Progress in
Deaf Health, Deaf Community
Development and Deaf Awareness

30 Years of work with the Deaf Community - 1984 - 2014/5
Chair Report

Since taking over the chair of the Deaf Studies Trust I have seen many changes in the Deaf community. Now that we are starting our 31st year of operation it is also a special year where we get to celebrate the previous 30 years and at the same time to mark the contribution of Hal Draper, a former Chair of the Trust, who passed away the end of 2012.

From the start of the Deaf Studies Trust we have focused on the Deaf community; the first project began with 3 month old babies. This has helped us to understand the communication tactics of Deaf parents which in turn, allows us to inform hearing parents with deaf children.

Since then there have been many changes to the Deaf community: increased mainstreaming, more cochlear implants, and greatly reduced grants and contracts. Whilst it has been an exciting time for Deaf people in the use of new technology enabling Deaf people to be more informed and be more pro-active, there are still problems in Deaf people’s health experiences and that is an area where we continue to work.

One successful programme has been the training of medical students with a view to better provision for Deaf people in health settings. This year alone, 75 medical students completed the 25 hours course. The course prepares them for consultations with Deaf people. Hopefully when they become qualified they will remember what they have been taught. Our grateful thanks go to our brilliant tutors, Lynn Stewart Taylor, John Mancini and Martin Hughes.

Another innovation this past year has been the setting up of the Deaf Think Tank to bring different people with a range of expertise to advise on priorities for research and development.

Despite the problematic financial climate in the UK, the Deaf Studies Trust with its careful managing is in a stronger financial position this year. For this, we need to thank Clive Kittel, our treasurer of many years and Ester Drewe for her preparation of the accounts.

Finally our grateful thanks goes to Jim Kyle, our secretary and to the Trustees and the Think Tank participants for helping us to continue to move forward during this difficult time.

Hilary Sutherland, Chair, 2015
Secretary’s Report

The rather gloomy outlook described in the report last year is continuing when we look around the Deaf community in the UK. Continued pressure on finances and fragmentation of the communities is reminiscent of periods in the long distant past. Interestingly, we are beginning to see the division of Deaf club from Deaf community and Deaf space having to replace Deaf place. What I mean by this is that with the closure of many Deaf clubs and Deaf schools, there has been a loss of geographical location for Deaf people to congregate. As a result the new Deaf spaces are having to be created. These spaces are not always physical - in fact, the use of video telecommunications means that transactions can be carried out at a distance. Given that multi-part conversations are easily possible, Deaf spaces are being found where the participants are geographically separated. Instant communication systems - mainly but not exclusively text based, mean that Deaf people may not feel separated from friends and family (as they might have done in the past).

The implications of these changes are still to be understood and there has so far, been very little analysis of the changing, and especially of the young, Deaf community.

Deaf Studies Trust continues to work directly with Deaf people throughout the UK. At the same time, it has to continuously seek partnerships for research, innovation and implementation of new ideas.

The removal of the Centre for Deaf Studies in the University of Bristol and the loss of staff has taken away a major reference point in research and training. It has also left a very large archive of video and research materials in which Deaf Studies Trust has a stake. Video recordings from the 1970s on reel to reel tapes and even more recent VHS recordings are having to be indexed and digitised. The major task comes in annotating the contents of these in order that they can be stored and then searched by new researchers.

The Trust itself continues to keep its overheads low and ensures that it does not accumulate a great deal of cash in the bank. Grants acquired are earmarked, ring-fenced and then spent for the designated purpose. This makes us seem like a smaller organisation than we are. Look through the 30-year list of projects and products of the Trust to gain a much clearer view of what the Trust has done and continues to do. We look forward to more partnership and research with the Deaf community.

Jim Kyle
Secretary
Deaf Health .... again

Health has been the top concern for the Trust over the last few years with the Trust involvement in emergency service access in REACH112, then information programmes such as “Healthy Deaf Minds”, “Deaf Health Promotion Project” and most recently in “Deaf Health”, which for the first time, measured the health of deaf people. The results were depressing (but predictable). Deaf people have high blood pressure - nearly 50% (compared to only 20% among hearing people). Nearly half of the high blood pressure was not detected or treated.

We know that obesity is a big problem in Britain today but it is more of a problem for Deaf people. 70% of Deaf had this problem.

90% of Deaf over the age of 65 years were overweight or obese.

Deaf people were much less satisfied with their GP than hearing people. Only 16% of Deaf thought they communicated very well with their GP and shockingly, 18% of Deaf people said they had no confidence or trust in their GP (compared to only 4% of the general population).

We have now published two articles in Medical Journals to let doctors know more about the issues which Deaf people face.

We have also increased our work with medical students where we provide a 25 hour training course on how to carry out consultations with Deaf people. This work will continue into 2016 and we are considering ways in which it can be extended to other health related professions.

In the BoldShield project, we have been setting up focus groups of Deaf people to discover how technology might make it easier for Deaf people to manage their health.

Most of the time, Deaf people tell us that they have little access not only to health practitioners (nurses, doctors) but also to the information which would help them to understand the health problems and to take action. The BoldShield project will report in June 2015 and we hope that Deaf Studies Trust will be able to build upon the findings to obtain funding for a much bigger development to give Deaf people the means to monitor their own health.
Some projects did not make it

TC4Health: In the last annual review we described the application for work on assisted living for Deaf people.

We consider that this was a very strong proposal and it got through to a short-list interview but was in the end not funded. However, we remain confident that this is work that is both necessary and that it will be funded in future - as it will save the Health Service a great deal of money if Deaf people are better provided for before they become ill.

Silent Benefits and Silent Advice were two projects designed to deal without the complex world of taxation. These would have provided Deaf people with tax advice and information in sign language which would have helped them to make their tax affairs simpler and more accurate.

We also had discussions with other organisations with a view to collecting data on Deaf people’s television viewing - an area which we were involved in the 1990s and then again when we looked at Deaf life in 2000.

Sign 50 —> REACH112 —> myFriendNetwork—> switched off

It is a story of strangulation and lack of investment. We started to supply videophones to Deaf people in 1998, with a technology which was ideal for Deaf
people to sign to each other at a distance and for relay interpreting services to be provided. It is frustrating that after years of research and pilot work and endless meetings, we are no nearer the setting up of a telephony provision for sign language users in the UK.

Although we had funding from the Welsh Government in 2013, a series of follow-on proposals in 2014 were not successful. The technology which we worked with and which was proven with over 2,000 users, has now been transplanted to the USA where it supports over 1 million minutes of sign language relay every month.

Reluctantly, as OfCom and BT refused to embrace video telephony and promoted an Internet based text relay service, we closed down the MyFriend Network in February 2014. The technical excellence of the solutions and the demands of the Deaf community were not enough to produce the necessary funding. We needed just over £3 per month for each Deaf person in the UK in order to be able to provide the 24 hour relay service.

**More survey work with the Deaf Community**

The British Deaf Association asked us to carry out a study of their members. This coincided with their re-organisation and followed on from a survey of partner agencies to find out their image of the BDA. Deaf people were interviewed in England, Scotland, Wales and Northern Ireland. This is a very difficult time for members of the Deaf community as the enormous financial pressure on public finances has removed many of the services which were driven by the equity agenda. Huge pension deficits have placed enormous strain on Deaf clubs and the resultant closure of clubs all across the UK has meant a severe dislocation for the Deaf members. Not surprisingly, they have looked to the national association to intervene and somehow to replace the lost focus of the local communities.

However, those communities have changed since Deaf schools have preceded the clubs in closure and the routine implication of invasive surgery for cochlear implants has promoted the Deaf children as children who are now able to hear and by implication, do not need to associate with other Deaf children. The traditional route from Deaf school to Deaf community has been eroded and lost in many parts of the UK.

Nevertheless, we are still being asked to carry out work to determine the needs of the Deaf community and to promote inclusion.
Treasurer’s Report

The Statement of Financial Activities for the Year to 31st March 2015

The best yard-stick of the state of financial health of the Trust is the total of the “unrestricted” funds. This stands at £11,085- similar to last year’s figure of £12,347 (see Note 7). In a healthy business, this should be equivalent to at least 3 months “unrestricted” spending. The “unrestricted” spending came to £6,774 for the whole year (see P 4) or £2,422 per 3 months. The Independent Examiners feels that £3000 would be a safer figure to aim for. The actual figure is £11,085. This indicates a very healthy situation.

The other useful yard-stick is the total “restricted” funds. This total is made up of monies we have received for work currently in progress. This work should result in profits which will then become “unrestricted” funds. Note that this is only a guide to future activity. There is no guarantee as to how much profit we will make nor when we will receive it. At the beginning of this year, “restricted” funds stood at £3,932. At the end of the year, this stood at £8,990 – an increase of £5,058.

These figures indicate that the Trust is in good financial health.

Clive Kittel
June 2015

The Deaf Studies Trust continues to move forward in its work. It succeeds with low overhead margins and does not seek to generate large profits on its work.

The Deaf Studies Trust strives continuously to make Deaf people’s lives more valued and understood by the society at large.
The Trust for Deaf Studies

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