



Access to GPs in North Derbyshire

Commissioned by



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1. Introduction

Local Involvement Networks, or LINKs, are a Government initiative to give communities across the country input into their local health and social care services. The focus is on shaping services to meet the needs of individuals and to inform those services as a result of people's experiences.

Derbyshire LINK is a Local Involvement Network made up of individual members of the public and community groups. Their role is to ensure that people in Derbyshire have input in their local Health and Social Care services.

The aim is to engage people in different ways such as group meetings or events, including events in the local market place. Derbyshire LINK aims to know and understand what services are not working and which services are succeeding. Issues are investigated on behalf of local individuals, groups and communities, which are then presented to service providers with recommendations for improvements.

It was decided to carry out research on Deaf people's access to their local GP surgery in North Derbyshire. Part of this research was to ascertain whether or not Deaf people their GP / Nurse during appointments and to discover if registered BSL/English Interpreters had been provided for appointments.

Accordingly the British Deaf Association was approached to facilitate Focus Group meetings; Robin Ash, the BDA's Empowerment & Campaigns Officer agreed to carry out this work with the Deaf Community.

A series of focus group meeting took place in November 2011 with a good turnout, particularly with a higher than expected attendance by male members of the Deaf Community at Derby Deaf Club.

Members of the Deaf Community gave examples of good practice regarding access and also highlighted areas of concerns based on their experiences with their local GP Surgeries.

This enabled Derbyshire LINK to collate the views and experiences from local Deaf people and make recommendations to the Clinical Commissioning Groups.

The British Deaf Association welcomed the opportunity to work with Derbyshire LINK to research Deaf people's experiences with GP surgeries. Undertaking the joint sessions with LINK proved very useful and was an opportunity to empower Deaf people to express their views and put forward solutions in British Sign Language about their local health services.

2. Methodology

2.1 Visits to local Deaf Community Groups:

Visits were carried out in three locations across North Derbyshire. Two were held in Chesterfield because of the large number of Deaf residents thus indicating a strong Deaf community presence. There were three focus meetings with the following groups. Meetings were two hours per session.

- Chesterfield Deaf Club
- Chesterfield Deaf Pub
- High Peak Deaf residents

To ensure consistency and fairness, the same questions were used at all three meetings. The questions were also posed in South Derbyshire. It was also an opportunity for BDA's Empowerment & Campaigns Officer to promote the importance of the LINK work during these meetings.

2.2 Research in current Deaf health national surveys:

Research has previously taken place nationally in relation to the Deaf Community's access to health services and provides an useful control factor. For this reason, sections of the following reports have been included to show the similarities of Deaf people's experiences whether locally in Derbyshire or nationally.

- ASLI Health survey – April 2012
- Sign Health's Deaf Health research project (ongoing)
- “”Why are you still missing me? A report by Sign Heath following the publication of the GP Patient Survey 2009

3. Findings

3.1 Interviews with Deaf members of Chesterfield Deaf Club

The first focus group meeting took place at Chesterfield Deaf Club on a Saturday evening where regular members of the Club meet and socialise.

Present were six older members.

- Two males and three females preferred communication was British Sign Language
- One female preferred to communication through Sign Supported English (BSL signs used in English word order).

When asked how they book their appointment, the following was their response:

- Two make the effort to visit their surgery to make a GP appointment
- Two use a telephone relay service (TextRelay) to make their appointment
- Two ask family members to make a phone call to the surgery on their behalf.

The majority of them added that they:

- Felt the surgery receptionist was unhelpful when they needed to make an appointment in advance, citing examples such as “we are fully booked, come back tomorrow”
- Stated the surgery receptionist had a “bad attitude” because they did not make an effort to accommodate their communication needs in order to make an appointment
- Found her surgery receptionist helpful by communicating via fax.

When asked the question about booking a BSL/English Interpreter, the following comments were made:

- All stated that the receptionist did not ask if they needed a BSL/English Interpreter when making an appointment
- Two stated they always had to ask for BSL/English Interpreter every time they wanted to make an appointment
- Four never asked for a BSL/English interpreter not realising they can request a BSL/English interpreter to be booked for their appointment.

In addition to the above, additional comments were made:

- One couple who struggled to communicate with their GP had to rely on their hearing daughter to help with communication. Even though the hearing daughter is a registered BSL/English Interpreter, the couple said the daughter found it difficult to juggle her own work and family life
- One Deaf woman felt fortunate in not needing a BSL/English Interpreter because she was able to communicate directly with her GP who could use BSL because his own parents were Deaf.

Discussions became quite heated when asked about their experiences arriving at the GP surgery:

- Most commented how difficult they found it to communicate with surgery staff because they appeared not to be interested in communicating appropriately and were also instructed to sit down by surgery staff
- Two commented they had to watch the GP's door, wait for the GP to come out and see if they could lipread their name when patients' names are called.

Because of these experiences, they said they were unable to relax and wait comfortably for their appointment in comparison to hearing people present in the surgery.

- Most of the group stated they relied on reception and nursing staff to tell them when it was their turn to see the GP, and because of this, did not feel at all independent
- One Deaf woman said she felt fortunate not to have experienced this because she has access to a visual display system in her surgery waiting area. This enables her to relax until her name is highlighted for her appointment.

All those present want to have the same experience of this type of access.

When communicating with the GP:

- Most struggled to understand their GP without a BSL/English Interpreter
- Most struggled to understand the written notes consisting of long sentences and medical jargon.

Two who had a BSL/English Interpreter present felt better able to discuss their ailments and understood the GP's instructions. The same two stated they refuse appointments and waited longer for their GP appointment until a BSL/English Interpreter was made available.

BSL/English Interpreters are sourced locally through Deaf Access Services (DAS), a local Interpreting Agency in Chesterfield. They were unaware if BSL/English Interpreters were also booked through another local agency Communication Unlimited (CU) based in Derby City.

For those who did not have a BSL/English Interpreter present:

"We have to ask family members to explain what the GP has written and explain the prescriptions given"

During these discussions, it was clear that all were unaware they were entitled to ask for extra time with their GP.

When asked about access to leaflets:

- All stated they struggled to understand leaflets given to them and were not accessible
- All stated they were unaware of BSL clips that have been produced by the British Heart Foundation.

Most of the group do not have access to the internet due to limited income and social circumstances.

The group felt they would benefit in attending a local Deaf health forum aimed at sharing health information and provide feedback on their access to health services regularly.

When asked about their experiences of going to hospital:

- All said they would ask for a BSL/English Interpreter (a different approach in comparison to meeting their GP)
- Most used local BSL/English Interpreters when attending the Royal Chesterfield Hospital
- Most stated waiting time prior to the appointment seemed considerably longer in comparison to their hearing counterparts, this could be caused, in part, by the need to source appropriate BSL/English Interpreters for their hospital appointments
- One stated they attend the Royal Chesterfield Hospital Disability Forum and able to provide feedback on access issues and provide suggestions for improvement.

The same person had previously been involved in a legal challenge with Royal Chesterfield Hospital concerning the lack of BSL/English Interpreters provision.

3.2 Interviews with Deaf members of Chesterfield Deaf Pub

The second focus group meeting took place at Chesterfield Deaf Pub on a Tuesday evening where regular members of the Club meet and socialise.

Present were five young members. All five preferred to communicate using British Sign Language as their preferred language.

When asked about booking GP appointments:

- Two personally went to the GP surgery to make an appointment
- Two used a telephone relay service (TextRelay)
- One asked their family and/or key worker to phone on their behalf.

In this meeting, most said their receptionist were “nice” to them but kept forgetting they were Deaf or were unsure about how to communicate with them.

One mentioned that his GP surgery refused to accept his text relay calls and often hung up on him. It had taken him a year of dialogue to get the surgery to accept his TypeTalk calls.

He also expressed his annoyance at being told by the receptionist that he could only make an appointment on a daily basis and they ignored his need to make appointments in advance so that a BSL/English Interpreter could be booked for his appointments.

This caused others to state that the GP booking system is very inflexible and does not allow for Deaf people to book appointments in advance so that BSL/English Interpreters could also be booked.

When making the appointment:

- All stated that the receptionist did not ask if they needed a BSL/English Interpreter. Having said that, most stated they were unaware they could ask for an Interpreter to be present or they felt it would be impossible to book Interpreters at short notice
- Two felt embarrassed on having to rely on their parents to “interpret” but felt they had no choice because they did not think it would be possible to get a BSL/English Interpreter at such short notice

- One mentioned he used BSL/English Interpreters provided by CU when he lived in Ripley for his GP appointments and used Interpreters from DAS for his hospital appointments. Because of the national shortage of interpreters, did not see the point in booking Interpreters if his GP appointment was made at short notice.

When asked about how they communicate when they arrived at the Surgery, all stated they:

- Lipread
- Write notes
- Or used gestures

One stated he felt embarrassed when a receptionist shouted at him. This was after he had informed her he was Deaf.

While waiting to be seen by the GP, all stated they had different ways of being alerted when it was their turn:

- One receptionist waved their hand in the air when his name was called out
- One was tapped on the shoulder when it was their turn
- One had their GP approach them to let them know it was their turn
- One mentioned that there was a visual display system in the surgery but as it was broken, he watched the GP's door and see if he could lipread his name when the GP announced it
- One stated being frustrated at the receptionist forgetting to let him know his name was being called out and had to wait an extra hour to be seen by his GP after all the other routine appointments.

When communicating with their doctor:

- most said they wrote notes
- sometimes asked friends to explain what some of the words meant
- most felt confident in asking for clarification and would ask for a print out of their conversations with the GP
- one deaf male explained he found it easier to communicate with his GP when a BSL/English Interpreter was present.

Again, at this meeting, all were unaware of being able to ask for extra time with their GP.

When receiving leaflets:

- Most of the group confirmed receiving leaflets regarding their ailments from their GP
- Some said they were able to understand the contents of the leaflet but felt leaflets needed to have more visual instructions
- One used a BSL/English Interpreter to explain the contents of the leaflet after the GP appointment
- Most were unaware of the BSL clips provided by the British Heart Foundation.

All stated they had access to the internet, would be interested in seeing the BSL clips and felt the BSL versions should be better promoted by the local Health Services.

When attending hospital appointments:

- All stated they needed to make an effort to request a BSL/English Interpreter to be present
- All stated they have never been offered whether or not they wanted an Interpreter present
- One stated he sometimes used Interpreters from CU or DAS for his hospital appointments.

Most cited having bad experiences when BSL/English Interpreters needed to be booked particularly if it was a referral from the GP to hospital. One had to wait an additional two weeks to get an Interpreter after the first interpreter failed to attend for his first hospital appointment.

3.3 Interviews with Deaf residents at High Peak

The third focus group meeting took place at Glossop High Street on a Thursday evening where regular members of the group meet and socialise.

Present were two deaf females. Both preferred to communicate using British Sign Language as their preferred language.

When asked about booking GP appointments:

- Both went to the GP because it was easier to book the appointment face to face
- On occasion, one person used TextRelay to book appointments
- The other often checked NHS Choices before deciding whether or not a visit to the GP was necessary
- Both felt reception staff were reasonably helpful and allowed them to book an appointment in advance of the next day policy.

One mentioned that their GP surgery does not provide text or email contact provision while their local Dentist surgery offered these facilities to book appointments

When asking for a BSL/English Interpreter:

- Both mentioned reception never asked if they needed an Interpreter for their GP appointments
- Both stated they were unaware they could ask for an Interpreter as this was no different to any other public service in requesting access to services
- However, one did state that once she was aware of her rights, she did request an interpreter for her second appointment after moving into the area. She admitted to struggling to communicate in writing with her GP. For her second appointment, an Interpreter was provided by Tameside Interpreting and Communication Services (TICS). This is an Interpreting Service for Deaf People based at Stalybridge Resource Centre, Tameside.

TICS has the contract with NHS Tameside and Glossop to provide BSL/English Interpreting services. Based on one person's experience, in-house Interpreters were provided every time but there was concern about the standards of BSL and English.

She explained that the Interpreter provided was not registered with NRCPD (the National Registers of Communication Professionals working with Deaf and Deafblind People).

However, when telling reception staff about her concerns she was perceived as being controlling. On her part she feels she is being denied the right to choose her own Interpreter. She cannot complain to TICS because there are no other Interpreters available in the Glossop area. She is left to rely on one unregistered Interpreter.

When at the GP Surgery, both would communicate with reception staff via:

- Lipreading
- Writing notes.

While waiting to see the GP, both:

- Would sit with a front view of the GP's door to see when it was their turn
- Would wait until one of the staff alerted them.

One of them regretted not being able to read the many magazines in the waiting area because she was worried about missing her turn being called.

When communicating with their GP:

- Written notes were used.

Both were determined the GP write and repeated words that needed explaining but struggled to express their views/thoughts in their second language - English. Both preferred to be able to communicate in their preferred language – BSL.

Both also relied on doing their research on the internet to find out about their illness / condition. One of them relied on having to ask their mother to explain some of the medical jargon and felt embarrassed in having to do so.

Both felt it would be extremely beneficial to have BSL versions of the leaflets they were provided.

One of the women shared the positive experience they had while spending time in Rochester in the United States where they have a specific Deaf Health Centre. She cited this as an example of good practice that would benefit the UK Health Service.

Details of the Rochester Health Services can be found on this website: <http://www.urmc.rochester.edu/ncdhr/>

When asked about their experience of hospital:

One spoke of her positive experience receiving medical treatment for her back. She stated she prepared for the appointment by ensuring the Interpreter was booked in advance (despite having no choice in having her preferred interpreter) and had taken time by providing basic deaf awareness to the health professional who would be treating her regularly.

The other lady cited how ridiculous it was when her GP referred her to a local hospital and advised her to phone the local hospital to make an appointment even though he was aware she was Deaf and unable to use the telephone and had no access to the minicom to make the text relay call to the hospital.

Once at the hospital, she struggled to understand the Sikh doctor's accent and unable to read his lips because he wore a beard.

Based on these experiences, she admitted that she should have asked for an Interpreter but was unaware of her rights. She based this on having lived in Glossop all of her life and did not have access to information that other Deaf people had in other areas.

4. National Findings

4.1 ASLI Health survey - Key findings

Background

The document reports the top line findings of a survey conducted by a group of organisations that supported Deaf people during April 2012 to explore the experiences of British Sign Language (BSL) users when accessing healthcare. Respondents were asked about their experiences of accessing and using sign language interpreters in healthcare settings (both GP and hospital settings).

The results are based on responses from 305 people who identified that they use BSL as their first or preferred language. In order to find out more about the standard of interpretation that BSL users have experienced, we asked BSL users about problems they have had understanding the sign language interpreter assigned to them in healthcare settings.

For the purpose of the survey 'sign language interpreter' is used to define anyone attending an appointment with the aim to provide translation.

Evidence highlighting problems with the standard of communication support provided in GP and hospital settings

- 36% of respondents have made a complaint about a sign language interpreter because they could not understand them, suggesting that Deaf people are not always being provided with registered, fully qualified, interpreters.
- 48% of respondents have been unhappy with the standard of sign language interpreter provided at a health appointment, suggesting that Deaf people are not always being provided with registered, fully qualified, interpreters.
- 41% of respondents have left a health appointment feeling confused about their medical condition, because they couldn't understand the sign language interpreter, suggesting that Deaf people are not always being provided with registered, fully qualified, interpreters.
- 29% of respondents have been confused about how to take their medication, because they couldn't understand the sign language interpreter, suggesting that Deaf people are not always being provided with registered, fully qualified, interpreters.

Evidence highlighting problems with the booking procedures for British Sign Language interpreters in GP and hospital settings

- 68% of respondents have asked for a sign language interpreter to be booked for a GP appointment but did not get one. The equivalent figure for hospital appointments is 66%.
- 84% of respondents have felt frustrated after a health appointment because no sign language interpreter was provided.
- 67% of respondents were not sure their GP surgery would be able to book a registered sign language interpreter for them. When asked about hospitals, 61% of respondents were not sure hospital staff would be able to book them a registered sign language interpreter.
- 74% of respondents have had to remind GP staff about their communication needs, while 80% of respondent have had to remind hospital staff.

Evidence highlighting the problems that occur when no British Sign Language interpreter is provided at a health appointment

- 57% of respondents have been confused about how to take their medication because no sign language interpreter was provided.
- 10% of respondents said they had definitely taken medication incorrectly, because no sign language interpreter was provided.
- 61% of respondents have put off going to a health appointment because they were worried about communication problems.

Evidence highlighting the problems that can occur when a friend or family member does the interpreting

- 65% of respondents have felt embarrassed because a family member or friend is doing the interpreting.
- 65% of respondents said they were either very or fairly worried that sensitive information about their health condition may have been left out in order to protect their feelings, when a family member or friend has interpreted for them.
- 15% of respondents have used a friend or family member who is under 16 years old to interpret for them.

ASLI Recommendations

1. Deaf Awareness

Deaf awareness should be included in staff induction training. This would be highly beneficial to Deaf people accessing the healthcare system. Staff would have a basic understanding of the communication needs of Deaf BSL service users and would be able to arrange for the appropriate communication support.

When looking at communicating with patients in general, Healthcare service providers need to be aware of patients' preferred language or their preferred method of communication. In terms of the Deaf BSL community, this would mean booking an NRCPD Registered Interpreter. Where written communication is used, plain English is encouraged, with the use of visual material where necessary or possible.

2. Awareness of Registration

There is an urgent need for the NRCPD to increase the publicity and promotion of the registration process and Interpreter ID badges to the Deaf Community. All other organisations working with the Deaf Community, be it ASLI, Deaf organisations or agencies providing Interpreters, should reinforce this message by making both hearing and Deaf clients aware of the importance of registration when booking or using Interpreting professionals.

Interpreters should wear their ID badges to all appointments in order to raise awareness with both Deaf people and Healthcare staff. One agency employing interpreters has started to withhold payment to interpreters if they are found to not be wearing their ID badge. Other agencies could be encouraged to implement similar policies to encourage good practice within the profession and raise awareness.

3. Awareness of skill limitations

Individuals learning British Sign Language should be made aware that their language skills do not equip them to undertake interpreting tasks. Part of their BSL course should focus on emphasising that they should never accept any interpreting work unless they have undertaken Interpreter training and are registered with a professional body. This teaching should be incorporated into BSL course curricula.

Raising awareness of the qualifications necessary for registration as an Interpreter would protect the Deaf community from unqualified signers interpreting in medical appointments, would go some way to protecting the learner of sign language from risk of their future reputation as an Interpreter and the risks that they may encounter if working without the appropriate knowledge and training.

4. Promotion of Interpreting Provision

Within Healthcare services, posters on display in GP surgeries or hospital wards would remind staff to book an appropriate professional and to check for their ID badge on arrival. This would be best practice for all surgeries and wards. Leaflets could be utilised for staff who have irregular contact with Deaf people. Information should be easily available to all staff, be it in a surgery, on a ward or any other Healthcare service or department.

5. Deaf Communication Champion

In areas where a high number of Deaf people reside, a Deaf Communication Champion would be able to advise on best practice. Strict confidentiality agreements would need to be established.

6. Accessible Complaints System

As already highlighted in this report, an accessible complaints system is vital. If members of the Deaf community are able to submit a complaint using their first or preferred language, BSL, healthcare services would become more aware of the many issues the community face. This knowledge would enable them to investigate ways of improving their services.

4.2 Sign Health's Deaf Health research project (ongoing)

The Deaf Health Research Project is being funded by the BIG Lottery and is managed by Sign Health, a national healthcare charity for deaf people. They are trying to find out whether Deaf people are more or less healthy than hearing people.

If the research finds that Deaf people are less healthy, then it means something is wrong with health services in the UK. They think deaf people may not be getting the same information and treatment as hearing people – and they state that access to services is poor.

Sign Health states that we are always being told shocking health stories about deaf people. And research from Sandwell tells us Deaf people are less healthy. But they need really strong evidence. Once they have the evidence, Sign Health with partners across the UK can put pressure on health services to improve.

The Deaf Health research was recently on BBC See Hear. The programme looked at Deaf people and the NHS. It gave plenty of reasons for being concerned about Deaf people's health and access to services.

4.3 “Why are you still missing me? A report by Sign Health

A report by Sign Health following the publication of the GP Patient Survey 2009 – key findings

Sign Health analysed the results of the 2008 GP Patient Survey. They were concerned that deaf people may not be getting fair access to services. The results showed less satisfaction among Deaf people. Crucially, the results also suggested that Deaf people may be less healthy than hearing people. Sign Health suspected this was the case, but this was the first national evidence which seemed to prove it.

The 2009 GP Patient Survey specifically asked whether the respondent was deaf and used sign language. This was a huge step forward so we had data on people who were deaf and sign language users, the scope of the responses has changed and the survey once again highlighted huge health inequalities following the publication of the results that Sign Health have analysed in details.

What they could be certain from the survey was that people who answer to the question regarding deaf and sign language were deaf. There were 2,674 who answered and they used this sub section of respondents as the basis for most of their analysis.

Examples of specific responses from the survey:

Question 12 – If you haven't seen a doctor in the past 6 months, why is that?

89% of all respondents said they had not needed to see a doctor. This compared to only 69% of Deaf people. This suggests that more Deaf people have wanted to see a doctor but has not able. The reasons for not seeing a doctor were also revealing. There was far greater distrust or dislike of the doctor among Deaf patients. There was also more difficulty in physically getting to the doctor (10% compared to 2%)

Question 16 – How often do you see the doctor you prefer to see?

Deaf People are unable to see their preferred doctor as often as other patients. Forty-seven percent of Deaf people saw their preferred doctor “Always or almost always”, which was 10% lower than for the overall population.

Question 31 – In the past 6 months, have you tried to call an out-of-hours GP services when the surgery or health centre was closed?

Out-of-hours GP care is an importance issues for the health services. The results from this question were extremely interesting. Far more Deaf people had tried to contact an out of hours services than hearing people (19% compared to 7%)

Sign Health had consulted Deaf and other marginalised patients (Deaf and disabled people’s experience of primary care: Sign Heath February 2009). People were encouraged to say what recommendations they would make to improve access. Five simple recommendations care from this consultation and were promoted by Department of Health’s GP Access Programme.

Sign Health key recommendations:

1. Surgeries to allow booking of appointments by text/SMS, internet or e-mail; and attention are given to out of hours services.
2. Healthcare Staff to receive Deaf Awareness, BSL training or wider disability training.
3. All patients to be asked how they should be informed that it is their turn to see a doctor or a nurse.
4. The patient to be asked whether they would like communication support and what kind of support they would like, e.g. face-to-face interpreter, online interpreter, pen-and-paper.
5. Patients’ notes to clearly state the person’s deafness or disability, and any associated adjustments required and preferred communication method – this should be a clear flag on electronic systems.

5. Recommendations for local improvements

Many of the recommendations from the national surveys carried out by ASLI and Sign Health could easily be adapted to ensure Derbyshire Health Services improve Deaf people's access to their local health service.

The following are similar to those recommendations suggested nationally:

1. Local GP Surgeries to consider alternative methods of allowing Deaf patients to make an appointment e.g. email, mobile SMS messaging service and fax for older Deaf patients
2. Deaf patients who use BSL as their preferred language should be automatically offered the right to have a registered BSL/English Interpreter booked on their behalf
3. Deaf patients made aware of information that has already been made accessible via BSL e.g. referred to British Heart Foundation website
4. The example of good practice in Rochester, United States should be a model for GP surgeries
5. A working group should be formed with representation from the health service, Deaf community and interpreters' associations to formulate a consistent approach to GP surgeries and local hospitals and related health provision. One task would be to undertake research of all BSL health related material available
6. Health frontline staff to be provided with basic Deaf equality training that incorporates the different methods of communication that Deaf people use.

6. Conclusion

The findings in Derbyshire indicate that compared to national findings, Deaf people in Derbyshire are neither better nor worse off than the rest of the country.

There is no room for complacency however, there needs to be a concerted effort to ensure that Deaf people are not disadvantaged when attending GP surgeries or their local hospital. The consequences of disadvantage are two-fold. Less healthy people place a greater stress on services and without early intervention there is greater risk of Deaf people developing medical conditions that are more costly to treat.

These longer term costs need to be offset against the initial cost of providing interpreters at the point of engagement with primary health services.

It is hoped that this report is a first step towards alleviating long term poor health amongst Deaf people in Derbyshire and towards improvements by Deaf people in managing their own health.

7. References

- ASLI Health survey – April 2012
- Sign Health's Deaf Health research project (ongoing)
- “”Why are you still missing me? A report by Sign Heath following the publication of the GP Patient Survey 2009

The British Deaf Association - BDA

Vision

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

Current Activities

The BDA operates in Scotland, Northern Ireland, Wales and England delivering:

- Community Development work
- Community Advocacy support
- Youth, Children and Families programmes
- BSL services
- Policy and Campaigns work
- Membership support through Area Deaf Associations/Special Interest Groups
- Information provision using British Deaf News and its bi-lingual website
- Fundraising and PR

Contacting the British Deaf Association

British Deaf Association London Office

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British Deaf Association Northern Ireland

Northern Ireland Unit 5C Weavers Court Linfield Road, Belfast BT12 5GH

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British Deaf Association Wales

British Sign Language Cultural Centre, 47 Newport Road, Cardiff, CF24 0AD.

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British Deaf Association Scotland

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