**Interpreting and Translation National Policy**

**General responses and comments on the draft policy by the National Deaf Children’s Society**

*The National Deaf Children’s Society is the leading charity dedicated to creating a world without barriers for deaf children and young people. We want to work with Government, local authorities, health bodies as well as our third sector partners to ensure they can effectively support deaf children and their families.*

**Legislative context**

We recommend that the document is explicit in that ‘patient’ and ‘service user’ may well be a child or young person. This is important where the young persons first language is BSL and stage of development would mean that health professionals would expect to be able to discuss their health directly with them and therefore should have their own interpreter.

**UNCRC**

Children have rights to participate in decision making about their lives as enshrined in Article 12 of the UN Convention on the Rights of the Child. It says that when adults are making decisions which affect them, they have the right to say what they think should happen and have their opinions taken into account. This right applies to all children and young people with the principles of participation also included in Article 7 of the UN Convention on the Rights of Persons with Disability.

**Accessible healthcare services and effective communication**

We would encourage all NHS Boards to ensure that, as well as those who use BSL, all parents of deaf children and deaf children and young people themselves are fully informed about the wide range of options for communication aids, methodologies and support available to them from the NHS and wider multi-agency partners including the voluntary sector.

**Barriers to accessible and inclusive services and effective communication**

Whilst 90% of deaf children are born to hearing parents who support them throughout childhood in accessing NHS services, deaf children have the right to understand and be involved in decisions making about their care. Deaf parents of deaf children also require full access to information about their child’s care.

Other communication barriers deaf children and their families face:

* Many deaf families rely on a friend or relative to make telephone appointments with health professionals on their behalf
* Deaf children and young people have told us about the problems they experience communicating with health professionals
* Deaf families may not use communication support in a health care setting (for example a BSL interpreter or notetaker) because they did not know this service was available.

We would recommend that any changes to appointments that occur, especially for those deaf young people transitioning into adult NHS care, are contacted via a form of communication that is most suitable for their needs.

We hope that this policy will improve deaf awareness training for the workforce that interface with deaf children and young people, from medical staff, audiologists, mainstream staff, receptionists and all other front line staff who come in contact with deaf children.

**Reasons not to use family, friends and carers as interpreters**

We hope this policy will go some way to addressing concerns that deaf children and young people and their families are continuing to experience communication barriers within NHS settings. Many deaf young people have to rely on friends and relatives to make appointments or to act as a communication support worker during an appointment, particularly for parents of deaf children where BSL is the main language used. Ensuring direct communication support for all deaf children, as well as those who use BSL, is vital. For example, parents may have to communicate sensitive medical information to their child.

*“It’s not easy to access support at the doctors so I have to take my mum.” Deaf young person*

Furthermore, the majority of deaf children are born to hearing families and often when BSL is the first language of the child it is often not the first language of the family. As a consequence the parents signing skills are frequently poorer than the child’s.

*“There are not enough interpreters for the doctors, dentist and because of this I feel nervous about going to these things.”* Deaf young person

“*If the doctor could sign, I would go by myself but if not possible, I would go with a BSL interpreter.” Deaf young person*

*Recommendation*

Ensuring basic deaf awareness is in place and that information given is accessible are both vital pre-conditions to encouraging independence amongst deaf children and young people. As this group get older, they should have the same access to health services as their hearing peers. It is important that health professionals always talk to deaf young people directly and not to their parents or interpreters. Encouraging, supporting and empowering deaf young people to clarify, ask questions and make sure they understand is vital to ensuring equality of access and promoting independence.

**Training of NHS staff**

As previously mentioned, this should mean well trained practitioners who have a strong understanding and awareness of the needs of deaf children and young people. We recommend reinforcing the need for appropriate training for staff to ensure they have the skills and knowledge to ensure effective delivery of the policy.

*Recommendation*

All health professionals should have access to basic deaf awareness training and the opportunity to undergo refresher training where a deaf young people starts to come into regular contact with them.

**Identifying service users’ spoken or signed language need**

Deaf children and young people communicate in a range of different ways, including BSL. Health professionals should ask what their communication preferences are and ensure this is recorded in their records.

Inclusive communication is critical in ensuring practitioners recognise deaf children/young people and their families as experts in their own experiences, needs and wishes; and in encouraging this group to take part in the running of their support services if they choose to.

The provision of information in formats that is accessible to every child and young person and their families is critical to ensuring they gain full access to the care and support they need, understand advice and guidance they receive, and are understood by the practitioners around them. It is the responsibility of health professionals to ensure that communication support is in place and booked before a deaf child or young person attends an appointment.

The quality of language support is crucial, particularly in early learning and childcare settings where children do not get regular access to communication support. This contravenes the aspiration of the standards and GIRFEC. For example, ‘I am supported by appropriately qualified communication support staff who can effectively meet my speech, language and communication needs and preferences.’

**Qualifications and registration of interpreters**

In Scotland BSL interpreters should be registered with the Scottish Association of Sign Language Interpreters (SASLI) and hold a PVG certificate. Qualification levels in terms of specific interpreting situations are not regulated which presents a clear gap in quality assurance here. In addition, there are gaps in the guidance to inform professionals such as the gap in early years guidance for deaf children and their families.

**Governance, monitoring and review**

To provide effective delivery of services, there should be a focus on how services will identify the needs and characteristics of the population they serve. It is critical that services are able to base their resource allocations and service structure on accurate population data. This is also fundamental to ensuring organisations have appropriate workforce plans. To facilitate this, strong multi-agency working and data sharing will be crucial to the delivery of the policy.

**Monitoring and evaluation of services**

We recommend information is also recorded on difficulties patients have experienced in making complaints due to a lack of communication support, i.e. the lack of a BSL interpreter.

**Service feedback**

We recommend frontline staff also undertake deaf awareness training and if each NHS body is to ensure frontline staff are able to handle complaints.

**For more information contact:**

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