

**REVIEW OF INTERPRETING SERVICE FOR
DEAF PEOPLE IN THE
NORTHERN HEALTH AND SOCIAL
SERVICES BOARD**

**Physical Disability and Sensory Impairment
Programme of Care Team**

**'New Directions:
New Opportunities'**

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Executive Summary

This report is a product of the Northern Board's Physical Disability and Sensory Impairment Strategy 'New Directions: New Opportunities'. The report reviews the current arrangements for people who are deaf or hard of hearing (HOH) and who need to obtain interpreting support when accessing health and/or social care services. The report recommends how these arrangements can be improved.

Statistical information is presented that shows inequitable uptake across the Board's area. User views surveyed for the report confirm that there is a significant level of dissatisfaction with the current level of access to health and social services because of problems with access to interpreting support. In some cases, consumers are relying on family and friends even though the subject matter may be personal and confidential. A recent Independent Inquiry report from England, following a homicide by a deaf man who was mentally ill, criticised the fact that his wife was asked by a psychiatrist to interpret his responses to questions about his threats to kill his wife.

This report concludes that the reasons for the current problems are complex, involving a range of factors:-

- Lack of awareness of the availability of the service among consumers and professionals
- Variable distribution across the Board's area of the deaf community
- Inadequate numbers of available interpreters
- Problems in booking arrangements
- Poor access out of hours

The report makes a number of recommendations including:-

- Reviewing the current set of arrangements with a view to establishing a service level agreement with providers
- Improving the availability of interpreters
- Developing sustainable staff signing skills
- Improving staff awareness of the needs of people who are deaf or HOH.

1. Introduction and Context

1.1 This review originated from a recommendation in the Northern Health and Social Services Board's (NHSSB) Strategy for people with a physical and sensory impairment entitled 'New Directions: New Opportunities' 2003. The Strategy provides a framework around which it is proposed future services should be developed or reshaped to more appropriately meet the needs of people with a physical disability and/or sensory impairment. It focuses on 3 broad areas:-

- Information and needs.
- Improving daily living.
- Specialist services.

1.2 This review relates to the section of the Strategy, 'Dealing with improving daily living - accessing Health and Social Services'. The Board considers it essential when people with a physical disability and/or sensory impairment need to use health and social care services, they are able to access the facilities and that the necessary support is available to enable them to communicate effectively and understand what is being said.

1.3 While the provision of specialist equipment such as loop systems, text phones, interpreters and support for people who have a hearing impairment are crucial to accessing services, this review focuses *only* on the current arrangements for providing sign language interpreters to assist deaf people to access health and social services and the uptake of that interpreting service by deaf people.

Terms of Reference of the Review

1.4 The Terms of Reference required the Review Team to:-

- Determine the current arrangements in Homefirst Community Trust (Homefirst), Causeway Health and Social Services Trust (Causeway) and United Hospitals Trust (United) for providing sign language interpreters for deaf people.

- Collect and analyse data on the uptake by deaf people of the provision of interpreters.
- Assess the effectiveness of the arrangements by ascertaining the views of service users and professionals.
- Identify gaps in the service provision.
- Examine the impact of future developments on the existing interpreting service.
- Make recommendations in relation to the provisions of an enhanced service that would represent value for money.

Methodology

1.5 The methodology applied during the review was as follows:-

- A Steering Group was set up to assist the progress of the Review. Membership consisted of representatives from the Trusts and the Board.
- Information was elicited from the Trusts regarding the arrangements for providing sign language interpreters.
- Statistical data was collected, collated and analysed from the Royal National Institute for the Deaf (RNID) in relation to the uptake by deaf people of their sign language interpreting service.
- Focus groups of users were convened to explore and share information in relation to specific aspects of the service provision.
- Findings by British Deaf Association (BDA) of consultation meetings with deaf people in October/November 2002 were reviewed.
- Professionals in the Trusts and voluntary organisations were interviewed regarding service provision.

Defining the User Group and their Communication Needs

1.6 Hearing Impairment includes those who may be described as deaf or HOH and includes those who are partially hearing and/or deafened. The BDA defined each as follows:-

'Deafness' is a general audio-logical term to describe someone for whom perceivable sounds, especially speech, have little or no meaning.

'Hard of hearing', describes someone with a hearing loss but who may have usable hearing for some ordinary life purposes. The hearing loss may have been gradual, perhaps with age or as a result of over exposure to loud noises or suddenly as a result of an accident or injury. (Source; BDA, 2003)

1.7 Generally deaf people perceive themselves to be a cultural and linguistic minority communicating by sign language (either British Sign Language (BSL) or Irish Sign Language (ISL)) which they see as their first language and equally as valid as English. HOH people may identify more with hearing people. Their first language is likely to be spoken. They may rely on a combination of communication techniques, 'oral' (i.e. lip reading and speaking) and 'aural' (residual hearing through use of hearing aids and environmental aids).

1.8 The communication needs of deaf and HOH people varies depending on the degree of their impairment and preference in relation to a form of communication. Human aids to communication (HAC) assist the communication process between hearing impaired people and hearing people. These include: lip speakers, note takers, speech to text reporters, deaf blind communicators and sign language interpreters. This review has concentrated on the provision of the latter.

British Sign Language (BSL) Recognition

1.9 In 2003, the European Year of Disabilities, the Government took the important step of recognising BSL as a language in its own right. This means it is now considered a minority language of Britain and has legal protection under the European Union, the Council of Europe's Charter for Regional or Minority Languages. As a result, funding has been pledged towards a programme of new initiatives to enhance the status of sign language. The funding will be used to include opportunities for people to study BSL at a professional level and raise awareness of the community needs of deaf people who use BSL. This is a major step in asserting and protecting the rights of deaf people and ensuring fuller access to services.

The Role of Sign Language Interpreters

1.10 An interpreter facilitates communication by acting as a translator between the sign language user and the non-signing party. Sign language interpreters are trained to interpret between spoken English and BSL/ISL, the language of the deaf community. BSL/ISL does not follow English word order and the lip pattern/facial expression used with a sign will bear no relation to that used in spoken language.

1.11 Sometimes sign language interpreters are asked to provide a Sign Supported English (SSE) interpretation where the signs of BSL are used in English word order with the interpreter using the English word lip pattern. Deaf people whose first language is English may use this type of interpretation.

Under the Disability Discrimination Act 1995, organisations and businesses are legally obliged to look at how they provide access for deaf people. This may mean employing the services of a sign language interpreter. However, there is a constant shortage of sign language interpreters so demand for their service is great.

Prevalence Rates of Deaf People

1.12 Arriving at precise prevalence rates for the deaf population is particularly difficult. According to the RNID statistics, the UK has a population of 58 million and about 8,285,714 people are deaf or HOH. That is 1 in 7 of the UK's population. Approximately 70,000 deaf people throughout the UK use BSL.

1.13 Locally the RNID has established that in Northern Ireland 8,210 people have a profound hearing loss and estimate that there are 3,000 BSL users and up to 1,000 ISL users. Using 2001 census data it can be estimated that there are approximately 22,801 people currently living in the Northern Board area who have a hearing disability (including deaf and HOH) (PPRU, 1992).

Table 1: Estimated Prevalence of Deafness in the NHSSB Area by Age and Trust of Residence

Age Band	NHSSB	Causeway	Homefirst
0-4	49	12	37
5-9	273	61	212
10-15	320	75	245
16-59	5345	1222	4123
60-74	8075	1952	6123
75+	8739	2223	6516
Total	22801	5545	17256

1.14 In Northern Ireland there is no central register on the numbers of young deaf people. The Audiology Department of the Royal Victoria Hospital estimates that there are approximately 850 young people in the 13-30 age range throughout Northern Ireland who have a level of deafness. This equates closely to the PPRU figures shown in **Table 1**.

1.15 Information provided by the Trusts in respect of those deaf people who communicate through sign language and known to social services is as follows:-

- In Homefirst there are 127 people, 21 of whom live in the Cookstown/Magerafelt areas.
- In Causeway there are 4.

1.16 BDA have just begun to work in the Causeway area and to date have identified 30 people who use sign language as their first language. The Audiology Department in United Hospitals Trust are aware of approximately 20 people locally who sign.

Relevant Health and Social Services Legislation/Reports

1.17 The central principle underlying the establishment of the National Health Service (NHS) is equality of access for all to a comprehensive Health Service. Services for people who are deaf and hearing impaired are derived from Section 1 of the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 and the Disabled Persons (Northern Ireland) Act 1989.

1.18 The 1978 Act requires each Health and Social Services Board to inform itself as far as possible of the identity of people who are 'deaf'. This means that Boards are required to maintain information of persons living within their area with a view to service planning.

1.19 The Disabled Persons (Northern Ireland) Act 1989 affords disabled people the right to information, representation, consultation and assessment of their needs. Section 8 (2) and (3) of the Act additionally places a duty on Boards to provide interpreting or communication services and to ensure a high level of communication skill in their staff working with people with a sensory impairment.

1.20 The Disability Discrimination Act 1995 states that it is unlawful for people who provide facilities or services to discriminate against disabled people or treat them less favourably than they would treat other people when they are providing a service or facility.

1.21 Individuals with a sensory impairment also have rights under the Human Rights Act 1998, particularly in relation to personal dignity and the right to privacy. This has implications for health and social care providers who are required to provide appropriate and confidential means of communication. The Northern Ireland Act 1998 promotes equality of opportunity in respect of the “9” categories arising from Section 75, which includes disability.

1.22 The report ‘From Dependence to Independence - Agenda for Action’, (SSI 2002) examined the transitional arrangements for young adults aged 16-25 years. It recommended that young people with a sensory impairment should have the same opportunities as their non-disabled peers to gain personal, social and economic independence in the community.

1.23 Homefirst Trust have compiled a document entitled “Translation and Interpreting Services Report” in respect of clients/patients whose first language is not English. The report refers to the interpreting services provided by the RNID for hearing impaired but does not provide an analysis of usage.

Literature Research Studies

1.24 In 1993 the Audit Commission stated that:-

“Communication is not an ‘add on’, it is at the head of patient care”. (What Seems to be the Matter?
Communication between Hospitals and Patients, London
HMSO National Health Service Report No 12 1993)

1.25 Gregory et al (1995) found that communication between the General Practitioner (GP) and patient caused young deaf people major anxieties. Approximately 38% of young people visiting GP surgeries had a friend or family member at some or all of the consultations. This was seen as a potentially disempowering experience and process, negating the young person’s right to privacy and questioning their independence in dealing with their own personal health.

The Role of the Voluntary Sector

1.26 In Northern Ireland, voluntary services to deaf people are provided mainly by the RNID and the BDA. The RNID provides a range of services:-

- Consultancy on deafness and disability.
- Communication services which includes the sign language interpreting service.
- Training courses.
- Employment programmes.
- Care services.
- RNID Typetalk (the national telephone relay service for deaf and HOH).
- Equipment and products for deaf and HOH people.

The BDA is a membership led organisation representing sign language users and is run by deaf people. In the province the BDA has focused on a project, 'Visible Voices', which seeks to improve access to Health and Social Services for deaf people.

2. Current Arrangements for the Provision of Sign Language Interpreters in the NHSSB Area

Sign Language Interpreters

2.1 Three organizations exist in Northern Ireland to provide a sign language interpreting service for deaf people:-

- RNID Communication Support Unit.
- Hands That Talk.
- Queen's Interpreting Service.

Hands That Talk is a relatively small local organisation and largely employs freelance interpreters used by RNID. Queen's Interpreting Service primarily provides interpreters in the educational sector. The RNID Communication Support Unit is the main organisation providing sign language interpreters for deaf people in Health and Social Service settings throughout Northern Ireland.

Audiology

2.2 The Audiology Department in United Hospitals Trust provides an audiological service to hearing impaired clients in the Board's area. In most instances deaf people attending either rely on the interpretation being provided by a family member/friend or audiologists trained in BSL up to Stages 1 and 2.

RNID Communication Support Unit (CSU)

2.3 In the NHSSB the RNID Communications Support Unit (CSU) is the service primarily used by Homefirst, Causeway and United Trusts on behalf of deaf people. The Trusts do not have a contract/service agreement as such with RNID but pay for each assignment entered into by a deaf person or on behalf of a deaf person.

Service Provision

2.4 The Unit has 4 full-time and 1 part-time interpreters. One full-time employee is trained in ISL and the others in BSL. There are 6 free-lancer interpreters. In total there are 3 male interpreters.

2.5 Qualifications range from registered qualified interpreters (RQI), with membership of the register to trainee interpreter on a National Vocational Qualification (NVQ) 4 and Stage 3 training with progression to qualification. A further 3 members will complete their training in December 2003.

Booking an Interpreter

2.6 Two systems exist for booking interpreters:-

- 1) Interpreters are booked through the co-ordinator in the CSU at Wilton House, 5 - 6 College Square North, Belfast. This can be done via telephone, text phone, fax or e-mail.

2) Deaf people may contact an interpreter of their choice directly and make the arrangements. The interpreter then contacts the RNID CSU and informs them of the details. RNID contacts the funding Trust. A confirmation letter is forwarded to the interpreter with the date, the venue, assignment number and fee.

2.7 If a new client requests an interpreter from the interpreting service an 'agreement to pay form' needs to be completed prior to the assignment.

Out-of-Hours and Emergency Situations

2.8 Social Work Out-of-Hours Co-ordinators and emergency Social Workers do not currently have an emergency contact number for arranging interpreting support and are not arranging interpreting support out-of-hours. In an emergency situation deaf people who are accustomed to using the CSU have the telephone number of the interpreters and can make direct contact.

Principles

2.9 All interpreters work to the Council for the Advancement of Communication of Deaf People (CACDP) Code of Ethics which includes impartiality, confidentiality of information and provides a full interpretation that reflects the spirit and tone of exchange, using the most accessible language for the people they are serving. Users as far as possible have choice in the selection of an interpreter.

Cost of Service Provision

2.10 RNID's minimum booking per session is 2 hours. Three different bandings are identified:-

Band 1 - which entails general Health Service appointments costs £79.20 – this would be the most frequently requested form of support.

Band 2 - premium, which relates to counselling, therapy, mental health and child protection issues commences at £95.04. This is most appropriate where the interpreter needs to attend a meeting.

Band 3 - specialist high level assessments/investigations are £306.64 for 7 hours. This most commonly relates to seminars, conferences, etc.

Contract Arrangements with the RNID Communication Support Units

2.11 The RNID CSU offers both standard and enhanced contracting arrangements to Health and Social Services. An Enhanced Contract refers to an Out-of-Hours Service whereby, users have access to an interpreter 24 hours a day.

2.12 The Southern Health and Social Services Board (SHSSB) and the Eastern Health and Social Services Board (EHSSB) currently have contracts for the 2 services outlined above. This enables deaf and HOH people who live in these Board areas to receive the full range of communication services for accessing Health and Social Services with the costs being paid for by the contract. The emergency service operates between 5pm and 9am, weekends and bank holidays.

2.13 The benefits suggested by RNID to holding a contract are as follows:-

- A contractor is given 'priority booking status'.
- A contractor is assigned a dedicated Communication Support Co-ordinator, who is responsible for taking and processing the bookings. This enables the Co-ordinator to come to know both the contractor's requirements and the service users within the area. This not only provides the deaf community with continuity, but also allows the development of good working relationships.

- RNID have a national database through which they are able to supply quarterly statistics and monthly reports detailing usage. This enables the contractor to closely monitor and evaluate the service.
- Administration is kept to a minimum due to the contractor being invoiced on a quarterly basis in advance and not each time a booking is made.
- Training to staff and service users on how to use and book an Interpreter.
- RNID Interpreters receive ongoing professional supervision, monitoring and development in order to provide high quality services.

3. Analysis of Uptake of the Interpreting Service

3.1 The data shown below was provided by the RNID and is analysed and aligned to Trust localities in Homefirst and Causeway. Each uptake by deaf people of the service is referred to as an assignment.

Activity and Qualitative Feedback

3.2 In total there were 124 assignments during the review period in the Board's area and these are shown in **Table 2** below.

Table 2: Volume, Uptake and Costs by Locality

Locality	Annual Assignments	Annual Hours	Annual Costs
Antrim/Ballymena/ Magherafelt/Cookstown	3	6	£241
Causeway	2	4	£219
Larne/Carrickfergus/ Newtownabbey	119	293	£11,491

3.3 Deaf people from the Larne, Newtownabbey and Carrickfergus areas used the interpreting service 119 times, as opposed to 3 times by the people in Antrim, Ballymena, Cookstown and Magherafelt and 2 times in Causeway. Only 1 assignment was for an ISL user. In terms of the interpreters themselves, 10 different interpreters facilitated the 124 assignments but over half of the assignments were carried out by 1 interpreter.

Larne, Carrickfergus and Newtownabbey Areas

3.4 Deaf people in the above areas have used the interpreting service to access hospital facilities, as provided by Antrim Area (14), Whiteabbey (33), Moyle (5), Holywell (2) and the Royal Victoria (6) hospitals. In total there were 60 assignments of which 13 involved emergency appointments.

3.5 In the community, assignments were largely aimed at interpreting for GPs, 31 out of a total of 37 assignments, 2 of which were emergencies. Community nurse visits were the next biggest group with 4 assignments. The remaining 2 were a pre-school check up and a psychiatric visit.

3.6 For Social Services, the total number of assignments was 17 of which there were 7 involving various aspects of childcare. Interpreters were used twice in counselling situations.

3.7 The lowest number of assignments was for Allied Health Services, a total of 5 assignments. Three were for dental appointments and 2 assessments of which 1 specified assessment for a wheelchair.

Antrim, Ballymena, Cookstown and Magherafelt

3.8 The interpreting service was employed only on 3 occasions and in 2 instances this was to access speech and language therapy and the third time it was for an unspecified meeting.

Causeway

3.9 There were 2 assignments in Causeway, 1 to facilitate a Social Services case conference and another 1 to assist in a meeting regarding HPSS legal issues.

Duration of Assignments

3.10 Assignment sessions varied in duration with the majority taking place within the stipulated minimum period of 2 hours. However, 16 assignments required input varying between 3 hours (6) and 9 hours (1). It is worth noting that 5 assignments lasted 8 hours.

Views from The Visible Voices Project

3.11 The BDA, funded by the Community Fund and Health and Social Services Boards, has extended the Visible Voices Project all over Northern Ireland. Through this project links are being established between the deaf community and service providers/commissioners. In order to promote the Bill of Rights and ensure that deaf people are involved in the decisions that affect their lives, BDA have held a series of consultation meetings. The first meeting in the Northern Board area was in the Autumn of 2002 and addressed deaf people's views on accessibility to GPs, hospitals and Social Services.

3.12 The following areas were highlighted as requiring further development:-

- Doctors unaware of deaf issues and as a result, "shouting" at deaf people, resulting in confidential matters being overheard.
- Not enough professional staff are trained 'signers'.
- Not enough interpreters to cover emergency appointments.
- Deaf people had to resort to writing rather than signing but not comfortable with this situation as English is not their first language.
- Lack of support for relative who faces constant demands in accompanying deaf user.

3.13 The following recommendations were made:-

- Support should be provided to train staff to interpreting level, as there is a shortage of interpreters.
- Guidelines should be issued to staff about booking interpreters in order to avoid delays and postponed appointments.
- Professionals should have on-going training in acquiring sign language skills or ensure that a qualified interpreter is available.

Focus Groups

3.14 The Review Team, in partnership with BDA's consultation meetings, ascertained the views of deaf people in respect of accessing Health and Social Services and focused, in particular, on the provision of interpreters.

3.15 The first meeting took place on 27 October 2003 in a location that was central for deaf users in the Larne, Carrickfergus and Newtownabbey areas. There were 13 users who shared views on their specific interpreting needs, how they are currently met and where gaps in the service provision exist.

3.16 The following range of views were expressed:-

- "I was unable to book an interpreter for my appointment so I asked a family member."
- "I use a free-lance interpreter because I have regular hospital appointments."
- "I asked RNID but they had no-one available so I asked a free-lancer – they are willing to come to an appointment."
- "I book RNID and I don't have to pay."
- "I have used RNID interpreters many times and it has been paid."

- “I use RNID or family members.”
- “I never heard of RNID, I didn’t know you could use them.”
- “My husband takes time off work to attend appointments with me.”
- “When I have an interpreter its good. I feel satisfied because I get the full information.”
- “The only problem is that there are not enough interpreters and therefore appointments have to be postponed. In the end I bring my friend.”
- “If I get an appointment I contact RNID. If none of the interpreters are available I ask RNID to contact the hospital and they then inform me of the new date.”
- “Each area is different for example, if I want to book an appointment with the dentist I need to contact my social worker first but this means that my social worker knows my appointments.”
- “I want to be independent.”
- “I prefer a professional interpreter because when my sister is with me she never tells me what is being said.”
- “Some family members just talk for us deaf people.”

New Developments

The United Hospitals Interpreting Project (UHIP)

3.17 This project was formed in December 2002. The aim is to enhance the interpreting service amongst ethnic minorities and/or deaf people. The pilot ran from 1 October 2003 for a period of 3 months and as a result, a new Interpreter Request Form has been designed by the Project Team. This will ensure that patients will have an interpreter booked in advance for any medical appointment. The pilot has also identified a need to raise awareness among GPs about

the need for interpreting support and a Communication Needs Checklist has been designed with plans made to test this in a local GP surgery.

The Mental Health and Deafness Service

3.18 This service has recently been re-launched in Northern Ireland. A psychiatric consultant who is deaf has established a service in the 4 Board areas which entails at present a service being provided on 2 days a month in Belfast and an out reach service in the other Boards, 1 day per month. The development of this service will initially, if not in the long term, impact on the interpreting service as non-signing professional staff. For example, community psychiatric nurses will become involved in follow up work with clients. It is anticipated that staff, in due course, will acquire a degree of sign language competency.

The Ulster Hospital Project

An example of good practice was cited during the consultation for this report in respect of the Ulster Hospital. As a result of an audit of GP referrals, a leaflet 'Making an Appointment' was devised which details the process for a professional making an appointment with an RNID CSU interpreter.

4. Conclusions and Recommendations

Conclusions

4.1 This review shows that the current method of securing interpreting support is unsatisfactory from a number of perspectives.

- Uptake of the service is not evenly distributed across the Board's area, even allowing for potential concentrations of potential users in specific localities.
- In some localities, it appears that deaf people are forced to rely upon family members or friends for interpreting support, thereby compromising their right to privacy and dignity.

- There is a relatively under-developed understanding of the availability of interpreting support at both a professional and public level and among the Deaf community themselves.
- Out-of-Hours access to interpreting support is dependent on users having previous experience and is not currently accessible through the Out-of-Hours Social Work service.
- As demand for interpreting support grows, a shortage of appropriately trained interpreters is likely to become apparent. This is most likely to arise in relation to short-notice or emergency requests for interpreting support.
- There are insufficient numbers of HPSS staff trained in sign language.
- There is a general lack of awareness of the needs of deaf people among HPSS staff.

Recommendations

4.2 As a result of this review, the Physical Disability and Sensory Impairment Programme of Care Team wish to make the following recommendations:-

- a. New contract arrangements should be established with providers so that a 24-hour service is available in all parts of the Board's area, comparable and proportionate in scope, volume and cost to existing arrangements in the Southern and Eastern Boards.
- b. The RNID and other providers, in consultation with the Board, should consider the need for additional trained interpreters and should quantify the costs applicable to this Board.
- c. The Board, in partnership with the RNID and other providers and Homefirst and Causeway Trusts, should seek to raise awareness of the availability of the new contracted service among the public in general, the Deaf community and HPSS staff, aiming to ensure a higher volume of uptake in Mid-Ulster, Antrim and Ballymena and in the Causeway Trust area.

- d. Homefirst and Causeway Trust should bring forward costed proposals for ensuring the continuing availability of a small group of HPSS staff trained in BSL to Level 2.
- e. The Board, in partnership with Local Health and Social Care Groups, should review the current level of basic awareness training available to core staff and, if necessary, commission a more extensive programme of training, to specifically include GP receptionists.

In conclusion, it is worth noting that this review has been conducted from an Adult Services perspective. There may be additional considerations in relation to children generally, looked after children and/or children with additional special needs.

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