language and a culture?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* I grew up with speech. When I was nine, I started at a deaf school and I was gobsmacked by the signing. It should have been an auralist deaf school, but anyway. I had not signed until my first day there and when I arrived home I was totally enamoured with BSL. My parents did not know how to sign, obviously, at that time either. What is important is the communication between parents and children. I see mothers, daughters, fathers, everybody chatting all together and I am the only one who uses BSL.

If audiologists in the hospitals offered the opportunity of speech and BSL, it would leave all people in a better position. It would leave me in a better position, knowing what is going on—including my mental health. My family would be able to say, “Okay, she is deaf, so what?” rather than facing the patronising attitude of, “Oh, no, your daughter is deaf.” It can be seen as such a negative. BSL can give me power and means that I do not have a label such as “deaf and dumb” or “mute”—those labels that we had, which we now know are not appropriate. I am a deaf BSL user. Considering aural, deaf people should have a right to choose because their natural language is to sign, the same way that a person’s natural language might be to speak English. If, say, French is someone’s natural home language, then it feels like home. Sure, I could speak English, but signing feels like home to me. That is what is so important. Losing the pressure to speak in English gives us our life back. Babies learn to sign: they can start learning to sign before they are able to speak. We all know that we have the skill to do it.

The Convener: I will start to wrap up as I am very conscious of the time, but I have a final question. We have, rightly so, spoken about targeted help and support, such as interpreters, tutors and deaf pupil support assistants. How revolutionary would it be for the deaf community to have BSL taught in all hearing schools in Scotland so that all children could sign? As they grow up, they would bring BSL into employment and all aspects of our society. Should we be looking at that?

Lucy Clark: *(simultaneous interpretation from British Sign Language)* Absolutely. If I am going abroad and I do not speak the language, I can sign to people and they can understand me. There are good things. It is amazing to see people learning BSL—or learning sign language. It is BSL—British Sign Language—that we use here. I like to see people sign. I do not want people to feel frightened or as though they are not able to approach a deaf person. We want people to be able to approach deaf people and not feel frightened by it. We are deaf, that is all. We want to know that people are able to be de-burdened by BSL.

Professor Napier: I agree. I grew up in a large deaf family. My parents are deaf, as are my grandparents and lots of cousins, aunts and uncles. I am the odd one out a little bit in my family.

We talked recently about the fact that there is a lot more BSL in the media. We have seen Rose Ayling-Ellis, for example, winning “Dancing with the Stars”, or “Strictly Come Dancing” or whatever it is called. I do not normally watch it but I watched it when she was on. I think that Google searches for BSL classes went up by 1,000 per cent. We have had other deaf people on TV programmes, including on a recent TV drama series called “Reunion”.

Because we are seeing more BSL on television and in the media, my family and friends have told me that they feel more included. They go to restaurants and people are signing thank you, doing thumbs up and little bits and pieces like that. They say, “I do not feel so alien. I can walk around and people do not seem as frightened to talk to me directly, even if it is just basic.”

To go back to your question, if we were to integrate teaching BSL, which is an indigenous language to Scotland, into schools, people would not feel like they necessarily always have to rely on interpreters. We would not always have to talk about, “It has to be interpreters.” You would get more direct communication. Many deaf people say that a little bit of direct communication goes a very, very long way: it reduces barriers and it promotes the use of BSL, which is a part of our landscape in Scotland.

The Convener: Absolutely. We have come to the end of our session. Have members asked everything they wish to? Do any witnesses wish to add anything to their contributions?

Rachel O’Neill: On that very last point, I think that it is perfectly possible to get qualified BSL teachers working in schools. Once there are some, perhaps the SQA will start to think about national 5, higher and advanced higher courses in the language. However, it will be a slow process. It important to ask, to start with, where we can get the best supervised placements for those students and whether we can concentrate on resource-based schools, because deaf children who go to resource-based schools will benefit most if their peer group signs.

Ultimately, it is a great goal to get every school in Scotland teaching BSL, but if we think about the number of BSL tutors available currently, it will be a slow job. A register of BSL teachers with a professional graduate diploma in secondary education, which the General Teaching Council for Scotland could set up, would slowly lead to more qualified teachers, and that status is important. For hundreds of years, deaf people have been working in support roles in deaf education, not getting paid very much. Having some qualified school teachers would be a good idea. I think that we should start with the resource-based schools as places where they can work and teach BSL, and hopefully the new body, qualifications Scotland, will come up with a national 5, a higher and an advanced higher in BSL.

Lucy Clark: *(simultaneous interpretation from British Sign Language)* To add to Rachel O’Neill’s point, we have only three deaf interpreters and two trainee translators in Scotland, and I am one of them. There are five or six of us who are deaf ourselves. It is frustrating that, when we ask who the teachers are in BSL classes in rural areas, it seems that it is often interpreters who are teaching BSL. Those are not qualified teachers. We need to understand that our native language is unique and we are the ones who have the skills. Interpreters are hearing, have grown up hearing all their lives and have acquired the skill of BSL. It must be a deaf person teaching BSL—a native deaf BSL user—not interpreters. That is crucial.

The Convener: Yes. That is an important point: interpreters are not qualified teachers of the deaf. Thank you.

That brings an end to our public session this morning—well, it is afternoon now. We will move into private to discuss the remaining items on our agenda. Thank you so much again.

12:30

Meeting continued in private until 12:43.

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