

**Access to Health and Social Care Services for Deaf
and Hard of Hearing people in Wolverhampton -**

Report Summary

April 2018



Foreword message from our Chief Officer

As Chief Officer of Healthwatch Wolverhampton, I was delighted to be approached by researchers at the University of Wolverhampton, Faculty of Social Services to work in partnership with our Deaf and Hard of Hearing communities.

Our collaborative events in July 2017 provided the opportunity to become involved in a comprehensive study aimed at fully understanding the experiences of health and social care for Deaf and Hard of Hearing service users across our city.

Healthwatch Wolverhampton is the independent champion for people who need health and social care in the city. We are here to make sure that those who provide, and commission services put people at the heart of care. We want to give a stronger voice to all of our communities, especially those whose views often go unheard. Healthwatch Wolverhampton became aware that Deaf people and their families are a group of people who are likely to experience difficulties in accessing health and social care services. We wanted to find out more about what these problems were.

In July 2017, we held two public events at the University of Wolverhampton, which attracted over 60 attendees. The events provided a rich source of information about what it is like to be a Deaf or Hard of Hearing user of health and social care services in Wolverhampton.

This study has highlighted that there are many barriers faced by Deaf and Hard of Hearing people



Elizabeth Learoyd - Chief Officer

in accessing local health and social care provision. Deaf people are also excluded from a wide range of engagement events as no provision is made for their inclusion. People were very enthusiastic to share their experiences, and this has enabled us to put forward some detailed recommendations in this joint report.

Looking ahead, we would like to see local partners adopt the recommendations made to ensure that local services are more accessible, and the Deaf and Hard of Hearing Community are an integral part of service planning, design and decision making. The next step for us will be to hold those services to account for making the changes and improving equality of access and quality of service delivery for all of our population.

Acknowledgments: Our thanks to The Deaf and Hard of Hearing participants for sharing their views and experiences; Healthwatch Wolverhampton; the University of Wolverhampton; the technical filming staff from the University and the sign language interpreters who made this report possible.

Summary

This report outlines the issues surrounding access to local health and social care services for Deaf and Hard of Hearing residents in Wolverhampton.

The report explains the purpose of this study and the methodology used. It also sought to set out recommendations on how local health and social care services could be improved to meet the needs of the Deaf and Hard of Hearing community.

60 participants who are Deaf sign language users or Hard of Hearing took part in the research.

This reports highlights that some Deaf and Hard of Hearing people have positive experiences of local health and social care provision, but it also highlights the extent to which most participants have and continue to face significant challenges and barriers to access both health and social care services in Wolverhampton. The report examines a wide range of experiences within the health and social care settings, which has resulted in a number of themes emerging.

The key issues identified were:

1. GP surgeries and GP provision.

- a. Difficulty in communicating
- b. Access
- c. Lack of understanding
- d. Lack on interpreters

2. Hospitals.

- a. Difficulty in communicating
- b. Lack of interpreter provision
- c. Deaf Awareness for staff
- d. Back ground noise

3. Urgent Care / NHS 111 / 999

- a. Little or no provision of interpreters for Urgent Care
- b. Long wait for interpreters
- c. Issues with texting emergency services
- d. Telecare / Care link not deaf friendly

4. Dentists

- a. Overall difficulties in communication
- b. Can't lip read the dentist (mask over face)
- c. Issues around booking interpreters without the dentist's consent
- d. Patience needed

5. Opticians and Pharmacists

- a. No NHS interpreter provision
- b. Process needs to be explained prior to the examination
- c. Difficulties understanding prescription information
- d. Deaf awareness training

6. Community Services

- a. No interpreters for Drop in sessions
- b. Lack of interpreter's provision
- c. The removal of specialist services by City of Wolverhampton Council

7. Nursing / Care Homes

- a. No Private or council run Deaf Care Homes
- b. Interpreter's
- c. Isolation
- d. Deaf Awareness for staff



Background

Understanding Deaf and Hard of Hearing Terminology.

Deaf is a term applied to those people with a serious hearing loss. 'Deaf with a capital D' refers to those who are born deaf or experience hearing loss before spoken language is acquired and regard their deafness as part of their identity and culture rather than as a disability.

Hard of Hearing are comprised of people who have a measurable hearing loss.

'deaf with a small d' refers to people who have become deafened or hard of hearing in later life, after they have acquired a spoken language, they are more likely to use hearing aids.

Local Deaf Community: According to the NHS Information Centre, there are 1055 people registered as Deaf and hard of hearing in Wolverhampton.

310 people registered as Deaf

745 people registered as hard of hearing

Breakdown by age group

Number of people registered as Deaf by age:

Locality	0 - 17	18- 64	65 - 74	75 or over
Wolverhampton	30	210	30	40

Number of people registered as hard of hearing by age:

Locality	0 - 17	18- 64	65 - 74	75 or over
Wolverhampton	25	145	95	480

Why we decided to undertake this project

Healthwatch Wolverhampton in partnership with the University of Wolverhampton decided to ascertain whether D/deaf people in Wolverhampton were experiencing any issues in service provision within health and social care settings, which might lead to health inequality.

We already know from the GP access survey conducted by Healthwatch Wolverhampton in 2017 that, in relation to Deaf British Sign Language users, "GP's need to have British Sign Language (BSL)

interpreters more readily available and not assume Deaf patients do not require an interpreter or that a family member can be there instead of a trained interpreter" and "Sometimes, the BSL interpreter does not turn up for my appointments."

The GP access survey also made specific recommendations such as: the promotion of online booking systems, interpretation services or British Sign Language (BSL) for patients if required, "ensure that information regarding booking BSL interpreters is made easily available to patients and staff are also aware of the process to follow if an interpreter is required. Offer Deaf Awareness training to all staff".

Methodology

For the purpose of obtaining a comprehensive overview of the experiences of D/deaf service users, a public consultation event was organised at the University, aimed at both people who are Deaf and use British Sign Language (BSL) as a first or preferred language, and at people who are Hard of Hearing and use speech as their first and preferred method of communication. The forum provided the opportunity for both groups to feedback on their experiences of accessing health and social care services in Wolverhampton.

A Healthwatch facilitator was present at each discussion group, and Deaf BSL user's groups had sign language interpreters present was provided translation from BSL into English and from English into BSL. Discussions from both groups were live audio recorded, with provision for discrete feedback where requested.

The table discussions were split into the following sections;

- » GP's
- » Hospitals
- » Urgent Care
- » Dentists
- » Opticians and Pharmacists
- » Community Services
- » Nursing / Care Homes
- » Complaints against the NHS

Conclusion



This reports highlights that some Deaf and Hard of Hearing people have positive experiences of local health and social care provision but is also highlights the extent to which most participants have and continue to face significant challenges and barriers to access both health and social care provision in Wolverhampton.

It is not surprising that the most common theme to emerge from this study is the lack of clear communication.

There was an overwhelming request for trained and qualified BSL interpreters to be more readily available across the health and social care services in Wolverhampton. As well as an increased number to be available, the provision of interpreters at Drop in facilities, emergency departments and outpatient appointments was also highlighted as an issue that needs addressing.

Deaf awareness training is required in all health and social care settings, particularly for front of house staff, receptionists and GP's.

There was a lack of opportunities for Deaf parents to socialise with other parents in child-based forums such as "Stay and Play", as it provided no access via an interpreter.

There is a degree of frustration with the Deaf and Hard of Hearing community as they have voiced

their concerns for a considerable time, yet there is a perception that very little has been done to remove the barriers.

Recommendations

There was a high number of recommendations that came out of this report, listed below are just a few of these. If you would like to see all of the recommendations, these can be found on page 48 of the full report on our website:

www.healthwatchwolverhampton.co.uk

- » Patients decide if an interpreter is required not the staff
- » Clinical Commissioning Group (CCG) and Local Authority (LA) commission sufficient interpreters to meet the demand and they have the required recognised qualification and are registered with National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD www.nrcpd.org.uk)
- » Deaf patients are involved in the commissioning process for interpreting services
- » All health and social care services with waiting areas have non-verbal communication methods in place.





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