INVESTIGATION OF ACCESS TO PUBLIC SERVICES IN SCOTLAND USING BRITISH SIGN LANGUAGE

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SUMMARY

1 This study was designed to assess the extent of access to public services in sign language (BSL) by Deaf people. Eighty-nine people selected from 142 who completed preliminary interviews, were interviewed in Glasgow, Edinburgh, Aberdeen, Inverness, Kirkcaldy, Stornoway and Lerwick. A Deaf researcher completed a video-recorded interview and returned later for a group interview. All data was analysed in BSL by Deaf researchers.

Extent of access to public services using BSL

2 The study found that that Deaf people have very limited access to public services in BSL and consequently appear to have very low levels of expectation in this regard. The research found no examples of health care, emergency services, or council provision, which Deaf people use, which were delivered in BSL. Deaf respondents described feelings of surprise and relief when on rare occasions, they found staff who could sign. The research found that Deaf people on Lewis and Shetland were particularly isolated and unable to access public services.

BSL users’ experiences in using BSL with public service providers

3 The experience of hearing public services described by Deaf people is one where they are left feeling frustrated, annoyed and embarrassed. Respondents reported poor Deaf awareness and described situations where staff dealt with other people first, tried to talk to other family members instead of them and struggled to provide pen and paper to allow them to write things down. Deaf people consider many of the problems to be the results of ‘bad attitude’ in hearing people, where people do not care or are resistant to changes in their routine. Deaf people often withdrew from such situations and did not return.

4 Contacts with the Health Service were considered the most stressful. Staff commonly failed to alert Deaf people in a waiting room when it was their turn and medical problems were often not explained properly because staff were unable to write things down or refused to do so. When Deaf people brought an intermediary (family member or friend), they described a loss of independence and privacy. Contact with police was similarly problematic. Interpreters were not provided and the police would often try to question children rather than the Deaf adult. Being Asian and Deaf creates further problems in this respect where these Deaf people claim that they are further marginalised by service providers because of race.

Alternatives when BSL is not available, which are useful

5 Deaf people felt that they were expected to adapt while hearing people continued to interact as they had always done. Deaf people felt they were expected to be able to lip-read, to speak, to write and to read public service communications. They considered this expectation unreasonable.
Automatic services and machines were universally disliked by Deaf people because they default to speech intercoms whenever there are any problems. Some distance communication options were used. Use of fax is established, although Deaf people are more comfortable in faxing other Deaf people than using it for contact with the hearing community (because of their lower literacy level). Text messaging (mobile phones) was popular because of its immediacy, ease of use and ubiquity. In contrast, the use of textphones seems to have declined greatly in Scotland.

Alternative means of BSL access to public services

Interpreters were most commonly used for health, work and education related situations and were seen as vital in employment and educational settings. Deaf people reported concerns about privacy and confidentiality when using interpreters. This was a particular problem for people who frequently used interpreters in work settings, who then did not want to use the same interpreters for sensitive or personal situations. The cost of interpreters was also raised as an issue with Deaf people sometimes obliged to pay for interpreters themselves, in work and other situations.

While some respondents were happy with interpreting support others reported poor performance amongst interpreters, sometimes because the interpreter was not fully qualified. The most common theme was the difficulty in finding an interpreter. This lack of interpreters often leads Deaf people, their employers and public services to use informal, unqualified intermediaries (family, friends and workmates). This removes the accountability, the need for confidentiality and professional behaviour and leaves the Deaf person exposed to poor quality of information of which the hearing person may be unaware. Deaf people report great anxiety at the financial cost, the loss of independence in this situation of interpretation and the intrusion of intermediaries into their personal lives at points of vulnerability.

Provision of information in BSL on television, on video, on the Internet and through mobile devices are aspirations of the Deaf community. Deaf people wanted to see more public service on-line BSL information. Active interaction potentially through the use of videophones to connect Deaf people to each other was seen as important even though very few Deaf people in Scotland had experienced this yet. The potential for mobile videophones was also mentioned.

However, Deaf people considered that the ideal solution was for more hearing people to learn to sign (properly). It was proposed that public services should have a number of people trained at recognised courses and schools should have a curriculum for BSL, which could then be called upon later in life when in contact with Deaf people.

Conclusion

Deaf people have very limited access to public services in BSL. No public services are currently provided in BSL and the use of interpreters is limited, due to insufficient numbers of interpreters, the cost of interpreters and concerns about privacy. Few examples of any sort of good practice were found. Attempts at communication
commonly left Deaf people feeling frustrated, annoyed and embarrassed and they often withdrew from such situations. One Deaf participant responded that:

“Deaf people are more accepting and used to the problems which they face everyday. They never complain, compared to hearing people. If one hearing person was to swap places with me, the person would not cope and would become totally stressed. We are born with it. We do get stressed and frustrated but do not keep a note of these, so do not remember them. I think Deaf people are stronger than hearing people. We survive in the hard world of hearing people.”

12 Actions to be considered are the extension of training of hearing people in BSL, increase in training and provision of interpreters, use of BSL materials on video, on television and on-line to disseminate public service information and rapid progress to exploit video telecommunications to allow interaction at a distance. Current use of text messaging can be extended for alerting and making arrangements by public service providers.
13  In the face of considerable problems as expressed by the Deaf community in the interviews, the following points are offered for consideration as action points.

1. Progress in the teaching and learning of BSL

(a) A BSL curriculum can be created for hearing and Deaf schoolchildren, which would lay the groundwork for later interaction with Deaf people.

(b) Employers and Public Service Agencies can take responsibility for the training of staff who may come into contact with Deaf people – to reach high levels of fluency in BSL.

(c) In order to achieve this, a programme of training of Deaf teachers of BSL may be needed in order to meet the demand.

2. Expansion of the BSL Interpreting Services

(a) Improved opportunities for training are needed to the highest level – such training is likely to take time – ie 3-4 years from the start of BSL training.

(b) Clarity of policy in regard to the provision of interpreters – ie entitlement of Deaf people and definition of responsibility for costs.

(c) Education for the Deaf and hearing communities in the use of interpreting services and the levels of performance and professional conduct which is to be expected. Such training could be available to Deaf young people while still in full-time education.

3. Information sources in BSL

(a) Video information sources for public service information can be expanded (CD, DVD, videotape) but typically to be provided by Deaf producers in Scotland.

(b) Expansion of on-line BSL video information sources. Broadband roll-out makes video streaming in BSL, a reality.

4. Systems for interaction in BSL at a distance

(a) In order to use limited interpreting resources, there is potential for remote BSL interpreting using videophones.

(b) As a measure to reduce isolation, Deaf people and hearing signers can make use of videophones for interpersonal communication.
5. Improvement in personal interactions for non-signers

(a) From the reports of Deaf problems in interaction with hearing service professionals, there can be developed distance and on-line information/training packages to improve awareness of Deaf needs – eg in waiting rooms, in home visits, in text communication, and in health settings.

(b) Creation of a public location access charter which sets out good practice not only for disabled physical access, but also for the principles of action in regard to Deaf BSL users.

(c) These developments may be required by Disability Discrimination Act in any case.

6. Improvement in personal interactions for BSL signers

(a) Similarly, provision of material and courses on hearing tactics for Deaf people, may improve their understanding of the issues in interaction, arising in hearing culture.

7. Use of text messaging (mobile phones)

(a) Most hearing people are able to interact with Deaf people by text messaging. A very simple extension would be the use of text messaging by public services to alert Deaf people, to make appointments and to send emergency messages.

14 There are clearly many other points which might be considered arising from the study and report. Not least of these is the need to consider the Deaf community itself and its fragility in the light of changes in education policy, lack of early BSL acquisition, and reductions in inter Deaf club activities. Just as language policy, in the case of Gaelic, covers community and cultural development, the Deaf community is in need of support for its cultural growth. Deaf wellness, cultural pride and language competence are closely related and may need strategic investment as is often the case of minority communities and languages.
CHAPTER ONE: INTRODUCTION

INITIATIVES IN SCOTLAND

“The Executive is committed to securing a just and inclusive Scotland. This means tackling discrimination and prejudice across Scotland. It also means tackling the systems, behaviour and attitudes that cause them or sustain them.” (Equality Strategy: Working together for Equality, Scottish Executive 2000)

1.1 This is an important starting point. The principles are clear – justice and inclusion. These are major tasks for society if they are to be applied across the differences in the community. The tackling of attitudes which is mentioned also requires recognition of the diversity of need, as well as the recognition of the inherent diversity within society and also the need to be different. To achieve these goals may require a new inclusive Scottish identity which embraces language difference. Such goals are vital to Deaf people and the Scottish Executive has created a context in which research can inform these language developments. While the needs of Deaf people are not explicitly mentioned in the Equalities document, they do appear in the document – A Partnership for a Better Scotland (2003).

“High level commitments

We will develop a new focus for Scotland’s languages recognising both our heritage and our diversity.

Supporting Activities

We will legislate to provide secure status for Gaelic through a Gaelic Language Bill. We will introduce a national language strategy to guide the development and support of Scotland’s languages, including British Sign Language and ethnic community languages. We will give local authorities and other public bodies a responsibility to draw up a languages plan which reflects the communities they serve.”

1.2 This is a very strong action point which for the first time potentially recognises both Deaf diversity and the need to develop the language of Deaf people – British Sign Language. If this comes to pass, Scotland will have the lead among European countries in creating a framework for promotion and development of sign language.

1.3 These policy statements form part of the backdrop for the research work described in the research study.

DEAF PEOPLE AS MEMBERS OF THE PUBLIC

1.4 The problems start when the resources created by the people do not match the aspirations of all of the people and when there is inherent diversity in society. If there
were only Deaf people in society, then there would be no problem of access to service. That is, Deafness itself, is not a barrier to participation, to information or to interaction. The problems arise because Deaf people are in the minority, with a different language and experience. Deaf people are marginalised by the factors which underpin their own community identity.

**WHO ARE THE DEAF PEOPLE?**

1.5 Although the word ‘deaf’ has a popular and generic usage meaning someone who does not hear, in the context of the study, Deaf people (with a capital D) are those who are born with a hearing loss or acquire one shortly afterwards, for whom their first language and language of choice is sign language. They are culturally Deaf, living and communicating in a visual medium, where sound has limited currency.

1.6 Interestingly, however, Deaf people will vary in their sensitivity to sound. Although it is strictly true to claim that all sound is vibration and that everyone experiences it, the functional residual hearing of the community members while varying, is likely to be limited. Some Deaf people gain a benefit from a hearing aid; some Deaf people speak, and lip-read to an extent; yet the average performance in literacy, is unlikely to exceed the nine-year old level of hearing people. Even so, we can still find bilingual Deaf people, as we might be able to find hearing people bilingual in English and sign language.

1.7 The vast majority (95% approximately) of Deaf people are born in hearing families where there has been little or no contact with Deaf people. Deaf children and young people are therefore acculturated while at school or in contact with other Deaf young people. Only recently, have Deaf adult models been provided in educational settings. Deaf children in Deaf families learn their sign language naturally from their parents.

1.8 Deaf people in this study are those people who have a hearing loss, who claim their identity as ‘Deaf’, who associate with other Deaf people by choice and who use sign language as their principal language of interaction.

**WHAT DO WE MEAN SIGN LANGUAGE?**

1.9 The sign language used in the UK and in Scotland is termed British Sign Language (BSL). It is a visual-spatial language involving the hands, the body, the face, eyes and mouth as separate articulators. It has been identified and linguistically described – see Brennan (1992) or Kyle & Woll (1985) for more details. It is a rich and complex language with a unique grammar and lexicon, unrelated to English. It is capable of expression of all of the needs of its users.

1.10 Fingerspelling is a means of displaying individual letters of English on the hands in order to spell out proper names or locations. It was devised by hearing people but is now a part of sign language.
1.11 Deaf children with Deaf parents pass through the same process of acquisition of language at the same rate as hearing children do when learning to speak. There is no widely accepted written form for the language and as such it has only been researched and recorded recently when video recording has been widely available. Some descriptions of the language can be found in Britain over 400 years ago.

1.12 There are courses of instruction in BSL throughout the UK and there is a national curriculum for adult learning in three levels, leading to fluency which supports the status of trainee interpreter. To become an interpreter in BSL typically takes at least 4 years.

**DEAF PEOPLE IN EUROPE**

1.13 It is commonly believed (eg Pullen & Jones, 1987) that Deaf people underachieve in relation to their cognitive ability and need better service and support. However, Kyle and Allsop (1997) in a study of 17 countries in Europe reported that Deaf people saw the issue in terms of the right to their language for all transactions in daily life while, in contrast, hearing people saw sign language as an option, which was subject to needs assessment, financial analysis and targeted provision.

1.14 In comparative terms, the UK was relatively well off in statutory provision, in television, in research but not in interpreters – ie the access point for the Deaf community. Deaf people believed full-time interpreters existed (87%) but in emergencies, Deaf people were sceptical of having access through an interpreter - at hospital (22% said yes - low compared to other countries), if there was a car crash (9% yes - very low), if arrested by police (47% yes – low), in court (75% yes – lower than all but France), at work for a meeting (32% yes – low). Use of sign language in public transactions was very infrequent and only in the case of Deaf people married to other Deaf people was there likely to be sustained use of BSL throughout the week. Deaf people in the UK did not have confidence that they would be able to access public (or any services) though interpreters.

**DEAF PEOPLE IN THE UK**

1.15 In Deaf People in the Community (DPIC), a national examination of Deaf lifestyle, (Deaf Studies Trust, 1997-2002), a representative sample of 240 Deaf people from all over the UK, including Scotland, was interviewed seven times, in BSL. In terms of demography, the study produced a great deal of relevance to the description of the Deaf community.

**Deaf community in outline**

1.16 Deaf people are typically C2DE in terms of employment and socioeconomic status – ie fit into a pattern of job which is in the skilled trade to semi- and un-skilled areas of employment. However, recent changes in the community have created greater expectation of rights, language profile and greater demands on all public services.

1.17 Despite simple social perceptions, research on cognition indicates that Deaf people have the same level of intellect as hearing people. Despite reduction in deaf school provision (almost gone in Scotland) and reduced attendance at Deaf clubs, there is still a
strong demand for association and sense of community and culture. The older community remains rooted in the Deaf Club while younger people are more likely to create their own peer groups in pubs and clubs. Deaf clubs still exist in all cities and are the point of contact for the BSL using community.

1.18 Deaf people tend to marry later and less, but marry other deaf (90%) most of the time. Deaf couples usually have hearing children (90%).

1.19 For Deaf people, a major issue has been the recognition of sign language. This was achieved in a Statement by the Department of Work & Pensions in 2003. However, as yet, there is no special action plan or provision. Sources of information in BSL are few and far between. Television, while apparently visual, does not provide meaningful access – because it arises in written or spoken language scripts and reflects a hearing culture. Subtitled video is of limited value for the majority of the community (Kyle, 1992, ‘Switched On’).

Characteristics of the Deaf community

1.20 Deaf people’s lifestyle is changing as a result of the progress of society. Younger Deaf people (under 45 years) are now much more likely to be in professional or office jobs than their predecessors. This is part of a trend which is evident among hearing people also with the traditional jobs of Deaf people – eg carpentry, upholstery, shoemaking in great decline in the UK.

Figure 1.1: Age and employment category for Deaf people in the UK (DPIC, 2000)

1.21 Deaf people now stay longer at school and are more likely to study for examinations. However, although there is improvement in the level of education reached by Deaf people, there is still a gap between Deaf and hearing (Figure 1.2)
1.22 A review commissioned by the Department for Education and Employment (Powers et al, 1998) concluded that they were not able to demonstrate a national improvement in educational performance among Deaf children since the last survey in 1979. Although there have been positive claims in regard to school performance, it has become increasingly complex to try to identify Deaf children in schools (as more and more are placed in mainstream classes) and correspondingly the task of creating matched samples for monitoring has also been very difficult (Tymms et al, 2003). In Scotland, the project “Achievement of Deaf Pupils” tends to confirm the view of Powers et al (1998) on the poor performance of Deaf children,

“Early results of the ADPS survey showed that by P7 deaf children were often underachieving and that deaf children had an average reading age of 9 years on leaving secondary school.” (taken from the minutes of the Cross Party Group on Deafness, 26th November 2003).

1.23 Significantly, the education that Deaf children receive is still almost wholly in English. Less prominence is given to learning sign language and both in the UK and in Europe, less than half of Deaf people actually learned sign language at the appropriate age – ie before five years old. Service provision must take into account the consequent variability in competence.

1.24 Further data shows that Deaf people still lag behind the hearing community in a wide range of social factors. These have an impact on, and are affected by, the quality of access which Deaf people have to public services.

Deaf and Public Services

1.25 Data on a number of public service areas are available for review in DPIC (2000); however the findings in health were striking. Compared to hearing people, Deaf people were much more likely to visit the GP (even though they disliked the experience); they were much more likely to be given prescriptions than hearing people; Deaf women had
problems in alcohol use and younger Deaf people were more likely to smoke than their hearing peers.

1.26 Although 34% said they used text relay services to make an appointment, 23% asked a friend and 21% went themselves to the health centre, just to make the appointment. Ninety-one percent said that there was no one who could sign at the Health Centre.

1.27 Deaf people prepared in advance with 46% making notes before their visit to the GP. Interestingly, 39% tried to speak first and then gesture eg point to the pain. Around 44% asked for pen and paper and 43% spoke first and then wrote down. Some 21% used a sign language interpreter but 29% used family or friend to mediate and 44% tried to lip-read the doctor. When asked why Deaf people went to the doctor more than hearing people, 61% said it was because they did not understand the first time and had to go back to check.

1.28 There are serious causes for concern about the use of health services by Deaf people. This is likely to affect their quality of life directly.

Access to information

1.29 One solution to information access is translation of text from English into sign on video or the provision of live interpretation. In a study for the BBC (February 2003 Deaf Studies Trust) Deaf people were adamant that they did not want interpreters – their view was that all translation work should be done by Deaf people and that video/television programme production should be Deaf led and presented.

1.30 Video versions of information leaflets do not maintain the advantages of text. Providing a video version in BSL is similar to providing an audio recording of someone reading a report – often dense and inaccessible.

Interpreting Services

1.31 Typically, solutions to the problems of access are seen in terms of offering an intermediary who can use the language of Deaf people. Although in the early stages of the development of this provision, interpreting was carried out by social workers, teachers, children of Deaf parents and so on, the move to the national scheme began to formalise the procedure for qualification. Since the early 1980s, there has been a national system for training and assessing sign language interpreters. There are various levels in this process leading to the status of Registered Qualified Interpreter who is expected to be able to work in most settings. For those inside the field, this is a minimum level of qualification for effective work with Deaf people; typically this qualification will take four years to achieve.

1.32 Because of the time required for training, a range of other intermediaries also work with Deaf people as Communicators or support workers. These range from professionals in other fields who are fluent in BSL, to those who have limited training in BSL and who can be effective only in informal or one to one situations. It is not always obvious to Deaf or hearing people, which level of performance to expect from the intermediary.
person (Deaf or hearing) who books an interpreter or intermediary is often unable to monitor that performance and may make assumptions about the effectiveness of the transmission of information which does not match that of the other party in the transaction.

1.33 At present, there are too few qualified sign language interpreters.

“In conclusion, the research showed that there was a shortage of BSL/English interpreters in England, Scotland and Wales. The researchers believe that the knowledge of this shortage influenced Deaf people’s use of the existing interpreting services: when, how often and under what circumstances an interpreter was used. The limited number of professional interpreters, the geographical variation in provision and the varying standards of interpreting skills held, as well as organisational problems in the provision of interpreting services, provides Deaf people with limited access to services and organisations.” (Brien, Brown and Collins (2002) p 176)

1.34 These findings are likely to apply equally to Scotland.

RESEARCH QUESTIONS

1.35 There were four research questions in this study.

To what extent are BSL users able to access public services using BSL as their main form of communication? (Chapter 4)

What are BSL users’ experiences in relation to attempts at access and using BSL to communicate with public service providers? (Chapter 5)

What alternative methods of communication are used when BSL is not available? (Chapter 6)

What alternative methods of communication would BSL users find useful when BSL interpreting is not available? (Chapter 6)

Because the third and fourth questions elicit the same response from the interviewees, they are treated together in the report and a further question was added to clarify the issues:

What alternative means of delivery of BSL access is useful to Deaf people? (Chapter 7)

BSL ACCESS IN SCOTLAND

1.36 Despite the work which has been carried out in other regions and in Scotland as part of other studies, this is the first study which has been commissioned to examine the situation of Deaf people in their language access. It was carried out in a short period of time but has the potential to provide a clear picture of Deaf experiences and aspirations in this area.
CHAPTER TWO: METHODOLOGY

THE PLANNED RESEARCH

2.1 Data were collected from a quota sample of 80 Deaf people in five centres: Glasgow (30), Edinburgh (21), Aberdeen (15), Kirkcaldy (7) and Inverness (7). These locations were chosen to represent the main centres of population and to give a spread of Deaf people living in urban and rural areas. The larger numbers in Glasgow reflect the fact that there are two communities which have their origins in the Catholic and non-Catholic schools in the city. This sample figure (80), while numerically small, represents over 2% of the Deaf community – if this figure were applied to the hearing community in Scotland, the study would have interviewed 130,000 people. In addition, interviews were carried out with all available Deaf people in Lerwick (5) and in Stornoway (4). The samples were constructed to take into account age, gender, employment characteristics, ethnic group and location.

2.2 Two methods were used:
   a. individual semi-structured interviews
   b. focus group discussions, reflecting on the findings from the individual interviews and involving the same participants. A total of 45 participants returned to take part in 8 focus groups in each of the centres.

2.3 These methods were chosen in order to provide rich qualitative data on Deaf experiences in access to services. A description of the Deaf people who took part is provided in Appendix 4.

PROCEDURE

2.4 Initial contact with Deaf people was made personally by the Deaf researcher visiting each location. This was repeated several times in order to construct the sample. The purpose of the study was explained in BSL and interview dates agreed and then confirmed by fax, email, and text message.

2.5 All interviews lasted around one hour for each participant and were video recorded and analysed in BSL. These interviews and group sessions were not transcribed to English, in order to preserve the BSL nature of the data. Where the reporting required it, quotes from the interviews were produced in English.

2.6 The interviews took place between November 2003 and March 2004. The focus groups occurred in February and March 2004. Sessions were held in the Deaf clubs in each location on the mainland. In Shetland and Lewis the interviews took place in local centres or a convenient hotel.
MEASUREMENTS

2.7 The questions used are shown in Appendix 2 & 3. Background information was collected – age, experience of BSL, educational level, deaf community involvement, nature of schooling, family Deafness background, employment, marital status. Interviews included scenarios based on contact with services and were designed to elicit personal judgements and experiences.

2.8 Part of the focus group sessions involved a demonstration of prepared video recordings of BSL information in a number of different formats. A small Sony notebook computer was used to play video in the different formats and a Toshiba PDA (handheld) displayed video in a smaller format for more mobile applications.

ANALYSIS

2.9 All data from Deaf people was collected directly in BSL by the research team (without interpreters). The closed questionnaire produced a set of quantitative indicators and their analysis is described in Chapter 3.

2.10 This video data taken from the interviews and group sessions form a unique record of the views and experiences of Scottish Deaf people on access and on a way of life in BSL. The video recordings were analysed by Deaf researchers, to determine significant themes in the responses. From these topics, and through discussion in the research team, a series of overall themes were identified and then arranged as answers to the four research questions. These are presented in Chapters 4 to 7.
CHAPTER THREE: DEAF BSL USERS IN SCOTLAND

LATE ACQUISITION OF BSL

3.1 The sample of people who have been interviewed represent Deaf people aged 18 to 75 years in Scotland today. Forty-eight percent of the group learned BSL at the usual age for language learning i.e before 5 years old. This finding matches what we know about the Deaf population in Europe – more than half are late learners of their preferred language. This is likely to affect the way in which the language is used and internalised. More than 10% learned to sign after they had left school and nearly a quarter learned to sign after the age of 10 years. There are some age differences, with the 46-60 year olds being more likely to learn before 5 years old (they would have entered school from 1948 to 1962).

3.2 Older Deaf were much more likely to have gone to a Deaf school and this is consistent with social policies relating to the Deaf community. Older people with a minor hearing loss were more likely to have been sent to a boarding school than they would be today – in fact, it would be very unusual today. Older Deaf people are then more likely to have been introduced to Deaf culture at an early age. The shift towards mainstreaming policies in education is clearly visible in the sample. The largest group 48% said that they learned at school while a significant group of 26% said they learned from their Deaf parents or relatives. This latter figure is higher than would be expected for the Deaf community as a whole – where it would be around 12-15%. This might reflect the greater involvement of this group in the Deaf clubs where the interviews took place.

3.3 Nine percent claimed to learn BSL from their hearing families. If one thinks of the hearing community, such a figure is extremely low. The most appropriate language learning takes place at home for hearing people. As a result, Deaf children have very different experiences of interaction and acquisition of knowledge, to those of hearing children.

VARIATIONS IN USE OF INTERPRETERS

3.4 Use of interpreters was examined in a list of 13 scenarios. Based on extent of use, a composite variable was created and analysis carried out on this new measure.

![Figure 3.1: Use of Interpreters by Age](image-url)
3.5 Most use of interpreters is made by the group aged 30-45 years, followed by the younger group (Figure 3.1). This is consistent with the fact that interpreter provision is relatively recent (last 15 years) and that older people have less statutory interaction with hearing people. Men are no more likely to use interpreters than women.

3.6 Extent of provision is variable by region and the overall figures for use of interpreters are lower than one might imagine, with many people almost never using interpreters at all. People in Aberdeen, Edinburgh and Inverness are less likely to have used interpreters; Glasgow and then Kirkcaldy are more likely to have used interpreters. There is no overall effect of where the person lives in terms of city, town or village in regard to the extent of use of interpreters – although again the trend is towards less use in villages. There are no interpreters in Lewis or Shetland.

3.7 Professional or office staff are much more likely to have used interpreters than the others (Figure 3.2) and this is true even if we take into account the effect of age.

3.8 Use of interpreters can be shown according to each scenario (Table 3.1). In general, there is rather lower usage than one might expect – ie if Deaf people are users of a language that hearing people are unable to use, then each formal contact would require interpreting. Clearly this does not happen. Either Deaf people avoid these situations or find an informal means of communicating.
Table 3.1: Have you booked/used an interpreter in the following places?

<table>
<thead>
<tr>
<th>Percentage of the total sample – all Deaf people</th>
<th>% yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>38</td>
</tr>
<tr>
<td>Job Interview</td>
<td>36</td>
</tr>
<tr>
<td>Meeting at Work</td>
<td>41</td>
</tr>
<tr>
<td>Visiting the doctor</td>
<td>38</td>
</tr>
<tr>
<td>Hospital Appointment</td>
<td>46</td>
</tr>
<tr>
<td>Education Courses</td>
<td>35</td>
</tr>
<tr>
<td>Council Meetings</td>
<td>29</td>
</tr>
<tr>
<td>Police</td>
<td>25</td>
</tr>
<tr>
<td>Tribunal/Court</td>
<td>19</td>
</tr>
<tr>
<td>Children’s school parents’ evening</td>
<td>13</td>
</tr>
<tr>
<td>Sports events</td>
<td>10</td>
</tr>
<tr>
<td>Big events – outdoor events</td>
<td>4</td>
</tr>
<tr>
<td>Health workshops</td>
<td>36</td>
</tr>
</tbody>
</table>

3.9 The other alternative is that there are simply not enough interpreters available.

ACCESS TO INFORMATION SOURCES

3.10 Older people are more likely to claim to read the newspaper every day than younger people (78% compared to 45%). However, readership in general, is claimed to be high. Previous studies tend to suggest that the extent of the meaningful reading will be limited. Men are more likely to read a newspaper everyday than women. In terms of the other media, 61% claimed to read a magazine at least once a month, 71% rarely or never read a book, 61% read the Deaf News at least once a month, 49% rarely or never use the Internet (26% use it every day) and younger people are much more likely to use it.

3.11 A very large proportion of Deaf people watch television with subtitles each day (96%) although it is unclear how much of the text is read for meaning. Conversely, 89% say they rarely or never watch television without subtitles implying that the subtitles are needed. Interestingly, 48% use Teletext everyday – the text information service on television - and there is a significant age effect – but this time with older people using it more than younger people.

3.12 A large group, 52%, watch See Hear the Deaf Magazine programme every week - this is higher than the national average although viewers have been increasing in number (DST, See Hear Now, 2003). More women than men watch each week (58% vs 46%).

3.13 Very few people watch Sign Zone which is the BBC in-vision signing service on television – these are mostly re-run programmes with an in-vision signer /interpreter on screen. Deaf people tended to dislike these, saying that they did not understand the signing (mostly South of England) nor the “interference” with the action on screen. These programmes tend to go out late at night – although there are other programmes in the daytime on digital channels. Seventy-eight percent rarely or never watched Sign Zone with 19% claiming to watch at least once a week – these figures indicate more viewers
than those obtained in a survey in England in 2003. The figures for viewing in-vision signing in television news\(^1\) are even poorer with 85% claiming that they rarely or never watch. Since these aspects are major components of the broadcasters’ offerings to Deaf people the low viewing figures indicate a rejection of this format.

3.14 The interviews asked about the viewing of videotapes in sign language such as those distributed by British Deaf Association (BDA) or by public organisations. The figures are poor – 90% claim rarely or never to have viewed information material in sign language on video. Since this has been a major request by Deaf people that signed videos be provided – and since the videos have been offered in many cases and by a range of organisations, it is surprising that Deaf people have never seen them. Either there are distribution problems, which is possible, or, more likely, they are not popular with Deaf people as they are an inflexible medium and usually contain information which is not needed at that moment in time.

**USE OF TELECOMMUNICATIONS AND EMAIL**

3.15 It was important to compare the use of various means of remote communication. Textphones which are widely available, were used everyday by 15% but there is variation by age – older people use less, but it is the 30-45 year old group who use more. Sixty-two percent rarely or never used a textphone with the figure rising to 94% of those aged over 60 years (Figure 3.3).

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1 The signed news bulletins on daily television seem to have stopped in Scotland – Deaf respondents did not seem to know why. This contrasts markedly with English regions where for example, in Bristol, there are two daily news bulletins on local channels and a weekly signed local magazine programme.
3.16 In contrast, 28% used a fax everyday with only 42% saying rarely or never (Figure 3.4). Interestingly the situation above reverses here with young people not keen to use fax – 75% say rarely or never.

![Figure 3.4: Older people use more fax](image)

3.17 The primary reason for the lack of use of fax is that 95% of young people use SMS or text messaging (mobile phone) everyday (Figure 3.5). Even the oldest group (33%) use text messaging although they also have the largest group who never use it – 50% never.

![Figure 3.5: Age and text messaging](image)

3.18 Thirty-two percent use email everyday with greater use among younger people – only 6% of the oldest group use email everyday (Figure 3.6).
3.19 A smaller percentage use the Internet – 26% everyday - and almost half, rarely or never ‘surf the Web’. As expected, there is a major age effect with only 6% of the oldest group using the Internet and 89% rarely or never. Half of the youngest group use the Internet everyday. It would seem that there are major generational differences in the use of telecommunications and information systems.

3.20 Videophones (through which Deaf people can sign to each other at a distance) have been available for over 6 years in the UK. However, video communications have made little impact in the Scottish Deaf community – over 92% have rarely or never used a webcam and over 98% have never used a videophone. While this could be a significant help to the interpreting and sign language access situation in Scotland, it has not yet made its mark.

USE OF PUBLIC SERVICES

3.21 In the interview, the Deaf participant was asked how often they had recently used certain services – this response was summarised as often, sometimes, never (Table 3.2).

<table>
<thead>
<tr>
<th>Service</th>
<th>often</th>
<th>never</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>28</td>
<td>6</td>
</tr>
<tr>
<td>Hospital</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>Social Services</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Chemist</td>
<td>31</td>
<td>14</td>
</tr>
<tr>
<td>Education</td>
<td>21</td>
<td>59</td>
</tr>
<tr>
<td>Post Office</td>
<td>51</td>
<td>15</td>
</tr>
<tr>
<td>Police</td>
<td>3</td>
<td>73</td>
</tr>
<tr>
<td>Council</td>
<td>14</td>
<td>54</td>
</tr>
<tr>
<td>Library</td>
<td>10</td>
<td>73</td>
</tr>
</tbody>
</table>
3.22 Only the Post Office is frequently used by more than half of Deaf people. Contact with the Council, Police, the library, and even with Social Services is lower than one might expect. The data in this table highlights some of the complexities as when it is cross-tabulated people who say they rarely used the services in the last year, were, apparently, users of interpreters. However, with doctors and hospital those who went most, used interpreters most.

3.23 It would seem that Deaf people do not come into contact with public services as often as might be assumed.

**SUMMARY - DEAF BSL USERS IN SCOTLAND**

3.24 From this set of quantitative data, we can see a simple pattern emerge of Deaf people in Scotland today. Most have learned their preferred language later than is usual for hearing people and it can be predicted that this will have effects in the use of the language within the community later in life. Since most Deaf people are born in hearing families and have hearing children, many of the gains in learning the language are not reinforced from one generation to the next. The community does not pass on its well-developed language, but succeeding generations have to re-learn the language in less than ideal circumstances. Language uncertainty and variability in competence in the use of the language are likely outcomes which directly affect provision of services through the language. More understanding of Deaf people’s use of BSL will be needed if meaningful access in BSL is to be provided.

3.25 Younger people, professionals and semi-professionals are more likely to have used interpreters. Older people are less likely to have used interpreters even though hospital appointments are a common location for interpreters. Overall, interpreters have been used much less than one might have imagined. This is likely to be a function of the lack of availability of trained interpreters.

3.26 Access to text based information is commonly reported through daily newspapers, through teletext services and through subtitle support to television programmes. Deaf people dislike in-vision signing and seldom watch hearing interpreters provision on television. In contrast, they are likely to watch the Deaf weekly magazine programme in BSL. They are unaware of the resource material with BSL signing prepared by public organisations.

3.27 Use of textphones is on the decline and videophones are almost unknown in Scotland. In their place, Deaf people use text messaging (more younger people) and fax (more older people). Use of the Internet is predictably more common among younger people, but overall, half of the population do not use the Internet.

3.28 These are general findings. The following chapters begin to look at the research questions through the eyes of the Deaf people themselves.
CHAPTER FOUR: EXTENT OF ACCESS TO PUBLIC SERVICES IN BSL

4.1 The starting point for the study was the extent of access which Deaf people experience when using their own language. The interview questions tried to elicit views on how often and in what situations, Deaf people were able to use BSL to interact productively with hearing people in service situations. There were a great deal of negative experiences but some Deaf people could recount at least one positive situation.

SOME POSITIVE EXPERIENCES OF ACCESS

4.2 As might be expected there were virtually no reports of Deaf people being able to access any public services directly in BSL. However, around one in six of the Deaf respondents implied that they were satisfied with the situation of contact with hearing people (although this may reflect low expectations of such contacts) with similar numbers being able to recount one positive experience when a hearing person could sign – a little.

“London Heathrow airport, one member of staff finger spelled p.a.s.s.p.o.r.t. please. It felt good – but there was nothing (no one) in shops.” E176

“At Aberdeen airport, I told them I was Deaf, although I wasn’t expecting anything. I noticed they were on the phone right away. To my surprise, an interpreter came along and interpreted for me. Only happened once.” C165

“I went to the passport office .... I found the forms too difficult to understand. ....Mum read the form for me.... After she was done, I returned the form back to the office, I gave it to the receptionist and told her I was Deaf. She told me to wait. I realised they had a person working there who had Stage 2 in BSL. This person who could sign, told me that she would fill in the form and it wasn’t necessary to take it home ....” A103

4.3 In most cases, Deaf people were surprised to discover a person who could sign to them. Some mentioned situations where people had said ‘thank you’ or ‘good morning’ and felt that was good; others disagreed and said that the hearing person should learn more signing. A similar number suggested that Deaf people overcame the problems without giving any specific strategies to elaborate. However, the vast majority recounted problems and the problems became more obvious in the group interviews.

DEAF PEOPLE TRYING TO COPE IN DIRECT ACCESS

4.4 Whenever, Deaf people meet hearing people, they have to make adjustments to communication or make repeated complaints about lack of communication. Most people tried to adapt but felt they had to “grin and bear” an unsatisfactory situation; the most likely response being that they tried to write things down.
“Normally I avoid the stress by writing down immediately but there is one aspect which frustrates me is when I ask for pen and paper the person takes ages to find it.” A10

“I feel that it is part of life. I feel I have to modify myself for the hearing people. ...so forces me to put it in writing.” A5

“I write notes to the assistant but he kept me waiting to sort out others first, which was very frustrating for me.” C16

4.5 This multi-tasking of assistants seems likely to occur in any busy queuing situation but is a severe irritation to the Deaf person. A significant number of people simply said that they avoided these situations or took a relative.

“I never go anywhere without my daughter.” C61

“If staff don’t understand, I bring my hearing wife to sort it out for me.” B41

4.6 Deaf people anticipate the problem and rely on other people to solve it. However, even in asking for positive adaptation, we found Deaf people recounting the negative experiences.

“When I went to my bank, I didn’t understand my Visa card letter. The bank staff didn’t understand me. So I gave up and went home.” C67

“I asked staff at organisation for pen and paper. They wouldn’t give it to me. Instead the staff tried to speak to my 2 small children. But I moved them behind me and insisted on pen and paper.” E75

“They make me feel ‘angry with myself’ I feel useless and embarrassed at being Deaf. If the person is not nice, I would never go back to that place again.” C63

4.7 This last point is telling. This Deaf view is that the way in which hearing society copes with the lack of communication (since both parties fail to communicate) is that the Deaf person is made to feel a failure. When Deaf people feel they have made an adjustment but see a negative visual response from a hearing person, the natural reaction is to withdraw. When it is the Deaf person who wishes to use a service, the action becomes self-defeating. Throughout this section of questioning, the terms ‘frustrated’ and ‘annoyed’ appear regularly and on the few occasions where they found someone who signed, the terms ‘happy’ and ‘confident’ are used to describe the feelings. Deaf people are more frustrated and annoyed than happy.
PHYSICAL BARRIERS IN DIRECT COMMUNICATION WITH SERVICES

4.8 Deaf people tend to have to deal face to face with services such as Local Councils, as using the telephone is not an option. The situation in the reception area is of some importance. The vast majority of respondents claimed that having a glass window of any sort was a major problem as it hindered communication. Most frequently they suggested that there should be a separate private room for Deaf people to use.

“Always I ask for a private room. I don’t like full glass – I need rapport with the person to enable better communication. Often I walk off, if no room is on offer or it is difficult to communicate”. A13

“Hate it. It creates an embarrassment as people are behind me in the queue. They told me to sit down and wait for 10 minutes and in the end I waited for one hour with no information. Window pane creates a barrier and I always ask for a spare room.” A18

4.9 Sometimes, the response from hearing staff is not helpful as in this example.

“I had a problem with the staff (at the Council) – it was difficult to lip-read. They laughed at me when I tried to talk. I asked for a social worker but there was none. I went back to work and asked my boss who agreed to come with me on my next visit. This time the staff behaved differently because I was with my boss. She agreed to come with me in future if necessary.” L2

4.10 A simple change in approach from the hearing service could deal with this – make available a separate room for clients who wished some privacy. This might be the default option for Deaf people. Once Deaf people have the attention of the hearing person, they still have the problems mentioned in 4.2 above. One positive strategy was for staff to use the computer screen to display information.

“Had one experience with the bank, where I was unable to lip read so the member of staff turned the computer round to face me and then I could read what she was typing.” A2

4.11 The majority of people suggested the need for staff to learn to sign since they agreed that interpreting was not possible or desirable in all situations. However there were also concerns about using staff who had limited signing.

“Better use interpreters rather than hearing who can sign (stage 1 or 2) because they may have no confidence to communicate with deaf people.” C64
“Council Service is the worst! The assistant talked with his mother thought she knew signs but she was appalling! She didn’t understand. Stage 1 and 2 is not good enough. I gave up and wrote notes only.” B33

4.12 The problem in this case is that a designated signer among the hearing staff may have limited contact with Deaf people, despite having learned some signing at evening class. The fact that the hearing signer does not understand or more commonly, signs so poorly that the Deaf person does not understand, is not necessarily recognised by the service provider. The service provider may believe that an intermediary is in place and all that is spoken is relayed in sign to the Deaf person. The Deaf person struggles with the poor signed message and is unable to take part properly; their own signed message may be transmitted incompletely and the Deaf person feels that he/she has no control over the choice of English words. The Deaf person loses confidence in the situation.

DIRECT CONTACT WITH EMERGENCIES AND HOSPITALS

4.13 Of the topic areas covered in the interviews, contacts with emergency services and hospitals are probably the most predictable and the most disturbing. In certain situations, Deaf people have no option but to try to communicate directly. At the point of greatest need in emergency situations, Deaf people’s well being is greatly at risk. Deaf people frequently languish in waiting areas not knowing that their names have been called.

“It happened to me at the A&E. I waited for a long time, unaware that my name was called out 3 times. After a while I saw the staff change their shift. I went up and asked what happened and they said they called my name 3 times. I had told them I was Deaf. They need more Deaf awareness training, to change their attitude and staff should be able to sign.” A8

“I went to hospital, told them my name and that I was Deaf. I showed them where I was sitting, so there was no need to shout but they should come up to me or “wake” me when it was time to see the doctor. But after waiting, I saw someone call my name with exaggerated mouth pattern. I was embarrassed … I told them ... but they simply ignored what I had said.” A26

4.14 Deaf people consider this failure as a matter of ‘attitude’. Hearing people are seen not to care, to be resistant to change in their routine and sometimes, just ignorant of the needs of Deaf people even when these have been pointed out. It is a matter of considerable frustration. This frustration can turn into very bad experiences.

“It happened with my (hearing) wife who was diagnosed with breast cancer. It was confusing as the doctor explained to her about it in front of me. I was lost for information. My wife was upset and she was crying while trying to explain to me. The doctor was not aware of Deaf needs. On the next visit, I called for an interpreter so that my wife did not have to try to explain to me what the doctor said.” A14
“One time after a chest operation, I was transferred from Edinburgh hospital. I was left in the waiting room overnight as the bed wasn’t ready. I was in so much pain and they gave me no medication. I was cold and really suffering. The next day, the nurse found me and said ‘you are up early’. I explained that I hadn’t been given a bed. The medical team were shocked and I demanded to be sent home to recover.”

4.15 This is an area of great concern where communication barriers and lack of simple procedures were reported to be seriously affecting Deaf people’s well being. In terms of waiting, Deaf people see the problem as lack of a visual display system and simple lack of Deaf awareness – they believe that these are simple matters to rectify. In the case of the communication issues, they see the problem in terms of lack of emergency interpreters.

DIRECT CONTACT WITH THE POLICE

4.16 While many people had little contact with the police, those who had, gave a wide range of accounts of their experiences with the police. Few of these were positive. The positive experiences involve finding a policeman who could sign or where information could be given easily because the deaf person could speak. Otherwise most of the reports concern problems. A number of the stories cannot be reported as they would identify the individuals in extremely sensitive situations and in a number of other cases, the quotes have had to be altered to protect identity. In many other cases, the reported issues were of general behaviour or of the nature of the crime, rather than the issues of BSL. There were some good experiences.

“A long time ago a policeman came to see me and he could sign. His parents were Deaf. It was easy to understand him – it made me feel safe.”

B31

“I once made a report to police as someone harassed me via SMS. Police sorted it out with the company – changed the numbers. Police were helpful.”

A27

“Once my car was broken into at 1am. I tried to call the police by minicom and it worked! It gave me confidence to deal directly myself.”

A16

4.17 Here the terminology switches to ‘personal safety’ and ‘confidence’. The possibility to communicate and to convey the problem to the policeman created a sense of success in the Deaf person and a consequent feeling of better security.

4.18 As with contacts with doctors and other service personnel, the problems reported relate to lack of communication, lack of preparedness to obtain interpreters, and temptation to address questions to children rather than to the Deaf member of the family.
“When police came to my house, my hearing daughter talked to them. I was left out. I asked my daughter what they said but they just kept on talking. I really wanted to get an interpreter but I could not find one. I was really frustrated.” E77

“I wanted to make complaint about the children outside making noises and ignoring me when I told them to stop. The police came but were reluctant to write things down and tried to talk to my daughter. I moved her away and said they should write things down.” E75

4.19 This is a major issue for Deaf people. On the one hand, some Deaf people will themselves ask their children to translate for people on the doorstep or in other informal situations; however, when a hearing person attempts to use the children, rather than addressing remarks and questions directly to the Deaf adult, they feel marginalised. When the child has no training in interpreting and not enough maturity to know how to stop the hearing person from talking, the Deaf parent is left hanging on, hoping for scraps of information. At the heart of this is the issue of control over the situation. Deaf adults, like all adults, wish to take responsibility for the situation, themselves.

4.20 The issue of who is responsible for contacting interpreters appears often and the general inaccessibility of the legal system and the right to appeal against poor service (lack of interpreters or not understanding the interpreters provided) is problematic for Deaf people.

“My brother was mugged but the police would not contact the interpreter.... Now my parents have received a fax asking them to bring an interpreter to the station. It should be the police responsibility to do this.” A20

“I’m from Deaf family, I was at home, waited for my son to come home, but I didn’t know where he was … I discovered he was in hospital after he had a fight. Police faxed me and asked me to come to police station, the receptionist told me to wait and I waited for long time but I didn’t know what was happening. I SMSed my daughter to ask her if she knew what happened to her brother.. but nothing. I continued to worry. Hours later police told me that my son was in hospital but I was so shocked, eventually I had to drive to hospital by myself as police wouldn’t give me a lift or would not help me. I didn’t know which department. Eventually I found my son’s friends waiting there. I was surprised to see their parents were there.... I later realised police contacted them first not me... that was because they were hearing. I feel really angry that they didn’t let me know straight away.” A23

4.21 There are many other issues reported in the interviews which bear on Deaf people’s rights and the way in which they are discriminated against in favour of hearing people. This is a real and continuing problem, where the Deaf respondents identify hearing-hearing interaction as being preferred by service providers. This is considered to
be blatant and ever-present by most respondents. Being a Deaf Asian creates an additional problem in this area of activity but as a general rule the rights of Deaf people are redirected by the police to the hearing relatives. This creates frustration and anger. Communication problems remain immense and the lack of emergency interpreting services are a major stumbling block.

OTHER CONTACTS WHERE LACK OF ACCESS IN BSL PROVES TO BE A PROBLEM

4.22 There were many other situations where access to public service could not be provided in BSL. The Deaf people often considered this a failure in provision of interpreters which is dealt with in more detail later. Deaf people are also parents and have hearing relatives. There are situations which occur where the Deaf person has a responsibility for the hearing person or child and must attempt to communicate on their behalf. Similar problems are reported. A typical scenario is where the Deaf parents have to deal with schools in regard to decisions about their hearing children.

“Scottish Government should be aware of Deaf Parents with hearing children. They ought to provide support to Deaf mothers. I am always frustrated with everything – my children’s school and parents’ evenings. Schools should provide interpreters for my needs. I do not want to ask my children for their help. I want to know how my children get on with their school work and their relation with their teachers. I want to get full information – their school work, reports, events etc. When I went to the parents’ evening without my husband (who is hearing) I just did not get any information. I am still upset about it.” B40

4.23 In this situation, the service providers seem even less well prepared. From a Deaf perspective, the school makes the hearing child, or hearing parent, the target of the service. As a result parents’ evenings are often problematic. Deaf people report the lack of interpreter, but the ‘attitude’ problem of the school approach is considered a more severe obstacle to development.

IS THERE ACCESS IN BSL?

4.24 It should be fairly clear that there are almost no circumstances where a Deaf person can expect there to be direct communication with service personnel in their own language. Although Deaf people would like to see the situation improved, they have become resigned to the problem as one person in Stornoway explained:

“I live in a village, just a Post Office. People know me. One man at the Post Office talks to me – but just says ‘how are you?’: He has known me since I was a kid. If I want something, I write it down. Usually we exchange, regular brief messages like, ‘weather’s cold’ – that’s all. I wish he could sign.” S2
4.25 The last sentence is the key – Deaf people struggle on through contacts with hearing people believing that there is a simple solution for the hearing people to learn to sign. One Deaf interview gave a good summary of Deaf views.

“Deaf people are more accepting and used to the problems which they face everyday. They never complain, compared to hearing people. If one hearing person was to swap places with me, that person would not cope and would become totally stressed. We are born with it. We do get stressed and frustrated but do not keep a note of these, so do not remember them. I think Deaf people are stronger than hearing people. We survive in the hard world of hearing people.” A11

4.26 Access in BSL is almost non-existent and Deaf people have to cope with the continued marginalisation on a daily basis.

COMMENTS ON ACCESS

4.27 Partly as a result of the reported situations, Deaf people’s expectation of BSL access are very low. There are very few locations and certainly none in public services where Deaf people reported a policy in action, or a pattern of availability of signing staff. In rare cases, for reasons other than their employment, certain staff were able to sign – perhaps because they were related to a Deaf person. Other than this, Deaf people do not expect to be able to deal with public service in sign language. This explains their lack of complaint – on the one hand because they do not expect to be able to sign and on the other, because there would be no one to ‘hear’ their complaints in sign language.
CHAPTER FIVE: EXPERIENCE OF ACCESS AND USE OF BSL

5.1 In this section we consider in more detail, the accounts that Deaf people gave of their interaction with hearing people.

REACTIONS WHEN ALONE

5.2 It is common for Deaf people to read the body language of other people. Since they would not use the voice of the person to judge their characteristics, a great deal is understood from the way the person behaves. Deaf people often believe that hearing people are indifferent or rude. However, this can also make the Deaf person feel disadvantaged.

“Usually hearing people have bad moods – I ignore them and move away.” A15

5.3 In Stornoway, they suggested that the response of hearing people made them opt out.

“Really here is a quiet place with a few Deaf people.... It is true we are passive.” S1

“It depends on hearing people who frown, so I say nothing – it makes me more passive.” S4

5.4 The net result is that Deaf people tend to avoid those situations and often will tell other Deaf people of the problem. However, there is a risk of problems later if it is the person’s own health which is at stake.

“It happened to me some time ago, when I was pregnant – I went for a check up in the hospital. I told the nurse I was deaf and her reaction was negative. So I got up and put on my clothes and walked out. I never went back until the baby was born. Lots of medical people do not sign and can’t be bothered to write down.” A25

5.5 This theme recurs when dealing with medical situations (which are covered in more depth below) – Deaf people have little faith in their dealings with health staff.

TAKING A FRIEND OR ADVOCATE

5.6 Deaf people said frequently that they preferred not to be on their own when they met with hearing people. A great many people took friends or relations with them.

“I am an Asian woman; I don’t speak English, only little English as at home, I used my home language not English with my family. When I go to council office, I never go on my own, I always go with my mother who always come with me and supported me with communication so I always
rely on her as she helped me out a lot, I never do this on my own as I cannot read English but only sign in BSL.” G4

5.7 People who admit to taking others with them often see the problem as their own – it is they who have poor English or who cannot cope – not the hearing service provider.

“I never do anything myself I always rely on my wife who is hearing and she does everything for me. I don’t know what to do if I had to do it, I can’t cope with things like that. I remember one time, I received a letter from the council but my wife wasn’t here at the time, I didn’t know what to do, so I had to ask my next door neighbour to read it and explain to me. I don’t understand any letter that I get from my council.” C61

5.8 Older Deaf people who are married to hearing people will recognise the situation above. As time goes on, the dependence becomes greater. Interestingly, he claimed that he could never understand a letter from the council. This means of communication with Deaf people is usual. Many of the respondents in the study simply could not read what was written and were unable to respond. In other situations, dependence leads to stress.

“Often I have a social worker with me but one time, when on my own, they took away my pension book, without explaining. I went home to my son and explained to him what had happened. My son had to sort it out and got my book back two weeks later.” A21

5.9 In this example, the older Deaf person has his financial lifeline removed without explanation (in a form which he could understand). This practice, which might be acceptable when explained to a hearing person, turns out as seemingly quite wrong, when applied without communication.

5.10 Not surprisingly, Deaf people express the need to keep control. Many Deaf people will prepare in advance and write things down or think through exactly what is to happen. When this spins out of control because staff are uncooperative, there is a natural reaction to walk away from it and to give up. The older the person is, the more likely it is that he or she will withdraw from this type of risky situation.

SERVICE PERSONNEL VISITING THE HOME

5.11 A basic problem in letting someone into the home is how to tell that person of the nature of the problem and how to monitor the job progress. The home needs to be protected. When a person arrives with whom the Deaf person cannot communicate, some adjustments are needed.

“Gas man came – no communication. He just came and fixed it and then went. No explanation. What if there was a risk. All services should be Deaf aware and learn BSL.” A1
“Plumber kept saying OK! OK! OK! with two thumbs up but he did not give me any information about my tap problem.” C58

5.12 This experience is almost universal among the Deaf community. Hearing staff from service providers have no training in communication and the most basic Deaf awareness practices are absent. Deaf people experience ‘no communication’ in their own homes. Deaf people then may adopt the strategy of overt monitoring of the work.

“I watched the electrician in my house. I was “nosey” but I must know what he was doing in my house. My hearing wife rings him but if she is not there, I will ask a neighbour for help because they know me very well. When any visitors come to my house I must stay in the same room with them to watch them.” B31

“Usually, I stay with the person and watch to see the job being done. I need to know what is happening. Sometimes the person is not happy being watched but I tell them that I am Deaf.” A9

5.13 It seems that hearing workers do not expect this close observation but Deaf people in their own home feel uncomfortable. Many Deaf people do not allow the service person to be there without having their own hearing representative in the house as well.

“Normally, I asked my parents to come and deal with it. I don’t trust the person. I don’t like to ask my father as I lose my independence but I feel safe with him. I would prefer a Deaf plumber or a person who can sign.” A11

“Always asked my daughter to find the service people. If she is not there, I don’t know what to do. I don’t know what to say.” C67

5.14 However, even in asking for hearing support, it is the Deaf people who feel de-skilled in their own homes. One of the Deaf people in Stornoway summed this up.

“Yes I had a faulty gas pipe. I contacted my father who called the Council emergency number. The person came and communicated with my father ... I am not able to communicate on my own as my English is poor. I need to depend on my father. I wish I could deal with it but how to communicate?” S1

5.15 Typically, people want to feel in control of the situation in their own homes. It is a fundamental rule of most cultures that one should respect the person at home. When Deaf people invite hearing services into their homes, they risk the loss of control and are treated with dis-respect in regard to communication. At present, the Deaf reports indicate that this appears not to matter to the service provider because they perceive no effort being made to bring an interpreter or even to find a way to communicate. It is left to the Deaf people to make adjustments in order to protect this cultural value.
5.16 Lack of communication is perceived also to lead to wrong decisions.

“I had a problem with my boiler. I had someone come around but his attitude was poor and he advised me that I needed a new boiler. My instinct said no, I don’t need one. I ignored his advice because of his attitude. I called a different company. The second person had a better attitude and was willing to write down to communicate. I felt more comfortable. He said I didn’t need a new boiler. I feel it is a risk for some Deaf people who may listen to people who give them advice because hearing people are “clever.”” A8

5.17 In this description, the Deaf person confirms his suspicion that hearing people are not entirely trustworthy. Although it is sometimes true that hearing people complain of poor advice and exploitation, Deaf people are particularly at risk as they seldom have other people to turn to for advice.

5.18 Deaf people are highly suspicious of any personnel coming to the house and it is important for such staff to be aware of the risks which Deaf people feel in regard to this situation.

DEALING WITH DOCTORS AND HEALTH CARE

5.19 In all surveys of Deaf people, contact with the local GP and with medical services is one of the most problematic areas. Deaf people feel their personal well-being is at risk and view the communication transaction with some apprehension. However, some Deaf people reported success with the doctor.

“My GP is fine and understandable as he is my family doctor for more than 30 years. He is Deaf aware and uses gesture. No problem.” A27

“My doctor can use fingerspelling. It helps better to communicate. She has really good Deaf Awareness. I am not very good at English. She wrote only simple words. Most doctors do not do that!” A23

5.20 However, these responses were very much in the minority; usually there were complaints of lack of communication and problems of attitude. Deaf people as usual partially solved the problem by taking a relative or friend but in this situation, there are major questions about privacy and independence.

“Always brought a friend with me. He knows a lot of information about me.” B38

“My aunt always goes with me to the GP. I am not happy as it affects my privacy and also can affect her if anything is seriously wrong and she tells the family.” A1
5.21 It is difficult to explain to hearing readers the significance of this Deaf expression (“affects my privacy”). In a hearing society, particularly in the UK, personal privacy is closely guarded. It is true that people have close friends with whom personal problems can be discussed but people expect these confidences to be respected. In any case, they have the choice to make the information available to the other person. In contrast, Deaf people receive second hand information from other people. The doctor speaks and a friend or relative passes on the information which is deemed relevant to the extent of their communication abilities – which is often not at the level of fluency in BSL. The hearing person makes the choice about which information to share with the Deaf person – about that Deaf person’s well-being. When the intermediary is a family member, there is a serious dilemma about which other people might be informed. The Deaf person has no control over this – “He knows a lot of information about me” – and there is a suspicion that the person “tells the family”. This creates great insecurity.

5.22 At the same time, the involvement of a family member may cause severe problems for that person.

“Writing notes does not help. I am never happy with doctors. Last year I went to hospital, my daughter helped me as interpreter. It was impossible to find a interpreter. It was a very bad experience. My doctor told me I may have cancer but it really frightened my daughter because we are in the same family it was not right. I do not have any privacy.” C54

5.23 Where Deaf people reject the intermediary, they go to the doctor on their own. In this case, they have to rely on the doctor’s preparedness to make adjustments in communication. In rural areas, where there are simply no alternatives, Deaf people reported being unhappy about their poor communicative contact with doctors.

“I am used to going on my own – all my life. .... Doctor would write down just one word like ‘operation’ or ‘hospital’. I would show or point to my body where the problem is. If there is a problem with the children, my husband goes. I wouldn’t want an interpreter as it is my privacy. The doctor should sign to communicate with me.” c2

“I had a terrible pain here. He (doctor) told me there was nothing wrong. I went back again. Same reply. Six months later I went to see a different doctor, who took an x-ray and told me I had xx (serious problem). So I had treatment in the hospital. There should be a nurse to interpret for Deaf people – not the family.” c3

5.24 This problem was possibly even more acute away from cities where there are no services at all.

“I have a friend whom I taught to sign. This friend helps me phone the doctor and sometimes comes with me. Sometimes I go on my own. It is difficult to communicate with the doctor - I have to lip-read or write down. I only get a brief response. I had an important test and waited for the
result by letter – there was none. That was three years ago. Also I had another important test and I am still waiting for the result. I told them I was Deaf and unable to use the phone, so I gave them the number to fax me with the result - no response. It is so hard being Deaf with little support.” d2

“It is so hard – there is no one to help with communication. It is so difficult to explain to the doctor what I want to say. It is difficult to do it by writing….. Social worker never helps in Shetland. There is a Deaf club but the social worker never comes to meet us Deaf people to see if we need anything or any help – nothing at all.” d4

5.25 In the section on personnel visiting, Deaf people lose control in their own homes; here Deaf people lose control of their own bodies and their own well-being. The problems that can be caused by these circumstances are enormous. However, as before, it is the Deaf person who ends up feeling bad about the lack of information or explanation.

“..frustrated waiting in the waiting room. I often have to wait a long time as they seem to forget about me. I complained to the doctor about the lack of display system and the doctor said they had no money. Sometimes after leaving the doctor, I feel depressed and angry because I don’t understand the doctor. I feel the doctor should write down all the information or have an interpreter.” A25

5.26 It is quite clear that Deaf people are outsiders in health settings. It is very difficult to establish ownership of their own health information. Adjustment is seldom by the health professional and the net result is to reduce the Deaf person’s self esteem. Such problems also have serious repercussions.

“The doctor explained but I did not understand. He wrote notes but I didn’t understand his handwriting and jargon. I tried to explain about my baby son. I knew there was something wrong with him but he just gave me some medicine and never explained what I should do with the medicine. It really stressed me. A few weeks later, my son was really ill. The other doctor was shocked about his serious illness. I am still very angry with this.” B41

5.27 In contact with health services Deaf people continuously use the terms frustration and loss of privacy. Deaf people often blame themselves for the problems with the doctor – yet the root of this must be the service provision as every Deaf person can recount a bad experience with health staff in hospitals or in a doctor’s surgery. From the lack of the simplest notions of Deaf awareness (inability to tell the Deaf person it is his or her turn, other than by shouting) to the most serious insensitivity in refusing to write down or take the time to explain properly, Deaf people’s experience of health care is very poor indeed.
When Deaf people work in an organisation, they seldom work in teams with other Deaf people. While councils and organisations try to increase the numbers of disabled staff, there seems to be major insensitivity to the needs of someone who does not speak. Poor interaction is commonly reported. Deaf people struggle in a larger group of hearing people especially in the work place and miss out on a whole range of information which affects social well being, as well as workplace practice. Despite the achievement of having the job, Deaf people just feel isolated. This sensation is not necessarily helped by the provision of interpreters.

“I felt left out. Most hearing people talk to each other and did not include me. I have ideas but they made me feel passive because the interpreter was interpreting what they said.” A20

“Once I went to a conference – all hearing people - without an interpreter. I walked out. I told the boss I was not happy as there was no information.” A9

“In my previous job (for 12 years) I had no access at meetings. They refused to provide interpreters. They said I should lip read.” A13

It may be believed, in many circumstances, that providing the interpreter, immediately solves the problem of including the Deaf person, but what is apparent, is that Deaf people do not feel this. Even, effective interpreting has a time lag – the Deaf person receives the information later than everyone else and in meetings where questions are posed and answers given in a group, the Deaf person simply misses the cues to respond – because the interpreter is working behind the flow of the conversation. The first quote above suggested that Deaf people became “passive”.

However, there are common situations (the second and third quotes above) where there is no interpreter and the employers somehow believe that the Deaf person can cope. Usually the Deaf person is unable to follow what is going on. Even in situations where hearing people seem to show an interest or where there is supposed to be signing by other staff, it rarely works out.

“I used to work with a small hearing group. I was involved but later the group started to grow and I no longer felt I belonged. I was never involved in any social events because of the communication problem.” B46

“I was involved with a Deaf organisation group. All staff were expected to sign in front of Deaf staff but they forgot. If there were more Deaf people present, it might encourage them to sign more, not use voice.” B40

The message is very clear that one to one conversations may be manageable for Deaf people but without an interpreter they will be isolated in hearing groups in any
environment. Even if there is a policy to use signing, it is unusual for it to be carried through and there are no penalties for hearing staff who fail to follow the rules.

5.32 Perhaps it is easy to sum up the responses in this area with one quote.

“Before I worked for the Deaf organisation, I used to work with the hearing. I would get on with my job although there was a communication barrier. Since I have worked for the Deaf organisation, it has really opened my eyes. All the information is available, and accessible. It was a great culture shock for me. Now if I have to go back to work with hearing – no thank you. I would rather be unemployed.” A8

5.33 Deaf people’s experiences of the workplace when surrounded by hearing colleagues is usually one of marginalisation. When there is more than one Deaf person there is at least communication but marginalisation all the same. Only when the majority are Deaf and the practices adopted are suited to signed communication, is there comfort and involvement.

**COMMENTS ON EXPERIENCES**

5.34 It is hard not to present a deeply gloomy picture of the experiences which Deaf people have in their dealings with hearing people. In regard to public services, whether as a consumer or as a colleague, Deaf people report frustration, unhappiness and isolation.
CHAPTER SIX: ALTERNATIVES FOR DEAF PEOPLE IN COMMUNICATION WHEN BSL WAS NOT AVAILABLE

6.1 The starting point for questions on this area was the personal adjustments which Deaf people might make in the situation where BSL was not available and they had to cope directly with hearing people. In the first set of scenarios, Deaf people try to use English in some form face to face. In the second scenarios, Deaf people have to deal with automated services, where language interaction is supposedly reduced in prominence. In the third, Deaf people use distance forms of communication.

WRITING DOWN

6.2 Three themes emerged here: the first was that Deaf people did not feel comfortable writing things down; the second was that hearing people did not like writing down and the third was that there were problems in obtaining pen and paper to write things down in order to communicate.

“I have poor English; I can’t write when I am in a shop. I feel nervous.” D174

“I’m lucky, I don’t have problems writing things down, unlike other Deaf people.” C160

“I went to the hospital once and the doctor wrote things down for me but I couldn’t understand it as the words were hard ...” B131

6.3 Commonly, Deaf people have lower levels of literacy in English. This is often made prominent in childhood and as a result, the Deaf person carries this into adult life as a personal fault. There is an expectation of not being able to read and an avoidance of situations which might expose this.

6.4 On the other hand, when faced with a written communication, the danger is that Deaf people might not publicly admit to not being able to understand a sentence written down for them – or indeed, might believe that they have understood, but do not. Hearing people in the interaction believe the message has got through – it is written down, after all. Because of the way in which literacy was taught and the in-built competitiveness in the process, some Deaf people will claim to be more literate and by comparison more literate than others. The second quote above, illustrates this point. Although Deaf people may be able to read in some circumstances, they may not perform well in others. Some Deaf people describe this as the ‘words being hard’. The net result is that writing down while relatively convenient cannot be relied upon to convey the message to all Deaf people.

6.5 In Shetland, one Deaf person reported on writing the letters (on his hand or in the air) – something which occurs in Developing countries or among older Deaf people (when paper and pen is not available). Often this is not understandable by hearing people as it breaks the rules of orthographic layout – the letters are written on the hand, one on top of
the other, and no clues to spatial layout of the letters in the word are available – making it very hard to read.

6.6 An interesting issue was that hearing people were not used to writing either.

“Sometimes hearing people can’t read or misread. Last Wednesday, at the café, I wrote ‘fresh water please’ and I got Latte instead.” E178

“When I write things down and the person is Asian or Chinese, I find they may not understand my message, because it was in BSL order. So I try to think hard to change it to more English structure.” A103

“Sometimes when I write notes, the hearing do not know what to say and have to ask another person for help. In the end, I have 2 hearing people coming up. I feel pressured by that 2 against one.” C164

6.7 There are many hearing people with problems in writing down – some because they are not literate and others because they may be too literate and their writing is too complex. In either case, very few hearing people are used to writing down in order to communicate with another person, face to face. Writing is a medium for distance communication which is not meant for real time interaction. While Deaf people have been used to this for some time and it is a feature of textphone communication, hearing people are not familiar with this. Using text in a person to person interaction could be unfamiliar and stressful for the hearing person – hence the negative reaction.

6.8 Another stressor was asking for the paper in order to write.

“When I asked for a pen and paper .... They become rather annoyed and you can see their body language clearly. They can’t find paper and have to press the receipt machine to push out some paper, then they rip it out and they search for the pen. I feel it is not professional.” A109

6.9 This resurrects the theme of ‘bad attitude’ in the hearing people. One person reported an unusual problem where the notes, which had been written down, were not allowed to be removed by the Deaf person.

“Another Deaf person went to the doctor and could not understand the doctor’s writing. He asked if he could take the notes home but the doctor refused to allow that .... I think the doctor didn’t want to be sued later. The Deaf person just wanted to take the note home so that someone could explain it.” A127

6.10 This raises an interesting question. If a Deaf person were to negotiate a purchase of an item or service, and the written notes carried a description which was incorrect or instructions which were inaccurate, would the notes become legally binding on the service provider? Equally having written down and agreed, it could still be the case that a Deaf
person had not read and understood the instructions and as a result had not entered into the agreement. Such complications make the use of writing down somewhat complex.

6.11 However, the biggest problem in Deaf people’s view was that hearing people were unwilling to write down. One can imagine this situation in many services where people are trained only to carry out certain tasks and as a result are unprepared for even simple requests, like ‘can I write it down?’

TRYING TO SPEAK

6.12 Often Deaf people try to speak. Virtually all the Deaf people in our sample will have passed through an education system which devoted a great deal of time to teaching speech. In the focus groups, the Deaf people discussed whether this could be an option in interaction with hearing people.

“I tried to say Coca Cola but the hearing person did not understand. I repeated it again and again. Then I gave up and gestured with C handshape and said Coca Cola.” E175

“I always switch off my voice when I am out, especially at work. I won’t use my voice. Hearing people say ‘what?’, ‘what?’ and signal to speak in their ear. I need to look at their face.” C167

“I went to my local butcher shop, I asked the assistant ‘one pound of sausage please’. She said ‘what?!’ So I repeated. She did not understand me. She asked her colleague, ‘what does she say?’ I got really frustrated. I repeated again and then I walked out.” B148

6.13 Although these examples come from contacts with commercial services, the scenarios are repeated in relation to public services. The primary difference is that usually the Deaf person has chosen to obtain something (ie is the voluntary consumer), rather than being called for interview, for example. The pressure on maintaining the interaction is on Deaf side and they may try to speak the language of the hearing assistant. Deaf speech is usually recognisable as different and often is associated with lack of intelligence. Most reports were of the stress which this situation created. Hearing people typically do not understand the speech sounds which teachers and parents, spent most of their education time in trying to instil. The more hearing the Deaf person has had as a child, the more intelligible will be the speech. For those who were born with a serious hearing loss, using speech to communicate with hearing staff was reported to be very difficult indeed.

TRYING TO LIP-READ

6.14 On the other hand, in the focus groups the participants often talked about lip-reading but in very negative terms. Usually Deaf people have no choice but to try to lip-read. However, most speech sounds are invisible on the lips. All they can do to cope with what is an almost impossible task is to prepare their own requests beforehand and guess.
Most Deaf people recounted episodes where the speech of hearing people was simply unintelligible for a lip-reader. Most had experienced difficulties, anger and frustration.

“I showed my travel pass to the bus driver. He spoke very quickly and I did not understand him. I said ‘I am Deaf’. He looked very angry. One passenger who knows me well came to me and explained that my pass was only to be used after 9.30am.” B149

“I went to the doctor and he told me to take two tablets a day, but I read him as two tablets twice a day. I realised when I became dizzy and had to check the bottle that I had picked it up wrong.” A129

6.15 Many people just make it clear from the start.

“No I can’t lip read. I ask them to write it down.” C162

“I can’t lip-read. I asked a person to write down – they refused and walked away from me in a temper. I was thunderstruck.” S4

6.16 As in the case of speech, the more hearing the person has had in early childhood, the more likely they are to be able to deal with interaction using lip-reading. However, the fact that lip-reading is affected by lighting, the physical surroundings, the positioning of the person (eg if the doctor is reading notes at the same time as speaking) and by the mood or attitude of the person, creates another layer of complexity in the task. Although a few people said they could lip-read, the majority were not able to do this successfully.

6.17 These difficulties in face to face interaction lead to a possible solution – to create the interaction without language. As technology advances, there are many possibilities for human-machine interaction in regard to services.

AUTOMATED INTERFACES: TICKETS AND DOOR ENTRY

6.18 Since Deaf people report problems in interaction with staff, it might seem like a good idea for hearing service providers to remove the staff interaction and to replace it with a machine interface. The vast majority of Deaf respondents were opposed to the use of automated machines. Some avoided them completely by using travel cards but still ran into problems with ticket inspectors speaking or shouting at them. A few said they used machines successfully. But many recounted problems with the machines and consequent difficulties when things went wrong.

“…never use machines. I don’t understand the information. It is not clear information. I need someone to show me and give an example ...It needs a visual picture. You need to remove the speaking part – many machines include speaking is not access for Deaf people – stupid.” B41

“…when I returned back to my car and was ready to leave car park, I put my ticket in at the barrier machine, but it wouldn’t work and I panicked as
I couldn’t communicate with anyone there. So I gave up and went to the shop and tried to find someone who works there then I found a shop assistant. But I wasn’t confident with my English and I had to write down what I was saying but she didn’t understand me. In the end I had to persuade her to come with me to the car park barrier machine and showed her that the ticket wouldn’t work, eventually she understood, and sorted it out for me. I felt very uncomfortable and don’t want to do this again.”

6.19 This theme was repeated frequently. Even though it is more difficult to communicate with a hearing person at a desk, Deaf people tend to prepare beforehand, write down and then carry out the transaction. Such a situation is clearly stressful, since there is no control over how the hearing person responds. However, discussion of automated car parks evoked the nightmare of being stuck and having a queue of cars behind. The “digital toilets” also caused problems.

“Used new public toilet, felt a little bit worried as door opens after a time limit. I can hear a voice in the toilet but don’t know what is says.” E76

“...have used public toilet, don’t know how it works, played with all the buttons until the door shut. Throughout was rather nervous as I was not sure if the door had shut properly.” E81

6.20 Deaf people are upset about the use of intercoms to communicate with the operator. The simplicity of use which hearing people seem to like, is problematic for Deaf people. Even the problems of communicating at a desk with a hearing person who does not understand, are often preferred.

SECURITY – ACCESS TO BUILDINGS WITH VOICE ACTIVATED ALERTS

6.21 One of the major concerns in society is personal security. Nowadays, many public buildings and many council apartment blocks, use door entry systems – mostly activated by pressing a buzzer and speaking into an intercom. When asked about this, Deaf people’s answers here were predictably that they did not like these systems. In order to deal with them, Deaf people alerted the person on the inside in advance by sending text messages, or faxes saying when they would arrive – but the person inside had then to be vigilant around the expected time. Otherwise the Deaf person outside had still to face a series of buttons and an intercom. There were also problems for them in knowing when the electric door had been released or how to alert the Deaf person inside if he/she did not have a flashing light alarm (a common situation).

“Other option – press other door numbers and inform the person, “I’m Deaf” and so they let me in.” A2

“I held the door and felt it vibrate and then pushed it open” C61
6.22 The consensus was that there should be a two-way visual door entry systems which would be of benefit to hearing as well as to Deaf people. There were reports of problems in other situations.

“I almost missed my car theory test because I was stuck at the main door as I could not talk through the intercom. I had to wait until someone came to open it. There should be a video or keyboard.” E76

6.23 There is a need to think through the provision of access systems in general as Deaf people will come into contact with them in their work and elsewhere. Respondents were unhappy about always having to rely on hearing people to open doors for them.

INFORMATION KIOSKS

6.24 An increasing trend has been to place information kiosks in public places to allow the public to browse for information. This is usually a computer encased in a large box with very simple interaction tools – eg touch screen. The most commonly reported example was the Boots Advantage card machine which is located in most stores – but there are many councils who have installed systems in libraries and even in the street. Responses to the Boots kiosk tended to be positive.

“Like to use the Boots Advantage card – easy to use machine. No need BSL, easy to read and understand” B39

“Boots Advantage OK not complicated. Yes use it as there are a lot of pictures and symbols. Easy to use. It would be nice if there was a signing machine.” A27

6.25 Not all respondents agreed and one thought she might lose her points if she used the Boots machine in the wrong way. However, there were problems when asking hearing people for help to use the kiosks.

“Seen one at the Job Centre, asked staff to show me how to use it. They said “best see my disability advisor”. But the disability advisor already has the information on his computer. So I said I want to know how to use it. – same as hearing people, But I never got the chance.” E78

“It asked for “member” so the shop assistant helped me fill in the application form – but there was a communication barrier and the shop assistant said “forget it” and threw the application form away. I felt really put off and did not want to ask anyone else.” A19

“Pressed kiosk at supermarket. Asked the assistant for help but there was a communication breakdown. I prefer a separate kiosk for Deaf and hearing.” B40
6.26 There seems to be little advantage to providing information services which people can access, if they are not aware of how to use them. When people ask for help, it seems reasonable that they would receive a patient explanation – this does not appear to be the case. While a simple machine interface might be effective in certain circumstances, if Deaf people are unaware of how to use such a machine and experience the same communication problem as in interacting with service personnel, then they will continue to be non-users.

6.27 The vast majority of interviewees said they were aware of the existence of ‘the kiosk’ but had never tried it and did not understand how to use it. Most who had tried suggested that there should be BSL on it. There is still a long way to go before the communication problems that hearing people experience in meeting Deaf people, can be solved by using a machine interface.

SIMPLIFYING THE ENGLISH

6.28 Communication can also be supported by leaflets, booklets and even correspondence. However, this is another version of the English literacy problem for Deaf people.

6.29 Deaf people will often ask for simpler versions of a text. This may imply more illustrations as well as simpler words. However, this can be a negative admission on inability to read and was not seen as a positive strategy.

“I have a bible for the Deaf. It is translated into simple English. It is much easier to understand whereas the other version, King James, is much more complex English.” C16

“When I read text, I often do not understand. But when there are photos or pictures, I understand better.” C160

6.30 In the past, this issue has been raised in regard to television sub-titling. Many Deaf people complain that the text is too hard. Given what is known about literacy levels, then there is support for a view that fixed texts – bills, Council agreements, service documents - should be available in simpler English. Deaf people agreed with this but acknowledged that there had been virtually no progress in this respect in public services.

6.31 There are a range of distance formats apart from written correspondence which might make interaction easier. The study explored a number of these.

USE OF FAX

6.32 There were a number of different perspectives expressed ranging from people who prefer to use fax, to those who are unsure of their English in a fax and will then only fax to family or other Deaf people and through to those who prefer to use the textphone directly to people and organisations.
“I only use fax to Social Worker for booking interpreter. I am not always confident in writing for the fax. Often I have to write it a few times before I send it off. Sometimes it takes ages to get a reply.” A20

“I use fax a lot. I faxed my GP but when I received his reply I could not read his handwriting. So I had to go to the GP and arrange an appointment.” C61

6.33 The issue of delay in response to fax comes up again and again. Although Deaf people are prepared to use it, this delay causes some frustration. Interestingly, Deaf people are more comfortable about writing a fax to another Deaf person.

“If the fax is to a hearing person, it is hard to write for Deaf people.” D71

6.34 Fax is still in use and can be a vital means of communication between Deaf people who know each other. However, it is not always effective for hearing to Deaf communication.

USE OF TEXT MESSAGING (SMS)

6.35 Interviewees were wholeheartedly positive about the use of text messages, saying that it made them feel more safe.

“Definitely, because it is accessible to all hearing people even my hearing family. Yes all services should have SMS systems. It would be a lot easier. Not a lot of people have minicomms but everyone has SMS. I would like to see Deaf News on a mobile. It is cool and it would be great to have sign language on a mobile.” A6

“Can’t live without SMS. I can’t wait for future signing mobile. I know about videophones but we need small mobile version.” A9

6.36 The recurring theme was safety and security as well as the instant messaging/information aspect. This is a medium which is currently used extensively by Deaf people even though it is a form of written English. Some people wanted to see video available in a mobile format, which should be possible within the next five years. There were also requests to use it for emergency calls. However, at least one caller pointed out a significant issue which is that SMS is not a guaranteed delivery service.

“Mobiles have improved Deaf people’s lives. It may not be possible to set up the SMS system for emergency services because it may be risky – what if the SMS does not arrive in time. We would still need to ask hearing people for help. It is much quicker.” D68

6.37 Most other interviewees were very happy with the mobility and flexibility aspects of SMS use. They could foresee it as a medium whereby they could receive critical messages from service providers. Issues raised apart from reading problems related to the
use of abbreviations and BSL order in the text. Most people were very positive about SMS and expected to see it continue and expand. It remains to be seen whether hearing agencies are able to use text messaging to Deaf people to provide information or to give alerts to new information or service.

TEXTPHONES

6.38 Minicom was a great success story in the late 1980s and early 1990s. For the first time, Deaf people could contact each other directly. However, the text aspect was a problem for many people and the need for a fixed location with that specific hardware meant that it was less flexible and less available. Because of the equipment specific application, a text relay system developed – Typetalk – which takes typed messages and conveys them as speech and translates the speech back into text to send back to the Deaf person’s terminal. It is slow and the technology is mainly from the 1970s. Deaf people as shown in the early part of the study are now much less likely to use textphones. However, the question of whether textphones had a part to play in giving Deaf people access, provoked the expression of different views that fax or text messaging was better and that videophone use was more desirable.

6.39 Nevertheless, there was some consensus to keep minicoms for direct calls and for older people. At the same time, many people reported problems which relate to the unfamiliarity of hearing people with this technology.

“I know some public offices that have a minicom. I tried to call a few times and got no reply. I wrote a complaint letter and heard nothing again. So I went round to the office. They said they did not know how to use it. I felt angry about this as they gave out the number in their letter.”  
E175

“I minicomed the Council and held on for a long time but got no answer. I know they do have a minicom but no one touched it.”  
C154

“I have tried some places by direct minicom but the phone just kept ringing. Instead I tried text direct (relay service) and the phone was answered straight away. I asked why they did not answer the minicom, they said ‘oh, it was switched off’, or ‘the person who is skilled in using it is not here ’ etc”

6.40 The textphone is an extremely simple device and requires minimal training. However, the volume of calls which an organisation receives are not enough to keep it prominent in people’s minds. The net result is that it gradually slips from the desk to the cupboard. Most Deaf people were able to give instances of their textphone calls to hearing offices (where they knew there was a textphone) not being answered during the working day.
USE OF THE INTERNET

6.41 The responses split quite neatly into those who are users (who are almost all positive about the Internet) and the non-users (who may feel they are too old or simply do not see it as part of their lives). This is not greatly different from the hearing population. The English aspect of the web does not seem to be such a great concern in their replies although some people say they have not used the Internet to purchase things because of their concern about the small print and their lack of access to it. Many people asked for more BSL on the Internet.

“Use it for my teacher training and holiday information. The Internet is easy and better than going to a travel agent as you don’t have to communicate. I bought some books from Amazon. It is easy to use and suitable for Deaf people if we could have sign language on the news.” A11

“I have searched for information that I want to know about eg medical. I haven’t bought anything yet but recently booked flight. I felt it was worth it. It is really useful for Deaf people – there is no need to go into the shop and struggle to communicate with them.” A17

6.42 Part of the reason for the positive view of the Internet (which is mainly text) is that it allows Deaf people to retain control. There are many different sources of information and different locations to choose from. It is also not sentence or phrase critical – meaning that the Deaf person does not have to understand each sentence or each phrase which is to be read. This is different from a text conversation written on paper with a hearing person or the receipt of a fax or letter, where it may contain crucial information in specific sentences. The paradox that Deaf people have poor English literacy but still feel positive towards the Internet has some explanation in the above.

6.43 There were some statements about the Internet being good but too complicated in English, but overall the sentiment was very positive and it is clear that as a source of information it could be enormously important to Deaf people especially if the information can be provided in BSL.

EMERGENCY SERVICES AND CALL CENTRES

6.44 There is one established public interface which is of considerable importance – 999 – the emergency service. When asked about how they dealt with emergencies, Deaf people often responded that they had not had the need to use this service. However, of those who did have that experience, the vast majority had contacted a neighbour, or friend or relative who then came to deal with the emergency. Some people suggested the need to have a text message system to reach the emergency services. Most respondents who mentioned it, considered Typetalk inappropriate and too slow. One or two knew about Textdirect (a means to use a textphone to reach the emergency services directly). This is information which could be made available more widely.
“I would contact my daughter who lives in England and she will call the emergency services in my area. It is quicker. I send her a fax and then she calls.” A14

“My wife and I could not hear the phone. I rang my son and kept saying help-help-help and waited for a few minutes. After a few minutes, my son came to our house and he rang the emergency services.” D69

“My wife was really ill and fell over. I was in a big panic, so I rang my son on the minicom. He rang my doctor to come to see her. But it was very hard to type on the minicom.” B31

6.45 Using a text device in a second language, when upset or in an emergency, is almost impossible – as these accounts imply. Apart from these attempts to use the minicom and the general feeling that they would have to ask for help from neighbours, there was only one suggestion that some sort of videolink would be effective. At the present time, the notion of videophone use has not really penetrated the Deaf community in Scotland.

6.46 One of the fastest growing service sectors in Scotland is the ‘call centre’. Not only commercial organisations use this but there are versions of it in health centres and council offices. The problem with it from a Deaf perspective is the use of speech-based automatic answering and routing (press 1 for repairs, 2 for bills etc) and also the likelihood of queuing. The majority of Deaf people did not have experience of this feature of telecommunications (or were not aware of it). Some did know about it through their use of Typetalk (text relay to voice) and were generally unhappy about it.

“Hate it. It’s a nuisance. There is a long wait. I often hang up.” A27

“Rang automated services through Typetalk. I didn’t understand it and didn’t know how to use it.” C64

“I wanted to access it but Typetalk operators couldn’t cope with auto services.” B41

6.47 Since these calls are all on textphones it is quite different from a voice queue where there are updates and voice messages repeatedly to let the caller know where he or she is in the queue. Since few people had direct experience in this area, they tended to make comments on what they knew and expressed a great deal of dissatisfaction with Typetalk and tended to reinforce the point that they would use family members to call directly for them. The automation of voice services and the use of call centres to deal with problems tends to create further problems for Deaf people in need.

COMMENTS ON ALTERNATIVE COMMUNICATION METHODS

6.48 None of the alternatives to BSL seem to satisfy Deaf people. It is as if, hearing people continue to use English and Deaf people have to adapt by using alternative systems – which are basically English in another form. Deaf people are expected to be able to lip-
read, to speak (even if a little unintelligibly) and to read public service communications. Deaf people consider this unreasonable and this is the root of their discontent with hearing society. They view the access which is offered by hearing services to be an assimilation – not an accommodation.

6.49 Technologies which help a Deaf person to be like a hearing person are rejected. Technologies which might offer advantages to Deaf people and support interaction are supported. Deaf people in the 1980s embraced the textphone but the lack of adaptation by hearing people, limited its effectiveness. Typetalk, the relay service, simply confirmed this – Deaf people were adapting to text use, but hearing people simply carried on speaking. Textphone use is now in decline in this community.

6.50 Fax between Deaf people and text messaging on mobile phones have become more prominent. The first because it is a non-attendant technology – the person does not have to be there in order for the fax to be received. Its disadvantage is that it is not a responsive mode – since the reply may take several days and there is no guarantee that it reaches the correct person. Hand written faxes may also expose to hearing people, the Deaf person’s poor command of English.

6.51 Text messaging in contrast is fast, very simple, ubiquitous, and almost interactive. It has taken off among the Deaf community very quickly. As a means to make appointments and to locate people it is ideal. It is not yet clear how it could become a tool for the service provider. There are simple possibilities such as visitors to the home using text messaging to alert the person to the time of the visit, for offices to confirm arrangements and appointments generally and to send alerts concerning any number of forthcoming events, information releases and so on. The limitations of 160 characters per message make it a limited tool for interaction. Although Deaf people may have purchased monthly plans with bundled text messages, hearing people may perceive it as costly (10p or 12p per message).

6.52 Most of these methods have problems although use of text messaging came out as a highly valued means of interaction (albeit mostly for Deaf to Deaf communication). Interpreting is a key provision but the problems are simple – not enough availability and not enough highly trained interpreters.

6.53 The solution of removing the need to communicate by automatic services and machine interfaces was universally disliked.
CHAPTER SEVEN: BSL PROVIDED IN A DIFFERENT WAY

7.1 When personal interaction cannot proceed effectively and directly in BSL and where the adaptations of the Deaf person to use English are unworkable, then there seemed to be two alternatives – provision of an intermediary or provision of alternative media with BSL.

USING SIGNING INTERMEDIARIES – INTERPRETERS

7.2 Because machines are not well liked, and personal direct interaction is a problem, it would seem that the obvious solution should be the provision of a trained intermediary. Most Deaf people are now familiar with the work of an interpreter, even though some among the older population may not fully understand what the interpreter actually does. A common starting experience of the use of interpreters is in job interviews. In the past, such interviews were not always carried out in the same way as today and the intermediary was not really an interpreter.

“I got my job from the Missioner – the old fashioned system to help Deaf people. The missioner was really good and helped me a lot. I prefer this system than the social services one. The missioner always fought with the hearing people to give jobs to the Deaf. When I was at my job interview, the missioner knew me very well and I didn’t have to explain. It was great. But now interpreters – it is too much for me and interpreters have to make me say something but I don’t know what to say.” C64

7.3 The existence of advocates for Deaf people – Missioners and Social Workers – was a working system for at least a hundred years. The employer interviewed the Missioner (not the Deaf person who was an onlooker) and the job was provided by proxy. This system has fallen into disrepute as it takes away the independence of the Deaf person but for some Deaf people this means being ‘manipulated’ by the interpreter to “say something when they don’t know what to say”. This is indicative of lack of understanding of the questions which interpreters are relaying or lack of understanding of the nature of the exchange which needs to take place. One of the issues for the Deaf community has been to develop the most effective way to use interpreters and to educate the members of the community in the use of interpreting services.

7.4 The provision of non-qualified ‘interpreters’ (when registered interpreters are not available) can also fail to meet requirements – because they are not considered to be good enough.

“When I came to the office, the lady said there was an interpreter. I was really shocked – it was my nephew - because he knows signs and he works in the shop. But his signing skill was terrible. It was really wrong.” E77

“I got my job from my teacher. It was last minute and impossible to arrange an interpreter. My teacher came with me to my job interview.” B44
7.5 One of the disadvantages of using someone untrained and unqualified as the intermediary is that there are no grounds for complaint. Usually the hearing service provider is unaware of the distinction between qualified and unqualified (if the Deaf person brings the intermediary) and will assume that the interview is proceeding normally. The performance of the intermediary is then likely to reflect badly on the Deaf person.

7.6 Some people had tried to cope without an interpreter at first, but when bringing an interpreter, found that there were new problems.

“Before I used pen and paper to write at job interviews but at the end I didn’t get the job. ... I used an interpreter and thought this was OK but they looked at the interpreter all of the time. I feel they were not watching me.” E76

7.7 While the Deaf community was concerned in the past about how to use interpreters, there was and still is, no training or information programme for hearing people on how to use interpreters. As a result, there are often interactions with the interpreter and not with the Deaf person.

7.8 Some Deaf people were happy with the interpreting support provided.

“I always have interpreter at interview. I feel happy with the interpreter – although it would be good if the panel could sign.” A7.

“I need an interpreter. I feel it is the way to get full information. If you write notes there is not enough information for the interviewer or interviewee.” D70

7.9 However, one theme which was apparent, was the level of performance of the intermediary and the need to have the highest level of skill.

“I had an interview for a college place. The interpreter did not understand my signing. I wasn’t able to complain. I was disappointed as I got a different level of entry because of the poor level of skills of the interpreter. Later I discovered the person was a CSW not an interpreter.” A6

(note: CSW = communication support worker, a person who translates and supports, and may instruct a Deaf person – usually in Education settings; not trained to interpreter level)

“Often an interpreter is provided but not to my satisfaction due to their poor skill levels. I was unable to give my presentation. I do not trust the interpreter’s voice over.” A13

7.10 This raises the issue about who arranges the interpreter and what steps they take to ensure that the interpreter is registered and qualified. Deaf people may not know the
interpreter at a meeting and there are no distinguishing features or badges to show that an interpreter is qualified. It may be difficult for Deaf people to question the situation at the time, and they may find themselves in a position of not understanding or not being understood. It is almost impossible at that point to tell the hearing panel in an interview that the choice of interpreter is not good enough.

7.11 Nevertheless, there is a general view that interpreters are a good solution in the job interview situation. Two major factors remain: the shortage of suitably trained interpreters and the cost of hiring them.

“Councls cannot afford to pay for interpreters – they are expensive.”  
D170

“My work cannot afford to have an interpreter” C154

7.12 Cost might be a less sensitive issue if there were some external funds or if the employer paid. However, often employers were unsympathetic.

“I asked for an interpreter at work and the boss said ‘you pay for it’. The boss just didn’t want to get involved. When the interpreter was booked, the boss ignored her – he just did not want to get involved.”  C163

“At work after a difficult meeting with a supervisors (writing notes etc), I had to book an interpreter. I paid for it out of my own pocket. They said that work could not pay for it.”  C164

“Maybe employers locate among their own staff, people who can sign, rather than pay interpreters because interpreters’ fees are very expensive. Employers may not be able to afford it.”  B143

7.13 In theory, many of the problems of finding interpreters and certainly, paying for them can be solved by the Access to Work programme. However, employers often do not know about this and even Deaf people are unclear.

“Before I could not get an interpreter for work meetings and I was always the last to know about information on things that happened at work. When I first met the researcher on this project, she told me about Access to Work. I went back to work and spoke to my boss about it. Later when we were having a meeting, I asked if an interpreter was coming, she said she did not have time to arrange one, but there was one member of staff who could sign for me. But his signing was really basic not fluent. So I am still the last to hear about things.”  B142

“There is one member of staff who can sign, so I rely on him for the meeting. But what happens if that person cannot attend? I told them about Access to Work and that they could have funds for interpreters. I gave them the phone number to call. Since then I have asked them what
happened – they said they could not get through. I don’t understand.”

7.14 It seems there are several layers of problem here – the lack of interpreters, the lack of training and information about the role of interpreters but also confusion or lack of knowledge as to how the Access to Work Programme works and who is responsible. The reality is, of course, that if all Deaf people were assessed within the Access to Work Programme, there would be nowhere near enough interpreters to go around. However the group discussions highlighted the lack of cooperation among employers in regard to their Deaf staff.

7.15 Descriptions of poor performance from the ‘interpreter’ are very common among Deaf people. There can be different reasons for this. Most likely is the lack of fully qualified and fully trained interpreters. Even where an interpreter is fully trained, the assignment may be given without preparatory materials and in a technical situation in a job interview, the interpreter may simply not be prepared effectively for the task. More commonly, a trainee interpreter is the only one available and despite the fact that the hearing panel are not aware of the lack of transfer of information, the quality of the interaction is poor. It is the Deaf person’s incomplete answers which are heard by the hearing panel. Public interviews are more likely to have interpreters booked but at in-house interviews, Deaf people may be expected to get by with someone who cannot sign very well and who has had no training as an interpreter.

SHORTAGE OF INTERPRETERS

7.16 When Deaf people talk about interpreters, the most common theme is the difficulty in finding an interpreter.

“It is impossible to book interpreters at the last minute. Lots of Deaf people give up.” B148

“There are not enough interpreters. If we have more interpreters, then we could make the request.” B144

7.17 The demand for interpreters is very great coupled with special plea for more male interpreters (the lack of career structure contributes to this shortage) and more specialists in situations of special need.

“There are not enough interpreters in Edinburgh – we are still fighting at the moment for this. The Government should provide more interpreting jobs. ... Interpreters need to be available in emergencies. Like when a Deaf person is rushed to hospital.” B150

“Interpreters need to be specialised in working in hospital, with police etc so they would know how to sign in an appropriate way and deal with these areas sensitively.” A112
“Any services that are linked to the Government (firemen, ambulance, post office, hospital, dentist etc) should learn how to sign or have an interpreter there.” B140

7.18 This shortage leads to a range of problems which could be life threatening; the use of friends may just make matters worse.

“Once I had a kidney problem. I called the neighbour who got my brother and then rang for an ambulance. The doctor was good and rang for an interpreter but social services was closed and refused to offer interpreting service. My brother can’t sign – only gesture so communication was almost nil. Terrible.” C59

“We really need interpreters but interpreters are always fully booked. That is why I ask my hearing friends to help me but the interpreter is better because I get full information. But it is really difficult to book interpreters.” B38

7.19 Deaf people consistently repeat what is known for some time, there are not enough people who know sign language and there are not enough interpreters.

INTERPRETERS AND PRIVACY

7.20 A second general theme which comes up in Deaf people’s discussion is the view that interpreters intrude on privacy. This is a special problem for people who are frequent users of interpreters in the work setting.

“I refuse to use an interpreter as I use them for my work and I know them all. So I do not want them to know my personal situation. I don’t trust them to be confidential.” A10

7.21 Deaf people with experience of interpreters may often do without in situations which they believe to be sensitive or personal – because they have to meet this same person in a work setting at a later date. This may lead to the attempt to get by without an interpreter.

7.22 This issue of confidentiality and the extent of knowledge about the person which the interpreter needs in order to work effectively, came up may times in different settings. It is not so much the inability of the interpreter to keep secrets but the feeling that other people should not know about the Deaf person to this extent – especially when the Deaf person sees that interpreter in work settings at a later date.

7.23 Interpreters are much in demand to deal with the immediate face to face transaction, but there are many other areas of information access which might have different BSL solutions.
INFORMATION PROVIDED IN BSL ON TELEVISION

7.24 This topic area is somewhat difficult as there is little sign language on television in Scotland at the present time. All programmes with signing come from England and there were frequent comments that the signing was not Scottish. A recurrent theme has been the need to have Deaf signing and not to have hearing people (ie interpreters) producing the news or other information. Some people claim to use subtitles as well as the signing and others say they prefer subtitles to the hearing interpreter signing.

“..prefer Deaf use of signing as more correct and more interactive.” A11

“Yes watch but I do not always understand if there are difficult long words. I prefer signing. I prefer Deaf signing as I am Deaf myself and it would be the same language.” C62

“I prefer to have subtitles with signing as some signs are different and I can check. I prefer Deaf signers as I can understand better.” A7

7.25 The responses were uniform. Deaf people watched television with subtitles and relied on them to support their viewing. They watched signed programmes although clearly preferred Deaf people signing to hearing people – which would be natural for other minority groups as well, for example Gaelic speakers might prefer native speakers rather than those who learned as adults in their 20s. There was a general dislike of in-vision signing which was distracting and unhelpful.

BSL INFORMATION ON VIDEO

7.26 A surprisingly large proportion had not seen signed videotapes. But those who had, usually, but not always, preferred it to leaflets.

“I prefer signed video over leaflet as it is in English and difficult to understand. I think I only saw one signed video on health.” C62

“I always received the BDA Annual Review each year but I nearly couldn’t believe it when I received the CD-ROM. It was wonderful. I could absorb all the information and really understand what the annual review was all about.” A4

“Access to Scottish Executive videotape – It was OK but too boring. Only one presenter. Deaf don’t watch that. They prefer a variety of presenters. Overall signed videos are better.” B33

7.27 Some people had good ideas on how to develop video information services.

“I received the Open I signed videos. They were really good. With clear information. There were videos about benefits, family credit tax and so on. I watched the news about these issues and did not understand. The videos
helped a lot. The government should create signed videos for Deaf people eg fine for not paying car tax on time and fine for not voting. Many Deaf people do not know about new information.” B41

7.28 It is obvious that this is a source of information which could be made available to Deaf people – provided there were Deaf signers and the video materials were kept up to date.

“Government always provides materials for blind people and in foreign languages. What about Deaf people. Deaf people are always the last priority. If Government disseminates new information on say Council Tax, they should give videos/CDs to Deaf people at the same time.” B141

“I feel that the information in BSL on video about public services, benefits etc is out of date. Why doesn’t the Scottish Executive employ a Deaf person to learn and to deal with benefits and to update the information? They could learn benefits and explain to Deaf people when they meet.” A112

7.29 There was a strong sense of marginalisation in this regard. Deaf people perceived that public services were often made accessible to other minorities – notably ethnic minorities and blind people. Since there had been some materials provided in BSL, most Deaf people could not see why all materials from public services should not be provided in BSL. Some people described examples.

“I went to B&Q and they have a TV explaining in BSL about DIY. It is very useful as it also explained the safety information. I went away with full knowledge of that topic. There should be the same for health information, politics, pension and so on.” C160

“On the plane, the screen has an in-vision signer but it was too small. I couldn’t follow.” C164

7.30 The production of the videos had to be appropriate to the setting and the size of the signing image was of considerable importance. Without BSL content, Deaf people felt separate and ignored in information distribution. There was a considerable strength of feeling that BSL could be provided if public authorities wished it. There was no doubt that this would be a useful means of communication.

REMOTE VIDEO INFORMATION IN BSL – INTERNET AND MOBILE

7.31 Within the group sessions, there were demonstrations of computer displayed BSL and video played on handsets or PDAs. Technically it is possible nowadays to transmit BSL messages to modern mobile phones, handheld computers wirelessly and to desktop computers linked to the Internet. These demonstrations showed what BSL video information might be like in future. The possibilities were taken on by some; in other
cases, they would need a more concrete demonstration with real time access in order to see how it was relevant. There was agreement that this form of information content was desirable although some people raised the question of cost.

“Good idea with video information. I want to know if there will be a government grant to buy this equipment.” D170

7.32 It has been a very sensitive issue among Deaf people that they believe that they have to pay more for services than do hearing people. New services involving new equipment may be viewed sceptically unless the cost benefits are clearly set out. Where a primary function is to provide information which hearing people receive as a right, then the Deaf participants felt that the authorities should make some contribution to cost. Some people picked up from the PDA application, the notion of portability, linking it to mobile phones and text messages. This was an advantage as it gave some idea of the speed of service.

“I think getting the information from the computer would build more confidence for Deaf people, especially if the signers were Deaf themselves.” B150

7.33 This is an area to be developed as the examples shown were only a brief glimpse of how BSL information might be available in the future. The nature of the delivery of BSL information is crucial to the access which Deaf people might have.

7.34 Other people returned to the basic need for BSL information materials.

“We need more BSL information on the Internet like Deafstation.” A129

“Now we look for any web site that has BSL information, since Deaf people are interested in that website...It is more important to have BSL on the website.” A109

7.35 It was relatively clear that Deaf people considered that where BSL communication was not available directly, they should have access to support material in BSL on video, CD and on the Internet.

ADDING SIGNING AND SUBTITLES TO EXISTING MATERIALS

7.36 Television programmes and video adaptations for Deaf people may add layers of complexity by placing sign or text over the existing visual message. This creates interesting issues which are currently unresolved as to how to convey information with mixtures of signing, visual action, speech and text. Deaf people have a wide range of abilities in both BSL and in English and finding a balance in a single media is bound to be difficult.

7.37 There was a rejection of in-vision signing as it was perceived to make the message too complex. However, there was good deal more in the responses than this. Firstly, it is
not obvious on how much experience the comments are based. There is limited signing on television in Scotland and the most obvious experience is of Sign Zone, late at night and staffed by hearing interpreters (mainly). Rejection seemed to arise from the fact that the BSL is hearing and English.

7.38 There was also a question about the nature of the picture – in the past an ‘egg’ insert was used for the interpreter and this occupied a small area of the screen. More recently the Interpreter is ‘indented’ and made more prominent with a reduced video picture ‘behind’ the interpreter. The size of this image is probably adequate whereas the egg was not.

7.39 However, the concerns expressed about the dual tasks of trying to watch the message in sign and at the same time, to follow the action on screen are valid. Subtitles do not intrude in the same way. Below, there are two dialogues from the focus groups which illustrate these points.

“I prefer subtitles only, not in-vision interpreter. The signing is too small and they use different signs.” D170

“But if the Deaf person cannot read, open in-vision interpreter would be better. What is the point in having subtitles if you can’t read.” D169

“It is difficult to watch the signer. Often they have no facial expression and it is difficult to understand.” E175

“I saw one this morning on ITV2. They had a signer but no subtitles. I could not understand so I had to look around the screen.” E180

“The signer is often too small and too difficult to see. I am lucky to have a wide screen TV and that helps to bring the signer into the picture more.” E175

“I object to having a hearing signer on the news. I prefer a Deaf signer because I feel I can relate to and understand them better.” E180

7.40 However, the following dialogue confirms the view mentioned earlier that Deaf people should be the presenters in sign language – in in-vision signing.

“I feel if the signers were Scottish it would make a big difference. We had an interpreter and also a Deaf signer on the news. I prefer the Deaf signer as they were 10 times better.” A109

“I prefer to have Deaf signers because I feel that they know how to adapt the register to match the Deaf community. I think interpreters are not good at this.” A112
7.41 Although it is obvious that the format for presentation of any items on television can be open to personal preference (and that more research can be carried out on subtitles and signing), there is a consensus that presenters on all fixed media should be Deaf themselves.

HEARING PEOPLE LEARNING TO SIGN

7.42 Although Deaf people were critical of hearing intermediaries who did not sign well and of hearing interpreters appearing on video and on television, they were very much in favour of hearing people learning to sign. Although there are many support scenarios for interaction, the best solution from the viewpoint of Deaf people was for hearing people to learn to sign. There were several simple strands here – hearing people should be taught sign language in courses; there should be an option in school as a foreign language, to learn BSL; and there should be more interpreters. In between, Deaf participants recounted terrible stories about lack of communication in public services – e.g. being left waiting on a platform with two young children, because she was given the wrong instructions, having problems in understanding the police, being unable to obtain service in fast food places.

“People who want a job where they will meet the public, should have to learn BSL.” E176

“Bigger companies should pay staff to go on BSL courses.” C160

“Nurses, police, doctors while they are taking their training should learn BSL.” E180

7.43 The same points were offered as an option for children.

“All school children should learn BSL as part of their school curriculum, just like French, German etc. There are Deaf children in SCOTLAND.” B151

“BSL should be taught in schools so that when they grow up and if one of them becomes a doctor and meets a Deaf person, they may remember a bit of BSL.” A103

7.44 Although the intention in this section of the investigation was to show which methods other than sign language use would be effective, the discussion came back again and again to the same theme – hearing people should learn to sign. The use of public services is much easier if the service provider and the customer both use the same language. Deaf people as Scottish people, believe that services in Scotland should take this into account.

COMMENTS ON ALTERNATIVE MEANS OF PROVIDING BSL

7.45 While much of the daily activity of Deaf people is in the hearing community, they do not feel a part of that community. This is described in terms of lack of access to
information and lack of respect for their own language and culture. The provision of interpreters was seen as a high priority but there is a clear distinction between a signing intermediary – family member or friend – and a qualified and registered interpreter. The former is likely to create difficulties of confidentiality as well as of competence.

7.46 There is considered to be a great lack of interpreters and at present, the lack of emergency interpreters where Deaf people in urgent need could obtain support, is also seen as a major problem.

7.47 There was a great deal of support for the creation of BSL videos, for Deaf signers on television and for BSL on the Internet. All of this is achievable in current technology.

7.48 Although the search in this section was for support systems to aid communication in BSL, and although there were some positive possibilities in the use of interpreters and BSL information videos, the views and discussion continually returned to the need for hearing people to adapt and to learn to sign.
CHAPTER EIGHT: CONCLUSIONS

INITIAL SUMMATION

8.1 It is a major task to try to reduce the life experiences of Deaf people (even on the basis of interviews) to a series of key points. It is probably not a good idea to try. However, a list of adjectives appear and re-appear as themes in the discussion – frustrated, angry, independent, private in Deaf people’s discourse; bad-attitude, indifferent, for hearing people and, necessary, unavailable, expensive, ‘prying’ for interpreters. To make sense of this, we need to place the results in the context supplied by the Deaf researchers who actually met with the participants in the study. Their views are an important framework for this report.

8.2 Deaf people feel that they are disadvantaged in most contact with hearing people but have no alternative but to ‘grin and bear it’. Social interaction is constrained severely. While other minority groups often face similar problems of lack of language use in the majority community, those minority groups are usually within a tight-knit, hereditary culture, living in close proximity. In that case, language can be established early and appropriately and opportunities for bilingualism in the children are provided naturally. Deaf people in contrast, are distributed throughout the majority community, are actively lobbied and pressured to drop their cultural and linguistic stand by an ‘inclusive’ education system, are discouraged from accessing the services and structures within society by the lack of interpreter provision and are severely affected by lack of achievement of bilingualism in the hearing majority.

8.3 The interviews identified no cultural centres, no celebrations of their language, no within-community, official, self-help structures and no advocacy. There are no public information services in an accessible language form which would support community growth and advancement - this situation alone creates a risk of stagnation and starvation of cultural growth. The Deaf researchers who travelled around Scotland over many weeks, considered the picture to be gloomy and consider that it should be of great concern to policy makers in Scotland.

RESULTS IN PERSPECTIVE

8.4 The current situation of interpreter provision viewed through Deaf eyes is that it is a necessary but incomplete service. Few people who were interviewed were able to call upon interpreters at need, none believed there was an emergency service and most were daunted by the perception that they would have to pay personally, for the privilege of interaction with hearing people in their own country. Although such a service is necessary, there is no sense of ownership of that service among the Deaf community. All interpreters are hearing and because they often must work in circumstances where Deaf people are at their most exposed socially and personally, they are associated with situations of loss of control, personal data giving and pleading. Not surprisingly, Deaf people dislike this feeling of dependence, considering the supply of personal information through the interpreter, as a supply of information to the interpreter. Deaf people describe this as ‘prying’ (BSL sign) – although the meaning of that sign is more complex and less
derogatory of the person. Nevertheless, it implies that Deaf people feel exposure of their personal circumstances in this situation. For many, this is unacceptable and they prefer to avoid the third party solution altogether. This ‘hope for the best’ approach of writing, lip-reading etc in interacting with for example, the medical personnel, is potentially damaging to personal well-being as indicated by their stories. As a result, Deaf people’s solution is simple – hearing people should learn to sign.

8.5 For bilinguals in the Deaf community, there are possibilities for growth through information access to English in written or even spoken form; for monolingual Deaf users of BSL, at present, there is reliance on hearing partners, relatives or children. Deaf users of BSL usually blame their own lack of skills in the second language, not the circumstances in which they find themselves. Higgins in a book in the early 1980s termed the Deaf community in the USA, “Outsiders in a Hearing World”. This remains appropriate and accurate as a summary description of the situation we find at present in Scotland.

8.6 Good experiences where hearing people had unexpectedly signed to the Deaf person were considered happy instances. However, too many interactions with hearing people ended in frustration and complete collapse of the interaction. Writing down and attempts to speak were also problematic.

8.7 New media were unfamiliar to the Deaf groups although there was support for video telephones, for BSL information delivered to computers or handsets. Any approaches which would offer BSL in an accessible way was welcomed. Minicom use seems to be in decline and a huge majority preferred SMS use on mobile phones. Minicomms were not to be withdrawn but were now considered of much less value partly because those textphones placed in hearing services were not operational.

8.8 The group interviews tended to confirm the findings in the individual sessions. In the few cases, where hearing people had signed in a transaction, there were positive and happy reactions from the Deaf people.

8.9 The results offer a glimpse of Deaf life as told to Deaf researchers in sign language. There is much in what they say, which can be used to build a better understanding even if we are not yet able to give concrete examples of existing better practice.

8.10 Most of the issues which appeared in the Mainland interviews were also apparent in the tiny communities in Stornoway and Lerwick. All of the demands for hearing people to learn to sign are prominent and all of the difficult experiences of contact are replayed there. In addition, these groups suffer from extreme isolation from each other, from other Deaf communities and from information. Lack of a meeting place means infrequent contact and lack of opportunity to be updated on events elsewhere. There appears to be no formal Deaf support from the Mainland and as a result, networking with other Deaf people is intermittent. BSL competence is affected by lack of use. Service provision is reported as almost non-existent. Enabling technologies seem not to be available and consequently,
information sources are not accessible. One might expect there to be a major role here for the Deaf community itself to ensure the maintenance of BSL among its far flung members.

**FINAL POINTS – ANSWERS TO THE RESEARCH QUESTIONS**

8.11 The study provides a rich and varied set of responses from Deaf people which is difficult to summarise without recourse to a full community and cultural description. There were four starting questions which have been examined through a set of scenarios in individual interviews and in focus groups in several locations in Scotland.

*To what extent are BSL users able to access public services using BSL?*

8.12 There were no instances of direct access to public services through BSL, reported by the Deaf people in Scotland. All access occurred by adaptations and by the use of intermediaries.

*What are BSL users’ experiences in accessing and using BSL?*

8.13 On the whole Deaf people reported frustration in contact with hearing services which contributed to their sense of marginalisation.

*What alternative means of communication are used when BSL is not available?*

8.14 Deaf people reported difficulties in the personal adjustments of trying to speak, lip-read or read/write when in contact with hearing people. Textphones, fax and mobile text messaging were all in use (with the last one seen as most dynamic and effective at this time) but none were seen as complete solutions.

*Alternative means of communication when BSL can be provided in a different way*

8.15 Most important means of support was the provision of trained and registered BSL interpreters. At present, these are insufficient in number and availability in Scotland and there exists no emergency service. Provision of BSL video and BSL on the Internet was seen as an important goal for information dissemination.

8.16 However, taking all these into account, the priority for Deaf people was that more hearing service providers were able to sign effectively and their proposal was that this should be achieved initially at school and then later on, as an initiative of the service providers by continuing education in BSL for staff who come into contact with Deaf people.
REFERENCES


Jones L and Pullen G (1987) Inside we are all Equal, Brussels: EUD

Kyle JG and Allsop L (1997) Sign on Europe, Bristol CDS and Brussels: EUD


APPENDICES

1. Shetland and Lewis

2. Individual Interview Schedule

3. Group Interview questions

4. Description of the Sample

5. The BSL Access Model
APPENDIX ONE: SHETLAND AND LEWIS

A1.1 As an extension to the BSL Access project, it was suggested that some note be taken of the views of Deaf people in the remote areas of Scotland. It was decided to focus this on two centres – Stornoway and Lerwick. As far as can be determined, there has never been any research carried out on these Deaf communities. Indeed at the start of this sub-project it was unclear as to whether there was a community in these locations. This appendix separately describes the situation which was found in Shetland and Lewis. Some of the findings and quotes are already listed in the main report as appropriate. However, it was felt that both locations are different and of sufficient interest to merit a separate explanation of the findings. There are three sources of data – questionnaires, individual interviews and group interviews. These produced slightly different responses and are therefore, described in turn.

A1.2 As a starting point, data from Government Statistics and from previous estimates (Deaf health in Scotland, 1997) were used.

STORNOWAY AND LEWIS

A1.3 The total population in Lewis and Harris aged 18 years to 79 years (taken from the SCROL website - census) is 14,685. Using a simple measure of Deaf community membership as those who have attended Deaf schools (see Kyle et al, 1997 for rationale and statistical analysis – this equates to 4.60 per 10,000) we can predict 6.7 adults who are Deaf and would, on the mainland, be members of the Deaf community. By visiting Stornoway, the researcher was able to interview four people and were told of a fifth. Others may be living away from easy reach of Stornoway or may have drifted to Inverness or Edinburgh. There were said to be three Deaf children on the island. An initial informal claim was that there were about 20 Deaf people in the Western Isles – however, this would seem to be a high estimate based on the general population statistics.

A1.4 Perhaps not surprisingly, there is no Deaf club in Stornoway. The previous regular meeting stopped 2 years ago leaving a core of four Deaf people who meet each week in each other’s homes. On special occasions they meet in a hotel or go for a meal together – at Christmas and so on. There is very little infrastructure – the social services are staffed by people who do not sign and only one of the Deaf people seems able to communicate with the social worker. He acts as intermediary for the others. The social worker is the agent for the British Deaf News which is passed out to the group. At one time there was a social worker who could sign but that was “three social workers ago”. There are no interpreters on Lewis.

A1.5 In theory, the community is served by the Tayside Association for the Deaf in Dundee but no mention was made of any visit or contact. In the event of funerals or other needs for interpreters/social workers, these seem to have come from Aberdeen. There was some contact with Inverness although this was unspecified but the four participants expect to attend the British Deaf Association Congress to be held in Inverness in July 2004.
A1.6 They recalled the visit of the ‘British Deaf Association’ some years ago to demonstrate videophones but there was no follow up. We were later informed that this had been the RNID.

A1.7 The reports are consistent with an island way of life with work and home as a routine. Hearing people seem to be friendly enough to want to learn to sign, but according to one Deaf participant despite repeated ‘teaching’ people were never able to say more than ‘Hello, how are you?’ ‘nice weather’. This means that the Deaf people seldom use sign language between their meetings. There is contact by one person with friends in Edinburgh by text either on a minicom or instant messenger (on the Internet) and it is said that Deaf people from Edinburgh have been known to come and stay for a holiday. However, the feeling is of considerable isolation.

A1.8 The form of signing used is considered ‘frozen’ as if it were a subset of mainland Scottish BSL. Without services in BSL, no accessible media in BSL apart from TV programmes like See Hear and limited interaction with other Deaf people, it would be expected that the use of language would be affected.

A1.9 These interviews were carried out in the home of one of the participants and in the hotel of the researcher. As there was no Deaf club premises and because of the time limitations in the length of stay in Stornoway, the conditions for interviewing were less than perfect. All four contacted took part in the group interview but only three were available at a time when the individual interviews could take place. As in the interviews on the mainland, a set of questions were used (see Appendix 1 & 2) but in many cases there was a lack of experience of the situation and this could not be probed further.

A1.10 There were two males and two females aged between 32 and 55 years. They had all attended Deaf school on the Mainland although one had spent his primary school years in a mainstream school. All learned to sign when at school. None had achieved qualifications from school or had followed any course successfully thereafter.

A1.11 Many of the scenarios used to elicit comments, did not apply to the island. They were not in regular contact with other Deaf people in situations where they could use BSL. The group of four met but with little contact with other Deaf people.

A1.12 We asked about time of day and week when they used BSL, and for most this is minimal being confined to the afternoon/evening when they met. The researcher estimated around 3 hours per week.

A1.13 None of them had experience of the use of interpreters for any of the circumstances listed in the questions. This means that all transactions to do with health or the council or any meetings, had to be transacted in speech and lip-reading, or more likely, were simply avoided.

A1.14 They were not regular readers of the news, although two said they read a magazine once a week or so. They received the monthly British Deaf News. They said they used the Internet about once a month and one used email more frequently.
A1.15 They watched TV with subtitles every day. Once said she watched TV without subtitles sometimes. All watched See Hear, although one only rarely and only one watched Sign Zone, and then only rarely. One had seen a signed video. Two claimed to watch signed news once a week but it is not clear which programme this referred to.

A1.16 All said they used a textphone at least once a week but none used fax. Two used SMS everyday and one used email regularly (everyday – although this contradicts the extent of use claimed in a previous question – which was less). One used the Internet once a week, the others, rarely or never. None had used any video communication device – ie webcam, videophone.

A1.17 They had no contact with any education provision, police, and only one dealt with the Council occasionally. There was some contact with GP and chemist but more often Post Office and Library were the services which they used.

A1.18 The pattern of responses from the closed questions is of limited scope for communication in BSL, limited contact with the outside world and uncertain quality of interaction with local contacts.

A1.19 Only one person had experience of hearing people who signed and it was just ‘thank you’.

“Sometimes it can be frustrating as no one can sign and you have to write it down. You have to learn to cope with your frustration and stress. Eventually I got used to it.” S1

A1.20 Asked about automated ticket systems, they said predictably, that there were none in Stornoway.

“Nothing here – no train. Everything closed on Sunday even paper shop and no Sunday paper. Now hotel and restaurant opens so that is good. Everyone goes to church but my family doesn’t.” S2

“Never seen one as no trains around here. In Edinburgh, I once went to get a ticket and the person could sign. I was surprised and it was easy to communicate. It was good. Here with the ferry, I write it down or ask a child to interpret.” S1

A1.21 The topic of door entry systems seemed to be less of a problem,

“My partner is home all the time and so my partner hears the doorbell.... No idea how to let you know if I am at your door.” S2

“Here at Social Services there is a problem because of voice doorbell. I speak twice and wait for the door to open. There should be a code number for Deaf people.” S3
“I have a doorbell light in the lounge which is small and inconvenient. Often a family member will tell me if someone is at the door or I leave the backdoor unlocked. I would SMS you to let you know I was at your door.”

S1

A1.22 They had no experience of information kiosks nor of staffed services behind a glass screen.

“Never visit them – normally deal with postal forms …. I haven’t been to a bank with a glass screen – all are open. I have no experience in Stornoway.”

S1

“I live in a village, just a Post Office. People know me. One man at the Post Office talks to me – but just says ‘how are you?’. He has known me since I was a kid. If I want something, I write it down. Usually we exchange, regular brief messages like, ‘weather’s cold’ – that’s all. I wish he could sign.”

S2

A1.23 People coming to the home are often a problem for Deaf people but one thought it was not a problem and the others used relatives.

“Usually I fix things at home. Sometimes ask a friend – a plumber – to come to fix things. It is very safe around here. No problem.”

S3

“Yes I had a faulty gas pipe. I contacted my father who called the Council emergency number. The person came and communicated with my father… I am not able to communicate on my own as my English is poor. I need to depend on my father. I wish I could deal with it but how to communicate?”

S1

A1.24 Visits to the doctor were problematic. The same issues came up regarding privacy and independence but perhaps even more clearly here than on the Mainland.

“I am used to going on my own – all my life… Doctor would write down just one word like ‘operation’ or ‘hospital’. I would show or point to my body where the problem is. If there is a problem with other family members, my partner goes. I wouldn’t want an interpreter as it is my privacy. The doctor should sign to communicate with me.”

S2

“I had a terrible pain here. He (doctor) told me there was nothing wrong. I went back again. Same reply. Six months later I went to see a different doctor, who took an x-ray and told me I had xx (serious problem). So I had treatment in the hospital. There should be a nurse to interpret for Deaf people – not the family.”

S3

“Yes I don’t like to go to the GP but I have to build up confidence to face it. It is OK afterwards. The problem is communication. I write it down.

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Sometimes I don’t understand what doctor has written so I ignore it and carry on. Really need an interpreter but it is a question of my own privacy…. Interpreters are prying (part of their job)….. This lack of communication – I have to accept it – what can I do? I don’t want to use other family members as it is my privacy. I don’t trust interpreters. I don’t trust people.” S1

A1.25 Job interviews or longer transactions are where interpreters would normally be used but as on the Mainland, family members or informal interpreting were still common.

“I went to the interview with a relative. They gave me one month training – that was years ago. This relative can sign. There is no interpreter on Stornoway.” S1

A1.26 This group had always taken someone with them to waiting areas – a relative – and so the problem of alerting was reduced. The usual issues of lack of communication were re-iterated. Typically deaf people are isolated when in groups of hearing people and this was simply reinforced in the responses in this section.

A1.27 Contact with the police and use of an interpreter would entail someone coming from Edinburgh or Inverness. One person reported that another Deaf person had re-located to the Mainland because of these communication issues.

“Very rarely interpreter comes to Stornoway. Only recently for a wedding and court case…. Yesterday I got a letter from the Job Centre pressuring me to get a job. I couldn’t understand the letter, so I went to the social worker who sorted it out for me. But I needed someone to explain to me in sign language.” S1

A1.28 Similar themes arose in regard to emergencies with people split on the use of SMS or textphone to reach the police. Difficulties are the delay and risk in the text message not arriving. Most responses included recourse to relatives – ie contact that person and that person makes a voice call to the emergency services.

A1.29 As expected automated voice services on telephone pose a special problem for Deaf people.

“Sometimes it takes too long or the message is rude, so I hang up. …. I ask a family member to phone instead.” S3

A1.30 None of this group used fax for direct communication. Although most Deaf people like SMS, there are some who have reservations.

“Brilliant – it is easy to use and you can use anytime, anywhere with a brief message. It is better than minicom/Typetalk. Yes we should have it for all services.” S2
“I am too busy for SMS…. although SMS is useful for the doctor or hospital or whatever. But SMS controls your life and I don’t like that.” S3

A1.31 One of the respondents used the Internet a lot while the others were less sure, mentioning the English content and fear of making a mistake. None of them had any experience of signed videos. Although people mentioned subtitles as their usual experience with television, they also commented on use of signing. Typically they were unhappy about use of ‘English’ signs and the use of hearing signers.

“I don’t always watch the signing as it is English signing. I prefer Deaf signing as it is natural.” S1

A1.32 The themes which have appeared in the Stornoway are not greatly different from those elsewhere but there is a general lack of experience and great deal of isolation in the responses.

A1.33 They were unprepared to offer views about other Deaf people and their behaviour. Most answers had to be related to their own decisions and views.

“Really here is a quiet place with a few Deaf people…. It is true we are passive.” S1

“It depends on hearing people who frown so I say nothing – it makes me more passive.” S4

“Most of the time we just write things down.” S2

A1.34 Writing things down for hearing people was not successful.

“When you write it down, hearing people reply but then you don’t understand. Hearing people have no patience. So I give up and walk away.” S4

A1.35 The alternative might be to try speech and lip reading but this was not successful.

“Definitely write down. It is difficult to lip-read and there is a risk of getting the wrong information. I prefer to write down.” S2

“I agree it is better to write down.” S1

“I can’t lip-read. I asked a person to write down – they refused and walked away from me in a temper. I was thunderstruck.” S4

A1.36 The consensus on the development of interpreters to support Deaf people was negative in that it might not be feasible anyway and there was the problem of dependence on an intermediary.
“If you bring an interpreter, the hearing people think you are stupid and need help.” S1

“I prefer to deal on my own with staff signing.” S2

“Really all need to learn to sign – shop staff, teachers and so on – All”

A1.37 When asked about having information in sign there seemed to be little understanding of what that meant although they concluded that if it could be provided on DVD that would be OK as they all had DVD players. The reactions to the video devices shown where signing was playing on a small computer or handheld was that this was ‘brilliant but was it expensive?’

A1.38 As in the question above, when asked why other people had replied that they did not use interpreters at job interviews, the participants here just discussed their own situation.

“At work meetings, there is no interpreter and no access. They ignore me.” S4

“At work in the past, they told me to carry on working while everyone else attended a meeting. Afterwards they gave me some brief notes.” S2

A1.39 When asked why younger people seemed to use interpreters more than older people, they suggested it was lack of experience and that the fact Lewis was a small island. In regard to the fact that Deaf people claim to read television subtitles (more than books), they mentioned the speed and complexity of the news as a problem ie a factor which would produce a different answer among other Deaf people. But it does seem likely that Deaf people do have more problems in reading subtitles than might be thought – even though they all claim that they use TV subtitles every day.

A1.40 The decline in use of minicom was not explained, rather re-stated as the fact that people now used SMS and email. Although they were surprised to find hearing people also used SMS with abbreviations, they also admitted that only 50% of text messages were understood.

COMMENTS ON STORNOWAY

A1.41 For most of the time the comments of Deaf participants are similar to those reported in Sections 4 and 5 but the extent of experience is much less than in other parts of the study. There is a reluctance to explain why other Deaf people might react in one way or another. Most questions are taken to relate to that person’s own experience. As they said in response to the very first group question:

“Really here is a quiet place with few Deaf people …” S1

“Difficult – it is just us … a few Deaf and no interpreter. Just only us.” S2
A1.42 The population of the Shetland Islands aged between 18 years and 79 years is 15,780 (SCROL – census for 2001). Based on the calculation of 4.6 per 10,000, this would imply 7.3 Deaf people who would be members of the Deaf community on the mainland.

A1.43 Lerwick has a Deaf and hard-of-hearing club with 25 members. They meet once a month. Of those 25, it was estimated there were 7 who may be signers. During the visit to Shetland, the researcher was able to meet 5 people and was aware of two others in outlying areas, who could not be reached in the time available.

A1.44 Although demographically similar to Lewis, the researcher considered the group on Shetland to be more isolated and more removed from the mainstream Deaf community. There appeared to be no relevant services – no social service support, no interpreters and limited signing among the community.

A1.45 There is an expectation of support from the Aberdeen Society for the Deaf but this has seemed to be inoperable and there were reports of requests for interpreting support to Aberdeen which could not be met. One chaplain for the Deaf from Aberdeen visited each year. This group seem to meet only occasionally.

A1.46 Travel to the mainland is considered very expensive and there seemed to be a greater concern about money among this group. They seem to be un-connected to the Deaf community on the mainland. Opportunities for signing seemed minimal.

A1.47 Interviews were carried out in the hotel, in one person’s home and in a social centre. Three participants were met firstly at their club evening, when there was to be an AGM – but for some reason unknown to the participants, this was not taking place. On explaining the project, the arrangements for interviewing could be made quickly and the remaining participants were contacted.

A1.48 Five were interviewed individually and four took part in the group session. There were four men and one woman, aged between 19 and 72 years. Two had jobs in offices, one was a cleaner, one was retired and the other is a painter. Four had been to Deaf school and one had never really attended school at all. One of the four had only been in contact with a Deaf school up to the age of 13 and then was mainstreamed. All said they learned signing at school, although the one who had not attended had learned outside of school – although it is unclear how. The nature of the signing in this case can be studied further.

A1.49 Apart from the monthly meetings of the club, they seemed not to mix with other Deaf people. There is limited opportunity to use sign language. None of the group have used interpreters in any of the list of situations which would be considered possible by Deaf people in other parts of the UK.
A1.50 One claimed to read the newspaper everyday, but the others were not regular readers. Three read a magazine at least once a month. Only one ever read books. Two people said they read the Deaf News (British Deaf News) each month but the others rarely or never saw it.

A1.51 All but one said they watched TV with subtitles and never without. Three said they used teletext information services. Three watched See Hear at least once a month but the others rarely did – often people say that their viewing changed when the programme changed slot to Saturday (from Sunday). Video recording seems inoperable. None of them watched Sign Zone, or Signed news on television and none had seen a signed video.

A1.52 One person said he used textphone everyday and another said once a month. The other did not. Two people used SMS and fax frequently but the others did not use these means at all. Two people said they used the Internet and email but the others did not use it all. None of them had seen a videophone or used a webcam.

A1.53 The general picture here is of serious isolation even though they are surrounded by hearing people.

A1.54 The opening questions concerned how they communicated with other people.

“I use lip-reading and speech or write down. It is often difficult to lip-read people because I am Deaf, so I write it down.” L2

“I communicate by lip-reading and speech or I write down by finger.” L3

“It is hard as no one signs to help me with interpreting. I am frustrated by this especially with the doctor.” L4

A1.55 Two people mentioned coming across individuals on the island who could sign – however, it is not clear if this was because of a formal course, or whether it was only finger spelling. Predictably there was almost no experience of automated services for buying tickets. One person mentioned a broken machine in London which cost her money but their response was typical – ‘prefer face to face’. People reported writing down to buy a ferry ticket or asking a relative to help.

A1.56 When asked about entry systems, not surprisingly there was no experience but this prompted other comments.

“Social service do not provide any environmental aids to Deaf people. We have to buy it ourselves. Minicom, doorbell light and so on we have to buy from the RNID ourselves.” L4

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2 This refers to tracing the shape of the letters in the air or on the hand. This is a very old strategy and one which is seldom used by the Deaf community.
A1.57 Such a situation seems unusual – lack of Social Service support and commercial activities of the Deaf organisation, when almost certainly there is severe need. No one had experience of information kiosks. However, the typical problems appeared when the Deaf person had to deal with staff directly.

“I had a problem with the staff (at an office – bank or Council) – it was difficult to lip-read. They laughed at me when I tried to talk. I asked for a social worker but there was none. I went back to work and asked my boss who agreed to come with me on my next visit. This time the staff behaved differently because I was with my boss. She agreed to come with me in future if necessary.” L2

A1.58 In case of need, neighbours are called and when service personnel come to the house, there is limited communication.

“Yes it happened with the washing machine – there was a burst pipe. I ran to the neighbour who called the Council to send a plumber. He came and fixed it while I watched TV and then he went. There was no communication apart from saying ‘OK now’. If I was on my own without the neighbour, it would be impossible.” L4

A1.59 As with many Deaf people going to the doctor is problematic, although the issues here seem more severe.

“I have a friend whom I taught to sign. This friend helps me phone the doctor and sometimes comes with me. Sometimes I go on my own. It is difficult to communicate with the doctor - I have to lip-read or write down. I only get a brief response. I had an important test and waited for the result by letter – there was none. That was three years ago. Also I had another important test and I am still waiting for the result. I told them I was Deaf and unable to use the phone, so I gave them the number to fax me with the result - no response. It is so hard being Deaf with little support.” L2

“Doctor knows me – he can gesture – I point to my body. If different problem, doctor will write down.” L3

“It is so hard – there is no one to help with communication. It is so difficult to explain to the doctor what I want to say. It is difficult to do it by writing..... Social worker never helps in Shetland. There is a Deaf club but the social worker never comes to meet us Deaf people to see if we need anything or any help – nothing at all.

Yes I hate going to the doctor because of the communication and I am fed up with waiting in the reception room. I can’t relax because they call out the names or the appointments are delayed. I wish they had an announcement light.” L4
“I always go with a family member as I am unable to communicate on my own.” L5

A1.60 The problems with doctors and potentially with health are extremely serious affecting privacy and independence as well as personal well-being. In longer transactions such as job interviews, an interpreter would have been an option if there were any. One person mentioned contacting Edinburgh for the RNID service; another mentioned a friend who is good in sign language. Another did not have such good experience.

“A lot of times in the past, I did not succeed in interviews with a family member as interpreter; then with my partner, I still failed. I don’t know why. Then I decided to learn word processing and computer skills. Then I got a job. It is best to learn practical and not theory. Hearing people are unsure of Deaf people’s skills in theory.” L3

A1.61 In hospital settings, people seem to think the nurse was better at writing down than the doctor but as is common, Deaf people prefer to take someone with them who can tell when it is their turn (as the names are called out). Otherwise it is difficult.

“Once I broke my arm and I went on my own. I was lost with communication.” L2

A1.62 As indicated already, the most difficult circumstance for Deaf people is when surrounded by hearing people on a course or in a meeting. Most of the time, Deaf people try to avoid this because of the feeling of isolation and the teasing.

“Only a few of us in the team, so we can communicate with each other. They tell me what is going on. I will be redundant soon.” L3

A1.63 One of the interviewees explained it succinctly.

“There are quite a few people in my workplace. I have never been involved in any meeting.” S1

A1.64 The questions about the police did not produce any specifically Deaf related issues and the questions on emergency provoked similar responses to those already highlighted – Deaf people do not wish to use textphone or Typetalk for such purposes and mostly prefer (at the moment) to ask a hearing person to call as it is more immediate. The hearing person may be a neighbour or a relative. As before people said they were not confident in Typetalk and would like to have some means through SMS. There was little experience of automated voice services – one person said he preferred to type direct. Fax was preferred to minicom on account of speed and cost. People said they were really happy with SMS and could send messages to their partner anywhere and anytime.

A1.65 The interviewees repeated the common complaints about subtitles not being completely reliable and the English being too difficult. They preferred signing for
information. Deaf signing was a priority. They had never seen signed video and were unable to comment on that set of questions.

A1.66 The group interview took place with four of the participants after the individual interviews. As indicated in the Stornoway group, the questions to be asked had to be amended a little to simplify and make them more direct. The group interview was shorter as in a number of cases, there was little experience to support the response.

A1.67 When asked why Deaf people were reluctant to take part in this sort of interview, the responses all focused on their own experience of being contacted for this project and not as hoped for, on the topics of Deaf people perceptions and priorities. So it was explained how each person had been contacted and came to know about the project.

A1.68 When asked about preferences for communication and interaction with hearing people, the comments were similar to what has been found elsewhere.

“Of course signing would be first choice.” All

“I know it is difficult for hearing who can’t sign so I have to write down.” L3

“Best to write down and then lip-read otherwise it is more embarrassing if the wrong information is picked up.” L4

“Only gesture – it is easier as I am not able to write English.” L1

A1.69 The researcher pointed out that in the future is not possible that everyone could sign. Their response again repeated what others have said – they preferred direct communication from hearing people and not interpreters. The resistance to interpreters seemed to be based on some older mythology.

“I don’t want interpreters everywhere – they are prying.” L3

“Interpreters will gossip around” L2

A1.70 Even after explaining the roles and ethical code of interpreters, people were still not fully convinced.

“Well in future, I am not sure. I prefer people to learn sign language and not have interpreters....” L4

“I can ask hearing people to write it down. A while ago I saw on TV something about a virtual signer – that looked good.” L3

“My wife speaks so I am left out and I don’t know what is happening.” L1
When asked about future signed videos and other means to deliver sign language, they shrugged. The researcher explained in more detail demonstrating some examples of portable means for sign language – video, on computers and PDA. They agreed that this would be a step forward but were dubious as to how you could use this on the move. Further explanation of the use of notebook computers or small handheld displays for playing sign language information was thought to be of value. Again the question of cost was raised.

When asked questions about the previous results of the project it was clear that these could not be easily answered as people tended to relate the question only to their own experiences and not to searching for reasons why Deaf people had already responded in a different way. For example, when asked why younger Deaf people had reported that they used sign language interpreters more than older people, the responses related directly to Shetland.

“That is a difficult question.” L4

“It does not apply to Shetland as there is no interpreter here.” L3

“Here is a quiet place” L4

COMMENTS ON LERWICK

Many of the same issues arise in Lerwick as in Stornoway and many topic explanations emerge in the same way as on the Mainland of Scotland. However, the extent of isolation is much greater since people rarely meet and since they seem unconnected to other Deaf communities. It is obvious that people need to interact in communities but this is happening to such a small extent here that there are serious effects on well-being.

SUMMARY

The group in Stornoway seem to exist without ‘bothering with hearing people’. They seem unaware of who to ask or how to obtain help and this is perhaps a result of their never having been asked about their needs. They have a sense of belonging to the island and have no anger against hearing people. They blame themselves instead of making demands for access. They seem to feel that because of their Deafness, they have no role to play.

The group on Shetland have limited support and even less contact with agencies and Deaf groups elsewhere. This is a huge factor in their daily life. They have no experience with many of the scenarios which were used to elicit comment on the Mainland and they had great difficulty with the questions especially in individual sessions. The sign language used may benefit from further study as there appear to be differences and limitations in it. They are generally unaware of the information about their rights or entitlements.
A1.76 If Deaf people in mainland Scotland experience major difficulties in access to public services, then these two communities have not even begun to know what services might be offered. Although their numbers are very small, it seems reasonable for them to have similar general access as other Deaf people. Given the distances involved even to contact each other, one might have imagined that they would be early users of videophones and visual information. This is not the case and they are probably the most isolated Deaf people in the UK.
APPENDIX TWO: QUESTIONS USED IN INTERVIEW

BSL Access in Scotland?
A study of Deaf People and their access to Public Services

November 2003

PERSONAL DATA

Date of Interview: ________________
Interviewer: ________________
Start time: ________________

1. Participant Record Number: ________
2. Gender: Male: ☐ Female: ☐
3. Date of Birth: Day:____ Month:_____ Year:____

Sign Language Acquisition

4. How old were you when you first saw sign language?
   a) ☐ Younger than 5 years
   b) ☐ Between 5 & 10 years
   c) ☐ Over 10 years but before you left school
   d) ☐ After you left school

5. At what age do you think you learned signing?
   a) ☐ Younger than 5 years
   b) ☐ Between 5 & 10 years
   c) ☐ Over 10 years but before you left school
   d) ☐ After you left school

6. Where did you learn sign language?
   a) ☐ At school
   b) ☐ From Deaf parents/family
   c) ☐ From hearing parents/family
   d) ☐ On a course
   e) ☐ From other Deaf people outside school
   f) ☐ From other Deaf people inside school
   g) ☐ Other (specify): ____________________________
Educational Background

7. Which schools did you attend?
   a) ☐ Deaf school
   b) ☐ Hearing school (only you mainstreaming)
   c) ☐ Hearing school with deaf unit

8. Did you stay at a boarding school?
   a) ☐ Yes
   b) ☐ No

9. What is your highest qualification? And its subject?

   ______________________________________________________

Deaf community/organisations

10. How often do you mix with Deaf people at:

<table>
<thead>
<tr>
<th></th>
<th>Once a week or more</th>
<th>Several times a month</th>
<th>Once a month</th>
<th>A few times a year</th>
<th>Rarely or never</th>
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</thead>
<tbody>
<tr>
<td>a) Nearest Deaf Club</td>
<td></td>
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<tr>
<td>b) Other Deaf clubs</td>
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<tr>
<td>c) Deaf sports</td>
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<td>d) Work in deaf organisation</td>
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<td>e) Live with other Deaf person/people</td>
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<tr>
<td>f) Deaf pub meetings</td>
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<tr>
<td>g) Meet other deaf people in pubs</td>
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</tbody>
</table>

11. Do you use BSL at the following times:

<table>
<thead>
<tr>
<th></th>
<th>Before 9am</th>
<th>9am to lunchtime</th>
<th>Lunchtime</th>
<th>Lunchtime to 5pm</th>
<th>5pm onwards</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>Tuesday</td>
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<td>Sunday</td>
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</tbody>
</table>
Using Interpreting Services

12. Have you booked/used sign language interpreters for the following people/places?
   - Work
   - Job interview
   - Meetings at work
   - Visiting doctor
   - Hospital appointment
   - Education courses
   - Council meetings (i.e. planning permission, etc)
   - Police
   - Tribunal/court
   - Children’s school parents evening
   - Sport events
   - Big events i.e. council organising events like Christmas lights switched on with famous people, etc
   - Health workshops

Media

13. Do you read:

<table>
<thead>
<tr>
<th></th>
<th>Everyday</th>
<th>At least once a week</th>
<th>Once a month</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Newspapers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b) Magazines</td>
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<tr>
<td>c) Books</td>
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<tr>
<td>d) Deaf news (BDN, etc)</td>
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<tr>
<td>e) Internet</td>
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<tr>
<td>f) Deaf email groups</td>
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</tbody>
</table>

14. Do you watch TV?

<table>
<thead>
<tr>
<th></th>
<th>Everyday</th>
<th>At least once a week</th>
<th>Once a month</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Subtitled TV programme</td>
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<tr>
<td>b) No subtitled TV programme</td>
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<td>c) Teletext/Ceefax</td>
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<td>d) Signed TV programme in general</td>
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<tr>
<td>e) Deaf programme (SeeHear, VeeTV)</td>
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<tr>
<td>f) Sign zone (deaf/hearing sign the programme)</td>
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<tr>
<td>g) Signed news</td>
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<tr>
<td>h) Signed video (from BDA, etc)</td>
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</tbody>
</table>
**Telecommunications:**

15. **How often do you use:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Everyday</th>
<th>At least once a week</th>
<th>Once a month</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Textphone (minicom)</td>
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<td>b) Fax (via machine or mobile fax)</td>
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<td>c) SMS/Text messengings</td>
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<td>d) E-mail only</td>
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<td>e) Surf the internet</td>
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<td>f) Using webcam</td>
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<tr>
<td>g) Videophone using IDSN</td>
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<tr>
<td>h) Videophone via Internet</td>
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</table>

16. **How often do you visit:**

<table>
<thead>
<tr>
<th>Location</th>
<th>Less than 5 times</th>
<th>5-9 times</th>
<th>10-15 times</th>
<th>16 or more times</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) GP Surgery</td>
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<tr>
<td>b) NHS hospital</td>
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<tr>
<td>c) Private hospital</td>
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<tr>
<td>d) Social services</td>
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<tr>
<td>e) Chemists</td>
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<tr>
<td>f) Education services</td>
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<tr>
<td>g) Post Office</td>
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<tr>
<td>h) Police station</td>
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<tr>
<td>i) Council offices</td>
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<tr>
<td>j) Public library</td>
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</tbody>
</table>

**Thank you**
BSL Access to Service

Deaf Studies Trust & Scottish Executive

November 2003

MAIN QUESTIONS

Date of Interview: ____________________________

Interviewer: _________________________________

Participant Record Number: ________________

Gender: Male: Female:

Date of Birth: Day:__ Month:____ Year:_____

1. Consent (sign this before the interview)

I confirm that:

• The study has been explained to me in English and BSL
• I am happy to take part in the study
• I understand that I can withdraw at any time
• I will not be identified in the results collected from this study

Signed: ____________________________________

Name: ________________________________

Date: ________________________________

2. Payment Receipt (sign this after the interview) delete a or b

(a) I understand that I will receive a cheque for £20 as payment for taking part in this interview

OR

(b) I confirm that I have received the sum of £20 from the interviewer. I was paid for my participation in the interviewing for the BSL in Scotland project on _________(date).

Signed: ________________________________

Name: ________________________________

Date: ________________________________
QUOTA SAMPLE QUESTIONNAIRE

1. Participant Record Number: __________ (office use only)

2. Do you call yourself?:
   a) [ ] Deaf
   b) [ ] Hearing Impaired
   c) [ ] Hard of Hearing
   d) [ ] Partially Hearing

3. What is your preferred method of communication? (please tick one only!)
   a) [ ] Sign language
   b) [ ] Spoken language
   c) [ ] Signing & Speaking
   d) [ ] Gestures
   e) [ ] Writing
   f) [ ] Other: ____________________________

4. When did you become Deaf? ___ months ___ years old

5. Without wearing a hearing aid, can you hear a person talking two feet away (arms length) from you?
   a) [ ] Yes
   b) [ ] No

6. Which school(s) did you go to?:

   __________________________________________

7. Do you have a job at the moment?
   a) [ ] Employed
   b) [ ] Self-employed (with people working for me)
   c) [ ] Self-employed (with nobody for me)
   d) [ ] Unemployed
   e) [ ] Retired
   f) [ ] Student
   g) [ ] Housewife/husband
   h) [ ] Out of work due to illness
   i) [ ] Other (specify) ____________________________
8. What is your main job title?

_____________________________________________________________________

9. In this job, explain what your work is?

_____________________________________________________________________

10. How many hours do you work in your MAIN job? ______ hours a week

11. Are you: Male: ☐ Female: ☐

12. Your Marital status:
   a) ☐ Married and living with husband/wife
   b) ☐ Married and separated from husband/wife
   c) ☐ Single, (that is never married)
   d) ☐ Divorced
   e) ☐ Widowed

13. Are you living with someone as a couple, but not married?
   a) ☐ Yes, opposite sex partner
   b) ☐ Yes, same sex partner
   c) ☐ No

14. What is your ethnic background?
   a) ☐ White
   b) ☐ Black Caribbean
   c) ☐ Black African
   d) ☐ Black other
   e) ☐ Indian
   f) ☐ Pakistani
   g) ☐ Bangladeshi
   h) ☐ Chinese
   i) ☐ Other (specify) ____________________

PERSONAL DETAILS:

15. Date of Birth: Day:___ Month:____ Year:____

16. Title: Mr: ☐ Mrs: ☐ Ms: ☐ Dr: ☐ Sir: ☐ Other: ☐

17. Full Name:

_____________________________________________________________________

18. Address Details:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

85
19. **Contact Details:**

Minicom Number:

_____________________________________________________________

Fax Number:

_____________________________________________________________

E-mail Address:

_____________________________________________________________

SMS/text number:

_____________________________________________________________

**Please sign the declaration below:**

I understand that the data will be kept on computer for the purposes of determining my eligibility for the project. Eligibility will be at discretion of DST staff. If I am successful, I understand I will receive a full explanation of my role in the project and sign a “Consent form”. If I am not successful, the data from this questionnaire held on the DST computer will be deleted by April 2004. All such information held by DST will be held strictly confidential. No details, which will allow a third party to identify me, will be revealed outside of the DST project team.

Your signature: _________________________ (type out your name if using email method)

Date: _______________________________

Please write down your best time(s) to be interviewed? And where?

1) _______________________________________________________________

2) _______________________________________________________________
Open Questions – BSL Access to Services in Scotland

This section to be used by the Interviewer only

Use only one question in each section – use the second question only if the interviewee does not give much information from the first.

Explain the purpose of the questions – “find out about your experiences of using public services and receiving information. We want to know what happened and how you managed to get around the problems if there were any. We especially need to know if you used other ways to communicate – not BSL. Also tell us about your experiences in using BSL either with hearing friends or family or interpreters.”

After the warm up, you can vary the order of the questions according to what the people say and you can add new examples if it makes it easier for them to describe their experiences. However, you should mark the order you used for the questions, in the margin.

Warm Up questions

(a) Can you remember any situations where you went somewhere and were surprised to find the person at the desk or in a shop could sign to you? Tell us what happened.

(b) Are there any other situations where you went and you found that the people at the desk or in the service, could not understand you and you had to give up in frustration? What did you feel at the time and then afterwards, did you do anything to complain? Did you ever go back to that place?

Automated Service (self-service facilities)

1) Now there are paying machine for buying train tickets at station…
   - Have you used these machines? Any problems?
   - Do you think this is a positive for deaf people? Please explain.
   - If you have the choice between the till cashier or the paying machine…and why?
   - Did you have problems with paying machines? Or similar elsewhere?

Use this question if the first one does not work well:

2) There are new public toilets in the street? The one with digital buttons, to flush, wash hands, close & open the door.
   - Have you used it yourself? Or you refusing it and use another?
   - How would you improve it for Deaf people?
   - Do you ever have problems at the public toilets? Or your friends?

Automated services with speech interfaces

3) If I invited you over to my home for a cup of tea, and I have this voice intercom/doorbell,
   - How would you let me know that you are outside on the doorstep?
   - If they answer “texting/sms”, ask them for another way to get my attention
   - Any other experiences similar to this kind of machines? At council offices? Businesses?
   - Is there a better way to reach the other Deaf person with BSL?
**Automated services with text or picture interfaces**

4) There is a new computerised information kiosk in the public area library or shop for example

- Where was it? In the high street?
- Was it easy to use?
- Why did you use this machine? What kind of info were you looking for? Or just have a look?
- Why haven’t you tried these machines?
- Would these machines be better with BSL?

**Staffed services**

5) Most council offices (like council tax, DHS for benefits, planning permission, etc) have a full window reception desk (or louver window).

- How do you communicate with the receptionist? Can you tell us about your experiences?
- Did you take a friend or interpreter – how did this work out?

Use this question if the first one does not work well

6) You want to buy a brand new car/used car at a garage…

- How do you communicate with the car dealers?
- Asking specify questions?
- Do you feel comfortable to test drive with a stranger next to you? Not communicating with you with any enquiries while you test drive the car?
- Do you think interpreters would help in this situation?

**Service visitors to the home**

7) You have a leak coming from the bathroom that is coming through to the ceiling lounge (or similar if you live in a flat – toilet leaking in your bathroom). You have asked a plumber to come round and fix the problem. And you can’t get someone hearing to help you communicating and you are alone…

- How do you feel about a stranger in your own home?
- How do you communicate with them?
- Do they explain to you about the quoting before doing the job or will you ask?

**One to one brief transactions**

8) Most people say that Deaf people dislike going to the doctor.

- Can you explain some of your experiences of visiting the doctor?
- Are you receiving full access information?
- Are you satisfied?
- After visiting the doctor you don’t understand the information, what would you do?
- Is it helpful to take a friend or member of the family or even an interpreter?
One to one longer transactions

9) If you want to go for a job interview…
   • How do you communicate with the interviewer(s)?
   • Do you prefer to use a family member or professional interpreter?
   • Why choose a family member instead of a professional interpreter? Or vice versa
   • Do you feel comfortable if the interview panel use sign and no interpreter present? Why is that?

Waiting areas for service

10) At the Emergency & Accident hospital, you have to wait your turn…
   • Explain your experiences in the Accident & Emergency dept waiting room in the hospital.
   • Do you feel comfortable waiting not knowing if they call your name already?
   • How would you improve facilities for the deaf people in the waiting rooms?
   • Any other similar views about waiting areas for service (not just hospitals).

Deaf People in hearing environments

11) From your experience on college courses, or at work meetings…
   • How would you feel if you were the only deaf person on your college course or workplace?
   • What is the situation like with an interpreter there? Do you feel that you are part of the group? If not, why?
   • If you are alone in these situations, what was it like?
   • If you have another deaf person with you in this situation? Would it be different with an interpreter and a deaf person with you at the same time rather being with an interpreter alone or deaf person alone?

Staffed service in general

12) Have you ever been involved with the police? – either to give evidence or make a report?.
   • Did anyone sign to you? How do you communicate with them?
   • Did you feel you were able to understand what your rights were and why the police asked certain questions?
   • Have you used an interpreter when at the police? Or even a hearing friend or member of the family? What was the result?
   • Did you ever need to use a solicitor?
   • Was an interpreter provided and what was your experience?
   • Do you think interpreters can provide for the needs of Deaf people in these situations?

Telephone

13) Supposing you have an emergency…
• Deaf people do not have phone access to emergency services we normally have to ask a hearing person to phone on our behalf. Who would you ask?
• Do you have any experiences you would like to share with us?
• Have you used Typetalk to call an emergency service?
• What about interpreters?
• How would you like it to be improved in the near future?

Telephone and automatic services
14) Now there is a new automated telephone answering machine for many companies and offices eg the electricity, or companies… (press 1 for brochure, press 2 for service … and so on (all in speech)... If you use an interpreter or typetalk, this can be complicated to get through
• Have you tried the new automated response recording messages and to press numbers from the main menu to the right person?
• How did you cope with this new system with either through Typetalk or through an interpreter?
• How would you improve this for deaf people?

Fax or faxback
14) You have problems with your council tax and you want to fax to the council tax office to sort out…
• Have you faxed the council?
• How do you feel about writing in English?
• How often do you use fax machine?
• What do you prefer to use fax or minicom? And why?

Mobile Text messaging
15) Most deaf people have mobile phones and can text each other!
• How do you feel about it?
• If public services were to start using the SMS system, would it be beneficial to deaf people.
• What other things would you like to see in future with texting/SMSing?

Internet
16) Nearly every household has access to internet…
• Do you have internet?
• Do you use it at work as well as at home?
• What kind of information do you look for on the Internet?
• Have you purchased anything through the Internet? For example??
• Do you feel this is a good way for Deaf people to obtain services? Is it easy to use?
Live media: Television
17) Now we have signing and subtitles on TV…
   • Do you understand fully what the TV is about even though you read subtitles? Why is that?
   • Signing programmes…you prefer deaf people or hearing person to sign? Why is that?

Fixed media: newsletters, leaflets, video
18) Now Deaf organisations made information videos with signing…
   • Have you seen any signed videos?
   • Were they any good?
   • What have you learnt from these videos?
   • If the content is complicated, i.e. politics. Which do you prefer signing or subtitles? Why?

Videophone
19) Imagine if everyone had a videophone!..
   • How would you feel?
   • Would it improve access to information?
   • Consider having a access to a videophone relay interpreter?

Video-server – streaming on the internet
20) Imagine there are video clips of signing advice from the internet instead of English…
   • Would you choose to read English or look at the video clip of signing the information and advice from CAB for example?
   • Supposing the council webpage give you choice of signing or English…would you look at the webpage more often? If you know about it?
   • What kind of information would you like to see on video clips through internet?

Video streaming to mobile handsets
21) Imagine if all deaf people had BSL video in their mobile phone!
   • Imagine you receive emergency newsflash from the council in sign language about a terrorist attack.
   • How do you feel about that?
   • What other emergency news would be beneficial?
   • How would you use a mobile information service in BSL?

(To the Interviewer ) remember to say Thank you
APPENDIX THREE: FOCUS GROUP QUESTIONS

1. This study was set up by the Scottish Government to find out the experiences of Deaf people – so it is important to future services for Deaf people – but we found it difficult to have Deaf people take part ….. why do you think this is?

2. The plan was to find out about good experiences that Deaf people have when trying to communicate with hearing people …. Do you think that Deaf people have good experiences? What sorts of experiences can you think of when it was easy to communicate in BSL with hearing people?

3. Do you ever write things down for hearing people to understand? What situations? Was it successful?

4. Do you try to speak when you meet with hearing people in situations? Is this easier than writing down? Do you think it is successful?

5. Is there any situation where you feel you can lip-read hearing people – at a ticket office? Or in shops? Or at the council office?

6. We know that in future not all hearing people will be able to sign …. So what is the answer? Do you think that interpreters could be available in a lot more places and would make sure that Deaf people understood everything?

7. Do you think it helps if Deaf people can have information “off-line” – just like hearing people have books, Deaf should have video?

8. Here are some examples of video information for Deaf people …. Which do you think is good?

9. You can receive it on a TV or on a computer (in a coffee shop) or on a handheld device or even on mobile phone. Do you think it would be helpful to have information wherever you are?

10. Show the computer playing the signed video and the handheld – let people see the different videos playing and let them comment on how they think it could be used – like Deaf Station wherever you go.

Part 2 – questions arising from the results of the individual interviews

Some of the points people made in the individual interviews

(a) Two thirds of people said that they did not use interpreters at work – for interviews etc? Why was that?

(b) Younger people use interpreters more than older people – why is that?

(c) Older people use interpreters at the doctor or hospital …. But most people do not use interpreters – why is that? Who goes instead? How can you understand the doctor if there is no interpreter?
(d) Hearing people can obtain information from books or the Internet. Some Deaf people also can do this … but most people cannot. How can we get around this problem? Should the English be simplified? What would be a better way for Deaf people?

(e) Many people say they watch TV with subtitles … so that is reading as well …why do Deaf people like subtitles if they do not like the text in books or internet? Can Deaf people really understand the subtitles?

(f) One way for TV is to have an in-vision interpreter – someone to sign in front of the screen. Do you think this is a good idea? Show example on computer.

(g) Deaf people used to have a lot of minicomms and now there are many public offices which have minicomms …. Now Deaf people in Scotland say they do not use minicomms – do you think the hearing people should stop using minicomms as well? What is the solution?

(h) Do you think it is better if Deaf people use email or text messages on mobile phone? Why do the younger people use that way? Do you think people really understand the messages which are sent?
APPENDIX FOUR: DESCRIPTION OF THE SAMPLE

A4.1 Deaf people were approached in four age groups – 18-29 years, 30-44 years, 45-59 years and 60+ years. There was expected to be gender balance but more in C2DE and unemployed categories than the national average. Ethnic group representation was targeted at 5%. Participants were located by Deaf researchers who travelled (on several occasions) to each town/Deaf club. This quota approach has been used successfully several times in previous work with Deaf people throughout the UK. The data from Stornoway and from Lerwick is quite different and is described separately Appendix 5).

<table>
<thead>
<tr>
<th>Age group (yrs)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td></td>
</tr>
<tr>
<td>30-45</td>
<td></td>
</tr>
<tr>
<td>46-60</td>
<td></td>
</tr>
<tr>
<td>61+</td>
<td></td>
</tr>
</tbody>
</table>

Table A4.1: Age and Location (n=80) (target in brackets)

<table>
<thead>
<tr>
<th>Location</th>
<th>Age group (yrs)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-29</td>
<td>30-45</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Glasgow</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Inverness</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Kirkcaldy</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>20(20)</td>
<td>19(20)</td>
</tr>
</tbody>
</table>

A4.2 As can be seen (Table A4.1) the location and age targets were matched quite closely. Although people were interviewed in the locations described above, they may reside in another place. A simple classification was made of city (Glasgow, Edinburgh, Aberdeen) town (smaller towns nearby) and village (usually very small town nearby). Table A4.2 shows the distribution.

<table>
<thead>
<tr>
<th>Location</th>
<th>Numbers</th>
<th>Home located in</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>city</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>12</td>
<td>2</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Glasgow</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Inverness</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Kirkcaldy</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>48</td>
<td>21</td>
</tr>
</tbody>
</table>

A4.3 There is a significant number of people who were interviewed who came from smaller centres and this can be taken into account in the analysis. There is a difference in average age between those in cities (43 years), towns (48 years) and villages (51 years) – however, the difference is not statistically significant.

A4.4 As might be expected marital status is linked to age (Table A4.3) although there are fewer Deaf people married than hearing people – see last line of the table scaled from the Census 2001. This would be a typical finding – 7-10% less of the Deaf community are likely to be married.
Table A4.3 Age Group and marital Status

<table>
<thead>
<tr>
<th>Numbers</th>
<th>married</th>
<th>divorced</th>
<th>married</th>
<th>single</th>
<th>widowed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>n/k</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>16</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>30-45</td>
<td>0</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>46-60</td>
<td>0</td>
<td>6</td>
<td>15</td>
<td>1</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>61+</td>
<td>0</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>3</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>13</td>
<td>34</td>
<td>28</td>
<td>4</td>
<td>80</td>
</tr>
<tr>
<td>Scottish Census</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A4.5 The largest single group (26%) had attended Donaldson’s School in Edinburgh with equal numbers from the Glasgow School and St Vincent’s School (7.5% each). Nine percent had been educated in England and 45% had attended other schools for the Deaf or even mainstream schools. Six percent were from non-white ethnic groups.

Table A4.4: Age Group and Gender

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Gender</th>
<th>Total</th>
<th>Scottish Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>F</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>30-45</td>
<td>F</td>
<td>12</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>46-60</td>
<td>F</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>61+</td>
<td>F</td>
<td>7</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>F</td>
<td>41</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>M</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>Scottish Census</td>
<td></td>
<td></td>
<td>42</td>
</tr>
</tbody>
</table>

A4.6 There were marginally more females in the sample than males which is close to the Scottish population and the age group distribution is similar (although the Census age categories are marginally different). The Deaf group has an over-weighting in the 45-60 year old group, as compared to the Scottish population.

Table A4.5: Age Group and Job classification

<table>
<thead>
<tr>
<th>Numbers</th>
<th>Job</th>
<th>Total</th>
<th>Scottish Census</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>Professional AB</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Office C1</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade C2DE</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>30-45</td>
<td>Professional AB</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Office C1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade C2DE</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>46-60</td>
<td>Professional AB</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Office C1</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade C2DE</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>61+</td>
<td>Professional AB</td>
<td>0</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Office C1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade C2DE</td>
<td>3</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>4</td>
<td>39</td>
</tr>
<tr>
<td>Scottish Census</td>
<td></td>
<td>15</td>
<td>33</td>
</tr>
</tbody>
</table>
A4.8 When related to the Scottish population as a whole (16-74 years) this population has some differences. More of the Deaf sample are outside the employment market – 39 (49%) as compared to 42% of hearing people - this would be predicted on the expectation of greater use of disability allowances and early retirement opportunities for Deaf people. Of those people in work, there are also predictable differences. Many more hearing people are in professional and managerial roles – in fact, none of the Deaf sample are in the category of what would be termed managers or senior officials which is 12.6% of the hearing population. It seems that more deaf people are in office jobs and this is a pattern related to age.
APPENDIX FIVE: BSL ACCESS MODEL

A5.1 As a guide to the research a framework or model of the nature of interactions between Deaf and hearing was constructed. This was the guidance for the starter questions in the semi-structured interviews and latterly in the group interviews. By way of summary, it is worth re-examining and amending the predictions in these scenarios.

Table A5.1 Summary of Scenarios and evidence-based conclusions

<table>
<thead>
<tr>
<th>Service</th>
<th>Examples</th>
<th>Responses from Deaf people in the Interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automated services</td>
<td>Self service facilities, entry systems with</td>
<td>Generally opposed to use of automated services. Fear of use and annoyed about attachment of intercoms to deal with problems. Prefer to have a person</td>
</tr>
<tr>
<td>with text or auditory</td>
<td>tickets, public toilets</td>
<td></td>
</tr>
<tr>
<td>interfaces</td>
<td>door entry systems, public information kiosks</td>
<td>Annoying. In the case of going to a friend’s house, SMS or fax in advance to agree time of arrival. Alternatively, press buttons and gain access through hearing people. Deaf people request video access systems in order to improve circumstances</td>
</tr>
<tr>
<td>Staffed Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffed public desks</td>
<td>Receptionists, sales counters, Council offices</td>
<td>Considerable anxiety; prefer private room. Try to use pen and paper – resistance from hearing. Embarrassment in public queues. Try to take a hearing friend or relation.</td>
</tr>
<tr>
<td>Service visitors to the home</td>
<td>Council representatives, plumbers, gas etc</td>
<td>Little or no communication is the expectation; Deaf very unhappy about this; watch the service personnel throughout; try to arrange a hearing friend or relative to be present. Frustration at lack of explanation.</td>
</tr>
<tr>
<td>One to one brief transactions</td>
<td>Doctor, nurse, police</td>
<td>Medical personnel problematic – yet Deaf often accept gesture or clear lip-speaking. Use relatives. Writing down may work but is thought to be usually unsatisfactory. Usually prefer not to use hearing relatives.</td>
</tr>
<tr>
<td>One to one longer transactions</td>
<td>Appointments, solicitor, councillor, MSP, job related</td>
<td>Use of interpreter is desired, if available, or a family member. Many instances of bad experience.</td>
</tr>
<tr>
<td>Waiting areas for service</td>
<td>All benefit agencies, housing departments, waiting rooms</td>
<td>Typically no visual alerts; many horror stories; creates additional stress. Bring hearing person if possible.</td>
</tr>
<tr>
<td>Deaf in hearing environment</td>
<td>Public gatherings, meetings, conferences, courses</td>
<td>Severe isolation is the norm. Deaf left behind while hearing go to meetings. Bad experiences at work.</td>
</tr>
<tr>
<td>Staffed Service in general</td>
<td>Any of the above or where a query is involved</td>
<td>Police contact generally problematic. Feelings of being left out, last to know, hearing dealt with first. No emergency interpreters</td>
</tr>
<tr>
<td>Remote Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>All emergency, appointments, information hotlines</td>
<td>Feeling of no access; use a proxy – call “on behalf of” Deaf person; use of text relay service disliked. Occasional success through live minicom. Dislike of automated answer services although not understood.</td>
</tr>
<tr>
<td>Fax or faxback</td>
<td>Most non-emergencies have possibility to fax</td>
<td>Fax to other Deaf OK – fax to hearing requires preparation – many self conscious of English. Young do not use fax.</td>
</tr>
<tr>
<td>Mobile text messaging</td>
<td>Increase in services available through GPRS – all text</td>
<td>The favoured format especially for young people. Very happy with possibilities to send text messages even on islands. Want greater use of this medium by public services.</td>
</tr>
<tr>
<td>Internet</td>
<td>Vast text information data base.</td>
<td>Younger people use more. Deaf are favourable to this medium. Obstacles in extent of English text.</td>
</tr>
<tr>
<td>Media Type</td>
<td>Description</td>
<td>Deaf Preferences</td>
</tr>
<tr>
<td>----------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>Government policies</td>
<td>dictate the use of the Internet</td>
<td>Want more BSL on Internet.</td>
</tr>
<tr>
<td>Live media:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Television, Radio</td>
<td>subtitled and signed programmes</td>
<td>Deaf presenters in Scottish sign language preferred.</td>
</tr>
<tr>
<td>Fixed media:</td>
<td>Video versions of public information</td>
<td>Very few had seen examples. Desirable if up to date</td>
</tr>
<tr>
<td>newsletters, leaflets,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>video</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Future information service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Videophones</td>
<td>All person to person transactions with or without interpreter</td>
<td>No experience of use of videophones in Scotland yet.</td>
</tr>
<tr>
<td>Video server – streaming</td>
<td>All information which can be translated to BSL, can be compressed and</td>
<td>Few had seen; demonstration impressed people.</td>
</tr>
<tr>
<td>on the internet</td>
<td>streamed from for example, the Council web site</td>
<td>Concern about cost of systems to access BSL</td>
</tr>
<tr>
<td>Video streaming to mobile</td>
<td>Emergency/social use at present; possible with 3G handsets – late 2004</td>
<td>Interested but no experience</td>
</tr>
<tr>
<td>handsets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A5.2 Many of the predictions in the initial model were too optimistic. Deaf people’s experiences were much more negative. Predictions on automated services were wrong – Deaf people dislike them intensely. Impact of video technology has not yet been seen in Scotland. The overall picture is of very poor systems for information access.
Social Justice

Investigation of Access to Public Services in Scotland Using British Sign Language