



Ipsos MORI



Research into the health of deaf people

Research study conducted by Ipsos MORI for SignHealth

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1. Executive Summary

This report presents the findings of an online survey about the health of Deaf people living in the UK in 2010 and 2011. The report presents information about the demographic profile of Deaf respondents, their health, lifestyles and access to health services.

Our hypothesis is that Deaf people would be likely to have poorer health than the general population, given their difficulties in accessing healthcare. To date, we are not aware of any comprehensive research study in the UK or elsewhere which has investigated this. This report therefore, presents an opportunity to contribute to the very limited evidence base that we have about health inequalities among Deaf people.

The findings of this report are focused on the 533 survey respondents with the strongest Deaf identity. People with the strongest Deaf identity described themselves as Deaf, were born deaf or lost their hearing before the age of 5, would prefer to communicate using British Sign Language (BSL) or Sign Supported English (SSE), and would not prefer to communicate using English (including lip reading and through written communication). Wherever possible the survey data has been compared with UK or England-wide comparative data drawn from large national surveys of the 'general' population.

The findings of this report are not necessarily representative of the Deaf population overall, as no population profile is available for comparison: for this reason the data is unweighted. Any comparisons between survey data and national comparative data must therefore be treated with caution. Further details of the methodology and interpretation of the results are available in Chapter 2.

1.1 Respondent profile

A broad range of respondents took part in the survey representing different ages, ethnicities, family and working situations.

The proportion of Deaf respondents who were parents or guardians of children who lived with them, or who were from Black or Minority Ethnic (BME) groups was broadly in line with national data recorded in 2010 population estimates. However Deaf respondents showed some differences from the profile of the UK population as a whole: there was a smaller proportion of Deaf people in the oldest and youngest age groups compared with the UK population as a whole; a greater proportion of female (56%) than male respondents took part in the survey, although the UK as a whole has a fairly equal proportion of males and females; fewer Deaf respondents were in full-time work, more were in part-time work, and fewer had fully retired from work compared with data drawn from the 2009-2010 English Housing Survey.

1.2 Health

Just over half of all Deaf respondents described their health as 'Very Good' or 'Good' (56%), although this compares unfavourably to the general population where over two-thirds (69%) of respondents to the English Housing Survey 2009-2010 described their health as either 'Excellent', 'Very Good' or 'Good'.

A third (32%) of Deaf respondents reported that they had a long-standing condition, a slightly higher proportion than in the general population (28%). Of the given list of long-standing conditions (diabetes, heart disease, cancer, lung disease and epilepsy), diabetes was the condition most commonly reported, by 4% of Deaf respondents. 'Other' medical conditions were reported by 21% of the Deaf respondents. The most commonly reported 'other' conditions were respiratory problems, hypertension, thyroid disorders, musculoskeletal disorders, problems with balance and gastrointestinal disorders. While these responses provide useful information about the range of conditions that respondents have, the data cannot be used to infer the proportion of Deaf people in the population with these conditions.

1.3 Lifestyles

Most respondents did at least some regular physical activities, with only 7% of respondents reporting that they did not do any exercise at all.

Comparison with contextual data suggests that Deaf respondents consumed a similar number of portions of fruit juice and a slightly greater amount of vegetables

than respondents in the Health Survey of England 2008. However, Deaf respondents were more likely to eat fried food, and to eat it more frequently than respondents in the Health Survey for England.

With regards to smoking, a slightly lower proportion of Deaf respondents currently smoke (17%, compared with 20% in the Health Survey for England 2009). A larger proportion of Deaf respondents reported that they had never smoked (63%), compared with 53% of respondents in the Health Survey for England 2009.

Overall, a greater proportion of Deaf respondents do not drink alcohol at all, compared with respondents to the Health Survey for England 2009 (34% vs 28% for males; 66% vs. 44% for females). Of those who do drink alcohol, Deaf men and women consume fewer units overall than men and women in the Health Survey for England, with one exception. The proportion of Deaf women consuming eight or more units on their heaviest drinking day of the week was greater than that of women in the Health Survey of England.

1.4 Access to NHS services

Deaf people face barriers in accessing NHS services and both Deaf people and healthcare staff have difficulties communicating in consultations. There is a clear disjunction between how Deaf respondents would prefer to communicate, and how they actually do so. Half of Deaf respondents (51%) currently communicated with a health professional using BSL and an interpreter, although a clear majority (86%) would prefer to do so. Almost half of the Deaf respondents (46%) reported that they currently communicated with health professionals by writing things down, although none preferred to communicate in this way. Almost a quarter (23%) of Deaf respondents reported that they currently communicated with health professionals using spoken English and lip reading, although none preferred to communicate in this way.

The most common services accessed by Deaf respondents included: NHS GP practice (used by 76% of respondents), NHS hospital (59%), pharmacist or chemist (57%), an optician (46%) and an NHS dentist (44%). When compared with the data from people

who had lost their hearing at the age of 15 or over, it is apparent that for almost all services, the Deaf respondents reported less frequent use of services.

It is clear that there is a marked disparity between the respondents of the GP Patient survey, where nine in ten (90%) people who had not visited a GP reported that this was because they had not needed to, compared with just 30% of Deaf respondents. Over a half of Deaf respondents (56%) reported not using health services because they had no interpreter to accompany them. Just over a third (36%) didn't think it worth it because the communication was poor, and another third (33%) couldn't arrange an appointment easily.

1.5 Conclusions

This survey is the first major survey of its type in the UK. Its focus is on 533 Deaf people: people who described themselves as Deaf, who were born deaf or lost their hearing before the age of 5, and who would prefer to communicate using BSL or SSE and not written or spoken English. It is not possible to state that the survey respondents are *representative* of Deaf people, although efforts have been made to ensure the survey has been as inclusive as possible so that it is at least *reflective* of the UK Deaf population.

The survey results indicate that Deaf respondents were less likely to rate their own health as being good, and were slightly more likely to have a long-standing condition than the general population. Yet despite this, when compared with other data, Deaf respondents reported less frequent use of health services for a range of reasons other than not needing the service. Key barriers for Deaf people in accessing health services were that they did not have an interpreter, that they had generally poor communication with health services and that they couldn't arrange appointments easily. Overall, many Deaf respondents who would prefer to communicate using British Sign Language were unable to do so.

This survey suggests Deaf people do not have equal health care to the rest of the population, and that health services in the UK need to do more to make reasonable adjustments to allow Deaf people equal access.

It is not satisfactory that Deaf people should have to rely on friends or family to interpret for them: health services should be responsible for the provision of, and payment for, registered sign language interpreters so they can communicate safely with Deaf people in primary and secondary healthcare settings.

There is also a need for easier access to making healthcare appointments for Deaf people, particularly important with the increasing development of telephone triage and 'choose and book' systems. Deaf awareness training is likely to be needed for healthcare professionals to remind them of the relevant legislation, and for them to learn more about the culture, identity and language of Deaf people, to understand the extent of Deaf peoples' problems in accessing health services and to identify ways of overcoming these problems in practice. With the new health service commissioning arrangements introduced in 2013, local commissioning groups should also make sure that Deaf people have a full and meaningful involvement in the planning, provision and monitoring of health services.

2. Introduction

2.1 Introduction

There are an estimated 70,000 profoundly deaf people in the UK who use British Sign Language (BSL) as their preferred language.¹ They are known as Deaf (with a capital D).^{2,3} Evidence suggests that they face significant barriers when accessing healthcare due to their communication needs.⁴ One UK study recorded that British Sign Language interpreters were present at just 17% of GP and 7% of A&E consultations.⁵ Another study found that over three-quarters of Deaf patients had difficulty communicating with hospital staff; a third left GP consultations uncertain about their condition; a third were unclear about how to take medication or had taken the wrong dosage and almost a third avoided booking to see their GP because of the barriers to achieving a satisfactory consultation.⁶ Surveys in the US and Scotland have found lower understanding and knowledge of health issues among Deaf people.^{7,8}

Our hypothesis is that Deaf people would be likely to have poorer health than the general population, given their difficulties in accessing healthcare. To date, we are not aware of any comprehensive research study in the UK or elsewhere which has investigated this. This report therefore, presents an opportunity to contribute to the

¹ See the SignHealth website for a discussion of Deaf population estimates <http://www.signhealth.org.uk>

² The term D/deaf is used throughout this report to describe those who are Deaf (sign language users who would identify themselves as culturally deaf) and deaf (who are deaf or hard of hearing but who have English as their first language).

³ Precise definitions of the Deaf/ BSL and deaf groups (as defined in this research project) are included later in this chapter. BSL stands for British Sign Language.

⁴ Alexander A, Ladd P, Powell S, 'Deafness might damage your health', *The Lancet*, Volume 379, Issue 9820, (2012), 979-981

⁵ Reeves D, Kokoruwe B, Dobbins J, Newton V. *Access to primary care and accident and emergency services for deaf people in the North West*, Manchester: National Health Service Executive North West Research and Development Directorate, 2004.

⁶ *A Simple Cure*, RNID, 2004

⁷ Woodroffe T, Gorenflo DW, Meador HE, Zazove P. 'Knowledge and attitudes about AIDS among deaf and hard of hearing persons', *AIDS Care* 1998; 10: 377-386

⁸ Kyle J, Allsop L, Griggs M, Reynolds S, Macdonald J, Pullen G. *Deaf health in Scotland: issues for deaf people in health promotion: report to the Health Education Board for Scotland*, Bristol: University of Bristol Centre for Deaf Studies, 1996

very limited evidence base that we have about health inequalities among Deaf people.

The study has been undertaken by SignHealth. SignHealth is a voluntary sector organisation that works to improve healthcare and achieve equal access to healthcare services for Deaf people. The organisation works with the Deaf community, health services, other charities and policy-makers in order to realise this aim. The findings presented in this report are intended to provide much needed evidence about the health and lifestyles of Deaf people, and their access to primary and secondary health services in order to support the demand for change.

2.2 Research methodology

Online survey including British Sign Language clips

The survey was conducted online using a written questionnaire and video clips showing the questions in British Sign Language (BSL). The advantages of this approach were that;

- it allowed respondents to access the survey in either written English or British Sign Language (allowing a wider range of respondents to take part)
- where necessary, respondents could answer the questionnaire with the support of a carer, friend, or family member, and
- respondents could take part at a time that suited them, and could take as long as they needed to complete the survey.

An online approach was considered to be most suitable for this project, because telephone surveys and paper self-completion questionnaires are not accessible to the majority of the Deaf population, and a face-to-face approach using spoken English and BSL-trained interviewers would be prohibitively expensive.

Questionnaire design

Ipsos MORI worked with SignHealth to develop a draft and final questionnaire. Wherever possible, the survey questions were based on questions that have been asked of the population of England or the UK to allow for comparison of the results. Once a draft questionnaire had been developed, the SignHealth survey was cognitively tested to check that the questionnaire was well understood by

respondents and that respondents interpreted the questions in a consistent way. The British Sign Language version was developed by SignHealth.

SignHealth contacted potential respondents using a number of different channels to invite people to take part and encourage responses from as wide a range of backgrounds as possible. The survey was publicised using;

- the SignHealth and DeafHealth websites (where the survey was hosted)
- direct and indirect contact with the Deaf population using Deaf/ BSL groups around the UK and
- wider publicity through press releases and social media.

Respondents were then asked to take part in the online survey using the BSL video or the written questionnaire. Respondents could take part any time between 7 July 2010 and 30 October 2011. Once the survey was closed the data was checked and analysed to develop data tables and topline results which were presented to SignHealth in a preliminary report. Subsequently, the data were rechecked and the final report was produced by SignHealth.

2.3 Interpretation of the data

1,293 people answered one or more questions of the survey.

Of these, 27 respondents were ineligible for the survey: 5 were aged less than 18, and 22 respondents described themselves as 'hearing'. These 27 respondents have been excluded from the data analysis, leaving a total of 1,266 eligible survey respondents.

The findings of this report are based on all survey respondents (n=1,266) or on people with the strongest Deaf identity (n=533). People with the strongest Deaf identity describe themselves as Deaf, were born deaf or lost their hearing before the age of 5, would prefer to communicate using British Sign Language (BSL) or Sign Supported English (SSE), and would not prefer to communicate using English (including lip reading and through written communication). For the purpose of this analysis therefore, those with the strongest Deaf identity were comprised of survey respondents who:

- Described themselves as Deaf (in Q3 of the survey)
AND
- They were born Deaf or lost their hearing before the age of 5 (Q4 of the survey)
AND
- They reported that the best way for them to communicate with their doctor (or other health services) would be using BSL or SSE so that they can talk about their health problem and understand clearly what their doctor says (Q6 of the survey)
AND
- They did not choose English language options as the best way for them to communicate with their doctor. All those who selected 'spoken English', 'spoken English and lip reading', 'mixture of speaking and signing', 'write things down' (Q6 in the survey) or who described 'other' preferred ways of communicating as being 'types onto computer monitor', 'speech to text', 'lip speaker', 'depends on accent', or 'hearing aid' (Q10 in the survey) were not included in the Deaf group for the purpose of this analysis
People who only gave 'other' comments were allocated to the Deaf group if the comments they gave suggested use of BSL or SSE.

The results presented in this report are based on the respondents who answered each question, and people who did not give an answer to the question under consideration are excluded from the analysis. The number of respondents to each question under consideration is given in each Table or Chart. The data have not been weighted as there is no available data on the profile of the Deaf population in the UK. The data are therefore unlikely to be representative of the Deaf population in the UK.

Where possible comparisons have been made between Deaf respondents and data from surveys asking the same or similar questions as those used in the survey. This data have been obtained from a range of sources as shown in Table 1. While this data gives an indication of how the findings from this survey compare with national data, such comparisons are only indicative due to the differences in the data collection methodologies used, and (in some cases) the different question wording

used. Where national data are not available the findings relating to Deaf people have been compared to the findings of people who completed the survey but who lost their hearing at or after age 15, were not BSL or SSE users, and who described themselves as hard of hearing, hearing impaired, deafened or partially hearing.

Table 1.1: Sources of comparative survey data

Survey	Methodology	Data source
GP Patient Survey (GPPS)	Postal survey with online and telephone elements. Sample selected from list of registered patients. The data are weighted.	Results are from April 2010 – March 2011 http://www.ic.nhs.uk/pubs/gpps08
Health Survey for England (HSE)	This is a postal survey of those living in private households in England. It excludes those living in institutions (who are likely to be older and in poorer health). The data are not weighted.	The results are for 2009 or 2007 (depending on the question). http://nesstar.esds.ac.uk/webview/index.jsp?v=2&mode=documentation&submode=abstract&study=http%3A%2F%2Fnesstar.esds.ac.uk%3A80%2Fobj%2FStudy%2F6732&top=yes
General Lifestyle Survey (GLS)	This is a multi-purpose annual face-to-face survey carried out by the Office for National Statistics collecting information on a range of topics from people living in private households in Great Britain. The data are weighted.	The data are for 2009 http://data.gov.uk/dataset/general_lifestyle_survey
English Housing Survey (EHS)	This is a major face-to-face annual survey. The survey consists of three main elements: an initial interview survey of around 17,000 households with a follow up physical inspection and a desk based market valuation of a sub-sample of about 8,000 dwellings, including vacant dwellings. The data are weighted.	The data are for 2009/10 http://www.communities.gov.uk/documents/statistics/pdf/1937206.pdf
2001 UK Census	The UK 2001 census was delivered by self-completion forms that were returned by post. Enumerators followed up households where the census had not been completed. Where possible comparisons have been made with the 2010 mid-year estimates rather than the original census data.	http://www.ons.gov.uk/ons/guide-method/census/census-2001/index.html

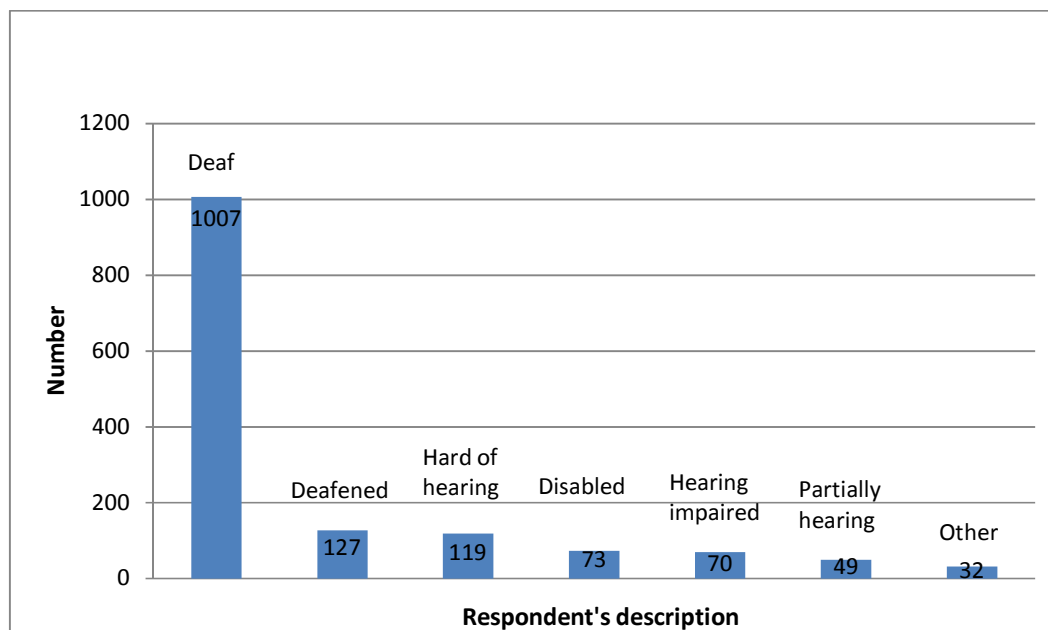
3. The survey respondents

3.1 How survey respondents described themselves

People with hearing impairments use a number of different terms to describe themselves depending on their condition, their own identity, and the language that they communicate in (such as BSL or English). All respondents were asked to select any terms they would use to describe themselves from a predefined list of options. They were allowed to select more than one option, and to describe any other terms that they used.

1,264 respondents gave 1,477 terms that they used to describe themselves. Figure 1 shows the respondents' descriptions of themselves.

Figure 1: The respondents' descriptions of themselves



Total number of respondents: 1,264

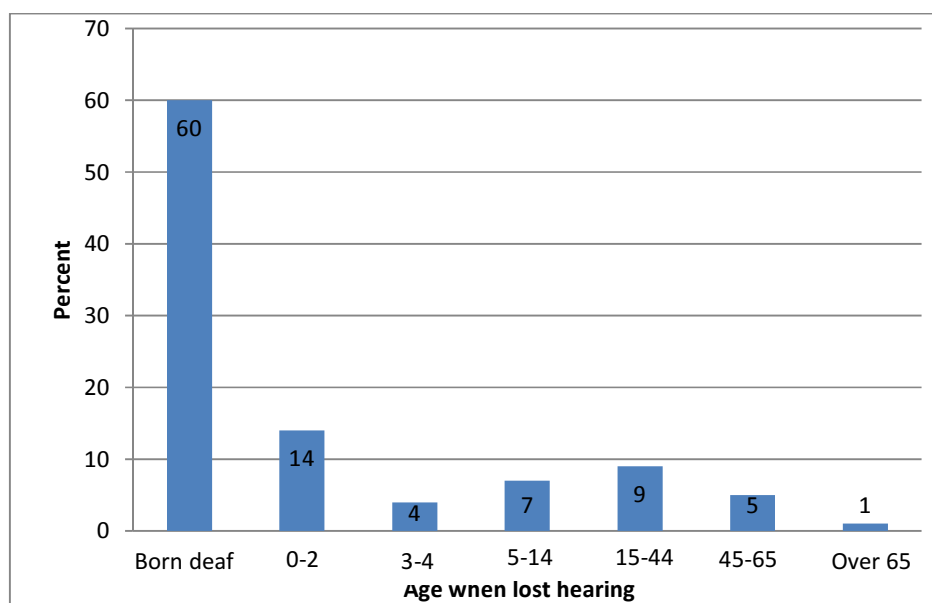
Total number of responses: 1,477

As Figure 1 shows, 1007 people described themselves as deaf. The other 257 people gave other combinations of responses describing their hearing impairment.

The age at which respondents lost their hearing

Respondents were asked how old they were when they lost their hearing. Figure 2 shows that three-fifths of all respondents (60%) were born deaf. A further 14% lost their hearing at 0-2 years of age, and 4% lost their hearing at 3-4 years of age. In total, 78% of respondents had lost their hearing before the age of 5.

Figure 2: The age at which respondents lost their hearing



Total number of respondents: 1,256

How respondents would prefer to communicate

Respondents were asked what the 'best way' would be for them to communicate with their doctor or other health services, in order that they could talk about their health problem and clearly understand what is being said. Respondents could choose more than one option, thus 1,266 respondents chose 1,873 preferred ways of communicating. Almost a half of the respondents (47%) reported that the best way for them to communicate would be in BSL using an interpreter. Around a quarter said that the best way for them would be using spoken English and Lip reading (27%), and a further quarter responded that it would be best to write things down (23%).

Table 2: How respondents would prefer to communicate with their doctor or other health services

Preferences for communication with doctor	Number	Percent (%)[*]
BSL using an interpreter	600	47
Spoken English and Lip reading	344	27
Write things down	287	23
Sign Supported English (SSE) using an interpreter	125	10
Have friends or family to interpret	116	9
Mixture of speaking and signing	95	7
BSL without an interpreter	93	7
Spoken English	92	7
SSE without an interpreter	42	3
Other	79	6

*Percents total more than 100% as respondents could select more than one option

Total number of respondents: 1,266

Total number of responses: 1,873

3.2 The demographic profile of the Deaf respondents⁹

In this study we focus on respondents with the strongest Deaf identity. This group, numbering 533 people, is comprised of people who described themselves as deaf, were born deaf or lost their hearing before the age of 5, would prefer to communicate using British Sign Language (BSL) or Sign Supported English (SSE), and would not choose to communicate using English (including lip reading and through written communication). We have called these Deaf respondents. Where possible comparisons have been made between Deaf respondents and data from surveys asking the same or similar questions as those used in this survey.

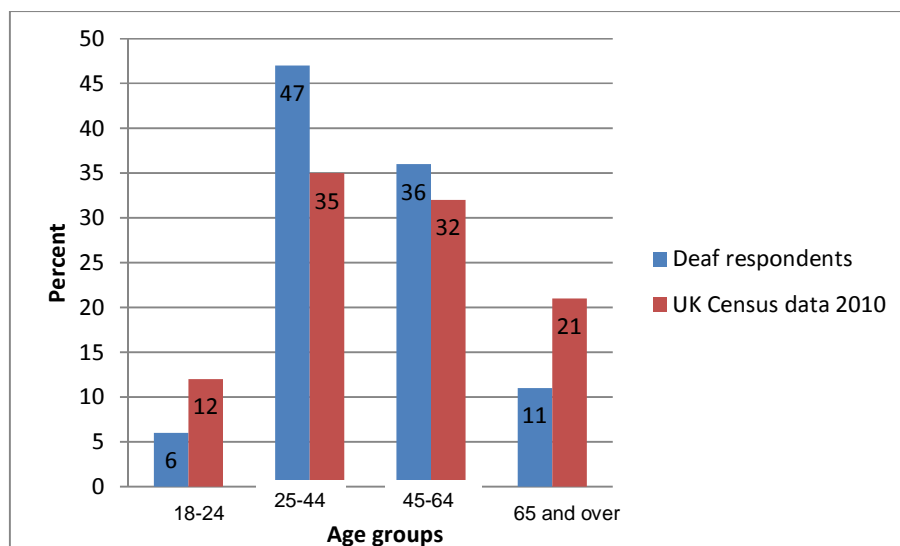
Age

Figure 3 shows the age groups of Deaf respondents compared with the age groups of people living in the UK (aged 18+) as reported in the UK mid-year census estimate

⁹ Please note that comparisons between SignHealth Deaf respondents and the UK population overall are indicative only

(2010). Four different age bands are used: ages 18-24, 25-44, 45-64 and 65 and over.

Figure 3: The age groups of Deaf respondents compared with UK Census data



Total number of Deaf respondents: 509

Ipsos MORI anecdotally suggest that younger people are often less likely to respond to surveys than other age groups, but that older people are less likely to respond to online surveys as a smaller proportion have access to the internet.

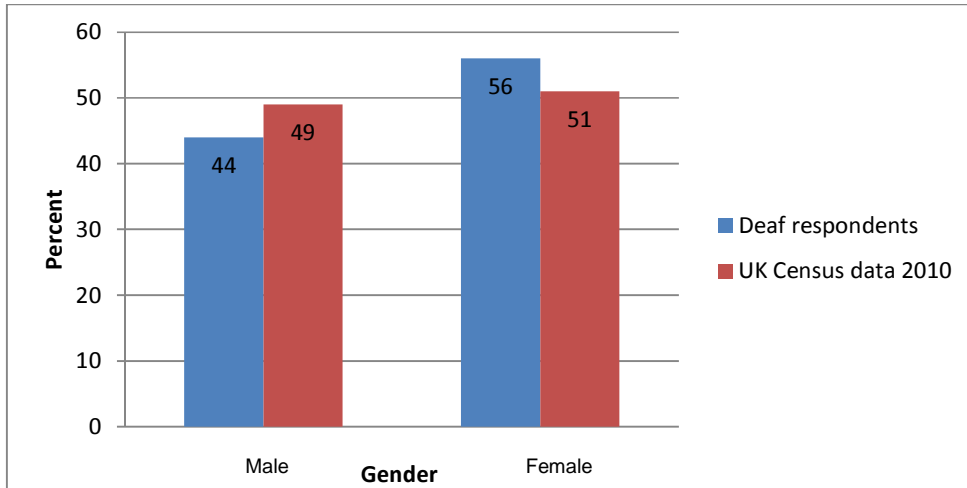
As Figure 3 shows, the age profile of the Deaf respondents shows some differences from the age profile of the UK as a whole. There are fewer Deaf respondents aged 65 and over (11%), compared with 21% in this age group in the UK as a whole. Conversely, only 6% of Deaf respondents were in the age groups 18-24 compared with 12% of the UK population as a whole.

The differences found here may have resulted from a methodological bias (fewer younger respondents or older respondents were able to or had the opportunity to take part).

Gender

While the UK as a whole has a fairly equal proportion of men and women, a greater proportion of female than male Deaf people took part in the survey. Overall 56% of respondents to the survey were women; 44% were men.

Figure 4: The gender of Deaf respondents compared with UK Census data

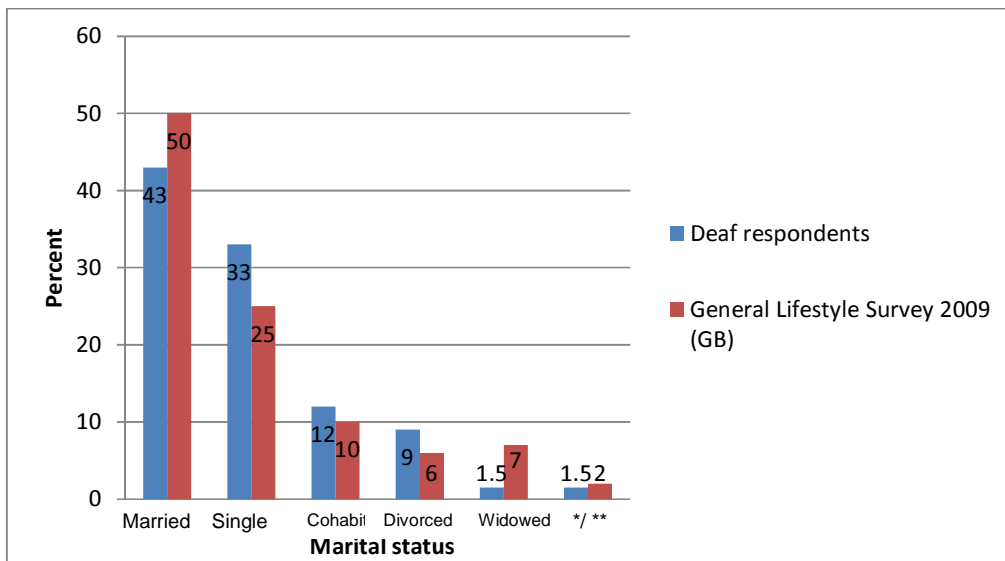


Total number of Deaf respondents: 532

Marital status

Figure 5 shows the marital status of Deaf respondents compared with national (GB) data from the General Lifestyle Survey 2009. As Figure 5 shows, a smaller proportion of Deaf respondents were married (43% compared with 50% of those in the General Lifestyle Survey), and more Deaf respondents were single (33% compared with 25% in the General Lifestyle Survey).

Figure 5: The marital status of Deaf respondents compared with national data from the General Lifestyle Survey 2009



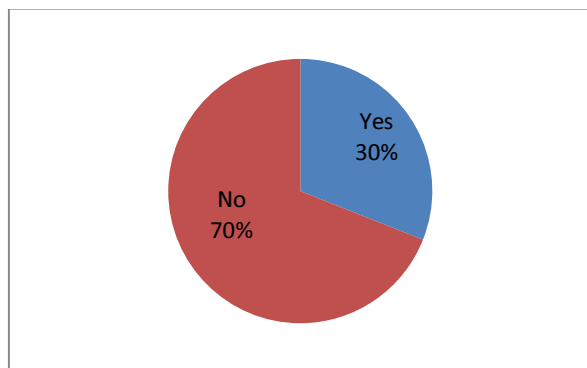
* Prefer not to say **Separated,

Total number of Deaf respondents: 531, Total number in General Lifestyle Survey (GB) 2009-2010 aged 16 and over: 15,330

Parenthood

Deaf respondents were asked if they were a parent or legal guardian for any children aged 15 or under currently living in their home. Figure 6 shows that more than two-thirds (70%) of respondents replied that they were not a parent or legal guardian, and that approximately a third (30%) said that they were. Direct comparison with other survey data is difficult because of question wording differences. However, the 2001 UK Census data reported that 29% of households had dependent children aged 16-18 and in full-time education living there.

Figure 6: If Deaf respondents were a parent or legal guardian for children aged 15 or less living in their home

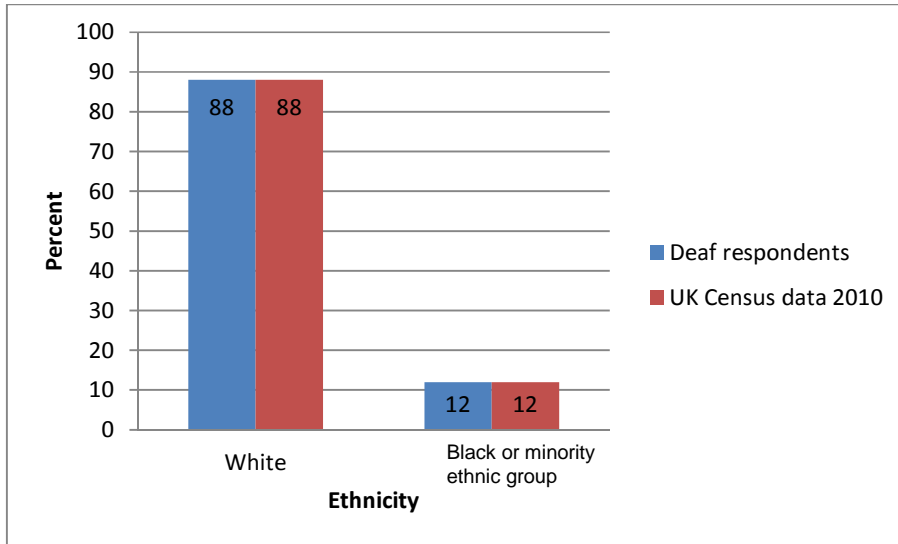


Total number of Deaf respondents: 521

Ethnicity

The proportions of Deaf respondents identifying themselves as White (88% from any White background) or from a Black Minority Ethnic background (BME) (12%) are similar to the national average as calculated in the 2010 mid-year Census as illustrated in Figure 7.

Figure 7: The ethnicity of Deaf respondents compared with UK Census data



Total number of Deaf respondents: 531

Working status

Table 3 shows how Deaf respondents described their working status, compared with national data from the English Housing Survey of 2009-2010. A third (37%) of the Deaf respondents were currently in full-time work, which is considerably lower than the proportion (51%) in full-time work recorded in the English Housing Survey of 2009-2010. In contrast, 19% of Deaf respondents were in part-time work, compared with 8% in the English Housing Survey of 2009-2010. A smaller proportion of Deaf respondents had fully retired from work (9% compared with 28% in the English Housing Survey of 2009-2010), but a greater proportion of Deaf respondents were unemployed (12% compared with 4%) or were otherwise economically inactive (15% compared with 8%).

Table 3: How Deaf respondents described their working status, compared with national data from the English Housing Survey of 2009-2010

	Deaf respondents		English Housing Survey 2009-2010
	<i>Number</i>	<i>Percent</i>	<i>Percent</i>
Present working status			
Full-time paid work (30 hours or more each week)	195	37	51
Part-time paid work (16-30 hours each week)	66	13	8
Part-time paid work (under 16 hours each week)	30	6	
Self-employed	28	5	-
Fully retired from work	50	9	28
Full-time education (school, college or university)	18	3	1
Unemployed	62	12	4
Permanently sick or disabled	33	6	Other inactive 8
Voluntary or unpaid work	23	4	
Looking after the home	17	3	
Doing something else	8	2	
Total	530	100	100% (n=21,554 h'holds)

Current accommodation

Table 4 shows how Deaf respondents described how their household occupied their current accommodation, compared with data from the English Housing Survey 2009-2010. Approximately the same proportion of Deaf respondents (40%) as those reported in the English Housing Survey 2009-2010 (36%) was buying their house on a mortgage. However, a smaller proportion of Deaf respondents (16%) than in the English Housing Survey (32%) had bought their house outright, although this may be due to the age composition of the different surveys and should be interpreted with caution: a greater proportion in the English Housing Survey had fully retired from work, compared with Deaf respondents. In other respects, the tenure of the Deaf respondents was broadly

similar to those of the English population as a whole, apart from nearly one in ten Deaf respondents stating that they were in 'other' accommodation not specified.

Table 4: How Deaf respondents described their current accommodation, compared with national data from the English Housing Survey of 2009-2010

Current accommodation	Deaf respondents		English Housing Survey 2009-2010
	Number	Percent	Percent*
Bought on a mortgage	209	40	36
Owned outright	85	16	32
Rented from a private landlord	66	12.5	16
Rented from Housing Association/ Trust	71	13	9
Rented from council	51	10	8
Nursing home/ residential care home	3	0.5	N/A
Other	44	8	N/A
Total	529	100	100% (n=21,554 h'holds)

*Percents do not total 100% due to rounding

Summary

Of the 1,264 survey respondents, the majority described themselves as deaf (80%) and were born deaf (60%). Almost a half of the respondents (47%) reported that the best way for them to communicate with a health professional would be in BSL using an interpreter.

In this study we focus on respondents with the strongest Deaf identity. This group, numbering 533 people, is comprised of people who described themselves as deaf, were born deaf or lost their hearing before the age of 5, would prefer to communicate using BSL or SSE. We have called these Deaf respondents.

A broad range of Deaf respondents took part in the survey representing different ages, ethnicities, family and working situations. The age profile of the Deaf

respondents shows differences from the age profile of the UK as a whole. There are fewer Deaf respondents aged 65 and over (11%), compared with 21% in this age group in the UK as a whole. Conversely, only 6% of Deaf respondents were in the age group 18-24 compared with 12% of the UK population as a whole.

A greater proportion of female (56%) than male (44%) Deaf people took part in the survey, although the UK as a whole has a fairly equal proportion of men and women. Three in ten (30%) Deaf respondents were parents or guardians of children who lived with them: this is in-line with the national average from the 2001 census (England and Wales only).

The proportion of Deaf respondents from BME groups was also broadly in line with national data recorded in 2010 population estimates.

Almost two in five (37%) Deaf respondents worked full-time, and one in five (19%) was in part-time work, compared to the 2009-2010 English Housing Survey where half of all households were working full time, and one in ten was in part-time work. Just 9% of Deaf respondents were fully retired from work, compared with over a quarter (28%) in the 2009-2010 English Housing Survey.

Approximately the same proportion of Deaf respondents (40%) as those reported in the English Housing Survey 2009-2010 (36%) was buying their house on a mortgage. However, a smaller proportion of Deaf respondents (16%) than in the English Housing Survey (32%) had bought their house outright.

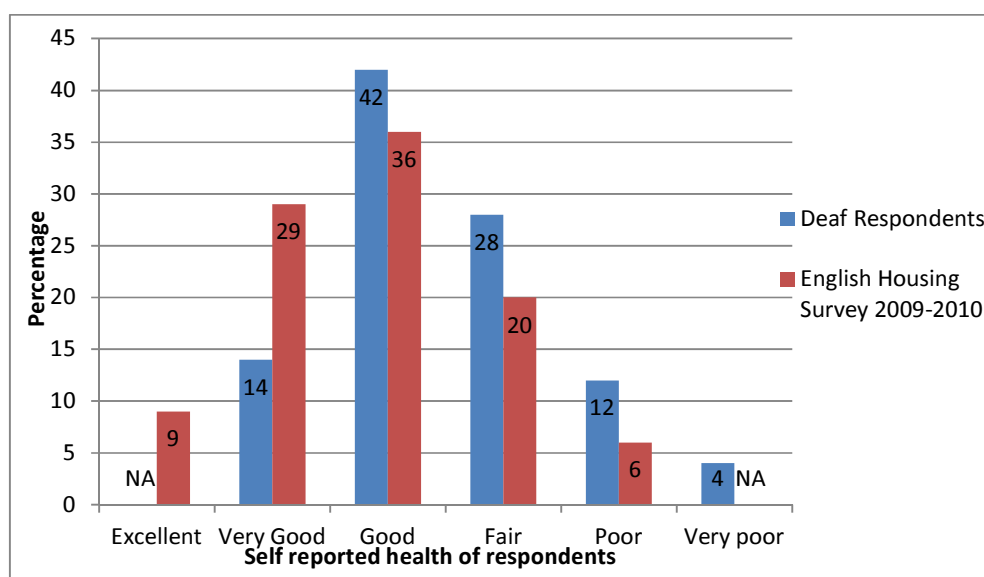
4. Health

4.1 Respondents' self reported health

Figure 8 shows the self-reported health of Deaf respondents, in comparison with data from the English Housing Survey 2009-2010. The two surveys provided different optional responses: this survey offered: Very Good; Good; Fair; Poor; and Very Poor. The English Housing Survey options were: Excellent; Very Good; Good; Fair; and Poor. This difference is reflected in Figure 8.

Just over half of all Deaf respondents described their health as 'Very Good' or 'Good' (56%). Although indicative only, this compares unfavourably to the general population where 69% described their health as either 'Excellent', 'Very Good' or 'Good'. Sixteen percent of Deaf respondents described their health as 'Poor' or 'Very Poor', indicating that this group seems to be less healthy when compared with the population from the English Housing Survey where only 6% reported that their health was 'Poor'. It must be appreciated here that the different scales for response options may have created some bias in reporting, as respondents may tend to opt for a 'middle' choice.

Figure 8: The Self-reported health of Deaf respondents compared with national data from the English Housing Survey 2009-2010



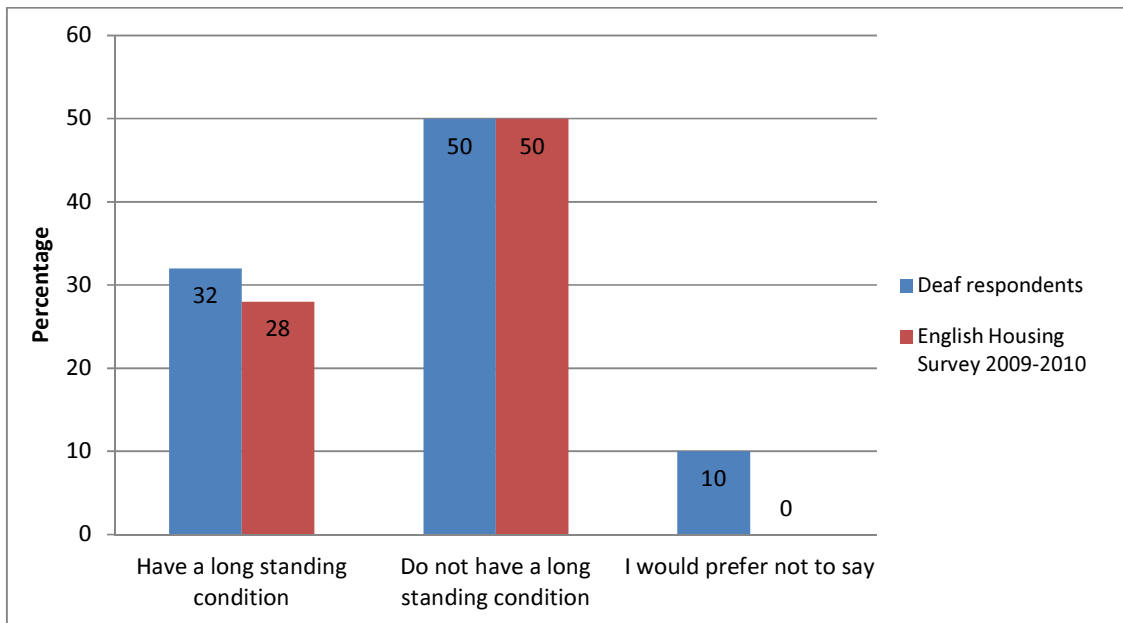
Total number of Deaf respondents: 525

Total number in English Housing Survey 2009-2010: 21,554 households

Prevalence of long-standing conditions

Figure 9 shows the proportion of respondents who reported having one or more long-term condition (including conditions that may relate to the normal ageing process). Comparative data is drawn from the English Housing Survey 2009-2010. A third (32%) of Deaf respondents reported that they did have a long-standing condition, compared with a slightly smaller percentage (28%) of the general population. The proportion reporting that they did not have a long-term condition was similar for Deaf respondents (50%) and respondents of the English Housing Survey (50%). It is interesting to note that 10% of respondents preferred not to say whether they had a long standing condition. It is also interesting to see that 4% reported blindness or serious visual impairment. This is higher than among the general hearing population (GPPS data suggests 1%). Obviously, sight problems are particularly important for Deaf people who use a visual sign language.

Figure 9: The proportion of Deaf respondents reporting any long-standing condition compared with national data from the English Housing Survey 2009-2010



Total number of Deaf respondents: 533
Total number in English Housing Survey 2009-2010: 21,554 households
Percentages do not total 100% due to missing data.

Type of long-standing conditions

Table 5 shows the types of long-standing conditions that the Deaf respondents reported they experienced, including those associated with the normal aging process. Respondents could select more than one option. A total of 168 respondents reported 225 long-standing conditions — a mean (average) of 1.3 conditions each. Of those that reported one or more long-standing condition, over a third (36%) reported a condition that substantially limited basic physical activities such as walking, climbing stairs, lifting or carrying. The second most frequently reported condition (26%) was that of a long-standing psychological or emotional condition. It is also of note that almost a half (46%) of Deaf respondents with one or more long-standing conditions reported that they had a long-standing condition not specified in the survey list of categories.

Table 5: Types of long-standing conditions that the Deaf respondents reported they experienced

Type of long standing condition	Number	Percent (%)*
A condition that substantially limits one or more basic physical activities such as; walking, climbing stairs, lifting or carrying	61	36
A long standing psychological or emotional condition	43	26
Blindness or severe visual impairment	22	13
A learning difficulty	22	13
Other, including any long-standing illness	77	46
Total	168	134

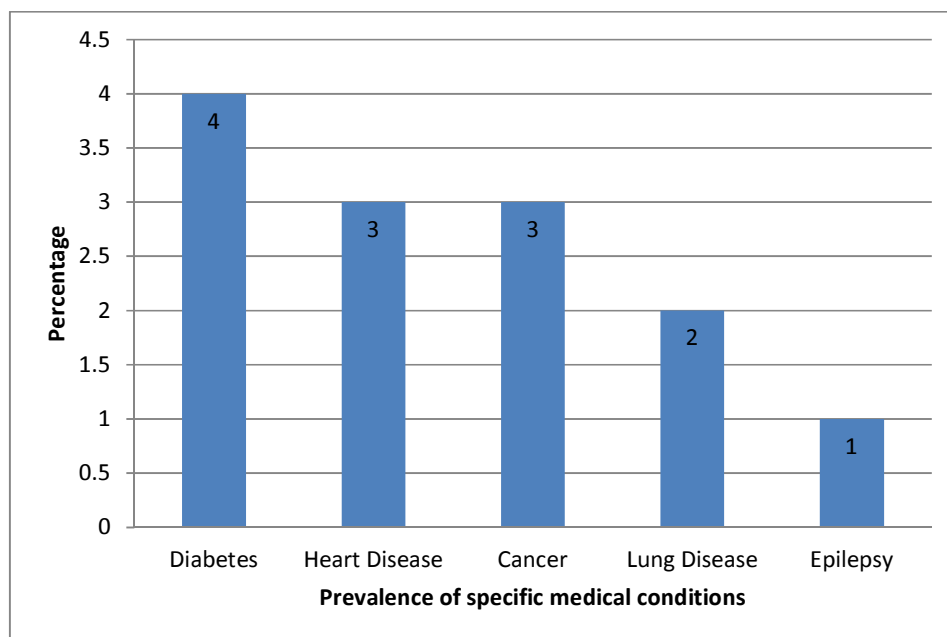
*Percents total more than 100% as respondents could select more than one option

Medical conditions

Figure 10 shows the prevalence of a range of medical conditions reported by the Deaf respondents. The survey asked respondents whether they had ever been diagnosed with diabetes, heart disease, cancer, lung disease or epilepsy.

Respondents were able to select more than one option. Of the given list of medical conditions, diabetes was the condition most commonly reported, by 4% of Deaf respondents. The number of Deaf respondents each medical condition is too small to allow analysis of the data by age group.

Figure 10: The reported prevalence of specific medical conditions by Deaf respondents



Total number of Deaf respondents: 533

Other medical conditions mentioned

'Other' medical conditions were reported by 21% of the Deaf respondents. Respondents were given the option to name the other condition(s) that they had. Table 6 provides an indication of the frequency of the 'other' conditions that were named by the Deaf respondents. As Table 6 shows, the most commonly reported 'other' conditions were respiratory problems, hypertension, thyroid disorders, musculoskeletal disorders, problems with balance and gastrointestinal disorders. While these responses provide useful information about the range of conditions that respondents have, the data cannot be used to infer the proportion of Deaf users across the population with these conditions.

Table 6: ‘Other’ types of long-standing conditions named by the Deaf respondents not otherwise specified in the Survey

Type of long standing condition	Number
Respiratory problems (asthma, COPD)	13
Hypertension	13
Thyroid disorders	12
Musculo-skeletal problems (RSI, spine, back, neck, shoulder, knee, hip problems, trapped nerve, Dupuytren's Disease, scoliosis)	12
Problems with balance (vertigo/Meniere's Disease)	11
Gastrointestinal disorders (IBD, IBS, Crohns disease, GORD, celiac disease, stomach ulcer)	11
Arthritis (osteoarthritis, rheumatoid arthritis)	7
Mental health problems (depression, bipolar disorder, hypomania, anxiety, 'mental health' problem unspecified, panic attack)	6
Gynaecological problems (ovarian cyst, polycystic ovary),	3
HIV	3
Migraines	3
Cardiac problem (chest pain, pacemaker, 'heart problem' not specified)	3
Usher syndrome	2
High cholesterol	2
Tumours (of pituitary gland, salivary gland)	2
Other problems (genitourinary problem, fibromyalgia, Huntington's, kidney problem, Lupus, MS, Obesity, Osteoporosis, Parkinson's disease, Pendred syndrome, PE, Sickle cell, splenectomy, stroke)	1 of each
Total	118

Summary

This chapter considered the self-reported health of the Deaf respondents, including their general health, the prevalence of long-standing conditions amongst this group, and other medical conditions that they reported.

Just over half of all Deaf respondents described their health as 'Very Good' or 'Good' (56%). Although indicative only, this compares unfavourably to the general population where 69% of respondents to the English Housing Survey 2009-2010 described their health as either 'Excellent', 'Very Good' or 'Good'.

A third (32%) of Deaf respondents reported that they had a long-standing condition, a slightly higher proportion than in the general population (28%). Of the given list of long-standing conditions (diabetes, heart disease, cancer, lung disease and epilepsy), diabetes was the condition most commonly reported, by 4% of Deaf respondents.

'Other' medical conditions were reported by 21% of the Deaf respondents. The most commonly reported 'other' conditions were respiratory problems, hypertension, thyroid disorders, musculoskeletal disorders, problems with balance and gastrointestinal disorders. While these responses provide useful information about the range of conditions that respondents have, the data cannot be used to infer the proportion of Deaf people across the population with these conditions.

5. Lifestyle

People's lifestyles can have a major effect on their physical health, and their likelihood of developing a number of long-term conditions such as diabetes or heart disease. For this reason the NHS now manages public health programmes aimed at improving the population's health using a number of social marketing techniques. Despite these interventions there is a risk that some groups of people may have fewer opportunities and face greater barriers in learning how to have a healthy lifestyle and in taking actions to improve their lifestyle.

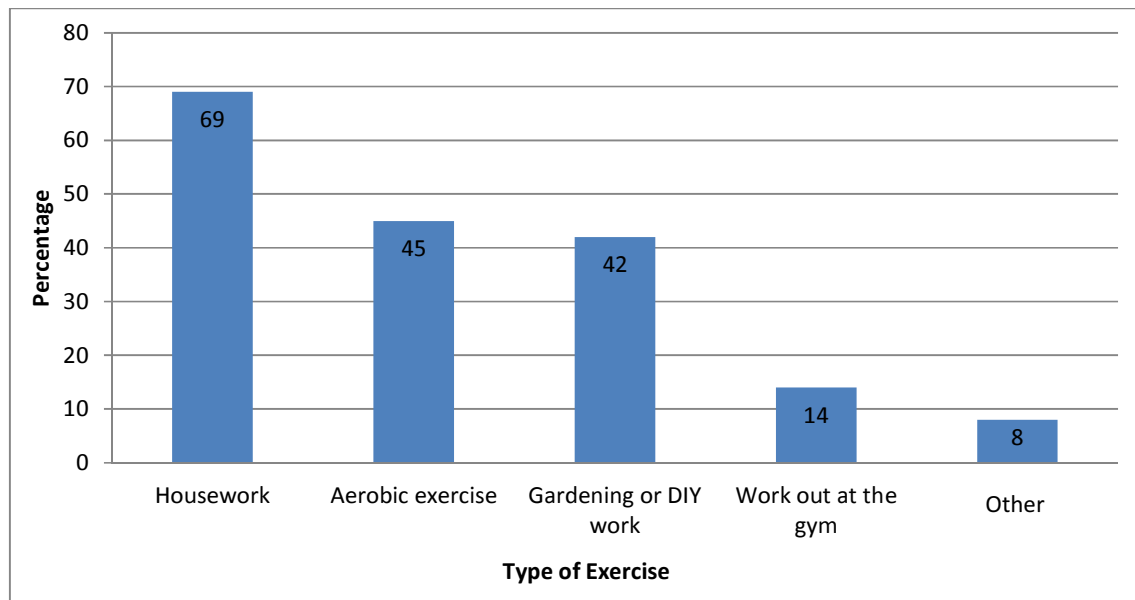
It is important to note that the responses to questions about one's activity levels and eating, drinking and smoking habits are all self-reported in the online survey. This means that there is some potential for inaccuracies, as some respondents may report their intended behaviour and lifestyles rather than their actual behaviour. Respondents' lifestyles can also vary according to the season, for example; many people indulge in food at Christmas and then may diet in the New Year.

5.1 Exercise

Physical activities

Figure 11 displays the Deaf respondents' self-reported participation in common physical activities. Some of the activities are likely to be more strenuous than others. Most respondents did at least some regular physical activities, with seven in ten respondents (69%) reporting that they did housework; almost half (45%) reported they did some form of aerobic exercise (such as walking, running, swimming, cycling, dancing or a team sport) and a slightly smaller proportion (42%) reported doing gardening or DIY work. Respondents were able to specify 'other' activities that had not been included in the question wording: the most popular of these were dog walking, light exercise and Wii games. Seven per cent of respondents reported that they did not undertake any physical activity.

Figure 11: The types of physical activities that Deaf respondents engaged in



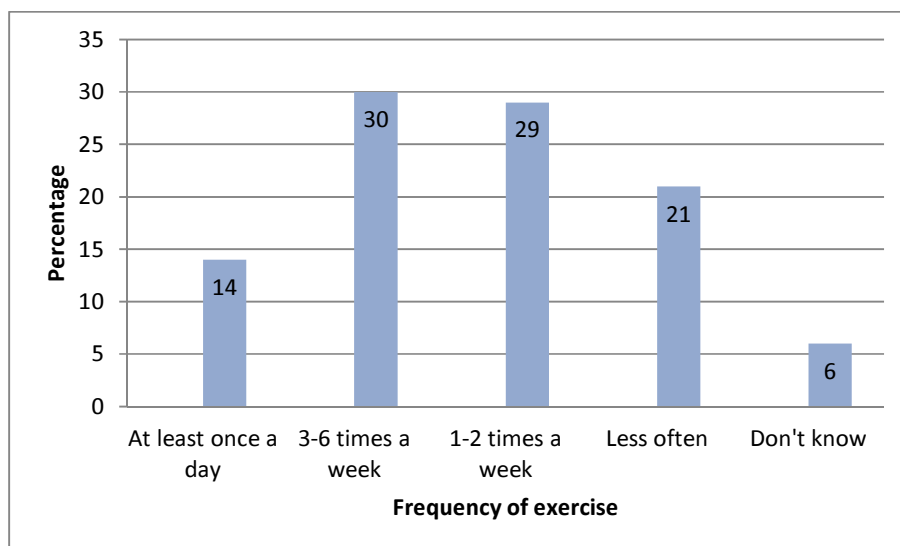
Total number of Deaf respondents: 533

Percents total more than 100% as respondents could select more than one option

How frequently respondents exercised

Figure 12 shows how frequently the Deaf respondents reported they took part in physical exercise. Around a third of respondents (30%) reported exercising 3-6 times a week and a similar proportion (29%) reported exercising 1-2 times a week.

Figure 12: How frequently Deaf respondents took part in physical exercise



Total number of Deaf respondents: 513

Respondents who never took exercise were excluded from the data

It is not possible to make direct comparisons between the levels of exercise that the Deaf population achieves compared to that of the population of the UK or England as a whole due to the different methodologies used in different surveys. In particular the Health Survey for England includes many more detailed questions about respondents' activities so that the precise time spent on each activity can be calculated. Data from the Health Survey for England indicates that one in three (34%) adults met the government recommended levels of physical activity in 2008 (30 minutes or more moderate or vigorous activity at least five times a week).

5.2 Diet

Respondents' consumption of fruit and vegetables

Deaf respondents were asked to record the number of portions of fruit and vegetables that they consumed the day before they took part in the survey. Table 7 shows the mean (average) number of portions of fruit and vegetables consumed by the Deaf respondents in comparison with data from the Health Survey for England in 2008. The results suggest that Deaf respondents consume a similar number of portions of fruit juice and a slightly greater amount of vegetables than those in the Health Survey of England 2008.

Table 7: Portions of fruit and vegetables consumed

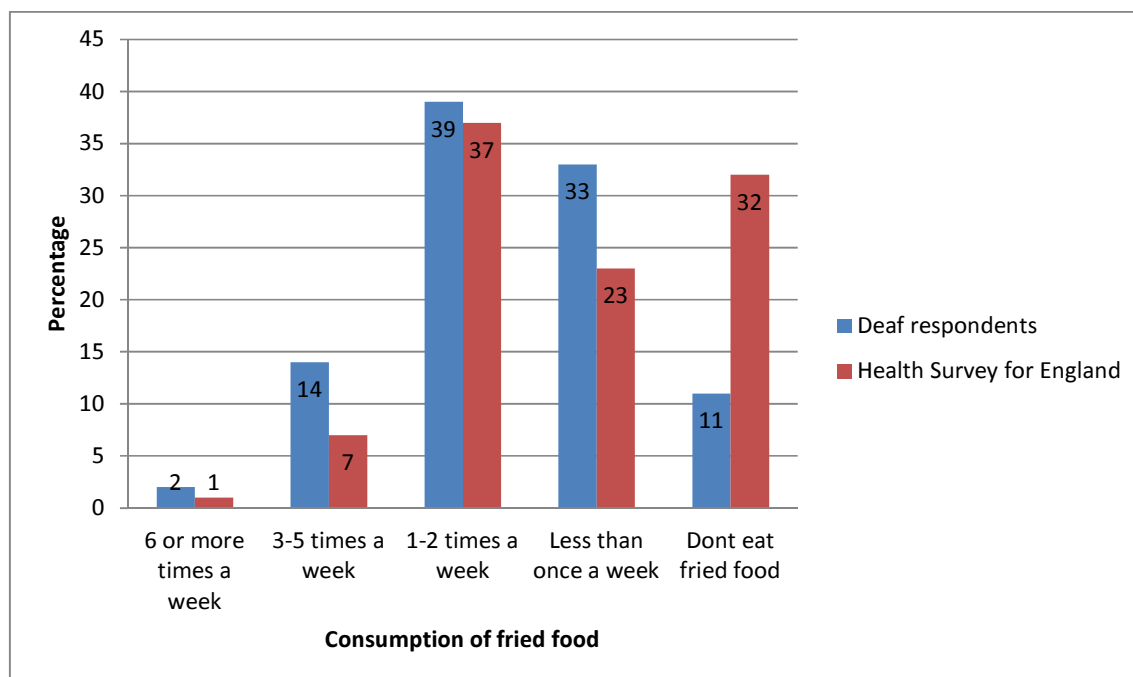
	SignHealth 2011		Health Survey for England 2008	
	<i>Base size</i>	Mean average portions	Base size	Mean average portions
... portions of salad did you eat yesterday?	435	1.31	N/A* *No comparison available due to question wording	
... pieces of fruit did you eat yesterday?	448	1.62	N/A* *This was not asked as a single question in the HSE	
... tablespoons of vegetables did you eat yesterday?	444	2.78	7,696	2.04
... small glasses of fruit juice did you drink yesterday?	426	1.15	7,599	0.98

The Health Survey for England calculated the mean (average) number of portions of fruit and vegetables consumed by an average adult in England as being 3.5 portions per day in 2009. This is not directly comparable with the data from this survey due to the wording and the degree of detail in the questions asked, and the response rate for this question was low.

Consumption of fried food

Over half of Deaf respondents (55%) ate fried food at least once a week, compared with a little under half (45%) of people who reported doing so in the Health Survey of England 2009. The largest proportion of Deaf respondents (38%) reported that they ate fried food 1-2 times a week, which is very similar to data from the Health Survey for England (37%). A far smaller proportion of Deaf respondents (11%) reported that they never ate fried food, compared with 32% of respondents in the Health Survey for England.

Figure 13: The reported average weekly consumption of fried food



Total number of Deaf respondents: 523

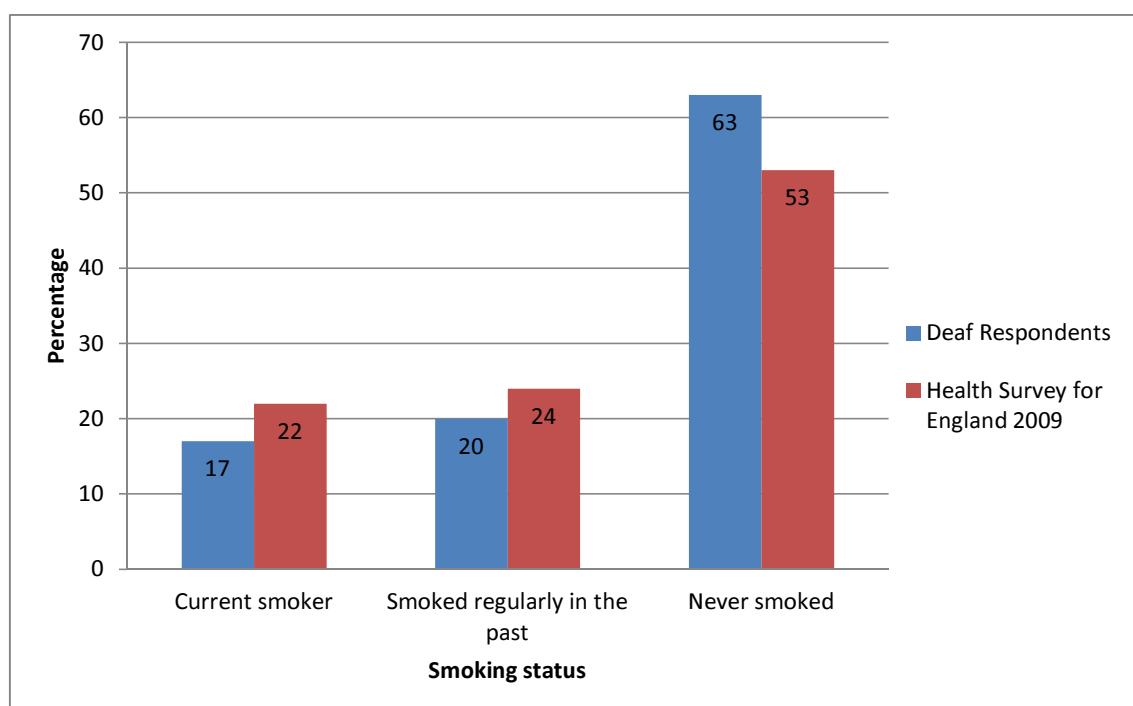
Total number in Health Survey for England 2009: 7.079 households

5.3 Smoking

Smoking amongst Deaf respondents

Figure 14 compares the reported smoking status of Deaf respondents with contextual data taken from the 2009 Health Survey for England. The data indicates that there is a slightly lower proportion of current smokers amongst the Deaf respondents (17%) than in the general population (20%). A larger proportion of Deaf respondents reported that they had never smoked (63%), compared with 53% of respondents in the Health Survey for England 2009.

Figure 14: Reported smoking status



Total number of Deaf respondents: 496










Total number in Health Survey for England 2009: 4,739

5.4 Alcohol

Calculating respondents' alcohol intake

Deaf respondents were asked to record the amount they drink in a typical week using the online question illustrated in Figure 15. The question format allowed respondents to select icons representing the drinks that they had had on each day of the week. The number of units consumed was calculated automatically helping respondents to record a more accurate response¹⁰ Comparisons between the survey and national contextual data should be made with caution due to the different methodologies used.

Figure 15: Alcohol consumption question as presented in the online survey

DRINKS	Drinks						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
 1	 2	 1		 1		 2	
 1				 1			
 1							
 1							

The amount that respondents drink on their heaviest drinking day of the week was calculated to allow comparisons with the Health Survey for England. The results for men and women have been recorded separately reflecting the different recommended daily limits for each gender (3-4 units for men, and 2-3 units for women)¹¹.

Respondents' self-reported levels of drinking

Reported drinking levels of Deaf respondents on the heaviest drinking day of the week are just below the national average. One reason for this may be the relatively

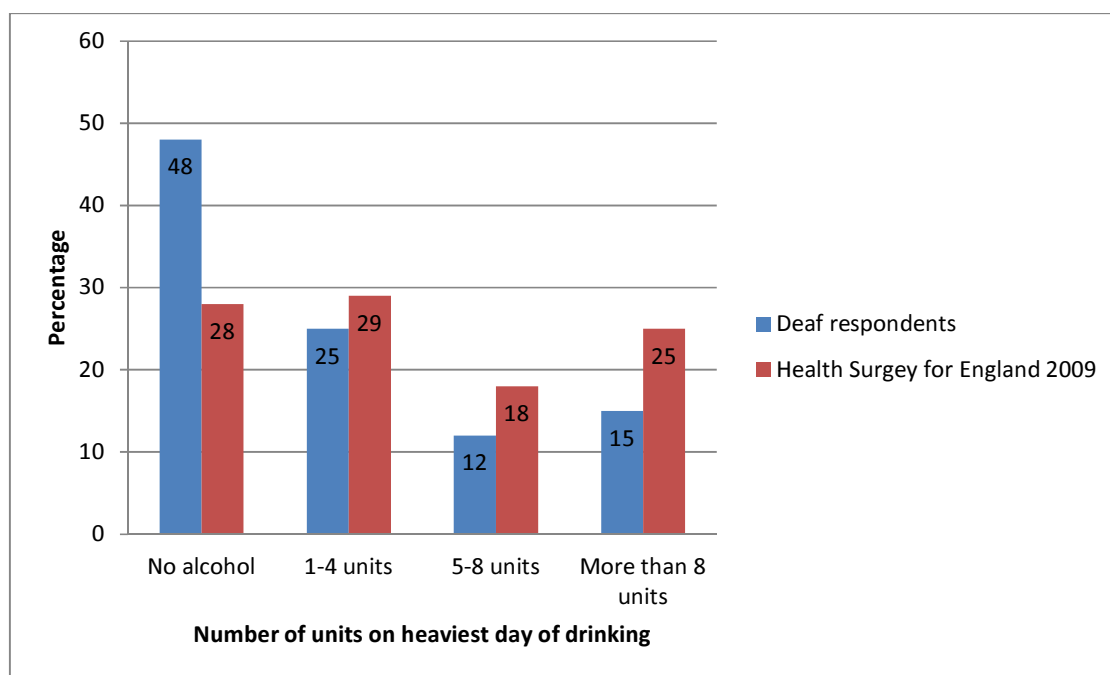
¹⁰ The calculation of units was based on information provided by the NHS
<http://www.healthandwellbeing.bwdpct.nhs.uk/killer-facts/alcohol/units-and-you/>

¹¹ <http://www.nhs.uk/Livewell/alcohol/Pages/Effectsofalcohol.aspx>

high proportion of Deaf respondents who say they do not drink at all in a typical week. A third (34%) of male Deaf respondents say they do not drink at all compared with nearly 28% of males in England overall. The proportion of Deaf women not drinking in a typical week is also higher than the national average (66% vs. 44%).

Figures 16 and 17 show the number of units consumed on the heaviest day of drinking for men and women. Figure 17 illustrates that Deaf men consume fewer units overall than men in the Health Survey for England. Figure 18 shows that generally, Deaf women consume fewer units than women in the Health Survey for England. However, there is a greater proportion of Deaf women who drank more than 8 units on their heaviest day of drinking.

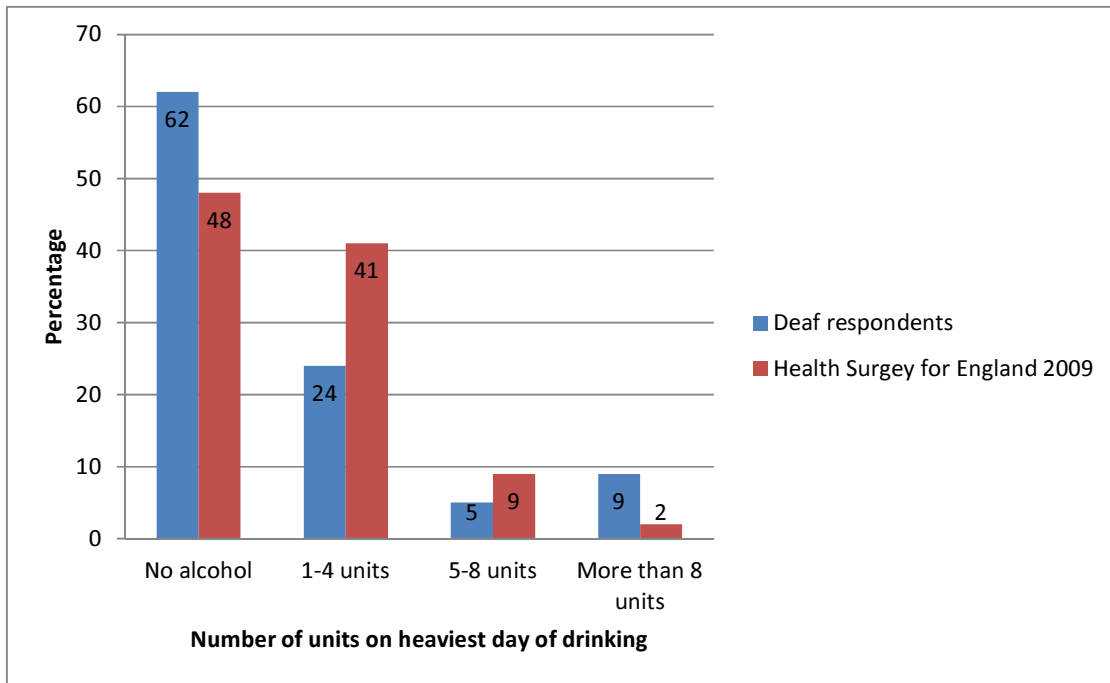
Figure 16: Number of units of alcohol on heaviest day of drinking — males



Total number of male Deaf respondents: 225

Total number males in Health Survey for England 2009: 2,304

Figure 17: Number of units of alcohol on heaviest day of drinking — females



Total number of female Deaf respondents: 282

Total number females in Health Survey for England 2009: 2,409

Summary

This chapter considered respondent's lifestyles – something that can have a major impact on their health and wellbeing.

Most respondents did at least some regular physical activities, with seven in ten respondents (69%) reporting that they did housework; almost half (45%) reported they did some form of aerobic exercise (such as walking, running, swimming, cycling, dancing or a team sport) and a slightly smaller proportion (42%) reported doing gardening or DIY work. Only 7% of respondents reported that they did not do any exercise at all.

Comparison with contextual data suggests that Deaf respondents consumed a similar number of portions of fruit juice and a slightly greater amount of vegetables

than respondents in the Health Survey of England 2008. However, a far smaller proportion of Deaf respondents (11%) reported that they never ate fried food, compared with 32% of respondents in the Health Survey for England. Over half of Deaf respondents (55%) ate fried food at least once a week, compared with under half (45%) of people who reported doing so in the Health Survey for England 2009

With regard to smoking, a slightly lower proportion of Deaf respondents currently smoke (17%, compared with 20% in the Health Survey for England 2009). A larger proportion of Deaf respondents reported that they had never smoked (63%), compared with 53% of respondents in the Health Survey for England 2009.

Overall, a greater proportion of Deaf respondents do not drink alcohol at all, compared with respondents to the Health Survey for England 2009 (34% vs 28% for males; 66% vs. 44% for females). Of those who do drink alcohol, on their heaviest day of drinking (in the past week) Deaf men consume fewer units than men in the Health Survey for England. The results show that, generally, Deaf women consume fewer units than women in the Health Survey for England. However, there is a greater proportion of Deaf women who drank more than 8 units on their heaviest day of drinking.

6. Access to NHS services

6.1 Communicating with healthcare professionals

As previously mentioned, this study focuses on respondents with the strongest Deaf identity. The preferred method of communication of all the survey respondents can be seen in Table 2 on Page 18 (Chapter 3). The data from this table has been used to help categorise the Deaf respondents, who prefer to communicate with health professionals using BSL or SSE, and would choose not to communicate using English (including lip reading and through written communication). This chapter focuses on how Deaf respondents currently communicate with health care professionals in contrast with the way that they would choose to communicate.

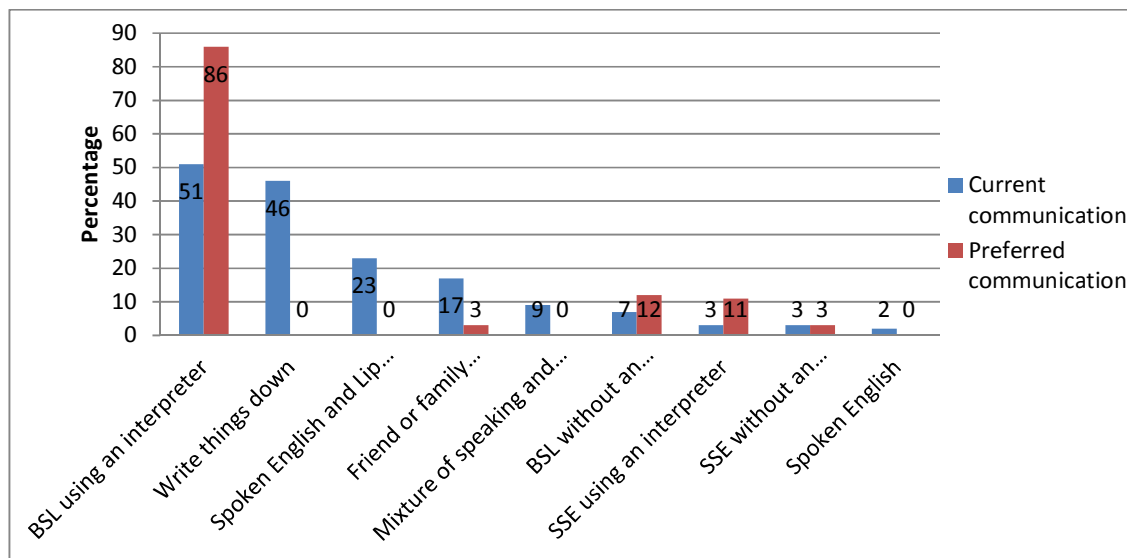
Comparing respondents' current and preferred means of communication

Figure 18 shows Deaf respondents' current methods of communication compared with the forms of communication that they preferred to use with their doctor or other health professional. As Figure 18 shows, there is a clear disjunction between how Deaf respondents would prefer to communicate, and how they actually do so. Half of Deaf respondents (51%) currently communicated with a health professional using BSL and an interpreter, although a greater proportion (86%) would prefer to do so. Almost half of the Deaf respondents (46%) reported that they currently communicated with health professionals by writing things down, **although none preferred to communicate in this way**. Almost a quarter (23%) of Deaf respondents reported that they currently communicated with health professionals using spoken English and lip reading, **although none preferred to communicate in this way**. Additionally, 17% used to friends and family to communicate although only 3% would prefer this method.

These findings suggest that many Deaf people may be compromised when interacting with health professionals, which could lead to information being misinterpreted, or more laboured interactions than if the Deaf respondents were able to use their preferred method of communication. In order to place the findings in

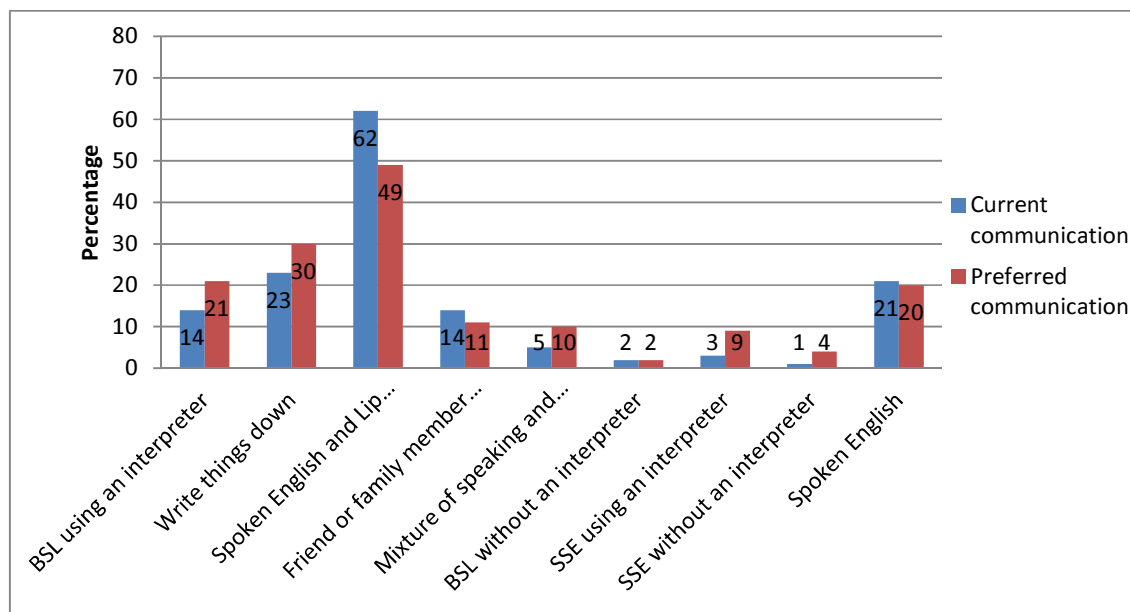
context, we have also examined the current and preferred methods of communication of survey respondents who lost their hearing at age 15 or older. We have called this group the 'deaf 15+' group. Figure 19 shows the 'deaf 15+' respondents' current method of communication with health service staff compared to their preferred method.

Figure 18: The current and preferred communication methods of Deaf respondents



Total number of Deaf respondents: 526/529. Percents total more than 100% as more than one option could be chosen.

Figure 19: The current and preferred methods of communication of survey respondents who became deaf at age 15 or older



Total number of respondents who became deaf aged 15 or older: 265/257. Percents total more than 100% as more than one option could be selected.

In general, respondents from the deaf 15+ group are more likely to communicate in English, with the majority (62%) communicating via a combination of speaking and lip reading, almost a quarter (23%) communicating by writing things down, and a slightly smaller proportion (21%) using spoken English alone. On the whole, this pattern also broadly reflects the deaf 15+ group's preferred methods of communication.

It is apparent when comparing Figure 18 and Figure 19 that the Deaf respondents and those who lost their hearing at age 15 or older have different communication preferences. The deaf 15+ group have much less need or desire for a BSL interpreter, and broadly are communicating in the way they prefer, which is in written or spoken English. However, the Deaf group appear to be much more disadvantaged when communicating with health professionals and have to utilise less preferred means of communication.

6.2 Access to services

Respondents' use of health services

Deaf respondents were asked to select any primary or secondary health services that they had used in the past year from a list of the most popular services. The results are illustrated in Table 8 alongside those of the deaf 15+ group.

Most Deaf respondents reported accessing at least one of the services mentioned in the twelve months prior to the survey, with fewer than ten people stating that they had not accessed any of them. The most common services accessed by Deaf respondents included: NHS GP practice (used by 76% of respondents), NHS hospital (59%), pharmacist or chemist (57%), an optician (46%) or an NHS dentist (44%).

When compared with the data from the deaf 15+ group, however, it is apparent that for almost all services (with the exception of walk-in centres and private GPs), the Deaf respondents reported less frequent use of services than deaf 15+ respondents.

Table 8: Services used by survey respondents

Services used	Deaf respondents		deaf 15+	
	Number	Percent	Number	Percent
NHS GP	396	76	165	90
NHS Hospital	305	59	119	65
Pharmacist or Chemist	299	57	143	78
Optician	241	46	113	62
NHS dentist	229	44	95	52
Accident and Emergency	117	23	42	23
Private dentist	90	17	40	22
NHS Direct (either helpline or website)	84	16	35	19
Walk-in centre	76	15	24	13
Private GP	35	7	4	4
Called an ambulance	30	6	20	11
Mental Health Service	27	5	18	10
None of these	7	1	2	1
Total	521	372	183	450

Percents total more than 100% as respondents could select more than one option

One reason for the differences between the Deaf respondents and the deaf 15+ group might be that deaf 15+ respondents tended to be (on average) older than the Deaf respondents – and so consequently may need to use more healthcare services. The barriers that Deaf people face in accessing services (as recorded in Tables 9 and 10) may also have had an impact on this.

We know from wider research that people who struggle to access services such as pharmacists, GP surgeries, and walk-in centres are sometimes more likely to attend Accident and Emergency (A&E) services than other people. This is particularly the case if people delay seeking help until the point when they need emergency treatment. However, the results from the survey show no difference between Deaf and deaf 15+ respondents' use of A&E.

6.3 Barriers to accessing health services

Reasons for not visiting a GP

Table 9 shows the reasons why some Deaf respondents had not seen a GP in the last 12 months. A total of 88 respondents gave 152 reasons, a mean (average) of 1.7 reasons per respondent. Apart from not needing to see a doctor (30%), the most frequently given reasons related to communication difficulties, including not having an interpreter (mentioned by 26%) or having poor communication with their doctor (22%).

Table 9: Reasons why Deaf respondents had not visited their GP in the last 12 months

Reason	Deaf respondents	
	<i>Number</i>	<i>Percent</i>
Haven't needed to see a doctor	26	30
No interpreter to accompany me	23	26
GP visits not worth doing as communication with doctor is poor	19	22
Couldn't arrange an appointment easily	11	13
Don't like/trust doctors at my surgery	10	11
Friends/family not available to accompany me	9	10
Couldn't be seen at a convenient time	7	8
Couldn't get to GP surgery/ Health centre	4	5
Usually visit a walk-in centre	4	5
Go to hospital instead	2	2
Another reason	19	22
Total	88	152

Percents total more than 100% as respondents could select more than one option.

It is difficult to compare this data directly with that of national surveys. The closest data is that drawn from the GP Patient Survey (2010-2011). However, the provided options differed: this survey allowed multiple responses and asked about contact with a GP in

the past 12 months, as opposed to the GP Patient Survey which asked about contact with a GP in the past 6 months.

However, it is clear from Table 10 that there is a marked disparity between the respondents of the GP Patient survey, where nine in ten (90%) people who had not visited a GP reported that this was because they had not needed to, compared with just 30% of Deaf respondents. While direct comparisons between the two surveys should be made with caution, it does appear that the Deaf population face a number of additional barriers to accessing GPs. The data shown in Table 10 also highlight the need for a wider range of prompts in the GP Patient Survey that will capture the more varied experiences of Deaf people.

Table 10: Reasons for not visiting a GP. Comparison of data for Deaf respondents with national data from the GP Patient Survey (2010-2011)

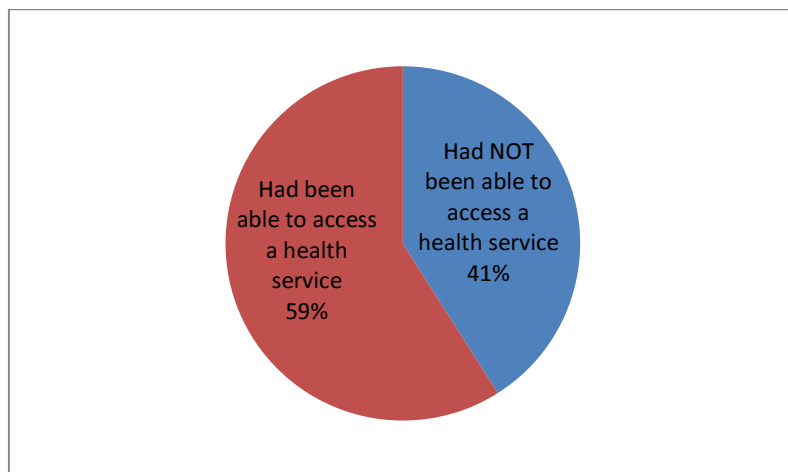
Reasons for not visiting a GP	SignHealth 2011 Deaf respondents* (%)	GP Patient Survey (2010-2011) (%)
I haven't needed to see a doctor	30	90
There was no interpreter to accompany me	26	N/A
I don't think GP visits are worth it as the communication with my doctor is poor	22	N/A
I couldn't arrange an appointment easily	13	2
I don't like or trust the doctors at my surgery	11	2
Friends/family were not available to accompany me	10	N/A
I couldn't be seen at a convenient time	8	4
I usually visit a walk-in centre instead	5	N/A
I couldn't get to the GP surgery or health centre easily	5	N/A
I go to hospital instead	2	N/A
Another reason	22	4
Total	152 (n=88)	100 (n=502,159)

*Percents total more than 100% as respondents could select more than one option.

Access to health services other than a GP

Figure 20 shows the proportion of Deaf respondents who had not been able to access health services other than their GP. While most Deaf respondents were able to access at least some health services (other than their GP), two in five respondents (41%) reported that they had not been able to access a health service (other than a GP) in the past twelve months.

Figure 20: Deaf respondents' access to health services (other than a GP)



Total number of Deaf respondents: 514

Reasons for not using health services (other than a GP)

Table 11 shows the reasons that Deaf respondents gave for not using health services (other than a GP). Over a half of Deaf respondents (56%) reported not using a health services because they had no interpreter to accompany them. Just over a third (36%) didn't think it worth it because the communication was poor, and another third (33%) couldn't arrange an appointment easily. Of note is the fact that these were also the most frequently reported reasons that Deaf respondents gave for not seeing a GP if they needed to.

Table 11: Deaf respondents' reasons for not using health services (other than a GP)

Barriers to accessing health services	Deaf respondents	
	Number	Percent*
No interpreter to accompany me	115	56
I don't think it's worth it because the communication is poor	73	36
Couldn't arrange an appointment easily	67	33
Couldn't be seen at a convenient time	51	25
Another reason	34	17
Don't like/trust doctors	23	11
Friends/family not available to accompany me	23	11
Couldn't get there easily	19	9
I used a different health service instead	6	3
Total	205	200

*Percents total more than 100% as respondents could select more than one option

Summary

This chapter considers respondents' access to NHS services including their local GP and other healthcare services.

Deaf people face barriers in accessing NHS services and both Deaf people and healthcare staff have difficulties communicating in consultations. There is a clear disjunction between how Deaf respondents would prefer to communicate, and how they actually do so. Half of Deaf respondents (51%) currently communicated with a health professional using BSL and an interpreter, although a clear majority (86%) would prefer to do so. Almost half of the Deaf respondents (46%) reported that they currently communicated with health professionals by writing things down, although none preferred to communicate in this way. Almost a quarter (23%) of Deaf respondents reported that they currently communicated with health professionals

using spoken English and lip reading, although none preferred to communicate in this way.

The most common services accessed by Deaf respondents included: NHS GP practice (used by 76% of respondents), NHS hospital (59%), pharmacist or chemist (57%), an optician (46%) and an NHS dentist (44%). When compared with the data from people who had lost their hearing at the age of 15 or over, it is apparent that for almost all services, the Deaf respondents reported less frequent use of services.

It is clear that there is a marked disparity between the respondents of the GP Patient survey, where nine in ten (90%) people who had not visited a GP reported that this was because they had not needed to, compared with just 30% of Deaf respondents. Over a half of Deaf respondents (56%) reported not using health services because they had no interpreter to accompany them. Just over a third (36%) didn't think it worth it because the communication was poor, and another third (33%) couldn't arrange an appointment easily.

7. Conclusions

The SignHealth survey is the first major survey of its type in the UK. Its focus is on 533 Deaf people: people who described themselves as Deaf, who were born deaf or lost their hearing before the age of 5, and who would prefer to communicate using BSL or SSE and not written or spoken English.

Without any knowledge of the profile of the UK Deaf population it is not possible to calculate the extent to which survey respondents are *representative* of Deaf people, although efforts have been made to ensure the survey has been as inclusive as possible so that it is at least *reflective* of the UK Deaf population.

The survey results indicate that Deaf respondents were less likely to rate their own health as being good, and were slightly more likely to have a long-standing condition

than the general population. Yet despite this, when compared with other data, Deaf respondents reported less frequent use of health services for a range of reasons other than not needing the service. Key barriers for Deaf people in accessing health services were that they did not have an interpreter, that they had generally poor communication with health services and that they couldn't arrange appointments easily. Overall, many Deaf respondents who would prefer to communicate using British Sign Language were unable to do so.

It seems apparent from this survey that health services in the UK need to do more to make reasonable adjustments for Deaf people. The Public Sector Equality Duty which came into force in 2011 makes it unlawful for a service provider (including health services) to discriminate by offering a lower standard of service or providing a service in a worse manner to Deaf people. This survey suggests Deaf people do not have the same level of health care as the rest of the population, and that health services in the UK need to do more to make reasonable adjustments to allow Deaf people equal access.

There is a clear need for a greater availability of appropriate communication support for Deaf people, with registered sign language interpreters to support deaf people and health care professionals with health consultations and health information. It is not satisfactory that Deaf people should have to rely on friends or family to interpret for them: health services should be responsible for the provision of, and payment for, registered sign language interpreters so they can communicate safely with Deaf people in primary and secondary healthcare settings.

There is also a need for easier access to making healthcare appointments for Deaf people, particularly important with the increasing development of telephone triage and 'choose and book' systems.

It is concerning that Deaf people are reporting less frequent use of health services than other people. Deaf awareness training is needed for healthcare professionals to remind them of the relevant legislation, and for them to learn more about the culture, identity and language of Deaf people, to understand the extent of Deaf peoples' problems in accessing health services and to identify ways of overcoming these problems in practice. With the new health service commissioning arrangements in

2013, local commissioning groups should also make sure that Deaf people have a full and meaningful involvement in the planning, provision and monitoring of health services.

Further evidence about the healthcare experiences of Deaf people will be gathered in follow-up work by SignHealth, including mini-medical examinations and in-depth interviews with Deaf people. We hope that this will build on the limited existing knowledge of the health and healthcare of Deaf people, and so increase our understanding of what reasonable adjustments should be provided.

Appendix

Appendix 1: Comparing two groups

The following table shows the difference in percentage between two sub-groups necessary for a *statistically significant* difference.

Size of samples compared	Differences required for significance at or near these percentage levels		
	10% or 90%	30% or 70%	50%
	±	±	±
50 and 1,224	8.6	13.1	14.3
100 and 1,224	6.1	9.4	10.2
200 and 1,224	4.5	6.9	7.5
300 and 1,224	3.8	5.8	6.3
500 and 1,224	3.1	4.8	5.2

These calculations assume that the respondents are typical of the universe from which they are drawn.

Please note that these differences shown above are only statistically significant when each member of the population (in this case D/deaf people living in the UK) has an equal chance

of taking part in the survey. While considerable efforts have been made to make the survey as inclusive as it can be, a pure random approach has not been possible as there is no comprehensive sample of the D/deaf population available. For this reason we would say that any differences between results are *indicative* rather than statistically significant.