Written evidence submitted by the National Dead Child and Adolescent Mental Health Services (Northern Arm: York, Newcastle and Manchester) (ATW0237)

Executive summary

1. National Deaf Child and Adolescent Mental Health Services (CAMHS) is highly specialised and has developed an internationally recognised model of treatment which places deaf children and families at the centre of the process. It is successful because of the manner in which deaf and hearing staff work together effectively with interpreters to deliver complex mental health interventions in a culturally and linguistically sensitive manner.

2. As a provider within the NHS, the service is sensitive to the needs to use resources effectively and responsibly and is therefore sympathetic to any plans to explore and address areas of high expenditure.

3. However, the changes Access to Work (AtW) is demanding of deaf people and employers threaten to seriously undermine the delivery and impact of this highly specialised service and runs contrary to the aims and principles of the creation of the service.

4. AtW displays a lack of understanding of the needs of deaf people who use the service as well as deaf staff in the service whose employment within the service is crucial to positive outcomes for deaf children, young people and families.

5. Changes to AtW procedures and processes are not communicated to recipients of the award and this process has not been experienced as transparent.

6. These proposed changes and the manner in which they are being implemented by AtW is insensitive and has caused significant distress particularly to deaf members of staff.

7. Recent apparent caps of the numbers of hours available for AtW, (e.g. 25 hours) are not evidence based and prevent deaf staff from carrying out their role in an integrated team provision. In one recent case this meant a reduction of 44% of the cost per hour and a 47% reduction of hours agreed by AtW, seriously impairing the deaf member of staff's ability to do their job.

8. Large reduction in AtW support, e.g. restricting hours will mean that deaf young people will not receive the services that they need and this is likely to increase the short and long term costs to society.

Recommendations

9. AtW should enter into a constructive dialogue with services such as NDCAMHS so that better understanding of both the service and AtW drivers for cost savings are and meaningful, realistic solutions can be reached in a collaborative manner.

10. AtW guidance should be flexible to recognise and accommodate the different issues for different service providers to different populations, so that deaf and disabled people can access the support that they need to effectively fulfil their roles.

11. NDCAMHS would offer training and support to AtW advisors to raise awareness of the experience of deaf people as service users and as service providers.

12. NDCAMHS would offer consultation on the value of employing deaf and disabled staff in organisations whose remit routinely brings them into contact with deaf and disabled people and whose decision making has a significant impact on the physical and emotional wellbeing of deaf people.
13. AtW is using inaccurate information to inform decisions. The incorrect information regarding current registration categories for BSL interpreters should be amended (see www.nrcpd.org.uk) and the table outlining the areas of work that different interpreter registration categories should work should be changed. Only qualified (registered interpreters) should work in specialisms such as mental health.

14. The fee payable to interpreters is not included in the guidance, however AtW advisors are imposing a maximum fee level. This should be changed (following advice from the Association of Sign Language Interpreters – fees and salaries report) and freelance workers should be able to charge travel costs.

15. The AtW information on the DWP website should be available in alternative formats including British Sign Language.

Introduction

16. National Deaf Child and Adolescent Mental Health Services (NDCAMHS), is funded by the NHS England. The service was established as a highly specialised mental health service to work with deaf children, young people and their families. The service was created in response to recognition that deaf children are more likely to experience mental health problems (a rate of 40% compared with 25% in the hearing child population) and less likely to receive a satisfactory service as non-specialised services do not understand the cultural and linguistic needs well enough.

17. The service has robust evidence of good outcomes for service users (independently evaluated by the Social Policy research Unit) and this is in part due to the high quality of deaf staff working in the team.

18. The services provide specialist mental health care for deaf children and their families; deaf children of hearing parents, deaf children of deaf parents and hearing children of deaf parents. Deaf staff involvement is throughout the whole process and includes:
   - Direct work with children and families
   - Consultation with other professional internally and externally, to offer advice, signpost or recommend that a referral is made to the service.
   - Co-working with other service providers, ensuring that the deaf individual’s wishes and needs are appropriately met, which improves the likelihood of positive and sustainable outcomes
   - Deaf staff are actively involved in research, offering authentic ethnographic opportunities for learning and reducing the risk of misinterpretation
   - Influencing the care treatment pathway throughout the process and with external organisations

19. The service employs deaf staff from a range of professionals, which is essential to the delivery of the service. In order for the service to meet the needs of our family, the service has developed a model of working which involves deaf and hearing staff working together. Deaf staff currently benefit from the support provided by AtW and the changes the have been recently enforced is affecting their ability to work and therefore the support and service provided to families.

Evidence
20. The principles of AtW are to help deaf people to secure and stay in work through the provision of support funded by the AtW grant. Leeds and York Partnership NHS Foundation Trust is a ‘mindful employer’, NDCAMHS has specific job roles and training pathways for deaf people. Unfortunately, education for deaf people is failing them, which has placed them at a disadvantage in comparison to their hearing peers. Good AtW provision enables deaf people to transcend the many barriers to being equal partners in a meaningful workforce.

21. The AtW grant has enabled deaf people to have the choice and control of their own support needs, having a positive effect on attitudes towards deaf people by other professionals and families that we work with for example;

22. A deaf staff member attends a child’s annual review to give a report about a child’s communication needs (communication profiling). Parents and professionals can see that deaf people can achieve as much as hearing people in terms of employment, that British Sign Language is a language in its own right (not a pigeon/gestural language that they may have thought it was), this helps people to reframe their view of deaf children from that of a limiting disability towards a more positive outlook for life. Deaf children’s needs are advocated for and the support they receive from others changes as a result of the advice our staff have given; changes to language and communication used, school placement and diagnosis. The deaf staff member was able to participate in this review meeting this due to the support funded by AtW, a registered BSL/English interpreter therefore having a positive impact on the system.

23. There are concerns about the effects the proposed changes will have on NDCAMHS if deaf staff are forced to have lower skilled communication professionals and interpreters providing support at a reduced rate.

Impact upon service users:

24. A number of young people accessing the service have previously accessed generic mental health services, where their communication needs have not been met, as a consequence young people have been;

- Misdiagnosed e.g. with autism or the wrong level of learning difficulty.
- Given unnecessary medication e.g. prescribed Ritalin.
- Given the wrong support and educational provision due to poor communication or miscommunication between professionals and families.
- Unable to receive the mental health support they need due to families disengaging from generic services (this is one of the reasons NDCAMHS was established).
- Indirectly excluded from services, families do not attend appointments because letters are sent to them in English not BSL (so families do not understand the purpose or importance of the content, or do not understand the language, or do not even try to understand). Additionally, there are examples where BSL provision is not made or is inadequate, in the worse cases, family members, including children, are asked to interpret in health and/or social care situations. where deaf families lack of confidence in services and professionals that are not knowledgeable about deaf children, they are unlikely to engage or engage at an earlier stage where a less complex intervention would have met the child and family need.
- Inappropriately empowered as the hearing children (of deaf parents) are more proficient in British Sign Language than the unqualified
communication professional meaning they take control of communication, which reinforces family pathology.


- 26. Increasing the number of deaf people employed in mental health services at all levels.
- 27. Increase the number pool of skilled interpreters.

28. Providing highly specialised deaf mental health services to children improves their life chances, and allows deaf young people to develop into happier, healthier more fulfilled adults who contribute better to society.

Impact upon deaf employees:

29. The ability of deaf staff to undertake the tasks described in their job descriptions will be significantly affected. Proposals to reduce the level of support will leave deaf staff unsupported for significant periods of time. The lowering of support worker costs and skill level will affect the quality of support a deaf person receives and their effectiveness in the workplace. The proposed changes have led to undue increased stress for deaf staff and negatively impacted upon their mental health.

30. Providing the right level of support to deaf employees is long sighted as it maintains their ability to work, progress their careers, maintains their self worth and contribution to society. In addition to this, the service can continue to provide the outstanding provision to deaf children, young people and their families; reducing the need for future referrals to mental health services and enhancing the contribution these children and young people will make to society.

31. A highly specialised service working with deaf children and their families in the context of mental health requires the contribution of skilled qualified interpreters.

32. Deaf staff require interpreting support for varied reasons; in meetings with children, young people, parents and carers, professionals meetings, undertaking and participating in research, working with the team undertaking complex assessments such as cognitive/autism/play based. They also attend outreach clinics, make home and school visits and so on. The skill sets required for these different areas of work are very different and complex. Interpreting provision enables deaf staff to have the same level of access as hearing colleagues, for example, to receive or make telephone calls.

33. As they will be working in an NHS trust, interpreters are required to have the following:

34. Current registration with the NRCPD (National Register of Communication Professionals Working with Deaf and Blind people) in the category ‘Registered’. The NRCPD interpreters Code of Conduct states that
interpreters should not accept assignments that are beyond their skill set and the accompanying guidelines state:

35. “It is recommended that assignments in the mental health and social services contexts should only be undertaken by an RSLI”. (http://www.nrcpd.org.uk//page.php?content=30)

36. This is also supplemented by the following:

37. “Local and Health Authorities and Trusts should ensure that ASWs, doctors, nurses and others receive sufficient guidance in the use of interpreters and should make arrangements for there to be an easily accessible pool of trained interpreters”.

The Mental Health Act (1983) Code of Practice (1:3)

38. The level of complexity in the work undertaken by the service, carried out by deaf and hearing staff, and the need for accurate, accountable and clinically defensible record-keeping means that only ‘registered’ interpreters (as opposed to trainees or unqualified communicators) can be employed.

39. In addition to the team interpreters, the service employs freelance interpreters for example, in clinical work, meetings, conferences, training and development. This is necessary, not only because NDCAMHS operates regionally, covering large areas (North of England, Central England, South East and South West England) but also because the nature of the work differs and different interpreters are suited to different work. Therefore, employing qualified interpreters would not allow for the flexibility that the service requires. Additionally, the deaf community is small and interpreters work across services. Families who have worked with a particular interpreter for example in a child protection situation may be reluctant to work with the same person again and their wishes should be respected. Also, interpreters often have social or family connexions with the deaf community and it would therefore be inappropriate for them to be employing where there is a connexion. The service has no control over the rates that interpreters charge the service. However, the service is mindful of the market rates and employs interpreters whose charges are reasonable and accurately reflect their qualification and skill level. (There is a working in mental health specialist setting supplement, which makes the fee higher.)

40. The service embraces the social model of disability and a principle tenet is that deaf and disabled people have the right to choice and control. Deaf staff have autonomy to book appropriate interpreters depending on the setting (provided they have undergone Trust vetting processes) to work with them when they require.

41. With particular respect to AtW’s proposal:
   i) Employing a salaried interpreter
   ii) Fixed costs of booking freelance interpreters £25 p/h all inclusive)

42. The service experience is that the most cost effective way of booking appropriate interpreters is in advance thus saving paperwork and administrative time. The new fixed costs do not reflect the current market realities. Enforcing such rates, will mean qualified interpreters will be forced to work in other settings, where the fee is in accordance to the market (such as legal settings).
43. It is understood that AtW is applying the ‘best value for money rule’, which the service support. However, it could be applied more intelligently, as this approach will compromise the integrity and impact of the service.

44. Should the select committee wish to discuss our evidence further, service representatives would be happy to attend the hearings as a witness. We are also very willing to be involved in any future consultations with the select committee, DWP and/or AtW.

20 June 2014