

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.

BDA Scotland and the Deaf community think that it is a good idea to have a care pathway for d/Deaf people who need support from different service providers. However, this strategy seems to be designed for elderly people who are losing their hearing or sight.

Implementation of the pathway will encourage service providers to share information and notify different organisations especially in the third sector, e.g. BDA, NDCS, Deaf Action, Deaf Connections and etc. about a deaf person needing support.

It is also important that d/Deaf people are able to work with the service providers and encouraged to make their own decisions for their pathways.

They need full access to information about their care pathway in English and BSL – including their medical records.

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

All services and support in all sectors should be **Deaf and BSL aware** to able to meet the Deaf community's needs – e.g. health, education, social, goods.

Data sharing between education, health, social services and the third sector is fundamental in meeting the Deaf community's needs.

(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?

Key factor no.1

The referral route should be smooth and it is very important that education, health, social services and the third sector work closely together to provide the necessary support to an individual.

Key factor no. 2

Data sharing between education, health, social services and the third sector is fundamental to the success of the pathway.

Key factor no.3

Only appropriately trained staff should carry out assessments for those with sensory loss.

On case notes – health, education, and social work – there should be a note at the front of the file to let them know that the patient/ child or client is d/Deaf and needs a BSL/English interpreter for appointments.

Key factor no.4

All children get their hearing screened when they are born (Universal Newborn Hearing Screening service). However, children in their preschool year should also have hearing and sight tests before starting school. Vision screening is already being carried out for preschool children in Scotland and therefore, hearing screening should be carried out at the same time too.

Hearing screening could be also carried out at the same time as mammograms, bowel cancer screening for older people.

Key factor no.5

Deaf people and their families would appreciate a single point of access to services with an on-going contact. However, the Deaf community believes that the one-stop shop model, where deaf and visually impaired services are combined, will **not** work because deaf and visually impaired people have different needs. It will only work if both services are provided in one location for deaf people and visually impaired people separately. Deaf people are concerned about the one-stop shop model being used an excuse to close down their Deaf social clubs.

Key factor no.6

Deaf people – children or adults – should be involved in making decisions with key stakeholders.

Key factor no.7

This is crucial for Deaf people living in all over Scotland.

Key factor no.8

BDA Scotland and the Deaf community agreed that awareness training for the frontline staff was very important – also for teachers working with deaf children, medical staff and etc.

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

Key factor no.1

All staff involved in the referral process will require having knowledge of the framework and deaf and visual impaired awareness.

Key factor no. 2

Data sharing between education, health, social services and the third sector is fundamental to the success of the pathway. However, at present, it is very poor in many areas in Scotland.

Key factor no.3

All staff involved in the assessment process will require training.

Key factor no.4

Screening preschool children for hearing loss will be difficult to introduce because all health visitors will require training.

Key factor no.5

The Deaf community believes that the one-stop model, where deaf and visually impaired services are combined, will **not** work because deaf and visually impaired people have different needs. Deaf people from Aberdeen are frustrated with their services based in a one-stop shop. Deaf people are concerned about the one-stop shop model being used as an excuse to close down their Deaf social clubs.

Key factor no.6

Getting key stakeholders to respect the d/Deaf people and their families when they make their own decisions for their pathway.

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

Linguistic access

Deaf children have the right to develop a first fluent language under the age of 5 according to United Nations Convention on the Rights of the Child (articles 12,13, 23, 30 and 40) and the United Nations Convention on the Rights of Persons with Disabilities. Deaf people having linguistic access means access in education, employment, health and social with aid from qualified and registered BSL/ English interpreters or staff who can communicate in BSL. However, we are still facing poor linguistic access for deaf people in Scotland in all sectors.

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?

Recommendation 1

BDA Scotland thinks that the audit is important however it will be difficult to identify all hidden costs – e.g. the effect of sensory loss on their lives and some people will have additional health problems including deafness or visually impairment. How will the people who are doing the Audit know what is fair for d/Deaf, deafblind, deafened, hard of hearing and visually impaired people – how do they know that all are

receiving equal access to services or not? BDA Scotland and the Deaf community want to know who will be doing the Audit? We are concerned that funding will be removed from current services to start up an experiment of one-stop shops.

Recommendation 2

BDA Scotland and the Deaf community believe that it is necessary that only appropriately trained people are able to do the screening e.g. Newborn Hearing Screening. These trained staff should be able to give positive advice and support to parents. Parents should be able to make informed choices for their deaf babies. There is a danger of lack of attachment from the parents with the baby if they are notified too early about their baby's deafness or being given negative information about deafness – not giving them time to enjoy and bond with their baby.

Children in their preschool year should have hearing and sight tests before starting school. Vision screening is already being carried out for preschool children in Scotland and therefore, hearing screening should be carried out at the same time too.

Hearing screening could be also carried out at the same time as mammograms, bowel cancer screening for older people.

Recommendation 3

Mandatory training in sensory awareness is a good idea and people with personal experience of these sensory impairments should lead the training. Not only sensory awareness but also BSL linguistics awareness training is important.

Training should be carried out for all staff or professionals in health, education and social work; families and carers; frontline staff. Especially audiologists in hospitals. Deaf people have had problems with their audiologists not being deaf aware. They would call out for your name when your appointment is due – not approaching to a d/Deaf person in the waiting room. There is a concern because most audiologists are not able to communicate in BSL with Deaf patients. Some d/Deaf people were not able to lipread the audiologist because they would face away from the patient while talking.

Recommendation 4

Local partnerships should work together with people who are either deaf or visually impaired including children. There are third sector agencies working for deaf (e.g. BDA Scotland) or visually impaired people with considerable experience and they should be in the local partnerships on an equal basis with other agencies – e.g. health, education, and social – and with the deaf or visually impaired people.

Recommendation 5

BDA Scotland believes that it is very important to share information between agencies. Different organisations should work together to support a deaf or visually impaired person. The Deaf community wants to know what are the benefits and disadvantages of being registered – there is a debate going on – whether d/Deaf people should be registered or not like the visually impaired people's register.

Recommendation 6

BDA Scotland and the Deaf community consider this recommendation to be very important.

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

Recommendation 1

The Audit, if carried out fairly, will identify the necessary amount of funding required for all deaf and visually impaired people and their service providers.

Recommendation 2

Screening at different stages will make a difference because they will gain access to necessary support. Being diagnosed at NBHS will enable deaf babies to have access to language before the age of 5 especially if they are introduced to sign language when young.

Recommendation 3

Mandatory training for all staff in different sectors will enable deaf people to have accessible information in English and BSL.

Recommendation 4

This will only happen if local partnerships (social and health care agencies and third sector agencies) work together with people who are either deaf, visually impaired or deafblind including children.

Recommendation 5

This will only happen if local partnerships (social and health care agencies and third sector agencies) share information together and with people who are either deaf, visually impaired or deafblind including children.

Deaf people should have access to information from a wide range of sources – health, social, education and third sector agencies – to help them to make an informed decision on their care pathway. This includes Deaf people having access to their medical records.

Lots of deaf children are now receiving cochlear implants and being denied access to British Sign Language. They should be able to have access to sign language too to help them to develop a language before the age of 5. Deaf children and their parents or carers should be given a wider range of information on schools – not just mainstream schools – local partnerships should focus on what is right for the child and also for deaf adults.

Recommendation 6

BDA believes in that Deaf people should be fully participating and contributing as equal and valued citizens in the wider society. BDA also believes that it is important that we improve the quality of life by empowering Deaf individuals and groups and enhancing freedom, equality and diversity with protection and promotion of BSL. The Equality Act 2010 should help us to do this.

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

Empowerment and access to language, services and goods. Not all deaf people will need a 'care' pathway but they need to be encouraged to be independent and empowered.

Support for parents and carers – deaf and hearing

Multi-agency training programme for local partnerships

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.

Service provision in deaf education is not consistent all over Scotland with some deaf children receiving very little support in mainstream schools in some areas and others receiving more. Deaf children should be given a choice of access method – e.g BSL/English interpreting of high standard (qualified and registered) and/or communication support workers (CSWs – at least Level 6 BSL qualification), equipment, hearing aids, note-taking etc.

This is the same for social work provision all over Scotland. The number of social workers for the deaf has decreased dramatically over the years. Deaf people are concerned about having social workers with no deaf awareness or BSL skills.

Some Deaf people don't feel comfortable using services from the one-stop shops. They prefer to use specific services for Deaf/BSL users. Some one-stop shops are not deaf aware or do not use BSL to communicate with deaf people. BDA Scotland is requesting the Scottish Government to do further consultations on one-stop shops for the d/Deaf people and visually impaired people.

There are excellent specialist services for older Deaf people in Glasgow and Edinburgh such as Deaf Care support from Deaf Connections, Glasgow and Deaf Action in Edinburgh. The Deaf community wants to see them continue supporting elderly Deaf people because the care workers are able to communicate with their clients in BSL.

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

It is difficult to see how this strategy will make to the Deaf community's lives because it doesn't provide enough direction for the service providers and this strategy doesn't include empowerment of Deaf people.

Different routes need to be outlined for deaf and visually impaired people because they have very different needs and it is important for service providers to recognise this. Deaf and visually impaired people should be supported by different service providers who are specifically trained to work with deaf people or visually impaired people.

Deaf people are concerned about losing services that are specialised for deaf people e.g. social workers or teachers for deaf children. They will end up dealing with mainstream services and social workers who have no understanding of deaf culture and lack of general awareness.

The service providers' workload will be increased if all deaf and visually impaired people have access to these services but the quality of their lives will be improved.

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?

This strategy should focus on children and adults separately, however transition should be smooth between strategies. Education services are vital for deaf children, which is unfortunately not included in this cradle to grave strategy.

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?

The needs of BSL users should be paramount in this strategy.