

Sources of Support

<https://bda.org.uk>



(British Deaf Association. 2021)

<https://www.ndcs.org.uk>



(National Deaf Children's Society. 2021)

<https://www.wcdp.org.uk>



(Wales Council for Deaf People. 2021)

<http://louderthanwords.org>



(Royal National Institute for Deaf People. 2021)

Guidance for Healthcare Services

Supporting British Sign Language Users



(Cintra, 2021)

Frequently Asked Questions

What is a registered interpreter?

The National Registers of Communication Professionals working with Deaf and Deafblind (NRCPD) have strict criteria for interpreter registration. This includes DBS checks, Professional Indemnity insurance, agreement to follow a Code of Conduct and are subject to NRCPD professional conduct Complaints Procedure (Association of Sign Language Interpreters, 2020, p.4).

What is the advice for safe communication in relation to Covid restrictions?

Clear face coverings are essential for communicating with BSL individuals and practitioners should seek advice regarding personal protective equipment from the Welsh Government (2020) and National Deaf Children's Society Cymru (2020).

Where can I get further advice or information about deaf awareness?

Please visit websites above for useful information regarding D/deaf awareness. Public Health Wales runs a campaign to raise awareness of the communication needs of individuals with a sensory loss. Please visit their website and 'It Makes Sense' Campaign (Public Health Wales, 2021).

This leaflet has been designed to support practitioners within healthcare services who work in patient facing environments such as, medical centres and GP surgeries.

The Equality Act 2010 and the United Nations Convention on the Rights of People with Disabilities (UNCPRD, 2009) stipulate that organisations are legally obliged to provide access to services for all disabled. Therefore, **hiring a professional sign language interpreter is essential for British Sign Language users to access healthcare services.**

(Cintra, 2021).

Definitions

'British Sign Language (BSL) is a visual spatial language that involves facial expressions, body language and articulation. BSL has its own grammar, syntax, idioms and regional variations' (Welsh Government, 2014. P.1).

Interpreters are 'registered, qualified, bilingual and bicultural professionals who facilitate communication between BSL users and individuals who use spoken language'

(Welsh Government, 2014, p.iii).

Key Issues within the Environment:

- Inability for service users to access the environment or support because of a lack of deaf awareness
- Availability of interpreting services and who is responsible for booking them
- Exchange of information that requires effective communication such as service user explaining symptoms
- Ability of practitioner to understand and diagnose service user
- Consequences if information is not understood and appropriate support is not received
- A lack of trust and confidence in service provider can have health implications for service users

Addressing the Key Issues:

- Book appointments with appropriate interpreting services
- Be mindful of the use of auditory systems
- Use sensitivity explaining to service users that family and friends are not appropriate replacements for a professional interpreter. Suggestions that family and friends can be advocates may be more suitable.
- Medical terminology is difficult to interpret easily so additional material will be required for interpreters

Direct advice:

- Longer consultation time needs to be booked
- Address the service user directly, not the interpreter
- Provide service user where necessary with visual material to assist service user to describe their symptoms
- Ensure the service user has a clear view of your face to assist with lip-reading and visibility of facial expressions
- Reduce background noise or inappropriate visual distractions
- Communicate naturally, do not shout and be aware of body language
- Patience is required with diagnosis and feedback
- Allow for interruptions within the flow of communication for clarification purposes
- Provide sufficient time to give details about prescriptions, treatments and follow-up appointments or referrals

(Brown, Aldersson & Dekesel, 2020, Butters, 2019, British Deaf Association, 2021, BID Services, 2021).



(Mobility International USA, 2018)

“BSL Users rightly expect services that are **genuinely accessible, flexible and responsive**”

(Hutt, cited in Welsh Government, 2014, p.i).

Additional Barriers for BSL Users Accessing Healthcare Settings:

- Reliance on lip-reading, writing and reading which are inadequate replacements for interpreting services
- Varying levels of health literacy can limit understanding of health conditions
- Zero deaf awareness means that service users are unable to communicate their arrival for an appointment or that they require further assistance.

(Butters, 2019).

Provision of Interpreters and Assurance for BSL Users

- Confirmation that an interpreter has been booked and information has been given regarding interpreter's name, gender and agency they work for
- Service providers to use a large pool of reputable interpreters so that access is not limited and there is availability for emergency appointments
- Mandatory deaf awareness training means staff will be more attuned to communication needs of BSL users

(Butters, 2019).

Positive Outcomes for All

- Effective and equitable service provision means that BSL users are valued and included within the healthcare setting
- BSL Users have trust in the treatment and care they receive
- Diagnosis and treatments are more efficient

(Butters, 2019).

This rationale aims to explain why it is necessary and important for practitioners within healthcare settings to provide better support for British Sign Language (BSL) users whom they come into contact with. The leaflet highlights the issues that exist for Deaf people who require interpreting services to access equitable support within environments such as, medical centres and GP surgeries. Furthermore, it offers simple solutions to overcome the inequities that continue to exist for British Sign Language users despite legislation in place, including but not limited to, the *Equality Act 2010*.

According to Health Economists at the University of East Anglia (*cited in* BID Services, no date), ‘Missed diagnosis and poor treatment is costing the NHS £50 million a year’. These statistics highlight that there are huge implications for the health care setting and service users if there are misdiagnoses of symptoms and treatment. SignHealth’s Sick of it Report (2014) states that ‘8 in 10 Deaf people want to use sign language, yet only 3 in 10 are given the chance’ which shows that there is an even higher risk of an inaccurate diagnosis through potentially limiting communication by not using an interpreter. Additionally, misdiagnoses could lead to further health complications for service users using BSL and a possibility that complaints are raised against service providers (SignHealth, 2014).

‘The philosophy of person-centred practice is built into legislation in all four countries of the UK’ (Health Innovation Network, 2016, p.3) and is concerned with knowing what is important to service users. The most important consideration for a BSL user in hearing settings is having access to an interpreter. Person-centred practice is an approach that can achieve good communication, information and education when practitioner and service user are able to work together that will consequently achieve better outcomes for all such as better health and wellbeing. If healthcare settings are practising person-centred care then the GP surgery, in this example, should be aware of the requirements of the BSL user and ensure an interpreter is arranged.

However, providing an interpreter alone is not a sufficient solution to effective communication. Brown, Aldersson and Dekesel (2020, p.11) state that ‘Often, interpreters are perceived as being there for the patient...’ when in reality they are present for all concerned, practitioners and service users. The leaflet aims to achieve effective communication for all in order for service users to be fully included in the decisions about their treatment and care. According to Brown, Aldersson and Dekesel (2020, p.10), simple communication adjustments, exemplified under direct advice in the leaflet, have the potential to ‘maximise interpreter effectiveness, patient understanding, safeguard patient wellbeing and save on time and service provider resources’.

People who identify as Deaf with a capital 'D' consider themselves culturally deaf, 'regarding deafness as a difference in human experience as opposed to a disability' (Middleton et al, 2010, p. 2) and prefer using sign language to communicate. British Sign Language is 'a combination of hand shapes and movements, lip patterns, facial expressions and shoulder movements' (Royal National Institute for Deaf People, 2021) with its own grammar and syntax, and, is recognised as an official minority language, the same as Welsh and Gaelic (Sign Community, 2013). Therefore, BSL users should be allowed to have the ability to make themselves understood in the language they are most comfortable using, something that one could argue is not happening considering the statistics from SignHealth's Sick of it Report (2014).

Communication is a process in which people 'verbally or non-verbally share information and ideas' (Phutela, 2015). Non-verbal communication can be referred to as kinesics and includes posture, facial expressions, eye contact, gestures and body orientation (Phutela, 2015, p. 45) and is intrinsic to British Sign Language. However, difficulties can arise with non-verbal communication if the communicator or practitioner is unaware of how the receiver or service user interprets the message they send. For example, facial expressions send messages and intentional or not, can create a negative feeling for the service user. It is important for practitioners to be aware of their facial expressions and body language when communicating with Deaf individuals, as negative feelings can impact effective communication, highlighted in the leaflet under the direct advice section.

Berry asserts, although communication is 'frequently made through spoken or written language, non-verbal communication plays a significant role in our interaction' (2007, p. 1) and typically requires senders, messages, receivers and channels of communication. Brooks and Heath (1993, *cited in* Berry, 2007, p. 12) define interpersonal communication, otherwise known as the face-to-face interaction between two or more people, as 'the process by which information, meanings and feelings are shared'. It is important to point out that this type of interaction demonstrates a two-way process, one which Berry (2007) argues is generally genuine and one which all participants bring their own 'experiences, values and personalities that will influence the interaction' (2007, p.13). For a service user dependent on an interpreter for the information from a doctor, the interaction is even more complex. If the interaction is influenced by each participant's experiences, values and personalities, then practitioners need to consider the service user's perspective. Adopting approaches detailed within Communication Accommodation Theory (CAT) practitioners can consider service users' perspectives and adjust their own.

Pretorious (2018, p.74) states that 'traditionally, CAT is a theory of interpersonal communication' that aims to explain how practitioners can adjust communication to accommodate service users through convergence or divergence. Converging communication means that a doctor, for example, can alter their language to ensure that the service user has understood their diagnosis as opposed to diverging. Divergence can occur when a doctor may use medical terminology that is very difficult for the service user, or the BSL interpreter, to comprehend accurately. The convergence approach allows for a better connection between service user and practitioner and consequently, a more effective diagnosis approach. In addition, if effective communication takes place, the service user is instilled with trust and confidence in the service provider and outcomes, such as better health and wellbeing can be achieved. However, the convergence approach is more than words.

Effective communication is a dynamic process, one where we take information not only from words but the way the words are delivered and understood. Middleton *et al.* (2010) point out that it is important health care practitioners recognise the limits of communication, such as cultural or linguistic, when people with different perspectives interact, such as those who identify as culturally Deaf. The leaflet gives several sources of support to assist practitioners on how to communicate with Deaf individuals, education that Middleton *et al.* (2010) state is crucial if service providers aim to be inclusive and person-centred and, practitioners constantly reflect ethically on the delivery of care and treatment they give to service users.

The rationale now gives an explanation for the design and layout of the leaflet. The font style is Comic Sans, a user friendly font that is, according to Mansfield *et al.* (1996), particularly good for dyslexic readers. The background colour for each section is plain and pastel coloured, thereby avoiding the use of patterns that can be too distracting for the reader. The main section on the centre pages have specific headings in bold to emphasise their importance and the coloured sections on page 2 is formatted as a traffic light system. The colour red has an alarming connotation and immediately draws the reader's attention to this particular section and the barriers to inclusion that can exist within the environment for BSL users. The traffic light system is used within many organisations acting as an indicator to issues and may be used as a useful method of monitoring improvements (Mansfield and Ashfield Clinical Commissioning Group, no date). The use of images within the leaflet is to portray communication as a positive experience for all and aims to encourage the reader to consider the content within.

In terms of the ethical issues considered, the leaflet ensures the references to individuals are non-discriminatory specifically with reference to Deaf people by referring to individuals in a

manner acceptable to them. This is in line with academic research as Resnik (2020) states that ethical considerations constitute several things including social responsibility, respect and protection. Although the leaflet has not been produced for the Deaf community, practitioners need to be aware of Deaf culture in order to support BSL users more effectively, and the leaflet directs the reader to sources of support such as organisations that advocate for the rights of Deaf individuals. In addition, information, including data and statistics, are from legitimate academic sources to ensure the leaflet is credible and not a matter of opinion. Several sources are also used to reduce statistic bias bearing in mind that campaigning organisations may provide data for their own political agendas.

In conclusion, the rationale explains the importance of practitioners using BSL interpreting services as a communication tool within a health care setting such as a GP surgery. It addresses the ethical, theoretical and practical issues that need to be considered when supporting BSL users to access this particular environment. In addition, it demonstrates how important it is for practitioners to be aware of diverse language and communication styles of service users and ensure their needs are met.

References

- Association of Sign Language Interpreters (2020) *Guidelines for Booking Interpreters in Healthcare Settings during the COVID-19 Pandemic*. Available at: <https://asli.org.uk/wp-content/uploads/2020/06/Best-Practice-for-Booking-Interpreters-in-Healthcare-settings-during-Covid-19-FINAL.pdf> (Accessed: 18 January 2021).
- Berry, D. (2007) *Health Communication: Theory and Practice*. Maidenhead: Open University Press.
- BID Services (2021) *A Guide to Working with Deaf People in a Health Setting*. Available at: <https://www.bid.org.uk/downloads/resources/a5-guide-to-working-with-deaf-people-in-a-health-setting.pdf> (Accessed: 24 January 2021).
- British Deaf Association (2021) *BDA* [Logo]. Available at: <https://bda.org.uk/> (Accessed: 18 January 2021).
- Brown, S., Aldersson, R. and Dekesel, K. (2020) 'Supporting patients who are deaf who use a signed language in general practice', *British Journal of General Practice*, 70(690), pp. 10-11. Available at: <https://bjgp.org/content/70/690/10> (Accessed: 12 January 2021).
- Butters, H. (2019) *Assessment of Equality Impact, Communication and Engagement Report*. Available at: https://www.leedscg.nhs.uk/content/uploads/2019/09/Eng_report_bsl_final_pdf_docx..pdf (Accessed: 17 January 2021).
- Cintra Language Services Group (2021) *British sign language interpreting*. Available at: <https://www.cintra.org.uk/page/bsl> (Accessed: 12 January 2021).
- Cintra Language Services Group (2021) *People communicating* [Image]. Available at: <https://www.cintra.org.uk/> (Accessed: 17 January 2021).
- Convention on the Rights of Persons with Disabilities* (2009) Treaty no. 44910. *United Nations Treaty Series*, 2515, pp. 3-192. Available at: <https://treaties.un.org/doc/Publication/UNTS/Volume%202515/v2515.pdf> (Accessed: 15 January 2021).
- Department of Equality Planning and Strategy (2014) *British Sign Language (BSL): advice for public services*. Available at: <https://gov.wales/british-sign-language-bsl-advice-public-services> (Accessed: 12 January 2021).
- Equality Act 2010*, c. 2. Available at: <http://www.legislation.gov.uk/ukpga/2010/15/contents> (Accessed: 15 January 2021).
- Health Innovation Network (2016) *What is person-centred care and why it is important?* Available at: <https://healthinnovationnetwork.com/resources/what-is-person-centred-care/> (Accessed: 26 January 2021).
- Mansfield and Ashfield Clinical Commissioning Group (no date) *Risk Matrix Scoring*. Available at: <https://www.mansfieldandashfieldccg.nhs.uk/media/2056/quality-and-equality-impact-assessment-b-blank-eia-tool-stage-1.pdf> (Accessed: 26 January 2021).

- Mansfield, J.S., Legge, G.E., and Bane, M.C. (1996) 'Psychophysics of reading. XV: Font effects in normal and low vision', *Investigative Ophthalmology and Visual Science*, 37(8), pp. 1492–1501. Available at: <https://iovs.arvojournals.org/article.aspx?articleid=2161324> (Accessed: 26 January 2021).
- Middleton, A., Niruban, A., Girling, G. & Myint, P. K. (2010). 'Communicating in a healthcare setting with people who have hearing loss', *British Medical Journal*, 341(3), pp. 1-5. Available at: <https://doi.org/10.1136/bmj.c4672> (Accessed: 26 January 2021).
- Mobility International USA (2018) *Funding Tips for Deaf and Hard of Hearing Exchange Participants* [Image]. Available at: <https://www.miusa.org/resource/tipsheet/deaffundingtips> (Accessed: 19 January 2021).
- National Deaf Children's Society (2020) NDCS [Image]. Available at: <https://www.ndcs.org.uk/#> (Accessed: 24 January 2021).
- National Deaf Children's Society Cymru (2020) *Response to Welsh Government Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales*. Available at: <https://www.ndcs.org.uk/media/5924/covid-19-ndcs-cymru-submission-hss-committee-on-the-impact-of-covid19-june-2020.pdf> (Accessed: 15 January 2021).
- NHS England (2018) *Guidance for commissioners: Interpreting and Translation Services in Primary Care*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-commissioners-interpreting-and-translation-services-in-primary-care.pdf> (Accessed: 15 January 2021).
- Phutela, D. (2015) 'The Importance of Non-Verbal Communication', *IUP Journal of Soft Skills*, 9(4), pp. 43-50. Available at: <https://web-a-ebSCOhost-com.ezproxy.uwtsd.ac.uk/ehost/pdfviewer/pdfviewer?vid=1&sid=617342ec-08ce-4b31-af98-c63962791c6f%40sdc-v-sessmgr02> (Accessed: 26 January 2021).
- Pretorius, M. (2018) 'Communication accommodation theory analysis of nurse-patient interaction: Implications for course design', *International Journal of Applied Linguistics*, 28(1), pp. 71-85. Available at: <https://onlinelibrary-wiley-com.ezproxy.uwtsd.ac.uk/doi/full/10.1111/ijal.12184> (Accessed: 26 January 2021).
- Public Health Wales (2021) *It Makes Sense Campaign*. Available at: <https://phw.nhs.wales/services-and-teams/equality-and-human-rights-information-resource/it-makes-sense-campaign/> (Accessed: 18 January 2021).
- Resnik, D. (2020). *What is ethics in research and why is it important?* Available at: <https://www.niehs.nih.gov/research/resources/bioethics/whatis/index.cfm> (Accessed: 30 January 2021).
- Royal National Institute for Deaf People (2021) *British Sign Language*. Available at: <https://rnid.org.uk/information-and-support/deaf-awareness/british-sign-language/> (Accessed: 23 January 2021).

Royal National Institute for Deaf People (RNID, 2021) *Louder than Words* [Logo]. Available at: <https://louderthanwords.org.uk/> (Accessed: 18 January 2021).

Sign Community (2013) *British Sign Language*. Available at: <https://www.signcommunity.org.uk/british-sign-language.html> (Accessed: 25 January 2021).

SignHealth (2014) *A Report into the Health of Deaf People in the UK*. Available at: <https://signhealth.org.uk/wp-content/uploads/2019/12/THE-HEALTH-OF-DEAF-PEOPLE-IN-THE-UK-.pdf> (Accessed: 24 January 2021).

Wales Council for Deaf People (2021) *WCDP* [Logo]. Available at: <https://www.wcdeaf.org.uk/> (Accessed: 18 January 2021).

Welsh Government (2014) *British Sign Language (BSL): advice for public services*. Available at: <https://gov.wales/british-sign-language-bsl-advice-public-services> (Accessed: 15 January 2021).

Welsh Government (2020) *Coronavirus and personal protective equipment*. Available at: <https://gov.wales/coronavirus-and-personal-protective-equipment-ppe> (Accessed: 15 January 2021).