

Written evidence submitted by Action on Hearing Loss (Mrs0062)

1. About us

- 1.1. Action on Hearing Loss, formerly RNID, is the UK's largest charity working for people with deafness, hearing loss and tinnitus. Our vision is of a world where deafness, hearing loss and tinnitus do not limit or label people and where people value and look after their hearing. We help people confronting deafness, tinnitus and hearing loss to live the life they choose, enabling them to take control of their lives and removing the barriers in their way. We give people support and care; develop technology and treatments; and campaign for equality.

2. Our position

- 2.1. Action on Hearing Loss welcomes the opportunity to submit evidence to the Women and Equalities Committee Inquiry into coronavirus and the Impact on People with Protected Characteristics. This submission will focus on the key issues facing people who are deaf or have hearing loss.
- 2.2. Hearing loss is a major public health issue that impacts approximately 12 million people across the UKⁱ - including an estimated 900,000 with severe or profound hearing loss. There are at least 24,000 people in the UK who use British Sign Language (BSL) as their main language.ⁱⁱ

3. How have people been affected by the illness or the response to it?

- 3.1. We know that it is older people who are at higher risk of becoming severely ill due to coronavirus. With more than 70% of people over the age of 70 living with hearing loss, the needs of this group must be taken into consideration in the UK's response.
- 3.2. Reasonable Adjustments for BSL users and People with Hearing Loss
The Equality Act 2010 requires reasonable adjustments to be made to support disabled people, including providing information in an accessible format. The Accessible Information Standard (AIS) puts a legal requirement on all health and social care providers to provide information in people's preferred format – this includes “*identifying, recording, flagging, sharing and meeting the information and communication support needs*” of people with sensory loss, including people with hearing loss.
- 3.3. People are increasingly, however, being encouraged to have health appointments over the telephone. For many people with hearing loss, telephone conversations will be difficult or impossible. For some, in some circumstances, video conversations will also be difficult.
- 3.4. People who are deaf or have hearing loss have also told us that they are struggling to communicate with health professionals during face to face contact. Challenges include, for example, a lack of awareness and utilisation of Video Relay Services for people who are deaf and lip reading being made impossible due to face masks.

- 3.5. In these exceptional circumstances, accessible standards must still be upheld and there are simple options that will improve the accessibility of services for those who are deaf or have hearing loss. These include adopting simple communication tips to ensure understanding in telephone conversations; using screens where possible; utilising Video Relay Services; and allowing friends and family to speak on behalf of patients, if requested. See our communication tips for health professionals [here](#).
- 3.6. Text Relay
BT provides the only text relay system across the UK – its Relay UK system. Every communication provider is required to provide access to a text relay service under the Universal Service Obligation, which in effect means Relay UK. The system is required to answer over 90% of calls within 15 seconds, and 95% of emergency calls within 5 seconds. With many now unable to access services or make appointments in person, this service is experiencing a substantial increase in demand.
- 3.7. Shielded Patients and the Accessibility of Information
For many of those whose first language is BSL, reading written English can be difficult. At the current time, there is no BSL version of the letter sent to those for whom shielding is recommended. The letter not only informs people of the actions they should be taking to protect themselves but also advises people to visit the Government's website to register for support with obtaining food packages or medications. We fear that this vital information will be inaccessible for first language BSL users.
- 3.8. The national shielding helpline is calling people on the shielded list to understand their support needs. Again, this is an inaccessible method of communication for people who are deaf or have hearing loss and we are concerned that peoples' needs will not be properly assessed.
- 3.9. We also understand that the Government is currently working with GPs, hospital clinicians, local councils and the voluntary sector to identify all those who should be on the list and who require support. We know, however, that health services are currently inaccessible to many and in addition, we have seen that many local authorities supporting these efforts are not providing accessible contact methods.
- 3.10. Access to Public Health Information for British Sign Language Users
Whilst we welcome the fact that the majority of audio public health messaging currently available is subtitled, a large proportion of current public health messaging remains inaccessible to British Sign Language (BSL) users. A key example of this is the lack of BSL translation on the GOV.UK website. Moreover, whilst we are pleased that the Governments' recent publication of short BSL videos including basic public health information, the content of these videos is extremely limited and not widely disseminated. The Deaf health charity, SignHealth have produced BSL versions of some public health information, however these have not been promoted by the Government. Meanwhile, public health messaging will continue to rapidly evolve with no clear plans for BSL translation or dissemination.

- 3.11. **Recommendations:** The Government and professional bodies should promote awareness of the prevalence of hearing loss in those at risk of becoming severely ill with coronavirus, and simple options for meeting communication needs, amongst health professionals.

BT should provide continuous monitoring of the KPIs for the Relay UK system.

The Government should produce and effectively disseminate a BSL version of the letter to those for whom shielding is recommended.

The Government should continue to work with GPs, hospital clinicians, local councils and the voluntary sector to ensure that people on the shielded list who have communications needs are identified and supported in a way that is accessible to them.

The Government should provide and publicise comprehensive, timely public health information in BSL and ensure BSL interpretation for all daily televised coronavirus briefings and announcements.

4. If there have been specific impacts on people due to them having a protected characteristic

4.1. Access to Essential Services

We are aware that people in at risk groups, including those for whom shielding is recommended, are struggling to access essentials such as food and medicine. People who are deaf or have hearing loss have told us that they are unable to list themselves as a priority for supermarket deliveries as the only point of contact is the telephone. As the majority of over 70 year olds will have some form of hearing loss, it is essential that other accessible communication channels are provided.

- 4.2. **Recommendation:** The Government should work with supermarkets and other essential service providers to ensure that people with disabilities are not excluded from accessing essential services.

4.3. Access to Work

The Equality Act provides the legal framework for disabled people in the workplace, with the requirement for employers' to make reasonable adjustments for members of staff with a disability. Around 32,000 disabled people a year, including roughly 4,000 with hearing loss, have requirements which go beyond the reasonable adjustments threshold and these people are supported by the Government's Access to Work scheme. With the Access to Work scheme these people would, in all likelihood, find themselves outside the work force.

- 4.4. The closure of workplaces is having a major impact on the way people work and for disabled people this will require substantial changes in the support they receive through the Access to Work scheme. For many people with hearing loss, especially BSL users, their existing Access to Work package will no longer meet their needs, either in relation to the type or amount of support they require. For example, somebody with an allocation of in-person BSL interpretation will now

need to consider remote interpreting, which might not be provided for in their existing grant.

- 4.5. The logistical process for receiving support also needs to provide flexibility. For example, at present a physical signature from a line manager is required to process payments within the scheme. This becomes much harder when people are working from home and isolating from colleagues. Finally, people will be concerned that Access to Work will not reimburse them for the cost of support which was cancelled at short notice because of working changes caused by coronavirus.
- 4.6. We welcome the initial indications from the DWP that they are looking at these issues and that further guidance will be provided. This process needs to be expedited to give disabled people the reassurance they need. It is also essential employers know that Access to Work will support disabled people through this time, and this needs to happen before they take decisions to furlough workers. It is also imperative that any updated guidance is understood and implemented by Access to Work advisers.
- 4.7. **Recommendation:** The Government should ensure that Access to Work offers flexibility to scheme users, in relation to both the support they receive and the way that the scheme is processed. This flexibility should be communicated to scheme users, and their employers, as soon as possible.
- 4.8. Audiology services
Hearing aids are a lifeline for so many people, and for some, are the only way they can access sound. As more people, especially the over 70s, are being encouraged to self-isolate, those who wear hearing aids will increasingly rely on communicating with loved ones over the telephone and receiving the news via the radio or television. So working hearing aids are essential. Hearing aids need regular basic maintenance and can stop working for a number of reasons but fortunately these can all be easily rectified by an audiologist or trained volunteer and in the majority of cases do not require the patient to be present.
- 4.9. Guidance issued by NHS England and Improvement (NHSEI) sets out how providers of community services can release capacity to support the COVID-19 preparedness and response. This guidance includes a partial stop in the delivery of audiology services for all non-essential treatment.
- 4.10. Although there is some variation in availability of NHS audiology services, many departments are still offering certain appointments remotely, via telephone or video call, and most are providing an essential service for urgent hearing aid repairs or replacement batteries via post. This could be subject to change if more departments are required to redeploy their staff to support the COVID-19 response.
- 4.11. It remains vitally important that hearing aids can be repaired and maintained. While we think that in many cases it remains possible for services to continue offering a basic service, we understand that some services will be unable to continue to provide such a service. In light of this, Action on Hearing Loss is currently monitoring the support still available and will explore what service we

can deliver through our information line; remotely through our local services; and in partnership with others, to provide information, batteries and hearing aid repairs for those unable to access these services.

4.12. Cochlear Implant Services

In order to free up capacity and beds, the NHS is cancelling all routine surgery, which includes cochlear implantation surgery. The British Cochlear Implant Group has written to NHS Trusts reminding them of the urgency of cochlear implant surgery in specific cases, such as those who are at risk of cochlear ossification as a result of meningitisⁱⁱⁱ. In such cases there is a need for surgery in the immediate term before cochlear implantation becomes unviable, so these should still be treated as a priority. We are aware that some implant centres have cancelled all appointments and surgeries, only providing urgent repairs for existing patients.

- 4.13. **Recommendations:** Audiology services should continue providing patients remote appointments, as well as batteries and hearing aid repair by post or via a friend or relative, wherever possible.

NHS Trusts should also treat specific cases of cochlear implantation surgery as a priority.

5. **Whether there may be unforeseen consequences to measures brought in to ease the burden on frontline staff, for example relaxing the measures under the Mental Health Act and Care Act.**

5.1. Coronavirus Act

The Coronavirus Act diminishes the duties on Local Authorities in Part 1 of the Care Act 2014 to assess needs for care and support, and to meet those needs. The Act replaces these duties with a power to meet needs for care and support, underpinned by a duty to meet those needs where not to do so would be a breach of an individual's human rights. As a member of the Care and Support Alliance,^{iv} Action on Hearing Loss is working to ensure that the provisions in the Act do not disproportionately affect people who are deaf and people with hearing loss, in accessing the care and support they need.

- 5.2. **Recommendations:** The Government should provide more clarity on when the emergency powers come into effect and ensure the application of these new powers is proportionately delivered and time bound.

Local authorities must continue to assess the risks and vulnerabilities affecting individuals.

ⁱ Action on Hearing Loss, 2015. *Hearing matters*. Available at: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/hearing-matters-report/>.

ⁱⁱ Action on Hearing Loss, 2015. *Hearing matters*. Available at: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/hearing-matters-report/>.

ⁱⁱⁱ British Cochlear Implant Group, *Statement Re Cochlear Implant Surgeries and COVID-19 pandemic*, March 2020, Available at: <https://www.bcig.org.uk/statement-re-cochlear-implant-surgeries-and-covid-19-pandemic/>

^{iv} The Care and Support Alliance represents over 75 of charities campaigning for a properly funded social care system: <http://careandsupportalliance.com/>

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