



# **‘Our hands tied’**

## **Executive Summary**

Barriers to health care access  
for the deaf community



# Executive Summary

- Q There are over 11 million people in the UK with a form of deafness.
- Q British Sign Language (and Spoken Signed English) is the first or preferred language of over 125,000 deaf adults and 20,000 deaf children.
- Q When used as a cultural label, the word deaf is often written with a capital D and referred to as “big D Deaf” in speech and sign. When used as a label for the audiological condition, it is written with a lower-case d.
- Q [Action on Hearing Loss](#) conducted research that shows that hearing loss doubles the risk of depression, anxiety, other mental health issues as well as physical health issues such as dementia, diabetes, cardiovascular disease, stroke and obesity.
- Q [SignHealth](#) reported that 70% of Deaf people who haven't been to their GP recently wanted to but didn't go mainly because there was no interpreter.

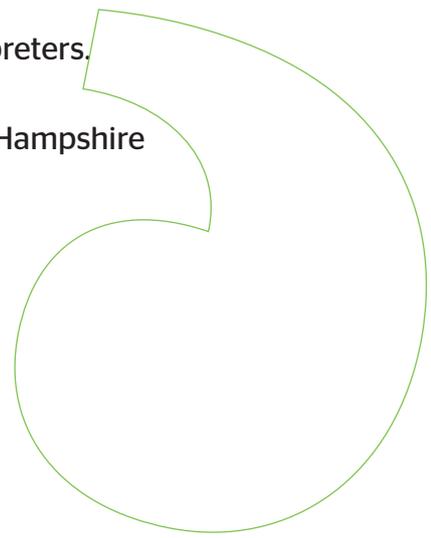
---

Healthwatch Hampshire were approached to raise the voices of the d/Deaf Community and BSL interpreters who have been giving feedback relating primarily to issues around accessing health and care services.

The way services are provided and delivered has been under significant scrutiny nationally for ensuring the [Accessible Information Standard \(AIS\)](#) is being met. The AIS says that people who have a disability or sensory loss should get information in a way they can access and understand. It also says that they should get support with communication if they need it.

Healthwatch Hampshire ran focus groups with d/Deaf service users and British Sign Language (BSL) interpreters to better understand the issues and to use their support to develop a wider online survey. The survey asked the d/Deaf community and BSL interpreters to share their experiences of accessing services and wider issues facing the community including mental health, confidentiality and complaints processes.

- Q The survey was completed by **81** d/Deaf people and **26** BSL interpreters.
- Q Focus groups were carried out with d/Deaf communities throughout Hampshire reaching over **250** people.
- Q Examples of experiences are also available in a [short film](#) (BSL/SSE/Subtitles available)
- Q The full report can be found [here](#).





## Key themes for d/Deaf people

- Q Lack of knowledge about availability of services (BSL videos not readily available for specific health information like cancer, diabetes or glaucoma support).
- Q Difficulties in accessing BSL interpreters/lipspeakers. Poor communication between service users, NHS staff and agencies responsible for booking BSL interpreters/lipspeakers.
- Q Unnecessary and inappropriate use of family and friends as interpreters.
- Q Problems with making complaints. Patient Advice and Liaison Services (PALS) not being accessible. Often complaints are required in writing, which some people struggle with when English is not their first language.
- Q Conflicts of interest with interpreters. Knowing the interpreters in a personal or other professional setting.
- Q d/Deaf parents/carers report not being provided the communication format they need to make decisions for the person they are caring for.
- Q Not understanding complex medical information (diagnosis, treatment options, medication) leading to difficulty in providing consent for treatment. This often puts the patient in a vulnerable position.



## Key themes for interpreters

- Q Health and care professionals not fully understanding the importance of interpreting services for patients
- Q Use of hours - Professional interpreters usually have a minimum booking time of 2/3hours. Health and care services routinely fail to recognise this resulting in bookings that could be used in more cost-effective ways. It was also reported that bookings were often not used effectively to serve the needs of patients. (e.g. ensuring interpreting services are available both pre and post surgery)
- Q Poor communication between health and care services and interpreters about booking times, locations, delays and needs of patients. This can result in patients not able to access interpreting services when they need them.
- Q Use of trainees or interpreters that are not [National Registers of Communication Professionals working with Deaf and Deafblind people](#) (NRCPD) registered.

# Recommendations

## Complaints

- Health and care settings should review all internal policies to ensure the Accessible Information Standard is complied with;
- Hospitals should review their PALS complaints procedures;
  - Information and process must be available in a format that is accessible to all.
  - Complaints procedures must be carried out with appropriate provision to meet patients accessibility requests in a timely manner
  - Responses to complaints must be in the format requested by patients
  - Allow complaints to be given in formats other than written (e.g. BSL)

## Choice

- Allow patients and carers flexibility when selecting NRCPD registered interpreters to meet the patient's needs. To include preference over female/male interpreters or switching interpreters due to conflict of interest.

## Training and Accountability

- Provide NHS frontline staff with training on the following;
  - d/Deaf awareness
  - The use of text relay (for example [NGT system](#)) and how to use it
  - Safeguarding and understanding accountability (Duty of care)
  - Understanding the use of interpreters
  - Signposting to accessible formats to meet the needs of the patient



## Access and Information

- Provide NHS frontline staff with information and access to the appropriate resources to comply with the AIS
- Signpost appropriately to other sources of information in appropriate formats (if services cannot provide this directly) such as [MacMillan's BSL information](#) about cancer or [Diabetes UK BSL information](#).

The text of this document (this excludes, where present, all departmental and agency logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context. The material must be acknowledged as Healthwatch Hampshire copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at:  
[enquiries@healthwatchhampshire.co.uk](mailto:enquiries@healthwatchhampshire.co.uk)

© Copyright Healthwatch Hampshire 2018