Progress in

Deaf Health, Telecommunications and Deaf Awareness

(as this is the 30 years anniversary of the setting up of the Deaf Studies Trust, there will be a much longer review document available in Autumn 2014 to show the work of the Trust since 1984)
Chair Report

As a new Chair of the Trust, I have been learning a great deal over the last year and I feel pleased to be in this position in this, the 30th year of operation of the Deaf Studies Trust.

It has been a long journey from research work on Deaf babies, on subtitles on television, on interpreting and Deaf involvement in society. There are major streams through the years - one on health and Deaf people’s experiences of health and another on telecommunications. Both are still active and are prominent in our planning.

We have over the last three years built up a training programme for Medical students which we hope will in future lead to better health care as doctors will be more able to understand the issues and will be able to communicate.

Between 1997 and 2000, the Trust examined the state of the Deaf community throughout the UK. It is time we returned to this as there are enormous changes in society and Deaf life has changed markedly in this period. We need a benchmark against which we can consider Deaf life to help us to understand how society can provide better services and how Deaf people can help themselves.

Our telecommunications service Sign50 has now evolved into the myFriend Network (now a separate social enterprise) which has over 2,000 registered users and which is continuing to work actively with a range of partners to find the funding to provide remote interpreting services to Deaf people.

There is so much to do.

Thanks to Clive Kittel who has worked as Treasurer of the Trust for so many years and to Esther Drewe who continues to prepare the accounts, write the cheques and manage the finances.

Thanks to David Jackson, who left the Trust last year. We also remember Hal Draper, a former Chair of the Trust who passed away during the last Trust year.

Thanks to everyone.

Hilary Sutherland, Chair, 2014
Secretary’s Report

The Deaf Studies Trust continues to work in close contact with the Deaf community to carry out research, to inform and to develop initiatives which will improve the quality of life and create more awareness among hearing people.

It has been a trying period in Bristol in the last 2 years with the Deaf school under threat and just surviving; with the University reducing and then effectively closing the Centre for Deaf Studies (with the loss of nearly 20 jobs and the removal of 70 student places); and the final part of the triple whammy, has been the complex problems of the Centre for Deaf people in King Square, where 140 years of history now hangs in the balance as the Centre building is sold.

Communities survive despite the pain. We have a duty to find ways to support Deaf people at this time. It is not just Bristol which has suffered - in fact right across the country there are closures and job losses among Deaf people, their clubs and their services. We can blame the economic problems in the UK; we can say that people have lost interest in equalities and access but if we stand still, we have no future. Deaf communities are changing, Deaf clubs are changing and we are in the midst of a major review of how the Deaf Studies Trust has to work in future.

We are looking at opportunities to expand our training programme; we need to make our research closer to the community but we also need to establish the outcomes of the research as a resource to the community as a whole. The research and what we have found out over the last thirty years now needs to be made available and needs to inform policies and practices.

We will take forward our themes for action for older people, for Deaf health, for technology especially telecommunications. New themes will be brought forward and in consultation with the community, there will be new initiatives.

Jim Kyle
Secretary
Deaf Health

This has been the top concern over the last few years with the Trust involvement in “Healthy Deaf Minds” and then in the “Deaf Health Promotion Project”. However, the major focus in the last year has been the measurement of Deaf Health and the interviews with Deaf people about their health. This work was part of a three year project funded by the Big Lottery and in conjunction with SignHealth and the University of Bristol Centre for Deaf Studies and the School of Social and Community Medicine. An executive report of the findings is available separately.

We provided health checks for over 300 people from all over Scotland, England and Wales at Bupa Centres and we interviewed nearly 50 people afterwards.

What we found out was not good.

**Deaf 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.

Some good news was that Deaf people smoke and drink alcohol less than hearing people. Also the incidence of heart disease is currently less among Deaf people.

However, the factors for Deaf are pointing in future to more diabetes and more heart disease.

Deaf people were much less satisfied with their GP than hearing people. Only 16% of Deaf thought they communicated very well with their GP. In the general population, 64% said that ‘definitely’ they had trust in the doctor while only 25% of Deaf people expressed this degree of trust. 18% of Deaf people said they had no confidence or trust in their GP (compared to only 4% of the general population).

Not surprisingly, 25% of Deaf people say they have depression.

In interviews, interpreting came up again and again. There were difficulties in obtaining interpreters for consultations, problems with the quality of the interpretation and lack of awareness of the difficulties Deaf people were facing in the interaction.
There was almost unanimous agreement that interacting with the practice or hospital receptionist was stress-producing and upsetting.

However, the biggest issue for us was the lack of control which Deaf people had over their own health.

All health consultations for Deaf people take place in a hearing context where doctors and nurses only-speak. Not surprisingly, Deaf people feel that health decisions are not within their grasp. Deaf people have to try to preserve their own inner well being but with almost no information. Deaf people then have difficulty in acting on advice or following treatment regimes..

The result is that health suffers.

It is not just about providing BSL videos or other information or even sign language interpreters - it is much more about giving Deaf people the control over their own health. We hope to follow up this work with more intervention to help matters and to give Deaf people more responsibility for their own health.

**Healthy Deaf Minds —> Deaf Health Promotion Project**

We have for several years, supported the programme of activities and seminars about health and wellbeing for Deaf people. This gradually moved from health education, to health promotion and the funding to social services for the engagement with the community was channelled through the Deaf Studies Trust. This has created a great deal of local impact in the Bristol area.

In late 2013, the project became independent of the Trust and now reports directly to Health and Community Services in the Council. We wish them continued success and we expect to see many points of contact and cooperation in future years.

**Sign 50 —> REACH112 —> myFriendNetwork**

When we began to supply videophones to Deaf people in 1998, we had not expected to be still in this area of work, sixteen years later. The technology we had at that time was ideal for Deaf people to sign to each other at a distance and for relay interpreting services to be provided. Unfortunately, telecommunications took a different direction - partly due to the vested interest of the big companies - and as a result, after this period of time, we still find that there is no universal video telecommunications service for Deaf people. Despite considerable pressure in the last three years, despite the working model services in the USA and in Sweden, there has been no effective provision for sign language users in the UK.
From 2002 onwards, the Trust took a special interest in providing videophones for older Deaf people. After many changes to the equipment and the platforms, there are still users of the network we created at that time.

The Trust was involved in the large scale pilot, REACH112, which signed up over 2,000 users who were able to talk to each other at a distance, use a free relay interpreting service and even make emergency calls. We were also able to link the myFriend service directly into the 24 hours text relay service which BT operate.

Although we reached over 40,000 calls and 15,000 relay calls in 12 months, this was not enough to convince Government to provide finance for the service to Deaf people. In that respect despite the efforts and the considerable expertise, we are no further forward in regard to central funding.

myFriend Network became a social enterprise in 2013 and the Deaf Studies Trust has a major role in this. There were three major grant applications made with the Trust involved but none of them were successful. We continue to meet very positive responses to providing video access to Deaf people but unfortunately, no longer term funding is available, so far. We continue to work with partners in different fields and have submitted another series of proposals in 2014.

A major focus of this has been work in the area of assisted living and health support and the diagram illustrates one of the configurations which we had tried to fund without success.

We consider that there will be a major breakthrough for the Deaf community (just as it was for hearing people over 100 years ago) when all Deaf people can communicate in sign language at a distance with both Deaf and hearing people.
Training for Medical Students

Deaf Studies Trust has been providing a training programme for medical students in the second year of their studies. This has proved very popular and in the last year over 60 students took the 25-hour programme. It includes a large element of sign language training but this is specifically focused on medical consultation situations. This makes it relevant to the practice of health care and has resulted in students being able to carry out mock consultations with a Deaf person using sign language and visual tactics. Bronwen Meredith carried out a detailed research analysis of the progress made by the students and showed that attitude change and improvement in interaction can be achieved with the format that we are using. Numbers of students are increasing and next year we expect over 70 participants. We consider the framework is transferrable to other professions working with Deaf people.

Treasurer’s Report

The Statement of Financial Activities for the Year to 31st March 2014

This has been a year of considerable turmoil. The best yard-stick of the state of financial health of the Trust is the total of the “unrestricted” funds. This stands at £12,347 - very similar to last year’s figure of £12,186 (see Note 6). In a healthy business, this should be equivalent to at least 3 months “unrestricted” spending. The “unrestricted” spending came to £9,687 for the whole year (see P 4) or £2,422 per 3 months. This indicates a 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 £17,885. At the end of the year, these stood at £3,932 - a reduction of £12,511

This reduction is chiefly due to a substantial drop in revenue. Note 3 shows the breakdown of the income. The biggest drop in revenue arose from Bristol University due to the fact that the Summer School for Czech Deaf students (which DST organise) was not running. The second largest drop arose from the Healthy Deaf Minds Project which is now funded directly, independently of Deaf Studies Trust. This reduced our income by £5,374.

Resources expended have increased slightly. Note 4 shows slightly greater staff costs and interpreting fees, amounting to £5,737. These are unlikely to recur.

In summary, this year the Trust has had a difficult year, but still has plenty of reserves.

Clive Kittel
July 2014
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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