



BDA
BRITISH DEAF ASSOCIATION

Accessing Public Services: Issues for Deaf People

London Boroughs of
Merton, Newham, Southwark
and Waltham Forest



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1. Introduction

This report highlights the 4 key areas affecting the Deaf¹ community and their relationship with public services; specifically council and NHS provision. These are:

- Difficulties and lack of awareness in booking and using interpreters
- The lack of deaf awareness by staff, making communication difficult
- The lack of understanding about Deaf people and their levels of written English, resulting in inaccessible forms and documents
- Deaf clubs either closing or being moved resulting in increased isolation for older BSL users.

Graham Welton, Community Development Officer (CDO) led the research, in association with Healthwatch in Redbridge, Southwark, Newham, Tower Hamlets, Merton, BexleyHeath and Waltham Forest.

The aim of the research is to improve access for Deaf people through engagement and opportunities to express their viewpoints and feedback personal experiences of accessing services. Deaf forums have also been established to support and equip Deaf people with the skills they need, in order to be able to provide appropriate feedback to professionals.

The British Deaf Association would like to thank all the respondents for giving their time and support to this survey. We very much hope that this report will be a catalyst for improvements in access.

1. The BDA uses a capitalised 'D' to denote those who use British Sign Language and consider themselves as part of a Deaf community with its own language and culture. A lowercase 'd' is used to describe those who have hearing loss and are not seen as members of the Deaf community.

2. Methodology

Focus groups were set up within the Deaf community with survey questions put to participants at the following locations:

1. Southwark Disablement Association (Deaf Forum, Central East London),
 - Monthly meetings
 - Approximately 30 Deaf participants for the research
 - 3 focus groups and 1:1's
2. Waltham Forest Deaf Forums (North East of London)
 - 2 focus groups Deaf BSL users and Hard of Hearing participants using a loop system
3. Merton (Base in South of London)
4. Newham Deaf Club (East London).

Questions about accessing health services were based on the “Improving Access for British Sign Language Users, Checklists for Health Boards and NHS Trusts” February 2014.²

The document includes 5 commitments as part of a protocol to identify and address gaps in accessibility for Deaf individuals. These are:

1. Ensure access for Deaf people to information and services at first points of contact
2. Promote equal access in health settings, particularly in reception areas
3. Ensure accurate diagnosis and appropriate treatment
4. Provide clear and accessible information about treatment and management of health
5. Engage and involve local Deaf communities on a regular basis.

Each group discussed accessing Health Services with the following 4 statements as a starting point:

1. “Understanding the challenges in accessing services” (i.e. knowledge, operational, physical/sensory)
2. “Issues/challenges/ Needs specific to the community”
3. “How can we help you? What would be ‘quality/good services’ look like for you?”
4. “What’s the best way to get information to you? And for you to share with us?”

Participants were asked to share about their experiences of accessing British Sign Language (BSL) provision within council / health services, and the discussions provided an un-structured, qualitative analysis of services.

Quotations from participants in each focus group have been used in the report, and are coded according to the group location. This enables the BDA to identify trends within each local area and their services whilst keeping individuals’ comments anonymous.

To ensure accuracy, quotations have also been written almost verbatim without too much translation. This obviously means that some will read oddly but we have kept these to convey authenticity.

2. “Improving Access for British Sign Language Users” was developed as a response to the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. Copies are available from the BDA.

3. Findings

The key concerns for Deaf people most frequently cited in the survey regarding accessibility of public services covered the following areas:

1. Accessing an Interpreter
2. Communication & Deaf awareness of Frontline Staff
3. Accessibility of written English
4. Isolation.

1. ACCESSING AN INTERPRETER

The groups expressed major problems when requesting interpreting services in order to attend health appointments or access council services. The first challenge faced by participants was to request an interpreter:

“I feel as a deaf person it is so much harder because our needs are not met. Other disabled people get their needs met, why don't we? If a person needs a Spanish translator-no problem but when we need a BSL interpreter – big problems.” (S1)

“I approach I ask them to book BSL interpreter when I want to see my GP, but, they said me you don't need interpreter and me to prove my deafness.” (WF2)*

* Clarification – the participant was asked to prove they were deaf.

The second challenge was to deal with attitudes by reception staff. One at a local council commented: *“we treat everybody as equal, we don't provide interpreters!” (S4)*

Another issue is the wait for an interpreter (usually lengthy), and whether it fits in with the Deaf person's daily life. Sometimes interpreters are booked at inconvenient times. Securing an appropriate interpreter for the booking is another issue for some:

“Ages” of waiting.

“When I need to book appointment at the doctors I need to wait 6 weeks for an interpreter.” (S3)

“One day just out of the blue: I receive a phone call on my mobile (no text messages from them though) this happened when I was at work; it was embarrassing situation for me I asked my worked colleague to take the call: the hospital said we have an interpreter for you, you must come now'. I asked my manager if I am allowed time off to visit hospital, luckily my manager was understood my difficult situation: the manager fortunately allowed me to visit hospital there and then.” (WF3)

“I waited for an interpreter for ages, then they found me a replaced interpreter (he was an old folk dressed like a porter approach me with my consultant (I think he was a hospital porter). It was embarrassing experience, he used gestures (not sign language) speaks rather with exaggerated lip patterns totally unprofessional. I was in the woman’s department, he pointed his finger towards his groin to indicate problems with my private parts (woman problems); it was totally embarrassing and patronising. Clearly, he was not an interpreter. Everyone can see that, there was no confidentiality.” (WF5)

One Deaf woman explained how she was discharged from the hospital to home. A council professional visited her without any prior arrangement and without an interpreter to carry out the care assessment. A friend familiar with sign language explained to the council worker that they needed to book an interpreter. (WF6)

Often people will visit surgeries without an interpreter because of the difficulties of ensuring that there is an interpreter present. This has significant safety implications, particularly for emergency NHS appointments:

“The majority of people will go to their GP without an interpreter which is not a safe thing to do.” (S5)

“I tried to explain to my GP (without interpreter) I wanted to go back to my old prescription; doctor did not explain to me why they change my medication?” (WF4)

2. COMMUNICATION & DEAF AWARENESS OF FRONTLINE STAFF

Deaf friendly staff are a key element in promoting equal access within public settings, specifically frontline staff within reception areas.

“The receptionist should know how to deal with deaf people.” (S4)

“If they do not have any training why are they are front desk?” (S5)

It was felt that GP surgeries were lacking an robust booking system for appointments to ensure that Deaf people could make appointments. People were not able to request an appointment via SMS (mobile), email, fax or online.

Frustrations were shared about timely contact and response by services.

“I only use fax; they are too slow to respond to my fax message. I don’t have a minicom;³ I’d rather use fax.” (M4)

3. A minicom is a textphone for landline phones. Many Deaf people now use emails or text messaging.

In some cases, Deaf people have a tendency to ask their friends or relatives to call the GP on their behalf to request an appointment. Once the appointment is booked, there is no confirmation about whether or not an interpreter has been booked. The letter confirming the appointment could add this information.

“When I received a letter from GP to confirm the appointment from the hospital, but there is no confirmation whether the sign language interpreter has been booked.” (WF1)

Another respondent had an interpreter booked for the appointment, but once in the recovery room after the operation, recalls the interpreter saying:

“I have to go now, because I am booked for interpreting for 3 hour. I was confused, I thought the doctor understood my request; maybe it is too expensive for hospital to book interpreter for more than 3 hours, but they did not explain this to me.” (N2).

One respondent recalled their experience of being an in-patient and transferred to another hospital without understanding why.

“I did not know why they have transferred me, they should have booked sign language interpreter to explain why I am being transferred.” (N3)

The respondent normally uses the daughter to interpret, but she was unable to be present outside of visiting hours. An interpreter could have been booked to communicate directly between the patient and staff.

Some GP surgeries have Visual Display Units to alert patients of their appointment. These are considered Deaf friendly. Those without often have the GP or the nurse calling out names. This often leads to misunderstandings resulting in Deaf people missing appointments.

“The A/E situation where delays of no available interpreter or when nurses/doctor unawares of my deafness: they called my name, but unable to respond to this.” (S6)

“I broke my arm I told receptionist I was deaf I waited and waited. I waited for 10 hours and no one came for me. Obviously they had called my name out but I am deaf!” (S7)

Some respondents were happy with being alerted by the GP or receptionist when their appointment is due.

“My GP waves their hand or walks up to me: taps me on my shoulder for attention. There should be a flagging system for that, so that each doctor is aware.” (S8)

“I was waiting to see my doctor I ask receptionist to tap me when my name is called and she did not forget, she tapped⁴ me.” (S9)

4. Tapping on the shoulder is an accepted convention in the Deaf community for attracting attention.

It was also stated that it was important to ensure that each new doctor/nurse (particularly in a GP practice) knows the procedure so respondents do not need to explain every time they attend the surgery.

Some respondents expressed frustration with follow-up appointments whereby the system provides follow-up phone calls, but not emails or SMS which are more accessible communication methods for Deaf people to arrange appointments.

“When I have an appointment they seem to ring my home and not text me. Why do they do that? Considering they know that I am deaf.” (S10)

When emails are used, there does not appear to be a consistent system for accepting and receiving emails. Often emails are received but there is no system for sending replies. In addition, Security is cited as a reason for not using emails to confirm appointments. This is frustrating for Deaf people.

It was clearly evident that frontline staff lack awareness about the needs of Deaf people and there have been comments made which were hurtful for Deaf respondents. Many respondents reported that they were being asked to lip-read as a substitute for booking interpreters. This was upsetting for respondents as they felt they were being accused of being difficult.

“Oh she can lip read me cant she?” (WF7)

“Instead of booking for an interpreter they forced me to lip read the conversation...” (S)

The skills of lipreading require a good base of spoken English and it has been estimated that even with this, 50% to 80%⁵ is based on guesswork. Many reception staff also do not appreciate that face-to-face communication with some gestures are helpful with lipreading as gestures add context. Some respondents stated that reception staff look down at their Desks/PC keyboard whilst speaking, making lipreading impossible.

‘Pen and Paper’ was also cited as being an alternative to appropriate interpreter support. One respondent complained:

“I have never heard of a non-speaking English person having to communicate via pen and paper.” (S2).

In fact, the BDA is clear that for someone whose first or preferred language is BSL, written English is not an acceptable alternative and is in breach of the Equality Act 2010 which states that there should be ‘reasonable adjustment’.

One Deaf respondent reported requesting a BSL interpreter in the reception on behalf of their deaf child. The interpreter was booked and verbally confirmed face-to-face, but no formal letter was

5. In lipreading, we tend to lip-read part and guess or predict the rest. Lipreading is said to be 80% guesswork. Scottish Sensory Centre: <http://www.ssc.education.ed.ac.uk/courses/deaf/ddec05f.html>

obtained as confirmation. On the day of the appointment the Deaf mother accompanied her deaf daughter but there was no interpreter. Although the Deaf person does have a voice and can make herself understood, there were still difficulties. This respondent reported that there were negative attitudes towards her requests for support. There were remarks made to this individual such as: *“Why do you need an interpreter?”* and *“You don’t need an interpreter; you can speak well.”* (N1)

This individual found these comments quite distressing as they do not take into account that she needs to be able to communicate both ways and to understand the information given to her. Being able to speak clearly does not mean that one can hear sufficiently well to understand conversations or lipread well enough to understand what has been said.

Another example was an individual requesting the renewal of their Freedom bus pass at the council. They chose to speak to reception staff thinking this would be helpful as a means of communication. It ended up being a traumatic 40 minute session with the person feeling that the staff were ignorant. This respondent also felt accused of deception when they were asked:

“How did you get the freedom pass, because you speak well? You should not have a pass!” (N1)

Training for this member of staff would have most likely avoided this scenario that included a judgemental comment which did not take into account the criteria for a Freedom pass.

Other interviews elicited the information that individuals often feel professionals don’t understand them:

“... I feel they talk down to me...” (S11)

Access to buildings was also an issue.

“I remember when I arrive the building there is no access to video intercom for deaf people when pressing the doorbell. How do I let them know when I arrive the council building?” (M5)

3. ACCESSIBILITY OF WRITTEN ENGLISH

Government statistics suggest that there is a high level of continuing failure amongst deaf children. For example, the percentage of deaf children achieving expected GCSE’s benchmark in 2013 was 43% as opposed to 70% of children with no identified SEN. The proportion of deaf children making expected progress in Key Stage 4 English was 61% compared to 77 of those with no identified SEN⁶. This impacts on language levels and knowledge bases. To address this, a drop-in service has been established by Southwark Disablement Association to support Deaf and Hard of hearing people who have difficulties with understanding written English.

6. NDCS note on Department for Education figures on attainment for deaf children in 2013 (England). February 2014

Feedback indicates that Deaf people in Southwark are heavily reliant on SDA's drop-in services. The service has helped to meet Deaf people's needs in understanding written documentation which has not been adapted or translated into BSL.

"When we get letters from solicitors we have problem understanding the letters, so that is why we have to go to SDA." (S1)

"Our language is not English; we rely on SDA to change it to BSL..." (S2)

"I said to them that my English is not good." (S4)

"I don't understand the prescription of medicine: I have been taking the wrong medication and the wrong doses." (WF)

A Deaf BSL user reported having some difficulties in understanding the council's website with regard to bidding on council properties which enable tenants to move or swap to more suitable accommodation. Trying to bid for a more suitable property when there was only one means of registering an interest e.g. by phone meant that the process was still ongoing when the respondent shared their story. The respondent explained that he could not find someone to make the phone call to register an interest before the offer was withdrawn.

"I am confused with the English language, as English is not my first language. I don't why I was not denied access to the computer. I have a situation at home; we need to move to a suitable accommodation as soon as possible" (N2).*

* Clarification – the Deaf person meant that the system was denying them access and they did not know why.

The website is not accessible and has no BSL for Deaf BSL users. The impact of not understanding the written English meant that navigating the website took significantly longer.

4. ISOLATION

There was a general consensus, that respondents are worried about the future of Deaf clubs.

"The reason why we come here..... really it is just about communicating with each other." (S3).

Traditionally Deaf clubs have acted as the hub of the Deaf community, being the main venue for many Deaf people to socialise with each other. The Deaf clubs have been a symbolic representation of Deaf culture, identity and the preservation of BSL. This has not been recognised by many local authorities and the cuts in funding are a threat to the continuation of many clubs.

"We need to move to smaller premises to prevent the closure." (M1)

Closure of Deaf clubs, particularly for older BSL users would have an impact on their mental health

and general wellbeing. Respondents reported concerns about becoming isolated with nowhere to meet other BSL users socially and this was discussed at length. Younger generations of Deaf BSL users are keeping in contact differently, particularly with the use of social media and text messaging.

They also tend to meet in what is called 'Deaf space' which could be anywhere Deaf people can congregate such as pubs that are open to anyone.

One concern was that older Deaf people living in care homes will be surrounded by other older people who do not sign. Being unable to communicate on a daily basis with staff and residents exacerbates the impact of isolation and reduces the sense of wellbeing. The Royal Association for Deaf People have developed a Care Quality Mark for Older Deaf people, which aims to address this issue.⁷

A profoundly Deaf woman found herself being transferred to an unfamiliar hospital in South London without explanation. There had been no interpreter provided and the staff didn't sign. To compound matters, it was further away from her family. She stated:

"I was lonely, and it was too far away from my family."

She added:

*"The nurse was cruel and rough to me: she grabbed my forearm quite hard placed arm crudely on side of chair; it was a bad experience, because I could not make a complaint without the interpreter."**

* This respondent was unable to make a complaint because she did not know how to ask for an interpreter to make the complaint.

Drop-in services for Deaf and hard of hearing people can help to reduce the isolation, but while accessible and is beneficial in that it meets a need, particularly with understanding difficult documentation, respondents described this as "limited" and that the service "can be a bit slow".

There is still a demand for an improved service as this respondent suggested.

"The drop in service hours is not enough; we need more hours." (M2)

Appointments outside of drop-in hours are possible but there are usually lengthy waiting times. Not all drop-in service have staff that can communicate BSL at a high enough level. Skilled professionals in this area are few and far between. This was highlighted as an on-going concern by the Deaf forum

"The drop-in service is ok, but communication with the advocate is not smooth, we need improve this; anyway it is better than nothing." (S12).

"I find drop-in service too short; there is not enough time." (M3)

7. <http://royaldeaf.org.uk/files/files/HEALTH%20AND%20SOCIAL%20CARE/Documents/DeafAwareLeafletA5WEB.pdf>

4. Conclusion

In nearly all cases, the main issue has been communication or the lack of it. A good starting point would be to improve reception staff skills and knowledge about Deaf people and communication requirements. This is borne out by the recent research from SignHealth's "Sick of It"⁸ report that found that while 8% of the general population found receptionists unhelpful, the percentage of Deaf people with the same opinion was 40%.

The assumption that using pen and paper or lip-reading only when the Deaf person requires more support does not in the BDA's view constitute "Reasonable Adjustment" in the spirit of the Equality Act 2010. This needs to be challenged. The "Sick of It" (ibid) report pointed out that: "only 3% of Deaf people want to communicate with their doctor by lipreading but 40% are forced to". Gathered evidence demonstrates that some Deaf people's lives are in danger through not fully understanding the written word or lipreading.

When Deaf people do meet the GP or the consultant in the hospital, they do not receive information in their own language. This is supported by the "Sick of It" report which stated that: "Deaf people who have been told they have high blood pressure are three times more likely than everyone else to still not have it under control – 62% compared to 20% generally." The report also added that "70% of Deaf people who haven't been to the GP recently, wanted to, but didn't go mainly because there was no interpreter."

It is clear from respondents' views, that much of this could be avoided by simply providing an interpreter when required. It is accepted that this is problematic when there is an emergency, but when appointments are booked in advance, there should be no difficulty in sourcing and booking interpreters.

Public bodies are also not doing enough to ensure access for Deaf BSL users to information. The "Sick of It" report pointed out that of 900 videos on the NHS Choices website, ten are in BSL, just over 1%. Local authorities are no better at providing information. For example, of all the boroughs those residents lived in, only Redbridge provided a general introduction to council services in BSL when 'BSL' was typed in the search box.

It is clear then that much needs to be done to ensure that Deaf people are not denied access to information and to services. If this was achieved, Deaf people would be more likely to be independent, self-reliant and able to make their own informed decisions. It would also save money from failures in diagnoses, mistakes with medication and delayed treatment. The "Sick of It" report estimates that up to £30 million⁹ could be saved if all health services carried out good practice.

A key aspect of the survey has been the need to socialise. For younger Deaf people, there seem to be many more options through the use of social media and for many young people; the traditional Deaf club setting is not favoured. For older people, this setting is a source of reassurance, as it offers continuity and familiarity. There is the certainty that there will always be someone with whom one can communicate, something that cannot be offered in mainstream setting such as the Women's Institute or the Darby and Joan group. Local authorities should take this as seriously as they take their local

cultural events.

The British Deaf Association would also like to thank all the respondents for giving their time and support to this survey. We very much hope that this report will be a catalyst for improvements in access. Such improvements would comply with the Equality Act 2010.

8. "Sick of It – How the Health service is Failing Deaf People", SignHealth, 2014
9. Figure from analysis prepared for SignHealth by Health Economics Consulting, University of East Anglia.

5. Recommendations

1. All public bodies including local authorities and NHS Trusts and GP surgeries to comply with the Equality Act 2010 by developing appropriate policies and establishing good practice in order to provide “reasonable adjustment” for Deaf people.
2. All public bodies including local authorities and NHS Trusts to sign up to the BDA’s ‘BSL Charter’¹⁰ as part of good practice on improving access to services for local Deaf people and for health services to use the BDA’s ‘Checklists for Health Boards and NHS Trusts’¹¹.
3. As part of developing good practice, all public bodies including local authorities and NHS Trusts and GP surgeries to ensure that receptionists, specialised staff, nurses and GPs undertake bespoke health-related basic BSL skills and Deaf Equality training.
4. All NHS Trusts to develop systems to ensure that the communication preferences of patients are recorded; listing preferred registered interpreters who are automatically booked when a patient is called for an appointment.
5. All GP surgeries to ensure that patient communication preferences are recorded on their systems and booking interpreters is an established routine when a Deaf patient has an appointment. Details are also passed to the hospital or other health services when referral are made.
6. All public bodies including local authorities, NHS Trusts and GP surgeries to ensure that BSL interpreters booked are registered with National Register of Communication Professionals for Deaf People (NRCPD).
7. All local authorities to ensure that Deaf people, particularly older Deaf people have opportunities to socialise with others who can use BSL.
8. All public bodies including local authorities, CCGs, NHS Trusts and local Healthwatch groups to make concerted efforts to engage with local Deaf communities and consult with them on a regular basis.

10. See Appendix 1

11. “Improving Access for British Sign Language Users” was developed as a response to the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. Copies are available from the BDA.

6. Appendix 1: BDA's BSL Charter



Local authorities and public services across the UK are asked to sign up to the Charter for British Sign Language (BSL) and make five pledges to improve access and rights for Deaf BSL users.

1. Ensure access for Deaf people to information and services

Pledge: Deaf people will get the same quality of provision, information and standards and the same right to be consulted as everyone else.

This will make more Deaf people (include those who have problems with written information) aware of services and able to access these independently. It will also ensure compliance with the Equality Act 2010.

2. Promote learning and high quality teaching of British Sign Language (BSL)

Pledge: The families of deaf children and Deaf young people and local authority/public service employees will have access to BSL lessons from suitably qualified teachers.

This will improve communication and bonding between parents/carers, children and siblings, reduce Deaf people's isolation and improve relations between Deaf and hearing people.

3. Support Deaf children and families

Pledge: At the point of diagnosis of deafness, health and education providers will offer parents genuinely informed choices, including a bilingual/bicultural approach.

This will increase Deaf people's academic achievement and job opportunities and enhance family life by improving communication between children, parents/carers and siblings.

4. Ensure staff working with Deaf people can communicate effectively in BSL

Pledge: Customer-facing staff will have basic BSL skills. Specialist staff will have higher-level BSL skills so they can deliver good services to Deaf people without needing interpreters.

This will improve customer satisfaction and reduce the need for BSL/English interpreters when providing specialist services for Deaf people.

5. Consult with the local Deaf community on a regular basis

Pledge: Deaf people will have the right to be consulted on services or changes to services that affect them and to have input into consultations alongside other forums and user groups.

This will improve services for Deaf people, empower Deaf people and free them up to contribute more to the local community.

The British Deaf Association

Vision

Our vision is Deaf people fully participating and contributing as equal and valued citizens in wider society.

Mission

Our Mission is to ensure a world in which the language, culture, community, diversity and heritage of Deaf people in the UK is respected and fully protected, ensuring that Deaf people can participate and contribute as equal and valued citizens in the wider society. This will be achieved through:

- Improving the quality of life by empowering Deaf individuals and groups;
- Enhancing freedom, equality and diversity;
- Protecting and promoting BSL.

Values

The BDA is a Deaf people's organisation representing a diverse, vibrant and ever-changing community of Deaf people. Our activities, promotions, and partnerships with other organisations aim to empower our community towards full participation and contribution as equal and valued citizens in the wider society. We also aim to act as guardians of BSL.

1. Protecting our Deaf culture and Identity – we value Deaf peoples' sense of Deaf culture and identity derived from belonging to a cultural and linguistic group, sharing similar beliefs and experiences with a sense of belonging.
2. Asserting our linguistic rights – we value the use of BSL as a human right. As such, BSL must be preserved, protected and promoted because we also value the right of Deaf people to use their first or preferred language.
3. Fostering our community – we value Deaf people with diverse perspectives, experiences and abilities. We are committed to equality and the elimination of all forms of discrimination with a special focus on those affecting Deaf people and their language.
4. Achieving equality in legal, civil and human rights – we value universal human rights such as the right to receive education and access to information in sign language, and freedom from political restrictions on our opportunities to become full citizens.
5. Developing our alliance – we value those who support us and are our allies because they share our vision and mission, and support our BSL community.

Campaigning for Equal Rights for Deaf people

To contact the British Deaf
Association please look at
our website: www.bda.org.uk

Email: bda@bda.org.uk

ooVoo: [bda.britdeafassoc](https://www.ooVoo.com/bda.britdeafassoc)

Skype: [bda.britdeafassoc](https://www.skype.com/bda.britdeafassoc)

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