



Changing world

The impact of Covid-19 on deaf people and those with hearing loss or tinnitus

Introduction

The coronavirus pandemic has had a huge impact on everyone's lives, however deaf people and those with hearing loss or tinnitus have been more negatively affected as they have faced additional barriers due to the nature of the restrictions and safety measures. For example, the use of face coverings and shift towards remote access for services has created new communication barriers for our communities.

We wanted to better understand what's happening in the everyday lives of deaf people or those with hearing loss or tinnitus to ensure that our policy and campaigning work truly reflects the experiences of the people we represent.

Methodology

We carried out an online survey between the 4th February and the 4th March 2021, asking our communities to share their challenges and experiences during the pandemic. We heard back from 1,548 people who self-identified as being deaf, having hearing loss or tinnitus, across the UK. This figure includes 84 deaf British Sign Language (BSL) users.

This report details our findings across a range of key issues that came out of the results.

Access to healthcare

The COVID-19 pandemic has resulted in fewer people being able to access

NHS services for healthcare and treatment for non-coronavirus issues as there have been fewer face-to-face appointments as well as an increased reliance on remote appointments, particularly in primary care.

For many people in our communities, remote appointments – over the phone or via video call can be completely inaccessible. This can be attributed to the reliance on visual clues for effective communication and being able to see lip patterns and facial expressions which is vital for deaf people and those with hearing loss. Although video appointments may be appropriate for some, those who are digitally excluded can find it much harder to access the support they need.

Our research found that 45% of people had difficulties contacting healthcare services and booking appointments during the pandemic, with many citing the absence of accessible methods of contact. Under the Accessible Information Standard all health and social care providers in England must ensure deaf people and those with hearing loss can contact them through other means if they cannot use the phone¹. Despite this, a large number of our respondents reported that they couldn't independently book healthcare appointments because the only contact option was over the phone.

"I've given up on trying to get appointments with my GP. Everything

is telephone appointment, or fill in a questionnaire online and they will either phone you within 48 hours or tell you to phone NHS 111. There's no option without a phone call."

For deaf BSL users, more than 2 out of 3 (68%) experienced barriers contacting or booking healthcare appointments. Furthermore, for the few who were able to book a healthcare appointment 38% of BSL users went on to experience difficulties getting communication support.

When health appointments have been conducted in person, our research shows that these appointments are frequently not fully accessible. The use of Personal Protective Equipment (PPE) has made communicating with healthcare professionals incredibly challenging and impossible for some, which has led to uncertainty about the medical advice they received.

All of these findings echo our previous research report '[Access to remote GP appointments during COVID-19](#)', conducted in September 2020, which went on to uncover that nearly 60% of respondents admitted they had 'put off seeking medical advice from their GPs since the introduction of remote appointments². If remote appointments are here to stay beyond the pandemic, which may be likely given Health Secretary Matt Hancock's statement in June 2020, which called for all GP consultations to be remote by default³, we are greatly concerned that this could widen the pre-existing health inequalities for deaf people and those with hearing loss or tinnitus.

Access to audiology services

For many people in our communities, hearing aids are a lifeline, therefore timely access to audiology services for basic maintenance and repairs is vital.

During the first lockdown in spring 2020, NHS audiology departments across the UK had to partially stop the delivery of services for all non-essential treatment and many moved to using the telephone and video conferencing platforms to deliver part of their services remotely while complying with Covid-19 restrictions.

While we had anticipated longer waiting times for audiology throughout the pandemic, our research indicated that on top of this, some people were unable to access essential audiology services that could have been offered remotely, for example getting replacement batteries by post.

We found that more than 1 in 3 (35%) were unable to access the audiology support they needed. Furthermore, for BSL users who required audiology, this figure rose to more than half (52%). This is concerning as we know that not being able to access audiology services can have a serious impact on someone's quality of life.

For many people with hearing loss, not being able to access hearing aids can limit their ability to communicate with friends or family, leading to individuals withdrawing and becoming socially isolated. Therefore, it was no surprise that our research found that those who were unable to access audiology during the pandemic were twice as likely to experience acute loneliness, whereby someone feels lonely 'often' or 'always', compared to those who were able to access audiology. This clearly demonstrates the need and importance of accessing timely treatment and support from audiology.

Our respondents also told us that many audiology providers did not offer accessible methods of contact, and this left some unable to independently

book appointments. Furthermore, a proportion of our respondents told us that there was no information about where they could get support.

“Audiology services disappeared during [the] first lockdown, and the disappearance has persisted when lockdown eased over the summer. No information was sent to users to inform them on how the service was managing support; people were left not knowing how or where to get batteries, tubing, hearing aid repairs [or] wax removal, this is just some of the examples we faced with no answer, and no contact”

We appreciate that many audiology providers are now offering face-to-face appointments and are trying to resume clinics where possible, however whether the Covid-19 pandemic has a lasting effect on audiology waiting times, service delivery, and patient experience, is yet to be seen.

Impact on mental health

Unsurprisingly, our research shows that the pandemic has had a detrimental impact on our communities' overall wellbeing. Deaf people and those with hearing loss or tinnitus are already more likely to experience poorer mental health compared to the general population and our research indicates that the coronavirus pandemic has exacerbated this gap.

We found that overall, 74% of respondents felt sad, anxious or stressed at least some of the time and concerningly this figure increases to 86% for BSL users. This shows the widespread nature of these issues among our communities.

One of the contributing factors of poor mental wellbeing is the increased

reliance on digital technology to maintain contact with friends and family during the repeated lockdowns. This has put deaf people and those with hearing loss at greater risk of further isolation as many of the popular platforms for video calls are not fully accessible or were slow to introduce accessibility features such as captioning. This has led to increased levels of loneliness for people in our communities.

In person the widespread use of face coverings in public spaces has also contributed to the feeling of isolation, as deaf people and those with hearing loss rely heavily on visual cues for effective communication.

While many people have experienced loneliness across the UK during the pandemic, our research reveals the devastating impact that the coronavirus pandemic has had on deaf people and those with hearing loss or tinnitus. Our research found that overall, 21% of deaf people and those with hearing loss or tinnitus reported feeling lonely 'often' or 'always'. This is four times higher than the figure reported for non-disabled people in the ONS report on '*Coronavirus and the social impacts on disabled people in Great Britain: February 2021*'. For BSL users, 33% reported feeling lonely 'often' or 'always'; six times higher compared to non-disabled people⁴. These figures are extremely concerning as it's well evidenced that loneliness and isolation can negatively impact someone's mental and physical health.

While there are initiatives to tackle social isolation, these initiatives primarily are still online. For BSL users and those with hearing loss this does not necessarily provide the same level of accessibility, especially for older

people who might lack the necessary digital skills. Furthermore, provision of specialist mental health support for deaf BSL users is not widespread across the UK, making it harder for people to get the mental health support they need.

It is important to remember that as the lockdown restrictions ease, the feelings of loneliness, anxiety and sadness will not necessarily be lifted for many people within our community. Therefore, more investment needs to be given to dedicated services tackling loneliness as well as mental health support for deaf people and those with hearing loss or tinnitus.

Everyday life

We also wanted to explore how our communities' everyday lives had been impacted by the pandemic.

As more people have been staying at home, we have all become more reliant on TV and on-demand content for entertainment and receiving up-to-date news. However, 60% of our respondents shared their frustrations on the availability and accuracy of subtitles on TV. Additionally, there is not a lot of signed content available which limits the choice that BSL users have to watch content on TV and on-demand services. This has meant that deaf people and those with hearing loss or tinnitus have been excluded from reliable, up-to-date news coverage, as well as enjoying TV shows as a way to relax and unwind. The lack of signed content has also excluded Deaf BSL users from crucial public health information, with many of the government briefings throughout the pandemic not having an interpreter.

Outside the home, our communities have also experienced difficulties. The

continued use of face coverings, social distancing and Perspex screens in retail settings has created new barriers for deaf people and those with hearing loss or tinnitus. While there have been improvements over the course of the pandemic, such as the introduction of clear face masks and the exemption rules, our research shows that our communities are still experiencing challenges while shopping, with more than half (58%) saying they experienced difficulties communicating in these settings.

“The wearing of masks has made going shopping or a restaurant extremely stressful, to the extent that I have curtailed such activities to the absolute minimum irrespective of what ‘rules’ are currently in place”

Employment

The coronavirus pandemic, has radically changed the way we work. This has largely been caused by the move towards remote working, as well as the introduction of social distancing and other safety measures in workplaces that have remained open or have been re-opened. These reactions to the pandemic have amplified existing barriers for deaf people and those with hearing loss or tinnitus.

For our respondents, more than half (61%) felt that changes to the workplace brought about by the pandemic has made their job more difficult. This figure was even higher for BSL users, at 69%. While some of the challenges experienced by our respondents were similar to those of non-disabled people, our research highlighted the additional barriers that deaf people or those with hearing loss or tinnitus faced. For those who continued to go into the workplace, the use of face coverings at work made it

impossible to communicate for those who rely on lipreading, leaving many of those working in customer or client facing positions feeling anxious and unable to do their jobs.

“I work in healthcare and I simply cannot lipread when people wear masks... their speech is more muffled and indistinct... My self confidence in my ability has plummeted.”

Remote working has also presented challenges, with many citing the increased use of telephone and video conferencing as a major difficulty.

“Virtual meetings are my greatest challenge. Sometimes I have a palantypist, which helps a bit, but usually there are either no captions or only auto-generated captions available, which I can rarely make sense of as they’re so inaccurate. At best, the meetings are tiring and stressful. At worst, I’m lost completely.”

The level of accessibility features vary depending on the programmes each workplace has decided to use. This may be why some respondents who also had the necessary digital skills found that live captions made video conferencing calls easier than meetings in person. Additionally, the ability to have an interpreter remotely to join video calls for work-socials has allowed some BSL users to be more connected with their colleagues.

This demonstrates that remote working can offer a number of potential benefits for deaf people and those with hearing loss or tinnitus; however, our research suggests that there are still barriers preventing this potential to be realised, such as lack of digital skills or limited access to interpreters.

Overall, for those who told us they experienced difficulties at work during the pandemic, the underlying theme was a lack of deaf awareness from employers, colleagues and the general public. While not all safety measures are likely to continue as the pandemic recedes, some aspects, such as working from home and wearing face coverings could remain. Deaf people and those with hearing loss or tinnitus need to be supported in the workplace to prevent the barriers to work that they face from growing in the long term as a result of the pandemic.

Assistive Technology

For deaf people or those with hearing loss or tinnitus, assistive technology can help them at work, in their daily lives and connecting with others. The term covers a range of solutions including speech to text apps, hearing loops and sound relaxers. During the pandemic, the importance of this technology has been demonstrated by helping people communicate despite the extra barriers introduced by face coverings, as people can use speech to text apps to understand what others are saying.

However, our research found that on average only 17% felt confident using assistive technology in person, over the phone or in public spaces. This is unsurprising as hearing loss is more prevalent in older age groups, who are also more likely to be digitally excluded and find it harder to use assistive technology.

The feedback from our research has shown that while there is a clear appetite for more support and information to understand the range of assistive technologies; there is a lack of awareness of what technology is available and what would suit their needs best.

“I can’t access new technology because I don’t understand how to use it. For instance, I don’t understand blue tooth and think I’m missing out on a lot of help.”

Conclusion

Our research has consistently shown that the coronavirus pandemic has created a number of new challenges unique to our communities and has further exacerbated pre-existing inequalities, leaving many people who are deaf and those with hearing loss or tinnitus feeling ‘left behind’.

While general deaf awareness can go a long way in breaking down barriers, there is still a way to go before life is fully inclusive for deaf people and those with hearing loss or tinnitus. Thanks to the 1500+ people who took part in this survey, we have been able to create an evidence base that we will continually be using in all aspects of our work. At the moment the Government is still rapidly responding to the latest developments in the coronavirus pandemic and we can use this evidence to respond quickly when we are speaking to Ministers, Civil Servants and MPs. Then, as the government looks to ‘build back better’, this evidence base will allow us to proactively explain the needs of the community we represent and present the case for changes in public policy.

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