

DeafHope

A development plan for establishing domestic abuse (DA) services for Deaf women in the UK

Introduction

There are an estimated 9.5 million people in the UK who have hearing loss. The numbers of Deaf sign language users in the UK is estimated between 35-70,000. Most people use the 70,000 number. There will be many people who do not use sign language but struggle to hear and are unable to participate in 'normal' conversation. Ofcom, the communications regulator, estimates that there are 860,000 people in the UK who cannot use the telephone, therefore unable to make an emergency call.

Deaf people are spread throughout the UK, the demography being similar to hearing people, although there will be the occasional pocket of greater numbers, for example around a particular Deaf school or specialist service. Many Deaf people do not consider themselves to be disabled, but more of a linguistic minority group.

British Sign language is an officially recognised language with its own syntax and grammar. It is a rich cultural language, and those born into a Deaf family will grow up well balanced, with a strong identity and in an environment where their language and culture is respected and admired. This is not dissimilar to other ethnic cultures in our diverse society. However, 90% of Deaf children are born to hearing parents and sadly, few of those parents learn to sign with their child. It is therefore not unusual for a Deaf young person on leaving school to have a reading age of an eight-year-old and having limited social development. They may be intellectually equal to their hearing peers but emotionally, socially and educationally have been deprived of the opportunities to enter into adulthood with the complex skills required to have a fulfilling life. For example, some research articles state that 50% of Deaf people have been abused during their childhood, physically or sexually. 40% of Deaf people will have some type of mental health problem during their lifetime (as against 25% of the general population). SignHealth's own Counselling Service undertook a review of the last 150 cases and found that 10% (15 cases) were a direct referral due to Domestic Abuse (DA) but 50% of clients declared during counselling that they were subject to DA.

Deaf people have poorer physical health (Department of Health GP Patients Survey), their access to services is limited – there is currently no national 999 service for Deaf people who cannot use the telephone (although some areas of UK have an emergency sms provision), and community resources such as health visitors, educational psychology services, etc. are often inaccessible. There are currently no dedicated textphone helplines for DA in the UK.

BSL interpretation services are good, but with only 600 qualified BSL interpreters in the UK, the chances of booking a face-to-face interpreter with fewer than 10 days' notice is somewhat remote. Even if a female interpreter can be made available at short notice, quite often there is a lack of funding to pay for the interpreter.

Summary

Deaf people need a specialist needs-led DA service. Their language and cultural needs cannot be served by the current hearing-based services. The largest DA organisation in the UK, Women's Aid, accepts this fact and is working with SignHealth on developing solutions to the inaccessibility problems faced by Deaf women. However, it is important that Deaf women retain their right to choose and for service users to be involved in the planning of services. The risks for Deaf women, and also choices, can vary. For example:

If the perpetrator is also Deaf, then the risk of further abuse could be greater for a Deaf woman if she moves to a specialist refuge for Deaf. If the perpetrator is a hearing adult child of Deaf parents (CODA) he would have a strong Deaf cultural background, and thus the Deaf woman would again be at risk should she move to a specialist Deaf refuge. In both these cases a Deaf woman would be safer in a refuge with hearing women with the appropriate assistance. If the perpetrator is hearing, then the Deaf woman would be safer in a specialist refuge. The options for Deaf women are very limited, and similar to those of other minority ethnic communities.

Due to these cultural aspects a specialist refuge could be operated in a similar way to Karma Nirvana, a specialist service for women from ethnic communities that has a strong support network.

The DA services that need to be provided by Deaf Hope are varied, and should adopt prevention and protection principles. Services that should be included are prioritised as follows:

1. Access to Police services

- a) Deaf Awareness training on the impact of domestic abuse for frontline police and safeguarding teams.
- b) Development of a BSL DVD/CD-rom for initial DA risk assessment to ensure Deaf women reporting abuse are not sent away because no qualified/female interpreter is immediately available. This is an essential step to ensure Deaf women are not placed at risk of further abuse from the perpetrator when reporting to police.
- c) Videophone or webcam available in police stations to link to remote interpreters to avoid delays in waiting for female interpreters to be available.

2. Accessible Target Hardening

- a) To ensure each regional police service has a supply of accessible target hardening equipment i.e. sensor door wedges, window locks and intruder mats that link to vibrating pager/flashing light alerters.
- b) Accessible fire alarm kits – visual or vibrating type.

3. Accessible refuge support in each geographic region

Ensuring each regional high risk DA team has a bank of accessible equipment to loan Deaf women moving into refuge. These banks of equipment should include visual/vibrating door bell, portable fire alarms, visual/vibrating baby alarms, mobile phones. This will ensure a Deaf woman seeking refuge support/emergency accommodation is not refused a room on the grounds of health and safety.

4. Trained Deaf advocates or hearing advocates with minimum BSL3 signing skills who have received domestic abuse training

This is an important area of need. Interpreters have to follow professional boundaries and have to remain impartial. The use of Deaf advocates enables greater access to DV services for Deaf women.

5. Accessible information on DV services available in each region

BSL DVD and plain English formats for safety planning and information sheets.

6. 24 hour D.V. helpline service manned by supervised volunteers/staff who have undertaken Deaf Awareness/Domestic Abuse training

This should include, after research into the security issues, sms or email services that are monitored and with registration/password system established.

7. Awareness raising of the issues around domestic abuse and the impact on Deaf women and children

This should be a rolling programme around UK linked to women's health issues, thus a discreet way of informing Deaf women who are experiencing/have experienced domestic abuse of their options.

8. Emergency financial support

Deaf women often experience delays in getting support due to time needed to find interpreters. Emergency funding would help in hardship cases, i.e. where a woman, sometimes with children, has needed to leave her home immediately in times of crisis and has no money, phone, food, change of clothes etc. Can also be emergency funding for payment of interpreters if necessary.

9. Assistance with benefits system

This could be something the trained Deaf advocates could assist with. Some BSL users find benefits/housing forms difficult to complete and may need assistance, particularly if interpreters are not available.

10. Legal Services

Not all Deaf women seeking support to escape domestic abuse will qualify for Legal Aid. These women may be prevented from seeking urgent legal advice/support to gain an injunction or non-molestation order due to no access to funding for an interpreter.

11. Support for children who have witnessed/experienced domestic abuse.

- a) Deaf children would need a child/youth worker who has the appropriate level of signing skill to be able to access therapeutic support to cope with the emotional impact of witnessing domestic abuse.
- b) The needs of hearing children of Deaf parents who have witnessed or experienced domestic abuse may be more acute than those hearing children of hearing parents.
- c) Research is needed on the above issues in order to ascertain if existing services are sufficient to meet the needs of these children.

12. Counselling support from counsellors trained in the impact of domestic abuse on women and children, and who have the appropriate level of signing skill (recommended minimum level BSL 3).

SignHealth has trained counsellors and those with an interest would need additional training to provide this service. All counsellors should be made aware of the availability of DA services.

13. Parenting skills

Confidence and self esteem-building workshops for Deaf mothers who have left abusive relationships, in order to improve their parenting skills.

14. Survivors' network – this could either be regional or national network, which could also have email or web based support. Again, this would need to be researched for security and possibly have a registration or password system.

15. Prevention/Awareness raising programme for children and young people.

Deaf children, by nature, copy what they see and those who have witnessed or experienced domestic abuse are likely to repeat the pattern of behaviour as they grow up. Girls may feel they have to accept abuse or violence from boyfriends/partners. By ensuring a rolling programme of awareness-raising, healthy and positive relationships, and training on anti-bullying workshops, the risk of this repeat cycle can be reduced. A range of resources need to be developed, i.e. books, BSL DVDs, schools roadshows.

Every single item on this long list is a priority, but if we are to develop DA services for Deaf people there has to be a structure to this development. Working with, and using the materials from, hearing DA services will give us a good head start.

As so often happens, services are developed for other minority ethnic groups in our society but not for Deaf people who have their own culture and language. Indeed, BME groups will learn English; certainly second and third generation children will be educated in our English school system, but a Deaf BSL user will always have limited English for they are unable to hear a spoken language or speak it.

This plan sets out the structure for the development of DA services for Deaf people, but the plan is not rigid, for we must maximise any and all opportunities to establish a service.

Applications for funding will be submitted as and when they arise. Often these funds will be restricted in what we can do with the money. Some parts of the plan can be easily undertaken, for example training the SignHealth counsellors in DA, or establishing a survivors' network which could be run by volunteers. Other parts of the plan will take many years to develop.

Ideally, and with time, DeafHope should become a separate entity run by those who have a knowledge and direct experience of DA and Deafness. That's not to say that SignHealth doesn't have the ability to take that role, but DeafHope has the potential of being a charity in its own right and we should proceed with that principle in mind.

The costs and funding of the services are somewhat complex. DA services in the UK are largely funded by local authorities and other statutory bodies. They pay for the refuges in towns and cities, and some enlightened authorities, e.g. Croydon and their Family Justice Services, are directing monies to improve earlier interventions, seeing the benefit in reduced costs in other services such as the Police. When you consider that 1 in 4 women experience DA in their lifetime and between 1 in 8 and 1 in 10 experience it annually, the cost to society is huge. In 2007 the government renewed its commitment to tackle domestic abuse with the Violence Action Plan detailing how this will be achieved, doubling the Specialist Domestic Abuse Courts and a roll out of Multi-Agency Risks Assessment Conferences by 2011. In the Action Plan it recognised other minority ethnic groups but not Deafness. We will need to tap into this Plan to ensure DA for Deaf women is not forgotten and is resourced along with other minority groups.

The timescale is to start this work immediately. We have already held a conference in London to launch the project, have established good links with Women's Aid, have a group of very keen and able volunteers eager to be involved, and have agreed at Trustee Board level to budget for DeafHope in the next fiscal year. Applications for project worker funding have been submitted and more applications will be tendered based upon this Development Plan. SignHealth sadly doesn't have the financial reserves to give the DeafHope project the financial injection it rightly deserves, but we will do all we can to ensure it happens as speedily as possible.

The management of DeafHope currently remains with the Chief Executive of SignHealth. That is likely to remain the case for a little while, as often happens with new initiatives. But once the project becomes better established, the service will likely transfer across to the Director of Operations. Currently the CEO is managing the relationships with the DeafHope Project Committee (Laraine Callow and David Rose), the SignHealth Board of Trustees, with the Deputy CEO of Women's Aid, with a Deaf manager of a hearing DA service, and with numerous individuals who are aware of the DeafHope project and wish to be involved.
NB Statistics on Domestic Abuse are attached to this plan.

Why has SignHealth taken on DeafHope?

SignHealth is the healthcare charity for Deaf people. It currently works to improve the health of Deaf people by campaigning, by providing services and by improving access to healthcare. It has a turnover of nearly £4m and employs over 100 staff in the UK, and recently started working overseas.

SignHealth is recognised for its flexibility and willingness to work with the Deaf community. It employs a large number of Deaf people and is seen by many as an organisation open to new ideas and partnership working.

DA has a huge health cost on society. The cost of physical healthcare treatment resulting from DA is around 3% of total NHS budget, i.e. £1,220,247,000. The cost of treating mental disorder due to DA is £176,000,000. The statistics around pregnancy and childbirth and DA are horrendous.

So when you consider that DA perpetrated on Deaf women will probably be twice the number of hearing women, there is a clear reason for SignHealth to become involved in this project.

The initial concept for a DeafHope here in the UK came from Laraine Callow, an ex-trustee of SignHealth and an influential figure in the Deaf world. David Rose, a colleague of Laraine, had introduced her to DeafHope based in Oakland, California, USA (www.Deafhope.org).

A conference was organised by SignHealth in London, attended by some 70 people, mostly professionals working in the DA field or with Deaf people, with speakers from DeafHope in the USA and from Women's Aid. This generated much interest and confirmed the desperate need for a DeafHope service here in the UK.

Women's Aid, the largest national DA organisation in the UK, had already been considering the needs of Deaf people, as part of their service review for disabled women (Report June 2008). At the time of the DeafHope conference, the Manager of Southampton Women's Aid was Lynn Shannon, a Deaf woman who previously had been Chief Executive of Hampshire Deaf Association. Lynn, just weeks before the conference, had been in contact with Nicki Norman, Deputy CEO of Women's Aid, and so the involvement of SignHealth was opportune at kick-starting a work programme.

SignHealth taking this project forward, in partnership with others, is now recognised as the most realistic and sensible option.

Services that could be provided by DeafHope UK

- **Awareness programmes in the Deaf community**

National awareness campaigns on DA are unlikely to have reached the Deaf community. Most will have been in the written or spoken word and none that we are aware of have been in BSL (the NHS produces information in 12 languages but not BSL, although the numbers of BSL users are significantly higher than many of the 12 official languages).

It is probable, but would need to be confirmed, that many Deaf people will have a distorted view of DA. Domestic Abuse is often stated as 'physical, psychological, sexual or financial violence that takes place within an intimate or family-type relationship and forms a pattern of coercive and controlling behaviour'. A Deaf woman will often be in a controlling relationship, particularly if the male partner is hearing (although this may also apply to same sex relationships). They may have experienced abuse as a child. Deaf children, by nature, tend to copy what they see, thus there is a high risk they can grow up to accept violent behaviour as the norm, or go on to repeat cycles of abuse. Psychologically, Deaf women may not value themselves equal to a hearing person, and already have low self esteem. They may rely heavily on their partner to interact in society. What one person may see as abuse or violence, the Deaf woman may see as the norm. Deaf women, as with their hearing peers, often remain in an abusive relationship for fear losing their homes, their children and their jobs.

There are few avenues to seek advice, or help, or distinguish what is appropriate in a relationship and what is not (see Deaf power and control wheel in appendices).

- **Information on what services are available**

Currently the only services available to Deaf survivors of DA are counselling and a forming survivors' group. As each service becomes available, for example a refuge that is able to accommodate a Deaf woman, then these services need to be promoted. Website information is a first priority.

- **Easy access to existing services**

The number of Deaf women requiring DA services will be relatively small and geographically spread throughout the UK. This means that it is unlikely that there would be a specialist service purely for Deaf women such as a refuge. Existing services need to be adapted – communication facilities, alarm and entrance systems, availability of interpreters, support networks to reduce the isolation.

Statistics show that a woman can be abused up to 35 times before she makes the first call to the police in an attempt to escape a violent and abusive relationship. This first step takes immense courage and so all must be done to ensure a move to a refuge does not become an isolating and lonely experience.

All current DA services will need to be reviewed to ensure they are accessible to a Deaf woman and her children.

There is currently no dedicated textphone helpline for Deaf women experiencing domestic abuse. This is probably one of the most important areas that would need to be developed first. Deaf women, like many hearing women, do not immediately associate Women's Aid as a support organisation for domestic abuse and would not turn to them as a first choice for support. This is similar as with minority ethnic communities, who see Women's Aid as an organisation for white women.

One problem with a textphone is that it is impossible to tell whether a caller is male or female, and perpetrators could well try to use the helpline to trace a service or refuge where their Deaf partner may be. By using a password system, with each password being unique to each Deaf client, this can be avoided. The same password system could be used for sms and email helpline services.

- **Counselling and Advocacy**

SignHealth has some 50 qualified counsellors and 25 qualified advocates. Both groups are experienced in working with Deaf people, (all are fluent signers, the majority being Deaf themselves) and knowledgeable around mental health issues. However, none has currently been trained in working in DA and will have little awareness of the systems and law here in the UK.

Whilst it will be relatively easy to set up training courses there will be substantial costs involved bringing people together from all over the UK.

- **Refuge support in every geographical region**

There are cultural-specific refuges but they are few and tend to be sited in high density areas of a particular nationality or ethnic group.

Deaf people are spread more evenly across society and whilst it may be possible to develop a refuge in say London or Birmingham, the numbers probably don't make it economically viable.

There are currently around 400 refuges throughout the UK. To convert them all to be accessible would not be cost effective. Fortunately, the equipment needed to make a refuge accessible for Deaf women can easily be portable and thus will not require expensive fitment. Most areas of the UK have a regional Deaf organisation which could hold a small bank of accessible doorbells, fire alerters, baby alarms and textphones that could be loaned to local Deaf women needing refuge/resettlement in those regions.

In the short term it is therefore vital that we work with organisations such as Women's Aid and Refuge to ensure access is available to some of the 400 services nationwide.

Refuge staff assist in many areas:

- Help in finding a new safe home
- Budgeting and welfare benefits
- Accessing health services
- Finding nurseries and schools
- Accessing local community and cultural services
- Gaining legal advice, including accompanying women to appointments and courts
- Safety planning
- Training education and employment
- Finding permanent housing in a new community
- Resettlement support
- Outreach and floating support
- Confidence and self esteem-building courses

Improving access to a refuge isn't therefore just about putting in flashing lights or a minicom. It requires staff training, cultural understanding, and a support network for a Deaf woman and possibly her children.

Women seeking the sanctuary of a refuge are asked to pay between £90–£350 per week, depending upon the space required. This money comes from housing benefit and perhaps income support (depending upon circumstances) and women entering a refuge are helped to access emergency payments from Social Services. Again, a Deaf woman will need much support in accessing this funding.

- **Emergency financial help**

As stated above, women entering a refuge are supported by staff in gaining emergency payments from Social Services. But it is likely that many Deaf women will feel inhibited from leaving a DA situation because they may be penniless. Financial control is often a factor in DA. Deaf women may find it difficult to open a bank account or receive a credit card. Some emergency financial support needs to be available.

- **Assistance with the benefit system**

Anyone who has applied for benefits will know how difficult is the process with endless form-filling, proof of identity and earnings etc. For those Deaf women seeking help, but not necessarily in a refuge where staff assist the process, the options are limited. CAB can assist but co-ordinating an appointment and an interpreter booking may be very difficult and who will pay for the interpreter? These obstacles alone may force a Deaf woman to remain in an abusive relationship.

It is possible that SignHealth's advocates could be trained to assist in this area. If that is not feasible, then alternative approaches will need to be explored.

- **Quick and easy access to interpreters**

With just 600 interpreters nationwide serving a Deaf population of 70,000, quick and easy access is just not possible without the support of the interpreters themselves. Online interpreting could be used in some circumstances but face-to-face interpreting is the likely requirement.

Interpreters do make themselves available for short notice priority calls such as working with the Police and emergency services. Discussions will need to take place with the Association of Sign Language Interpreters (ASLI) to see if a similar arrangement can be organised for DA situations.

It takes a lot of courage for Deaf women to disclose abuse and seek help. For a Deaf woman to make a statement, via interpreters, this can take a lot longer than hearing peers and thus can be severely emotionally draining. This can result in a Deaf woman using different signs for the same word, initial-tapping, for example, which can be confusing for interpreters. In order to provide a consistent level of support for a Deaf woman, ideally the same interpreters should be used throughout for appointments with the legal teams. This is an area where Deaf women feel it is too difficult to go ahead with legal proceedings and may withdraw their claim. The services of an intermediary, in addition to interpreting support, can often make the legal process much easier for a Deaf woman.

- **Survivors' Network**

The DeafHope conference in October 2009 created quite a lot of interest from survivors of DA. A number contacted Laraine Callow and she facilitated an initial meeting of Deaf women from the London area. To be able to openly and freely sign with Deaf women who have experienced DA is an essential part of the healing process. Developing a survivors' network should be a relatively straightforward element of this plan.

- **Survivor's Handbook**

Women's Aid Federation England (WAFE) have developed a survivor's handbook. However, the handbook is not totally accessible to Deaf women for whom English is a second language. A British Sign Language format needs to be developed. Similarly, following a research project into services for disabled women, WAFE incorporated a signed survivor guide (developed by Community Legal Services) on their website. This needs some adjustment to make it fully accessible for Deaf women to use effectively.

- **Legal Aid**

This may seem at first a relatively simple element to organise. An assessment is made of the Deaf woman's finances. She either is or isn't eligible for Legal Aid. However, since we started the DeafHope work we have been informed of two instances when Legal Aid fell short.

- a) The legal battle over the disposal of the family home was difficult. Every time the Deaf woman visited her solicitor she needed an interpreter. The cost of the interpreters was met by Legal Aid, but Legal Aid also has a cost ceiling and with the interpreter payments this ceiling was soon reached. The legal work had to continue, with the result that the Deaf victim was left with a large legal bill which remains as a charge on her current property.
- b) In a legal fight over custody of the children, the hearing husband attempted to claim that his Deaf wife (the victim of his abuse), was not a fit mother to bring up his children simply because she was Deaf. The legal battle was long and traumatic and the financial costs again remain with the Deaf woman.

It should be noted that for a Deaf woman involved with a hearing man, the fear of losing one's children through spurious claims over Deaf parenthood may cause a woman to remain in an abusive and violent relationship.

- **Training for Police and other agencies**

The Police are often the first people called to a DA incident. There are specialist teams in each Force, Police Link Officers for Deaf People, and much training has been done to overcome negative attitudes. One incident of DA is reported to the Police every minute (89% of calls by women assaulted by men). On average two women a week are killed by male partners or former partners, which constitutes around one third of all female homicide victims. The element of risk to Deaf women, escalates when she decides to leave an abusive relationship, thus it is imperative she can get the appropriate police support at this point. Just in Greater London, the cost of DA for the police is estimated at £278m. In England and Wales it is estimated

to cost £23 billion. A police officer being called to a DA incident involving a hearing man abuser and a Deaf woman victim will be faced with a challenging situation. The abused woman may be signing rapidly, be distressed and agitated, and will be frustrated that she is unable to explain what has happened. The police officer may naturally ask her to calm down, but he is unable to communicate with her. The only person who can state what has happened is the hearing male abuser.

There is an immense challenge for the police and other agencies when faced with DA involving Deaf people.

A report has been produced for SignHealth by three senior police officers and this will form the basis for an implementation plan.

- **Children and DA**

The Department of Health states that 750,000 children a year witness domestic abuse. The statistics around DA, children at risk, abuse on children and adequate safety measures, are frightening. Deaf children, we know, are subject to far greater risks of abuse. A Deaf woman and Deaf children living with an abusive man face very high risks of sexual, physical and emotional violence.

The NSPCC does have a small team focusing on Deaf children but this isn't currently linked to DA services.

Many regions have a schools programme aimed at identifying children who are at risk of witnessing or experiencing domestic abuse. Deaf children are often educated outside of the area where they live due to either travelling to Hearing Impaired Units or attending residential schools for Deaf children. It is possible these Deaf children could be at risk from slipping through the net. It can also be possible that a hearing mother will continue living with a perpetrator rather than risk her Deaf child having to move from an area where there is a specialist school.

Deaf Hope would work closely with National Deaf Children's Society (NDCS) and NSPCC to develop a specialist awareness raising programme for Deaf young people.

- **Awareness Raising Workshops**

Reaching Deaf women to raise awareness of services available to them will be an important part of the prevention and protection work of Deaf Hope. By working closely with regional Deaf organisations, we will set up regular Deaf Women's Health workshops. This will enable us to provide a discreet and safe environment where Deaf women can receive advice on domestic abuse services and their options. Many hearing women use Sure Start as a safe environment to seek advice from DA Outreach Workers. Deaf women would not be aware of these services nor would they be able to access without interpreting support.

- **Deaf Women from minority ethnic communities**

Deafness among the Asian, African-Caribbean and Chinese communities is a taboo subject and it can be difficult for Deaf people from these communities to access specialist services that would support them to lead independent lives. Raising awareness of health issues, interpreters, employment and training opportunities can be really difficult. Deaf women from these communities will have the added risk of being victims of forced marriage or honour based violence. It is difficult enough for hearing women to seek support for these issues. For Deaf women it would be worse due to their communication needs. They could be prevented from attending health workshops for women where information about domestic abuse, forced marriage and honour based violence can be provided.

How large is the market for DeafHope services?

If one estimates that there are 30,000 Deaf women in the UK and two in four of these women are at risk of experiencing (*Source: WAFE Disability report June 2008*) domestic abuse over their lifetimes (in a 40 year risk period), that would produce a figure of around 300 cases per year. As mentioned earlier, when the last 150 counselling referrals were examined 50% reported DA, a figure twice as high as the recognised national figure, so potentially doubling the caseload per year to 300 DA cases.

Much consideration needs to be given to the target audience. Preventative work may focus on school leavers. Young Deaf women between the ages of 16–40 (childbearing ages) are particularly at risk.

Routes into the Deaf community need to be established, for example contact with all sensory impairment teams, social workers for the Deaf, domestic abuse task forces, and interpreters. Only when there is awareness of DeafHope can we truly ascertain the numbers requiring support.

The DeafHope project has already been broadcast to most Deaf organisations around the country. We hope that they will, as in previous instances, work where possible in partnership with SignHealth to promote the service and offer support to DA survivors. There will be some concern that the Deaf community is very small and news travels fast, so confidentiality will always be an issue. This is particularly relevant when both the abuser and victim are Deaf and part of a local Deaf community.

There are no direct competitors to DeafHope and so the project has a distinctiveness and uniqueness of its own.

Operations

It is likely that the service will operate initially from the Beaconsfield office. However, it could be based at our offices at the Bridge in Wandsworth and indeed we have the facility for home working as well.

We currently operate software called Penelope, a healthcare documentation system that is used for counselling and advocacy. This system could also be used for DA for it is a confidential recording system that tracks client contacts and progress.

The finance department will establish a separate cost centre for DeafHope and track all restricted grants.

The initial proposal is to appoint a project worker to take this Development Plan forward.

Management

Initial project management will remain with the Chief Executive. To establish the service it is likely that senior executive involvement will be required. Once the service is more firmly established it will likely pass to the Director of Operations to manage, although the CEO will remain as a member of the DeafHope Steering Group along with Laraine Callow and David Rose.

Management of the survivors' group would best sit with a survivor who may volunteer for that role. The group would be given support as required, for example a meeting space and refreshments, but left largely to operate through individual contact.

Financial needs

A project of this type will cost hundreds of thousands of pounds to establish even in a basic form. Each element of the service is staffing intensive. There are large training costs, translation and interpreting costs, and awareness programmes are not cheap.

We have submitted funding applications for £154,000 to date but more will be sent off in the coming months following the writing of this Development Plan.

DeafHope currently has no financial commitments, for other than running the conference in London all other activity is on hold, subject to funding becoming available.

Small incidental costs can be covered from general expenses and the immediate costs of fundraising will be offset through full cost recovery on any grants achieved.

As each strand of the project is developed more detailed financial costings will be drawn up.

Steve Powell
CEO, SignHealth
16 February 2010

Appendices

- Statistics on Domestic Abuse
- The Survivors' Handbook (Women's Aid) – list of contents
- Participants list from conference 'How should we most effectively tackle domestic abuse, abuse and sexual exploitation'
- Case history from a Deaf woman
- Article by Julie Rems-Smario from DeafHope USA
- Deaf Power and Control Wheel
- "Accessing domestic violence services by Deaf women in the UK" – a report by Chief Superintendents Sultan Taylor of the Met Police, Dave Martin of Sussex Police, and Sue Day from West Yorkshire Police