

B·I·D SERVICES

BARRIERS TO HEALTHCARE SERVICES

**EXPERIENCED BY
DEAF, DEAFENED & HARD OF HEARING PEOPLE
LIVING IN THE COUNTY OF DURHAM**

**A charity promoting choice
and independence**

OCTOBER 2015

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About BID Services

Our mission:

“To make a positive difference to the people we support by providing innovative services that empower people to control their own lives”.

BID Services is a charity. We support people with a sensory impairment, as well as those with a physical disability or mental health. We work in partnership with children, young people and adults and their families and carers. We provide commissioned services for a number of local authorities in Birmingham, Cumbria, Durham, Leeds, Lincolnshire, Milton Keynes, Northumberland and Yorkshire. To support our work and to develop new ways of delivering services, we work collaboratively with a wide range of partners, both within the third sector and more broadly, such as schools and colleges, corporates, commissioners, sporting bodies and funders.

Our specialist service areas include Advocacy, Employment, British Sign Language Interpreting and Training, Specialist Equipment, Residential Placements, Rehabilitation, Social Work, Support for Tinnitus and Housing Related Services. We also manage a social enterprise conference business.

Research Introduction

With funding from Durham County Council, Commissioning, Children and Adult Services, BID Services undertook a survey consultation with 121 participants who were deaf, deafblind or hard of hearing, living in the County of Durham. The aim of the survey was to understand whether Deaf, Deafblind & Hard of Hearing People in Durham faced inequalities and barriers when accessing healthcare services.

This report provides a precis of the information contained in the original survey **A Health Survey Identifying Barriers within Healthcare Services for the d/deaf, Deafblind and Hard of Hearing People within the County of Durham**. If you would like to view the full report, please contact the BID Services Durham Team.

As part of the project, BID Services Durham team worked with deaf, deafblind and hard of hearing people throughout the County of Durham to increase, improve and develop deaf awareness among frontline NHS professionals so that access to information and communications between deaf people and the NHS is improved. The main purpose of the survey was to:

- Highlight areas of access to NHS services where deaf, deafblind and hard of hearing people may suffer inequalities.
- Gauge current levels of accessibility, raise awareness of the barriers and encourage NHS to implement new improved ways of working.
- Identify social inequality and disability discrimination for communities within County Durham.
- Raise the issue of social independence for vulnerable minority groups in the community.

Executive summary

The results of a consultation involving 121 deaf, deafblind or hard of hearing residents, in County Durham, shows they are facing hardships in accessing many areas of the NHS.

Basic transactions like making a routine appointment proved difficult for many deaf people who found it difficult to book appointments unless they physically visited their doctor's practice. Even more concerning is their inability to book an emergency appointment as they did not know how to do so. Healthcare professionals do not automatically offer the opportunity to have an interpreter present, so when deaf people attend for appointments, a British Sign Language interpreter was often not present, either because the interpreter had not shown up or the healthcare professional had not booked communications support, preferring to rely on notes.

Deaf people also faced difficulties in understanding healthcare correspondence, citing difficulties with the complicated wording of the letter, which often asked for a telephone response. Healthcare professionals need to obtain information and give advice and patients need to ask questions and share their concerns. However, when deaf people attend for consultation, they said they only understand 'some' of the information communicated to them, resulting in a limited understanding of their medical condition.

The study has highlighted there is a significant lack of knowledge of how hearing impaired individuals suffer inequalities in accessing information within the healthcare service. This is caused by healthcare professionals not possessing adequate knowledge and appreciation of deaf awareness, which has resulted in some serious implications, highlighted in the research and the case studies included in this report.

In order to improve inequality and accessibility for deaf people, there are a number of ways in which access to healthcare services could be improved. This includes asking deaf patients how they would like to communicate, offering online appointments and text or email contact with the surgery, booking longer appointments, never expecting family members to interpret for a patient, and making deaf awareness training mandatory for all front-line staff.

Key Findings

- ▶ Hearing impaired people face hardships in accessing many areas of NHS Services within the County of Durham.
- ▶ Most deaf individuals said they would not know how to move their GP independently due to communications difficulties with reception staff.
- ▶ Healthcare professionals do not automatically book communications support for patient consultations. 15 out of 43 deaf respondents said they often did not have a BSL interpreter present during healthcare appointments either because the interpreter didn't turn up or healthcare specialists did not book an interpreter, opting for notes instead.
- ▶ Deaf people struggle to understand and respond to healthcare correspondence because of the complicated wording of the letter, which often asks for a telephone response.
- ▶ During consultations and appointments, the majority of deaf respondents said they only understood 'some' of the information communicated to them.
- ▶ Most declared that booking appointments was easy. However, there are still high numbers of deaf people who find it difficult to book appointments unless they physically attend the practice.
- ▶ Deaf men and women struggle to book an emergency appointment and do not know how to do so. The most common feedback related to having to involve family or friends or actually going to the surgery or A&E.
- ▶ The majority of respondents, particularly deaf people, said they would not be able to use the NHS 111 service if they needed to do so independently because they couldn't hear using the telephone. Whilst there are 'deaf-friendly' services available to access this service, including BSL interpreting online, this provides difficulties since not all hearing impaired people, particularly the older population, are computer literate or have access to online facilities.
- ▶ Familiarity with walk-in centres was low with men; women seemed to be more familiar with these services
- ▶ Home visits were similar to walk-in services. Most men were unfamiliar with booking a home visit, whereas most women declared they knew how to do this.

Conclusions

This study has highlighted there is a significant lack of knowledge of how hearing impaired individuals suffer inequalities in accessing information within healthcare services. In particular in relation to BSL users and their communication needs/English language adaptations.

- Hearing impaired people suffer inequalities in many areas of healthcare services.
- Many healthcare professionals do not possess adequate knowledge and appreciation of deaf awareness.
- Deaf Awareness should be significantly improved through NHS services within the County of Durham.
- There have been some serious implications for hearing impaired people who have been unable to access healthcare services in the same way and with the same level of efficiency as everybody else, as demonstrated in the case studies included in this report.

Recommendations

For Healthcare Professionals

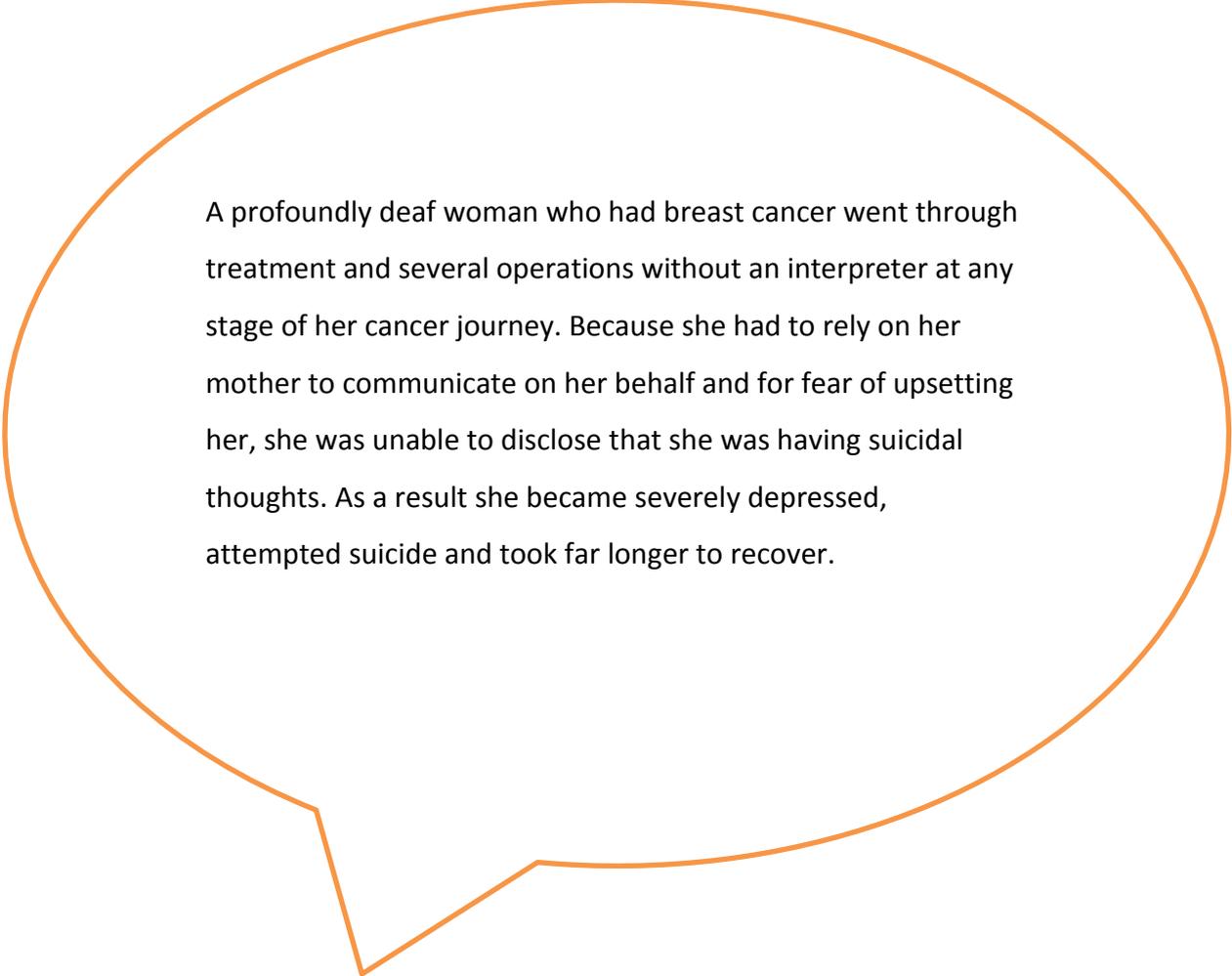
There are many ways in which our healthcare services could improve inequality and accessibility to healthcare services for deaf, deafblind and hard of hearing people. Here are some suggestions that would make a big difference.

- ✓ Always ask how the patient would like to communicate and make a record for future appointments.
- ✓ Offer online booking for appointments, and SMS or email contact with the surgery.
- ✓ Book double length consultations to allow for time lag in British Sign Language, lip-speaking and/or other preferred methods of communication.
- ✓ Set up a screen or other visible method of notifying patients, rather than calling their name.
- ✓ Set up a simple system for booking interpreters and train staff to use this system.
- ✓ Set up the '**Interpreter Now**' online service and train staff to use this service in preparation for when a face-to-face interpreter is unavailable
- ✓ **NEVER** expect family members or unqualified staff to interpret for a patient with a hearing loss.
- ✓ Download BID's best practice booklet **A Guide to Working with Deaf People in a Health Setting** at www.bid.org.uk/resources.

For Commissioners and Service Managers

- ✓ Make Deaf Awareness training a mandatory requirement for all front-line staff.
- ✓ Test your services on the basis of whether they are accessible to deaf, deafblind and hard of hearing people.
- ✓ Work with other services to collect & collate data relating to the use of specialist services, eg interpreting & lip-speaking providers.

Case Study 1 - Anonymous



A profoundly deaf woman who had breast cancer went through treatment and several operations without an interpreter at any stage of her cancer journey. Because she had to rely on her mother to communicate on her behalf and for fear of upsetting her, she was unable to disclose that she was having suicidal thoughts. As a result she became severely depressed, attempted suicide and took far longer to recover.

Case Study 2 - Anonymous

“I don’t like to visit my GP. She doesn’t look at me when she is speaking to me and when I ask her to repeat what she says she starts to shout at me saying things like it’s a waste of time talking to me.

I began to have panic attacks every time I had to go and see her so I stopped going for help. I hated the fact she made me feel stupid and she made me feel I was wasting her time. Eventually my condition got worse and I was admitted to hospital and the consultant asked me why I had not got help sooner. Once he knew about the communication difficulties I had, he arranged for me to get support to understand my diagnosis and to help me with my panic attacks.

Now I’ve had support I can manage my condition, which I now have for life. I see my consultant regularly and he gives me extra time to understand the information he gives me and to ask questions. When I have to go back to my GP practice I see another GP who appears to be more deaf aware

Appendix 1

How the Survey was carried out

A survey questionnaire was administered via a structured questionnaire using qualitative & quantitative methodology. The initial data collection was carried out by BID Services Durham. A total of 121 participants were questioned, either through pre-prepared questionnaires individually, or by giving additional support to help respondents understand and complete the survey. Respondents were located through social events, deaf clubs, with a large number accessed through deaf charity Durham Deafened Support (DDS).

Appendix 2

Definition of Deafness, Deafblindness & Hard of Hearing

Deafness

Deafness is the result of damage to any part of the ear and the degree of hearing loss depends on the severity of that damage. The implications of a hearing loss vary from person to person and are related to the individual's circumstances, thus making it difficult to define and classify deafness.

Deafness means that the person has some difficulty hearing sounds. Deaf people often cannot speak clearly. Many with a severe to profound loss may not be able to speak at all. Deafness can be seen as communication impairment rather than merely a loss of sound perception. Therefore it affects all personal, social, educational and business situations.

There are various communications methods that are preferred by deaf people which are personal to that person, necessitating the need for appropriate and professional communications support.

Deafblindness

Deafblindness is a combination of sight and hearing loss that affects a person's ability to communicate, to access all kinds of information, and to get around. Deafblindness is not just a deaf person who cannot see, or a blind person who cannot hear. The two impairments together increase the effects of each. People of all ages can have a sight or hearing impairment. It may have been from birth, or due to deterioration later in life. But most deafblind people have some vision and hearing. (Sense)

Hard of Hearing

Hard of hearing describes people with mild to severe hearing loss. We quite often use it to describe people who have lost their hearing gradually. A loss that is less than profound is generally considered hard of hearing. Hard of hearing people usually develop their hearing loss later, resulting in them being able to develop communication and living skills the same as everybody else.

Ordering additional copies of this report

Download it free from our website

You can view a copy of the report on the BID Services website www.bid.org.uk/resources.

Printed copy

To order a printed copy, please contact BID Services, Durham, Telephone 0191 383 9400 or email spreferrals@bid.org.uk

Large print

If you require a copy in large print, please call us on 0191 383 9400 or email spreferrals@bid.org.uk

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 - Maria Fortunata, Administrator
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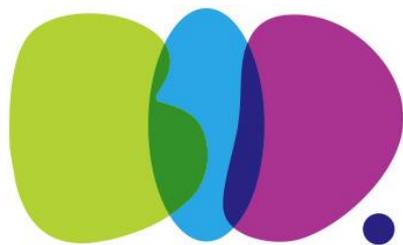
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