



DEBATE PACK

Number CDP 2017/0236, 29 November 2017

Deafness and hearing loss

Summary

On 30 November 2017 there will be a General Debate in Westminster Hall on Deafness and Hearing Loss. This debate is sponsored by Jim Fitzpatrick MP.

This paper looks at some of the areas where the deaf and hard of hearing can experience difficulties, including employment, access to services, and healthcare.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

By Alex Bate
Andrew Powell
Doug Pyper
Alexander Bellis
Diana Perks
Selena Steele

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1. Background

The charity, Action on Hearing Loss, estimates that over 11 million people in the UK (approximately 1 in 6 people) are affected by hearing loss.¹

Many commentators have concerns about the barriers that people with hearing loss face when it comes to entering employment and accessing services such as the NHS. These issues are also often linked to the legal and educational status of British Sign Language (BSL) and the provision of BSL interpreters. Some of these comments are outlined below.

1.1 Employment

Employment levels of those with difficulty in hearing

The Office for National Statistics' Annual Population Survey collects information on both the disabilities and the economic activity of respondents.

In terms of deafness and hearing loss, respondents report whether they have a long term health condition (which is defined as a health condition or illness lasting or expected to last for at least 12 months), whether they have difficulty in hearing, and whether difficulty in hearing is their main long term health condition.

In 2016, of those aged 16-64 and who reported that difficulty in hearing was their main long term health condition, 70% were in employment. A further 5% were unemployed while 25% were economically inactive.²

The people aged 16-64 who reported difficulty in hearing as either their main long term health condition or alongside a different main long term health condition were less likely to be in employment. Of this group, 47% were in employment, 4% were unemployed and 49% were economically inactive.

In comparison, 74% of all 16-64 year olds were in employment in 2016, while 5% were unemployed and 22% were economically inactive.³

Deaf jobseeker and employee experiences survey

In 2016 the recruitment website, TotalJobs, collected information on the experiences of deaf people in the labour market through a survey of 437 eligible participants. These participants were a mix of those who reported that they wore a hearing aid, and those who used British Sign Language.⁴

¹ Hearing matters, Action on Hearing Loss, updated November 2015

² [PQ 70962](#), Employment: Hearing Impairment, 24 April 2017

³ ONS Annual Population Database, via Nomis

⁴ TotalJobs, [Deaf jobseeker and employee experiences survey](#), 2016

72% of the respondents reported that they were in employment, and 74% reported that they were confident that they had the right skills to look for work. They also reported that technology was making it easier to be deaf in the workplace, with 65% reporting that they felt this was the case.

However, a majority of respondents reported that they had experienced discrimination at work due to being deaf or hard of hearing, while some also reported they had left a job due to the discrimination:

- 56% of respondents reported that they had experienced discrimination and 25% had left a job due to this discrimination.
- Only 13% felt there is enough support to help deaf people find employment, and 72% reported that they have received no support in finding a job.
- 25% reported that there is no provision for deaf employees at their workplace, and 47% said they did not receive support and guidance from their employer for issues related to being deaf.
- 19% have not told their employer they are deaf or have experienced hearing loss.

Access to Work

[Access to Work](#) provides practical advice and support to disabled people and their employers to help them overcome work-related obstacles resulting from their disability.

It contributes to the additional employment costs resulting from disability that the employer would not normally be expected to cover. Access to work will pay up to 100% of the approved costs of support for:

- Special aids and equipment.
- Adaptations to premises and equipment.
- Support workers, such as a note taker or lip speaker.
- Travel to work and travel within work.
- An interpreter or other support at a job interview for those who have difficulty communicating.

Access for Work funding can also pay for the practical support to help someone move into self-employment or start a business.

Cap on value of support

Since October 2015 there has been a cap on the maximum amount of funding that can be awarded through Access to Work. This was set at a value of one and a half times average salary, which at the time of introduction was £40,800 per person per year. The limit has increased slightly each year and was set at £42,100 between 1 April 2017 and 31 March 2018.⁵

The cap was introduced following an increase in the number of people receiving Access to Work support (from 31,500 in 2012/13 to 35,500 in 2013/14), and an increase in the cost of average awards. The

⁵ DWP, [Access to Work factsheet for employers](#), February 2017

Government reported that a key challenge in administering Access to Work is ensuring costs do not exceed the set budget:⁶

One of the key challenges in administering Access to Work is managing a demand-led programme within a defined budget. We must achieve a balance between meeting customer need and achieving value for money for the taxpayer. It has been a long-standing aspiration of the programme to support more disabled people into work, so we must address the challenge of supporting this growth whilst keeping Access to Work affordable.

In 2013/14, 5,640 people received Access to Work funding who had difficulty in hearing as their Primary Disabling condition. The Department for Work and Pensions (DWP) forecast that, in 2014/15, 267 of those with difficulty in hearing would have received Access to Work support of more than £40,800, and would therefore be affected by the cap. The DWP analysis also shows that 90% of the people who they forecast to be affected by the cap were either deaf or had hearing loss.⁷

In 2016/17, 3,750 people who were deaf or hard of hearing had Access to Work funding provision approved, up from 3,430 in 2013/14 and 3,320 in 2015/16.⁸

Employment support for people living with deafness and hearing loss

To break down barriers to employment for young deaf people, the National Deaf Children's Society (NDCS) and the Department for Education have put together a collection of resources for deaf young people, their parents and employers.⁹

This includes a template for a personal profile that deaf people can use and which gives employers information about reasonable adjustments they might need in the workplace, short videos where deaf people talk about their experiences in work, and a guide that is aimed at employers to make sure their recruitment process and workplace are as accessible to deaf people as possible.

The Gov.uk page [Employing disabled people and people with health conditions](#) provides a summary of information for employers to help increase their understanding of disability, and to enable them to recruit and support disabled people. This page includes a section aimed at those with hearing impairments.

The Government is also working with employers through the [Disability Confidence](#) scheme to "improve how they attract, recruit and retain disabled workers. Over 5,000 employers have currently signed up to the scheme.

⁶ DWP, [Equality analysis for the future of Access to Work](#), May 2015, pg 5

⁷ Ibid, pgs 11-12

⁸ DWP, [Access to Work statistics, April 2007 to March 2017](#), table 3

⁹ National Deaf Children's Society, [Breaking down barriers to employment](#)

1.2 Access to services

People with hearing loss often struggle to access public services (see the further reading section below for more details). Concerns centre particularly on the language barrier that deaf people face. As a result, some commentators have called for greater recognition of BSL both legally and within the education system.

This sections outlines the current legal status of BSL and the rights of disabled people to appropriate telecommunication services.

Legal recognition for British Sign Language

British Sign Language (BSL) is not accorded any particular status by UK legislation. The most relevant legal provision is the duty to make reasonable adjustments, as set out in the *Equality Act 2010*.

Broadly, employers and service providers (among others) subject to this duty must take such steps as are reasonable in the circumstances to:

- avoid putting disabled persons at a substantial disadvantage where a provision, criterion or practice would put them at that disadvantage compared with non-disabled persons;
- remove, alter or provide means of avoiding physical features (e.g. stairs) where that feature puts a disabled person at a substantial disadvantage compared with non-disabled persons; or
- provide an auxiliary aid where a disabled person would, but for the provision of that aid, be put at a substantial disadvantage in comparison with persons who are not disabled.¹⁰

A “substantial” disadvantage is one that is “more than minor or trivial”.¹¹ The duty could, for example, require the provision of a BSL interpreter for a deaf member of staff, depending on the circumstances and the costs involved.¹²

Some groups representing Deaf persons, for example the British Deaf Association (BDA), criticise this lack of official recognition for BSL. They argue that the *Equality Act 2010* treats BSL as a communication adjustment for Deaf persons that may or may not be legally required, but does nothing to promote the wider recognition of BSL as an indigenous minority language with a significant cultural heritage.

By contrast, the Scottish Parliament has legislated on the issue and accorded BSL statutory recognition. The [British Sign Language \(Scotland\) Act 2015](#) was passed by the Scottish Parliament on 17 September 2015 and received Royal Assent on 22 October 2015. The Act is intended to promote the use and understanding of BSL. For example, section 1(1) provides:

The Scottish Ministers are to promote, and facilitate the promotion of, the use and understanding of the language known as British Sign Language

¹⁰ *Equality Act 2010*, sections 20-21 & Schedule 8

¹¹ *Equality Act 2010*, section 212

¹² See for example, [Cordell v Foreign And Commonwealth Office \[2011\] UKEAT 0016_11_0510](#)

The House of Lords Select Committee on the Equality Act 2010 and Disability considered the status of BSL in a [report](#) published in March 2016. While the report was concerned with the 2010 Act and stated “It is not for us to decide on the status of BSL as a language” it did note

In view of the very real unmet need exposed ... We wholeheartedly support the provision of additional resources for training more BSL interpreters so that they can facilitate the health, education and employment needs of such people, including children.¹³

The BDA’s written [submission](#) to the Committee argued:

Currently language rights for BSL used by Deaf people in the UK are only offered under the aegis of disability legislation, however speakers of other indigenous spoken languages are not required to self-identify as disabled to access their language rights. The Equality Act 2010 does not make specific reference to BSL and it is therefore up to case law and judicial interpretation to determine what constitutes a “reasonable adjustment”. Reasonable adjustments are achieved primarily through the use of BSL-English interpreters (the majority of interpreters have acquired and use BSL as a second language). The mere provision of second language speakers acting as interpreters would not for one moment be considered adequate to safeguard and protect the integrity of other (spoken) indigenous languages.

The Equality Act 2010 does not therefore focus on the value and integrity of BSL and Deaf culture. It accords rights to individuals to protect them from discrimination but it does not protect or promote BSL as a language.¹⁴

British Sign Language in schools

Although education is a devolved matter, British Sign Language is not part of any national curriculum in the UK.

There is no GCSE for BSL available in England. Furthermore, while maintained schools must teach a foreign language at key stages 2 and 3, the Government has clarified that since BSL does not incorporate certain skills, such as a writing element, BSL cannot be used to meet these requirements.¹⁵ Schools can teach alternative BSL qualifications outside of statutory classes.

There have been several campaigns and petitions to make BSL part of the curriculum: for instance, [Signature](#), a body which awards deaf communication qualifications in the UK, is both developing and campaigning for the teaching of a sign language GCSE. During the 2015-17 Parliament, [petition 178095](#) on the subject received nearly 35,000 signatures before it was closed due to the election. The petition has been relaunched as the e-petition 200000, [Make British Sign Language part of the National Curriculum](#), which is currently open. Both petitions have received a similar response from the Government. For the current petition, the Department for Education wrote:

¹³ Select Committee on the Equality Act 2010 and Disability, *The Equality Act 2010: the impact on disabled people, Report of Session 2015–16*, HL Paper 117, 2016, p55

¹⁴ BDA, *Submission Paper - Equality Act 2010 and Disability*, September 2015, p5

¹⁵ [Government response to petition 178095](#), accessed 28 November 2017

BSL was recognised as a language in its own right by the UK government in 2003. Whilst it is not a mandatory part of the curriculum, schools are free to teach it if they choose to do so.

We recognise that BSL is a useful tool for deaf people and is the first or preferred language of an estimated 70,000 deaf people in the UK. BSL has been recognised by the government as a language in its own right since March 2003. There are existing accredited BSL qualifications including a Level 1 award, Level 2, 3 and 4 certificates and a Level 6 NVQ certificate. The Level 1 and 2 qualifications, equivalent to GCSE grades A*-G or 9-1, have the highest take up. Schools are free to enter pupils for these awards at any point in their school career. We are also aware that the 2015 Consortium for Research into Deaf Education survey of teachers of the deaf in the UK showed that the vast majority (around 86%) of deaf children use spoken language as their main language in schools.

We have no plans to change the current national curriculum for schools. The national curriculum has been designed to focus on the essential knowledge that must be taught, allowing teachers to take greater control over the wider curriculum in schools and how it is taught. It is just one element in the education of every child. There is time and space in the school day and in each week, term and year to range beyond the national curriculum specifications.¹⁶

When asked in a Written Parliamentary Question why there is no GCSE available to teach, the Government responded:

The Government has introduced a number of recent changes to GCSEs and A levels in England that will affect schools in the coming years. We know that extensive changes need time to settle, and that school leaders will want stability to ensure the new qualifications are well taught. Therefore, at the present time, there are no plans to introduce any further GCSEs beyond those to which the Government has already committed.

There are existing accredited British sign language qualifications including a Level 1 award, Level 2, 3 and 4 certificates and a Level 6 NVQ certificate. The Level 1 and 2 qualifications, equivalent to GCSE grades A*-G or 9-1, have the highest take up. Schools are free to enter pupils for these awards at any point in their school career.¹⁷

The provision of telecommunication services

Recital 12 in [EU Directive 2009/136/EC](#) notes that:

Equivalence in disabled end-users' access to services should be guaranteed to the level available to other end-users. To this end, access should be functionally equivalent, such that disabled end-users benefit from the same usability of services as other end-users, but by different means.

Under Article 7:

Member States shall take specific measures to ensure that access to, and affordability of, the services ... for disabled end-users is equivalent to the level enjoyed by other end-users. Member States may oblige national regulatory authorities to assess the general

¹⁶ E-petition 200000, [Make British Sign Language part of the National Curriculum](#), accessed 27 November 2017

¹⁷ PQ112129 [[Sign Language: GCSE](#)] 17 Nov 2017

need and the specific requirements, including the extent and concrete form of such specific measures for disabled end-users.

In addition, as service providers, telecommunication companies have a duty, under the *Equality Act 2010*, to make reasonable adjustments for deaf service users (see above).

The telecoms regulator – Ofcom – requires communication providers to provide services intended to meet the needs of deaf service users.

Ofcom's [website](#) summarises these requirements:

Ofcom requires communications providers (fixed and mobile) to provide a range of services designed to benefit disabled customers, including:

Access to an approved 'next generation' text relay service for calls to and from people who are hearing- or speech-impaired, with special tariffs to compensate disabled customers for the additional time taken by these calls. Next generation text relay can be accessed from mainstream equipment such as PCs, tablets and smartphones as well as from textphones.

...

Access to emergency SMS (mobile only) for people who cannot make a voice call and who need to contact the emergency services. To use this service, text 'register' to 999 or 112.

Communications providers are required to publicise the availability of services for disabled people.¹⁸

As the [NHS Choices website](#) explains, an individual with hearing loss may also be entitled to 'community equipment' from their local authority. This can include communication aids and adapted phones. The local authority will need to carry out a needs assessment before such equipment is provided.

1.3 NHS services

Action Plan on Hearing Loss

In March 2015, NHS England and the Department of Health published the [Action Plan on Hearing Loss](#), which set out a case for action "to tackle the rising prevalence and personal, social and economic costs of uncorrected hearing loss and the variation in access and quality of services experienced by people with hearing loss." It proposes addressing this by promoting prevention of hearing loss and improving both the commissioning and integration of services.

The Action Plan set out five key objectives including:

- Prevention
- Early diagnosis
- Integrated, patient centred management
- Ensuring those diagnosed do not need unscheduled care or become isolated
- Ability to partake in every-day activities including work.

¹⁸ Communications services for disabled people, Ofcom website, August 2016

The Action Plan stated that NHS England would work with partners to develop an overarching commissioning framework. The [Commissioning Services for People with Hearing Loss](#) framework for Clinical Commissioning Groups (CCGs) was published in July 2016, which set standards for access and outcomes. The five outcomes CCGs would be expected to monitor are:

- Reduced communication difficulties
- Improved quality of life
- Proportion of patients continuing with their choice of hearing aid and or other intervention(s)
- Proportion of patients reporting hearing intervention has helped
- Service user satisfaction with their choice of intervention

The commissioning framework also strongly encouraged CCGs to expect that all audiology providers apply for UK Accreditation Service (UKAS) accreditation, through the Improving Quality in Physiological Services (IQIPS) scheme. However, according to an October 2016 PQ, the Government has no plans to introduce mandatory accreditation of audiology services in England.¹⁹

In further support of the Action Plan and the commissioning framework, NHS England also published three 'what works' guides for commissioners in September 2017:

- [What Works: Hearing Loss and Employment](#)
- [What Works: Hearing Loss and the Transition to Adulthood](#)
- [What Works: Hearing Loss and Healthy Ageing](#)

In an [October 2017 blog post](#) by the Deputy Chief Scientific Officer for England, Fiona Carragher, it was confirmed that a fourth guide on hearing loss and mental health would shortly be published, as well as setting out plans for NHS England to work with care homes on the link between hearing loss and dementia.

Provision of NHS hearing aids

Although NHS England is responsible for setting national hearing loss strategy through the Action Plan, it is up to individual CCGs to determine commissioning policy on provision of hearing aids.

Concerns about this in certain CCGs were raised in a June 2016 Westminster Hall debate by Lillian Greenwood, vice chair of the APPG on deafness:

Worse still, as everyone is aware, North Staffordshire clinical commissioning group decided in March last year to stop funding free NHS hearing aids altogether for those with mild hearing loss. There was a fear that others would follow it in doing that, but so far, as a result of significant campaigning by Action on Hearing Loss and many others, that has not happened. South Staffordshire, South Norfolk, Kernow and Mid Essex CCGs, which had all signalled their intention to restrict hearing aid provision,

¹⁹ PQ 47535 [[Audiology](#)], 17 October 2016

have now decided otherwise, or have at least delayed a decision until the national commissioning framework is published. However, three CCGs in Worcestershire are currently consulting on potential changes to local health services—including a proposal to cut NHS hearing aid provision; so there is still a threat to services.

When I asked the then Minister, the hon. Member for Central Suffolk and North Ipswich (Dr Poulter), about the North Staffs decision, he told me:

“If the hon. Lady has concerns about local commissioning decisions, she should take them up with local commissioners...It is important that clinical services are now designed and delivered by front-line health care professionals, and if she is concerned about them, I am sure she will take that up with her local CCG.”— [Official Report, 15 October 2014; Vol. 586, c. 407.]

I know that the Minister who is present today shares the concerns of the all-party group about rationing, and I hope that he can give me greater assurance that the commitments in the Government’s action plan will be more than warm words and will translate into effective action.²⁰

In response, the then Health Minister, Alistair Burt, said that NHS England had ultimate power to intervene in CCG decisions, and also addressed concerns about prices paid by CCGs to audiology services providers:

We spoke about rationing services. I am aware that NHS England supported a recent decision from North Staffordshire CCG because it was able to demonstrate that its commissioning policy was evidence-based and had followed extensive public engagement. The hon. Member for Nottingham South was right to say that I am extremely wary of rationing early intervention and hearing aids at the very early stage. I fully accept all the evidence that says that it is doing something at that early stage that prevents something else later on. As colleagues have said, no one else has yet followed that. There has been a lot of challenge. It remains possible for NHS England to intervene if it thinks that commissioning has gone badly askew, but for now that has not been followed.

[...]

To come back to the issue of resources, and to be a little more serious, the NHS remains under significant financial pressure. We have committed to making an extra £10 billion available to the NHS by 2020, as the chief executive has requested, but money will remain tight. Unless we want to go back to a situation in which everything is directed from the centre, we must leave local decision making to those closest to an area—that idea will remain in place. To characterise that as crossing our fingers is not entirely fair, and it has not proved to be the case.

The forthcoming commissioning framework will support CCGs to make informed decisions about what is good value for the populations they serve, using an evidence-based methodology to determine policy. NHS Improvement has received expressions of concern about commissioners reducing prices for audiology services, causing firms to exit those services, and reduced access and choice for patients. So far, except in one case, those

²⁰ [HC Deb 30 June 2016, c168WH](#)

allegations have not been substantiated and no formal complaint has been made to enable NHS Improvement to consider taking regulatory action.²¹

Action on Hearing Loss's campaign, [*Hands off our Hearing Aids*](#), has lobbied CCGs considering rationing of hearing aids, including Enfield, Devon and South Norfolk. According to the campaign, North Staffordshire remains the only CCG to limit access to hearing aids for people with mild hearing loss.

²¹ [HC Deb 30 June 2016, cc-174-5WH](#)

2. Parliamentary material

2.1 Debates

Cochlear Implantation [[HC Deb 24 March 2017 623 cc1111-1116](#)]

Hearing Loss: Action Plan and Commissioning Framework [[HC Deb 30 June 2016 612 cc163-178WH](#)]

2.2 Parliamentary questions

Employment

PQ 114629 [[Access to Work Programme: Hearing Impairment](#)] 23 Nov 2017

Asked by: Greenwood, Lilian

To ask the Secretary of State for Work and Pensions, pursuant to the Answer of 17 October 2017 to Question 107411 on Social Security Benefits; Disability, what assessment his Department has made of the effect on willingness of employers to recruit deaf employees of the Access to Work scheme not meeting the cost of workplace support beyond an employer's obligation to make reasonable adjustments under the Equality Act.

Answering member: Sarah Newton | **Department:** Department for Work and Pensions

Employer willingness to address the cost of workplace support beyond an employer's obligation to make reasonable adjustments under the Equality Act is discussed in Paras 3.1.12 to 3.1.14 of The Equality Analysis for the future of Access to Work, published in May 2015, which can be found here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/426416/future-of-access-to-work-equality-analysis.pdf

Oral Questions: Work and Pensions [[HC Deb 9 October 2017 629 cc22-23](#)]

Lilian Greenwood (Nottingham South) (Lab)

The all-party parliamentary group on deafness recently heard compelling evidence about the disproportionate and damaging impact the cap on awards under the Access to Work scheme is having on people who use British sign language as their first language, with deaf people having job offers withdrawn, withdrawing from their roles and giving up on their careers. The Government say they are committed to improving disabled people's opportunities at work, but this policy is destroying them. Will the Minister think again?

Penny Mordaunt

We have looked in great detail at many aspects of Access to Work, and although it is a popular scheme, there are many things we want to change in it. I very much recognise that the scheme is not just about giving someone a piece of technology to enable

them to communicate; it is about giving them the services they need to be their best—to thrive and to be their most creative in the workplace. For some, that will involve British sign language interpreters. This is very much an area we are looking at, and it will be something we bring forward and report back on in the health and work road map.

PQ 8350 [[Access to Work Programme: Hearing Impairment](#)] 12 Sep 2017

Asked by: Fitzpatrick, Jim

To ask the Secretary of State for Work and Pensions, what interim support is available for deaf people between the start of a new job and when an Access to Work workplace assessment is carried out.

Answering member: Penny Mordaunt | **Department:** Department for Work and Pensions

Access to Work (AtW) aims to supply help as quickly as possible, but where there are unavoidable delays, interim solutions may be considered. These will vary according to individual customers' needs and situations. In such cases, AtW Advisers will inform customers and employers of likely delays and discuss interim support options.

We are continuously engaging with stakeholders to explore how the customer journey can be improved. For example, in June 2017 the new contract for AtW workplace assessments came into effect, changing the workplace assessments target. The new contract requires 90% of assessments to be carried out in 8 days, rather than the 10 days that was previously the case. This is intended to expedite the provision of support to AtW customers.

We will publish our response to "Improving Lives: The Work, Health, and Disability Green Paper" this autumn, in which we will explore options for improving the service offered through AtW.

PQ 6457 [[Employment: Hearing Impairment](#)] 06 Sep 2017

Asked by: Esterson, Bill

To ask the Secretary of State for Work and Pensions, what support his Department provides for businesses to assist with the employment of staff with a hearing impairment.

Answering member: Penny Mordaunt | **Department:** Department for Work and Pensions

The Department does not provide such support direct to businesses, but for individuals whose health or disability affects the way they do their job who are in work, or just about to enter work, Access to Work provides practical and financial support with additional costs.

The type of support is tailored to an individual's needs and can include travel to work, support workers and specialist aids and equipment for the individual, as well as advice for employers and awareness raising sessions for their staff.

Access to Work does not replace the duty an employer has under the Equality Act to make reasonable adjustments. Instead it

provides support that is over and above that which is a reasonable adjustment.

In addition, the new Disability Confident scheme, launched by the Minister for Disabled People, Health and Work in November 2016, works with employers to create a movement for change, by encouraging them to think differently about disability and to take action to improve how they attract, recruit and retain disabled workers. This involves business talking to business, with disability confident employers sharing their evidence and experiences with other employers.

British Sign Language

PQ 112129 [[Sign Language: GCSE](#)] 17 Nov 2017

Asked by: Peacock, Stephanie

To ask the Secretary of State for Education, pursuant to the Answer of 11 September 2017 to question 9014, on sign language: GCSE, for what reason it is not Government policy to include British Sign Language as a GCSE; and if she will make a statement.

Answering member: Nick Gibb | **Department:** Department for Education

The Government has introduced a number of recent changes to GCSEs and A levels in England that will affect schools in the coming years. We know that extensive changes need time to settle, and that school leaders will want stability to ensure the new qualifications are well taught. Therefore, at the present time, there are no plans to introduce any further GCSEs beyond those to which the Government has already committed.

There are existing accredited British sign language qualifications including a Level 1 award, Level 2, 3 and 4 certificates and a Level 6 NVQ certificate. The Level 1 and 2 qualifications, equivalent to GCSE grades A*-G or 9-1, have the highest take up. Schools are free to enter pupils for these awards at any point in their school career.

PQ 9795 [[Government Departments: Sign Language](#)] 19 Oct 2017

Asked by: Fitzpatrick, Jim

To ask the Minister for the Cabinet Office, which Government (a) department and (b) Minister is responsible for the promotion and recognition of British Sign Language.

Answering member: Caroline Nokes | **Department:** Cabinet Office

Under the Equality Act 2010 and Public Sector Equality Duty, all Government departments have a responsibility to create inclusive communications. This does not mean promoting BSL as an activity in itself but it does mean identifying and meeting the communication needs of the audiences we are targeting (for example, where formats could include Braille, BSL, easy read etc).

PQ 44477 [[Sign Language: Adult Education](#)] 13 Sep 2016

Asked by: Blenkinsop, Tom

To ask the Secretary of State for Education, if she will consider changing adult learning funding to fund British Sign Language courses for families of children who are born deaf.

Answering member: Robert Halfon | **Department:** Department for Education

This Department funds British Sign Language (BSL) qualifications in England through the Adult Education Budget (AEB). In the current economic climate, our funding must be focussed where it can have the most impact, so we support young adults aged 19 and over to gain the skills and qualifications they need to get work or to progress in their chosen career.

Learners who need lip reading skills to access work or stay in work are eligible to receive public funding through the Skills Funding Agency, and we are introducing changes that will make BSL qualifications acceptable, for the purposes of apprenticeship completion requirements, as an alternative to Functional Skills English for apprentices whose first language is BSL.

Colleges and training providers are independent and autonomous bodies and are responsible for their course provision. They are required to respond to the needs of learners, employers and communities to ensure that provision meets the need of local people, and we would expect every college or training organisation that receives public investment to consider offering lip-reading and sign language provision if there is a demand for it locally. Our more flexible adult education budget funding rules for 2016/17 enable broader types of learning activities that re-engage people in learning, build confidence, and enhance well-being.

The following question was posed to various departments on 6 December 2017:

what steps the Department takes to provide (a) information on its services in British Sign Language (BSL) and (b) correspondence in BSL to people whose principal language is BSL

Links to the answers can be found below.

- [Department for Environment, Food and Rural Affairs: Sign Language](#)
- [Department for Work and Pensions: Sign Language](#)
- [Department for Transport: Sign Language](#)
- [Ministry of Justice: Sign Language](#)
- [Ministry of Defence: Sign Language](#)
- [Department for Digital, Culture, Media and Sport: Sign Language](#)
- [Department for Communities and Local Government: Sign Language](#)
- [Department for International Trade: Sign Language](#)
- [Foreign and Commonwealth Office: Sign Language](#)
- [Department for Exiting the European Union: Sign Language](#)
- [Department for Education: Sign Language](#)
- [Department of Health: Sign Language](#)
- [Treasury: Sign Language](#)

- [Department for International Development: Sign Language](#)
- [Department for Business, Energy and Industrial Strategy: Sign Language](#)

Health services

PQ 108438 [[Hearing Impairment: Visual Impairment](#)] 23 Oct 2017

Asked by: Hendrick, Mr Mark

To ask the Secretary of State for Health, whether he plans to respond to the recommendations on patient-led assessments of core environments relating to people who are hearing or sight-impaired of the Action Plan on Hearing Loss, published on 23 March 2015.

Answering member: Jackie Doyle-Price | **Department:** Department of Health

NHS England is actively involving patients in assessing healthcare providers' performance against a range of criteria and identifying how services may be improved for the future. The Patient-Led Assessments of the Care Environment (PLACE) programme focuses on the areas which patients say matter in the non-clinical environment which impact on the patient experience of care: cleanliness; the condition, appearance and maintenance of healthcare premises; the extent to which the environment supports the delivery of care with privacy and dignity; and the quality and availability of food and drink.

NHS England is developing the PLACE assessments for future years to make the assessments more patient-led by adjusting the balance between patient assessors and staff assessors. In addition, questions will be developed within PLACE to focus on the needs of people with hearing and/or sight loss. This will allow the National Health Service to capture whether, where and how the experience of care is poorer for people who are hearing and/or sight impaired, and if scores for this group are poor, principles of good practice will be identified to help organisations improve.

PQ 702 [[Children: Mental Health](#)] 27 Jun 2017

Asked by: Onwurah, Chi

To ask the Secretary of State for Health, what action the Government is taking to tackle the disproportionate levels of mental health issues among deaf children.

Answering member: Jackie Doyle-Price | **Department:** Department of Health

The Children and Families Act 2014 requires local authorities and clinical commissioning groups to work together to secure education, health and social care services to meet the needs of children with special educational needs and disability, including those with hearing loss.

Over the past six years, the Department for Education has funded a partnership of charities through the National Sensory Impairment Partnership to help local authorities to compare their services, learn from the best in the country and make sure that services for deaf children and their families (as well as those with

other sensory impairments) are effective and meet local needs. This has included work on how local authorities and clinical commissioning groups can jointly commission services for children and young people with sensory impairment.

PQ 69404 [[Hearing Impairment](#)] 04 Apr 2017

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what steps the NHS is taking to improve the support provided to deaf people; and if he will make a statement.

Answering member: David Mowat | **Department:** Department of Health

In England, clinical commissioning groups are responsible for commissioning the majority of hearing loss services. A small number of specialised services are commissioned nationally by NHS England.

In 2015, the Department and NHS England jointly published the Action Plan on Hearing Loss, which sets out the case for action to tackle the rising prevalence and personal, social and economic costs of uncorrected hearing loss and to address the variation in access and quality of relevant services. The Action Plan sets out key objectives across prevention, early diagnosis, integrated person-centred care, increasing independence and enabling people to partake in everyday activities, including work.

To support the Action Plan, NHS England published, in 2016, a Commissioning Framework for Hearing Loss to ensure a more person centred integrated approach to commissioning and to encourage best practice across hearing loss service commissioners.

The Department has also commissioned the National Institute for Health and Care Excellence to develop a clinical guideline on the assessment and management of hearing loss in adults; this is expected in May 2018.

PQ 63509 [[Health Services: Hearing Impairment](#)] 15 Feb 2017

Asked by: Salmond, Alex

To ask the Secretary of State for Health, whether the NHS has a standard procedure for booking British sign language interpreters; whether that guidance is publicised to NHS staff; and whether such staff can use it confidentially.

Answering member: David Mowat | **Department:** Department of Health

Information is not collected centrally on the number of fulfilled requests by patients for a British Sign Language (BSL) interpreter; the number of appointments postponed where a BSL interpreter was not provided, or on the number of staff providing social care who have received bespoke BSL and deaf awareness training.

The Accessible Information Standard, which was formerly known as SCCI1605 Accessible Information, was published by NHS England in July 2015. It sets out a series of requirements that organisations that provide National Health Service care or publicly funded social care in England must follow. These include arranging for support to be provided by communication

professionals, including BSL interpreters, where this is needed to support effective communication. The Standard also provides direction around appropriate qualification and professional registration status of communication professionals, including BSL interpreters, as well as providing other guidance in this regard. However, the Standard does not direct how such support should be arranged or funded, as this is a matter for local decision.

Compliance with the Standard is a legal duty and all organisations that provide NHS care, including general practice, or adult social care were required to implement the Standard in full by 31 July 2016, and then ensure ongoing compliance thereafter.

3. Further reading

Action on Hearing Loss has published many [research papers](#) on its website. This includes papers on

- Employment
- Education
- Mental health
- Audiology services
- Access to public services

Their [Hearing Matters](#) report also contains statistics exploring the estimated prevalence of hearing loss in regions and within local authority areas.

Similarly, the British Deaf Association (BDA) also has many [research publications and consultation responses](#) on its website. These seem to have a strong emphasis on health and access to services: in particular BSL, for which the BDA wants greater [legal recognition](#) for the language.

The National Community Hearing Association and the British Society of Hearing Aid Audiologists have published a set of [guidance documents for CCGs](#). As well as offering a guide to how audiology services should be provided, it also has a fact sheet on [10 myths about hearing care](#).

Library publications

The Library published a pack of information for the debate on [NHS England's Action Plan on Hearing Loss and the adult hearing service commissioning framework](#).

Employment

[Disabled 'losing out on jobs' over Access to Work cap](#), BBC News, 24 October 2017

- Caps on funding and errors in the Access to Work Scheme are, it is reported, preventing disabled people from getting work. This is according to the deaf and disability charity, Inclusion London.

[More help needed on deaf employment, charity says](#), BBC News, 8 July 2017

- Action on Hearing Loss Cymru runs an employment service and feels that more should be done in Wales.

[Deaf students to be granted equal apprenticeship opportunities for the first time](#), *Telegraph*, 5 January 2017

- Previously, deaf students needed to pass the English functional school test in order to participate in a vocational course. In January 2017, it was announced that those who cannot pass this

test will be allowed to complete their scheme by obtaining a British Sign Language qualification.

[Barriers to Work: A survey of Deaf and Disabled people's experiences of the Access to Work programme in 2015/2016](#), Inclusion London, October 2016

- Inclusion London also published a corresponding leaflet that covered their [Recommendations for the Access to work scheme](#).

[Realising aspirations for all: Improving access to employment for people who are deafblind](#), Sense, 2016

- A report looking at the barriers that deafblind people face finding work. The report also outlines many recommendation for both statutory bodies, employers and employment support services.

NHS services

[The false economy of rationing hearing aids in CCGs](#), Healthcare Leader, 30 July 2017

- An article about the often-mooted idea of limiting NHS hearing aids to those with severe hearing loss.²² At the time that this article was published, only North Staffordshire CCG has formally adopted this policy; other proposals have been dropped following feedback. The Milton Keynes CCG is an example: their plan to ration hearing aids was changed following a public consultation, as reported on their [website](#).
- The author of this article argues that 'mild' and 'moderate' hearing loss can still be very distressing for patients. The author also states that "Unaddressed hearing loss can result in reduced access to services and increased communication difficulties, and is linked to comorbidities including increased levels of isolation, depression and dementia, all of which reduce independence."

[Hearing loss charity welcomes NHS guidance as "alternative to cuts"](#) – Action on Hearing Loss, 19 July 2017

- Action of Hearing loss welcomes the NHS guide to [Commissioning Services for People with Hearing Loss](#) which it hopes will emphasise the cost-effectiveness of hearing aids, and undermine arguments to ration hearing aids.

[Framework of Action for Wales, 2017-2020](#), NHS Wales, May 2017

- A "framework of care and support" for those who have a hearing impairment in Wales. It aims to enable people "to realise their

²² In 2015, many CCGs were considering this idea, which received media coverage. See, for example, [Refusing people hearing aids – a parable for Britain's short-term health policy](#), *Guardian*, 9 February 2015, [NHS accused of 'cruel' rationing of hearing aids](#), *Observer*, 3 January 2015 and [CCGs cut back on audiology services](#), *Pulse*, 7 January 2015. These articles also make the point that early intervention with hearing loss can be more cost effective.

aspirations by removing barriers, promoting a fair and equal society and creating services that are more inclusive and accessible.”

- It has recommendations for Public Health Wales, Health Boards, Social Services, the Welsh Government, Community Health Councils and the Third Sector.

[Let Down And Left Behind: How The Government And NHS Is Failing Deaf Children](#), *Huffington Post*, 21 April 2017

- An article about children’s audiology services, which, as of 2012, no longer require mandatory inspection. This article notes that there have been some cases of poor quality service as a result.

[NHS staffing crisis puts deaf children at risk](#), National Children’s Deaf Society, 28 February 2017

- A survey finds that not only are many audiology services struggling to recruit staff, but also raises concerns about the standard of care they provide.

Melanie A Ferguson, Pádraig T Kitterick, Lee Yee Chong, Mark Edmondson-Jones, Fiona Barker and Derek J Hoare, [Hearing aids for mild to moderate hearing loss in adults](#), *Cochrane Database of Systematic Reviews* 2017, Issue 9

- A research study finding that hearing aids can significantly aid the quality of life for someone, even if their impairment is mild

[Rationing of NHS hearing aids may fuel dementia epidemic](#), *Telegraph*, 14 February 2016

- According to some research “when people struggle to hear it damages memory and brain function [...] Deafness forces the brain to work twice as hard to make up for the lack of sound, putting excess strain on the mind and speeding up mental decline.” Furthermore, the authors writes that “deafness causes social isolation, which is known to increase the chance of developing dementia.”
- Given that some NHS Trusts have chosen to ration hearing aids to those who need them most, the author suggests that this is counter-productive.

Access to services

[Scotland aims to become ‘best place in the world’ for deaf](#), *Scotsman*, 24 October 2017

- An article about Scotland’s [BSL National plan](#) and its aim to incorporate BSL into many areas of Scottish life, including schools, health services and transport.

[Plans to integrate sign language into everyday life](#), BBC News, 24 October 2017

- Another article about the Scottish Government’s [BSL National plan](#)

[NHS services for deaf people in Cardiff and the Vale 'substandard' and 'not fit for purpose'](#), Wales Online, 22 August 2017

- “Cedric Moon MBE, acting secretary of the Cardiff and District Deaf Support Group, said deaf patients were being given ‘substandard’ care and called for urgent changes” in Wales
- This is mainly due to poor provision of interpreting services.

[Consultation: Communications for people who are deaf or have hearing loss: market review](#), DWP, last updated 20 July 2017 with Government response.

- A call for evidence regarding the market provision of communication services for those with hearing loss.
- Part one of the Government’s response looks at British Sign Language and communications, particularly supply and demand problems and the role of technology.
- Part two looks at Communication Support Workers. Concerns are raised about the standard qualifications that such a worker might have and the lack of funding (and consequently workers) available.

[Mental Health – Disabled and Deaf people](#), London Assembly Health Committee, April 2017

- Although generally looking at the barriers disabled people face, in particular, this report notes the lack of BSL translation for even most basic health information.
- This report suggests that the ensuing social isolation can have a major impact on an individual’s mental health through a variety of ways

[Why I stood up for British Sign Language in parliament](#), *Guardian*, 17 March 2017

- An article from Dawn Butler MP about the time she posed a question in the Chamber using sign language. This was the first recorded instance of this happening.

[NHS failure to meet deadline putting deaf lives at risk](#), British Deaf News, 1 September 2016

- This article takes a look at the implementation of the [Accessible Information Standard](#). This standard has required all NHS practices in England, since 1 August 2016, to adopt a “consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.” This could include better communication via the internet, or text messaging and the provision of sign language interpreters.
- This news story highlights that many practices have missed the deadline for implementation.
- Since the publication of this article, NHS England has carried out a review of the implementation of the [Accessible Information Standard](#). The authors conclude that most NHS services have

adopted the standard to some extent, but the level of compliance and impact is 'variable.'

[My job as an interpreter is too often telling deaf people they won't get help](#), *Guardian*, 13 August 2016

- Written by an BSL interpreter who laments the lack of quality in the BSL services contracted by public bodies

[Equal access to healthcare: The importance of accessible healthcare services for people who are deafblind](#), *Sense*, July 2016

- A report looking at the barriers to healthcare faced by deafblind people.

[Access to health services for deaf people](#), London Assembly Health Committee, June 2015

- A report looking at how access to health services can be improved. The authors recommend:
 - CCGs working together to commission services
 - Minimum number of BSL interpreters available
 - Deafness awareness training amongst staff
 - Better use of helpful digital tools

Alan Emond, Matthew Ridd, Hilary Sutherland, Lorna Allsop, Andrew Alexander, Jim Kyle, [Access to primary care affects the health of Deaf people](#), *British Journal of General Practice*, February 2015

- A survey of 298 BSL users, looking at their relationship with General Practitioners

[A report into the health of deaf people in the UK](#), Signhealth, March 2014

- A report that forms part of the 'Sick of It' campaign, which has a number of demands aiming to make health services more accessible for the hearing impaired. It also has statistics on the overall health of people with hearing loss. Some of this information is based on the survey, [Research into the health of deaf people](#), carried out on behalf of Signhealth in 2013.

[How long before a deaf person dies in hospital for want of an interpreter?](#) *Guardian*, 20 January 2014

- An article considering several cases where a deaf person has been unable to understand their doctors and surgeons due to a lack of interpreters.

[RNID Cymru study into the inclusion barriers facing people who are deaf or hard of hearing in Wales](#), RNID Cymru, 2010

- A survey of the experiences of deaf people in many areas of society. Includes sections on health services and employment.

Education

[British Sign Language will count as 'foreign language' for university applicants](#), *Times Educational Supplement*, 7 August 2017

- University College London (UCL) usually expects their candidates to either already have a foreign language GCSE, or to study one alongside their course. UCL has announced that British Sign Language will count.

[The Lack Of Sign Language In Schools Is An Injustice For Young People. Deaf And Hearing](#), Huffington Post Blog, 16 May 2017

- An article written by the CEO of the National Deaf Children's Society and Deaf Child Worldwide

[Right to Sign – British Sign Language in schools](#), National Deaf Children's Society, March 2017

- A survey of 2,128 children and young people shows high levels of support for the teaching of BSL in school.

[Sign language costs 'too high' for some families](#), BBC News, 15 March 2017

- It is reported that the lack of BSL instruction can lead to high costs for families who are forced to pay for family members to be trained.

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