



Social Care Group
Department of Health



stepping

away from the edge

Improving services for deaf and hard of hearing people

Foreword

I am pleased to be able to offer my support for *Stepping Away from the Edge* - the latest publication on services for Deaf, deafened and hard of hearing people.

The ideas in this booklet are relevant to specialist services for Deaf, deafened and hard of hearing people as well as services to adults and older people: a large number of whom have hearing loss. It is therefore important reading for all managers and practitioners wanting to develop services.

Stepping Away from the Edge follows on from the findings of the Social Services Inspectorate's report on services for Deaf and hard of hearing people 'A Service on the Edge' in 1997. The inspection report of eight local authorities found that although there were several areas of service provision that needed development, there were also areas of good practice which could be usefully followed by other service providers.

This booklet is the result of collaboration between representatives of local authorities and voluntary organisations working closely with the Social Services Inspectorate over the course of a year and sharing ideas about services for Deaf, deafened and hard of hearing people.

Through the presentation of up to date examples of local working practices, the booklet aims to offer innovative suggestions and guidance that could also be tried out by other service providers.

Stepping Away from the Edge does not claim to be the definitive answer to the provision of services for Deaf, deafened and hard of hearing people, but I hope that you will find some of the ideas helpful in meeting the challenges of the agenda set by the inspection report.



John Hutton
Parliamentary Under Secretary of State for Health

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Introduction

Who is this booklet for?

This booklet is a practical tool for social services departments aiming to provide the best possible services for people who are Deaf, deafened or hard of hearing. It offers practical guidance and examples of current positive practice in services for adults who are hearing impaired.

In this booklet we follow accepted practice and use a capital 'D' when referring to Deaf sign language users

The information and ideas shown here should be especially useful to social services staff and those from other agencies who provide: specialist services to Deaf, deafened and hard of hearing people; assistive equipment; residential services, day services, domiciliary services; services for older people.

The booklet also offers essential guidance to councillors and to senior managers who are determining the level of resources they will allocate to this area of work.

What does this booklet do?

This booklet provides:

a summary of information about the range of access requirements that deaf deafened and hard of hearing people may have;

ideas about improving services to people who are deaf, deafened and hard of hearing;

suggestions to aid planning and commissioning;

stepping stones to a better service.

Some readers may already have extensive knowledge of the range of requirements of deaf service users. Some may have specialist knowledge relating to Deaf sign language users or perhaps to older people with hearing loss. Others may have responsibility for services that are used by the general population, and may want to develop their understanding of the specific needs of deaf and hard of hearing

people. This applies especially to residential care, assistive equipment, services for older people, mental health services, and services for people with learning disabilities.

The guidance is built on current examples of good practice and has been developed by a group of staff drawn from authorities around England who work in this field. There is no single template for success, and we have tried here to demonstrate the issues that need to be considered and illustrate a range of potential options for meeting the needs of service users.

The sections are clearly divided so that managers and planners may retrieve specific sets of guidance as required: inevitably this has led to some repetition in order to ensure that each section is able to stand alone. Sections include:

relevant legislation and standards

benchmarks for planning and delivering services to deaf and hard of hearing people

ideas for promoting high standards

facts about deaf people and their access requirements

a brief outline of the adjustments that ensure access

Section Three gives simple facts about deafness, and about the range of communication requirements that Deaf, deafened and hard of hearing people may have.

the context

section

-1

There are four significant matters that currently influence development in this field:

1. the Government's proposals to improve social services, contained in the White Paper - *Modernising Social Services*;
2. the Social Services Inspectorate report - *A Service on the Edge*;
3. the Government's initiative on Best Value;
4. the Disability Discrimination Act;

In addition there is a wide range of law and official guidance that affects the provision of services to deaf and hard of hearing people (see *appendix 2*).

1. Modernising Social Services is the Government's White Paper which sets out its plans for social services. All developments in services for deaf people should be taken in the context of this White Paper, particularly Chapter 2 on Services for Adults.

The White Paper emphasises the importance of promoting independence and the value of employment as a 'powerful pathway to independence'. This new emphasis applies equally to services for Deaf, deafened and hard of hearing people (although it may call for greater changes in services for some groups than others).

The White Paper highlights a work experience project for deaf people with which **Lincolnshire Social Services** are involved.

There will be a new project entitled *Fair Access to Care Services* that will look at assessment and eligibility. This will have an impact on services for deaf and hard of hearing people by:

improving standards of screening, assessment, care planning and review among social services departments;

reducing variations between SSDs in the way these processes are devised and applied;

improving the way in which eligibility criteria for social care are devised.

Fair Access to Care Services will cover older people and adults of working age. It will relate to the National Frameworks for Older People and Mental Health and will help to promote the independence of clients at each stage of their contact with social services.

2. A Service on the Edge

In 1997 the Social Services Inspectorate produced an inspection report on services for deaf and hard of hearing people, titled *A Service on the Edge* (see bibliography). This report revealed that the general standard of services was disappointing and identified the main areas for action as:

assessment

specialist services for people who are deaf or hard of hearing

communication

access

information

planning and management.

The **British Deaf Association** and the **Royal National Institute for Deaf People** are working together with the Association of Directors of Social Services (ADSS) to develop minimum standards.

3. Best Value is a government initiative to ensure that all local authority services are subject to scrutiny on a rolling five-year programme. These reviews must adopt a specific framework. They are required to:

challenge the need for the service and why it is provided in its current form;

compare the service with other similar services, with the views of service users and suppliers and with relevant performance indicators;

consult on new performance targets with taxpayers, service users and the business community;

compete to ensure the service is delivered from the best source.

Each review must produce an improvement programme. Within the next few years, all social services departments will be obliged to demonstrate that their services to deaf people represent best value and all will be required to introduce a plan for improvements.

4. The Disability Discrimination Act (DDA)

The DDA places certain duties on service providers in relation to the access that disabled people have to their services. Since December 1996, it has been unlawful for a service provider to refuse unjustifiably to provide a service to a disabled person on the same grounds as are available to other people. From October 1999, new duties will come into force which will require service providers to take reasonable steps to change practices, policies or procedures which make it impossible or unreasonably difficult for disabled people to use a service; provide auxiliary aids or services which would enable disabled people to use a service; and overcome physical barriers by providing a service by a reasonable alternative method.

From 2004, service providers will have to take reasonable steps to remove, alter or provide reasonable means of avoiding physical features that make it impossible or unreasonably difficult for disabled people to provide a service.

It is estimated that around 8.7 million people have some degree of hearing loss. Of these around 5.9 million people (RNID) are thought to be sufficiently deaf or hard of hearing to be considered disabled under the terms of the Act. The great majority are older people who have age-related hearing loss. Data from the Office of National Statistics suggests that any service meeting the needs of older people can expect that around one third of those service users will have a significant hearing loss.

Introduction

This section follows the cycle of planning and delivering services. It aims to assist managers to focus clearly on the distinctive needs of deaf and hard of hearing people at each stage of that cycle. In addition there is detailed guidance on a few specific services. Whilst every aspect of social services needs to be accessible to deaf people, there are some, such as residential care and domiciliary care that serve a high proportion of deaf or hard of hearing people. Other services may deal less often with deaf people, but the consequences of a poor service can be severe - mental health is a prime example.

The examples and guidance offered here should assist staff who are seeking to establish that their services offer Best Value, enabling them to make useful comparisons. It does not offer a blueprint for good practice, rather it outlines a range of practices drawn from several local authorities which they think have proved effective.

The chapters in this section are:

Planning and delivering services:

- gathering information
- making the most of resources
- working in partnerships

Consultation and user involvement:

- commissioning
- assessing needs
- providing services
- providing accessible information
- communication services
- specialist services for deaf people and hard of hearing people
- supplying equipment

Development of specific services:

- residential, respite and day care services
- mental health services for deaf people
- services for deaf people with learning disabilities

Ensuring quality and effectiveness

Planning and Delivering Services

Gathering information

One theme running through this document is the need for reliable information. Clear plans for improvement (required for action on Best Value) can only be developed in the context of knowledge about whose needs are being served and the standards of current provision. An audit of services will provide information about current standards. There is a growing body of expert individuals and charitable organisations that have the necessary expertise to carry out specialist audits of these services.

Gathering information about the local Deaf, deafened and hard of hearing population can be much more complex. Social services authorities are obliged to maintain registers of deaf and partially hearing people, but there is no obligation on individuals to register. As a result, any figure for the prevalence of hearing impairment derived solely from a register is likely to be a significant underestimate. SSDs should therefore seek additional means of establishing the numbers of Deaf, deafened and hard of hearing people in their area using criteria such as communication preferences, age, ethnicity etc. These statistics can be gathered through:

demographic data;

liaison with audiology departments (for numbers of hearing aid users);

liaison with local Deaf communities;

information from the LEA regarding deaf statemented children.

There may be further information about deaf and hard of hearing service users hidden in data already held by the social services department in its' management information systems. This is especially true of community care assessments. This should at least reveal current levels of service provided in relation to hearing loss. A large proportion of service users with learning disabilities are also likely to have a hearing and/or visual impairment. If the data does not readily reveal information about deaf and hard of hearing service

users then the systems themselves should be reviewed so that information is collected and stored in a more helpful way.

The Living Options Devon, Sensory Project has produced a comprehensive report, *Registration: Help or Hindrance* (see bibliography) that investigates the issues concerned with registration of people with sensory loss, highlighting the differences between people with visual and hearing loss.

Stepping stones to improvement

audit current service.

find out where useful information about the local deaf and hard of hearing population might currently be held.

improve relevant databases to enable further information to be revealed.

The White Paper *Modernising Social Services* (see bibliography) lays out a framework for service provision that has special relevance for services to deaf people:

“We believe that the guiding principle of adult social services should be that they provide the support needed by someone to make most use of their own capacity and potential. All too often, the reverse is true, and they are regarded as services which do things for and to dependent people.”

Planning services for deaf and hard of hearing people in this context can mean a tremendous shift in approach.

Making the most of resources

Services to deaf people, deafened and hard of hearing people are often relegated to the bottom of the priority list, not least because deaf people are mainly not complainers and their needs are frequently hidden. Those authorities that have developed effective services for deaf people have often done so through a person with designated responsibility for deaf services.

Appointing someone to lead on services for deaf and hard of hearing people enables standards to be set, training programmes to be agreed and procedures to be established. The responsible person would also ensure adequate liaison within the SSD and between the

SSD and other agencies (especially health and voluntary organisations). Just as important, he or she would keep councillors properly informed about deaf people's needs.

Working in partnerships

There is a new expectation that many public services will be provided in partnership, and that those partnerships can draw in organisations from the private, voluntary and statutory sectors. One of the principal benefits of this approach is that it demands a high level of clarity about who is providing what. Contracts and service level agreements must be explicit.

In the field of services to deaf and hard of hearing people, the partnerships are most often with health services and with the voluntary sector, although there are initiatives with the private sector.

Health services / social services departments

Proposed NHS legislation will impose a duty of partnership between health and social services, taking one step further the increasing statutory emphasis on joint working between social services departments and health service providers. Joint Investment Plans for all user groups will become a requirement in year 2000. This framework adds weight to an approach which had already been widely acknowledged as being in the best interests of service users.

The Association of Directors of Social Services recommends that all Community Care Plans should include specific reference to services for deaf people (*Call for Action*, ADSS).

New joint structures for planning will emerge with changes to primary care through the development of Health Improvement Programmes and Primary Care Groups. These changes will provide significant opportunities for social services departments and health services to build effective links that provide a seamless service to users. The *National Priorities Guidance* (Department of Health, September, 1998) adds further weight to the importance of joint working and particularly emphasises promoting independence. Primary Care Groups may offer the chance to deliver more integrated local services.

Firm arrangements for liaison and joint work are crucial for services to people who are newly diagnosed as deaf or hard of hearing. Deafened people in particular may require substantial support in

copied with sudden deafness and yet they often slip through the net where liaison depends on informal networks. Joint planning/commissioning between health services and SSDs ensures that all adults and children are appropriately referred from audiology clinics to the SSD for suitable support.

Together, health services and social services departments have developed a range of working practices that contribute to a 'seamless' service for the user. These include:

social services staff based at the audiology clinic;

social services staff attending the clinic on a sessional basis;

SSD contracting a voluntary organisation to provide an equipment display at the clinic;

jointly produced information packs handed to all who attend the clinic.

Voluntary sector / Social services departments

There are very few social services departments that do not now work in partnership with the voluntary sector to provide some services. The critical factor in this formal relationship is the nature of the contract. The more that expected standards are explicit, the more the service itself will develop.

The voluntary sector has often provided a clear route through to service users, especially through organisations of specific groups; but some voluntary organisations that have built their role as service providers now have more complex relationships with users. However, self-help user groups are still a major aspect of most local voluntary sectors.

In **Cheshire, Halton and Warrington**, the authorities have jointly devolved the provision of all services to deaf people to the voluntary sector. This model aims to be user-led and actively promotes the employment of deaf people at all levels in the provision of services. The **Deafness Support Network** provides assessments, equipment, residential services, specialist social workers, interpreter services - all within a service level agreement.

Partnership with the voluntary sector can also be based on skill sharing. In **Essex** the social workers from the sensory teams have provided deaf awareness training to local organisations such as DIAL and the Citizens Advice Bureau.

Stepping stones to improvement

appoint someone who has specific responsibility for improving services to deaf and hard of hearing people.

map current points of contact with health services, other local authorities and the voluntary sector: develop clear strategy to improve joint planning.

use partnerships to develop and share skills.

Consultation and User Involvement

User involvement is a crucial part of the planning cycle that can influence each stage of decision making. There are of course statutory responsibilities to develop plans on the basis of consultation, and plans can only deliver Best Value if they derive from consumer feedback. But effective consultation with deaf service users can be elusive.

Practical pointers

Consultation meetings with deaf people depend on effective communication - if the communication does not work then the social services department may find it has undermined all the links it has worked so hard to build:

the room should have adequate lighting, an induction loop for hearing aid users (these can be portable and *must be checked to make sure they are working before the meeting*). The layout should facilitate clear sight of speakers and be preferably not in rows;

the Chair should be briefed on how to run meetings with deaf and hard of hearing people;

the meetings should be clearly advertised in advance. Older hearing impaired people may be less mobile and need help to get to the meetings;

communication services at consultative meetings must be excellent. They should include appropriately qualified interpreters who are fluent in the local idiom for sign language users; deafened and hard of hearing people may be assisted with lipspeakers and/or speech to text transcription. Although touch typists may also be used, they are not necessarily trained.

Further details about communication services can be found in Section Three.

The needs and experiences of deaf, deafened and hard of hearing people are very different: drawing these groups together for joint consultation can be fraught with tensions. It can work, but development work is generally required first to enable people to focus together on raising standards for all deaf people. This may require separate pre-meetings to establish a clear understanding about the role of social services and the sort of information and feedback you will be seeking through consultation. Experience has shown that consultation meetings that are chaired by people who are not part of the SSD are perceived to be more open and empowering. Meetings should be well advertised in advance and promoted through a wide range of activities.

Effective consultation with Deaf sign language users nearly always depends on initial work to ensure service users and providers have an agreed basis for that consultation. This is especially so where the local Deaf community may not have accepted the shift in social work provision for Deaf people but where the social services department has already determined to provide services only to those deaf people who have defined social care needs. The **British Deaf Association** has produced guidance on consulting Deaf people in its report *Visible Voices: developing Deaf service user involvement in local services* (see bibliography).

A Devon project has brought together a group that includes people with a visual and/or hearing loss to inform purchasers and providers about the effectiveness of their services. The experience of the **Living Options Devon**, Sensory Project is outlined in their report *Unseen Unheard: facing the realities of participation* (see bibliography). This report draws out the particular issues facing rural social services departments, where user groups can be low in numbers and spread across a wide area; here, consultation inevitably embraces more than one user group. The report provides useful guidance on the practical steps that help to make consultation effective.

Kent Social Services Department sought the opinions of individual Deaf service users as part of its Best Value initiative. The SSD recognised that postal questionnaires would be inappropriate for many Deaf people whose first language is sign language and so they developed a BSL questionnaire which was delivered by a deaf worker on a one to one basis to a sample of Deaf service users (*Appendix 5*).

Kent SSD also sent out a postal questionnaire to two out of every five people on the register, and this questionnaire included information about a local deaf consumer group, offering participants the option of obtaining further information. This has provided a useful boost to the group, which in turn is able to contribute more effectively to the development of plans.

Essex SSD has acknowledged the value of participation from service users by setting up a budget to pay people for working with them. For example deaf service users receive a payment for participating in the Deaf Planning Group which brings them directly into the managerial processes of the department. Payments may be made for:

travel expenses and alternative care arrangements;

nominal amounts for work that people do with the department;

the going rate for the substantial jobs such as research.

It is also important to bear in mind that other groups that are consulted will include deaf or hard of hearing people: this is particularly the case with older people. This has an impact on practice and focus. Meetings arranged for older people must at least have an induction loop, and follow the guidance for layout and background noise.

Consultation on each of the specific services outlined in this booklet should include a clear focus on aspects of service delivery to deaf and hard of hearing people. Users need to be informed of the outcomes of consultation activities. Consultation is a continuous process and it is essential to gather feedback about how effective it is perceived to be by service users. The feedback is itself part of the process.

Stepping stones to improvement

seek the view of deaf people reflecting the range of deafness – Deaf, deafened and hard of hearing.

make sure that those consulted fully understand the role of social services and the purpose of the consultation.

make sure public meetings are fully accessible.

check whether consultation processes are perceived to be open by service users.

Commissioning

The services needed for Deaf sign language users and those for people who have acquired deafness or are hard of hearing are quite distinct. It is essential that each of these groups is considered separately for the purposes of commissioning.

This is the point at which service standards should be put in place, with clear targets and an agreed system of review. Whether the service is being provided in-house or externally, the same approach should be used to make sure that service delivery meets the standards agreed in plans.

Decisions about whether to provide services in-house or externally should be based on Best Value criteria and on the strategic direction of the department.

Some local authorities, especially those serving small populations, may find that they have very few Deaf sign language users within their area, and meeting their needs can appear costly. Local authorities faced with this problem are increasingly working with neighbouring authorities in joint commissioning (**Cheshire, Halton and Warrington** together commission services from **Deafness Support Network**). Equally, local authorities may simply commission another authority to provide services.

Specialist areas of work, such as mental health and child protection, need particular attention. It is likely that Deaf people are dealt with in these areas very rarely, yet when they are, their needs are quite distinct from hearing service users. Services may be commissioned on a case by case basis and staff need very clear protocols about how to proceed. (Mental health services are dealt with separately in the chapter *Mental health services for deaf people*).

The needs arising from hearing loss for groups such as older people and those with learning difficulties need to be explicitly recognised in the commissioning process and specified in contracts. Requirements such as staff skills and environmental facilities (see *section 3*) should be clearly identified.

The Social Services White Paper *Modernising Social Services* sets out four key elements of good commissioning:

Needs analysis: commissioning should be based on an assessment of need within the general population that is thorough and based on local evidence. Where appropriate such assessments of need should cover not only social care, but also health, housing and other aspects. (An essential part of commissioning processes in future will be to ensure that the assessment of local needs takes account of Health Improvement Programmes.) Information about gaps in services, services which users would prefer, service shortfalls, and provider performance (through contract monitoring) should be systematically collected during referral and assessment processes, and fed into planning processes.

Strategic planning: planning and planned changes should be in pursuit of agreed strategic objectives, and the planning process should be transparent to users and providers. Information about need, supply and service use should be collected by commissioners, and fed into the planning process. It should be shared with providers and user and carer groups. The views and wishes of users and carers should also be systematically sought, and fed into planning processes. Providers from all sectors should be encouraged, and provided with relevant information. Commissioners should ensure that commissioning funds are flexible and can be switched as required from services that are no longer needed to new ones that are.

Contract setting and market management: a variety of contract types should be used to deliver positive outcomes for users and reasonable security for good providers. Good commissioners should have mechanisms for stimulating new services where needs have been identified, and services are not available. Such mechanisms could involve some form of 'pump priming' such as the use of a block contract to reward a provider for providing new service with a guaranteed level of income. Contract prices should not be set mechanically but with regard to providers' costs and planned outcomes for users.

Contract monitoring: general contracts and specific contracts should be monitored to ensure that providers are providing acceptable standards of care, and that individuals are receiving appropriate help at agreed prices. Commissioners should ensure that providers have their own quality assurance and control systems in place. Good commissioners take swift remedial action when contract monitoring or other information points to problems with individual providers or with a sector of the market. Contracts should be constructed and monitored in such a way as to enable commissioners to identify fraud and safeguard themselves against it.

Stepping stones to improvement

keep in mind the four keys to good commissioning.

think about the needs of Deaf, deafened and hard of hearing people separately when commissioning services.

apply Best Value criteria.

consider joint commissioning, especially where the local Deaf or other population group is known to be low in numbers.

Assessing needs

There are a number of issues that are specific to the assessment of deaf and hard of hearing people's needs. These issues include the basic requirement of effective communication, but also go wider than this. In addition, assessment provides a crucial opportunity to identify skills and abilities that can be supported and enhanced to promote independence, in line with National Priorities Guidance.

Issues to consider

Deaf sign language users are often unaware of the range of services available and may not necessarily ask for the specific service they need. A Deaf person might be hoping for help with carer's responsibilities, or in coping with family breakdown, but might only be assessed on the basis of their deafness because there was no specialist worker with sign language skills present for the full assessment.

Deaf and hard of hearing people rarely have access to the social support available to hearing people. Few Citizens Advice Bureaux or marriage counselling services have arrangements for booking and paying for interpreters. Access to such services is taken into account in assessing the eligibility of hearing people, who may be referred to outside agencies for appropriate support. It is to be remembered that the exclusion of Deaf and hard of hearing people from these services may also increase their eligibility for social services' help.

Assessment procedures at all levels should prompt questions that effectively identify whether a service user has complex needs and should enable them to move between complex and simple assessment as appropriate. For example, is there simply a request to replace equipment or are there wider needs? The staff member who responds to the initial request (whether they are part of the social

services department or within the voluntary sector) must have the capacity to make a judgement on these matters.

Assessment Tools

The initial general screening or simple assessment framework must establish whether hearing loss is an important part of a person's problem. Whilst it is possible to produce specialist assessment forms for people who are known to be hard of hearing or deaf, it is most effective to tailor the general form to include these aspects of the assessment. An inclusive general form prompts all staff to consider the impact of hearing loss, whatever their own specialism and whatever the service user's primary motive for seeking assistance.

Where specialist assessment forms are developed, these need to be consistent with the department's procedures and with its overall approach to assessment. They should also reflect the department's philosophy of care. Social work with Deaf people has its own strong traditions and social workers have played a key role in the lives of individual Deaf people and of Deaf communities, providing advocacy, interpreting, and general support. Many Deaf people welcome this level of support and some have come to depend on it. However, current opinion is that such dependency is inappropriate.

The initial assessment must discover what is the preferred method of communication. Most social services departments automatically ask about language preferences on their assessment forms, but many fail to include British Sign Language (BSL) in the list of options.

Is deafness the primary concern?

The assessment should establish whether the person's deafness constitutes their primary need, secondary need or access need.

Primary need

Examples of the special services sought by deaf and hard of hearing people could include:

a traumatically deafened person might seek help to adjust to becoming deaf;

a highly dependent Deaf person might require structured support to reduce dependency;

or an older person might simply need practical assistance with increased hearing loss.

Assessment staff need to have an assessment framework that enables them to explain (in depth if necessary) the social, emotional and psychological implications of deafness in order to work out with service users an appropriate support package - either simple or complex.

Experience shows that different approaches need to be put in place to support Deaf people who have learned to rely on their social worker, enabling them to develop their independence as the social work service is redefined. A number of social services departments provide communication support workers who have sign language skills to provide advocacy. In **Norfolk** the social services department funds the Norfolk Deaf Society Communication Services to provide a weekly service at the local Deaf club. Here, Deaf people can seek help from a Deaf member of staff with such matters as form-filling, dealing with correspondence, booking an interpreter, and household problems.

Deafened adults need an opportunity to deal with the impact of their hearing loss on employment prospects, family relationships, and their sense of identity - they require a holistic assessment. Staff who make assessments for equipment are rarely trained in the wider aspects of social care, it is therefore crucial that such staff receive professional supervision to enable them to identify service users with additional needs. They should also check whether the service user would like communication services from a lipspeaker or notetaker at any interviews.

Secondary need

Deafness may not be the reason that someone seeks help, but it can have a major impact on the service they receive. For example,

a person with learning disabilities who has a significant hearing loss;

a person with Alzheimer's who is also hard of hearing.

Assessment staff need a framework that ensures that the impact of deafness on the person's other needs are properly accounted for and responded to. For example, does the person with learning difficulties need access to the Deaf community to help establish natural communication and promote language skills? Does the older person need a residential home which has staff who are deaf aware and is well equipped etc?

Access needs

The service user may be Deaf or hard of hearing, but this may have no direct impact on the service itself. However, it will affect the

communication services the service user will need in order to gain access to the particular service they require. For example,

a Deaf parent with a hearing child in need.

Assessments should establish what communication service or equipment may be required for the person to gain equitable access to a particular SSD service, such as Family Support. A care package may include the need for access to other public services and clear local agreements should be arranged so that the Social Services Department is not solely responsible for access (see *chapters on Commissioning and Communication Services*).

Eligibility

Some SSDs have examined their eligibility criteria to ensure that deaf people are not unfairly excluded from services. They have included communication requirements and have reflected the fact that a lack of adequate communication services in the home can place deaf people in physical danger. **Hampshire**, for example, automatically assesses hard of hearing people who require door alerting systems and visual alarms as high priority: once they have the equipment they are no longer considered at risk on these grounds.

Clear information about the criteria and procedures must be available to deaf and hard of hearing applicants in fully accessible formats.

Ethnic minority deaf people

Assessments should allow for the specific experience of ethnic minority deaf people. There may be a range of linguistic and cultural issues to be considered. For example a service user may have learnt to lipread English at school but have limited skills in the language used at home. Service users may feel excluded by deafness from support services aimed at hearing people, and may additionally feel excluded from the support of the local (white) deaf community.

There are additional difficulties in meeting the needs of refugees or people recently arrived in the UK. Their sign language may not be BSL, it could be sign language from another country, or it may be a mixture of BSL and another language, in which case the interpreting requirements can be very complex. It may be necessary to use a relay interpreter to translate from the service user's language to BSL, but there is no qualification for relay interpreters and standards cannot be assured.

Stepping stones to improvement

make information on how to obtain an assessment available in suitable formats.

make sure deaf and hard of hearing people have the same access to assessment as other service users and their carers.

provide clear routes for simple and complex assessments: establish a bridge between the two where needed.

train staff to meet the needs of deaf and hard of hearing services users.

check that the documentation and the process encourage deaf and hard of hearing people to participate in and comment on assessment.

develop alternative strategies for those service users who may currently be highly dependent on social services support.

recognise that communication and culture may be potential barriers to using offered community services which may at first seem to meet identified needs.

Providing Services

Providing accessible information

Deaf sign language users

English is not the first language of many Deaf sign language users, and many leave school with limited skills in written English. British Sign Language (BSL) videos are the most accessible form to convey official information, but if this is not feasible then leaflets and forms must be brief, written in very plain English and illustrated wherever possible.

General promotional information that the Social Services Department conveys to the local population is often missed by Deaf people, who rarely read local papers, do not listen to the radio and may not receive news that is spread by word of mouth. On the other hand, the 'grapevine' within Deaf communities is usually exceptionally effective.

Social Services Departments will inevitably need to select which pieces of information to target specifically at the local Deaf population, and this should include both information specific to their needs, and also more general information about the SSD and its services. All service users should have a clear understanding of

charging policies in particular - what the policy is and how it affects them personally. **Warwickshire** have produced BSL videos on assessment, care management and the complaints procedures.

Published information can be placed on the Internet, on teletext, and with publications such as British Deaf News.

However, the best way to make sure Deaf people have the information they need is to build strong links with the local community and to give them the information face to face.

Hard of hearing people

Reaching hard of hearing people can be equally difficult, but for different reasons. Older people who are hard of hearing do not generally perceive themselves as deaf. They may not pick up on notices advertising services available to hard of hearing people. Again, direct contact through day centres, voluntary organisations, local libraries and audiology clinics is more likely to be effective.

Deafened people

Deafened people can be the hardest of all to reach. As individuals they are most likely to be isolated from networks of support. This re-emphasises the need to build early links through good contacts with the audiology clinic.

Stepping stones to improvement

make essential information available in different languages and in alternative formats.

seek consumer feedback to establish whether the product is effective both in content and accessibility.

make information widely available and in a range of settings.

Communication services

Social care services cannot meet their statutory responsibilities to deaf and hard of hearing people unless there is appropriate provision of communication support. Staff need to have clear systems for booking interpreters and other communication workers. In addition, some staff should have the skills to communicate directly with service users.

Local authorities have developed a range of systems for providing communication support:

some may fund communication support agencies, often through joint funding with health services;

some enable staff to book interpreters direct (**Hampshire**);

some employ their own communication support staff (**Deafness Support Network**);

some employ their own sign language interpreters (**Bexley, Haringey**).

SSDs may have been the only agency in a locality to set up appropriate systems for communication support for deaf service users, and in some instances this has led other agencies to rely on SSD provision. Whichever route is chosen for the supply of communication services, it is important to make the terms clear and specific to SSD services.

In the recent past, social workers for Deaf people have combined the responsibilities of advocate and interpreter with their professional care responsibilities. Some Deaf people still ask for social workers to interpret. This practice confuses the social worker's role, and can increase the dependence of the Deaf service user. Whilst it is important to draw a line between the various roles, it is equally important to involve Deaf service users in any changes to long standing provision.

Deaf people do sometimes ask for a friend or family member to interpret for them in situations of crisis. Whilst it may be very helpful for them to have someone present whom they trust, it is equally important that the interpreter is independent and has the recognisable skills to work in this situation. Equally, interpreters should be present for both parties and staff themselves may want a skilled interpreter present to ensure what they say is conveyed effectively.

There is now a broad consensus among organisations representing Deaf people that only registered qualified or registered trainee sign language interpreters should be used for interviews where misunderstandings could have serious repercussions for the service user.

SSDs should always aim to have access to qualified interpreters. However, it is also recognised that there is a severe shortage of qualified or trainee interpreters and that in some situations it may be necessary to use people with fewer qualifications. When this occurs, the SSD should record the fact and use it as evidence of the

need to improve the local communication services available from the SSD.

Whereas with sign language users the need for an interpreter is fairly evident, the needs of hard of hearing and deafened people can easily be overlooked. These groups of people, especially those with age-related hearing loss, may be reluctant to express their difficulties in following speech, and yet they may require lipspeakers or note-takers at interviews and will almost certainly require this level of support at larger meetings. Staff will need to acquire the skills associated with deaf awareness so that they can tactfully check whether communication support is required.

Stepping stones to improvement

establish clear systems for providing communication support that are known to all staff.

establish protocols to ensure that interpreters and other communication support staff are competent to meet the demands of the specific work for which they are engaged.

check that the cost of the service is appropriate to the service standard.

seek feedback from consumers of the service – deaf service users and staff – to establish whether all parties are satisfied.

Specialist services for deaf and hard of hearing people

Deaf sign language users

The philosophy of social care for Deaf people has changed considerably in recent years, and there is now a firm move towards promoting independence among service users. Social workers for Deaf people had traditionally provided a bridge to the hearing world. It is now widely held that specialist social workers who understand Deaf culture and are fluent in BSL should be meeting the needs of deaf people who could have additional social care requirements. These service users might have clearly identifiable problems, such as illness, or responsibilities as a carer, or they might simply be vulnerable through a personal history of social exclusion.

A Deaf person who has been deaf since earliest childhood can become vulnerable through persistent exclusion that could start in the family and continue at school. Deaf children are not always diagnosed in their first months, and even when a diagnosis is made, their language needs may not be addressed. As a result a Deaf adult may have minimal language skills in any language (including sign language), and this can have a considerable impact on their ability to develop independence.

However, outside areas that have large Deaf communities, there may be relatively few service users who are eligible for such specialist support. There can be great merit in sharing resources across local authority boundaries (*see chapter on Commissioning*). Equally, specialist teams may be very small and have a wide range of responsibilities: they will require clear priorities to help them manage demand.

Once social workers operate in clearly defined areas, this can leave gaps in care and support that may be filled in other ways. Some local authorities, such as **Kent**, are meeting the broader needs of Deaf people through the employment of Deaf support workers who are themselves Deaf sign language users. These support workers allow a clear distinction to be drawn between advocacy and social work. There is a further benefit to the local Deaf community in that it provides training and employment opportunities for local Deaf people.

In **Plymouth** too, there are community care workers with specialist communication skills; the authority also provides specially trained receptionists and technicians.

Deafened

Adults coping with becoming deaf require considerable short-term support and guidance, and there are authorities (**Derbyshire** and **Hampshire** among them) that provide specialist staff to respond to the needs of people with acquired deafness.

Shropshire's sensory service provides volunteers who are hearing aid users to work with new hearing aid users and run a three-week course involving hearing aid users and SSD technical staff.

Effective models of good practice all depend on high levels of collaboration between health and social services which ensure that newly

deafened people are referred from audiology departments to social services.

All SSD services

Deaf and hard of hearing people are just as likely to require the range of SSD services as any other sections of the population. Indeed, those services that are particularly used by older people will inevitably be serving a high proportion of hard of hearing people - support for older carers and residential care are prime examples.

Supplying equipment

The provision of appropriate equipment is central to promoting independence. The Disabled Living Centres Council has produced a general guide to good practice in disability equipment services. The guide, *Community Equipment Services...why should we care?* (see bibliography), draws on research into current provision which reveals:

long waiting times for assessment and subsequent supply;

inappropriate supply of equipment following assessment;

inappropriate use of equipment due to lack of training and support;

equipment becoming inappropriate due to changing needs;

a relative lack of priority for equipment provision within planning for community care and community health services.

Each of these general points is specifically applicable to equipment services for deaf people. Yet simple and often inexpensive equipment can reduce isolation in the family by providing the deaf person with equal access to information, such as a flashing doorbell.

It is also true that the provision of communication equipment in particular, such as textphones, faxes, and videophones may be fundamental to the effective development of a communications strategy that aims to make local authority services accessible to deaf people.

Essential safety equipment includes visual smoke alarms and visual alerting devices for doors and phones. There is a wide range of additional equipment that can help Deaf and hard of hearing people in their homes, e.g. induction loops for use with television sets, adapt-

ed telephones, vibrating pagers, visible baby alarms, textphones. These items may be available through SSD services. Key staff should have a responsibility to update their knowledge of technological developments and changes to equipment so that the equipment provided represents best value.

There is enormous variation in the delivery of these services. Partly this derives from political judgements about the level of resources that can be applied, and partly it reflects the diverse ways in which service delivery has developed over recent years. Charging policies must be clearly understood by service users so they can make an informed choice about whether to seek equipment from the SSD or to buy privately. (See also chapter on providing accessible information).

Assessments

Not all hard of hearing people use a hearing aid, but those who do are likely to benefit from a range of assistive equipment, and may need that equipment to ensure their safety at home. One way to reach such people is to establish a 'one-stop shop' with the local audiology department to enable people to receive an initial assessment for equipment at the same time as they are tested for a hearing aid.

However, those hard of hearing people who do not use a hearing aid will also benefit from the use of much of this equipment, e.g. flashing light doorbells, amplifiable telephones, television headsets.

People may hear about the existence of services through local publicity, which may include the local press, and displays in prominent places, e.g. day centres, shopping areas and libraries. In some areas local authorities extend their equipment service by the use of a converted minibus that can be used to display equipment in a variety of locations (**Kent SSD** uses Hi-Kent). These displays can help to alert a wide range of people of the availability of the service.

Providing equipment

Some local authorities have SSD staff who assess deaf people's needs and deliver and install the equipment (**Hampshire** and **Norfolk**). Some local authorities use voluntary organisations to provide equipment services (**Leicestershire** uses the Red Cross, **Kent** uses Hi-Kent to provide equipment to people over 65). Some local authorities have a contract with private organisations to provide all aspects of the service (**Derbyshire** County Council has a contract with Nottingham Rehab. The assessment of need is undertaken by Derbyshire staff, the equipment is supplied and maintained by Nottingham Rehab).

Direct payments

Direct payment schemes may be used to enable deaf and hard of hearing people to buy personal equipment that most suits their needs.

Stepping stones to improvement

assess whether equipment provision is given appropriate priority within planning for community care and community health services.

provide appropriate training for staff who assess needs.

build relevant skills among staff who install equipment.

seek consumer feedback on the assessment, the suitability of any equipment provided, and the level of support provided to use the equipment.

monitor the standard and range of equipment provided.

check the accessibility of the service (particularly to ethnic minority deaf people).

check waiting times for assessment and subsequent supply.

Development of specific services

Residential, respite and day care services

Deaf awareness training for staff and appropriate on-site equipment can make an enormous difference to the quality of care for people using residential services, respite care and day care services. This is especially the case for older people whose hearing loss increases with age.

The first step is to develop a policy of care that lays the framework for a range of standards. These standards will deal with staff training, on-site equipment, the environment and should be in local

Inspection Regulation standards. The National Priorities Guidance provides the impetus to address this. Inspections are an essential route to ensuring compliance with agreed standards in all residential care establishments. Inspectors themselves will therefore require training to ask the right questions and adequately assess the environment.

Staff skills

Residential care, day care and respite care staff are in a crucial position to promote the general well-being of residents. These staff can only be expected to respond to matters that relate to hearing loss if they are deaf aware. Generally they will require training that is carefully tailored to their specific needs as residential care staff. In addition to the standard course components, staff should understand:

the potential range of needs that deaf people might have and how to respond effectively to individual requirements.

the basic tenets of lipspeaking in order to communicate effectively, especially with hard of hearing residents who do not use a hearing aid.

hearing aids require routine maintenance at regular intervals and one or two members of staff should receive training in the care of hearing aids as part of their basic deaf awareness training. These staff should also be able to check that the hearing aids have been properly fitted by residents. (*See Section Three Making adjustments*).

Essential equipment and adjustments

It can be safely assumed that all residential care for older people will be serving individuals who require some or all of the following adjustments to make their stay comfortable:

Telecommunications

All telephones available for use by residents should have inductive couplers (for use with hearing aids) and controllable amplification. Residents should also have access to fax and textphone.

Televisions

At least one television should have teletext facility to provide subtitles to some programmes.

Visual alerting devices

The alarm system should include a visual alert. Entryphones should also have visual indicators. Residents who are hard of hearing should have visual alerts linked to the doors of their own rooms to ensure privacy.

Environment

The traditional layout of chairs along the walls of common spaces mitigates against lipreading - it puts distance between people and makes lipreading difficult even with immediate neighbours. If a television or radio is always switched on this adds background noise that can make the use of a hearing aid virtually impossible. One area in the communal space should have an induction loop installed to ensure that talks and entertainment are accessible to hearing aid users.

Information

Announcements are best made in acoustically friendly environments, in rooms which have carpets and curtains, rather than in a dining area in which there may be hard tables and a background noise of crockery and cutlery. It is also helpful to provide written notes of important information that hard of hearing residents may have missed.

Deaf sign language users.

Occasionally Deaf sign language users enter residential care that is not provided by a specialist establishment. Their assessments should take into account their language needs and a communication service worker should be assigned to them to ensure they are not isolated.

Internal protocols.

All residents should receive regular screening for hearing loss. Even those residents who have been prescribed a hearing aid should be regularly checked, as hearing loss increases considerably with advancing age. At the same time as the check, an assessment should be made of the potential associated impact of any sight loss. This could have considerable bearing on the contract relating to the individual resident.

All staff should be clear about who is responsible for what in the provision of equipment and for maintaining an accessible environment: this may involve referral back to the SSD.

Stepping stones to improvement

incorporate deaf issues into Inspection and Regulation procedures.

For each residential, day care or respite care unit:
audit existing resources including staff skills / equipment, and assess the environment.

staff and residents develop an improvement plan with specific targets to make the unit 'deaf friendly'.

install appropriate equipment to ensure safety, privacy and contact with family and friends.

train key staff in deaf awareness and in the use of specialist equipment.

train all staff to have appropriate communication skills.

Mental Health Services for Deaf People

There is considerable evidence to show the disproportionate incidence of mental health problems among deaf and hard of hearing people. The NHS Health Advisory Service, *HAS 2000, review of mental health services Forging new channels: commissioning and delivering mental health services for people who are deaf* provides detailed information and guidance in this area. The report offers a model for good practice that introduces a four-tier system of referrals which includes all service providers in this field.

Deaf children are often born into hearing families where the family must choose which is to be the child's first language - sign or spoken. Opinion is fiercely divided about which is most effective, but it is known that many deaf people experience delays in developing any language skills. As a result, a significant number of deaf people have limited receptive or expressive language of any sort: this may have an impact on mental health.

Statistics show that 40%-50% of children who are deaf may have emotional, behavioural and adjustment problems compared with up to 25% of children in the general population (Hindley P et al, *Journal of Child Psychiatry*, 1994, vol 35, p917-934). Among adults, several trends have emerged that indicate that those who are deaf are more likely to suffer from a personality disorder or

behaviour or adjustment problems than others in the general population. (See *HAS review for further information*).

Language is crucial for a child's development. The developmental difficulties Deaf children can face may be compounded by a greater vulnerability to isolation, bullying and child abuse. Although this guidance document does not address the specialist area of children's services, it is clear that the appropriate provision of children's services is crucial to the healthy development of Deaf and hard of hearing children.

Sign, a charity that campaigns for Deaf people with mental health problems, has produced a report entitled *Mental Health Services for Deaf People: are they appropriate?* The report includes a survey of 71 SSDs. Its primary finding was that mental health services for deaf people are provided in the absence of reliable information about the local deaf and hard of hearing population, or of the specialist services they might require and those that are available.

The Mental Health Act 1983 stipulates that local authorities must be confident that they can interview people in an appropriate manner. This demands careful planning for Deaf and hard of hearing people. Effective mental health services require:

multi-agency working and planning;

services for Deaf and hard of hearing children that prioritise their early need for language development;

improved awareness of the potential impact of deafness on mental health;

assessment procedures that take account of the cultural and linguistic background of Deaf people (e.g. understanding the context of apparently explosive behaviour / avoiding the use of written questionnaires);

particular attention to be paid to handling compulsory admissions to hospital under the Mental Health Act as sensitively as possible, ensuring that the patient is interviewed in a 'suitable manner' (see section 13(2) of Mental Health Act 1983);

effective sign language skills among at least a small number of staff providing primary care;

appropriate contracts with providers of specialist care for Deaf people.

appropriate support offered to the families, partners and carers of those with mental health problems.

Whilst mental health problems may be prevalent in the Deaf community, there may be very few individuals within a single local authority who require care. This is therefore an area of work where resources may usefully be pooled across authorities, in co-operation with the appropriate health authorities, NHS Trusts and independent sector providers. There are three regional sources of specialist help, the Pathfinder Trust, London, for the South, the John Denmark Unit, Prestwich, for the North, and the Queen Elizabeth's Hospital, Birmingham, for the Midlands. The Pathfinder Trust is also developing an in-patient service for Deaf children and adolescents.

Mental health services for people who are Deaf or hard of hearing should, wherever possible, be integrated within mainstream services as set out in the Government's strategy, *Modernising Mental Health Services*, the National Service Framework for Mental Health (when published), and the National Priorities Guidance. Within this overall policy framework it may, however, be necessary to develop some specialist services to address the needs of Deaf people in particular.

Stepping stones to improvement

establish appropriate multi-agency planning. Enable professional to work together across departmental and agency boundaries for service delivery.

make sure cultural and linguistic issues are taken into account at assessments.

facilitate access to staff with specialist knowledge of Deaf culture *and* mental health problems, perhaps at a regional level.

draw up clear protocols so that staff make appropriate use of communication services at assessments. Make sure emergency duty or out of hours teams have access to interpreters.

provide access to at least one local residential placement and one day care centre where staff have effective communication skills and an understanding of the cultural background of Deaf people.

Services for deaf people with learning disabilities

The Office of Population Censuses and Surveys (OPCS) 1988 data showed that 48% of people with a learning disability also have a sensory impairment of *at least* moderate severity. A study of a learning disability project based in Lewisham and North Southwark, London, found that out of the 344 people with learning disabilities referred to the project, 67% had a hearing impairment and 40% had a previously undetected or untreated hearing loss sufficient to require a hearing aid (Yeates S, 1992, *Mental Handicap*, vol 20, p126-133).

For some of these people the sensory loss may have led directly to an acquired learning disability. However, professionals in this field have traditionally perceived learning disabilities to be more significant than any sensory loss and services have rarely taken full account of service users' communication requirements. Since people with learning disabilities are rarely assessed automatically for sensory loss, there will be many whose visual or hearing impairment remains unrecognised.

Many SSDs are organised in such a way as to inhibit joint working between staff with differing specialisms. In this field of work, staff who specialise in learning disabilities may not have recognised the significance that hearing loss and a lack of accessible language may have on their service users. There is a range of improvements that can be made to the physical environment in order to promote clear communication. **Derbyshire** has produced a questionnaire for day centre managers to help produce a clear picture of current service provision in relation to people with sensory loss.

Failure to meet the communication needs of people with learning disabilities can have a profound effect on behaviour and personal development. Conversely, where appropriate communication has been central to service provision, service users have been able to develop their skills and abilities.

There are four key components to improved services for deaf and hard of hearing people with learning disabilities:

- automatic regular assessment for sensory loss;

- joint working between staff with specialisms in learning disabilities and sensory loss;

appropriate environment;

appropriate language provision.

The essential first step is to assess all people with learning disabilities automatically for sensory loss. This should be followed by regular screening to check whether there have been any changes; sometimes changes in behaviour can result from increased hearing loss.

Joint fora where these matters can be explored and where skills and knowledge can be shared can have a profound impact on the improvement of services. There are some quite specific skills that key staff working with people with learning disabilities need to acquire, these are connected with supporting service users in the use and maintenance of hearing aids.

There is a range of improvements that can be made to the physical environment in order to promote clear communication. (See *section on Residential and day care services*).

The **Deafness Support Network in Cheshire** prioritises the provision of first language support to Deaf people with learning disabilities through the employment of Deaf people as care workers. Since Deaf people are often educationally disadvantaged, the organisation has taken the radical step of appointing Deaf people with the potential to carry out the responsibilities of the work, rather than those with existing experience or qualifications. These members of staff are then provided with in-work training.

As with mental health, it is not likely that there will be many Deaf people with learning difficulties within a single authority who will require care. This is an area of work where resources may usefully be pooled across authorities. Equally, joint commissioning with local health services may help to improve services (See *chapters on Planning and Commissioning*).

Stepping stones to improvement

establish procedures that ensure service users with learning disabilities are regularly assessed for hearing loss (and visual impairment).

appoint key staff who are able to communicate fluently with Deaf service users in sign language or Makaton.

check that the physical environment is accessible.

train staff to support service users in the use of hearing aids and associated health care matters (e.g ear infections).

Ensuring quality and effectiveness

This document aims to show how improvements in quality can be achieved at each stage of the planning and delivery of services, but plans for improvement need to be checked for effectiveness. There are five key areas that help ensure the plans are working:

Consumer feedback

Service users are in the best position to comment on the quality of services. Very often their views are sought when planning services, but may not be so integral to monitoring and reviewing practice. (See *the chapter on Consultation for further information*).

Registration and inspection.

Central government is going to set the standards for registration and inspection. So planning and commissioning standards will need to follow them. (See *the chapter on Residential, respite and day care services, for further information*).

Contracts

Contracts with organisations providing services should be based on agreed standards and contain explicit targets. This is most usually achieved through a service level agreement. (See *the chapter on Commissioning, for further information*).

Best Value

All local authority services will shortly be required to meet Best Value criteria. (See *section 1: The Context, for further information*).

National standards

The White Paper Modernising Social Services will lead to specific performance assessment framework that all social care services must meet. (See *section 1: The Context, for further information*).

This section gives details of standard good practice in providing accessible services for deaf and hard of hearing people in line with advice from the Social Services Inspectorate and major organisations of and for deaf people.

Definitions

Hard of hearing

Estimated UK number 5.6 million (0.9 million up to 60 years old; 4.7 million over 60 years). In addition, it is estimated that a further 3 million people have a mild hearing loss. (Davis A. Hearing in Adults, Institute of Audiology, see bibliography).

This is by far the largest group of people and includes all people with a moderate hearing loss and those people whose hearing loss has become progressively severe. They have difficulty in following speech without a hearing aid, even in quiet listening conditions. Most of them have become hard of hearing with increasing age, Their number will rise in coming years as the number of older people in the population increases. Very many hard of hearing older people have not been assessed for a hearing aid and, among those who have one, a large proportion do not wear the aid.

Deafened

Estimated UK number 154,000 (55,000 up to 60 years old; 99,000 over 60 years)(Davis A, see bibliography).

These are people who have become severely or profoundly deaf after the acquisition of spoken language. They are unlikely to use sign language, although some people who are deafened when they are quite young do use sign language and identify with Deaf people. Deafened people generally rely substantially on lipreading and visual clues, even if they benefit from using a hearing aid.

Deaf

Estimates vary: UK number 50-60,000 (c38,000 up to 60 years old; c12,000 over 60 years)(Davis A, see bibliography).

These are profoundly deaf people who use sign language. This could be British Sign Language which has its own grammar, or Sign Supported English which follows the structure of spoken English, or even sign language from another country. They are generally born deaf or became deaf before they developed any language skills. Within the deaf world, there is common acceptance of the use of a capital 'D' (as in 'Deaf') to denote the cultural and linguistic difference of this group. Some Deaf people consider themselves to be a linguistic minority rather than disabled.

Some Deaf people do grow up using speech and lipreading as their preferred method of communication in spite of the severity of their deafness: their communication needs are similar to those of deafened people.

Deafblind/dual sensory loss

Estimated UK number 23,000 (3000 between 70 and 80 years old; 12,000 over 80 years old).

These are people who have an impairment of both vision and hearing. Deafblind people experience difficulties with communication, access to information and mobility, which cannot be overcome by reference to services specifically for deaf people or for blind people. Deafblindness does not usually mean totally deaf or totally blind, but denotes a combination of vision and hearing impairments.

Deafblind people require specific adjustments to services, rather than an amalgamation of those for deaf and visually impaired service users. Appropriate guidance can be found in *Think Dual Sensory* (see bibliography).

Access requirements

General: All Deaf, deafened and hard of hearing people require that those with whom they deal understand their language and communication needs and have the skills to communicate with them appropriately. This is normally acquired through deaf awareness training. *The best way to determine someone's language and communication needs is to ask.*

Deaf people require the physical environment to be suitable: with good lighting and a clear view to assist both lipreading and sign language communication.

All deaf people benefit from visual emergency alarms or vibrating pagers (in parallel with audible alarms), visual information displays, and visual call systems.

Hard of hearing: Many older, hard of hearing people will not have acknowledged to themselves or to others that they have a hearing loss. As a result they may be too embarrassed to admit that they have not followed what was said. This places the onus on staff to check that they have been understood and not to wait for prompts to repeat or clarify communication.

Hard of hearing people need a good acoustic environment with a minimum of background noise. They require clear speech in order to lipread and a clear well-lit view of the speaker, preferably unimpeded by screens. Hearing aid users with a 'T' switch may benefit from the installation of induction loops, infra-red systems or other sound enhancement systems in public places where ability to hear is adversely affected, for example by distance or by glass screens at service counters. However, it is estimated that around 25% of hearing aid users with a 'T' switch on their hearing aid are not aware that the switch links the aid with a loop system.

Hard of hearing people who do not have a hearing aid or who do not have a 'T' switch, may nonetheless benefit from amplification systems which can be provided through small individual sets.

Those who use lipreading to complement their hearing may require a lipspeaker in public meetings. A lipspeaker soundlessly repeats what is being said, using clear lip patterns. Lipreading is a complex skill, and even those people who are adept at lipreading can miss crucial pieces of information. Some speech sounds are not visible e.g. 'c' and 'g'.

Another means of communication support is a trained note-taker who will take notes that can be read as the meeting progresses.

Hard of hearing people who do not use hearing aids require telephones with controllable amplification. Many hearing aid users additionally require inductive telephone couplers.

Deafened: Some deafened people have requirements similar to those of the more severely hard of hearing people who rely heavily on lipreading. However, even those who lipread well will accurately lipread just 40% of what is said and will guess the remaining 60%, using facial expression and other contextual clues.

Many will require additional support from text communication, especially in situations where lipreading is difficult or impossible. For example most deafened people need simultaneous speech-to-text transcription to enable their full participation in public meetings; in some situations they may prefer a notetaker. Most deafened people require text telephones for access to the telephone network, and will also require access to services either direct to a text telephone line or through a relay service.

Deaf: Deaf sign language users will require a sign language interpreter for one-to-one consultations unless the staff member is a fluent sign language user. Fluency can be assessed according to the standards of the national examining body, the Council for the Advancement of Communication with Deaf People (CACDP). Of CACDP's examination levels, Stage 1 is very basic, Stage 2 is broadly equivalent to GCSE, Stage 3 is fluent (broadly first year undergraduate level), and registered trainee interpreter and qualified interpreter are the equivalent of graduate and post-graduate level. These levels are currently being integrated with the National Vocational Qualification (NVQ) framework. The first three to become NVQs will be Stage 3, the registered trainee and the qualified interpreter examinations which will become NVQ levels 3, 4 and 5.

Deaf people sometimes prefer to ask a friend or family member to interpret, however the DDA places a responsibility on the service provider to provide an accessible service and it is likely to be appropriate for the SSD to provide an interpreter alongside the service user's communication assistant. Sign language users require an interpreter and/or a notetaker for public meetings.

British Sign Language (BSL) is the first or preferred language for Deaf people. (Some Deaf people prefer to use Sign Supported English (SSE) or other sign systems.) Many Deaf people have particular difficulty in understanding written English. They may require access to public information through BSL videos. Access to forms and leaflets depends on plain English; graphics can help to clarify the text.

The majority of Deaf people rely on fax machines or text telephones for telecommunication. Access to emergency and other services must be either direct to a textphone line or through Typetalk, a relay service (see the following chapter for further details). In the future, the further development of video telephony to allow live video exchanges via the telephone line, may offer Deaf people telecommunication in their preferred language.

Video telephony is also being developed as a basis for a relay service that could enable sign language users to communicate with people using spoken language.

E-mail and the Internet are becoming increasingly popular forms of communication for Deaf people.

Deafblind: Deafblind people have specific needs that are not dual sensory loss simply an amalgamation of the requirements for deaf and visually impaired people. (For further information about accessible services for people with dual sensory loss, see *Think Dual Sensory*).

Making adjustments

Not all improvements cost money. The first step is to review the accessibility of services, taking account of the differing needs of the various groups of deaf and hard of hearing people. *Many of the basic improvements to the sound environment and the telephone system will of also benefit staff.*

Two simple facts:

Most deaf and hard of hearing people who use social services are older people, many of whom will **not** perceive themselves to be deaf or hard of hearing.

There are more people who are profoundly deaf who do **not** use sign language than those who do (these are deafened people who lose their hearing after the acquisition of speech).

Deaf awareness training

Whenever deaf or hard of hearing people are asked in surveys about the single change that would most improve access, they overwhelmingly ask for training for staff who deal with members of the public. Deaf awareness training provides the basic communication skills that enable hearing people to communicate effectively with deaf and hard of hearing people.

Some deaf and hard of hearing people and some local authorities are moving away from the concept of deaf awareness training to deaf equality training. This places a firm emphasis on the context of discrimination against deaf people and on the need to ensure that deaf and hard of hearing people are treated as equal citizens.

Whatever the style of training, managers need to be confident that every member of staff who deals with the public fully understands and implements all the principles of clear communication, recognising the differing requirements of deaf and hard of hearing people.

Some of the factors affecting clear communication may not be straightforward to deal with. For example, one characteristic of the English culture in some parts of the country is for reserve and understatement. This can inhibit people from being appropriately expressive. Equally, lipreaders may have particular difficulty in understanding people who speak with an unfamiliar accent.

Generally, the necessary understanding and skills are only achieved through special training that is skills based.

The components of a deaf awareness training course should include:

the different communication requirements of deaf, deafened and hard of hearing people;

the need for clear, expressive speech and a clear view of the speaker's face;

the importance of the environment, especially the potential impact of background noise and poor lighting, and how best to overcome problems;

the usefulness and the limitations of equipment, specifically including hearing aids and induction loops and how they work;

how to operate certain equipment: textphones in particular;

the role of human aids to communication and when and how they should be employed.

Deaf awareness training cannot be a one-off activity; as new members of staff are recruited deaf awareness should be part of the induction programme.

The recognised examining body on deaf awareness, the Council for the Advancement of Communication with Deaf People (CACDP), offers a certificate in deaf awareness that includes all these issues.

CACDP has also produced a directory of deaf awareness training courses (*see bibliography*). There is a wide range of course providers and standards vary. It is essential to be clear about course objectives and content.

Social services consultant, Lynne Hawcroft, has produced a guide to the appropriate levels of training for social services staff and this is included as Appendix 4. If necessary, training can be provided on a

cascade basis, with a few individuals receiving specialised training and passing it on to colleagues. It may be appropriate to provide training that is tailored to the specific needs of a group or groups of staff.

Overcoming physical barriers to access

Screens: Where reception desks must have screens, they should be clear of visual obstacles such as signs and notices and should use non-reflective glass. A sound enhancement system such as an induction loop should be installed for the benefit of hearing aid users (see later section on sound enhancement systems), and a voice transfer system.

Lighting: Staff, especially receptionists, should not be placed with their back to a window which can cast their face in shadow. There should be adequate lighting to facilitate lipreading.

Notices: Service users who are deaf or hard of hearing will be unable to take advantage of facilities or services unless they are made aware of them. A notice informing service users of the existence of any such facilities or services should be prominently displayed at the reception desk and/or waiting room.

Noise: Background noise should be minimised, if necessary through sound insulation. Carpets and curtains help to provide insulation. Some offices introduce background noise such as radio music to overcome potential breaches of confidentiality - alternative approaches to this problem should be used if at all possible.

Entryphones: Entryphones present a barrier to access for deaf and hard of hearing people. Offices that use entryphones should consider whether an alternative system is possible. Otherwise, entryphones should display a text message explaining what to do and a light or other visual indicator should show when the door-catch has been released.

Waiting areas: Waiting areas should take into account the requirements of deaf people. Background music should be avoided if possible and call systems must include the needs of deaf people. Visual number systems are most accessible for deaf people, but if, for example, people are literally called to interview, the speaker should be in full sight of all those who are waiting and should be sure everyone is aware that the next person is being called.

Lift alarms: Lift alarm systems should include a visual indication that the alarm has been acknowledged. Lift phones should have controllable amplification.

Emergency alarms: Effective flashing light alarms should be wired into the audible alarm system and visible from all areas of a building. There is currently no British Standard for these alarms, so it is important to install lights of sufficient strobe intensity to overcome any ambient lighting in the room.

Telecommunications

Telephones: Many deaf and hard of hearing people are able to use telephones that have controllable amplification and inductive couplers that can be used with a hearing aid. Offices, day centres and residential care establishments should install these phones as they will also be essential for hard of hearing staff.

British Telecom publishes *The BT guide for disabled people: the latest products and services to help you use the phone*. This is a catalogue of telecommunication equipment which includes non-BT equipment for deaf and hard of hearing people.

Textphones: People who are profoundly deaf and cannot use a telephone may use a textphone. Textphones (often called by one of the brand names, Minicom) enable deaf people to type conversations using the telephone system. However, their use is currently fairly limited - there are only around 20,000 textphones in use throughout the UK. Some Deaf people who are not fluent in written English may be reluctant to use textphones; some may use faxes instead.

A number of social services departments have installed textphones and have been disappointed to find that they rarely, if ever, receive textphone calls. There are a number of possible reasons for this:

the service may not be adequately publicised;

there may be very few potential users of the textphone service in the area. This could be partly due to limited provision of textphones to deaf people by the SSD;

staff may not be confident using the textphone and may therefore deliver a hesitant service when calls do come;

there may not be sufficiently strong links between the SSD and the local deaf community.

Textphone use could increase as the Disability Discrimination Act (DDA) is implemented and all major service providers start to provide direct textphone access. Increased provision is likely to stimulate further demand, as deaf people become more accustomed to this form of contact.

A relay service, Typetalk, can be an intermediary where a Social Services Department without a textphone receives an enquiry from a textphone user. This service relays verbatim what is said and typed: it operates on high standards of confidentiality (breach of confidentiality is a criminal act). Despite the strict confidentiality, some deaf people do express reservations about discussing personal issues through a third party and SSDs should aim for direct textphone access.

Faxes: Deaf people often prefer to communicate by fax, especially if they are not fluent in written English, as it offers an opportunity to write at one's own speed and to seek help if necessary. Fax numbers for SSD offices and for day centres and residential care should be provided automatically.

Videophones: The technological development of videophones is enabling Deaf sign language users to communicate across distance using their first language. **The Royal National Institute for Deaf People (RNID)** is currently undertaking a pilot project to test the feasibility of using videophones to provide access to sign language interpreters. Some local authorities have installed videophones in libraries and Deaf clubs to enable Deaf people to phone through with general enquiries.

Sound enhancement systems

There is a range of systems that can be installed to improve the reception of sound for people who use hearing aids. These are typically beneficial at reception and service desks with physical barriers or screens, in meeting rooms, cinemas and theatres.

In small interview rooms where there is unlikely to be substantial distance between the adviser and the service user and where background noise is minimal, an induction loop or other system is unlikely to give additional help beyond that provided by a hearing aid. If an induction loop is installed, beware of the sound overspill that can allow other hearing aid users outside the room to pick up the conversation.

Expert advice is required to determine whether a sound enhancement system would be helpful in a specific location and which of the available systems would be most appropriate. All induction loops should be installed, operated and maintained according to BS 7594:1993. Staff must understand how to operate them and the equipment must be checked by trained staff.

Small personal listening devices can help overcome barriers that occur when background noise disrupts one-to-one communication and may impede confidentiality. The advantage of these low-cost devices is that the microphone can be held close to the speaker's mouth, which ensures that the speaker can be heard above the background noise without raising his or her voice. The devices can be used with hearing aids so long as they have a 'T' switch, and they can also be used as amplifiers for people without hearing aids. However, some people do find these devices intrusive and so they are not always suitable.

Televisions: Where televisions are provided, these should have tele-text facility (which provides subtitling for many programmes). If videos are provided, they should be subtitled. Video recorders should have a decoder facility for recording subtitles, although many do not.

Appendix 1

Audit Tool

Services for people who are deaf or hard of hearing

The following questions, while not a substitute for reading the Social Services Inspectorate's report *A Service on the Edge*, will give you some key issues to pursue in your authority to satisfy yourself that you have effective services for these groups of users.

People at the top make a difference

Is a paper on the current situation and future plans for sensory disability produced for the Directorate Management Team, at least on an annual basis?

Are there clear management arrangements for staff in these services?

If the services are contracted out, are there written expectations of the service provider(s)?

Specialist/non- specialist staff

Are the specialist staff clear as to their role and function?

Do they know how their contribution fits into the wider department?

Do written protocols exist about the sharing and transferring of work between specialist and non-specialists?

Have skills in working with sensory disabled people for non-specialists been defined and have the staff been trained in their application?

Clear strategies for those with complex needs

Is a key worker assigned to people with complex needs?

Where there is insufficient in-house expertise, are there funding arrangements for using external organisations to assist in identifying and meeting complex needs?

Consultation

Do you regularly consult with users who have a sensory disability about both service development and service quality? How?

Is this jointly organised between health and social services; does it involve senior officers so that they can gain a wider picture of users' experiences and views?

Are facilities in place so as to make a reality of such consultation, e.g. accessible information and transport, a range of communication support for Deaf and hard of hearing users?

Resources and best value

Do you have a way of relating the size of your specialist service (or money spent on contracting) to the numbers and needs of users?

Do you relate this approach separately to blind and partially sighted people and to Deaf and hard of hearing people?

Are displays of equipment locally accessible to people with sensory disability?

Are there clear written criteria for equipment allocation and expenditure?

Have you developed performance indicators that will help to assess best value?

Is the job expected of specialist teams possible?

Is there a clear philosophy of approach and a differentiation of tasks evident in the organisation of services for people with sensory disability?
Is there a separation between social work and interpreting tasks?

Assessing quality

Check list for deaf and hard of hearing services:

have you used *Chapter 2 of A Service on the Edge* to evaluate your services?

what is your budget for equipment for deaf people per 1000 of population - how does it compare with comparative authorities?

can British Sign Language users access interpreters easily for emergencies and also routine needs? What information is available to make such evaluations, e.g.: booking delays, failed bookings, etc?

Appendix 2

Relevant Legislation and Guidance

Legislation

National Assistance Act 1948
Chronically Sick and Disabled Persons Act 1970
Disabled Persons (Services, Consultation and Representation) Act 1986
Children Act 1989
NHS and Community Care Act 1990
Disability Discrimination Act 1995
Carers (Recognition and Services) Act 1995
Community Care (Direct Payments) Act 1996
Education Act 1997

Guidance

Social Service White Paper:
Modernising Social Services (Cm 4169) Stationery Office,1998

Circulars and guidance

(Also available on Department of Health website: www.doh.gov.uk)
Health Improvement Programmes,1998
Joint Investment plans,1998
Best Value, 1998
Health Action Zones, 1998
Partnership in Action - new opportunities for joint working between health and social services departments, 1998
National Priorities Guidance 1999/2000 -2000/2001, September 1998 (HSC(98)159; LAC(98)22)
Quality Protects,1998

Appendix 3

Check list

Refer back to the guidance in this document and use this simple check list to establish whether your own services meet the criteria for access.

SSD offices

- staff training
- deaf awareness/communication skills
- entry system

- telecommunications

 - telephone

 - fax

 - textphone

 - videophone

- reception area

 - screen/induction loop

 - lighting

 - background noise

 - call systems

- interview rooms

 - lighting

 - background noise

Day Centres

- staff training

- television

- space for quiet talk

- induction loop for talks, etc

- visual alerting devices

Residential care/respice care

- television

- assistive equipment

- visual alerting devices

- environment

- telecommunications

- lighting

- background noise

Appendix 4

Training Matrix for Personal Social Services Staff

	Deaf awareness training people	Deafblind awareness	CACDP Sign Language	Sign Communication Systems aids	Communication & Guiding with deafblind	Handling hearing aids	Use of textphones	Installation & using environmental
Reception & Administrative	X	X	Basic	-	X	-	X	-
Residential/day/ Home care with:								
Older people	X	X	Basic	-	X	X	X	-
Disabled people	X	X	Intermediate	X	X	X	X	-
Learning	X	X	Intermediate	X	X	X	-	-
Disabled Children	X	X	Basic	X	X	X	-	-
Non-Specialist social workers: (Including ASWs/ Child care & Protection)								
Social workers	X	X	Basic	-	X	-	-	-
Care managers	X	X	Basic	-	X	-	-	-
Ots	X	X	Basic	-	X	-	-	-
Commissioners	X	X	Basic	-	-	-	-	-
Service user dev't	X	X	Intermediate	X	X	-	X	-
Line managers of Specialists	X	X	Intermediate	-	X	-	X	-
Senior managers	X	X	-	-	-	-	-	-
Committee members	X	X	-	-	-	-	-	-
Specialists	X	X	Advanced	X	X	-	X	-
Social workers								
Care managers	X	X	Advanced	X	X	X	X	X
Technical officers	X	X	Intermediate	X	X	X	X	X

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Appendix 5

British Sign Language (BSL) Questionnaire

This questionnaire was developed by Kent Social Services Department to learn more about the service offered through their Deaf Services Bureau (DSB). It was carried out by a Deaf worker, rather than by a hearing person with an interpreter.

- 1 How did you find out about the DSB?
 - leaflet/poster
 - contacted social services
 - education e.g. school, teachers
 - health e.g. doctor, audiology clinic
 - Deaf club
 - Deaf friends
 - other (state)
- 2 What would you ask DSB staff to help with?
 - personal problems e.g. family, relationships
 - work problems
 - money problems
 - giving information
 - interpreting
 - equipment e.g. minicomms
 - other (state)
- 3 When you made contact with DSB were you given information about other services?
 - interpreting
 - provision of equipment
 - benefits
 - clubs
- 4 What do you think DSB staff are good at?
- 5 What do you think DSB staff could do better?
- 6 Are there any services you think should be provided to deaf people that are not available?
- 7 Do you know any other organisations that provide services to deaf people in Kent? which ones? what do they do?
- 8 Would you like to be involved in planning services for deaf people?

Bibliography

With acknowledgements and thanks to Gerda Loosemore-Reppen RNID and Lynne Hawcroft for allowing us to use their Moving Away from the Edge bibliography.

Deafness

Davis A

Hearing in adults: the prevalence and distribution of hearing impairment and reported hearing disability in the MRC Institute of Hearing Research's National Study of Hearing. Whurr, 1995

A definitive study of hearing loss in the general population. May be used as a basis for predicting hearing loss amongst adults in local authority areas.

General service reviews

Association of Directors of Social Services

Think Sensory Quick Guide: the provision of services to deaf and hard of hearing people. ADSS, 1996

Summarises under bullet points key information on local services and includes statistics, needs, commissioning, services, access and training.

In the same series: Quick Guides on the provision of services to visually impaired and to deafblind people.

Department of Health

Modernising health and social services: National Priorities Guidance 1999/00 - 2001/02. Department of Health, 1998

Accompanies Circular HSC(98)159; LAC (98)22

Available from: Department of Health Stores, Wetherby LS23 7LN.

Offers guidance for health authorities and local authorities

Department of Health

Modernising social services (CM 4169). Stationery Office, 1998

The White Paper on the changes to the provision of social services.

Department of Health

Practical guidance on joint commissioning for project leaders.

Department of Health, 1995

Available from: Department of Health Stores, Wetherby LS23 7LN

The report shows the cycle of commissioning and how the interface between health and local authorities might be managed. It includes practical service examples with an emphasis on change management processes.

Department of Health, Social Services Inspectorate

A Service on the Edge: inspection of services for deaf and hard of hearing people.

Department of Health, 1997

Available from: Department of Health Stores, Wetherby LS23 7LN

The first national inspection for 10 years by the Social Services Inspectorate which covers services for deaf and hard of hearing people. Eight local authorities were inspected and for the first time service standards and criteria were developed in partnership with a reference group which included voluntary organisations.

Hawcroft, L

Moving away from the Edge. North Regional Association for the Deaf, 1998

A study of services to deaf people in five local authorities, using the Social Services Inspection standards to evaluate service provision. The report compares the progress made in these five authorities which had contracted with an external consultant, with the service levels in the national inspection.

Consultation

Bourne S, Calder C. and Spooner D

Unseen Unheard: facing the realities of participation. Living Options Devon, 1998

The Sensory Project at Living Options in Devon undertook to bring together a group of people with a visual and/or a hearing loss to inform service purchasers and providers how effective they were at delivering services. A set of loose-leaf cards outlining the key points to be considered when setting up a similar group is included.

Hawcroft L, Peckford B and Thomson A

Visible Voices : developing Deaf service user involvement. British Deaf Association, 1996

A study of how five agencies, including social services, health and local voluntary agencies, attempted to work in partnership with their local Deaf communities. Areas also covered include: mental health services and services for people with a learning disability. Checklists

included of the knowledge and skills which both service users and staff in community agencies will require to be able to work together efficiently.

Equipment

Bourne S and Twinberrow C
What did they say? Living with deafness and tinnitus.
Living Options Devon, 1998

The report offers guidance on hearing aid provision and management, the supply of listening devices, support for people with tinnitus and improving access at the first point of contact for health and social services departments working together to provide improved services for hard of hearing people.

Disabled Living Centres Council
Community equipment services...Why should we care?
Disabled Living Centres Council, 1998

The report is aimed at providers of equipment and presents examples of good practice.

Ethnic minority deaf people

Waqar A et al
Deafness and ethnicity: services, policy and politics.
Policy Press, 1998

A study of the provision of services from the statutory and voluntary sector for deaf people from minority ethnic groups.

Mental health services

NHS Health Advisory Service
Forging new channels : commissioning and delivering mental health services for people who are Deaf. British Society for Mental Health and Deafness, 1998

A review of mental health services for Deaf people. The report provides background information. It also offers a model of good practice by which deaf people are assessed and cared for by the local mental health services, with support from specialist professionals.

Sign
Mental health services for Deaf people: are they appropriate?
Sign, 1998

The report considers the quality and availability of mental health services for deaf people. It includes a chapter on social services and offers suggestions for improvements in service delivery.

Registration

Bourne S and Spooner D

Registration: help or hindrance. Living Options Devon, 1998

A study of the process, impact and benefits of registration for people with a sensory loss. The report suggests changes that could be made to ensure that the system works.

Training

Council for the Advancement of Communication with Deaf People.

Directory of training opportunities and materials for staff working with deaf people in the personal social services in England.

CACDP, 1997

Available from: Department of Health Stores, Wetherby LS23 7LN.

The directory presents on a regional basis a comprehensive list of training in deaf awareness and communication skills. It offers guidance to training managers on how to establish the training needs of different staff groups and the possible training provision.

Gregory S, Bishop J and Sheldon L.

Deaf young people and their families: developing understanding.

Cambridge University Press, 1995

A follow-up to an earlier study of 122 families and their experiences of living with a deaf child.

Levitt T

Sound Practice. Local Government Training Board, 1995

A training manual for non-specialist trainers of local authority staff and of council members which includes practical aspects of training. The pack encourages the use of deaf people in its delivery and includes a checklist on the accessibility of services.

Further copies available from Department of Health
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