CONSULTATION QUESTIONS

1. The strategy outlines a care pathway (page 10).

(a) If you are a service user and/or carer, please tell us what difference you believe the implementation of the pathway will make to the services you experience.

N/A

(b) How can we best ensure that services and support meet your needs?

N/A

(c) If you are a care provider, what changes will you need to make to implement the pathway?

N/A

(d) How will you make these changes?

N/A

2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

(a) Which of the key factors are most important for a successful pathway?

When we use the terms “deaf” and “deafness” in this response, we are referring to anyone with a range of hearing loss and / or Deafblind people.

For deaf people, the greatest barrier is communication. Statutory services are rarely fully accessible to deaf people in their own language. For many, British Sign Language (BSL) is the appropriate form of communication, but for the majority we must make sure that services are accessible in English.

The most effective way to make sure that is the case is to establish a register of deaf people in Scotland. This could be collated by NHS Scotland, perhaps through GP services as this may be more effective and easier to share than using local authority social work services. The localised approach may lead to a lack of national standards and a “postcode lottery”.

The register could be built relatively simply by self-reporting and by the use of hearing tests as part of general health checks. These tests could be carried out at a pre-determined age or time, such as when registering for NHS services. Referral for more detailed audiology hearing tests could follow this where required.

The register would not only state the nature of someone’s deafness, but also establish their preferred communication methods. If this information was shared across statutory services, it would enable the provider to make sure that they provided the appropriate professional communication support for that person when they accessed the service. This would avoid the current situation where a deaf person may not hear their name being called by the health professional and thus miss their appointment.

(b) Which are the most challenging to put in place?

All of the key factors are challenging, or they would already be in place, however the key to their success is the Scottish government. If the will is there, this can be achieved by the Scottish government establishing a national approach and establishing genuine partnerships between statutory services, specialist sensory organisations and people with a sensory impairment themselves.

(c) Do you think that any key factors have been missed?

Deaf people need communication support to be able to access public services, and this must be established at the earliest opportunity. Without this, for example within the NHS, proper care, assessment, diagnosis and understanding will not be possible.

We welcome the recognition of the key factors which are set out within this section, particularly the commitment to sensory impairment awareness raising training. This must cover the needs of deaf people and the communication tactics which would be key to signposting and directing them to where they should be within the service.

We would also like to see the training go further, with a commitment to make sure that there is a proportion of public services staff who can understand and communicate in British Sign Language (BSL).

3. The strategy identifies areas for action that should be addressed going forward (Page 13-16)

(a) Which of the areas for action will be the most challenging to implement?

Each of the recommendations will be challenging to implement, however we would draw attention to the following;

1. Funding constraints will be an important factor, but it is important to recognise that better planning for those with a sensory impairment will save both time and money for public services. For example, if a hospital department is expecting a Deaf BSL user to attend, they can arrange in advance for an NRCPD-registered BSL / English interpreter who is safe to practice ("sign safe") in this environment is present. This means fewer missed appointments, misunderstandings and repeat referrals as a result of communication barriers.
2. This is an important consideration and we would be open to suggestions as to when and how this is achieved. We already identify and test patients of a certain age for conditions such as prostate or breast cancer for example. A simple, initial hearing test could be a useful starting point for further investigation as is appropriate.
3. We welcome the recommendation to ensure that frontline staff have sensory impairment awareness training. We would again ask for this to have a strong element of deaf awareness and communication tactics. This should also go further with some staff having British Sign Language training as well.
4. There must be a drive from the Scottish government to make sure that we have an established set of national standards which local partnerships must adhere to. Local solutions are often better than a one-size-fits-all approach; however without the support of a strong centre, there is a risk of a lack of consistency and focus, leading to a "postcode lottery".
5. We welcome this and would suggest that this strengthens the need for a deaf register. We would be flexible in our suggestions as to how this was administered, but feel that the NHS may be the most appropriate and simplest way to achieve this. This would allow portability when someone moved home from one part of the country to another, and negate the possibility of the need to re-register with another local agency for example.
6. We know that many statutory bodies are currently non-compliant with the

equality act 2010. This is because they are inaccessible to deaf people because of the communication barriers that they face. Deaf people must be able to access public services in their own language in order for the service to be compliant with the act.

(b) Which of the areas for action will make the biggest difference and why?

We believe that each of the areas will make a significant difference to deaf people, but we will point to the following necessary actions;

3. Deaf awareness training and communication tactics training.

5. The establishment of a deaf register.

6. Compliance of public bodies with the equality act 2010.

(c) Are there any other areas for action that you would like to see included within the strategy?

1. Have more frontline staff trained in British Sign Language (BSL).
2. Make sure that all public bodies commit to only use registered communication professionals who meet the national occupational standards for their field. For example, statutory services to use only “sign safe” BSL / English interpreters.
3. A commitment to fully engage with deaf people and the deaf sector, particularly with the umbrella body, the Scottish Council on Deafness (SCoD). SCoD represents organisations working with and on behalf of Deaf BSL users, deafened, deafblind and hard of hearing people.

4. Please comment on the current provision of sensory impairment services as either a service provider or service user. If you have any experience of sensory impairment services, please let us know what you think of them: this should include any experience of one-stop shops.

Deaf people cannot access public services when they need them in their own language.

5. What difference will the implementation of the strategy make to your life?

N/A

6. Does this strategy properly reflect the current climate and developments in policy and practice for children and young people particularly in relation to the Getting it Right for Every Child approach and the Doran Review?

Yes, this fits with the current direction of travel.

7. Do you have anything you wish to add to the Sensory Impairment Strategy or any other general comments that have not been covered by the questions?

We welcome the strategy and hope that the Scottish government will take heed and act upon the comments from deaf people and the deaf sector. The strategy must become practice and not just a well-meaning piece of paper.