

'Why Aren't We Being Heard?'

Deaf Community Experiences in Health and Care

February 2026



Introduction

Everyone deserves to feel safe, respected, and understood when accessing healthcare. But for many deaf individuals, this is not the reality. Across GP surgeries, hospitals, pharmacies, and emergency services, deaf people continue to face barriers that make accessing care difficult, distressing, and, at times, unsafe.

For over 25 years, members of the deaf community in Stockton-on-Tees and the wider region have been campaigning tirelessly for better access, understanding, and communication support, yet many feel that little has changed.

This ongoing lack of progress affects not only deaf individuals but also deaf parents of hearing children, who often struggle to receive vital information about their child's health, education, and wellbeing in a way that is accessible and respectful. The stories shared with us highlight the urgent need for services to communicate appropriately and consistently with all members of the deaf community.

As the health and care system continues to evolve, with a growing focus on neighbourhood health, community-based support, and the role of Integrated Care Boards (ICBs), there is a real opportunity to embed inclusive communication at every level. Ensuring that deaf individuals are not left behind must be a priority in this changing landscape.

At Healthwatch Stockton-on-Tees, we believe that listening to people with lived experience is the first step toward meaningful change. We are committed to working alongside our partners to ensure that deaf individuals are not just included, but truly supported, within our health and care systems.



Accessibility, Cost, Time & System Responsibility

The Reality of Ensuring Accessibility

As we prepared this report for publication, we encountered first-hand how complex, time-consuming and costly it is to make information genuinely accessible for Deaf communities. There is often an assumption that 'accessibility' simply means providing a BSL video or an Easy Read version, but for Deaf people this is far from straightforward.

Individuals use a range of communication methods, BSL, Sign Supported English, written English at varying literacy levels, lip-reading, speech-to-text, or a combination of these. Each requires a different approach, different formats and, critically, different levels of professional expertise.

Translating written English into BSL is not a like-for-like process; it demands skilled interpreters, filming, editing and quality assurance to ensure accuracy and cultural relevance. This carries significant cost and requires dedicated time and resource.

Even as an organisation that prioritises accessibility, we found ourselves navigating unclear guidance, inconsistent standards and practical barriers that mirror the experiences shared by the Deaf community itself. This raises an important question, if organisations like Healthwatch struggle to produce fully accessible information despite strong commitment and intention, how much more difficult must it be for Deaf individuals to navigate a system that remains under-resourced, inconsistent, and heavily reliant on hearing-centric communication?

We believe this highlights the urgent need for nationally agreed, adequately funded accessibility standards specifically for Deaf communities, rather than expecting local services to improvise on already stretched budgets. True accessibility is not optional, and it cannot be delivered on goodwill alone, it requires investment, training, time, and a system-wide understanding of the diverse communication needs within the Deaf community.

What People Told Us: Key Themes

Communication Barriers

- Staff often fail to adapt communication methods, even when made aware of a patient's deafness.
- Lip-reading is made impossible when staff wear masks and refuse to remove them.
- Written communication is inconsistent and often ineffective in high-stress settings like A&E.

Telephone-Only Access

- Many services rely heavily on phones for booking appointments or leaving messages, excluding deaf patients entirely.
- This leads to missed appointments, delays in care, and increased stress.

Interpreter Issues

- Interpreters are often not booked, arrive late, or fail to attend.
- Patients are left to rely on family members, partners, or even ex-partners to interpret sensitive medical information.

Hospital and GP Experiences

- Patients have missed appointments because their names were called out verbally with no visual alert.
- Some were discharged early due to the emotional toll of communication isolation.
- A few practices, like Elm Tree and Specsavers, were praised for their inclusive and supportive approach.

Pharmacy and Medication Errors

- Miscommunication has led to patients receiving the wrong medication.
- Deaf patients are often sent back and forth between services due to unclear instructions.

Flexible Communication for Inclusive Care

Some individuals with hearing loss may not feel comfortable using interpreters, particularly in situations involving personal or sensitive information. This can create significant barriers when they are expected to communicate independently but are unable to hear or fully understand what is being said, even when family members have legal authority, such as power of attorney. Greater recognition of these challenges is needed to ensure communication support is flexible, respectful, and tailored to individual needs.

The Emotional Impact

The experiences shared with us were not just about inconvenience—they were about dignity, safety, and inclusion. Many people told us they felt:

“Like I’m bottom of the pile.”



“Just forgotten about.”



“Like a second-class citizen.”



These are not just feelings, they are reflections of a system that is not yet meeting its legal and moral obligations to provide accessible care.



Case Study: I was next in line but I was left behind

A local deaf resident shared their experience of trying to access healthcare in Stockton-on-Tees. While there were moments of good practice, their story highlights how inconsistent communication can lead to distressing and avoidable outcomes.

At their GP surgery, one receptionist showed great awareness by texting before calling, giving them time to put in hearing aids. This small gesture made a big difference, but not all staff were as thoughtful. On another occasion, a call was made without warning, and a voicemail was left, something they couldn't access.

Things became more difficult when they were referred for an urgent x-ray. At the hospital, they explained they were deaf and were told someone would wave when it was their turn.

They sat directly opposite reception, watching carefully. After more than three hours, they were told their name had been called several times and they had missed their appointment. No one had waved. The shift had changed, and the message about their communication needs had not been passed on.

They left in pain, needing to wait for a new appointment and take more time off work. This was raised at the time with the hospital's Patient Advice and Liaison Service (PALS) but they have yet to receive a response.

This is just one example, but it reflects a wider pattern we've heard from many deaf people in our community. Communication needs are often overlooked, and the impact can be serious, emotionally, physically, and financially.

National Picture

Across the country, deaf individuals continue to face significant barriers when accessing health and care services. Despite legal protections and national standards, many services still fall short in meeting the communication needs of deaf patients.

The NHS Accessible Information Standard (AIS), introduced in 2016, legally requires all health and social care providers to:

- Ask about people's communication needs.
- Record and flag those needs in patient records.
- Share this information with relevant staff.
- Act on it by providing accessible formats and communication support.

However, Healthwatch England's 2025 review found that many providers are still not meeting these duties. Deaf patients continue to report:

- Lack of interpreters.
- Inaccessible appointment booking systems.
- No visual alerts or subtitles in waiting areas.
- A reliance on telephone-only communication.

The government has launched a new 5-year plan to improve the use of British Sign Language (BSL) across public services, aiming to break down communication barriers and promote inclusion.



Recommendations for Change

- Plain Language: Avoid jargon in all written and spoken communication.
- Visual Accessibility: Ensure hospital screens include subtitles and visual alerts.
- Mandatory Deaf Awareness Training: All frontline staff should be trained in deaf awareness and communication techniques.
- Deaf Liaison Officers: Appoint a dedicated staff member to support deaf patients.
- Communication Support Files: Keep a brightly coloured file in each ward with guidance on supporting deaf patients.
- Educational Visits: Offer familiarisation visits to hospitals for deaf patients to learn about services like PALS.
- Legal Compliance: Remind all providers of their duties under the Equality Act 2010 and the Accessible Information Standard.
- Minimise background noise (e.g. music) in public and community spaces to support clearer communication.
- Promote wider availability and visibility of Hearing Loop systems.
- Enable GP practices to directly arrange interpreter services, avoiding unnecessary layers of complexity.

Staff Training and Awareness

- Provide regular training for all staff on how to book interpreters, including British Sign Language (BSL) support, to ensure consistency and compliance with the Accessible Information Standard.
- Offer ongoing information sessions and updates for staff to reinforce inclusive communication practices, especially in settings with high staff turnover.



Who Is Responsible for Booking an Interpreter?

The responsibility for booking interpreters, including British Sign Language (BSL) interpreters, depends on the setting:

Primary Care (e.g. GP Practices): Integrated Care Boards (ICBs) are responsible for ensuring that interpretation and translation services are available for patients accessing primary care. GP practices should contact their local ICB or regional NHS England team to arrange interpreter services.

Secondary Care (e.g. Hospitals): NHS Trusts and hospital departments are responsible for arranging interpreters for their patients. This includes ensuring interpreters are booked in advance and are present during appointments or admissions.

Patients should not be expected to arrange or pay for interpreters themselves. Providers must comply with the Equality Act 2010 and the Accessible Information Standard.



What's Next and How to Get Involved

We know that hearing loss affects people in many ways, especially those who don't identify as deaf but still face barriers to communication, confidence, and accessing community activities.

Healthwatch Stockton-on-Tees is planning an additional focus group to explore these experiences in more depth. If you or someone you know has a story to share, we'd love to hear from you. Your insights will help shape future services and support.

Planned Accessibility Visits

As part of our commitment to improving access for the deaf community, Healthwatch Stockton-on-Tees will be carrying out a series of Enter and View visits with deaf individuals to assess accessibility across health and care services.

These visits will include:

- Local NHS Trust sites, including outpatient departments and reception areas
- GP practices across Stockton and Tees Valley
- Social care facilities, such as care homes, supported living services, and home care providers

Our aim is to identify good practice, highlight barriers, and support services to embed inclusive communication. Findings will be shared with providers and commissioners to support continuous improvement.

If you or someone you know would like to be involved in these visits, please contact us on:

Telephone: 0300 180 0660

Email: info@healthwatchstocktonontees.co.uk



"University Hospitals Tees thanks Healthwatch Stockton for providing the opportunity to comment on their recent Deaf Community Experiences in Health and Care report. As a group we acknowledge that there are some challenges across the Tees Valley to ensure that we are making the reasonable adjustments required to ensure safe access to Healthcare services for deaf users when required.

"We would welcome a wider discussion at our Experience of Care Council meeting and look forward to engaging with enter and view visits to support the work plan of Healthwatch Stockton so that we can work together to find positive solutions to the issues being raised."

Melanie Cambage RN DN QN PNA
Deputy Director of Patient Experience and Involvement
University Hospitals Tees

Thank You

We would like to extend our heartfelt thanks to everyone who generously gave their time to share their experiences and insights. Your voices have helped shape this report and bring attention to the real challenges faced by the deaf community.

By speaking up, you are helping to drive meaningful change. Together, we will make a difference, ensuring that health and care services become more inclusive, respectful, and accessible for all.

Disclaimer:-

All findings in this report are based on the lived experiences shared with Healthwatch Stockton-on-Tees. Our aim is to highlight challenges within local health and care services and support meaningful improvements.

Before publication, all feedback was shared with the relevant services to provide an opportunity for response. Any updates included reflect the collaborative work undertaken to improve outcomes for local people.



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