



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oifig an Cheannaire Oibríochtaí,
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5th January 2019

Deputy Clare Daly
Dail Eireann,
Leinster House, Kildare Street,
Dublin 2.
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Dear Deputy Daly

The Health Service Executive has been requested to reply directly to you in the context of the following parliamentary question, which was submitted to this department for response.

PQ 2806/19

To ask the Minister for Health his plans to open an aftercare service for vulnerable profoundly deaf persons that depend on Irish Sign Language as their communication in order that they can be cared for in a signing environment.

HSE Response

Persons with Disabilities, including deaf, hard of hearing; and deafblind can access the broad range of Acute, Primary and Community based services as well as specialist disability services, which are provided in a variety of community and residential settings in partnership with service users, their families and carers and a range of statutory, non-statutory voluntary and community groups.

The HSE has recently published guidelines on accessible health and social services, which provide practical guidance to all health and social care staff on how they can provide accessible services to service users with a disability. The guidelines were developed by the HSE in partnership with the National Disability Authority following a comprehensive consultation process with staff, service users and organisations. Please find a copy of the Guidelines attached for ease of reference.

The guidelines provide clear practical advice for health professionals on communicating with deaf and hard of hearing people. This includes asking the person how best to communicate with them and providing assistive technology, such as listening devices, as required. Patients and service users are entitled to request and be provided with a qualified sign language interpreter.

The HSE has also produced a guidance document for using language interpreters, called *On Speaking Terms*, which is also attached.

Residential Needs of vulnerable Deaf Adults

The HSE is aware of the need for residential supports for vulnerable deaf people and in 2015 the Social Care Division, Disability Services commissioned a small multi-stakeholder working group to examine the residential needs of vulnerable Deaf adults, in cooperation with other Directorates as required.

The Group reported in 2016 that there “were 165 individuals aged between 18-92 years old identified as having some level of unmet residential support need, and 76 of these people were identified as requiring support on an

urgent or short term basis. The 165 individuals equated to 62% of the total number of Deaf adults (n. 264) that were identified in the data gathering exercise, and the 76 people with an urgent need equated to 28% of the overall population of Deaf adults identified. The data shows that the level of urgent and short term unmet need is greater in volume and complexity than the estimated medium and longer term needs of the vulnerable Deaf adult population. However, unless services are developed, the medium and long term requirement for the complex and high support services will increase, in line with the current demand that has developed due to a lack of services”.

The Group recommended a number of developments required to progress the development of appropriate residential support services for vulnerable Deaf adults, including:

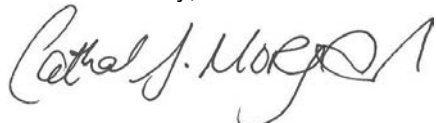
- **Intensive Therapeutic Service- Habilitation Service**
A single service to accommodate no more than four residents should be developed nationally. This should be located in Dublin in order to allow for connectivity with the existing specialist Deaf resources in that vicinity. This should be targeted for delivery in 2016, subject to resources.
- **Community Residential Service**
Four or more medium-high support community based residential services need to be developed to provide for the 15 vulnerable Deaf adults identified as requiring this service on an urgent / short term basis. The location, distribution and resident mix within each of these services will be driven by the person centred plans of the individuals. These should be targeted for delivery across 2016/17, subject to resources and the implementation of person centred and transition plans for individuals.
- **Outreach Support Service**
The current supports for Deaf adults being delivered across the community by specialist agencies need to be mapped and reviewed before any additional supports are introduced. This exercise should be completed in 2016, to enable delivery of additional supports in 2017, subject to resources.
- **Specialist MDT**
The current Specialist MDT supports for Deaf adults need to be mapped and reviewed before any additional posts are introduced. This exercise should be completed by mid 2016, to enable delivery of additional supports by the end of 2016, subject to resources.

A proposal for additional funding was submitted as part of the 2018 and 2019 Estimates to the Department of Health to progress the development of residential supports for vulnerable deaf people.

At present, HSE Disability Operations is involved in a joint working initiative with DeafHear in respect of “existing” service users funded/ placed via HSE with a view to developing appropriate housing and support options. This has involved numerous meetings with Senior Management, including the CEO of Deafhear and incorporates the following practical steps to achieve this aim;

1. DeafHear will work with an existing housing body to identify unit(s) for potential existing service users on a “tenancy basis” [home-share etc];
2. HSE will review existing service users funded by HSE (including out of state placements) with a view to a) ascertain funding assigned and b) work jointly with DeafHear re assessing need/ potential for housing with care and support under this initiative;
3. Upon the identification of potential candidates, HSE and DeafHear will work jointly on a “transition/ relocation” programme subject to client wish/ need;
4. HSE will work to realign existing resources and consider any set up costs in order to commence the required support arrangements;
5. The initial focus will be to establish one dwelling as a “proof of concept” approach thereafter building confidence to accelerate the approach. In this regard, it is initially thought that CHO9 (Dublin North Central area) may be a prudent option given proximity to appropriate services (deaf village etc).

Yours sincerely,



Dr. Cathal Morgan,
Head of Operations - Disability Services,
Community Operations