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Fergus D Cochrane
 Clerk to the Committee
 Public Petitions Committee
 TG.01
 The Scottish Parliament
 Edinburgh
 EH99 1SP

8 November 2007

Dear Mr Cochrane

Thank you for your letter of 3 October seeking a further response on Petition PE808 and, in particular, on the Community Care and Mental Services for Adults with Sensory Impairment in Scotland research and on the funding available for support services for deaf and deafblind people with mental health problems.

I will also cover certain of those aspects referred to in the earlier responses to the Committee, where there is change or further progress to report.

Workforce and training

We continue our focus on raising awareness and interest on sensory issues among the workforce, particularly in terms of BSL training and on developing a continuum of attention to individual and often complex needs and the skills required to respond sensitively and appropriately to those assessed needs.

The Scottish Government in partnership with the Royal College of Psychiatrists, Scottish Division have designed and organised three national training events. One has already been held, another is set for this month and the third, with the option of more to follow, is arranged for June 2008.

These events are specifically designed to focus on developing a robust and sustainable knowledge network of skilled and interested professionals. The outcomes provide for the sharing of best practice and new developments among all concerned and targeted work to overcome identified specific barriers to accessible and appropriate service arrangements for this important care group. We have also broadened consideration at these events to capture what attention is needed in terms of the training need for all staff across all services, mindful that staff trained become champions and advocates for change and improvement with their other colleagues and contacts.

At the June training event the Royal College of Psychiatrists formally adopted a sensory impairment aspect to their training models which underlines further their commitment to sensory aware training for psychiatrists for the long term.

The Scottish Government has a longstanding commitment to improving linguistic access for deaf people in Scotland. Since 2004 towards £1m has been invested in a variety of initiatives, including supporting the development and delivery of a Graduate Diploma in Teaching British Sign Language Tutors at Heriot - Watt University and funding the Scottish Association of Sign Language Interpreters.

The Scottish Government Equality Unit has also just agreed to fund the Scottish Association of Sign Language Interpreters to establish a professional network for the BSL tutors graduating from the Heriot-Watt course to strengthen the provision of teaching BSL at higher levels i.e. levels 3 and 4. This will lead to increased potential for bi-lingual professionals (including within mental health settings) and more entrants to interpreter training.

We are beginning to see the improvement we want in the numbers and are encouraged by the latest reported increase to 53 interpreters and 13 associate interpreters so far.

Looking to our own needs the Scottish Government has appointed a BSL and Linguistic Access Project Manager with expertise across this field to develop a detailed plan for improving linguistic access for Deaf, deafened, deafblind and hard of hearing people in Scotland. This includes a specific remit to consider ways of increasing interpreters and other personnel working with people with hearing loss.

Overall we remain of the view that for this area of care, as with all others, better trained and better prepared staff will help bring about tangible improvements earlier for those with a sensory impairment. The advocacy dimension referred to reflects our ambition for better and more productive outcomes for service users and their families from all contacts with services.

Specialist in-patient services

We keep this matter under active consideration. I am aware of the views of those keen to secure a more local in patient service than is currently arranged. That is not to criticise the referral and care arrangements in place with the John Denmark Unit in Manchester which continues to offer best care for all patients referred from Scotland. The referral rate remains low, 5 patients in 2006. However those numbers do not deflect our consideration of possible alternatives and improvements.

Our ongoing considerations for the organisation of this specialist in patient care include discussion with NHS Greater Glasgow and Clyde and the John Denmark Unit on the possible re provisioning of existing Glasgow inpatient beds to provide a Scotland based specialist service. I will keep the Public Petitions Committee informed on progress.

Counselling

We see access to counselling services and support as an important aspect for the organisation of mental health services. This provision helps with our ambition for reduced inappropriate admissions and earlier safe discharge from care. We recognise the added dimension where a sensory loss needs taken into the whole person consideration. With that in mind we are working and jointly investing with NHS Lothian to establish a pilot counselling service in the Lothian area, closely linked with the new extended NHS Lothian service. This will involve a counselling service involving NHS Lothian, Deaf Action and other partners, in

delivering culturally relevant and deaf-aware counselling in British Sign Language (BSL) and English for Deaf, deafened and hard of hearing people throughout Lothian.

The operation and outcomes from the Pilot will be evaluated independently to assess the merits for application by other areas. Again I will keep the Public Petitions Committee informed on progress.

I referred to the NHS Lothian service. I am pleased to advise that NHS Lothian are funding a new service (Senior Occupational Therapist and Community Psychiatric Nurse) working closely, and co-located, with the existing social work services provided by Deaf Action.

Research

There has been a range of recent research in sensory loss and mental health. However, in our view none has addressed the core question of *how* services are best provided for this group given the small numbers but increased incidence of mental health problems and the specific communication needs that can exacerbate these conditions.

The Scottish Government has provided £40K to the RNID to commission and manage research which focuses on current gaps in service provision and specifically outlines possible deliverable solutions.

Officials sit on the Steering Group to ensure the project remains focussed on practical informative recommendations for service redesign and improvement. The research will be completed mid 2008.

Sensory Impairment Action Plan (SIAP)

We continue our working with RNID; the Scottish Council on Deafness, RNIB, Deafblind Scotland and other organisations to progress the recommendations in the 2004 published Action Plan. This includes attention on the availability of community care and mental health services to support sensory impaired adults in Scotland.

Last June we published the findings of our commissioned research on these need and availability issues (Research on Community Care and Mental Health Services for Adults with Sensory Impairment). Particular interest was on changes needed in community care services with a view to ensuring inconsistencies and specialist needs were addressed. We involved service users, their families and carers to ensure the outcome properly captured their views and needs.

The Steering Group we established set service standards which helped form Guidance which we issued to local authorities in April this year seeking specific action in helping identify and assess the needs of people with a sensory impairment.

The guidance was also specifically intended to help raise awareness of services available and to ensure a more person centred approach was adopted more generally. Local authorities were invited to submit information on current services within their area. These will be considered and will inform next steps and ongoing policy development and attention.

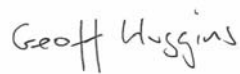
The need for front line community care staff to have basic training in communication tactics and approaches has been addressed. Scottish Government funded training material, informed by people with sensory impairment has been developed. A pilot training course

took place in September this year . We are now considering and refining the content and delivery of the course.

We are also working with the Scottish Social Services Council to develop their National Occupational Standards for a national qualifications strategy for Community care staff working with people with a sensory impairment. I will report progress to the Committee.

The record funds available to NHS Boards and Local Authorities will support our continued work with them and other partners to address and correct our approaches to care for this important care group and to drive the range of initiatives we have underway and planned for policy and service development as set out in this and previous letters to the Committee.

Yours sincerely

A handwritten signature in black ink that reads "Geoff Huggins". The signature is written in a cursive style with a small dot above the 'i' in "Huggins".

GEOFF HUGGINS