Hayfield Support Services

Point 1

Hayfield is generally in favour of the proposed Bill, but feels that more needs to be included to ensure that the application of the Principles outlined are appropriately monitored and that there should be clear channels of enforcement when they are not adhered to. Hayfield is particularly concerned about the need to respect and provide for the communication needs of deaf people who may have additional minimal language skills (ie deaf people who have difficulty communicating even in standard British Sign Language – BSL – due to other problems). This will be highlighted in following sections.

Point 2

The general principles, as outlined in para. 7 of the Policy Memorandum, focus on the 3 issues of “involvement”, “informed choice” and “collaboration”. In each of these areas, the reality of experience of deaf people at Hayfield, to date, is that none of these principles is being properly applied by the appropriate authority.

In terms of “involvement”, the majority of care managers/social workers with responsibility for overseeing the care arrangements for deaf people at Hayfield, have little or no skills in communicating with deaf people and many are not even ‘deaf aware’. (Under the previous system of Regional Local Government, all the Scottish Authorities had a recognised service for deaf people, which employed staff with an acceptable level of communication skills. Under the existing Unitary Council system, over half of the Authorities have no specialist services and no staff with adequate communication skills).

It should also be noted that most BSL interpreters have had no training in working with deaf people with minimal language skills, so that the provision of such interpreters for deaf people at Hayfield is not always an appropriate solution. All these issues taken together lead to a reality in which the notion in which the principle of “involvement” for deaf people with other communication skills is merely tokenistic. At Hayfield we have already had examples of care managers using BSL interpreters when meeting with deaf individuals about SDS assessments and funding, and then discovering that the individual had no understanding of what had happened.

Similar problems arise when considering the issue of “informed choice”. Such choices can only be made when an individual has the knowledge and understanding themselves, or has the support and advice of an independent advocate. Most of the deaf people at Hayfield have no reading or writing skills, are basically innumerate and many have additional communication difficulties, even in BSL. Few if any have any real understanding of the benefit system or about how their existing care and placements are funded, so it is unlikely that they could fully grasp the issues involved with the change to SDS or what choices they might have to make. At the same time, they are hampered by the fact that there are NO independent advocates with skills for communicating
with deaf people in Glasgow or the West of Scotland, and so they cannot access help or advice from this source.

Hayfield’s experience of “Collaboration” by authorities, both with the organisation and with the individuals who we work with, has also been disappointing. There has been little in the way of support or advice from any of the authorities that we work with – contact seems to be limited to repeated demands for more information and for cuts in fees. Hayfield managers have met with staff from the Scottish Government SDS team, but it appears that they regard their responsibility primarily to work with local authorities and not service providers.

In terms of authorities ‘collaborating’ with deaf individuals, experience to date has been that authorities give limited time to meetings or appointments (when in fact all work with deaf should really be given more time). There have also been occasions when interpreters are not available and care managers have used family members to assist with communication without seeking the deaf person’s permission or irrespective of how capable the family member is at communicating with them. There are also problems with local authorities not really collaborating with Hayfield care staff who probably have the best overall view of an individual’s needs and abilities. Again, the notion of “collaboration” is tending to be tokenistic, without any real commitment to ensure the best outcomes for the deaf individuals involved.

Point 5
Relating to the issue of provision of information and advice and support offered to those who may have difficulty making informed decisions. These issues have already been addressed to some extent above, but it is important to stress the fact again that deaf people in general, and deaf people with minimal language skills in particular are not having their needs and rights for equality of services met by the present way that SDS is being introduced. The question of provision of information is largely dependent on the skill, knowledge, support and patience of the care managers dealing with any SDS processes. Hopefully the above details will have highlighted the many failings in this area from the experience of deaf people in Hayfield to date. The Committee may be aware that the Scottish Government, along with the Scottish Council on Deafness’ has produced a BSL DVD about the basic aspects of the SDS’s aims and processes. However, Hayfield is unaware of any local authority who uses this resource or who has made this information available to deaf people in an accessible format.

This has made it basically impossible for any of the deaf individuals in Hayfield to make effective informed choices about their future care. This is compounded by the fact that there are no readily available alternatives to the range of care supports and opportunities available, either locally in Glasgow or in Scotland as a whole.
Point 6
Because of the issues raised above, Hayfield has to take the overall view that, without the introduction of effective monitoring and the introduction of verifiable safeguards to ensure equity and access for deaf people with multiple, complex needs, the methods for modernising direct payments, as proposed in the Bill, will not necessarily result in the changes that the Scottish Government seeks. In fact, early indications are that local authorities are taking a very restrictive, non-specialist view of service provision, which could limit and possibly endanger the future of this unique service in Scotland. This in turn would lead to the possibility of these deaf people either receiving inappropriate, inaccessible care packages, or having to be placed in hospital settings at considerably more cost to the Government. It must be stressed that although there are other organisations that provide limited care packages for deaf and deafblind people in Scotland, none of them are able to provide the same range and depth of services, on a continual (24/7/365) basis and with the same level of staff training, knowledge and experience. Hayfield is a unique service for deaf people in Scotland, whose future can only be assured by a formal recognition of the need for appropriate funding.

Conclusion:
Effective and appropriate Communication has to be the foundation of all care services in Scotland. Where there is a barrier to such communication, such as deafness in general and minimal language skills in particular, there MUST be a recognition that specialist support must be available to allow for any work to be done to safeguard the needs and aspirations of the deaf individuals involved.

Hayfield works with deaf people with multiple, complex needs. All staff receive training in a range of communication and care issues, and as such they are a unique resource in Scotland. They are not registered interpreters, but through their day-to-day contact with the people they work with they have learned the most appropriate ways of communicating with each individual, whether it is through the use of idiosyncratic signs (which would not been known to BSL interpreters), mime, or pictorial and graphic mediums.

Hayfield is also disappointed that the process of assessing deaf people with multiple, complex needs has led to them being ‘pigeon-holed’ as being in the category of “physical disability”, irrespective of what other conditions they have (e.g. cognitive impairment or mental health problems) and which might have more effect on their lives and care needs. It is suspected that this may be used as a way of restricting the way in which their needs are assessed and minimising the supports that are made available to them.

Finally, Hayfield is concerned that the idea of ‘day support’ is being marginalised and limited, with local authorities claiming that this is an outdated model of care. This highlights the fact that not only care managers but also service managers and commissioners have little or no understanding of the social and emotional needs of deaf people with other problems. Without
the day-to-day opportunity to meet with deaf peers and care staff with appropriate communication skills, these deaf individuals would be left isolated and vulnerable, without recourse to social or community support, which could lead to mental health problems (deaf people generally are 4 times more likely to experience mental illness than their hearing peers, and this increases for deaf people with more complex needs), alcohol abuse, financial abuse and physical abuse.

Hayfield Support Services with Deaf People
20 April 2012