

National Association of Deafened People - 2010 General Election Manifesto

Issue	Requirement	Explanation
1	All customer-facing NHS staff to undergo explicit Deaf Awareness training by the end of 2011, with biennial refresher training for all staff. This training should be delivered by suitably qualified people, and reflect any standards currently defined by <i>Signature</i> .	The lack of awareness of the communication needs of the deaf and hard of hearing people shown by many NHS professionals is appalling, with people routinely missing their slot in doctor's and outpatients' clinics because they don't hear names being called out over poor quality Tannoy systems etc. Many deaf and hard of hearing people leave their consultations feeling dissatisfied with the process because the professional has not been equipped to communicate with them properly. Many Hospital Trusts and PCTs have Disability Equality Schemes which pay lip service to the issue, but with little effective implementation.
2	Funding for Cochlear Implants, and the way this funding is managed locally must be improved so that all patients assessed as having a clinical need for an Implant are offered one irrespective of where they live.	Historically access to funding for Cochlear Implants in England has been managed at PCT level, and has degenerated into a Postcode lottery, with some areas being a virtual "no-go area" for implant provision. The Technology Appraisal approved by NICE in early 2009 highlighted the safety and cost-effectiveness of Cochlear Implants: we now need effective high level leadership to ensure that their recommendations are implemented speedily. [Scotland, Wales and Northern Ireland already have Regional funding systems, which normally work reasonably well.]
3	A commitment to a coordinated national programme to increase the supply of hearing professionals, including audiological scientists, medical technical officers, and especially hearing therapists.	Hearing therapists play a vital role in helping deaf and hard of hearing people adapt to their hearing difficulties, through a wide range of coaching methods. Regular sessions with a qualified hearing therapist can help users get the best out of their digital aids, and make them aware of the wide range of devices which exist to make their life easier. Every ENT department should be able to offer its patients a hearing therapy service, but many of them are unable to do so because of the current national shortage of trained hearing therapists. Individual PCTs etc can't tackle this problem on their own, they must do so within the framework of a Government owned initiative to deliver a defined number of additional hearing therapists. This in turn must be within the context of the training and development of all types of hearing professionals.
4	A commitment to provide a realistic level of funding for medical research into deafness.	The current level of public funding for research into the mechanism underlying deafness [and thence potential solutions] is scandalously low for a condition which affects such a high proportion of the population.

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5	Progress towards universal access for deafened people to telecommunications and broadcasting.	<p>Telecommunications and broadcasting are the life blood of modern society, but people with hearing difficulties are often unable to make proper use of these services. Specific issues which require addressing are:</p> <ul style="list-style-type: none"> • Effective functional access to the full range of mobile telecommunications services. • Acceptable levels of subtitling on all digital channels. • Development of modernised telephone relay services, including Internet based text relay services, captioned telephony and video relay, supported by a sustainable funding model. • Effective access to streamed broadcasting services, including video on demand and web news services, including acceptable levels of subtitling • Proactive promotion of the availability of appropriate and up to date equipment, based on the use of including inclusive design principles. [For example today's Textphones use technology more than 30 years old.] <p>Although the detailed implementation of these requirements is a matter for Ofcom they can only do so within the constraints of legislation emanating from Westminster – for example the Universal Service Order.</p>
6	Adequate funding for the training and provision of appropriate Language Service Professionals for those whose first language is English.	<p>Just as BSL interpreters can make a huge difference to the lives of deaf people who use sign language, so the services of lipspeakers, speech-to-text reporters and note-takers can enable the far greater number of people who use English as their first language to participate in society on an equal footing with their hearing counterparts. Whereas about 50,000 deaf people use BSL as their first language, there are in excess of 500,000 profoundly or severely deaf people who use English as their first language. This massive requirement is in contrast to the tiny number of qualified LSPs available to them at present: for example there are currently only 21 speech-to-text reporters registered with National Registers of Communication Professionals working with Deaf People. There is no point in the Government making funds available through schemes such as Access to Work if the LSPs aren't there to do the work, and we need a nationally coordinated and funded training programme to dramatically increase the availability of qualified LSPs.</p>
7	Adequate funding and provision for the rehabilitation of newly deafened people.	<p>When someone who lives in the hearing world suddenly loses their hearing it is a traumatic experience for them and for their families. Experience has shown that the in-depth counselling and rehabilitation offered by organisations such as Hearing Concern Link can greatly ease this trauma and help the individual adjust to a world in which they can make</p>

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		little use of hearing, but in many parts of the country newly deafened people cannot rely on funding being made available for them to access these services.
8	Funding for the provision of regular captioned shows at theatres and cinemas, such as those provided by STAGETEXT, throughout the country.	For hearing people, a visit to the theatre and cinemas is a normal part of social life and is in many cases funded through subsidies from the Arts Council, local authorities and similar bodies. Deaf and hard of hearing people are catered for to a limited extent by the provision of induction loops for hearing aids and occasional BSL interpreted performances, but not only is this inadequate, it still leaves out a large proportion of people with hearing loss, notably late-deafened people, who need captions in order to follow the show. It should be a condition of state support for theatres that they include a proportion of performances (for example, at least one performance of each show) at which captions are provided in addition to BSL interpretation and induction loops.
9	Speech-to-text reporting facilities should be routinely available on request at public lectures and meetings.	Many deaf and hard of hearing people feel excluded from participating in public meetings, lectures, and consultation exercises because they will be unable to hear properly what is being said. Modern speech-to-text systems provide the technology to solve this issue, what is required is a strong lead from central government to make it clear to local authorities and similar bodies that provision of speech-to-text should be regarded as a standard part of public meetings. For example, regulations should require Councils to make speech-to-text facilities available on request at meetings to which the public are admitted.
10	A commitment to take early action to improve the acoustics in public buildings.	The acoustic properties of a room can make a huge difference to the ability of users of hearing aids and cochlear implants to follow conversations and lectures. A few pounds spent on providing carpeting to reduce room echo can make all the difference to a hearing aid users' ability to operate without communications support. Studies have shown that improvements in classroom acoustics can directly benefit children's educational progress. Unfortunately these issues are rarely considered by the architectural profession and ignored in the majority of building codes.
11	Lip-reading courses should be available for a nominal charge at all Further Education Centres, and delivered by suitably qualified teachers.	The acquisition of a reasonable level of proficiency in Lip-reading can greatly improve the ability of deaf and hard of hearing people to participate in society, including employment, and to function on their own in situations where they would otherwise require expensive support services. It is an extremely cost effective way improving quality of life and of reducing costs to the Health Service, Social Services, and DWP. However current Government policies, as interpreted by the Learning Skills Council, have resulted in many Local Authorities closing Lip-reading classes, or increasing the price to a level beyond the means of the typical user.