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## WHERE ARE SOCIAL SERVICES FOR THE DEAF?

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**Doreen L. Portner, D.S.W.**

A perusal of the literature about the deaf will discover many articles about educational and rehabilitation programs. While rehabilitation is considered a social service, where are the other social service programs that are geared to meet the special needs of the deaf? Are there family service programs, adoption agencies, departments of public social services, etc., which are set up to meet these unique needs?

Where are the trained personnel necessary to carry out programs specializing in the deaf? There has been a shortage of trained interpreters. Clinical and consulting psychologists who are trained to work and communicate in sign language are very scarce. Social workers with the special skills needed to work with the deaf are in short supply. It is reported that there are only a few successful psychiatric programs in the United States to take care of the mental health needs of the deaf. Some rehabilitation centers have counselors who are trained to work with deaf people and some do not.

In view of the above problems and deficiencies, this project was an attempt to discover what has been written in the journal literature about social services for the deaf in the 1970's. There are several important questions that need to be answered if the social service needs of the deaf population are to be met. In what areas do existing social service programs focus and what kinds of clients do they serve? What is the value system upon which the services are based? What professional knowledge is required for providing services? These are the questions that this paper

will address in relationship to what has been detailed in the literature.

Social services can be defined as "Resource systems that 1) enhance the problem solving and coping capacities of people, 2) link people with systems and provide them with resources, services, and opportunities, 3) promote the effective and human operation of these systems" (Pincus and Minahan, 1973).

The term "deaf" will be used to mean the inability to hear and understand speech.

### **Method**

A computer search which explored four different data bases was used in addition to a manual search of journals pertaining specifically to the deaf. The articles found were then analyzed according to a framework that included; 1) the purpose of each program, 2) the value system upon which the program was based, 3) the professional knowledge base used, and 4) the target population.

### **Findings**

Twenty-four journal articles were found that were concerned with social services for the deaf. Of these twenty-four, seventeen were found in journals dealing exclusively with the deaf. Only one was found in a professional social work journal.

### **Purpose of Services**

Seven major different purposes of service were found, among which preparation for independent living was most frequently involved. In these programs it was considered that

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specific job skills could be obtained in on-the-job training and that an individual had to have skills in independent living before he could expect to hold a job.

It might have been expected to find that preparation for competitive or sheltered workshop jobs would have been reported on extensively. However, only two programs of this nature that were not specifically educational were reported. One was for children and teenagers, while the other was for adults.

Foster care services were the subject of two articles. One dealt with the quality of care and professional services available in New York City (Muller, 1974). The other described a foster care type of program related to a non-residential deaf school in Wyoming where students who did not live in the vicinity of the school would live with foster families in town while they were attending school (Anderson and Gustafson, 1973).

Marriage counseling and the specific factors that needed to be considered when working with the deaf were discussed in one article (Elliot, 1974). However, marriage counseling as a specific program was not discussed.

Crisis intervention as a helpful approach to parents who have just learned that their child was deaf was also the subject of only one article (Spink, 1976).

A family composed of deaf parents and hearing children was provided family therapy by Robinson and Weathers (1974). The purpose was to change the interactional patterns within the family so that the disturbed youngsters' behavior could change.

A multiple service program was described by Wincenciak (1976). Services included were related to employment and were supportive services such as vocational counseling and personal or family counseling.

### Values

Many of the values underlying the services studied pertained to the rights of the deaf to be treated as any other person, and to their rights for service. For example, the deaf have a right to rehabilitation services; independent living in spite of handicaps, a home environment, particularly in the case of children; lead meaning-

ful lives; marriage counseling; and psychiatric services.

Other values revolved around services that should be available. For instance training programs should be available; there should be specially trained professionals to work with the deaf; preventive services in relation to mental health should be provided; and there should be special rehabilitation programs for the disturbed deaf.

Values regarding children were found in several articles (Anderson and Gustafson, 1973, Peterson and Jones, 1975, and Spink, 1976). It was considered to be desirable for children to remain with their family, rather than attend a residential school. In addition, it was believed that deaf children should not be segregated from hearing children and that efforts should be made to integrate them into the hearing world, particularly in education.

Implied in all programs was the belief that the deaf have the ability to benefit from rehabilitation services. In addition the deaf should have an opportunity to gain emotional maturity and attain personal development. Also, a unified approach to rehabilitation services is preferable to an uncoordinated approach.

### Target Population

The target population varied considerably among the various programs. The most frequently seen was deaf adults while the least frequent was the deaf community. Nine programs were for deaf adults while only one was for the deaf community. Deaf children were represented by four programs, teenage deaf by three, and families, psychiatric patients, and foster care were each dealt with by two programs apiece.

### Professional Knowledge

There were sixteen types of professionals working with the programs studied. Rehabilitation workers were used most frequently, while some programs did not indicate what kind of professionals were providing the service. It is interesting to note that while twenty-four programs for the deaf were reported and social workers were one of the two professional groups reported to be most involved, ac-

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tually only five programs reported using social workers.

Persons who had training in manual communication or had had interpreter training were important to some programs. Educators, social workers, clinical psychologists, psychiatrists, and nurses were most often reported as working with a team. Occupational therapists, pediatricians, public health workers, counselor aides, and social work aides were the least frequently mentioned and each category was in only one program. Audiologists were part of two services. Rehabilitation counselors were mentioned often, but it was not specified what their specific training included.

No two programs or proposed models for programs presented services in the same way. The methods for providing services were related to the specific programs or models involved, although there were a few factors such as evaluation of clients that were common to several.

### Conclusions

The range of services represented by the articles studied is not wide. Many social services were not covered, for which deaf persons as well as hearing have needs. For instance, socialization programs, adoptions, board and care, welfare services, family planning, and housing were not mentioned, to name a few. Social services specifically geared to the deaf which are broader than rehabilitation services should be considered by professionals who work with the deaf.

Deaf persons who belong to an ethnic minority group have compounded problems because they are isolated from their cultural group as well as from the hearing. In the articles studied, no consideration was given to this specific area of concern.

The majority of the programs studied were for the adult deaf. A few of the services for the adult deaf were also extended to children and teenagers, while there were some programs just for children or teenagers. Families received little attention, as did the deaf community.

There has been much less written about social service programs for the deaf in professional journals which deal with a heterogen-

ous population than in those dealing specifically with the deaf. This could indicate that, other than those few professionals who are trained to work with the deaf, awareness of the unique needs of the deaf by the vast majority of professionals who provide social services is not present. This raises the question of how adequate services are for the deaf in traditionally oriented social services such as family service, public welfare, and child welfare.

People with many types of professional backgrounds were utilized in the programs studied. This may indicate that one or two disciplines do not have enough range of knowledge to adequately provide service to the deaf. Lloyd and Watson (1976) suggest that teams of deafness specialists be developed who can "Plan, develop, and coordinate community based systems for improving delivery of social services to deaf persons" (p. 38).

Only one program stressed work with the deaf community (Schlesinger and Meadow, 1972). For social service programs to be the most effective, the deaf community itself needs to be included in planning for social services. If the articles in this project are any indication of how the deaf community has been worked with in the past, it points out a glaring need for such consideration in the future.

Most of the articles emphasize that whoever works with the deaf should have the ability to communicate properly. Since the majority of professionals in the social service field are not skilled at manual communication, it would seem that there is a need for interpreter services to be greatly expanded, particularly to those agencies which deal mostly with hearing people, and into which the deaf are mainstreamed.

It is appalling to realize that while manual communication is the second most frequently used foreign language in the United States, second only to Spanish, that so few social workers are able to communicate adequately with the deaf. There are at least twenty-three professional social work journals and only one article in them in the 1970's was found that focused on service to deaf clients.

Deaf clients need adequate social services, the same as anybody else. In fact with the passage of Title V of the Rehabilitation Act of

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1973, equal rights in relationship to participation in programs for handicapped persons has been mandated by the federal government.

The results of this study show that, while there is evidence of need for social services to the deaf, very few are provided and there are

even fewer social workers available who can adequately communicate with the deaf. Both of these deficiencies need to be corrected before the deaf can receive equal services with the hearing.

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