## Respondent Information Form

**Please Note** this form **must** be completed and returned with your response.

Are you responding as an individual or an organisation?

[ ]  Individual

[x]  Organisation

Full name or organisation’s name

National Deaf Children’s Society

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**Information for organisations:**

The option 'Publish response only (without name)’ is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

The Scottish Government would like your

permission to publish your consultation

response. Please indicate your publishing

preference:

[x]  Publish response with name

[ ]  Publish response only (without name)

[ ]  Do not publish response

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

[x]  Yes

[ ]  No

**A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections**

**Response by the National Deaf Children’s Society**

**April 2018**

**Introduction**

The National Deaf Children’s Society is the leading charity dedicated to creating a world without barriers for deaf children and young people. We want to work with Government, local authorities, health bodies as well as our third sector partners to ensure they can effectively support deaf children and their families.

In Scotland we offer a range of services to help ensure deaf children get the support they need. These services include a national child and family support service, a Freephone Helpline, a range of events for parents and young people, access to a technology loan service and support from nine local deaf children societies across Scotland.

**Context**

* + There are as many as 3850 deaf children in Scotland;
	+ 90% of deaf children have hearing parents with no previous knowledge of deafness;
	+ Deafness is not a learning disability, but deaf learners consistently do worse than their hearing peers at school. This attainment gap was recently explored by the Scottish Parliament’s Education and Culture Committee’s Inquiry into the attainment of pupils with a sensory impairment;
	+ Deaf children have poorer life chances: fewer go on to university and deaf adults experience higher than average unemployment;
	+ Around 80% of deaf learners are educated in mainstream settings where they are often the only deaf young person in the school. Many describe the isolation that can be associated with this;
	+ Deaf children and young people are more likely to experience mental ill health than their hearing peers;
	+ Teachers of the Deaf are a lifeline for many deaf children but these services are being squeezed and half are due to retire within the next 10 to 15 years.
	+ The early years is a critical time for deaf children to develop the language and communication skills they need for life. In our report, [Getting It Right From the Start](http://www.google.co.uk/url?url=http://www.ndcs.org.uk/document.rm%3Fid%3D11901&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwi-0Pix5vrPAhXIDcAKHSO1AacQFggjMAM&usg=AFQjCNEB3cWYVam12psOMA2KRURjZ2pVtA), we recommend that a set of Scottish Government endorsed guidance is established to inform service provision for deaf children in the early years.

**Deaf children and young people’s experience of mental health**

Deafness itself does not cause mental health problems, however the communication barriers and language delays that deaf children and young people may experience increases how likely they are to be affected by mental ill health.

According to NHS statistics, 40% of deaf children and young people will experience mental ill health compared with 25% of hearing children (NHS, 2004). In addition, at our Deaf Learners Conferences earlier this year, bullying and social isolation was identified by deaf young people as one of their challenges.

90% of deaf children are born to hearing parents, many of whom have no experience of deafness. This lack of shared experience between parent and child can often lead to a sense of isolation in childhood which can continue into adolescence and adult life.

Deaf children have different communication and language needs compared with other children. A lack of appropriate support and experiences in the hearing environment can lead to a delay in the development of communication and language skills in some deaf children. Combined with reduced opportunities for incidental learning, this can impact on a deaf child’s socio-emotional development.

Commissioned research from the University of Edinburgh[[1]](#footnote-1) has illustrated that poor emotional health and wellbeing was often an underlying factor in gaps in numbers of deaf young people attaining to their full potential and achieving positive post-school destinations.

The need to ensure that British Sign Language (BSL) users have access to the mental health information and services they need has been recognised in the Scottish Government’s first BSL National Plan. This follows the historic passage of the BSL (Scotland) Act 2015.

**Specialist workforce**

Many deaf children present with behavioural issues which are linked to the social and emotional developmental delays that can occur due to the challenges they experience growing up in a hearing world. This can lead to issues with emotional literacy and regulation. Emotional literacy can be defined as an ability to recognise, understand, handle and appropriately express our own emotions to those around us. There is considerable evidence that these skills are delayed in deaf children of hearing parents, related to the impact of deafness on language and cognitive development and on relationship and interactions with parents. There can be a hidden lack of understanding words and language development for those deaf children who use oral language. A lack of deaf awareness amongst professionals can lead to the mistaken belief that young deaf people do not require additional support from professionals which can in turn be detrimental to their education and mental health.

It is necessary, and should be a fundamental right, that deaf children have access to the kind of linguistic and emotional environment that allows them to learn these skills in the form of a specialist model of intervention and care pathway.

Language is usually acquired through hearing and vision together and so deafness has the potential to delay development. As language provides the building blocks for many skills, these delays can impact more broadly on a child’s life including their emotional and social development. Recent cuts in specialist support, such as Speech and Language Therapists, is something that must be addressed to ensuring deaf children’s wellbeing needs are being met.

**Bullying and isolation**

Bullying is a key issue for many disabled children and young people and connects to the social stigma that continues to be attached to disability. Bullying was highlighted as a challenge for deaf young people who attended our Deaf Learners Conferences earlier this year. This saw 33 deaf secondary school pupils come together to discuss their experiences of deafness and education. Feedback from young people included a lack of understanding of deafness and deaf awareness from their peers, resulting in the deaf young people struggling to make friendships. Their experiences ranged from young people feeling excluded and being treated differently to pupils being directly targeted and made fun of because of their deafness. Experiences discussed by pupils included:-

* *“Not a lot of friends, I want to be the same”*
* *“I had lots of friends in primary school but none in secondary school”*
* *“I cover my hearing aids with my hair, don’t like people to see them and make fun”*
* *“Shy, I am the only deaf pupil”*
* *“Held in how I was feeling for months, burst out crying at audiology, it’s better to share your feelings with someone”*
* *“Hearing pupils think I won’t understand them”*

We would welcome the opportunity to share our report on the conferences outlining the experiences of deaf young people in education.

More widely, bullying is connected to the social stigma that is attached to disabled people and permeates all aspects of their lives. Stigma and discrimination continues to exist which has an impact on life outcomes for disabled children and young people. This stigma is a fundamental barrier in promoting their equal access. Whether consciously acknowledged or not, stigma shapes how disabled people are viewed needs to be challenged boldly. Changing public attitudes and perceptions towards people with disabilities and ensuring communities are inclusive and supportive is key to making rights real for this group. A nationally led public campaign to help stamp out the stigma which causes bullying, hate crime and other negative attitudes would be helpful to make progress towards a fairer society for all in Scotland. The See Me campaign has been highly successful in achieving change. **A large-scale, visible campaign aimed at raising deaf awareness and supporting changing attitudes to deafness is vital to ensuring we build the capacity of communities.**

**Early intervention and prevention**

A range of community based, early intervention activity is also required. For example, we offer teachers and practitioners a range of resources and training opportunities to help better support deaf learners. Included in this is our Healthy Minds training programme which aims to encourage young deaf people to use positive strategies for managing their deafness and develop their self-esteem and confidence. **We recommend that more opportunities are provided for deaf young people to access specialist emotional health and wellbeing interventions such as these.**

The promotion of positive mental health and emotional well-being is important for deaf children not least due to the higher risk they face of developing mental health difficulties. This should be recognised and addressed as early as possible by mainstream and specialist professionals in contact with deaf children.

The emotional wellbeing of a child is strongly influenced by a number of factors, including the degree of deafness, the presence of additional support needs and the quality of their communication and relationships at home and in school.

*Positive Mental Health within the family*

Parents and the wider family are crucial in the promotion of positive mental health for deaf children. However 90% of deaf children are born to hearing parents with little or no experience of deafness. Parents need access to immediate support and impartial information about deafness following identification of their child, including the impact on the emotional health and wellbeing of the child and family as a whole.

*Communication within the family*

Deaf children have different communication and language needs from hearing children and, consequently, the development of these skills in some deaf children can be delayed significantly. This can impact on a deaf child’s interpersonal and social skills. Family and carers must be able to communicate with their child from the point of identification of deafness and have access to impartial advice on communication options, support and resources to ensure their child’s positive development of emotional literacy and acquisition of a healthy theory of mind as a foundation for future mental wellbeing.

*Positive self-identity*

Deaf children need to be aware of their deafness and be empowered, confident and capable of dealing with the challenges it poses. Regular opportunities to meet with other deaf children and older deaf role models can help to develop this positive self-identity.

**Developing peer support and mentoring opportunities for deaf young people is an important way to promote positive wellbeing.** This is an area where third sector organisations and schools could work more closely together to support young people and help explore their deaf identity and offer young people a rare opportunity to develop a deaf peer group. This is particularly valuable given that many experience a level of social isolation within their own schools and communities where they may be the only deaf young person.

There needs to be a collaborative approach to mental health in Scotland which needs to connect with all services, particularly education, social care and community services in line with the Getting It Right For Every Child (GIRFEC) agenda. The involvement of community based services will be vital for children with ASN to combat social isolation and increase communication, participation and engagement.

Preventative measures should be at the focus of any strategy and we believe that **mental health training should be offered to those working with deaf children** in health, education and social care settings to address issues of mental health as early as possible and minimise progression into adulthood. This will support the achievement of the principles of the Curriculum for Excellence by supporting deaf young people to become confident individuals and effective contributors to Scottish society.

**Participation**

We believe further action is required in terms of recognising and realising the link between mental and physical health for children and young people. Increasing the availability of inclusive activities in sport for children with ASN is vital in ensuring their participation rights are being met and promoting wellbeing. The availability of high quality training opportunities for sports coaches is key to ensuring activities are inclusive and **we recommend that the Scottish Government commit to ensuring teachers and coaches have access to training on the specific needs of children with ASN.** This is of particular importance where low incidence needs such as childhood deafness are concerned.

We have worked with a range of sports clubs and organisations as part of the Me2 initiative. The Me2 pledge is about making clubs and organisations activities deaf friendly and fully accessible to deaf children. One specific example running in Scotland is the Deaf Friendly Swimming Project which supports swimming teachers and coaches to ensure deaf young people are fully included in swimming activities.

**Service provision for deaf children and young people**

We welcomed the establishment of the deaf adult mental health service, hosted by NHS Lothian, in 2011. However, there is currently no such specialist mental health service for deaf children in Scotland and they can not access specialist interventions until they reach the age of 18. This is despite such services being available and well established in other parts of the UK.

Our research has illustrated that:

* There is a lack of deaf awareness amongst mainstream professionals of the impact of deafness on a child’s emotional well-being, which results in a lack of a clear pathway of support and referral;
* Informal support to promote positive wellbeing is often unavailable or inaccessible to deaf children (e.g. clubs, hobbies and other community-based activities);
* Many children’s counselling services are offered over the phone which is not accessible to deaf children. While these can also provide text relay or messenger, for many of deaf BSL users English is not their first language, or they do not have proficient level to contact these services through email. To ensure full accessibility, this service should also be available in BSL.

In addition, meeting the needs of young people with additional support needs requires additional resources and expertise. If these are sought within a mainstream Child and Adolescent Mental Health Services (CAMHS) there is potential for a disproportionate impact on the service, whereby despite resources being expended reaching a positive outcome for the child is challenging and not always achieved. Preventative strategies and approaches as well as specialist outreach at the earliest opportunity by primary services is vital to ensuring the mental health of those individuals does not subsequently deteriorate to crisis point.

A specialist Deaf Child and Adolescent Mental Health Service (DCAMHS) would provide invaluable outreach initiatives and direct clinical support to deaf children. This service would also compliment the work of the deaf adult mental health service. **We recommend the Scottish Government build on the successful Stage 1 National Services Division application for this service with a view to local piloting or national commissioning.**

**For more information contact:**

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1. Fordyce, F, Riddell, S, O’Neill, R & Weedon, E., 2013, Post School Transitions of People who are Deaf or Hard of Hearing. [↑](#footnote-ref-1)