![HSC Health and Social Care Board logo]

Regional Communication Support Services Review (for accessing Health & Social Care services), Northern Ireland

Consultation Report

Analysis of Responses to the Consultation Document and Equality Screening Document

26 January 2017

Any request for this document in another format or language will be considered. Please contact:

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1.0 Executive Summary

Communication Support Services (British Sign language (BSL)/ Irish Sign Language (ISL) interpreting) are required to ensure that deaf / hearing impaired people who use BSL / ISL as their first language, are able to access Health and Social Care services in Northern Ireland; and Hard of Hearing people also require communication support including lip speaking / electronic note taking to access Health and Social care services; in addition, those with a dual sensory loss i.e. deafblind may require specialist interpreting services such as hand on hand/ restricted visual frame interpreting to access Health and Social Care services.

In 2013 the Health and Social Care Board (HSCB) initiated a regional review of the provision of Communication Support Services in Northern Ireland to determine the most appropriate arrangements for providing the service in the future. The review concluded in January 2016 (www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support), and proposed that changes are required to the model of provision and the funding arrangements to ensure a cost effective and high quality service in the future.

The review made one overarching Recommendation that Communication Support Services should be supplied in future on the basis of a regional shared service provided by the Business Services Organisation.

As part of the above it was recommended that a service model be profiled to achieve a balance of face to face interpreting and, where appropriate non face-to-face interpreting, to manage demand, offer value for money and increase accessibility. This should include efficient

deployment of interpreters through effective resource management and innovative use of technology.

Other elements of the Recommendation addressed the need to standardise and streamline funding arrangements, improve activity coding and information management and ensure the coordinated use of communication support services across the region's health and social care settings.

At the HSCB Board meeting on 14 January 2016, the Board endorsed the recommendation that the review's findings should be the subject of a period of public consultation. The Consultation was due to commence in February 2016 but had to be postponed until after the NI Assembly elections in May 2016. The HSCB announced the consultation on 6 June 2016 for a period of 13 weeks until 5 September 2016 (this was extended for a further 10 weeks to facilitate engagement with Hard of Hearing and Deafblind communities).

A total of 61 submissions were received in response to the consultation document and the equality screening document. These responses represent the views of 234 individuals/ organisations and have been analysed in the main section of this report.

The overwhelming majority of those who responded were in broad agreement with the overarching Recommendation of the review and its composite elements.

2.0 Background

The Regulation and Quality Improvement Authority (RQIA) carried out a Review of Sensory Support Services in Northern Ireland (2011) and made a number of recommendations including one that:

"The Health and Social Care Board (HSCB) should work in conjunction with the Trusts to ensure a fully accessible sign language interpreting service is developed in line with other foreign language interpreting services across Northern Ireland". (P.15)

The HSCB subsequently initiated a Regional Review of Communication Support Services for people who are deaf/hard of hearing across Northern Ireland.

The purpose of the Regional Communication Support Services Review was to review the arrangements for providing interpreting services across all Trusts to ensure a consistent approach to interpreting provision and to explore the potential for greater use of technology (RQIA: 2011:pg15); and, ultimately to make recommendations.

Communication Support Services are supplied through 2 independent provider organisations, that is, Action on Hearing Loss and Hands that Talk and the Northern HSC Trust also supplies Communication Support Services for its population. Virtually all of the interpreting provision is currently through face-to-face contact.

Key findings of the Regional Communication Support Services Review (RCSSR), January 2016.

Demand: The demand for Communication Support Services has increased annually. The total number of bookings has increased from 2478 in 2010/11, to 3343 in 2014/15 (**35% increase**).

Expenditure: The total cost of the service at end March 2015 was £388,526 against a baseline budget of £232,886 equating to £155,640 of a deficit, with an annual upward trend.

Stakeholder Experience: Engagement with Health and Social Care professionals and service users over the course of the RCSSR review highlighted a number of key issues such as:

- Lack of availability of interpreters/ electronic notetakers
- Inconsistent access criteria to Communication Support for HSC
- Lack of awareness of service provision in the deaf community
- Variability of interpreter expertise
- Standardised communication support service within agreed criteria with centralised access point
- Concerns about the number of cancelled appointments and the impact of this on a finite budget
- The variance in budget across the region

Recommendation

The following overarching recommendation was proposed by the Review Group**:**

Develop and procure a regional standardised model of service provision, which will offer consistency, standardisation, and accessibility of service delivery and represents value for money.

The regional standardised model should include:

- All face-to-face and remote interpreting services should be funded centrally and be accessible to all Health and Social Care organisations as well as independent contractors such as GPs, General Dental Practitioners, Community Pharmacists and Opticians;

- A Service Model profiled to achieve a balance of face to face interpreting and, where appropriate non face-to-face interpreting, to manage demand, offer value for money and increase accessibility. This should include development of clear guidance to ensure the appropriate use of the various forms of interpreting by Health and Social Care professionals;

- Undertake a controlled pilot in the use of remote communication support;

- A regional advisory group should be established to oversee the development and delivery of interpreting services including

governance and accountability issues. This group should include service user representation;

- Interpreters should be deployed as efficiently as possible through effective resource management and innovative use of technology;

- A central system should be used to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests;

- Consistent and relevant data sets should be developed to ensure effective performance management, including information on referral source, assignment type and service response;

- Regional quality standards for communication support service should be developed as part of the contract, including the management of complaints;

- A Communication Support Code of Conduct should be developed in association with governing bodies.

3.0 Consultation Process

The RCSSR public consultation opened on Mon 6th June 2016 for 13 weeks (this was extended for a further 10 weeks to facilitate engagement with Hard of Hearing and Deafblind communities). The consultation document, the equality screening document and the RCSSR report were published on the **HSCB website** on the same day. All of the above documents were also made available in Easy Read/ plain English versions, and BSL and ISL signed messages were available on the HSCB and BDA websites. Hard copies (in chosen format) were made available as and when requested.

The Health and Social Care Board issued a **press release** on 10 June 2016 (Appendix 1) and formally notified **all stake holders by e-mail** of the RCSSR Consultation using a standard circulation list which included key stakeholders.

Health and Social Care Trusts (HSCTs) issued a **regionally agreed letter** (www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support/) to all Deaf/ hard of hearing service users known to HSCT Sensory Rehabilitation services to advise of the consultation.

Additionally, the Deaf community were informed of the RCSSR public consultation via by **Social Media** i.e., HSCB Facebook and Twitter, HSCTs Facebook and BDA Facebook and Twitter.

Furthermore, the HSCB commissioned British Deaf Association (BDA) to facilitate **nine engagement events** across the region supported by HSCB RCSSR Project Team and/ or Trust Sensory Support staff **(3.1.1).** In the course of these engagement events (Appendix 8.5) feedback was

received from the Hard of Hearing and Deafblind individuals that led the HSCB RCSSR Project Team (Appendix 8.3) to consider additional specific engagement with these groups. Following discussion with HSCT Lead officers and the Community/ Voluntary sector it was agreed to extend the consultation for a further 10 weeks to allow time for HSCTs and Community/ Voluntary Sector to facilitate **specific engagement (s)** with **Hard of Hearing Groups** across N Ireland **(3.1.2)** and a regional **Deafblind (Usher's**) group **(3.1.3)**.   An amended consultation Proforma comprised of plain English with 3 additional questions regarding the nature and frequency of communication support services for these groups was devised. (www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support). Respondents were given the option of responding via hard copy, online submission or oral/signed contribution as per engagement events.

3.1 Facilitated engagement Events

A detailed overview of all facilitated engagement events can be found in Section 8.5.3

3.1.1 Engagement events facilitated by BDA

Nine regional events for the Deaf community were facilitated by BDA with HSCTs in June 2016 (Appendix 8.5).   BSL and/ or ISL interpreters and electronic note taker(s) were in attendance to support communication for these events. The electronic notes from 8 of the 9 events were submitted as a record of proceedings. There was a total **119** attendees at the **9** events as displayed in Appendix 8.5. (A further engagement event was facilitated by the Southern Trust with the Newry Deaf Club with**10** attendees).

3.1.2 Hard of Hearing Engagement Events

Four of the five HSC Trusts facilitated focus groups with their Hard of Hearing Clubs. For these events a submission was sent on behalf of the organisation/group and, therefore, counted as one response/submission. HSCB also requested Hard of Hearing Community and Voluntary Groups to engage with Hard of Hearing individuals. Hearing Link NI (HLNI) facilitated engagement with hard of hearing individuals through a series of **8** planned training events with a total of **38** participants between June and October 2016. Action on Hearing Loss (AoHL) facilitated hard of hearing individuals to submit **8** individual responses.

3.1.3 Deaf blind Engagement Event

The Community & Voluntary Group, SENSE, facilitated an engagement with the Deafblind community via their Regional Ushers Group. A total of **4** individuals attended an engagement event on 17 November and a group response was forwarded.

Respondents were able to respond via one of the following methods:

- Completion of the Easy Read /Plain English consultation questionnaire Proforma (www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support/);

- Submission of individual written feedback by e-mail/ post;

- Contribution to the record of the oral/signed discussion at one of the BDA facilitated engagement events (electronic note taker(s));

- Contribution to a Group submission at a HSCT/ Hard of Hearing/ Deafblind engagement event.

Respondents were asked to consider the ten factors within the RCSSR recommendations and indicate agreement or disagreement with the option to provide additional comment.

4.0 Analysis of Responses to the Consultation

The Health and Social Care Board received **61** responses to the consultation document "Regional Communication Support Services Review" from individuals / organisations and engagement events through a variety of methods as displayed in **Tables 1a and 1b.** These 61 responses represent the view of **234** respondents.

Table 1a RCSSR Consultation Response Submissions

Source of Consultation Response	Engagement Event (No. of attendees)	E-mail	Hard copy	Online	Total No. of responses (Total no. of respondents)
Individual		4	14	9	27 (27)
Organisation		7	2	1	10 (10)
Engagement Event Deaf Blind	1 (4)				1 (4)
Engagement Event Hard Of Hearing	5 (26)				5 (26)
Engagement Event-BDA with Trusts	9 (119)				9 (119)
Engagement Event SHSCT-Newry Deaf Club	1 (10)				1(10)
Engagement Event HLNI	8 (38)				8 (38)
Grand Total	**24 (197)**	**12**	**16**	**10**	**61 (234)**

Table 1b Overview of Consultation Responses

Source Of Responses
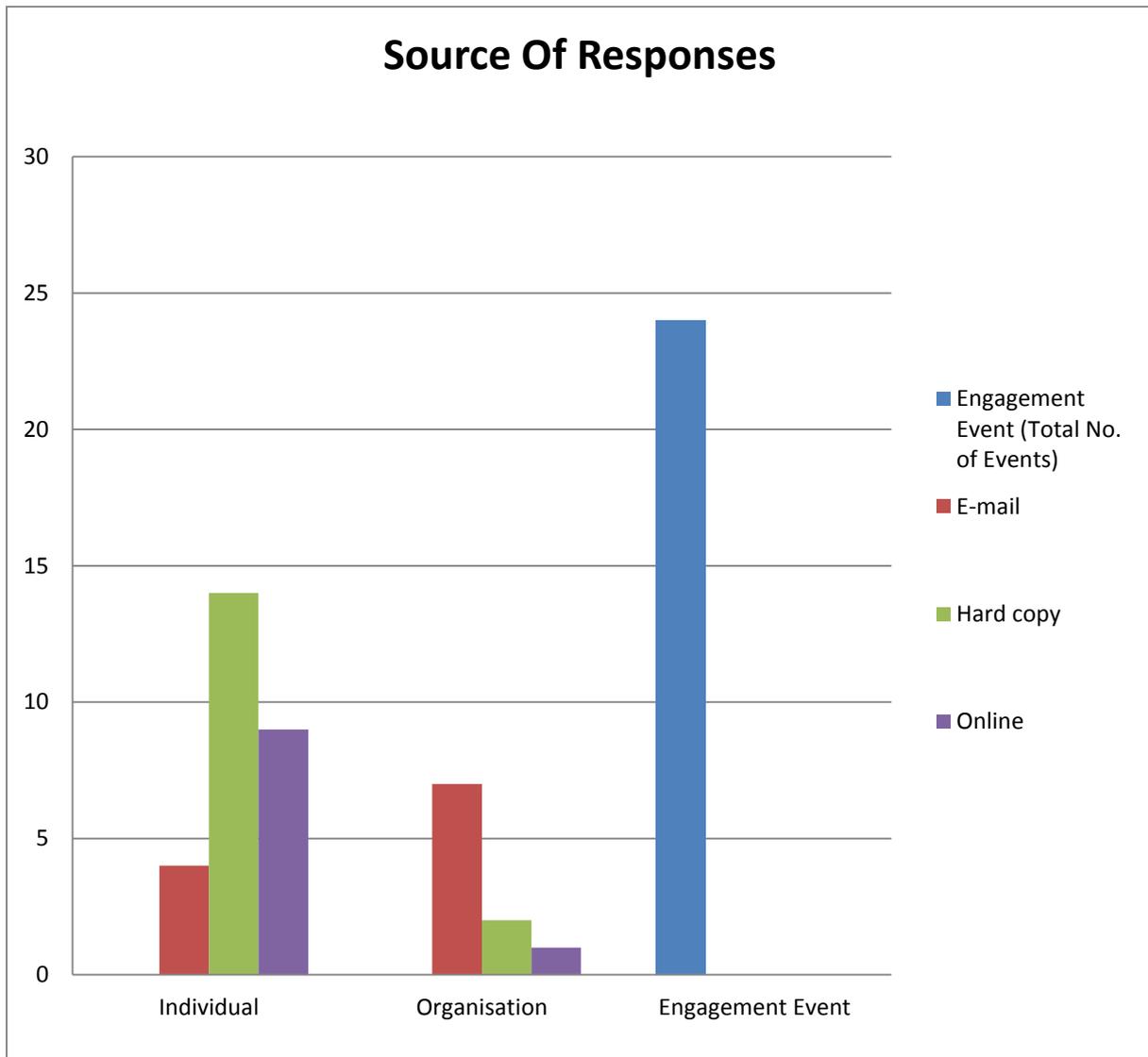
N. B. Please note for the purpose of analysis each engagement event was counted as one overall response. Hence, although there was a total number of **234 respondents** (27 individuals, 10 organisations and 197 people who attended engagement events) this equates to a total of **61 consultation responses.**

Recommendation 1: Develop and procure a regional standardised model of service provision, which will offer consistency, standardisation, and accessibility of service delivery and represents value for money.

Recommendation 1 (Plain English): We will provide a service that is the same for everyone who uses it, no matter where they live in Northern Ireland.

Responder	Agree	Disagree	No Response	Did not complete Proforma/ provided a separate response	Total
Individual	24	0	3	0	27
Organisation	6	1	0	3	10
Engagement Event	19	0	0	5	24
Total	49	1	3	8	61

Recommendation 2: All face-to-face and remote interpreting services should be funded centrally and be accessible to all Health and Social Care organisations as well as independent contractors such as GPs, General Dental Practitioners, Community Pharmacists and Opticians;

Recommendation 2 (Plain English): The service should be available through all of the Health Trusts throughout Northern Ireland as well as GP's, Dentists, Chemists and Opticians but will be funded through one central budget.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	23	0	4	0	27
Organisation	7	0	0	3	10
Engagement Event	18	0	0	6	24
Total	48	0	4	9	61

Recommendation 3: A Service Model should be profiled to achieve a balance of face to face interpreting and, where appropriate non face-to-face interpreting, to manage demand, offer value for money and increase accessibility. This should include development of clear guidance to ensure the appropriate use of the various forms of interpreting by Health and Social Care professionals.

Recommendation 3a (Plain English): We will look at how the service is being used now and use this information to decide the best and most affordable way to provide it going forward.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	23	0	4	0	27
Organisation	7	0	0	3	10
Engagement Event	19	0	0	5	24
Total	49	0	4	8	61

Recommendation 3b (Plain English): As well as face to face interpreters, we will look at using video calls. This will make the service available more often and to more people.   We will also develop guidelines to make sure that the best type of interpreter is provided on each occasion, either face to face or video.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	19	4	4	0	27
Organisation	7	0	0	3	10
Engagement Event	17	0	0	7	24
Total	44	4	4	10	61

Recommendation 4: Undertake a controlled pilot in the use of remote communication support.

Recommendation 4 (Plain English): We will try out using video calls on a number of people in a number of appropriate settings to make sure it works before introducing it for everyone.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	**21**	**0**	**6**	**0**	**27**
Organisation	**7**	**0**	**0**	**3**	**10**
Engagement Event	**19**	**0**	**0**	**5**	**24**
Total	**47**	**0**	**6**	**8**	**61**

Recommendation 5: A regional advisory group should be established to oversee the development and delivery of interpreting services including governance and accountability issues. This group should include service user representation**.**

Recommendation 5 (Plain English): We will set up a group to help plan and manage the development of the service. They will be responsible for making sure the service is run properly. This group will include someone who uses interpreting services to make sure they have their say.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	**22**	**0**	**5**	**0**	**27**
Organisation	**7**	**0**	**0**	**3**	**10**
Engagement Event	**18**	**0**	**0**	**6**	**24**
Total	**47**	**0**	**5**	**9**	**61**

Recommendation 6: Interpreters should be deployed as efficiently as possible through effective resource management and innovative use of technology.

Recommendation 6 (Plain English): We will use interpreters in the best way possible to ensure value for money and time. Whenever possible we will use computers and video links etc. so that we can offer the service to more people and make it available more often.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provide a separate response	Total
Individual	18	0	9	0	27
Organisation	7	0	0	3	10
Engagement Event	19	0	0	5	24
Total	44	0	9	8	61

Recommendation 7: A central system should be used to ensure consistency of coding and to encourage appropriate referrals, including out of hours requests.

Recommendation 7 (Plain English): A single service will be available throughout Northern Ireland so that everyone who needs it can have it no matter where they live, information will be recorded and be accessible.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	20	1	6	0	27
Organisation	6	1	0	3	10
Engagement Event	19	0	0	5	24
Total	45	2	6	8	61

Recommendation 8: Consistent and relevant data sets should be developed to ensure effective performance management, including information on referral source, assignment type and service response;

Recommendation 8 (Plain English): We will collect information about how well the service is working. The same information will be collected from people using the services and only relevant information will be collected.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	**20**	**1**	**6**	**0**	**27**
Organisation	**7**	**0**	**0**	**3**	**10**
Engagement Event	**19**	**0**	**1**	**4**	**24**
Total	**46**	**1**	**7**	**7**	**61**

Recommendation 9: Regional quality standards for communication support service should be developed as part of the contract, including the management of complaints.

Recommendation 9 (Plain English): We will develop a way of measuring the service so we can make sure we are giving the best service to all of the people who use the services. This will include a way of measuring and dealing with complaints.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	20	1	6	0	27
Organisation	7	0	0	3	10
Engagement Event	17	0	0	7	24
Total	44	1	6	10	61

Recommendation 10: A Communication Support Code of Conduct should be developed in association with governing bodies.

Recommendation 10 (Plain English): A Code of Conduct/Set of Rules around the provision of an interpreting service will be developed with all of the key organisations.

Responder	Agree	Disagree	No Response	Did not complete Proforma/provided a separate response	Total
Individual	19	3	5	0	27
Organisation	7	0	0	3	10
Engagement Event	17	0	0	7	24
Total	43	3	5	10	61

Hard of Hearing/ Deafblind Specific Communication Support

As part of the specific engagement with hard of hearing people and Deafblind people these groups were also asked to indicate

- Whether or not they currently use communication support services to access Health and Social Care?
- Which type of Communication Support they require to access HSC?
- How often they require a Communication Support service to access HSC?

Of the **27** individual responses received (Table 1a) **18** of these were received from people who were Hard of Hearing/ Deafblind. **3 of these 18 respondents** indicated that they currently use communication support services, 2 said they use speech to text/ electronic note taking services.

Hard of hearing individuals who attended specific hard of hearing engagement events did not stipulate whether or not they currently use communication support services and some commented they were not aware that such a service was available.

Of the four individuals who attended a Deafblind engagement event one individual reported they required hand on hand interpreting to access HSC services approximately once per month.

Summary of Overall Responses

The following graph displays a summary of all responses and highlights an overwhelming agreement with all elements (R1- R10) of the RCSSR report recommendation. A more detailed breakdown of responses received from individuals, organisations and facilitated engagement events can be found in Appendix 8.4.

It should be noted that individual respondents (27) comprised deaf and hard of hearing individuals as well as BSL/ISL interpreters (4). Interpreters were found to disagree with the introduction of remote interpreting (R3b) for the following reasons:

- Concerns about older people's ability to use technology.
- Reservations about the ability to determine in advance if a booking is suitable for remote (non face to face) interpreting.
- Visual queuing/ name display systems are required in waiting areas if remote (non face to face) interpreting is to be used and not all HSC settings have these available.

Summary of All Responses
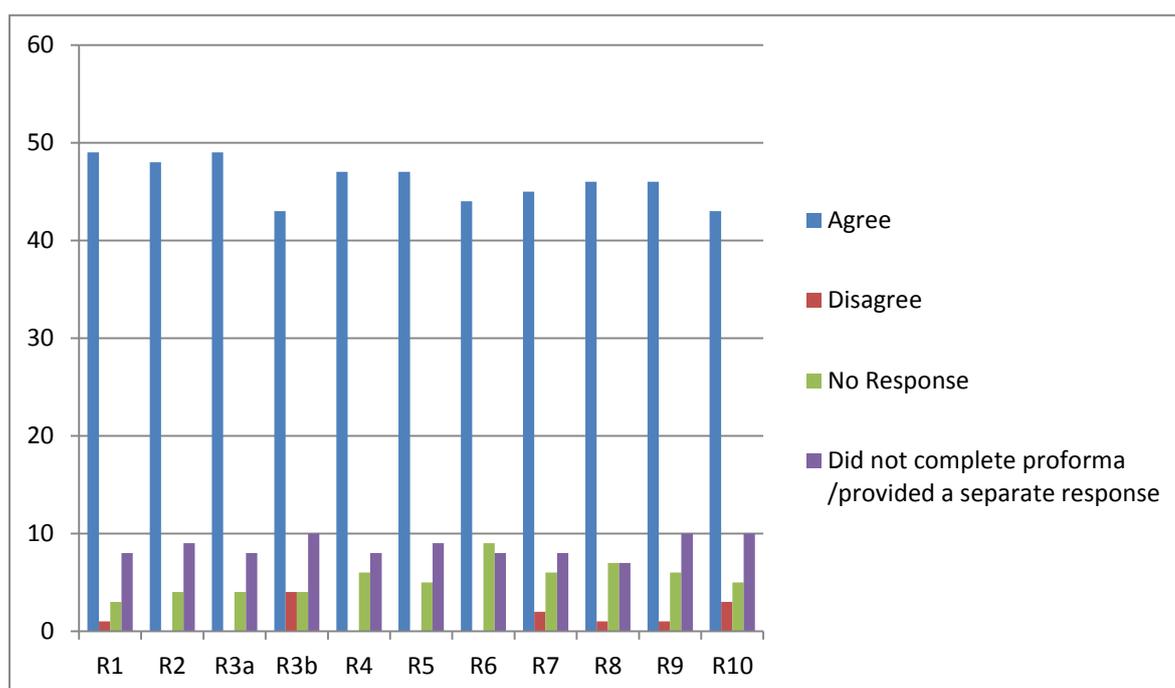
One respondent (interpreter) disagreed with R7 (To develop a central system which ensures consistency of coding and to encourage appropriate referrals including out of hours requests) and commented that "interpreter feedback on the service should also be collated". While three respondents (interpreters) disagreed with the recommendation to develop regional quality standards including the management of complaints (R9) and a Communication Support Code of Conduct (R10) their comments reinforced the need for same but pointed to the fact that the National Register of Communication Professionals working with Deaf and Deafblind people (NRCPD) already has such governance structures in place.

Organisation responses (10) comprised organisations from the statutory and Community/ Voluntary sectors including one current provider. One organisation/ provider was found to disagree with R1 (the development of a regional standardised model of service provision) and R7 (A central system to ensure consistency of coding and to encourage appropriate referrals including out of hours requests) with the following qualifying comments:

Re R1 "the communication needs of people with hearing loss will differ from one group of individuals to another. We are concerned that this focus on standardisation would result in the individual needs of people with hearing loss not being met. For example: booking methods, sourcing interpreters with particular specialisms and experience etc."

Re R7 "No information is provided on how the BSO will be providing interpretation services for people with hearing loss. Would they provide the services themselves with the use of freelance interpreters or will the subcontract to specialist organisations?"

The **24** facilitated engagement events did not record any disagreement with any of the elements of the RCSSR report recommendation from the total number of **197** service users in attendance.

5.0 Key Issues Raised by Respondents

The summary of consultation responses presented in Section 4.0 reflects that the overwhelming majority of those who responded are in broad agreement with the Review recommendations. The following is a summary of the additional comments made by respondents using the Proforma; additionally, a number of respondents did not use the questionnaire Proforma provided but submitted instead a range of statements and comments relating to some of the specific recommendations. Also, some respondents who used the questionnaire only partially completed it.

Alongside raising a number of specific key issues, several general overarching points were common to many responses.

Transition to a Regional Service:

- There is a consensus view that current service provision across the region is variable.
- The centralised management of interpreter bookings and use of remote interpreting/Video Relay Service (VRS) in appropriate settings was broadly welcomed and it was agreed that this would lead to more efficient and streamlined use of resources.
- One person stated "Communication Support Services need to consider the' FULL SPECTRUM of deaf/ hard of hearing' people going forward".
- The view was stated that Communication Support for Deaf/ Hard of Hearing people also relies on the implementation of good practice such as guidance outlined in 'Making Communication Accessible Guidance for HSC staff, Accessible Communication Guidance for GPs and The Accessible Formats policy. For example, HSC services need to be made fully accessible to the

deaf community (e.g. some services have booking systems which require the deaf person to make a telephone call).

- It was suggested that "…subcontracting to other agencies should not be allowed as it has the potential to drive up agency costs and make poor use of public funds…. And that the provision of BSL/English interpreting should not be put with other spoken language as this would not allow specialist agencies to bid directly….specialist agencies know the community and the interpreters and can match interpreters to jobs without causing actual or potential conflicts of interest…"

- Concern was expressed that a "focus on standardisation would result in the individual needs of people with hearing loss not being met. For example: booking methods, sourcing interpreters with particular specialisms and experience, etc."

- The consultation has highlighted the need for clarification of which HSC services are included in a regional model going forward

- A strategy/ policy in relation to Deaf children having access to interpreters, which also considers the needs of hearing children with Deaf parents, was suggested.

Communication strategy:

- There were positive responses supporting the need for a Communication Strategy to inform the Deaf/ Hard of Hearing Communities and HSC professionals of Communication Support services. (In some geographical areas Deaf people were not aware of Communication Support Services and others reported difficulty accessing interpreters for Opticians and Dentists at the moment and some reported paying for interpreters for such appointments out of their own pocket). Therefore, a future

Communication Strategy should include an Awareness raising element.

- It was suggested that signed BSL/ISL messages are used on social media to demonstrate how the service works.
- A number of respondents (particularly hard of hearing respondents) commented that this the first time in their experience that they had become aware of what communication supports are available.

Booking Processes/ Interpreter Allocation:

- The shortage of qualified BSL/ ISL interpreters, specialist interpreters, lipspeakers and electronic note takers across the region was highlighted.
- Services users expressed the view that a 2 hour interpreter booking was not required for many HSC appointments e.g. 10 minute GP appointment.
- The issue of variable rates of pay and travel rates across the region was raised.
- A concern was expressed that interpreter(s) may be allocated on the basis of cost rather than qualification and that the "cheapest interpreter – potentially a trainee" will overrule the "quality of an interpreter".
- It was suggested that a booking system which allows the HSC professional to book Communication Support and the Deaf/ hard of hearing person to acknowledge/ confirm the booking in a Deaf friendly/ accessible way is explored. Also, it was suggested by one organisation that an online system or app is developed for this purpose.

- Service users articulated that **choice** is important i.e. personal choice of preferred interpreter(s) and personal choice as to whether or not the use of remote interpreting is appropriate.
- Deaf users requested the opportunity to submit a list of their **preferred** interpreters with which they are comfortable knowing their private information to BSO.
- Some users reported that they feel more comfortable with **gender** specific interpreter even if the appointment is not gender sensitive. For example one service user said "It is important that the suitability of the interpreter is considered, as this is vital to the success of the appointment, and, therefore, should take precedence over value for money."
- One response made the following observation "It is recognised that as a result of "effective resource management" there may be a move towards trying to make several appointments for a variety of Deaf people in one location, thereby removing the need for an interpreter to travel to several locations, similarly removing the need for several interpreters to attend the same location. It would be advisable for an appropriate period of time to be left between these appointments to protect the privacy and confidentiality of the Deaf person, and to avoid distress if an appointment runs over time or starts late, affecting the subsequent appointments."

BSO Expertise:
- Alongside service user concerns about interpreter levels of expertise there was also concern expressed regarding BSO expertise and ability to match an appropriately skilled interpreter to a particular booking. For example some older Deaf people use a lot of fingerspelling to communicate and it is reported that many

interpreters struggle with this. Other Deaf people use individual signs that may not be understood by all interpreters.

- It was strongly felt that BSO would need training from a Deaf organisation to ensure understanding of the Deaf culture, the range of sign systems used by Deaf people in N Ireland (BSL/ISL/Sign Supported English/ Finger spelling/ "home signs" and combined use of two or more of these systems) as well as communication support systems used by people who have become deafened (lipreading, lipspeaking, speech to text, sign with speech and any combination of 2 or more of these systems). It was reported that not all interpreters are skilled in all of these areas.

- It was pointed out that some D/deaf people have additional needs and/ or present with co-existing conditions, for example, Autism Spectrum Disorder, Learning Disability, Dual sensory loss, Deafblind and this will require BSO staff to receive awareness training on the impact of these additional needs.

- One group suggested that BSO employ a Deaf person/ someone who has expertise in interpreter qualifications, interpreting bookings and how to deal with complaints.

Remote (non face to face) interpreting:

- There was broad agreement that 'VRI/VRS should be kept for very basic health appointments and for basic information giving '.

- One person said "An element of choice and flexibility must remain".

- It was felt that visual queuing systems in HSC settings are a pre-requisite for remote interpreting.

- It was pointed out that BSL & ISL are visual languages and some BSL/ISL users may find it difficult to communicate using a

VRI/VRS service as the image and signs they see on the screen will be two dimensional. This is also the case for older Deaf people as well as Deaf people who may have additional needs. Therefore, it was suggested that "rather than simply replace face to face interpreting with VRI/VRS services, Deaf people should be given the right to choose a form of communication support that will meet their individual communication needs. This includes the choice to have a face to face interpreter over a remote interpreter".

- Some individuals commented that it may not always be possible to determine in advance whether a particular assignment is suitable for remote interpreting and in order to determine this accurately this may require many questions being asked which could be intrusive for the Deaf person. It could also result in interpreters accepting bookings that they are not suitable for, as even though an interpreter may be fully qualified that does not automatically mean that they are fully competent or the appropriate person in all settings.

- It was felt that specialised planning will be required for remote (non face to face) interpreting to happen and to be of benefit for Deaf people. For example, not all hospital and GP waiting rooms have a visual display with the patient's name appearing. The Deaf person relies on the presence of the interpreter to tell them that their name has been called. One person commented "Not all medical staff has time to write down directions!"

- One person said "interpreters must be key stakeholders in offering guidance in relation to how and when remote interpreting is appropriate".

- Some pointed out the need to consider the needs of elderly service users especially in relation to technology.

- Others commented that a pilot of remote interpreting must consider the wide spectrum of deaf people across the region including deaf users with additional needs and not just those who may have an aptitude for technology.
- It was felt that the measurement of the effectiveness of remote interpreting needs to include the views of the service user, interpreter and health care professional.
- It was largely accepted that "remote interpreting is not appropriate for deafblind".
- Remote interpreting (VRI) was largely accepted as appropriate for Chemists and A&E Departments if used in a private consultation room
- One person suggested using a Video Relay Service but pointed out that nationally employed BSL interpreters may not be familiar with local N Ireland signs nor will they offer ISL interpreting.
- One organisation stated "… we welcome emerging technologies enabling video remote interpreting services that offer effective and cost efficient solutions to many short and simple exchanges ……but must be seen as supplemental to the main provision of face to face interpreting services….and are not appropriate to more complex settings…"

Continuity of Care:
- One individual felt that there may be circumstances where it is justifiable to use an interpreter with higher travel costs in order to ensure continuity of care. For example, a service user transferred from a local service in the Western HSCT to the regional Cancer Centre in Belfast.
- Service users felt that the same interpreter should be used for all appointments in an episode of treatment.

Hard of Hearing Communication Support:

- There was a strong view from the hard of hearing community that communication support services need to be extended to meet the needs of hard of hearing people.

- One person stated "the use of speed text (electronic note taking) at health appointments would be welcomed."

- Others stated that "appropriate facilities need to be available for the Hard of Hearing in Health & Social Care settings e.g. Hearing Loops, personal listeners, quiet rooms.

- There was a strong lobby that a range of communication supports for Hard of Hearing people are developed simultaneously e.g. good practice such as Making Communication Accessible Guidance and fully operational Hearing Loop systems, quiet rooms etc.

- It was argued that the new service model needs to reflect the broader needs of people with hearing loss who need access to Notetakers; personal listeners; room hearing loop provision; speech-to-text technology.

Advisory Group;

- The inclusion of Deaf, and Hard of Hearing, individuals on a regional advisory group to establish and oversee the development and delivery of interpreting services including governance and accountability issues was broadly welcomed, however, there was a concern that 'grass roots' Deaf people and not just those affiliated with organisations are represented. In addition it was felt that interpreters should also be represented at this forum.

- The view was expressed that the Advisory Group need to consult with interpreters and interpreter governing bodies such as Association of Sign Language Interpreters (ASLI), Visual

Language Professionals (VLP) and National Register of Communication Professionals working with Deaf and Deafblind people (NRCPD) during the development process.

- It was suggested that an advisory group needs to include people who use wider Communication Support services such as Lipspeakers and Electronic note taking.

Performance Management/ Governance:

- It was suggested that a Deaf friendly/ accessible complaint procedure is made available in a range of formats such as:
    - ➢ Written format.
    - ➢ Face to face via an interpreter.
    - ➢ Facility to record a signed BSL/ISL message for translation by a qualified translator /interpreter.

This was felt to be important as many Deaf people are not comfortable using written English/ experience literacy difficulties. All information should be provided in both BSL and ISL formats.

- It was argued that as the NRCPD (The National Register of Communication Professionals working with Deaf and Deafblind people) already have a complaints procedure and a code of conduct in place there was no need to create alternatives.

- A number of respondents advised that BSO needs to ensure that all interpreters are registered and maintain their registration with the professional body NRCPD.

Payments:

- The view was expressed that there is a need to protect the public purse. This respondent went on to say that "existing cancellation policies should be adhered to and that low pay and unacceptable

working conditions are a barrier to attracting high quality interpreters".

Standards:

- It was argued that only NRCPD registered interpreters be used to safeguard users. NRCPD already has a complaints procedures and a code of conduct in place and that interpreters are appropriately checked before being admitted to the register.
- The view was also expressed that there should a system in place for user feedback and quality assurance checks on the quality of interpreters per appropriate feedback methods from service users.

Training and professional development:

- It was stated that NRCPD members must complete 24 hours of professional development annually.
- Positive suggestions were made about providing further training opportunities for interpreters along with the view that educating health and social care staff about the role of interpreting was needed.

6.0 Equality Considerations

The Health and Social Care Board published an Equality, Good Relations and Human Rights Screening Template alongside the main Consultation Document for formal public consultation in accordance with Section 75 statutory requirements. The Equality Impact Assessment Considered: -

- People of different religions, political opinion, racial group, age, marital status or sexual orientation;
- Men and women;
- People with/or without a disability;
- People with or without dependants (e.g. children or people they care for).

It was concluded that by making the changes there would be a positive (good) impact on the Section 75 groups relating to Age (Older people in particular) and Disability.

Respondents were asked to respond to specific questions:

Equality

Do you agree with the findings of the Equality Impact Assessment?

Responder	Agree	Disagree	No Response	Don't Know	Total
Individual	19	1	6	4	27
Organisation	7	0	3	0	10
Engagement Event	10	0	14	0	24
Total	43	1	14	4	61

Of the 44 definitive responses received, 43 agreed with the findings of the Equality Impact Assessment with only one of these individuals making the comment that "this model will ensure better access for all and more equality to avail of appropriate services".

The one person who disagreed with the EQIA findings stated that this recommendation was "discriminating against the deaf/ hard of hearing" and did not "include those deaf/ hard of hearing that do not sign or use interpreters. They need electronic note takers, personal listeners or WORKING loop systems."

One other comment was made by a respondent that did not indicate agreement/disagreement regarding the impact of age and disability. In their view, "…older people or those with sight problems may find remote (non face to face) interpreting difficult" and were being treated unfairly.

The perception that the needs of the hard of hearing community were not fully considered and reflected in the consultation was also noted in the record of discussions at some engagement events; and Hearing Link NI advocated on behalf of hard of hearing people whom they represent for additional consideration. Therefore, in order to fully explore the needs of hard of hearing individuals accessing Communication Support for HSC services, it was decided to further extend the consultation period and to reach out to hard of hearing people as detailed in Section 3.0.

Likewise it had been observed during the BDA facilitated engagement events that this format of consultation did not fully suit some deafblind individuals and further specific engagement with this group was also required.

Human Rights

Article 8 of the Human Rights Act says you have the right to respect for your private and family life, your home, your letters and emails.

Do you have any views on how the recommendations/suggestions might have an impact on this right?

Responder	Yes	No	No Response	Total
Individual	7	1	19	27
Organisation	2	0	8	10
Engagement Event	0	12	12	24
Total	9	13	39	61

Of the 22 respondents that answered this question 9 stated that they had views. The following comments capture the views expressed on this matter.

- "My Right to Privacy – if I cannot have a say on who is interpreting for me – if an interpreter that I do not want (I perceive it to be a conflict of interest, or other reason) is assigned by BSO, this interpreter will have access to my information that I do not want them to have. I understand that they are bound by confidentiality, but they will have knowledge that I do not want them to have e.g. my private health matters."

- "I feel if I have the right to privacy in my family life etc. I should have an option of which interpreter I want to use in each area of my life. Because an interpreter lives locally and maybe be a trainee, therefore, cheaper I do not feel that I must use them to save money. I have interpreters that I am comfortable with in different areas of my life which means not one person knows

everything about my life and I feel my privacy should be respected and not put at risk to save money."

- Another view expressed concern about the continuity of interpreter provision and said "Depending on the situation it would be of benefit if the same interpreter is booked for the series of sessions to maintain privacy."

The two issues raised about the impact of the RCSSR recommendation on Human Rights (choice of interpreter and continuity of interpreter) will be explored by the Advisory Group during the co-production phase of a regional service and will require careful monitoring in the future.
Do you think the recommendations/suggestions might have an impact on people of different religious beliefs, political opinions and racial groups getting on with each other?

Responder	Agree	Disagree	No Response	Total
Individual	4	0	23	27
Organisation	0	2	8	10
Engagement Event	2	0	22	24
Total	6	2	53	61

Again a large proportion of respondents did not provide a response to this question and if they did stipulate Agreement / Disagreement additional comments were not provided.

Given that we have received no comments this area will require careful monitoring as part of a future regional service.

7.0 Summary/ Conclusion and Next steps

The RCSSR consultation with people who are Deaf or hard of hearing and stakeholders has proven to be both challenging and rewarding. It has taken much longer than was originally intended (this should be seen positively as the quality of feedback is much richer with Hard of Hearing and Deafblind individuals being empowered) and was delayed as a result of the 2016 Assembly elections.

Every effort has been made to ensure that all stakeholders have had the opportunity to contribute to this consultation and their views have been captured and summarised in this report.

A large number of service users participated and contributed to the consultation in a very constructive manner. It has been striking that many service users did not know what is already available under the four provider arrangements across NI or how the interpreter provision works. Some expressed surprise as to why bookings should be for 2 hours when GP appointments last no more than 10 minutes on average.

The issue of lack of consistency across NI regarding access criteria and availability of interpreters came through in the feedback.

Concerns were expressed about possibly not being able to select the interpreter of choice; and some concerns were expressed about remote (non face to face) interpreting, although for some service users, remote interpreting was a revelation to them and they appeared very enthusiastic about trying this and some Deaf people shared that they are already using this type of service and are very positive about it.

Stakeholders were very supportive of the recommendation and the various elements laid out in the consultation and supported the view of having service users involved in the advisory group.

Concerns were expressed by stakeholders involved in the supply of interpreting services about BSO taking on the regional role as they were not a 'specialist provider' body and would not understand the specific needs of the Deaf community. AoHL specifically warned against repeating what the Ministry of Justice did in England and Wales by not splitting into lots through a procurement exercise to keep separate "…spoken languages and non-spoken languages (i.e. BSL/ISL etc.)…". AoHL state, "…If the decision is made to progress with the BSO, then the BSO should be advised to subcontract the provision of this service to specialist providers under the management of the BSO…"

On the other hand ASLI argue "…subcontracting to other agencies should not be allowed as it has the potential to drive up agency costs and make poor use of public funds…. "

AoHL argue very strongly that specialist organisations such as themselves are best placed to supply interpreting services for HSC in N. Ireland as they state they have "historically maintained relationships with free-lance interpreters in N. Ireland".

BDA which is a Deaf user led organisation has welcomed the consultation and the recommendation; and made key points such as the inequality of services across the various Trusts. They also highlight the difference between spoken and non-spoken languages and urge that, "…within BSO there is a designated team to work specifically with Deaf service users (perhaps roles within this team will be open to deaf

people)…" BDA argue for a designated team of people who have been appropriately trained, preferably by a Deaf organisation, to ensure that a high quality of service can be delivered…" BDA also advocate that service users should continue to make direct bookings for themselves. They also raise some concerns regarding remote interpreting and make useful suggestions such as co-production of the remote interpreting pilots.

There was wide acceptance of the need for a regional service for communication support services across the stakeholders in NI.

There was also broad agreement that centralising current provision into one provider is the way forward (apart from disagreement from one of the two current provider organisations that responded). There is consensus that BSO would be best placed to deliver a regional service.

There is also consensus that remote interpreting should be trialled with a view to implementation in appropriate settings and appointments.

Concerns about the capacity of interpreter services already exist and in the RQIA review of Sensory Rehabilitation Services 2011 it was reported that, "… A major issue identified during the review was access to sign language interpreting services, mainly due to the limited availability of qualified interpreters…" (P15).

Moving to a regional service will not reduce current availability but rather make better use of the limited resources by standardising rates of pay and cost of travel and better matching interpreters to geographical locations of bookings (please note comments made by interpreters re rates of pay and distance influence accepting bookings thus skewing

met and unmet need). Also, by having a regional overview of service provision, quality of services and gaps in service provision this will assist forward planning.

A communication strategy will assist in driving up awareness about the availability and range of services as well as the cost of cancellations, etc.

The case is made by ASLI for HSC intervening to increase capacity and quality of communication services - this could indeed be looked at going forward with formal links being made with appropriate departments within the NI government that are responsible for training and education.

Therefore, and in conclusion, the findings of this consultation are that there is overwhelming support for the overarching Recommendation and its component elements that BSO is commissioned to supply regional communication support services for Deaf and hard of hearing people who need to access Health and Social Care across NI.

8.0 Appendices

8.1 HSCB Press release re RCSSR Consultation

8.2 Consultation Materials

8.3 RCSSR Consultation Project Team

8.4 Comparison of Responses received

8.5 List of Respondents to the Consultation

8.1 HSCB Press Release

The following HSCB Press release was issued on 10 June 2016.

A follow up e –mail was issued to all HSCB stakeholders (list available on request) to advise of the public consultation.

From: Sally Kelly
Sent: 10 June 2016 16:57
Subject: Public Consultation launched on the future provision of communication support services for people who are deaf or hard of hearing across Northern Ireland

For your information/attention.

The Health and Social Care Board this week launched a Public Consultation on the Regional Review of Communication Support Services for People who are Deaf or Hard of Hearing across Northern Ireland. The closing date for responses to this regional consultation is Monday 5th September 2016. Dates and locations of engagement meetings are available, with the consultation documentation, at www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support/

Signed versions of the consultation documentation and questionnaire are available on YouTube at:

British Sign Language
https://www.youtube.com/playlist?list=PLeasoVxM_PRjA4RXkNIUsq8BafmvnO-NA
Irish Sign Language https://www.youtube.com/playlist?list=PLeasoVxM_PRjgObB86R9Mrl-kqMdOSUMh

Thank you in anticipation of your interest in our consultation,

Sally Kelly

Sally Kelly
Senior Communications Officer
Health and Social Care Board
Tel: 028 9536 1057
Blackberry: 075 9035 3458
www.hscb.hscni.net

For urgent Out of Hours enquiries please contact 028 9536 3278

8.2   Consultation Materials

A copy of all consultation materials can be found at

www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support/ These include:

   I.   RCSSR report

  II.   Draft Equality Impact Assessment

 III.   Consultation Proforma

 IV.   Regionally agreed letter to service users

  V.   Easy Read versions of (I- IV)

 VI.   BSL signed message

VII.   ISL signed message

8.3 RCSSR Consultation Project Team
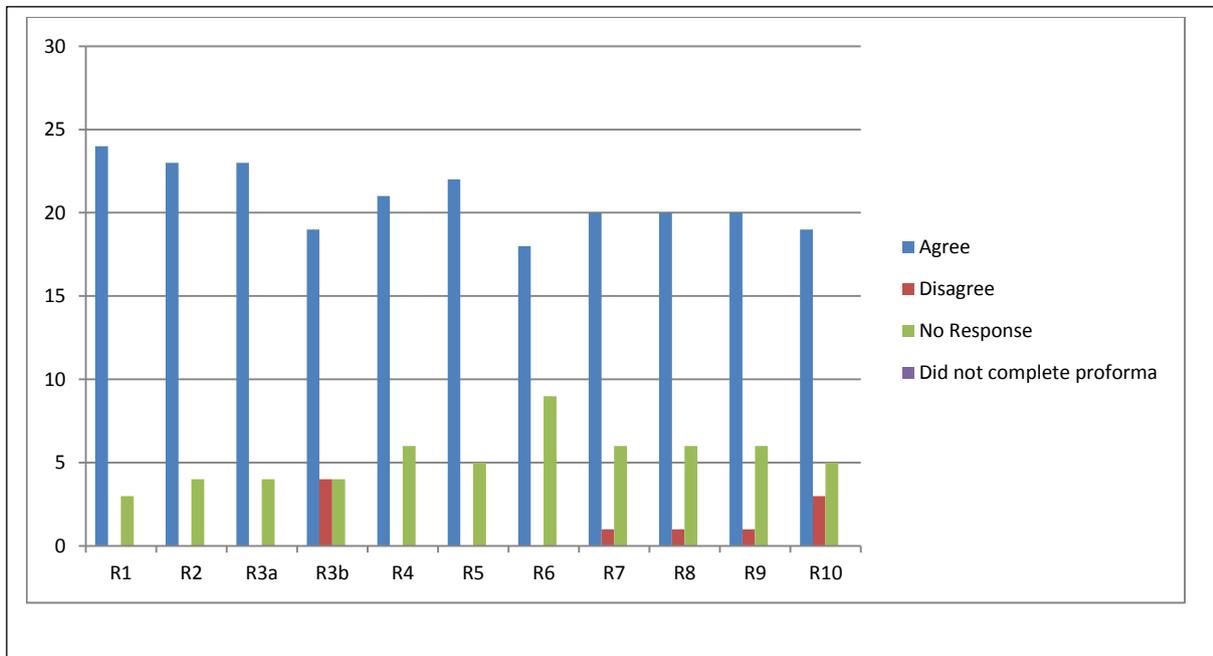

The RCSSR Project Team included:

1. Donal Diffin, Social Care Commissioning Lead, HSCB

2. Shauna McCrea, Physical & Sensory Disability Strategy Project Manager, HSCB

3. Sally Kelly, Senior Communications Officer, HSCB

4. Matthew McDermott, Equality Diversity and Human Right Manager, Business Services Organisation

8.4 Comparison of responses received

The following provides a detailed breakdown of responses received from individuals (**Table 1**), Organisations (**Table 2**) and facilitated engagement events (**Table 3**).
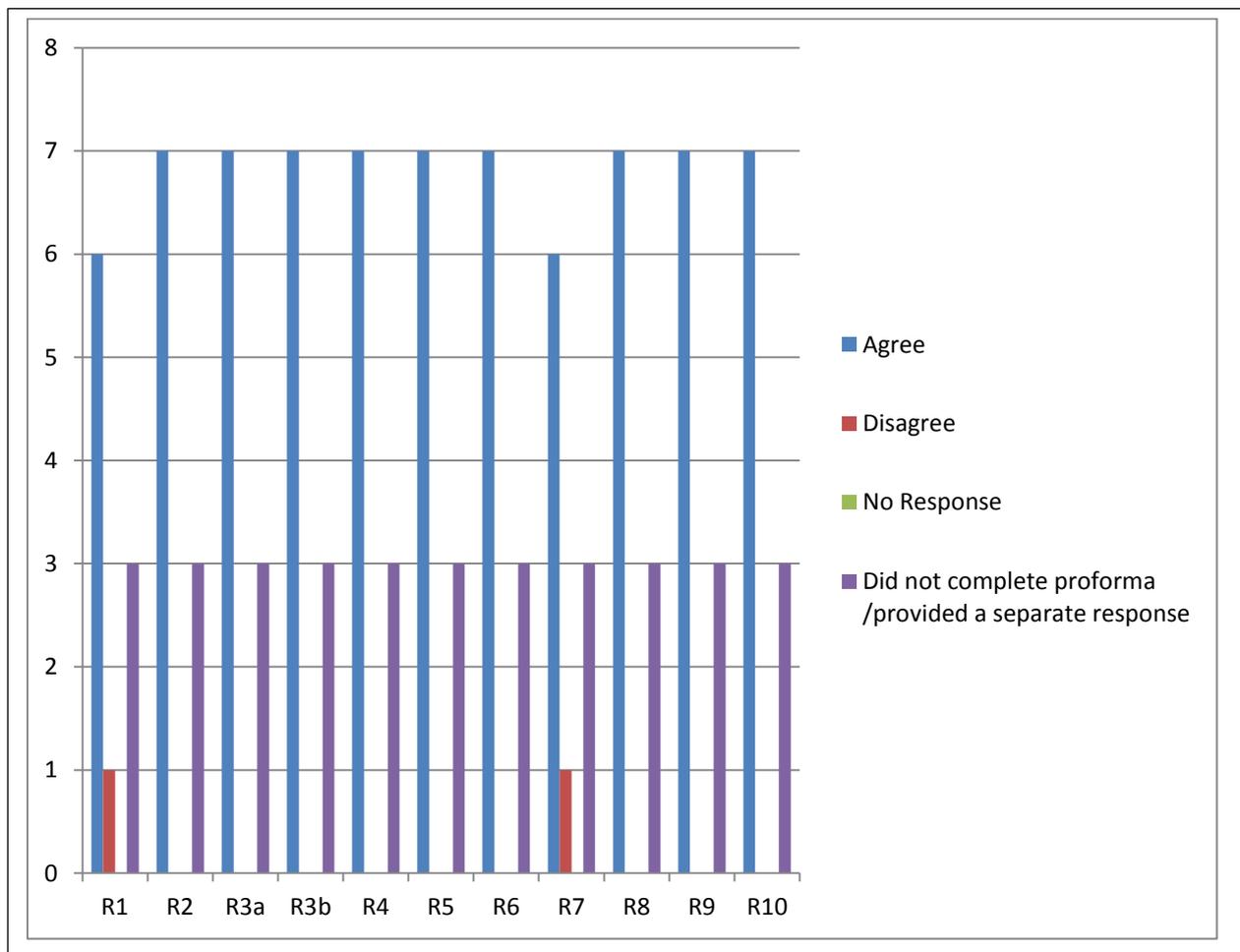
Table 1 Summary of Individual Responses

	Agree	Disagree	No Response	Did not complete Proforma /provided a separate response	Total
R1	24	0	3	0	27
R2	23	0	4	0	27
R3a	23	0	4	0	27
R3b	19	4	4	0	27
R4	21	0	6	0	27
R5	22	0	5	0	27
R6	18	0	9	0	27
R7	20	1	6	0	27
R8	20	1	6	0	27
R9	20	1	6	0	27
R10	19	3	5	0	27

Table 2 Summary of Organisation Responses

	Agree	Disagree	No Response	Did not complete Proforma /provided a separate response	Total
R1	6	1	0	3	10
R2	7	0	0	3	10
R3a	7	0	0	3	10
R3b	7	0	0	3	10
R4	7	0	0	3	10
R5	7	0	0	3	10
R6	7	0	0	3	10
R7	6	1	0	3	10
R8	7	0	0	3	10
R9	7	0	0	3	10
R10	7	0	0	3	10

Table 3 Summary of Facilitated Engagement Event Responses

	Agree	Disagree	No Response	Did not complete Proforma /provided a separate response	Total
R1	19	0	0	5	24
R2	18	0	0	6	24
R3a	19	0	0	5	24
R3b	17	0	0	7	24
R4	19	0	0	5	24
R5	18	0	0	6	24
R6	19	0	0	5	24
R7	19	0	0	5	24
R8	19	0	1	4	24
R9	17	0	0	7	24
R10	17	0	0	7	24
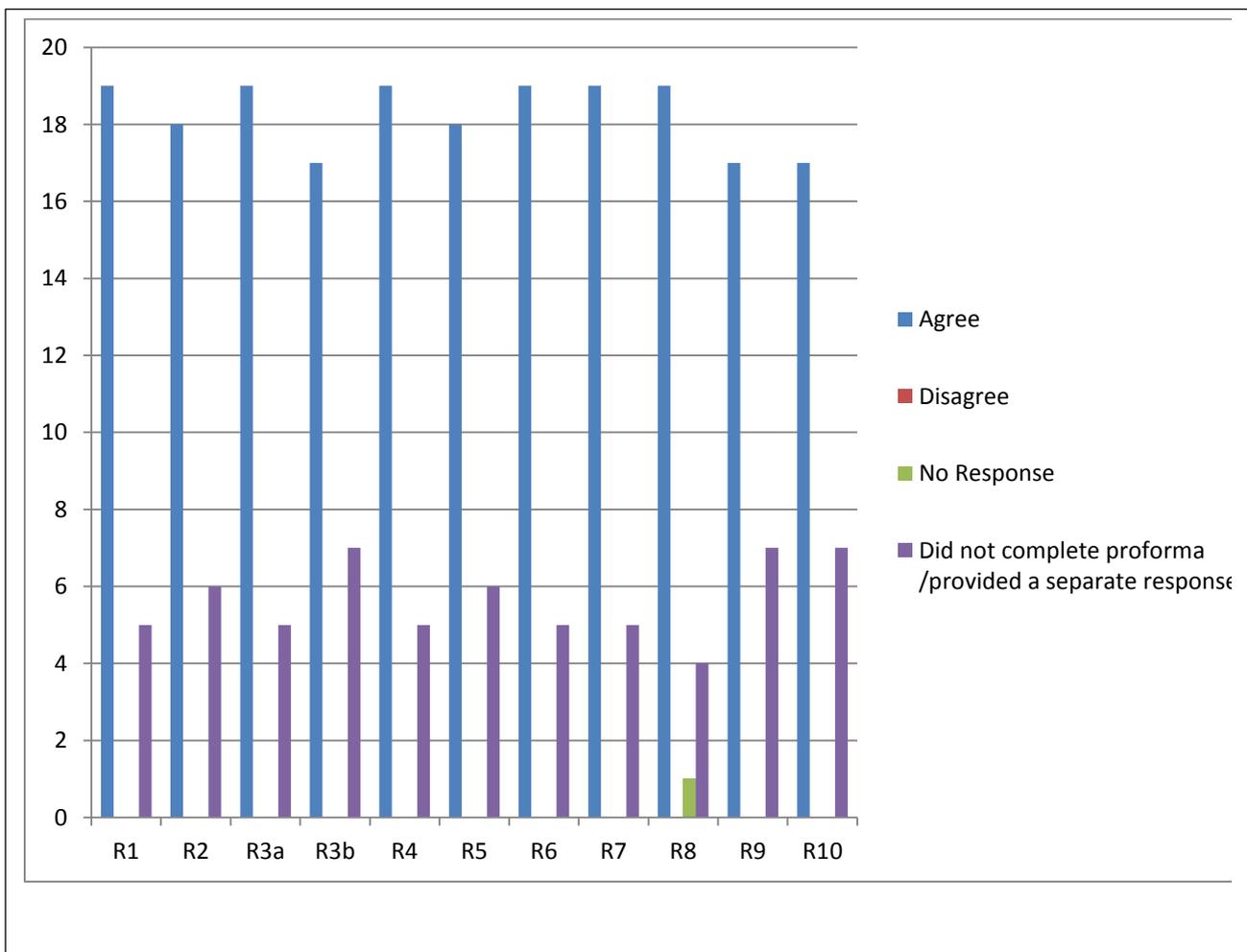
8.5   List of Respondents to the Consultation

8.5.1 Organisations

The following is a list of organisations who responded to the consultation.

Organisation	Name	Job Title
Action on Hearing Loss (AoHL)	Dominic Stephens	Contracts & Tenders Manager
Association of Sign Language Interpreters (ASLI)	Gail Ann Dixon obo ASLI Board of Directors	Chair of Board
Autism NI	Arlene Cassidy	CE
Belfast HSC Trust	Orla Barron	Health & Social Inequalities Manager
British Deaf Association (BDA)	Majella McAteer	Community Development Manager NI
Disability Action	Karen Hall	Deputy CE
Foyle Deaf Association	James Gallen	N/A
Hands That Talk	Liam Hegarty (obo Hard of Hearing individuals known to Hands That Talk)	Trustee
Northern HSC Trust	Tony Stevens	Chief Executive
Royal College of GPs NI	Clare Higgins	Policy & Public Affairs Officer

8.5.2 Individuals

There were a total number of 27 individuals who responded to the consultation. These mainly comprised D/deaf / hard of hearing service users with some individual responses received from BSL/ISL interpreters, an AoHL volunteer, a retired BSL teacher, carers and others who did not disclose their job title.

8.5.3 Facilitated Engagement Events

A total number of 197 D/deaf / hard of hearing/ Deafblind individuals attended one of 24 engagement events as follows:

BDA Engagement events with HSCTs			
Trust Area	Location of Event	Date	Number of Attendees
Northern HSCT	Maghera	9 June 2016	5
Northern HSCT	Ballyearl	16 June 2016	19
South Eastern HSCT	Lisburn	21 June 2016	19
Western HSCT	Derry/ Londonderry	23 June 2016	17
South Eastern HSCT	Bangor	23 June 2016	10
Southern HSCT	Lurgan	24 June 2016	13
Belfast HSCT	Belfast	30 June 2016	15
Western HSCT	Omagh	30 June 2016	9
Southern HSCT	Newry	03 June 2016	12
Total		**9**	**119**

Newry Deaf Club Event	
Date	Attendees
09/09/16	10

Hard Of Hearing Engagement Events		
Health & Social Care Trust	**Date of Hard of Hearing Engagement**	**Number of attendees**
Belfast	27 September 2016	3
Northern	27 October 2016	Not recorded
South Eastern	26 September 2016	5
Western	18 October 2016	6
	10 October 2016	12

Hearing Link NI Events

Event	Date	Attendees
Lipreading Group sessions	16/6/16 & 21/6/16	8
Volunteer group	9/8/16	5 (experienced volunteers, with personal experience of hearing loss, who have also reflected responses from others they have spoken to)
Information & Awareness Session	17/8/16	5
Self-Management Programme participants	28/9/16 & 26/10/16	8
Intensive Rehabilitation Programme participants (Residential)	17/10/16 to 21/10/16	12
Deaf Blind Event	Date	Attendees
SENSE	17/11/14	4

For the purpose of analysis in section three each event was counted as one overall response/submission.

9.0 Glossary of Terms

Association of Sign Language Interpreters (ASLI)	The Association of Sign Language Interpreters (ASLI) is a professional association encouraging good practice in Sign Language interpreting, and representing the profession in the UK. www.asli.org.uk/
Action on Hearing Loss (AoHL)	Action on Hearing Loss is the trading name of the charitable company limited by guarantee, The Royal National Institute for Deaf People (RNID). It is registered as a charity (No. 207720 England and Wales and SC038926 Scotland), and as a company (No. 454169). It is a national charity that provides communication services alongwith other services.
British Deaf Association (BDA)	The British Deaf Association (BDA) is a deaf-led British charity that campaigns and advocates for deaf people who use British Sign Language.
British Sign Language (BSL)	British Sign Language (BSL) is a sign language spoken in the United Kingdom (UK), and is the first or preferred language of some deaf people in the UK; there are 125,000 deaf adults in the UK who use BSL plus an estimated 20,000 children
Business Services Organisation (BSO)	The Business Services Organisation provides a broad range of regional business support functions and specialist professional services to the health and social care sector in Northern Ireland.
D/deaf	D/deaf is a term used to cover all people with some type of deafness and includes those who are: • Hard of hearing people have a slight to moderate hearing loss and will probably wear one or two hearing aids. They have difficulty hearing speech clearly, but are generally able to join in everyday activities. • Partially deaf people have a more severe hearing loss which significantly affects everyday activities and communication. They may use both speech/lip-reading and sign language and probably wear hearing aids. • Profoundly deaf people have little or no useful hearing and while some may wear hearing aids these do little more than assist with environmental awareness and do not help much with the understanding of speech

	This last group of profoundly deaf people can be further subdivided into people who are:
	'deafened' people have lost most or all of their hearing after childhood. Speaking was their first communication method so they use speech and lip-reading, but some may use Sign-Supported English; others choose to use BSL (British Sign Language) or ISL (Irish Sign Language) **'deaf'** people, with a **lower-case 'd'**, are those born profoundly deaf, but choose to use speech and lip-reading and regard English as their first language. **Deaf** people are those who use British/ Irish Sign Language as their first or preferred language and are known as 'Deaf' with a **capital 'D'**. They regard themselves as a linguistic and cultural minority and have a separate 'Deaf Culture' and a thriving deaf Community. There are more than 66,000 Deaf BSL users in Britain today.
Equality Impact Assessment (EQIA)	If a policy shows a possible 'adverse impact' on any group, the public authority must consider how this might be reduced. This would include how an alternative policy might lessen this effect and serve to promote equality of opportunity and good relations.
Hands that Talk (HTT)	Hands That Talk is a regional Registered Charity, **Charity no. 100158;Company no. 47688** Hands That Talk provides a range of supportive services including: **Interpreter services** for both British Sign Language (BSL) and Irish Sign Language (ISL) alongside other services.
Hard of Hearing (HoH)	"Hard of hearing people" is used as a definition to describe all groups of hard of hearing individuals, covering everybody with a hearing loss, ranging from light hearing loss to adult, profoundly deafened users. Unlike pre-lingual Deaf people, hard of hearing people develop and use the spoken language (with or without supportive signs). (European Federation of Hard of Hearing People [EFHOH])
Health & Social Care Board (HSCB)	The Regional Health and Social Care Board known as the Health and Social Care Board.
'Health & Social	Means the five Health and Social Care Trusts (HSC

Care Trusts' (HSCTs or Trusts)	Trusts) who provide integrated health and social care services across Northern Ireland: Specifically the Belfast HSC Trust, South Eastern HSC Trust, Western HSC Trust, Southern HSC Trust and Northern HSC Trust. HSC Trusts manage and administer hospitals, health centres, residential homes, day centres and other health and social care facilities and they provide a wide range of health and social care services to the community. There is a sixth HSC Trust, namely the Northern Ireland Ambulance Service, which operates a single Northern Ireland wide service to people in need and aims to improve the health and well-being of the community through the delivery of high quality ambulance services.
Interpreter	Interpreters allow communication to take place between people who are deaf and for whom British Sign Language/ Irish Sign Language is their first language and hearing people. Some people with a dual sensory loss or Deafblind people require more specialist interpreting such as Visual Frame, Hands-on or Manual interpreting. - A Manual Deafblind Interpreter touches different parts of a Deafblind person's hands, denoting letters, and in this way spells out words. - A Hands-on Deafblind Interpreter places their hands beneath the Deafblind person's hands, allowing the latter to follow their movements and the shape of their BSL/ ISL signs. - A Visual Frame Deafblind Interpreter signs on a much smaller scale than for a Deaf person, according to the person's visual needs.
Irish Sign Language (ISL)	Irish Sign Language (ISL) is the sign language of Ireland, used primarily in the Republic of Ireland and many parts of Northern Ireland.
Lip speaker	A lipspeaker is a hearing person trained to repeat a **speaker's** message to lipreaders accurately, without using their voice. They produce clearly the shape of words, the flow, rhythm and phrasing of natural speech and repeat the stress as used by the **speaker**.
Loop systems	A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by

	people with hearing aids. The hearing loop provides a magnetic, wireless signal that is picked up by the hearing aid when it is set to 'T' (Telecoil) setting.
National Register of Communication Professionals working with Deaf and Deafblind people (NRCPD)	NRCPD exists to protect the public by regulating communication and language professionals who work with deaf and deafblind people. NRCPD hold Registers of interpreters for deafblind people, lipspeakers, notetakers, sign language interpreters, sign language translators and speech to text reporters. NRCPD is currently a voluntary regulator, but would support communication and language professionals being regulated by law. For more information go to www.nrcpd.org.uk
Regional Communication Support Services Review (RCSSR)	Following recommendation by the RQIA Review of Sensory Support Services in Northern Ireland (2011) the Health and Social Care Board completed the Regional Communication Support Services Review (RCSSR) in January 2016. Further information can be found at www.hscboard.hscni.net/get-involved/consultations/consultation-communication-support
Regulation and Quality Improvement Authority (RQIA)	The RQIA is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.
SENSE	**Sense** is a national charity that supports people who are deafblind, have sensory impairments or complex needs, to enjoy more independent lives.
Video Relay Service (VRS)	VRS: allows for communication between two people in different locations with at least one of the individuals being Deaf (for example, a Deaf patient at home uses 'video chat' to sign to an interpreter who then in turn makes the requested voice call to the GP surgery to make an appointment)
Video Remote Interpreting (VRI)	VRI enables two people, who speak different languages, in the same location (for example, a doctor and a patient) to communicate by using the services of a remote interpreter.
Visual Language Professionals (VLP)	Visual Language Professionals (VLP) was established in 2010 for British Sign Language interpreters to support each other on a local and national basis, to promote and

	maintain high standards of sign language interpreting and encourage good practice throughout the profession. Since then VLP has expanded membership to include other fully qualified communication professionals who work with deaf people: Deafblind communicators, BSL/English Translators and Lipspeakers. Further information can be found at www.vlp.org.uk