

The Scottish Parliament

CROSS PARTY GROUP ON DEAFNESS

*Meeting Notes of the Cross Party Group on Deafness
held in the Scottish Parliament, Holyrood, Edinburgh
on Tuesday 3rd December 2013 at 5.30pm*

PRESENT: Jenny Marra MSP (Convenor)
Mark Griffin MSP
Jackie Slater (Deaf Action)
Katie Rafferty (NDCS)
Graham Duff (BDA Scotland)
Carly Brownlie (SASLI)
Drena O'Malley (Deafblind Scotland)
Rachel O'Neill (University of Edinburgh)
Janice Sugden (Scottish Sensory Centre)
Mandy Reid (SCoD)
Lilian Lawson (SCoD & CPGD Secretariat)

Also in attendance: Janis McDonald (SCoD), Ross McKenzie (Jenny Marra's Assistant), John Urquhart (COSLA), Maria Dick (ADSW), Wendy Jack (ADSW), Prof Graham H Turner (Heriot-Watt University), Dr Jemina Napier (Heriot-Watt University), Derek Todd (SCoD), Rosie Rutherford (SCoD), Natalie Brodie-Clark (CAB), Andrew Carmichael, Andrew Dewey and Yvonne Waddell (BSL/English Interpreters) and Deloris Cowan (Notetaker)

CPGD/395 **WELCOME REMARKS:** The Convenor welcomed everyone to the Meeting. She extended a special welcome to the interpreting students from Heriot-Watt University sitting in the public gallery. The Convenor then thanked Lilian Lawson for all the work that she had done over the years – Lilian is retiring from the Scottish Council on Deafness at the end of this month - and presented her with a gift from the group. Lilian expressed her surprise and thanked the Convenor.

CPGD/396 **APOLOGIES:** Apologies for non-attendance had been received from Dennis Robertson MSP, Annabelle Ewing MSP, Doug Bradley (Signature), Rebecca Norton (Hearing Link), Graham Findlay (NESS), Donald Richards (Donaldson's) and Bert Smale (ATLA).

CPGD/397 **MEETING NOTES:** The notes of the CPGD Meeting held on 10th September 2013 were accepted as a true and correct record.

CPGD/398 **MATTERS ARISING:**
398a **Ref: CPGD/389a: DCAMHS:** LL gave an update on the DCAMHS Campaign. The Campaign Group had attended the Royal College of Psychiatrists Conference along with a psychiatrist from Corner House in London. The Group is working with NHS Lothian to progress this piece of work.

- 398b** **Ref: CPGD/389b: Welfare Reform:** LL reported that SCoD's Policy Officer has been in touch with Atos Healthcare about issues in Scotland and has an agreement that they will refer any deaf access issues to SCoD for advice and any BSL/English Interpreter issues to SASLI.
- 398c** **Ref: CPGD/391: Scottish Lipreading Strategy Group:** The Convenor reported that she had received a response to her letter about lipreading classes to the Minister, Michael Matheson. The Minister replied on 28/10/13 saying that he has made a note of the concerns – gaps in the provision of lipreading classes, especially in the Highlands – and is taking them forward. It was agreed that the Cross Party Group would give the Minister time to do that.
- CPGD/399** **BSL BILL UPDATE:** The Convenor introduced Mark Griffin MSP. Mark gave an update to the meeting. The Non Government Bills Unit have been working with him to write a policy instruction that will be sent to an independent legal drafts person who will draft the Bill to be taken to Parliament. The process takes time but he hopes to have the policy instruction completed by the end of the year and the Bill drafted by the summer of 2014.
- CPGD/400** **FUNDING CUTS – COSLA:** LL introduced John Urquhart (JU) from COSLA, Wendy Jack (WJ) and Maria Dick (MD) from ADSW (Association of Directors of Social Work). JU told the meeting that they thought they were attending the meeting to answer questions on the Joint Sensory Impairment Strategy Working Group, but that he could tell the meeting about general funding cuts not specifics. John gave a summary of the main issues for COSLA – balancing the needs of all groups who need social services, especially since there has been a change of demographics and this will continue to impact on local authorities – the increase in older people in Scotland; and the needs of people with a learning disability, especially those with aging parents/carers.
- JU gave an update on the work of the Joint Sensory Impairment Strategy Working Group. COSLA is hoping to develop partnerships with the independent sector to work on early intervention, better information for service users and better training for staff. There will be funding attached to the strategy. It is proposed that each local authority will have a Lead Officer to take the work forward. The Change Fund will be used as a template to show how this will work in practice.
- LL asked a question about funding cuts for deaf services, including the specialist services provided by organisations such as Hayfield Support Services with Deaf People. Some service users are being put in the

position where they are using their benefits to top up their care packages.

WJ spoke about the challenge within the Public Bodies (Joint Working) (Scotland) Bill – the integration of Adult Health and Social Care – that will involve partnership working to avoid duplication across all services. It will no longer be the sole responsibility of local authorities. WJ is not aware of any national decisions to cut funding to deaf services or services to deaf people.

DO'M raised the issue of Self Directed Support (SDS) and who is entitled to this, what they are entitled to and the lack of information about how SDS will work in practice especially for people in low incidence groups. She asked if COSLA is aware of the local authority formulas that will be used to work out who gets what.

JU told the meeting that COSLA has charging guidance on its website and there is web space for each local authority to post their own guidance. The Convenor asked that JU forward her the link to this and she would ensure that members receive this.

WJ and MD reported on the Third Sector Interfaces and how they would be involved in developing local partnerships between the statutory bodies and the voluntary sector. MR reported on the Local Democracy website hosted by COSLA and how organisations could get involved if they are not partners of the Third Sector Interfaces. The consultation period closes on 20th December 2013.

RO'N asked about the Joint Sensory Impairment Strategy and language development in young children. Is there anything in the strategy to ensure staff screening children will receive the training they need to be fully deaf aware?

JU told the meeting that the Strategy talks about more training for staff at all levels and working with all age groups. The decision about what happens at a local level will be taken by local partnerships. There will be two years funding available and at the end of the funding period, each local partnership will have to set their own priorities. If training needs are identified specifically for nursery staff, for example, then these should be considered as a priority. JU reported that £1M is being made available for each year of a two year period to implement the strategy – 2014/2015 and 2015/2016. There is a suggestion that each local authority will receive a minimum of £15,000 and the rest of the distribution would be based on head of population or head of population with a sensory impairment. It will be a distribution model. The links between each local authority will be a lead officer, although some smaller authorities may share lead officers. There are no definitive plans in place at the moment – these will be finalised when each local authority knows how much of the spend is available.

The Convenor asked if COSLA would be willing to gather information about funding cuts to deaf organisations and services for deaf people in each local authority area and to commit to carrying out an EQIA on the funding cuts. JU told the meeting that he was willing to be the contact person for the collating of information but that he could not commit to an impact assessment. The decision would have to be made by a senior official or politician. JU said he would take details and come back to the Convenor with an answer.

The Convenor thanked John Urquhart, Maria Dick and Wendy Jack for attending the meeting.

CPGD/401 **HERIOT-WATT RESEARCH**: The Convenor introduced Professor Graham H Turner and his colleague Dr Jemina Napier. GHT gave the context of his department's research and the link the department has with the Deaf Community and deaf organisations in Scotland as well as the work that is done on interpreting for spoken languages.

GHT spoke about the growth of BSL provision in more recent history and how in 2005, BSL came to sit in the language department as one of the languages alongside spoken language. The department's key target was to stop treating BSL as unique and different.

There are 14 sign language specialists in the department, and 3 – 5 of those are Deaf. The Department runs a 4 year Masters degree in BSL backed by the Scottish Government and there should be 70 students in total who will become SASLI members and fit to practice at the moment of graduation. The students attending the meeting tonight are part of the 2.5 year programme. 6 of the 24 students are Deaf and come from many different countries. The university invested £750,000 in language labs and equipment so that sign language is treated in the same way as spoken language.

Since 2005, the department has managed to secure over £2 million of funding for knowledge exchange activities and there is an increasing focus on public engagement work.

JN gave a background to her work in Australia before she joined the department. She then reported on the research facility in the department and the work that has been done with deaf sign language users throughout the UK to gather data on how their language works. The Scottish Government as well as the Scottish Funding Council have funded projects to train Deaf BSL teachers to provide peer training to others so that the acquisition of BSL grows and is sustainable.

JN gave a brief summary of some of the research programmes that the department are working on at the moment and what is planned for the future – drawing on the BSL focus and mapping what Scottish BSL looks like; Looking at BSL patterns and how people converse directly in

BSL; looking at the legal and medical access needs of Deaf people; what additional training sign language interpreters need when working with people of different ages; understanding stress and burnout and how that impacts on the work of sign language interpreters.

JN gave details of the lecture that is to take place after this meeting in Moray House – this is part of a lecture series. GHT is to dedicate one day per week for a year to focus on public engagement. This is a dedicated role where he will work with organisations to increase the profile of Deaf BSL users.

The Convenor opened the discussion up for questions.

JS from Deaf Action highlighted one of the problems of teaching BSL and how there is little infrastructure available to facilitate this. She asked about the role of SQA in the development of an infrastructure to grow the teaching of BSL. LL raised the issue of voiceover in the interpreting situation.

GHT responded that the Trainer of Trainers (TOT) course is the beginning of a process and that the starting point for the TOT course was the 2002 linguistic access strategy. This strategy also influenced the developing professionalism of interpreters. There needs to be more action to develop the necessary infrastructure and the Scottish Government is one of the main interested parties in taking this strategy forward. The general perception in Scotland seemed to be that sign language interpreting was a cottage industry. Now that the Masters programme is in place, this perception should change.

JN explained what makes the Heriot-Watt University Masters programme different to other degrees – the third year is a community placement – two six month placements are required where BSL is used every day. This replicates what spoken language students do when they do a placement in the country of their chosen language. There is also a shadowing component to the placements.

GHT told the meeting that getting BSL taught in schools has become the next major target so that people leave school with an awareness of BSL and the needs of their Deaf peers.

The Convenor thanked Professor Turner and Dr Napier for their presentation and suggested that the conversations continue after the meeting or by email.

CPGD/402 **HEALTH NEEDS ASSESSMENT:** The Convenor introduced Drena O'Malley from Deafblind Scotland to speak to this agenda item. DO'M tabled some notes. The Health Needs Assessment is a partnership between NHS Greater Glasgow and Clyde, Deafblind Scotland and Deaf Connections. DO'M gave the history of where this piece of work came from and explained how the process worked.

A questionnaire was sent to 300 people in different formats and involved face-to-face/one-to-one meetings as well as going to community meetings and making sure communication support was in place so that people could take part.

105 questionnaires were returns. They came from 37 different GP practices. 53% of the deaf participants were BSL users and 25% of the Deafblind people used more than one method of communication. 66% of the Deafblind people lived alone and 28% of the deaf respondents did. They all said that their deafness impacted negatively on their health.

All the Deafblind people were on medication. 45 people listed use of 200 medications. 40% of both groups were unaware of the potential side effects of their medication. On one occasion, DO'M had to explain what a side effect was.

70% of GP surgeries were aware of the need of communication support but did not provide it. 40% thought the health service would fund that support. 82% of Deafblind people and 66% of deaf people felt isolated. For all age groups that was felt to have a negative impact on health.

The most common problem in hospital was lack of awareness by staff and a lack of communication support. More than 70% of GP practices were aware of the needs for an interpreter for Deaf people and 24% were aware that Deafblind people needed a guide/communicator.

More than 70% of both groups responding exercised for more than one hour per week. The main conclusion to be drawn is that funding exercise is working. 58% do not attend the clinics that their GPs run - they don't know about them like hearing people do. As the NHS moves more online, Deafblind people will be doubly disadvantaged. To get through to make an appointment on the phone in some GP surgeries takes 5 buttons to get through.

NHS GGC has agreed to address the issues. They are developing link workers with Deaf Connections and Deafblind Scotland and are making sure that health information is going to the people who need it. Exclusion from screening programmes remains a problem for Deafblind people. More work is needed on how Deafblind and people with a sight loss manage their medication. Communication support for medical

appointments and in-patient treatment has been agreed. More needs to be done in other NHS Board areas including health needs assessments, and how structure and process is made fully accessible to deaf, Deaf and Deafblind people.

There needs to be more research done on how Deafblind people manage their medication and possible side effects.

The Convenor thanked Drena O'Malley for her presentation and asked that she send her an email about what information Deafblind Scotland and Deaf Connections would like from other Health Boards and Parliament. This could be carried over to another meeting.

Wendy Jack told the meeting that where she works there are programmes in place to help people manage their medication. She will circulate this information to members of the group.

CPGD/403 STANDARDS, PROCEDURES AND PUBLIC APPOINTMENTS COMMITTEES INQUIRY INTO LOBBYING: This committee has put out a call for evidence. If you have anything that you want included in the discussions, please do respond to the committee.

CPGD/404 DATES OF NEXT CPGD MEETING: The next meeting will be on 12th March 2014. The Convenor closed the meeting and wished everyone a Happy Holiday.