

## The Scottish Parliament

### CROSS PARTY GROUP ON DEAFNESS

#### Meeting Notes (Draft) of the Cross Party Group on Deafness held in the Scottish Parliament, Holyrood, Edinburgh on Wednesday 10<sup>th</sup> June 2015 at 5.30 pm

**PRESENT:** Mark Griffin MSP (Vice-Convenor)  
Janis McDonald (SCoD/Secretariat)  
Katie Rafferty (NCDS)  
Cathie Finestone (BATOD)  
Rachel O'Neil (University of Edinburgh)  
John Whitfield (Deafblind Scotland)  
Alan Dalziel (Action on Hearing Loss)  
Chris Milne (Hearing Link)  
Kim Hartley (RCSLT)  
Liz Kraft (RCSLT)  
Fiona Jarvis (RCSLT)  
Shonagh McEwan (RCSLT)  
John Denerley (Deaf Connections)  
Mandy Reid (SCoD)  
Derek Todd (SCoD)

Also in attendance: Mark Cross, Mark Sherwin (BSL/English Interpreters), Jackie Donati (Electronic Notetakers), and Willie Dixon (Guide).

**CPGD/436** **WELCOME REMARKS:** The Convenor welcomed everyone to the meeting and asked everyone to introduce themselves.

**CPGD/437** **APOLOGIES:** Apologies for non-attendance had been received from Jenny Marra MSP, David Stewart MSP, Richard Simpson MSP, Liz Kopp (ATLA), Dennis Arnold (Dumfries & Galloway Hard of Hearing Group), Julie Turner (Dumfries & Galloway Hard of Hearing Group), Dan Sumners (Signature), Graham Findlay (NESS), Donald Richards (Donaldson's), Alana Trusty (Deaf Links), Elizabeth Adams (Tayside Deaf Forum), Carly Brownlie (SASLI), Gary Quinn (Heriot Watt University), Carol Thomson (BATOD), Heather Gray (NDCS), Denise McClung (S.I.S.G.), Avril Hepner (BDA).

**CPGD/438** **MEETING NOTES FROM 11<sup>th</sup> MARCH 2015:** As the meeting is not quorate in terms of MSPs, the minutes cannot be ratified. They will be carried over to the next meeting.

**CPGD/439** **MATTERS ARISING:**

**a) page 7 above the top of point 6 about Guidance of the Children and Young People's Act. Is there clarification on the named person for children under five as health visitors don't have a lot of training**

**in that for speech and language development?** Kim Hartley gave an update on this and will send on the contact for this area.

**b. Proposal for a joint meeting with the Cross Party Group on Mental Health:** Mandy has emailed Karen Addie (secretariat) and is waiting on a reply.

**c. Update on the BATOD Letter:** West Lothian Council has been contacted and they have stated there was no change to the numbers of teachers of the deaf in the authority and they were not planning reducing contact for deaf children in their authority but will keep BATOD informed of what was happening. The teachers are moving to a more central location in West Lothian which is more accessible and staff are happy with that.

**CPGD/440 PRESENTATION FROM THE RCSLT:** Liz Kraft spoke to the presentation. See powerpoint slides in the appendix. Speech and Language Therapists work across the full range of hearing loss with all ages of people using a person-centred approach. As in other areas, data collection is an issue as is access to specialist services. Mark Griffin will speak to the Minister on behalf of the Royal College. For questions about the See Hear Strategy, the Convenor will invite Angela Bonomy, the Scottish Government Lead, to a future meeting.

**CPGD/441 NEW MEMBERS:** S.I.S.G wish to join the CPGD. As the meeting is not quorate, this will be carried forward to the next meeting.

**CPGD/442 AOCB:**

**i. The inclusion of Tactile BSL in the BSL (Scotland) Bill**

Deafblind Scotland asked that their thanks be noted now that tactile BSL is in the BSL (Scotland) Bill.

**ii. Westminster All Party Parliamentary Group on Deafness (APPGD)**

The APPGD is looking for representation including a Convenor and Vice Convenor. SCoD has written to the SNP Leader in Westminster (contact through Dennis Robertson MSP, Vice Convenor of the CPGD) asking for support for this group.

**iii. Access to Work and the capping of payments**

SCoD received a letter from a CPGD member just before the meeting. As far as SCoD is aware, no deaf people in Scotland have had their Access to Work capped, therefore it would be premature to be writing to the Cabinet Secretary.

**CPGD/443 DATE OF THE NEXT MEETING**

Wednesday 9th September at 1.00 pm.



## RCSLT

- Recommends that any SLT working with a d/Deaf client should have access to a specialist therapist for advice and support.

## Competencies for Specialist with d/Deafness.

- Additional accredited post graduate training.
- Knowledge and understanding of Deaf Community and Culture
- BSL Level 2
- 2 years post graduate generalist experience.
- Core competencies for all therapists working with client groups where hearing loss is not the sole factor contributing to communication difficulty but occurs alongside.

## RCSLT

"My Speech and Language session was the first time where I fully understood the relevance of placement of the tongue to produce sounds which I am unable to hear. I felt empowered to aid and improve my communication and conversation skills. Also it was fantastic to meet a Specialist SALT who was deaf aware and could sign to increase understanding of vocabulary. This was crucial in developing a positive relationship."

## RCSLT

- "Speech therapy throughout my school life has as a result eased communication barriers in everyday situations and has really allowed me to connect to my friends, my family and colleagues alike and helped me to build confidence."

"Having a speech and language therapist with deaf awareness/signing skills would be widely beneficial for deaf children. I was fortunate enough to have a speech and language therapist, who was also a qualified lipreading tutor. That gave me a massive confidence boost in being able to communicate with just about anyone, as well as learning a new unique and important communication method such as lipreading."

## RCSLT Policy on bilingualism

*"bilingualism is when a person understands and/or uses two or more languages. A person is described as bilingual regardless of their level of ability in either language.*

*Bilingualism is not a disorder and therefore a description of the person's language ability and not a diagnostic label.*

*Bilingualism never causes or contributes to a communication disorder." AFASIC 2007*

## What do we do?

- Work within the multi agency team around the family/child/client.
- Early years work supporting , coaching and enabling families.
- Assessment of Communication skills.
- Support the communication choices made by the client and family.
- Involved in differential diagnosis where deafness occurs with a secondary communication disorder (e.g. autism, learning difficulty, stroke)
- Direct intervention where required with targets set and agreed by client.

## What is the specialist Provision across Scotland ?

Survey sent out via the Specialist network and SLT managers.

- Did they know about See Hear and BSL Bill?
- Had this impacted on service delivery?
- Were they engaged with the above processes?
- Specialist Service provision in their area for children/adults.
- Awareness of the need for a specialist service?
- Identify some of the challenges in service delivery.

## Responses

11 replies

Good representation of Scotland.

Paediatrics

Rural and urban

Adults community and Acute.

## Findings Paediatrics

- All paediatric services aware of need for and provided a specialist service to children.
- Varied from direct intervention by specialist to non specialist therapists providing therapy with access to support and advice from a specialist.
- Most areas moving towards consultative model.
- Almost all paediatric services were aware of and feeding into the local See Hear Strategy.
- Most Paediatric services work with BSL support workers and/or Deaf adults.



## Findings adult services

2 areas (Falkirk and Highland) provide a ring fenced specialist service to adults with hearing loss.

Highland: service to adults is provided within the framework of an integrated Health and Social Care Team.

NHS Highland support lip reading to provision to adults provided by the Specialist SLT.

Lothian Adult Community does not provide a specialist service as numbers are too low to justify this. They are aware of SEE HEAR and BSL Bill and kept up to date by sensory champions.

2 Adult Acute providers that replied indicated no knowledge of SEE HEAR or the BSL Bill. Were unaware of the need for a specialist SLT service.

## Challenges facing Services

Succession Planning listed as a concern in almost every area.

Concern that Specialist Posts are not being replaced and existing specialist expected to take on a wider advisory role.

Most areas felt the service was being “eroded” or “watered down”

Local issues such as cuts to local authority funding put a pressure on the service where the SLT service for children is purchased by the local authority.

Lack of expertise by non specialist therapist, funding pressures for training and no back fill for posts.

# Summary of Findings

Most areas are using or moving towards the Consultative\advisory model to support non specialist SLTs.

Non specialist SLTs are skilled professionals and can provide a service to this client group, however they require access to specialist therapists to ensure the appropriate clinical expertise is accessed.

Concern that these posts are not being filled if/when a therapist leaves.

Challenges in identifying resources to up skill "next generation" of specialists.

This would leave non specialists therapists in a vulnerable position as well as denying clients access to specialist intervention.

Expectation on the Advisory Therapist to take on a wider role when a therapist leaves.

(some areas described having more than one specialist in the past, to now working with non specialist therapists provided advice and support)

# Challenges/Concerns

Adult Acute Services should access sensory awareness training as recommended by SEE HEAR.

Hidden Sensory Loss (SL accompanied by another disability e.g. Head Injury or stroke) was ring fenced in the See Hear Strategy as an at risk group.

## GIRFEC

Rolled out across Scotland.

Implemented in 2005 in Highland as Pilot.

Identifies unmet need around the child.

Leads to a more specific referral and understanding of SLT input.

## Actions?

- Letter to the cabinet Secretary Shona Robinson.
- Oral and Written Parliamentary Questions.
- Parliamentary Motion
- Potential of Joint Campaigning.