



## **NHSGGC Staff Guidelines**

**Working with people who are affected by  
Deafness, including those who are Deafblind**

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## What do we mean by Deafness?

deafScotland, formerly known as Scottish Council on Deafness, explain

Deafness as existing across a spectrum of four key pillars;

1. Deaf / Deaf Sign Language Users
2. Deafened
3. Deafblind
4. Hard of Hearing.

The distinction between the four pillars is indicative of the different levels/types of hearing loss someone can experience and, consequently, the different barriers individuals may have to overcome in relation to language and communication (deafScotland 2019).

This document recognises that language can be a contentious issue. For example whilst the phrase “hard of hearing” is used within the four key pillars, many people would prefer the term “person with a hearing loss”. If in doubt, check with the individual concerned which phrase should be used.

Scotland has 12,500 Deaf/Deaf Sign Language users, 355,000 Deafened people, 4000 Deafblind people and 600,000 people who are hard of hearing (deafScotland 2018 [SCOD website]).

These figures highlight the importance of ensuring NHSGGC continually addresses its commitment to improving communication and services for people who are affected by Deafness.

### (i) Deafness – two main types

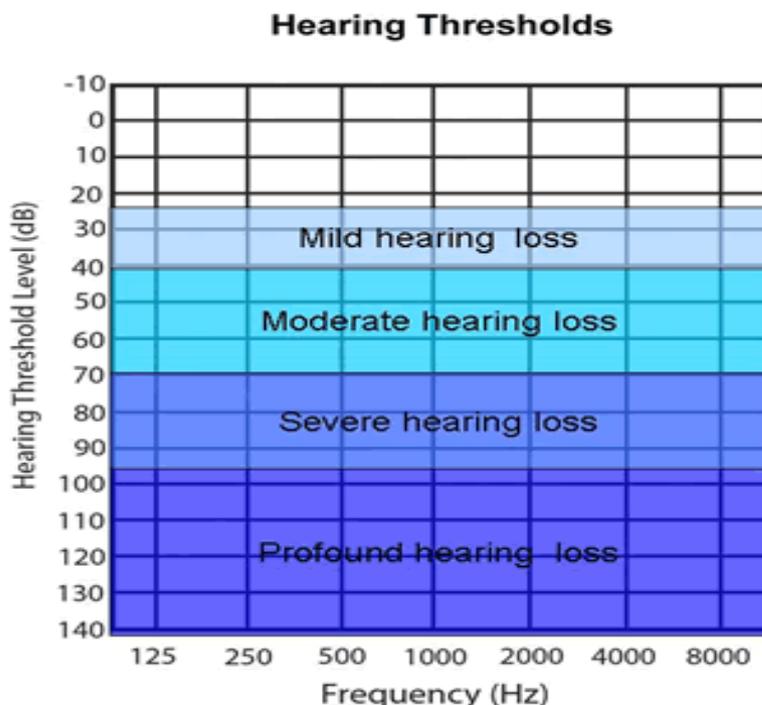
Due to a range of genetic and environmental factors, some people experience a lack of sound signals reaching the brain. This result of this is Deafness his happens in two main ways;

- **Sensorineural** hearing loss is the result of damage to the hair cells inside the inner ear or damage to the hearing nerve (or both). It changes your ability to hear quiet sounds and reduces the quality of the sound that you hear. It is permanent.
- **Conductive** hearing loss happens when sounds cannot pass from your outer ear to your inner ear, perhaps due to a blockage such as ear wax. Sounds become quieter and sometimes sound muffled. This hearing loss can be temporary or permanent.

People can have a combination of the both sensorineural and conductive hearing loss (AOHL 2018 [2]).

## Levels of Hearing Loss

Whatever the cause of a person's hearing loss (sensorineural, conductive or a combination) the effects manifest themselves at different levels;



([http://www.sciponline.co.uk/sitepix/page\\_pix/hearing\\_loss\\_graph.gif](http://www.sciponline.co.uk/sitepix/page_pix/hearing_loss_graph.gif))

➤ **Mild hearing loss:**

With a mild hearing loss the quietest sound which can be heard is 25 - 39 decibels (dB). This can sometimes make following speech difficult, particularly in noisy situations.

➤ **Moderate hearing loss:**

With a moderate hearing loss the quietest sound which can be heard is 40 - 69 dB. This can sometimes make it difficult to follow speech difficult without hearing aids.

➤ **Severe hearing loss:**

With a severe hearing loss the quietest sound which can be heard is 70 - 94 dB. A person with this level of hearing loss will usually need to lipread or use sign language, even with hearing aids.

➤ **Profound deafness:**

With a profound hearing loss the quietest sound which can be heard is 95 dB+. A person with this level of hearing loss will usually need to lipread or use sign language

(ii) What do we mean by Deafblindness?

There is no singly accepted definition of Deafblindness, however, a commonly used one is:

“Persons are regarded as Deafblind if they have a severe degree of combined visual and auditory impairment resulting in problems of communication, information and mobility” (Breaking Through Report 1988 cited in Deafblind Scotland 2018 [1]).

This does not always mean complete visual and/or auditory loss and, indeed, it should be recognised that there a range of people who could be described as ‘Deafblind’.

## Legislative Context

Building on over forty years of separate pieces of equalities legislation, The Equality Act 2010 (NHSGGC/Equalities in Health 2018), serves to combine and improve upon the measures contained within that range of legislation. This covers a range of “protected characteristics”; namely, Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation. The 2010 Act also has a Public Sector Equality Duty which requires public bodies to have;

“due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities...The broad purpose of the equality duty is to integrate consideration of equality and good relations into the day-to-day business of public authorities.”

(Equalities & Human Rights Commission [EHRC] 2016).

The consideration of equality and good relations in NHSGGC’s daily business is fully explained in the document “A Fairer NHS Greater Glasgow & Clyde” (NHSGGC 2018). It details the ways in which NHSGGC is fully committed to ensuring equalities issues are addressed regardless of race, disability, gender, sexual orientation, religion, age, Trans status, socio-economic status and/or social class.

The relevant legislation also makes provision for reasonable adjustments to be made which take account of what an individual requires in order to access any service in an equitable manner. For

example, in relation to people who are Deaf, Deafblind or hearing impaired\*, NHSGGC must be proactive in providing accessible information (2018 [2], Spoken Language, British Sign Language and Communication Support (NHSGGC 2018 [3]) and in ensuring assistance dogs are welcomed into its departments and services where appropriate (NHSGGC 2018 [4]).

## Barriers to Accessing Health Care for People Affected by Deafness

Thousands of people with lived experience of Deafness struggle to make sure they are understood by healthcare professionals on a daily basis (NHSGGC, 2011). This is in sharp contrast to modern healthcare's great emphasis upon providing information to enable people to make healthy choices. The level of services Deaf people receive in both GP surgeries and hospitals often falls short of what they could reasonably expect. For example, in 2014, Sign Health – The Deaf Health Charity found that,

“When sign language users finally get to see their doctor, they're forced to communicate in ways that cause misunderstandings, confusion, missed diagnosis and poor treatment. 8 in 10 Deaf people want to use sign language, 3 in 10 are given the chance”

(Sign Health 2014).

Recent research by AOHL [597 respondents from across each of Scotland's 14 regional NHS health board areas] confirms that this is often still the case, for example;

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\* 'Impaired' is the terminology used within the legislation

- 3 in 5 respondents said they do not always get all the information needed at GP appointments
- Half of those who don't always get all the info needed at health appointments said it's because the doctors/nurses didn't check if they were understood
- Only one in five respondents said hearing loops are available at health service receptions

(AOHL [3] 2018).

NHSGGC Equalities & Human Rights Team has further highlighted difficulties with lack of consistency in information given to Deaf people in its Audiology Services Patient Survey Report (covering 8 NHSGGC audiology departments, 734 respondents from 800 questionnaires);

“Many people described a lack of information regarding aspects of NHSGGC Audiology services and a significant number also described a lack of information regarding other sources of help and advice that exist to support them with their hearing loss, although there was variation between departments “

(NHSGGC 2018).

Deafblind people also report difficulty accessing services. Such difficulties are often compounded by a lack of staff understanding with regards to the combination of both sight and hearing loss. It is, therefore, vital that both of these are taken into account in relation to access to buildings and services. Points which can aid access into and within buildings, for example, include good signage, lighting/colour contrasts, automatic doors, anti-glare glass and the

use of contrasting colours on floors and walls including stairs with handrails (NHSGGC 2011).

Appointment letters and other information should be available in the most appropriate format (See Clear to All - NHSGGC 2018 [2]).

## Role of NHSGGC Staff

All of the aforementioned information means that members of staff within NHSGGC require awareness of what good communication with people with sensory loss looks like in practice. This requires acknowledging the barriers which may be in the way of someone accessing services properly and the skills and knowledge to mitigate the effects of such barriers as well as a commitment to work towards their removal. Staff need to have;

- awareness of the range of sensory loss [described as impairment within equalities legislation] (contact NHSGGC Equalities & Human Rights Team; email - CITAdminTeam@ggc.scot.nhs.uk Tel - 0141 201 4560)
- awareness of different good communication techniques and how to access relevant language and communication supports (see appendix 4).
- patience and understanding with which to offer people clear explanation and reassurance in relation to their care.

All NHSGGC staff should;

- treat Deaf people, people with hearing loss and Deafblind people with dignity and respect.
- have awareness of the barriers to communication often experienced by patients who are Deaf, have hearing loss and who are Deafblind and check that patients have understood any information given (see appendices 2 & 3).
- document a patient's sensory loss - display this in case notes and/or at beds, if an inpatient (with patient's permission).
- actively inform patients of their entitlement and availability to language and communication support (see appendix 4).
- be aware of how to book a BSL interpreter, electronic note taker or other language and communication professional (see appendices 4 & 5)
- offer an extended appointment time for patients who require communication support.
- be aware of relevant information in accessible formats (see Clear to All NHSGGC 2018 [2]).
- be aware of how to operate the relevant equipment in the department, for example loop systems (see appendix 6) and know who is responsible for the maintenance and testing of the equipment.
- check patients' hearing aids if communication appears to have deteriorated or is difficult. Often it is a simple change of battery that is required. For further advice contact the audiology department.

- be aware of existing Fire Procedure - patients affected by deafness or those who are Deafblind will need alerted in the event of a fire evacuation.
- engage regularly with service users and obtain feedback from people with lived experience of Deafness or who are Deafblind. Involving them in service design will ensure that people's specific needs can be met (see NHSGGC 2018[5] for example or contact NHSGGC Equalities & Human Rights Team for information re potential methods of involvement)
- Ensure relevant equipment (e.g. portable loops) is routinely available at staff meetings, training and any consultation events.
- Consider awareness training in relation to Deafness and Deafblindness as part of ongoing development.
- be able to signpost patients to specialist organisations who can offer additional support, for example, AOHL, Deafblind Scotland and deafScotland (see also appendix 7).

## Appendix 1 - Summary of Guidelines for Practice

All members of NHSGGC staff should;

- Treat all those who experience Deafness or who are Deafblind with dignity and respect.
- Always check the barriers to communication experienced by an individual. This should include asking work colleagues /staff with Deafness.
- Communicate with patients about their appointments in an appropriate format (see Clear to All - accessible information policy {NHSGGC [2]} and Spoken Language, British Sign Language and Communication Support Interpreting Policy {NHSGGC [3]}).
- Actively inform patients of their entitlement and availability to communication support and information in different formats
- Check that the patients have understood the information given
- Record patients' language and communication needs (with their permission) so that the relevant information is clearly visible in the person's case notes and/or at their bedsides
- Ensure the relevant awareness training is part of continuing training/development plans.
- Be able to signpost people with Deafness or who are Deafblind to specialist organisations who can offer additional support.

## Appendix 2 – Deafness and Communication

- Always face a deaf person 3-6ft apart
- Don't move around or turn away
- Even if someone is wearing a hearing aid it doesn't mean they can hear you - ask if they need to lip read
- If you are using communication support always remember to talk directly to the person you are communicating with, not the language and communication professional
- It is important to make sure you have face-to-face or eye-to-eye contact with the person you are talking to
- Make sure you have the listener's attention before you start speaking. If there are several people in a room, don't all speak at once
- Speak clearly but not too slowly, and don't exaggerate your lip movements. Do try to announce well.
- Use natural facial expressions and gestures
- If you're talking to a Deaf person and a hearing person, don't just focus on the hearing person
- Don't shout. It's uncomfortable for a hearing aid user and it looks aggressive. It also distorts the lip pattern for those who can do some lip reading (Only 30% of information is picked up by this method)
- If someone doesn't understand what you've said, don't keep repeating it. Try saying it in a different way instead.
- Find a suitable place to talk, with good lighting and away from noise and distractions. Don't stand in front of a light or window
- Check that the person you're talking to can follow what you are saying. Be patient and take the time to communicate properly

- Provide visual aids where possible
- Use plain language and don't waffle. Avoid jargon and unfamiliar abbreviations

## APPENDIX 3 - Communication with people who are Deafblind

As Deafblindness can make communicating by speech and writing difficult, alternative forms of communication may be necessary.

However, speech and writing can still be used depending upon the level of hearing and sight a person has.

The main communication systems used by Deafblind people include:

- **clear speech** – speaking clearly is one of the most effective and common ways of communicating with Deafblind people who have some remaining vision and hearing
- **Deafblind manual alphabet** – a tactile form of communication where words are spelt onto the Deafblind person's hand using set positions and movements (<https://www.sense.org.uk/get-support/information-and-advice/communication/tactile-alphabet/>)
- **block alphabet** – a simple tactile form of communication where a word is spelt out in capital letters that are drawn onto the Deafblind person's palm (<https://www.sense.org.uk/get-support/information-and-advice/communication/tactile-alphabet/>)
- **hands-on signing** – an adapted version of British Sign Language where the Deafblind person feels what's being signed by placing their hands on top of the signer's hand
- **visual frame signing** – an adapted version of BSL where the signs are adapted to be signed in a smaller space to match the position and size of a Deafblind person's remaining sight
- **braille** – a system that uses a series of raised dots to represent letters or groups of letters

- **moon** – similar to Braille, but uses raised, adapted capital letters that are simpler to feel

(NHS Inform 2018).

When communicating with Deafblind people directly;

- **Make sure you have the person's attention before trying to communicate with them.** Gently touching the top of the person's arm is a common way of attracting their attention without startling them, but bear in mind this may be inappropriate for individuals who have sensory processing difficulties. It is good practice to use vibration, for example tapping the floor, table or chair before offering touch. For those who have some vision and hearing, you should always begin interaction by first saying the person's name; this should be done at their level and within their visual field.
- **Identify yourself clearly.** This may be by saying or signing your name or offering your hand/face for the person to feel. You can also introduce yourself by offering a personal identifier for them to feel, this could be a distinctive bracelet or keyring that you always have with you to identify you. For some individuals, spelling out your name using the [Deafblind manual](#) may also be appropriate.
- **Check that you are in the best position to communicate.**
- **Try to make a connection.** If eye contact is difficult offer your hands for the person to touch. Respectfully mirroring the person's facial expressions, gestures and movements can be a way of

showing a person that you are listening. Show an interest in what they are doing, looking at or holding.

- **Be aware of the environment and adapt the conditions to suit the individual you are communicating with.** This will be different for different people, but may include avoiding noisy places with excessive background noise or environments that are visually busy or have poor lighting/overly glaring light, as these can make it difficult to concentrate when communicating.
- **When signing consider your clothing.** Where possible wear high contrast colours to your skin tone. Also, avoid wearing patterned tops as this can make it more difficult for the person to define your signs.
- **Speak clearly and a little slower, but don't shout.**
- **Make your lip patterns clear without over-exaggerating.**
- **Keep your face visible – don't smoke, eat, or cover your mouth whilst speaking.**
- **Use gestures and facial expressions to support what you are saying.**
- **Repeat phrases or re-phrase the sentence, if necessary.**
- **Be aware that communicating can be hard work. Take regular communication breaks.**
- **Try Writing Things Down.** You might need to experiment with different sizes of letters and different coloured paper and pens. You can also use pictures, photos, drawings or objects in the environment as props to help explain or reinforce what you are

saying. Tablets or phones are another good way of offering images to support communication.

- **For phone conversations, consider using a text relay service such as Next Generation Text (see appendix 6).**

(Sense 2018).

For further advice regarding communicating with Deafblind people including working with guides (one to one support for Deafblind people) contact;

- Deafblind Scotland 1 Neasham Drive, Lenzie, Kirkintilloch, Glasgow G66 3FA Telephone 0141 777 6111 Mini com 0141 777 5822 Text 07715421377 Email us at [info@dbscotland.org.uk](mailto:info@dbscotland.org.uk)
- Sense Scotland Head office: TouchBase, 43 Middlesex Street, Glasgow G41 1EE Tel: 0300 330 9292 [info@sensescotland.org.uk](mailto:info@sensescotland.org.uk)

## Appendix 4

### Interpreting Services

It is the responsibility of NHSGGC staff to provide an interpreter or other language and communication support for patients attending any of our healthcare services. Please note that the provision of interpreters is paid for directly by NHSGGC and, therefore, there will be no cost to your service.

#### **Booking a British Sign Language Interpreter (BSL), Electronic Notetaker or Speech to Text Reporters**

To book a BSL interpreter and communication support contact the NHSGGC Interpreting Service.

Patients may have a preferred language and communication professional that they would like to use for their appointment. This information should be passed on to the Interpreting Service who will make the booking. It may not always be possible to use the patients preferred choice.

NHSGGC Interpreting Service (8.00am - 6.00pm Mon-Fri, 8.00am - 4.00pm Sat-Sun)

E-mail: [interpretingservice@ggc.scot.nhs.uk](mailto:interpretingservice@ggc.scot.nhs.uk)

Tel: 0141 347 8811

#### Out of Hours Procedures

When the Interpreting Call Centre is closed, please contact the patient's

preferred agency, if provided, or call 0141 347 8811 to be connected to an appropriate service.

Where possible staff should book language and communication support in advance of any appointment. In an emergency, or if you require an interpreter within the next 24 hours, please call the booking centre and explain the circumstances.

### **BSL Online Interpreting Service**

This service allows staff to communicate with Deaf BSL patients while waiting for a face to face interpreter to arrive. It is particularly useful in emergencies and for unplanned visits and can be used during hospital stays when an interpreter is not yet present. BSL Online is now available at hospital sites across NHS GGC. [Click here for more information.](#)

### **Communicating with Deaf patients by phone - [BSL Video Relay Interpreting Service](#)**

On some occasions a patient may require a sign language interpreter in another form of sign language other than BSL – please contact the Interpreting Service for advice. For example, if the patient is not born here but learned sign language in another country. In this circumstance an International Signer could be booked.

Note takers and lip speakers for those who are hard of hearing can also be booked through the interpreting service.

## **Booking a Deafblind Communicator**

Contact Deafblind Scotland on **0141 777 6111** (9.00am - 5.00pm - Mon-Fri)

Out of Hours, call **07715 421 388**

## Appendix 5

### Working with Interpreters – Staff Guidelines

It is the responsibility of NHS staff to book interpreters and other language and communication professionals when required.

The following guidelines will help you maintain a good relationship with the patient and the language/communication professional and ensure that any communication needs are met.

Allow a short time at the beginning and the end of the session to brief/de-brief the language and communication professional.

Speak directly to the patient in short, manageable phrases which will allow the language and communication professional sufficient time to translate.

Use straightforward language, avoiding jargon and technical terms.

Allow enough time for the interpreter to interpret without interrupting.

Check that the patient has understood and ask if they have any questions.

Be aware that the patient or language/communication professional may need a short break.

Check how the language and communication professional is feeling afterwards, particularly if it was an emotional session.

Finally, please remember that language and communication professionals are there solely to interpret/communicate what is being said. They should not be asked for their opinion or to assist with filling in forms or translating materials.

## Appendix 6 – (i) How to use contact Scotland

### (ii) How to use a Portable Loop System

#### (i) How to use contactSCOTLAND

Calling a Deaf person

The person you are calling needs to have downloaded the contactSCOTLAND-BSL/interpreternow software app and be online

1. Call 0131 510 4555 to connect to the online interpreter – using your usual phone
2. Give the online interpreter the name of the person you wish to call
3. Subject to the Deaf person you are calling having downloaded the app and being ‘logged in’, the online interpreter will be able to connect you immediately  
The interpreter will relay the call between you and the Deaf person.

Receiving a call from a Deaf person

Answer the call your usual way – our interpreter at contactSCOTLAND will speak to you (interpreting what the Deaf person is signing) and sign to the Deaf person (interpreting what you are saying).

Some patients may use Next Generation Text (<https://www.ngts.org.uk/>) a BT provided service.

Further information about Next Generation Text and what to expect when using it can be found at ;

<https://www.ngts.org.uk/how-to-use-ngt/ngt-for-hearing-people.html>

## **(ii) How to Use a Portable Loop System**

A portable induction loop system is used to assist people who are hearing impaired. It transmits a sound system directly to a hearing aid equipped with a telecoil or “T” position. Loop systems can help reduce or cut out background noise, helping to hear sound far more clearly. They work when the hearing aid is switched to the “T” position: some hearing aids automatically tune to this frequency.

### Portable Induction Loop Guidance

If a patient requests the use of the induction loop please note the following;

- There is an on/off button and dual colour on the unit.
- To turn the unit on, press the green ON button. The LED will illuminate green to indicate that the unit is operational
- Place the unit in a suitable location between the patient and staff, turn on and talk normally
- The unit can be placed both vertically and horizontally
- A flashing light will flicker orange to indicate the unit is receiving speech or other sound
- To turn the unit off, press and hold the red OFF button until the LED goes out
- The range of the unit is 1.5 metres
- Ensure that the unit has been appropriately charged i.e. at least 16 hours. However, the unit can be operated whilst charging
- A constant light is illuminated during charging
- The unit will operate continuously for 4 hours fully charged

## Appendix 7 - Useful Contacts

- AOHL Empire House, 131 West Nile Street, Glasgow G1 2RX. Telephone 0141 341 5330 Text phone 0141 341 5350 Email [scotland@hearingloss.org.uk](mailto:scotland@hearingloss.org.uk)  
<https://www.actiononhearingloss.org.uk/about-us/our-work-across-the-uk/scotland/>
- British Deaf Association (BDA) Suite 58 Central Chambers  
93 Hope Street Glasgow G2 6LD T: **0141 248 5565**  
<https://bda.org.uk>
- National Deaf Children Society- Scotland Empire House 131 West Nile Street, Glasgow G1 2RX · 0141 354 7850  
<https://www.ndcs.org.uk>
- East Dunbartonshire Sensory Impairment Team Social Work Department, Kirkintilloch Health and Care Centre, 10 Saramago Street, Kirkintilloch, Lanarkshire, G66 3BF 0300 123 4510
- East Renfrewshire The service aims to provide information, advice and practical support to adults and children who are experiencing a sight loss. Single Point of Access (SPOA)  
Tel: 0141 451 0866
- deafScotland (formerly Scottish Council on Deafness)
- Care of The ALLIANCE, The Venlaw Building 349 Bath St  
Glasgow G2 4AA Tel (v): 0141 248 2474 SMS: 07925 417 338

Email: [admin@scod.org.uk](mailto:admin@scod.org.uk) BSL users can contact us using [contactSCOTLAND-BSL](https://www.scotlandbsl.org/), the online British Sign Language interpreting service.

- Deafblind Scotland 1 Neasham Drive, Lenzie, Kirkintilloch, Glasgow G66 3FA Telephone 0141 777 6111 Mini com 0141 777 5822 Text 07715421377 Email us at [info@dbscotland.org.uk](mailto:info@dbscotland.org.uk)
- Deaf Connections 100 Norfolk Street, Glasgow, G5 9EJ 0141 420 1759
- Glasgow Health & Social Care Partnership, Centre for Sensory Impaired People 17 Gullane Street, Partick, Glasgow G11 6AH - 0141 276 5252
- Inverclyde Centre for Independent Living 10-16 Gibshill Road Greenock PA15 2UP Telephone 01475 714 350
- Sense Scotland Head office: TouchBase, 43 Middlesex Street, Glasgow G41 1EE Tel: 0300 330 9292  
[info@sensescotland.org.uk](mailto:info@sensescotland.org.uk) <http://www.sensescotland.org.uk>
- Renfrewshire Council offers a range of services to residents with a significant sensory impairment - Adult Services Referral Team (ASeRT) Single Point of Access (SPOA) 0300 300 1380  
[adultservicesreferral.sw@renfrewshire.gov.uk](mailto:adultservicesreferral.sw@renfrewshire.gov.uk)
- West Dunbartonshire Sensory Impairment Team 16 Church Street Dumbarton G82 1QL 01389 776499



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<http://www.equalitiesinhealth.org/Link-Files/NHSGGC%20Assistance%20Dog%20Policy%202015.pdf>  
(currently under review Dec'18)

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available via NHSGGC Equalities and Human Rights Team

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