



Leeds LOC Seek To Improve Communication and Accessibility for Their Deaf Community

At a glance

Leeds LOC recognised the challenges faced by those in the Deaf community to access eyecare and hosted an Introduction to British Sign Language (BSL) course specifically aimed for optical professionals. This has helped practitioners better understand the difficulties faced by Deaf patients and make adaptations to improve their communication.

Challenge

To reduce the health inequalities faced by the Deaf community due to the difficulties in accessing eyecare.

Solution

Leeds LOC alongside a deaf-led charity, Action Deafness, ran a virtual 'BSL for Optical Professionals' course over four weeks. This focussed on improving deaf awareness, communication for practitioners with the aim of improving patient access and outcomes.

Introduction

In 2018 WHO estimated that there were 466 million people in the world with disabling hearing loss (6.1% of the world population).¹ In 2019 there were approximately over 390,000 people in the UK who are deafblind, with this figure set to increase to over 600,000 by 2035.² Deaf people experience persistent health inequalities with poorer experiences and outcomes in disease prevention and management.

Many Deaf people will have BSL as their first language and therefore English is their second language. Subsequently, reading levels may be reduced which can make using written communication more difficult. BSL uses key words but does not use tenses like past, present and future. This can mean that, if relying solely on written notes some information may be lost.

Two small-scale studies in 2019 and 2021 (n = 36 and n = 27, respectively), were carried out to look at accessibility for Deaf patients in optical practice. Communication methods used in optical practice during their visit were identified. Patients measured their level of satisfaction with communication during the visit.

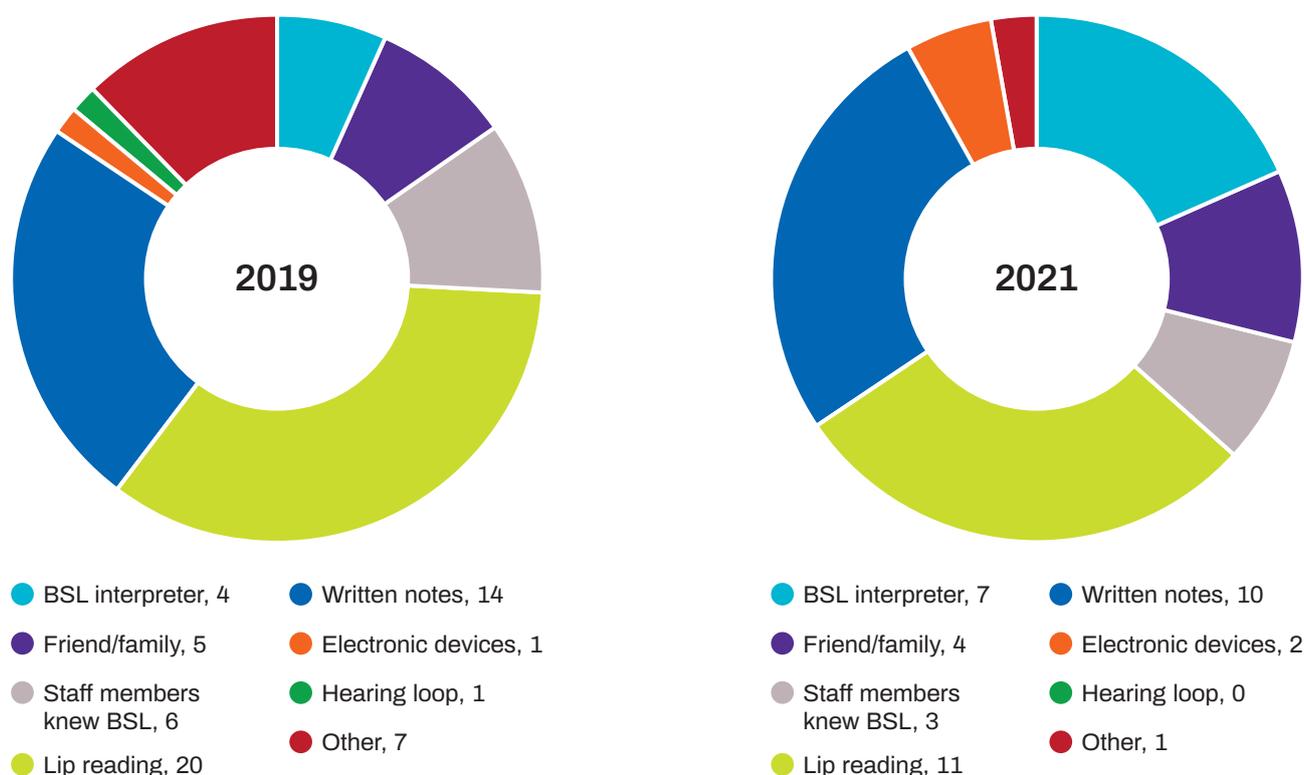
¹ How Many People Are Affected By Hearing Loss? – Hearing Sol

² Sense. What is Deafblindness?



The data was gathered via an online survey distributed on social media platforms and promoted by regional Deaf centres (Leeds, Huddersfield, Leicester, Birmingham and Cardiff).

Charts Illustrating Deaf Patients Experience of Communication in Optical Practice in 2019 and 2021



The data showed that use of written notes and lip reading were the most common method of communication with Deaf patients. Relying on lip reading presents challenges with only as little as 30-40% of spoken English being understood by the lipreader. Contrary to common opinion, not all Deaf people are competent at lip reading.

Based on the findings from the 2021 survey, 7 patients (25.9%) who had a BSL interpreter present during their visit, had the arrangement made by the practice. However, 8 patients (29.6%), were unable to make such arrangements.

Leeds LOC identified the inequality faced by the Deaf community and they organised a British Sign Language (BSL) course specifically for Optical professionals to enable a better eyecare service to the Deaf community. The event which was open to all practice staff, but was attended mainly by optometrists and dispensing opticians, allowed attendees to learn how their services can be better adapted to meet the needs of the Deaf community. By learning basic BSL, Optometrists and Dispensing Opticians were able to learn a new language and enhance their communication skills.



What was done?

A training programme “BSL for optical professionals” was arranged by Leeds LOC to run in the evening over four weeks. There were four one-hour sessions, three of which were CET approved. The course was delivered virtually by the Deaf-led charity Action Deafness. The tutor delivering the sessions was supported by a BSL interpreter who also joined virtually. A written handbook was made available to all participants prior to the start of the course. The number of participants was deliberately restricted to encourage active participation and interaction in each session.

1 in 5 adults in the UK are deaf or have hearing loss.³ With this in mind, the first session focussed on Deaf Awareness. Deaf people have different communication preferences. What works for one deaf person will not necessarily work for another. Not all Deaf people use BSL. For instance, those living with hearing loss that has been caused by age or disease progression may not require sign language support.

Many of the 12 million people who are deaf or have hearing loss in the UK rely on lipreading and facial expressions to communicate. Face coverings, protective screens and social distancing have made this much more difficult. Being aware of how to make small adaptations to how we communicate can make a significant difference to support understanding. For example, simply by making sure you are facing the person you are talking to and speaking clearly without shouting or speaking unnecessarily slow, can be helpful to someone who is living with hearing loss.

The different types and levels of deafness were explained, and strategies discussed to remove barriers for deaf people accessing eyecare. Optometrists and Dispensing Opticians were introduced to Deaf culture that is different from ‘hearing’ culture. Participants were introduced to appropriate terminology to use when engaging with members of the Deaf community and help improve confidence when examining their patients.

As the course progressed, BSL was introduced from simple gestures to use when greeting a patient, to signs that may be used to explain a common health condition such as cataract. Participants were encouraged to practice the most common signs with their family and colleagues to improve confidence and support use.

Results / Benefits / Outcomes

Optometrists and Dispensing Opticians participating in the course found the sessions really useful.

“Not only do optometrists and dispensing opticians need to be able to communicate effectively, but to ensure the whole patient journey is a success, the whole team from the dispensing opticians to reception staff should have a basic understanding.”

A practitioner

³ Facts and figures – RNID



"I am so impressed with the dispensing opticians and optometrists in Leeds for their desire to develop their skills to make their services accessible and equitable for Deaf people. When the members of the Deaf community, including those who are hard of hearing, see optical professionals being Deaf aware, and trying to communicate in BSL, they will be delighted to see barriers to communication being lifted."

Hanisha Sandhu, tutor delivering the sessions

Understanding the various communication preferences and the potential difficulty in reliance on written text was especially useful for practitioners.

"The course was an invaluable insight into a world I had no previous knowledge of. Really inspiring and empowering".

A participant

Small adaptations such as offering online booking of appointments and a text facility would make services far more accessible.

Deaf people rely more on visual information than hearing people and use sign language and lip-reading to communicate and socialise, so the prospect of losing their sight can be very daunting. With the increase in awareness and confidence amongst the practitioners who participated in the course, it is hoped that the Deaf Community in and around Leeds will feel supported when accessing eyecare.

Leeds LOC would like to see these courses expanded to cover the entire country and for practices that engaged to be promoted within the Deaf community to encourage all patients to access regular sight tests.

Conclusion

Deaf people face barriers accessing all aspects of healthcare. During an appointment both patient and staff face challenges in effective communication. Deaf patients are more likely to avoid booking eye examinations or accessing acute services if they have symptoms, than hearing individuals. In many instances, technology could help remove some barriers faced by Deaf patients, for example e-bookings, e-mail, or communication via SMS.

It is imperative that Deaf patients are fully supported to understand information about their eye condition or health, or how to correctly manage their eye condition. With an increased awareness of the challenges Deaf people face, optical practices can make simple adjustments and changes. The addition of basic level BSL to support communication is a relatively easy skill to learn for practitioners and practice staff to ensure their services are accessible for the Deaf community.

With a growing Deaf population,⁴ there is an even greater risk of further health inequality. Primary care practitioners and their practice teams have a duty to ensure that Deaf people are not further disadvantaged in fair access to healthcare. Optical practices can provide more inclusive eyecare for all by understanding the challenges faced by Deaf patients, making reasonable adjustments, and tailoring our care.

⁴ Facts and figures – RNID