



Supplementary materials with regard to Social Care (incorporating social work)

Organisation: University of Manchester
SORD (**S**ocial **R**esearch with **D**eaf people)

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SORD <https://sites.manchester.ac.uk/sord>

SORD (**S**ocial **R**esearch with **D**eaf people) is a formal research group within the Division of Nursing Midwifery and Social Work (School of Health Sciences), University of Manchester. We work with the Deaf community and other stakeholders to promote the wellbeing of d/Deaf¹ individuals, families and communities across the life course through high quality, multi-disciplinary applied social research.

As a team of Deaf and hearing researchers, we are committed to creating partnerships that acknowledge and value d/Deaf people's experiences, inform service providers and policy makers, and build bridges between all stakeholders to promote the quality of life and citizenship rights of d/Deaf peoples.

Spanning the lifecourse, our work addresses health and social care inequalities, the impacts of minoritisation, evidence-based service provision and practice with d/Deaf people, the contribution of d/Deaf people to wider society and the richness of Deaf language and culture.

Although we have a specialist focus on signed language and Deaf communities, much of our work contributes to and is relevant to other language groups, processes of marginalisation, social exclusion and best practices in the delivery of health and social care.

We are a sign-bilingual research group comprising Deaf and hearing people with researchers drawn from a range of professional and academic backgrounds. SORD team members comprise early career interns through to post-doctoral career academics, (both Deaf and hearing). We regularly work in partnership across academic disciplines and very closely with service providers in the field and with d/Deaf organisations within the UK and internationally. We are acknowledged as a world class applied social research group in this specialist field.

Social work within Social Care

'Social care' is used by government to include any and all aspects of care that may interface with but fundamentally lie outside of 'health'. However, 'social work' is best understood as the statutory arm of social care. It is a profession and service whose duties, powers and responsibilities are prescribed by legislation, such as the Care Act 2014, the Children Act 1989 and the Mental Health Act 1983. These and other pieces of legislation bestow on social work tasks of assessment, protection and provision that are guided by statute. Consequently, they can, in most cases, only be carried out by social workers. Social care workers do not have these legal powers.

¹ We acknowledge that the distinction and terminology between deaf and Deaf is increasingly a contested one. However, we retain the capitalised D to refer to sign language users as distinct from those who would not regard themselves/be regarded as culturally Deaf to clearly differentiate sign language users from the broader issues of those with hearing loss/deafness. We generally refer to children as 'deaf' regardless of language use unless from a Deaf family whereby cultural identity has been established. We are not suggesting that Deaf people are not flexible in their language use by context and interlocutor nor are we ignoring intersectional affiliations that may apply for some individuals and communities.

Social work is a legally protected title meaning that only people who are qualified *and* professionally registered can call themselves social workers or carry out statutory duties. This distinction is often lost in the generic use, by government and others, of 'social care'. It is of primary relevance to the BSL Advisory Board (health and social care subgroup) because of the ways in which the language and culture of Deaf people might not be acknowledged, accommodated or understood within the execution of statutory duties, powers and responsibilities. This is an issue of the protection and promotion of rights of citizens who are subject to legislative powers but whose status consequent on language use and cultural identity may not be acknowledged.

A range of the research work of SORD, demonstrates inequalities as well as actual and potential harms because of the failure to fully account for the language and culture of Deaf people. It explores better approaches to assessment, protection and provision of services that are governed by social work within the broader health and social care system. Within the broader social work landscape, there is evidence of inequalities in how the provisions of social work assessment, delivery of services and safeguarding of adults and children might be impacted by failure to account for cultural diversities amongst those who fall within the orbit of social work and difficulties that might arise when a service user or carer has limited English proficiency. However much of the wider concerns of social work and social care about cultural and language diversity do not include Deaf people who are more readily seen as falling under the provisions of equality practice arising from disability. This is a systemic problem that fails to recognise the consequences of not seeing Deaf people as a cultural/linguistic group within the structures of how social work and social care is organised and operates. Much of SORD's research work problematises this positioning and shows its consequences for the everyday lives of deaf children and Deaf adults.

In what follows we demonstrate some of these wider themes within the specifics of our research work and publication outputs including specific practice guidance where we have created these in partnership with deaf organisations and professionals in the field. This supplementary material has been edited to ensure a social care/social work focus. It should be read alongside the supplementary materials produced by SORD with respect to health. Other work by SORD that focusses largely on education and research methodology has been excluded from both documents but is available on our website. The links to documents provided are mostly 'open access'. If there is a problem, the same work can be located open access via the research pages of the lead author by year of publication e.g. <https://research.manchester.ac.uk/en/persons/alya.young/publications/> Where publications are available in full or summarised form in BSL, links to these are also provided via the SORD website.

Evidence and guidance concerning deaf child safeguarding and protection (including social work provision to families).

Child safeguarding concerns not just the protection from harm but also the promotion of thriving in cases where a child may experience vulnerabilities. Legislation is designed to identify and support children who are in need (requiring extra support to thrive), enabling and supporting families, as well as the identification of and protection from abuse. Although a multi-agency concern, social work is usually the lead profession in child protection. Systems data that fails to distinguish deaf children from the wider category of disabled children can actively prevent the true recognition of unmet need as well as the size of concerns regarding deaf child protection. What has SORD done in this arena and what are useful sources of evidence and better practice that we have produced/contributed to?

<p>Children in Need. There is a systemic failure to recognise deaf children as ‘children in need’ as per legislative rights and consequently widespread failure to appropriately resource and plan for specialist provision. This is a structural issue as well as one of deaf-specialist practice. Although not all children will be BSL users/culturally Deaf, it is of relevance because of the usual assumption by children’s social care that provision of a disability or child protection specialist is sufficient (with or without an interpreter) which hides potential complexities that arise not just from issues of ‘hearing’ but also of language and identity. These can and do affect decision making about appropriate support and outcomes for deaf children and families where there are safeguarding concerns.</p>	
<p>We first highlighted the impact of the split of children’s and adults’ services following social care integration legislation which meant that ‘deaf teams’ who had provided a specialist service from cradle to grave in effect disappeared. These two reports provided evidence of failure to identify deaf children’s needs until a crisis point was reached, lack of routine children in need assessment and the lack of understanding of the need for social work specialists who could accommodate the complexities of deaf children’s developmental differences. E.g. implicit assumptions about what might be ‘normal’ for a deaf child and low expectations of attainment can mean that signs of deaf children’s abuse are too easily missed or warning signs of developmental delay are missed. The poor response of local authority social work to deaf children was later followed up in survey work carried out 10 years later by NDCS which confirmed the problem.</p>	<p>Young, A.M., Hunt, R., Smith, C. (2008). The impact of integrated Children’s Services on the scope, delivery and quality of social care services for deaf children and families. London: NDCS. https://research.manchester.ac.uk/en/publications/the-impact-of-integrated-childrens-services-on-the-scope-delivery</p> <p>Young, A.M., Hunt, R., Smith, C., Oram, R. (2010). The impact of integrated Children’s Services on the scope, delivery and quality of social care services for deaf children and families. Phase II Report. London: NDCS. https://research.manchester.ac.uk/en/publications/the-impact-of-integrated-childrens-services-on-the-scope-delivery-4</p>
<p>We (SORD) co-hosted a conference with NSPCC, followed up by a research publication that addressed whether, why and how children’s social care managers and other agencies responded to any safeguarding concerns involving deaf</p>	<p>Wilson, S., Attrill, M., Critchley, T., Clements, D., Hornsby, J., Mullen, C., Miller, D., Redfern, P., Richardson, T., Stow, L., Young, A. (2018). Safeguarding Deaf Children: a Multi-agency Focus on Actions for Change. Practice: Social Work in Action. p.163-186</p>

<p>children and their families. Systemic lack of planning and need to improve response was evidenced by local authorities as well as poor understanding of the indicators that deaf children and families are in need of additional support. Thresholds for intervention to protect deaf children were generally high and structures to promote thriving for struggling families with deaf children lacking. Specific recommendations for change were set out.</p>	<p>https://doi.org/10.1080/09503153.2018.1450498</p>
<p>Guidance for deaf child safeguarding. Intersecting legislations support a range of provisions to address the rights and needs of deaf children and their families from a child safeguarding perspective. We have collaborated to co-write comprehensive guidance for Safeguarding Partners in England that specifically addresses rights, responsibilities, and best practice in their work with deaf children and families.</p>	
<p>We originally produced guidance for Local Safeguarding Children’s Boards (LSCBs) at the request of NDCS</p>	<p>Young, A.M., Hunt., R., Stow, L. (2010). An audit framework to assist Local Safeguarding Children’s Boards to review the execution of their duties and functions in respect of deaf children.</p>
<p>This was revised and extended in light of new legislation in a multi agency group including NDCS, NSPCC and several local authorities and made available across England.</p>	<p>Wilson, S., Mullen, C., Young, A., Hornsby, J., Sharpe, D., Richardson, T., Rouse, Churm C., McGerigal, C., Goddard, A. (2022) Guidance for Safeguarding Partners (England): Deaf Children, Young People and their Families. https://www.ndcs.org.uk/media/7918/guidance-for-safeguarding-partners-england.pdf</p>
<p>Social work involvement with deaf children and families. Social work and social care are not regarded as universal services that form the ‘offer’ to families with early identified deaf children under universal newborn hearing screening. Although early intervention engages ‘children’s services’ as a matter of course, this rarely includes a social worker with specialist knowledge of deaf children and families. The social care ‘aspect’ is usually devolved to teachers of the deaf as lead professionals who would only include social work services if and when there might be a problem rather than as a matter of course. This means that families are not necessarily aware of their rights under children and families legislation. Opportunities for family support that are not directly about a deaf child but may impact on a family’s ability to support that child are missed. ‘Early help’ provision (as set out in NICE guidelines) does not distinguish where specifically deaf-child-related issues might need to be recognised differently from disabled children because of the linguistic developmental component. Social workers are rarely part of EHC plans and reviews unless there is a ‘complex’ problem beyond a child being deaf. Yet evidence suggests families require a range of support that lies within the purview of social care across childhood.</p>	
<p>As part of the evaluation of the roll out of UNHS² in England we undertook a series of studies about the role of social work in early intervention of newly identified deaf children and the promotion of</p>	<p>Young, A.M., Tattersall, H., McCracken, W., Bamford, J. (2004) The Impact of Universal Newborn Hearing Screening – Education Perceiving the Role of Social Services.</p>

² Universal Newborn Hearing Screening.

<p>interprofessional working between teachers of the deaf and social workers. Our evidence showed the gaps in the offer to families by the routine exclusion of specialist social work professionals, and the involvement of social workers only in a crisis and usually not social workers with any deaf-related experience.</p>	<p>Qualitative Social Work 3 (4), 367 – 387. https://doi.org/10.1177/1473325004048021</p>
<p>A recurring problem experienced by lead professionals in early intervention following UNHS is a lack of faith in the capability of social workers to understand deaf children’s needs should they refer to them. This influences the lack of routine engagement apart from during a crisis. To a large extent this is true and more so today than when the research was first carried out. This is because of the decline in social workers with deaf children as a unique specialism and the integration of children’s services which structurally removed ‘deaf teams’ within social work/social care.</p>	<p>Young, A.M., McCracken, W., Tattersall, H. (2005). Interprofessional working in the context of newborn hearing screening: Education and Social Services Compare Challenges. Journal of Interprofessional Care, 19 (4), 386-395. https://doi.org/10.1080/13561820500165019</p>
<p>Recent doctoral study by a parent of a deaf child, funded by ESRC and supervised in SORD, has highlighted the lack of support for parents in envisioning a range of possible futures for their deaf children in part because of a lack of access to a range of professionals and deaf people. This included access to assessments, support, networks and provision that lie more in the purview of social care services. Lack of resources to enable hearing parents to learn BSL so it is available choice for them is also highlighted.</p>	<p>Russell, Jane (awarded 2023), “We don’t know what we don’t know”. How do hearing parents understand good outcomes for their deaf children? A hearing parent’s perspective. Unpublished doctoral thesis, University of Manchester.</p>
<p>Recent evidence of ‘generation z’ deaf children shows that although attainment may be good, emotional wellbeing is of concern. Few parents or families receive the support of social care/social work services because the threshold for acceptance of referral and involvement is so high.</p>	<p>Young, A.M., Espinoza, F., Dodds, S., Squires, G., Rogers K., O’Neill, R., Chilton, H. (2023). Introducing the READY study: DHH young people’s well-being and self-determination. JDSDE. https://doi.org/10.1093/deafed/enad002 BSL summary of full report: https://sites.manchester.ac.uk/thereadystudy/publications/final-report/</p>
<p>Deaf parents within the child protection system. There has been growing concern about how Deaf parents are treated within the child protection system with anecdotal evidence of a higher rate of child removals that would be expected and some statutory guidance by the Family Courts about the need to involve deaf specialist workers at an early stage. There is, however, very little research evidence on this topic nor specific guidance to support social workers whose child protection work involves Deaf parents.</p>	

<p>An ongoing study of parenting assessment involving Deaf parents within the child protection processes has demonstrated concerns about the lack of linguistic access in some cases for parents when interviewed by a social worker, a lack of awareness of the cultural impacts evident in how questions are asked and answered which can lead to false assumptions/evidence by statutory authorities, and failure to appropriately involve a range of Deaf specialists (including e.g. advocates). There is a widespread assumption that an experienced child protection social worker just needs a good interpreter for assessments to be valid and implications understood. This ignores cultural identity effects and does not address the gaps in knowledge about Deaf lives that a social worker might have who does not work in this community.</p> <p>Many Deaf parents lack understanding of safeguarding and child protection. This is because there is limited information and resources in BSL and a lack of bespoke intervention readily available in BSL. This is a general gap in education for Deaf people, not just for those parents/families specifically involved in safeguarding concerns. Specialist professionals are not recognised by mainstream professionals – they are often not brought in until later in the process when there is complexity in the case. Evidence suggests they are often doing remedial work to make up for problems created earlier in a case which can cause delays and create unfairness for Deaf parents. If they had been involved earlier it would have been possible to de-escalate tensions and diffuse some unnecessary complexities arising from misunderstandings.</p>	<p>Oram, R., Young, A. and Cartney, P. (2023). Now you see them, now you don't: Professional recognition of specialist professionals working with Deaf British Sign Language parents in child safeguarding. <i>Qualitative Social Work</i>. 23(1), 91-107 https://doi.org/10.1177/14733250231185962</p> <p>A BSL summary available via https://journals.sagepub.com/doi/10.1177/14733250231185962#supplementary-materials</p> <p>Oram, R. (current) PhD funded by ESRC.</p>
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Engagement with Deaf services users in understanding the adequacy of and improvement in social work and social care services for Deaf people.

The Chief Social Workers Adults and Children, as well as NIHR (National Institute for Health and Social Care research) emphasise the fundamental importance of the involvement of services users and carers in the review and improvement of social

work and social care services, and their role in all stages of formal research. This goes beyond any advisory function to roles that actively shape the focus and processes of research as well as action research in the field alongside professionals. SORD has pioneered this work with Deaf BSL users both in research projects about Deaf service users and carers contributing to service review and improvement as well as in the design of all of our research studies. We have won widespread recognition for our approach to PPIE in research with Deaf people largely because we undertake this in BSL, rather than mediated through interpreters and actively engage (including training) of Deaf service users and carers to continue to contribute to this field. Examples of our work specific to social work/social care are below, but further examples are shown in the supplementary material concerning health-related research.

<p>Deaf service users and carers. We have not just involved Deaf service users and carers within research studies but rather attempted to use the insights and experiences of Deaf people as the positive pivot from which changes in services might grow. Ensuring their experience gets into the formal research evidence record is vital to building new evidence-based social work/social care practice.</p>	
<p>This was the first peer reviewed journal article by a Deaf carer of someone with dementia highlighting the problems in the current social care system. It was instrumental in leading to 4 successful research grant applications to study services for Deaf people with dementia (theses are highlighted in the supplementary material on health).</p>	<p>Parker, J., Young, A.M., Rogers, K. (2010). My mum’s story: a Deaf daughter discusses her Deaf mother’s experience of dementia. <i>Dementia</i>, 9(1), 5-20. https://journals.sagepub.com/doi/10.1177/1471301209353987</p>
<p>We demonstrated how a specific example of community empowerment studies has significance for the wider field of social work.</p>	<p>McLaughlin, H., Brown, D., Young, A.M. (2004). Consultation, community and empowerment – lessons from the deaf community. <i>The Journal of Social Work</i>, 4 (2), 153-165. https://doi.org/10.1177/1468017304044859</p>
<p>We developed action research with local authorities and Deaf service users and carers in a study to innovate improvements in service delivery in light of negative social work inspectorate reports.</p>	<p>Young, A.M., Hunt, R., McLaughlin, H. (2007). Exploring models of D/deaf service user involvement in translating quality standards into local practice. <i>Social Work and Social Sciences Review</i> 12 (3), 25 – 39. https://doi.org/10.1921/swssr.v12i3.457</p> <p>McLaughlin, H., Young, A.M., Hunt, R. (2007). Edging the Change. Action research with social workers and Deaf and hard of hearing service users to achieve ‘Best Practice Standards’. <i>Journal of Social Work</i> 7 (3), 288 – 306. https://doi.org/10.1177/1468017307084072</p>
<p>We have questioned and highlighted key issues in what it means from a linguistic and cultural perspective to ‘involve’ Deaf service users in social care and health</p>	<p>Young, A., Ferguson-Coleman, E., Keady, J. (2018). Authentic Public and Patient Involvement with Deaf sign language users: it is not just about language access.</p>

<p>research in order to start to set appropriate standards for this and its reporting.</p>	<p>Dementia, 17 (8), 1001 – 1010. https://doi.org/10.1177/1471301218789567</p>
<p>We have explored alongside Deaf people the reality of living not just with various health conditions but the reality of doing so within a social care/support system that is not necessarily effective or hard to navigate as a Deaf person. Evidencing care journeys through the social care system is vital to promote change.</p>	<p>Ferguson-Coleman, E., Johnston, A., Young, A., de Sainte Croix, R., Capper, C., Brown, F., Redfern, P., Smyth, B. (2018). How do we know what we don't know? Exploring Deaf people's experiences of supporting their Deaf family member living with dementia. <i>Dementia</i>. https://doi.org/10.1177/1471301218798993</p> <p>Ferguson-Coleman, E., Young, A. (2023). "What have YOU done in the past few years?": Deaf BSL users' experiences caring for people with dementia during COVID-19". <i>Quality in Ageing and Older Adults</i>. https://doi.org/10.1108/QAOA-07-2023-0048</p>
<p>Representing Deaf lived experience in research outputs is a key challenge. Simply translating data from BSL into English does not necessarily ensure its salience for the average reader. Adding a summary output from research in BSL does not necessarily ensure its inclusion in the evidence record within searchable data bases. We have experimented, successfully, with a range of alternative possibilities.</p>	
<p>We have worked with the concept of 'storied stories' within qualitative inquiry which allows us to present the narratives of evidence from Deaf people with a degree of contextualisation and commentary that produces cultural brokering between the hearing and Deaf communities to increase impact with other researchers and policy makers.</p>	<p>Young, A.M., Ferguson-Coleman, E., Keady, J. (2014). Understanding the Personhood of Deaf people with Dementia: Methodological Issues. <i>Journal of Aging Studies</i> 31, 62-69. https://doi.org/10.1016/j.jaging.2014.08.006</p> <p>Ferguson-Coleman, E., Young, A. (2017) Storying stories – representing the lived experience of Deaf people with dementia in research. In: J. Keady, L Hyden, A, Johnson, C. Swarbrick (eds), <i>Social research methods in dementia studies: inclusion and innovation</i>. London: Routledge. Chapter 9, PP 169-191</p>
<p>We have overtly added cultural commentary to evidence of Deaf service users' experiences in order to show where adaptations to usual intervention or research practices are required and why. The issue is cultural salience and adaptation, not linguistic access per se.</p>	<p>Young, A., Ferguson-Coleman, E., Keady, J. (2020). How might the cultural significance of storytelling in Deaf communities influence the development of a life story work intervention for Deaf people with dementia?: A conceptual thematic review. <i>Ageing and Society</i> 40 (2), 262 – 281. https://doi.org/10.1017/S0144686X18000946</p>
<p>We have experimented with collective 'writing' alongside those who are not used to producing academic peer reviewed articles. In this example from a special edition of the prominent journal <i>Pediatrics</i>, we assembled both Deaf adults and</p>	<p>Young, A., Szarkowski, A., Ferguson-Coleman, E., Freeman, D., Lindow-Davies, C., Davies, R., Hopkins, K., Noon, I., Rogers, K., Russell, J., Seaver, L., Vesey, K. (2020). The Lived Experience and Legacy of Pragmatics for Deaf and Hard of Hearing</p>

<p>parents of deaf children to discuss the pragmatics development of deaf children. It was one of a series of articles in a special edition on this topic leading to the formulation of the international call for action on the topic (also co-authored by a SORD member). Without this paper, the lived experience of Deaf people (and parents) would not be in the evidence-based collection.</p>	<p>Children. Pediatrics, Nov 2020, 146 (Supplement 3) S304-S309. DOI: https://doi.org/10.1542/peds.2020-0242K</p>
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Interpreter-mediated social work/ social care (and health)

There is a broad recognition that achieving equity in social work/social care for those who do not use spoken English fluently can be problematic. This is most obviously seen in services with/for refugees and asylum seekers and older members of migrant populations in the UK who did not grow up with English. However, awareness of linguistic and cultural adaptations that may be required in statutory assessment and the planning and delivery of services rarely recognises Deaf BSL users as a cultural/linguistic population to which such considerations might apply. This is in part because Deaf people are systematically categorised within social work/social care as part of a disabled population (alongside those with hearing loss and who are not culturally Deaf). In addition, the provision of an interpreter is commonly regarded as fulfilling ‘access’ needs for Deaf people without thought to any relevant cultural considerations. However, a skilled social worker plus an interpreter does not ensure equity of assessment and provision, in part because the interpreter’s remit does not ordinarily include the cultural brokerage that might be fundamental to the efficacy of how a question is asked, how the norms of a situation might be understood, or the weight that should be given to community-specific priorities in how an individual’s needs and unmet needs are assessed. Most social workers lack specialist cultural and developmental knowledge about Deaf people including how their lives might be shaped differently across generations. For example, the profiles and life experiences of young deaf people are very different from those of older Deaf people because they have been subject to different affordances of education, technology, social attitudes and rights. The various roles of Deaf professionals, whether as social workers with Deaf people, advocates, intermediaries, and deaf relay interpreters are rarely recognised or included in everyday social work practice. Yet social workers carry out statutory duties with Deaf people that can seriously impact their rights and everyday life. For example, eligibility assessment for services under the Care Act 2014, compulsory detention under the Mental Health Act 1983. Where interpreters are used in social work practice, there is little evidence of the impact on the assessment, provision and delivery of services. It is rare for social workers to receive any training in the differences that working with an interpreter might make to how they carry out their duties and responsibilities and the outcomes for service users and carers who are Deaf. SORD has carried out a range of research to explore and demonstrate these impacts, have produced guidance to social work and social care practitioners as well

as contributing to major governmental consultations that might have overlooked the topic of interpreter-mediated social work/social care services with respect to Deaf people.

<p>Interpreters and social work. Work that has focussed on the impacts of working with an interpreter in the fulfilment of statutory duties/powers and responsibilities.</p>	
<p>We have provided evidence of AMHPs³ perceptions of their efficacy when working with interpreters (including but not exclusively focussed on BSL interpreters) and how interpreter mediation affects their process and decision making with respect to those who do not use spoken English. Further training requirements and potential inequities in decision making have been demonstrated.</p>	<p>Young, A., Tipton, R., Rodriguez-Vicente (2023). Mind your language. Interpreters in Mental Health Act assessments. Policy@Manchester. https://policyatmanchester.shorthandstories.com/open-minds/index.html#group-section-Interpreters-and-the-Mental-Health-Act-ApdRf2S0Z8</p> <p>Young, A., Vicary, S., Tipton, R., Rodriguez Vicente, N., Napier, J., Hulme, C., Espinoza, F. (2023). Survey of AMHP perspective on interpreter mediated Mental Health Act assessments. Journal of Social Work. https://doi.org/10.1177/14680173231197</p> <p>Rodriguez Vicente, N., Young, A., Tipton, R., Napier, J., Vicary, S., Hulme, C. (under review 2024) A Scoping Review of interpreter-mediated assessments under the Mental Health Act (1983) and international equivalents. Interpreting and Society</p> <p>Vicary, S., Young, A., Rodriguez Vicente, N., Napier, J., Tipton, R., Hulme, C. (under review, 2024). The luxury of time: omnipresence, contradiction, and passivity in interpreter-mediated Mental Health Act Assessments. Qualitative Social Work.</p>
<p>Evidence from interpreters' perspectives about the challenges of work in statutory mental health assessments and with AMHPs. This shows the lack of preparedness, the need for training and some fundamental misunderstandings about the Mental Health Act and its requirements and processes.</p>	<p>Tipton, R., Napier, J., Rodriguez Vicente, N., Young, A., Vicary, S., Hulme, C. (under review, 2024). 'Just interpret': problematising demands and controls for effective interprofessional working in statutory mental health assessments INTERPRETING: International Journal of Research and Practice in Interpreting</p>
<p>Evidence from specialist Deaf professionals about their exclusions or late involvement in statutory child protection involving Deaf parents.</p>	<p>Oram, R., Young, A. and Cartney, P. (2023). Now you see them, now you don't: Professional recognition of specialist professionals working with Deaf British Sign Language parents in child safeguarding.</p>

³ AMHP: Approved Mental Health Professionals who have a statutorily defined role in the decision making following a Mental Health act Assessment. Over 95% are social workers.

	<p>Qualitative Social Work. 23(1), 91-107 https://doi.org/10.1177/1473325023118 BSL summary available via: https://journals.sagepub.com/doi/full/10.1177/14733250231185962#supplementary-materials</p>
Evidence from child and family social workers about the challenges of assessing Deaf parents and working with/without interpreters.	This forms part of a PhD by R. Oram funded by ESRC. Currently unpublished.
<p>Guidance for social workers and interpreters. Work that has provided specific practice guidance for social works and allied professionals</p>	
A key output from this NIHR SSCR funded study of interpreter mediated mental health act assessments includes specific practice guidance and a range of training resources to support AMHPs and interpreters to more effectively practice when working together. [This includes BSL-specific resources and guidance. Over 95% of AMHPs are social workers]	<p>Young, A., Napier, J., Vicary, S., Tipton, R., Rodriguez Vicente, N., Hulme, C. (2024). INforMHAA: Interpreter-mediated Mental Health Act Assessments. Best practices for Approved Mental Health Professionals and Interpreters working together.</p> <p>This is about to be published and downloadable for use (free access) via: https://sites.manchester.ac.uk/informhaa/ There are also 'research bites' from our findings in various languages including BSL on this specialist website.</p>
This commissioned report includes specific practice guidance for social workers unused to working with Deaf people to ensure effective, accessible and equitable assessment practices.	<p>Young, A.M., Hunt, R. (2010). Specialist assessment involving deaf children and adults: a discussion document. Report to Director of Social Services, Wales. https://research.manchester.ac.uk/en/publications/specialist-assessment-involving-deaf-children-and-adults-a-discus</p>
This commissioned guidance document has subsequently been updated but the original provides specific practice examples for social workers of how deficits in cultural knowledge may lead to false assumptions about need and lack of recognition of unmet need within eligibility assessments for social care services.	<p>Young, A., Bond, J., King, E. (2015). Guide to working with adults who are d/Deaf. Community Care Inform Adults http://adults.ccinform.co.uk/guides/guide-working-adults-ddeaf/</p>
Commissioned by the NIHR School for Social Care Research, this publication includes guidance on understanding the implications of different 'ways to be deaf' and the impacts on social work practice as well as research of not examining assumptions that might be held.	<p>Young, A., Hunt, R. (2011). NSSCR Methods Review 9: research with d/Deaf people. London: National School of Social Care Research. https://eprints.lse.ac.uk/41800/1/SSCR_Methods_Review_9_web.pdf</p>

Deaf older people's social care needs.

The care and support needs of older Deaf people has been a key concern of the Deaf community for many years. This is not just about the current focus on dementia and Deaf people but extends to include access to day care, the suitability of residential care facilities, the promotion of informed choice in decision making about care, availability and suitability of the full range of support potentially available for older people that falls outside of the remit of health services. There are well recognised problems some of which relate to the poor relationships between specialist health services for Deaf people and non-specialist follow up within the social care sector; problems that arise from the low numbers of Deaf people requiring specialist care/services that are highly geographically dispersed; the need for accessible information and sign posting to promote independent choice and awareness of rights. SORD's work has explored many of these areas to ensure clear recommendations for better services. There is far less research evidence of good practice in this field and what might work to address these problems. Older deaf people's health and social care needs more generally is a major contemporary concern given the ageing population and effects of multiple morbidities associated with this. However, ensuring that Deaf people as a cultural/linguistic group are represented specifically within this wider concern of the NHS, social care and government focus is more problematic and should be addressed clearly in all policy, planning and service provision for a addressing older people's service needs. [The following should also be read alongside the dementia-specific work in the supplementary information supplied concerning health].

Mapping the field to understand the nature of the problems faced from the perspective of service providers and the Deaf community has been critical in bringing to light required improvements in this area of social care.	
This review commissioned by RAD was launched at a parliamentary reception and led to the development of a quality mark scheme for residential care services that met the needs of Deaf people. [We believe this scheme no longer exists]	Young, A.M. (2014). Older Deaf People and Social Care. Commissioned evidence review. RAD and SONUS. http://royaldeaf.org.uk/files/files/RAD%20GENERAL/Documents/older_deaf_people_and_social_care.pdf
This report addresses the dilemma faced by many Deaf people of whether to remain close to their community when requiring specialist residential care or choose a specialist care facility that may be a distance from their home/local Deaf community. It was commissioned to explore Deaf people's views on this in Wales.	Hunt R., Oram R., Young, A. (2011). Deaf older people's preferences for residential care. Report to the Welsh Assembly Government. https://www.research.manchester.ac.uk/portal/en/publications/deaf-older-peoples-preferences-for-residential-care(fb5617ae-d8cb-4886-a7c1-cc85c2fa2f66).html
The problematic nature of access to information, knowledge and understanding by Deaf people concerning conditions of older age remains an important issue. Just because information is in BSL does not mean it is effective in promoting	Ferguson-Coleman, E., Keady, J., Young, A. (2014). Dementia and the Deaf community: knowledge and service access. <i>Aging and Mental Health</i> , 18 (6), 674-682. doi: 10.1080/13607863.2014.880405 https://www.tandfonline.com/doi/abs/10.1080/13607863.2014.880405

<p>knowledge and understanding. We explored not just gaps in knowledge about dementia faced by Deaf people but also what might be preferred and/or more effective ways of building understanding from Deaf people’s perspectives.</p>	<p>Young, A.M., Ferguson-Coleman, E., Keady, J. (2016). Understanding dementia: effective information access from the Deaf community’s perspective. Health and Social Care in the Community. http://onlinelibrary.wiley.com/doi/10.1111/hsc.12181/pdf</p>
<p>Working toward solutions at policy and practice level has been important including trying out potential changes in service provision as well as forming consensus around service improvement that is culturally/linguistically accessible and acceptable.</p>	
<p>Commissioned by SCIE this brief guidance is aimed at supporting social workers in their practice.</p>	<p>Young, A., Waterman, H., Ferguson-Coleman, E. (2014). Dementia Gateway: Sensory loss and dementia. SCIE Dementia Gateway. http://www.scie.org.uk/publications/dementia/living-with-dementia/sensory-loss/files/sensory-loss-research.pdf</p>
<p>This research report included clear short, medium and longer term recommendations that could support mainstream residential care homes to provide quality services for Deaf residents.</p>	<p>Hepner, A., Oram R., Denmark, C., Ferguson-Coleman E., Hulme, C, Itturiaga, C., Young., A. (2022). Deaf people with dementia and care homes in Scotland. British Deaf Association. https://bda.org.uk/wp-content/uploads/2022/03/FINAL-Deaf-Dementia-Research-Full-Report-2022.pdf BSL version available via: https://bda.org.uk/dementiaresearch/</p>