



Scottish Council  
on Deafness (SCoD)

**Scottish Council on Deafness Response to the “Improving Lives -  
The Work, Health and Disability Green Paper”**

**February 2017**

Mandy Reid



*“A society where deaf people have equal access, rights and citizenship.”*

## **Equality, Access and Citizenship for deaf people in Scotland**

The Scottish Council on Deafness (SCoD) is the lead for all matters concerning deaf people and their issues in Scotland, representing organisations working with and on behalf of deaf<sup>1</sup> people: Deaf /Sign Language users, Deafblind, Deafened, and Hard of Hearing people. SCoD's membership provides an effective working partnership between the Third, Public and Private Sectors (the Deaf Sector) and the Scottish Government. SCoD does work with the UK Government on behalf of the Deaf Sector on reserved matters, such as the contents of this Green Paper.

SCoD sees a society where deaf people have equal access, equal rights and equal citizenship with their hearing peers. Deaf people have the right to be included, involved and active citizens in the UK. While some progress has been made in this regard, there is still a way to go before deaf people's rights to equality of access to goods, services and information in their own language and/or in a manner that they fully understand is the same as their hearing peers. <http://www.scod.org.uk/>

SCoD uses the social model of disability and recognises that the language/communication support needs of deaf people across the "four pillars of deafness: Deaf/Sign Language users, Deafblind people, Deafened people and Hard of Hearing people" are all different although some of the barriers that people face may be the same.

For example, the hearing world does not always recognise that there are differences in linguistic access depending on the level of deafness the person has and when they lost their hearing. This means that deaf people's access to their rights is breached in different ways.

SCoD also recognises that society in general does not always value the quality of communication. For example, in some cases it is still expected that family members will interpret/communicate in health and social care settings, even in situations where important and complex information is being shared and where informed consent is crucial. The professionals involved in these discussions have no way of knowing if the information being shared is accurate and the opinions given are from the deaf person or the family member.

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<sup>1</sup> The term "deaf" is used to refer to all people with a hearing loss. The term "four pillars of deafness: Deaf/Sign Language users, Deafblind, Deafened and Hard of Hearing people" is used to differentiate between the different levels of deafness and the different language/communication support needs people have.

## Context

According to the 2011 Census in Scotland<sup>2</sup>,

- 350,492 of the Scottish population aged 3 and over listed deafness or partial hearing loss as a long-term health condition.
- There are 12,533 people who use BSL at home.
  - Of these, 3,729 have deafness or have a partial hearing loss listed as a long-term health condition; and
  - 5,640 have no deafness or partial hearing loss.

SCoD members do not believe the Census gives the true numbers of deaf people in Scotland because of the way that the “long term conditions” question was framed. SCoD believes that the figure is more likely to be nearer **to one million people** in Scotland who have some level of hearing loss. This figure represents the biggest single minority group under the auspices of the Scottish Parliament.

“There are estimated to be around 850,000 people with hearing loss in Scotland...of those, 70% are over 70. It is projected that this figure will increase by 50% in the next 20 years.” See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland<sup>3</sup>.

According to research published by Action on Hearing Loss in 2014<sup>4</sup>,

“Three out of four people with hearing loss feel their **employment** opportunities are more limited than their hearing peers, with almost 80% naming employers as the major barrier.”

And

“hearing loss prevented 70% of people surveyed from fulfilling their potential at work and, of those that retired early, two-fifths said hearing loss contributed to their decision to retire.”

In 2016, totaljobs<sup>5</sup> carried out a survey of deaf people - “**Deaf jobseeker and employee experiences**”. 437 people responded and out of those who responded

- 1 in 4 (25%) deaf people have left a job due to discrimination.
- 1 in 5 (19%) have not told their employer they are deaf or have experienced hearing loss.

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<sup>2</sup> <http://www.scotlandscensus.gov.uk/ods-analyser/jsf/tableView/tableView.xhtml>

<sup>3</sup> <http://www.gov.scot/Resource/0041/00417992.pdf>

<sup>4</sup> <https://www.actiononhearingloss.org.uk/news-and-events/all-regions/news/80-per-cent-of-people-who-are-deaf-cite-employers-as-major-barrier-to-work.aspx>

<sup>5</sup> <https://www.totaljobs.com/insidejob/deaf-jobseeker-employee-report-2016/>

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- More than half (56%) have experienced discrimination in the workplace due to being deaf or hard of hearing (HoH). The most common sources of discrimination were from colleagues (62%) and management (53%).
- 1 in 4 (25%) workers stated there is no provision for deaf employees at their workplace and nearly half (47%) said that they did not receive support and guidance from their employer for issues related to being deaf.

In 2015, the then Scottish Parliament's Education and Culture Committee<sup>6</sup> held an inquiry into the **attainment of children and young people with a sensory impairment** – either a visual or a **hearing loss**.

“6. Scottish Government data<sup>7</sup> show that, on average, school leavers with a visual or hearing impairment achieve fewer qualifications at school than those who do not have any additional support needs. This may have an effect on the destinations of school leavers and their employment prospects, a key area of concern discussed later in this report (see paragraphs 96 to 110).

And

“102. Research from 2014<sup>8</sup> found that the Scottish employment rate for young people aged 16-24 with a hearing impairment (31%) was lower than that for Scottish young people of the same age (53%).”

**Data collection** on people, including children and young people, who are deaf is a problem in Scotland whether on educational attainment or on access to employment or indeed access to health and social care services. This is something the Scottish Government is in the process of addressing through the continuing implementation of the See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland.<sup>9</sup>

Also from the Scottish Parliament's Education and Culture Committee inquiry report,

“The National Deaf Children's Society called for “more robust and complete” data sets on numbers of deaf children and young people in Scotland. It said that while the pupil census has improved over the years there is insufficient information on children with mild hearing loss and with no formal education plan in place.”

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<sup>6</sup> <http://www.parliament.scot/parliamentarybusiness/CurrentCommittees/92452.aspx>

<sup>7</sup> SPICe briefing (see Table 1 on Page 5). Available at:

[http://www.scottish.parliament.uk/S4\\_EducationandCultureCommittee/Attainment%20-%20sensory%20impairments/SPICeBriefing.pdf](http://www.scottish.parliament.uk/S4_EducationandCultureCommittee/Attainment%20-%20sensory%20impairments/SPICeBriefing.pdf)

<http://www.blendedlearning.me/DASS/site/report.php><sup>8</sup>

<sup>9</sup> <http://www.gov.scot/Resource/0041/00417992.pdf>

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SCoD is aware that the Department of Work and Pensions does not have specific data on the numbers of deaf people as per the “four pillars of deafness” definition from the work that SCoD has been involved in as a member of the DWP Personal Independence Payment Implementation Stakeholders Forum.

### Areas for Action

#### Starting point

The current starting point appears to be the medical model of disability. SCoD would like to see the emphasis being on the social model of disability and this being central to all policy and process development in the areas covered by the Green Paper. SCoD would also like a further emphasis to be on person-centred, rights-based programmes that include the principles of Inclusive Communication<sup>10</sup> at their heart. This would show that value is being placed on the quality of communications and that people who have a language/communication support needs will have the same quality of service as those who do not.

#### Going further

This Green Paper doesn't go far enough. There needs to be more “joined-up thinking” in terms of including social care, especially since in Scotland, the Health and social care agenda is now enshrined in law through the Public Bodies (Joint Working) (Scotland) Act 2014<sup>11</sup>, but there is also a need to consider the impact of transport and further/higher education on the ability of disabled people to gain or retain meaningful employment.

Access to **volunteering** as a route into employment is included.

“an enhanced offer of support will also include:

a place on either the new Work and Health Programme or Work Choice, for all eligible and suitable claimants who wish to volunteer.”<sup>12</sup>

But at the present time, volunteering is not something deaf people can access easily in urban areas and is almost impossible in rural and very rural areas. Few organisations can provide the necessary language/communication support for deaf people to take part in volunteering; and Access to Work is not available for those who want to volunteer.

### Leading the Way and a Public Campaign

SCoD would like to see the DWP and other UK and Scottish Government Departments as well as public bodies including the CBI leading the way by

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<sup>10</sup> <http://www.gov.scot/Resource/Doc/357865/0120931.pdf>

<sup>11</sup> [http://www.legislation.gov.uk/asp/2014/9/pdfs/asp\\_20140009\\_en.pdf](http://www.legislation.gov.uk/asp/2014/9/pdfs/asp_20140009_en.pdf)

<sup>12</sup> Page 28: Improving lives The Work, Health and Disability Green Paper

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employing more disabled people, especially unemployed and under-employed deaf people. Good practice in employing disabled people can then be used as part of a publicity campaign to showcase the business benefits of this practice.

One of the questions asked in the Green Paper is

“how big a role can we expect employers to play in ensuring access to opportunities for disabled people, and how can the ‘business case’ for inclusive practices be strengthened?<sup>13</sup>”

By leading the way, the DWP and other public sector partners can help to strengthen the business case for inclusive practices, and can show other employers the benefits.

Too often in the recent past, publicity about the DWP and disabled people has been negative. By employing disabled people as Jobcentre Plus Work Coaches and Disability Employment Advisers, people with lived experience can support other disabled people and people with long-term health conditions into employment. This raises the profile of disabled people as employees and raises the profile of the DWP as a “disability friendly” employer.

### **Data Collection**

Governments and public bodies across the UK should be encouraged to publish figures on the number of disabled people they interview for posts as well as the numbers they employ, including those on secondment and in paid internship posts. This would allow the DWP to track trends in the numbers of people with a disability or a long-term health condition in employment and the innovative practices that are developed to support people to remain in employment in the longer term.

### **Third Sector Support**

There is a need for long-term funding of projects that are providing specialist support for people with a disability or a long-term health condition, including deaf people. Contracts or Service Level Agreements should be based on person-centred, rights-based approaches that include the Principles of Inclusive Communication. Projects should be evaluated on a regular basis to ensure that they continue to be fit for purpose. Third Sector organisational support should NOT be seen as a cheap option nor should it be used to plug gaps that the DWP and public sector should be filling.

### **Rural and Very Rural Areas of Scotland**

What support will be in place for disabled people, including deaf people, who live and want to work in rural and very rural areas of Scotland where there is less employment out with the public and tourism sectors?

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<sup>13</sup> Page 9: Improving lives The Work, Health and Disability Green Paper

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Too often people in rural and very rural areas of Scotland who are in low-paid employment or who are under-employed have to work more than one job in order to have even a very basic standard of living. There are less opportunities for disabled people or those with a long-term health condition, including deaf people. There may not be the necessary supports for people to get into employment or to stay in employment if they are successful at interview.

For example, there are no language/communication support professionals working in the Western Isles. When face-to-face language/communication support is needed for health appointments, professionals have to be sourced on the Scottish mainland and then have to travel either by plane or ferry – weather dependent. Employers requiring these services face the same problems.

### **Specifics**

#### **Work and Health Indicators**

“We will work with Public Health England to develop a set of work and health indicators and identify how we can best bring together and share the existing evidence for local commissioners and delivery partners. We will continue to draw on a range of internal and external evidence, including trials and research, the academic literature and relevant third sector organisations to improve policy making and delivery nationally and locally.”<sup>14</sup>

There is also a role for the Integrated Joint Boards in Scotland to have input into developing work and health indicators as they are also delivery partners in Scotland. There are some issues that are specific to Scotland due to the nature of its rural and very rural geography that are not replicate in England.

#### **Working with Employers**

Summits and conferences such as the one mentioned below would be a good opportunity to showcase the benefits of employing people with a disability or a long-term health condition, including deaf people. Too often, deaf people still receive feedback from potential employers that they cannot be employed due to health and safety regulations or legislation. It is time that more is done to “bust these myths” and make it clear to employers that this practice needs to be stopped as it is not lawful or legal.

“The HSE Stress Summit is being supported by Minister for Disabled People, the Right Honourable Penny Mordaunt MP, who is intending to open the event. The Summit which supports the Government’s push to promote good

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<sup>14</sup> Point 68 Page 24 Improving Lives Work, Health and Disability Green Paper

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mental health, tackle ill health and help to keep people in work, will take place on 16th March at the QEII Conference centre in Westminster.”<sup>15</sup>

There is also a need to work with bodies such as Social Enterprise Scotland, Scottish Enterprise, and the Business Gateway to ensure they are aware of the needs of disabled people and those with a long-term health condition, including deaf people, so that they can support those who want to be self-employed. SCoD is contacted on a regular basis by Deaf people whose first or preferred language is BSL who want to know where they can get business advice on how to start up on their own as they are applying for jobs but not getting any interviews or offers.

### **Health and Work Conversation**

This need to be accessible and to take place with appropriate, registered professional language/communication support, especially where the person is Deaf or Deafblind and their first or preferred language is BSL or the person is Deafened and needs an Electronic Notetaker. This will only happen if these “Conversations” are person-centred and rights-based and are set up using the principles of Inclusive Communication.

### **Job Clubs delivered via peer support networks**

People who are deaf have differing language/communication support needs depending on their level of deafness and when their deafness started. Peer support networks need to be appropriate for the deaf person if that is how Job Clubs for deaf people are to be delivered. For example, if a person is Deafened – has a spoken language but cannot hear – they will not necessarily be supported in a Job Club of BSL users as there will be a communication barrier and vice versa. Many deaf people want to be able to access mainstream services i.e. a Job Club for hearing people with appropriate language/communication support provided. This is an additional expense often not included in funding for Job Clubs or peer support networks.

### **Building work coach capability**

“we will continue to build and develop the capability of our work coaches. We have introduced an accredited learning journey for work coaches, which includes additional mandatory training in supporting those with physical and mental health conditions.”<sup>16</sup>

It is important that work coaches receive Deaf/Deafblind/Deafened awareness and Communication Skills training. This is equally important to mandatory training in supporting people with physical and mental health conditions. Too often, deaf awareness training is part of disability awareness training and lasts for 15 minutes,

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<sup>15</sup> HSE Stress eBulletin February 2017

<sup>16</sup> Point 86 Page 31 Improving Lives Work, Health and Disability Green Paper



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with the advice given that if the person can lip read, then language/communication support is not needed, when in fact, this is not the case.

On a number of occasions at the DWP PIP Implementation Stakeholders' Forum meetings, SCoD asked the Atos Representative for a copy of their deaf awareness training that we were told was delivered to all health professionals who would be involved in the PIP assessments in Scotland. At the first DWP PIP Stakeholder Forum meeting in October 2016, Atos' Director of Communications for Scotland told the meeting that Atos do not give their health professionals any deaf awareness training, but that they all receive a "Conditions Insight Booklet on hearing impairment" with advice on how to assess someone with a hearing loss and what it means to be deaf. This is causing problems in assessments as some health professionals have little understanding of what it means to be deaf, what the language/communication barriers are and how this impacts on everyday life.

### **Mental Health**

"101. The new support we will test to establish what works best for people with mental health conditions who are out of work includes:

- Group Work – to test whether the JOBS II model, a form of group work, improves employment prospects and wellbeing; and
- Supported computerised Cognitive Behavioural Therapy (cCBT) testing whether early access to supported cCBT can support employment outcomes alongside recovery<sup>17</sup>."

SCoD suggests that any mental health models to support people with mental health conditions who are out of work are shared with the British Society for Mental Health and Deafness<sup>18</sup> to ensure that they are suitable for use with deaf people with mental health conditions. It may be that some changes will need to be made to ensure they are fully accessible for all deaf people.

### **Supporting Young People**

SCoD would suggest that the National Deaf Children's Society are involved in any developments around the inclusion of young people to ensure the needs of young deaf people are included and that developments/projects are fully accessible and inclusive.

### **Supporting people in work**

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<sup>17</sup> Page 35 Improving Lives Work, Health and Disability Green Paper

<sup>18</sup> <http://www.bsmhd.org.uk/>

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This is particularly important for deaf people who are still losing their hearing or have newly lost their hearing as too often employers do not understand the need for “reasonable adjustment” and what that would look like.

There is also an issue where many Deaf people whose first or preferred language is BSL are underemployed because their employer is not Deaf or BSL aware. Progression in the workplace is hampered due to this lack of awareness and because too often, there is a language barrier, Deaf people are passed over for promotion.

### **Assessment for benefits**

It is important that all health professionals who are assessing people for benefits are deaf aware – receive separate deaf awareness training which is topped up with e-learning on an annual basis<sup>19</sup>. Without this training, decisions are taken by the assessors that are not based in reality. For example, young deaf people being assessed for PIP have been told that they are now hearing and no longer eligible for a disability benefit as they have a cochlear implant. This is not based on fact but something that the assessors have not understood in the “Conditions Insight Booklet on hearing impairment”.

### **Technological interventions**

As technology develops, it should be easier to provide support to deaf people who are unemployed and looking for work or who are underemployed and looking for a better job or promotion. For example, the Scottish Government has invested in contactSCOTLAND-BSL<sup>20</sup> an online video interpreting service that all public and third sector bodies and organisations can access for contacting BSL users and for BSL users to contact them. There are a number of third sector organisations and private companies that are now providing similar services<sup>21</sup> that also include Electronic Notetaking<sup>22</sup> and Speech-To-Text Reporting<sup>23</sup>.

Skype, Facetime, email and SMS<sup>24</sup> allow deaf colleagues to keep in touch with each other and with hearing colleagues in ways that were impossible in the past. And it is much easier for employers to make sure their employees are deaf, Deafblind and BSL aware through online e-learning tools.

### **Improving discussions about fitness to work and sickness certification**

Employers could be asked to consider putting a “Disability Leave Policy” which allows people with a disability or a long-term condition that they have disclosed to

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<sup>19</sup> See page 7 of this response – Atos Health professionals

<sup>20</sup> <https://contactscotland-bsl.org/>

<sup>21</sup> <http://www.signvideo.co.uk/> ; <http://www.signlive.co.uk/>

<sup>22</sup> <http://anpnotetakers.co.uk/electronic-notetaking/>

<sup>23</sup> [http://www.sttrsdirect.co.uk/sttr\\_reporters/what\\_are\\_sttrs.htm](http://www.sttrsdirect.co.uk/sttr_reporters/what_are_sttrs.htm)

<sup>24</sup> Page 11 of this response: Heading: Changing the culture around work and health

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their employer a number of negotiated days off if they need to go to hospital appointments or receive treatment/support for their condition that are not “sick leave” or “holidays”. This can improve relations and cut down the number of sick days employees need to take.

### **Self-Management and Health Information**

Deaf people are at a disadvantage when it comes to Self-Management of long-term health conditions and in terms of general health and fitness. Too often Self-Management and health information is not accessible, for example, little information is produced in BSL. And more organisations are producing DVDs which means that information should be more accessible and relevant (using people with lived experience of long-term conditions and disabilities), but these DVDs/video clips rarely have captions/subtitles in English or BSL, meaning this information is not available to people who are deaf.

Too often peer support groups in place as Self-Management for long-term health conditions are not accessible for deaf people as there is no budget for language/communication support. Deaf organisations do try to fill the gap, but many deaf people do not want to have to go to a deaf group where information may be limited. They want to access the same levels of support and information as their hearing peers in their geographical communities.

### **Patients as Partners**

Partners do not have the same rights as patients – Patient Rights (Scotland) Act 2011<sup>25</sup>. Patients are automatically “partners” in their care if services, care and treatment are person-centred and rights-based, unless as is the case with some deaf people, little or no language/communication support is available during their treatment<sup>26</sup> and little information is accessible.

“By autumn 2017 the Department of Health, NHS England and NHS Digital will have developed the tools to enable instant, downloadable access to personal health records<sup>27</sup>,”

What is the Scottish position on this? And is the system fully accessible for all patients?

### **Changing the culture around work and health**

A public campaign on work and health and the inclusion of disabled people in the workplace should be a priority. There also needs to be a DWP campaign that encourages disabled people to access benefits that support them into work, in work

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<sup>25</sup> <http://www.legislation.gov.uk/asp/2011/5/contents>

<sup>26</sup> <http://www.spsa.org.uk/investigation-reports/2013/march/tayside-nhs-board-0>

<sup>27</sup> Point 288 Page 80 Improving Lives Work, Health and Disability Green Paper

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and that supports people who develop long-term health conditions or a disability while in work.

Too few employers are aware of Access to Work or what it means to make a “reasonable adjustment”; and too many employees who do not have disability or long-term health condition still see Access to Work or reasonable adjustment as “unfair” to them. For example, a Deaf colleague gets access to a smartphone on contract and a tablet as both health and safety measures when travelling but also so that they can stay in contact with the office when out and about. But their colleague who is hearing is offered a basic mobile phone and a laptop for the same reasons. The hearing colleague is not aware of the need for quality communications so that their Deaf colleague has equality of access, s/he simply see it as the Deaf person is getting “better stuff” because they have a disability.

### **Creating a 10 year plan**

When creating the 10 year plan, there needs to be ongoing monitoring and evaluation that involves the people involved i.e. people with a disability or a long-term condition, carers, employers, health and social care staff, and the DWP/Governments.

If any monitoring and evaluation programme is going to be open, fair and transparent, a budget for language/communication support must be built-in from the start.

### **Workplace Health Checks**

**The Scottish Council on Deafness can support employers to ensure their workplaces are accessible and safe for deaf employees by carrying out “Health checks” on policies, procedures and the working environment. For more information, employers can go to [www.scod.org.uk](http://www.scod.org.uk) or contact us on [admin@scod.org.uk](mailto:admin@scod.org.uk) or by telephone on 0141 248 2474.**

**SCoD can also provide a number of case studies that can help to illustrate some of the issues mentioned in this response as well as areas of good practice.**



Contact SCoD

Mandy Reid  
Central Chambers,  
Suite 62,  
1<sup>st</sup> Floor  
93 Hope Street  
Glasgow  
G2 6LD

Telephone: 0141 248 2474  
Textphone: 0141 248 2477  
Fax: 0141 248 2479

Email: [mandy@scod.org.uk](mailto:mandy@scod.org.uk)  
Website: [www.scod.org.uk](http://www.scod.org.uk)

Facebook: @scodmedia

Twitter: @SCoDMedia

