

Social care Policy statement

Our position

Social care can help people who are deaf or have hearing loss communicate with other people, get into and remain in work, look after their health and wellbeing, live safely and independently, and stay in touch with family and friends. Despite its benefits, we know that people who are deaf or have hearing loss often struggle to access the social care they need due to poor co-ordination between NHS services and local authorities, barriers to communication and unwarranted variations in service quality and provision.

We believe the following key actions are important for delivering high-quality accessible social care services for people who are deaf or have hearing loss:

Governments across the UK should:

- Increase funding to ensure people who are deaf or have hearing loss consistently get the social care they need, when they need it.
- Meet commitments in national strategies and plans, such as the Action Plan on Hearing Loss, to improve social care services for people who are deaf or have hearing loss.
- Fund research and develop new national guidance, with the aim of improving social care provision for people who are deaf or have hearing loss.

Local authorities, the Health and Social Care Board (Northern Ireland) and Health and Social Care Trusts (Northern Ireland) should:

- Ensure the needs of people who are deaf or have hearing loss are included in local health needs assessments. In England, NHS commissioners and local authorities should use NHS England's Joint Strategic Needs Assessments (JSNA) guidance, to ensure commissioning decisions are evidence based and reflect local needs.
- Work closely with NHS services and consider innovative solutions, such as joint commissioning, integrated services and sign-posting to help people who are deaf or have hearing loss access social care.
- Provide a range of different accessible contact methods and ensure people who are deaf or have hearing loss receive appropriate support to communicate well in needs assessments, in line with equality legislation and NHS accessibility guidance, such as NHS England's Accessible Information Standard.
- Ensure social service staff have the necessary knowledge and skills to support people who are deaf or have hearing loss and assess their social care needs.
- Ensure information, assistive equipment and rehabilitation support (including lipreading support) are available to everyone who could benefit.
- Invest in specialised services for people who are deaf with multiple or complex needs and ensure communication needs are taken into account when funding social care.

Social care providers should:

- Ensure older people, people with other long-term conditions, people with learning disabilities and carers receive regular hearing tests and get the support they need to use their hearing aids, in line with NICE guidance and quality standards.
- Provide support to help people who are deaf or have hearing loss communicate with care staff and other people, in line with the requirements of the Equality Act 2010 (the

Disability Discrimination Act 1995 in Northern Ireland) and national accessibility guidance, such as the Accessible Information Standard.

- Use specialist service planning tools to make sure people who are deaf with multiple or complex needs have choice and control over how their care and support is provided.
- Ensure care staff have the necessary knowledge and skills to support people who are deaf or have hearing loss.

1. Introduction

This policy statement outlines the main issues facing people who are deaf or have hearing loss who need social care. We outline our stance on social care services and set out what action needs to be taken by Governments, the Health and Social Care Board in Northern Ireland, local authorities (Health and Social Care Trusts in Northern Ireland) and NHS services to meet commitments in national strategies and plans to improve social care provision for people who are deaf or have hearing loss.

We use the term ‘people with hearing loss’ to refer to people with acquired hearing loss, which could be caused by a number of factors, including age, exposure to loud noise or genetic predisposition. This term is intended to be inclusive of those who identify as hard of hearing or deaf. We use the term ‘people who are deaf’ to refer to people with severe or profound levels of hearing loss who describe themselves as d/Deaf and use British Sign Language (BSL), or other forms of sign language, as their first or preferred language.

We use the term “social care” to refer to all forms of care and support adults may need due to their deafness or hearing loss, other long-term conditions or caring responsibilities; provided or funded by the Health and Social Care Board, local authorities, Health and Social Care Trusts (HSCTs) or NHS services; or paid for by the individual themselves. The term “social services” refers to local authority or HSCT adult social care departments that assess needs and provide or fund social care services for people who are deaf or have hearing loss.

2. Background

Depending on their level of need, people who are deaf or have hearing loss may benefit from social care usually provided or funded by local authority or Health and Social Care Trust (HSCTs) sensory services. This could include:

- Assistive equipment and technology to help people who are deaf or have hearing loss communicate and live safely and independently in their own home or in care homes, such as personal listeners, flashing smoke alarms, doorbell sensors or amplified telephones.
- Rehabilitation support to help people manage their hearing loss better (including lipreading classes) and access other forms of support that can help them, such as benefits and Access to Work.
- Communication support to help people who are deaf or have hearing loss use local services, such as a qualified British Sign Language (BSL) interpreter.
- Information and advisory services to help people look after their hearing, seek help for their hearing loss, use their hearing aids and access assistive equipment. Some people who are deaf may benefit from information and advice in BSL to help them use local services, pay bills, find work or apply for benefits.
- Specialist social work support to help people who are deaf get the specialist social care they need and access other local services that can help them.
- Peer support groups such as Deaf clubs and hearing loss clubs.
- Support services that carry out basic hearing aid cleaning and maintenance and give information to people with hearing loss on assistive equipment and other forms of support that may help them. These services, which are usually delivered in partnership

with NHS audiology departments and other NHS services, are often provided by charities in community settings or in care homes.

Older people, people with other long-term conditions, carers and people with learning disabilities may need support to seek help for their hearing loss and use their hearing aids. Age-related hearing loss is the most common cause of hearing loss and due to the ageing population, the number of older people in need of support is set to grow in the years to come. It is estimated that over 80% of older people in care homes have hearing loss and will need support to maximise their independence and wellbeing.¹ Many older people with hearing loss will also have other age-related conditions such as depression and dementia. This can cause complications – for example, hearing loss can be misdiagnosed as dementia or make the symptoms of dementia appear worse.²

The number of older carers who will need support for their hearing loss is increasing. According to the 2011 census, there are 6.5 million carers across the UK. Of these, almost 1.3 million are aged 65 or over – an increase of 35 percent since 2001.³ The vast majority of carers provide care for a family member or spouse. For example, 40% of carers care for their parents or parents in law and 26% care for a spouse or partner.³

Evidence suggests that up to 40% of people with learning disabilities have some level of hearing loss,⁴ but this often goes undiagnosed or isn't properly managed due to communication difficulties.⁵ Older people are the largest and fastest growing group in the learning disability population.⁶ By 2030, an estimated 5,000 people with learning disabilities aged 80 and over will use social care services – an increase of 164%. Many older people with learning disabilities will also require support for their hearing loss.

People who are deaf with multiple or complex needs may require specialist social care that recognises the importance of good communication and/or takes account of the unique values and culture of the Deaf community. For example, people who are deaf with multiple or complex needs may require a specialist support worker who is trained to communicate in BSL. As a member of the Think Local Act Personal partnership, we produced guidance for local authorities on personalising social care services for people with sensory loss.⁷ To find out more, please visit <https://www.thinklocalactpersonal.org.uk/Latest/Making-it-Real-for-people-with-sensory-impairment/>

High quality social care reduces the impact of hearing loss and ensures people who are deaf or have hearing loss are not disadvantaged in their everyday lives. Social care provides invaluable support to help people who are deaf or have hearing loss communicate with other people, remain independent, use local services, and stay in work. For older people, people with long-term conditions and people with multiple or complex needs; social care empowers people to look after their health and wellbeing, participate in their local community, stay in touch with family and friends, and live safely and independently in their own homes or in care homes.

Despite its benefits, we are aware of challenges preventing people who are deaf or have hearing loss from getting the social care they need (see Section 3 below).

3. Evidence

This section provides an overview of the main issues affecting social care provision for people who are deaf or have hearing loss across the UK:

- [Social care funding](#)
- [Understanding need](#)
- [Co-ordination between NHS services and local authorities](#)
- [Accessibility of social services](#)

- [Social service workforce](#)
- [Equipment and rehabilitation support](#)
- [Older people, people with other long-term conditions, people with learning disabilities, and carers](#)
- [Social care for people who are deaf with multiple or complex needs](#)

This section also presents the findings of Freedom of Information (FOI) research which explored social care provision for people who are deaf or have hearing loss across the UK.⁸

FOI data was collected between August and October 2017. Local authorities responded by email or by inputting their answers directly into an online survey form. The results include

- 131 responses from 152 upper tier or unitary authorities in England,
- 30 responses from 32 unitary authorities in Scotland,
- 20 responses from 22 unitary authorities in Wales.

The results presented are for all local authorities in England, Scotland and Wales combined, unless otherwise specified.

3.1. Social care funding

Due to local authority budget pressures, estimates suggest that real-terms spending on adult social care services in England has fallen by £1.1bn between 2009/10 and 2015/16, a real terms cut of 1% a year on average.⁹ Although local authority spending has begun to rise slowly again following the introduction of the Council Tax Precept in 2016 and additional funding in the Spring Budget 2017, the rate of increase is not keeping pace with rising costs and the increasing level of need. If nothing is done, there will be an estimated funding gap of £1.5bn in 2020/21, rising to £6.1bn by 2030/31.⁹ This is based on the assumption of maintaining eligibility criteria at 2015 levels and that social care spending will rise in line with Gross Domestic Product (GDP) growth.

Cuts in social care funding have led to tightening eligibility criteria. In England, the number of people receiving care and support has fallen by more than a quarter since 2009/10, at least 400,000 people.¹⁰ More people are becoming reliant on informal care – according to the 2011 census, there are around 6.5 million unpaid family carers across the UK, an increase of over 620,000 since 2001.¹¹ According to Age UK, an estimated 1.2 million older people in England don't get the social care they need to live safely and independently.¹²

Evidence suggests that cuts to social care funding have led to reduced services for people who are deaf or have hearing loss. Our *Access Denied* report found that local authority spending on assistive equipment for people who are deaf or have hearing loss in Wales fell by 15% on average between 2010/11 and 2014/15.¹³ The Association of Directors of Adult Social Services (ADASS) *Annual Budget Survey 2018* also found that local authority spending on prevention services in England, which includes sensory services for people who are deaf or have hearing loss, has fallen as a proportion of the total adult social care budget and decreased by 1% in cash terms since 2017.¹⁴ This is at a time when the level of need is increasing (see Section 2).

Without appropriate support, people who are deaf or have hearing loss will be at risk of worse health, social isolation and reduced employment opportunities. For example, a recent survey by the Care and Support Alliance (CSA) found that more than half (52%) of people with hearing loss said they felt lonely or isolated because they didn't get the care they need. One in seven (14%) said they were unable to work because of unmet care needs.¹⁵

Later this year, the UK government will consult on proposed changes to the way social care is funded in England. This consultation will consider the provision of other social care

services that help older people and working age people live safely and independently.¹⁶ Due to the way social care funding allocations are calculated across the UK, these proposals may also affect how social care is funded in Wales, Scotland and Northern Ireland.

Action on Hearing Loss is a member of the Care and Support Alliance (CSA), an organisation representing over 80 leading charities campaigning for properly funded social care system. As a member of the CSA, we are calling on the UK Government to invest in social care services to ensure they are sustainable in future and meet the needs of people who are deaf or have hearing loss of all ages. The UK Government's vision for social care must also take account of national strategies and plans¹⁷ across the UK which call for improved social care provision for people who are deaf or have hearing loss.

3.2. Understanding need

In England, local authorities and NHS commissioners (through Health and Wellbeing Boards) have a statutory duty to assess the needs of local populations. Each area must produce a Joint Strategic Needs Assessment (JSNA), which sets out local health and care needs and also the barriers some groups face when accessing treatment and support.¹⁸ Similar duties also apply to local authorities and Health Boards in Scotland and Wales, and Health and Social Care Trusts and Boards in Northern Ireland. The Department of Health and NHS England's *Action Plan on Hearing Loss*¹⁹ states that hearing loss must be included in JSNAs and other health needs assessments. NHS England has also produced guidance²⁰ to help local authorities and NHS commissioners assess the needs of people who are deaf or have hearing loss living in their local area. This guidance was produced in partnership with the Local Government Association (LGA) and the Association of Directors of Public Health (ADPH).

Ensuring deafness and hearing loss are properly included in JSNAs is crucial for ensuring commissioning decisions are co-ordinated and reflect local needs. Our previous research demonstrated the need for more guidance for local authorities in this area. Our 2012 *Life Support*²¹ report showed that only around a third (35%) of local authorities in England and one in six (17%) local authorities in Wales include hearing loss as a specific issue in their JSNAs.

Some local authorities also maintain a register of people who are deaf or have hearing loss to help them estimate the level of need in their local area. Registration is voluntary for people who are deaf or have hearing loss and is reliant on the individual being known to the local authority. Given that people wait 10 years on average before seeking help for their hearing loss²², data from deafness and hearing loss registers may only be of limited value when assessing the full extent of local hearing needs and planning future services.

To avoid future unnecessary budget pressures, local authorities and NHS commissioners should use NHS England's JSNA guidance²⁰ to assess local needs and plan future services for people who are deaf or have hearing loss. This guidance sets out the latest evidence and data on the prevalence and impact of deafness and hearing loss and provides insights to help local authorities and NHS commissioners address unmet needs and set local priorities for their area.

3.3. Co-ordination between NHS services and local authorities

People who are deaf or have hearing loss often struggle to access the social care they need due to poor co-ordination between NHS services and local authorities. A patient survey carried out by Monitor²³ found that only one in ten people with hearing loss in England were given information about assistive equipment and other services that can help them. Our *Under Pressure*²⁴ report shows that people with hearing loss are not always told about assistive equipment, rehabilitation support and community groups when they visit their audiologist. This finding is backed up by survey research carried out to support the

development of our 2018-23 strategy, which shows that two-fifths (38%) of people with hearing loss were not given information about hearing loss support services by their audiologist. Referral routes between NHS services and local authorities are not used as much as they could be. The NICE *Hearing Loss in Adults Guideline*²⁵ states that at present “liaison between health and social services does not happen routinely and, as a consequence, services are not joined up.”

NHS England’s *Commissioning Framework for Hearing Loss Services*¹ identified better joint working between health and social care services as a key way of improving access to treatment and support for people with hearing loss. Under the Care Act 2014 and the Social Services and Well-being (Wales) Act 2014, local authorities in England and Wales have a statutory duty to carry out their functions with the aim of integrating services with the NHS. National strategies and plans across the UK also highlight better integration as a key action that NHS services and local authorities need to achieve in order to improve referrals between health and social care services.²⁶

As part of NHS England’s *Five Year Forward View*,²⁷ local authorities and NHS commissioners and providers in England have developed plans for integrating health and social care services in the interests of patients. These plans will be delivered through Sustainability and Transformation Partnerships (STPs): organisations which aim to help local authorities and NHS commissioners and providers commission and deliver services jointly based on local needs. In some areas, such as Greater Manchester, local authorities have taken on increased responsibility for setting health and social care budgets, whilst in others, local authorities and NHS commissioners and providers are developing plans to deliver integrated services through Integrated Care Systems (ICSs). In Scotland, the Public Bodies (Joint Working) Act 2014 states that NHS health boards and local authorities should work closely together through Integration Authorities and in Northern Ireland, all health and social care services are commissioned by the Health and Social Care Board.

When developing local strategies and plans to integrate services in the interests of patients and service users, it’s vital that NHS services and local authorities consider innovative solutions to help people who are deaf or have hearing loss access social care. There is some early evidence on the benefits of better integration. Our recent Freedom of Information (FOI) research provided positive examples of NHS services, local authorities and charities working together or jointly commissioning services, with the aim of improving access and health outcomes. Outcomes data from Action on Hearing Loss’ integrated sensory service on the Isle of Wight also suggests implementing a single point of access for hearing aid aftercare and sensory services can improve access to equipment and rehabilitation support.²⁸

3.4. Accessibility of social services

Under the Equality Act 2010 (and the Disability Discrimination Act 1995 in Northern Ireland) people have the right to expect reasonable adjustments to be made if they face substantial difficulties accessing social services due to their deafness or hearing loss. The Equality Act’s Public Sector Equality Duty states that public services should show due regard to the need to remove or minimise disadvantages experienced by people with protected characteristics when carrying out their statutory functions. In England, the Department of Health’s *Care and Support Statutory Guidance*²⁹ states that local authorities must follow the requirements of NHS England’s *Accessible Information Standard*³⁰, which sets out a clear five step process for improving the accessibility of health and social care services for people with disabilities and sensory loss, including people who are deaf or have hearing loss.

Despite this legal protection, evidence suggests that people who are deaf or have hearing loss still face barriers to communication when contacting social services to get information and advice or request support. Some local authorities who responded to our recent FOI

request told us that initial requests for support are dealt with by customer contact centres. Forcing people to contact social services by phone will make it much harder or impossible for people who are deaf or have hearing loss to access social care and may increase the already high level of unmet need (see Section 3.3 and Section 3.6). Providing a full range of accessible contact options such as email, Text messages, Next Generation Text Relay (NGTR) or BSL Video Relay Services (VRS) is therefore crucial for ensuring people who are deaf or have hearing loss are able to get the social care they need.

Online access can be a simple and easy way for many people who are deaf or have hearing loss to contact social services. Some local authorities who responded to our FOI request told us that they already offer online access to social services through an online self-assessment tool. Others provided positive examples of the different contact options they offer to people who are deaf to help them access social services such as BSL video-interpreting services and duty staff who are trained in BSL.

3.5. Social service workforce

Social service staff must be appropriately trained and have good knowledge of the communication needs of people who are deaf or have hearing loss. Good communication is essential for ensuring people who are deaf or have hearing loss can participate fully in discussions about their social care. In England, meeting the communication and information needs of people who are deaf or have hearing loss is a legal requirement under the Accessible Information Standard (see Section 3.4). In the first instance, social service staff should follow simple communication tips such as speaking clearly and avoid obstructing their lip movements with their hands or other objects. Communication support, such as a qualified BSL interpreter, should be available to everyone who needs one.

Social service staff carrying out needs assessments and developing care plans must have a good understanding of the different forms of social care people who are deaf or have hearing loss may need. They must also recognise how deafness and hearing loss may affect a person's ability to access and benefit from social care for other long-term conditions. Under the Care Act 2014 and the Social Services and Well-being Act (Wales) 2014, local authorities in England and Wales must ensure that social service staff have the relevant skills, knowledge and competencies to assess needs and plan services and make sure this is supported by on-going training. When an individual has multiple and complex needs, the local authority must also consider whether it would be appropriate to involve someone with relevant expertise in the assessment or care planning process. In Scotland, the Social Care (Self-directed Support) (Scotland) Act 2013 states that social service staff should have appropriate training to implement a well-rounded approach to assessments that recognises potential risks preventing people from participating in society, as well as needs for personal care.

Despite these legal requirements, our FOI research suggests that the ability of people who are deaf or have hearing loss to access specialist support and advice from social services depends to a large extent on where they live. Nearly half (46%) of local authorities who responded to our FOI request told us they do not employ any specialist social workers for people who are deaf or have hearing loss. Although seven out of ten (71%) local authorities told us that they employ other staff who have expertise in deafness and hearing loss, there was little consistency between areas in terms of social service staff job roles and responsibilities. Some local authorities told us that they employ specialist support planning officers, social work assistants and care workers to help generic social workers manage their caseloads and assess the social care needs of people who are deaf or have hearing loss. Others reported that they employ rehabilitation officers, occupational therapists, technical officers or disability advisors to carry out equipment and rehabilitation assessments. More research is needed to fully understand the impact of these service variations on the social care people who are deaf or have hearing loss receive.

Our FOI research also shows that almost one in 10 (9%) local authorities have reduced the number of specialist social workers for people who are deaf or have hearing loss they employ over the last two years. We have also received reports of local authorities reducing the numbers of rehabilitation officers they employ or redeploying specialist social workers in generic social work roles. We are concerned that cuts to social service staffing levels may increase waiting times for assessments or lead to reduced quality of care for people who are deaf or have hearing loss. We will continue to monitor the impact of these changes and campaign for cuts to be reversed if we think they will negatively affect the social care people who are deaf or have hearing loss receive.

3.6. Equipment and rehabilitation support

Under the Care Act 2014 and the Social Services and Wellbeing Act (Wales) 2014, local authorities in England and Wales have a legal duty to prevent, delay or reduce social care needs. Under the Care Act 2014, local authorities in England are legally required to carry out interventions that minimise “the effect of disability or deterioration for people with established or complex health conditions.” This includes a requirement to provide intermediate care, including reablement, free of charge for up to 6 weeks, and also provide assistive equipment up to the value of £1000. Similar legal duties also apply to local authorities in Scotland and Wales and HSCTs in Northern Ireland.

Despite these legal requirements, our FOI research suggests that people who are deaf or have hearing loss may face difficulties accessing assistive equipment and rehabilitation support in some areas due to informal eligibility criteria or local authorities incorrectly applying the Care Act. A small number of local authorities in England told us that they only provide equipment and rehabilitation support to people with moderate or severe hearing loss. Others said that they only fund assistive equipment for the home if the person cannot afford to buy it themselves. Worryingly, a small number of local authorities also said that they apply the Care Act’s national eligibility criteria for the provision of equipment and rehabilitation support. The *Care and Support Statutory Guidance*²⁹ clearly states that these services should be offered to all people who are deaf or have hearing loss with social care needs, whether their needs meet the Care Act’s national eligibility criteria for social care or not. We have also received reports of variations between areas in terms to types of assistive equipment and rehabilitation support offered by local authorities.

Evidence suggests that there is unmet need for peer support groups and other forms of rehabilitation support. Participants in focus groups carried out to support the development of our 2018 – 23 strategy³¹ reported that community groups and local authority disability services in their area had closed down or they had to pay for services that had previously been free, such as lipreading classes. All focus group participants agreed that community groups such as deaf clubs or hearing loss clubs were a valuable source of support, but many reported that these services were unavailable or only aimed at older age groups. Our *Not Just Lip Service*³² report shows that rising course fees and reduced availability in some areas have deterred some people from attending lipreading classes. Our *Managing Hearing Loss When Seeking or in Employment*³³ report also shows that seven out of 10 (70%) of survey respondents have not used lipreading classes, even though a similar proportion (68%) said they would find it useful to attend group lipreading sessions.

Given these challenges, it’s vital that local authorities meet their commitments in the *Action Plan on Hearing Loss* and other national strategies and plans¹⁷ to improve access to equipment and rehabilitation support. Without access to this vital support, people who are deaf or have hearing loss will be at risk of reduced independence and wellbeing. Unaddressed hearing loss can be a major barrier to employment - it is estimated that the UK economy lost £24.8 billion in potential economic output because too many people with hearing loss were unable to work.³⁴

Local authorities should invest in assistive equipment and rehabilitation support, including lipreading support, as a way of supporting people with hearing loss to get into and remain in work. For example, research shows that lipreading support can help people manage their hearing loss better in the workplace and increase people's confidence when talking about their hearing loss with their colleagues.³² Local authorities should also consider innovative ways of delivering lipreading support to people with hearing loss who may not be able to attend classes during working hours. In 2015, Action on Hearing Loss received funding from the Department of Business, Innovation and Skills (BIS) to test out different approaches for delivering lipreading support to people of working age. The learnings from this project were published as a report. To find out more, please visit: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/managing-hearing-loss-when-seeking-or-in-employment-report/>

3.7. Older people, people with other long-term conditions, people with learning disabilities and carers

Diagnosing and managing hearing loss is essential for helping older people remain independent; reducing the risk and impact of other long-term conditions; supporting carers; and for delivering high-quality social care for people with learning disabilities. For example, our *Joining Up* report shows that properly diagnosing and managing hearing loss in people with dementia could save the NHS £28 million per year by supporting older people to remain independent for longer.³⁵

Despite good evidence that hearing aids improve quality of life and reduce health risks, research shows that only two-fifths of people who need hearing aids have them.¹ Evidence suggests that people wait up to ten years before seeking help for their hearing loss, but the average age for referral is in the mid-70s.²² The longer people wait to seek help for their hearing loss, the less likely they are to benefit from hearing aids.²²

Negative stereotypes about hearing loss and hearing aids as well as fear of stigma itself can be a significant barrier stopping people from seeking help.³⁶ Older people may view hearing loss as an inevitable part of the ageing process³⁷ and hearing loss may be difficult to diagnose if people have communication and memory problems due to dementia or other long-term conditions.³⁵ People with other long-term conditions and people with learning disabilities may require support with hearing aid cleaning and maintenance, especially if they find it difficult to visit their audiologist or use their hearing aids due to frailty, mobility or communication problems.

Older carers may face additional barriers seeking help for their hearing loss due to their caring responsibilities. Also, given that partners of people with hearing loss often experience social isolation, loneliness and reduced quality of life,³⁸ early diagnosis and prompt access to treatment are especially important for improving the wellbeing of people with hearing loss and partners who care for them.

Our *A World of Silence*³⁷ report shows that many older people in care homes have undiagnosed hearing loss. The report found that many older people didn't want to address their hearing loss and care staff were reluctant to encourage them to seek help. The care staff we spoke to were also unaware of hearing loops and other assistive equipment, such as personal listeners, that can help people with hearing loss communicate. Others lacked the know-how to carry out basic hearing aid cleaning and maintenance. Without appropriate support, older people with hearing loss living in care homes may be at risk of social isolation and deteriorating health and wellbeing.³⁹ Another study found that care staff supporting people with learning disabilities living in care homes were often unaware of the early signs of hearing loss or misinterpreted hearing loss as behavioural difficulties.⁴⁰

Care staff working with older people, people with other long-term conditions, people with learning disabilities and carers should be alert to the early signs of hearing loss and the role of the GP in referring people for a hearing assessment.⁴¹ Older carers will benefit from information on how to support people with hearing loss and may require respite care if they need to visit their GP or audiologist due to their own hearing loss.

Older people, people with other long-term conditions, people with learning disabilities living in care homes or receiving support in their own homes should receive regular hearing tests and be able to access support to use their hearing aids. Support should be provided in the person's home or in care home settings, if the person is unable to attend health appointments due to other long-term conditions. Care homes should ensure soft furnishings are used to reduce background noise and also provide equipment, such as hearing loop systems or personal listeners, to help people communicate and participate in communal activities.⁴² In England, care homes must also meet the requirements of the *Accessible Information Standard*⁶⁰ (see Section 3.4).

In 2014, Action on Hearing Loss received funding from the Department of Health's Innovation, Excellence and Strategic Development Fund for a three year project to test out different approaches to improving the diagnosis and management of hearing loss in care homes. The learnings from the project have been published as a guide, which includes top tips on spotting the early signs of hearing loss and looking after hearing aids. The guide also includes template care plans to help care staff support older people with hearing loss. To find out more, please visit: www.actiononhearingloss.org.uk/heartocare

In England, the Care Quality Commission (CQC) has also committed⁴³ to improve the way they inspect health and social services on the *Accessible Information Standard*. All published CQC inspection reports should now include information on how well health and social providers are meeting the communication and information needs of people with disabilities and sensory loss. We have worked closely with the CQC to produce guidance for inspectors on the issues facing older with hearing loss living in care homes. We will continue to push for deafness and hearing loss to be properly taken into account during care home inspections across the UK.

3.8. Social care for people who are deaf with multiple or complex needs

People who are deaf with multiple or complex needs may be at risk of loneliness and loss of cultural identity if they are unable to communicate in a meaningful way with care staff or other people in care homes. Without appropriate communication support, people who are deaf are at risk of poor health and worse care.⁴⁴ Evidence suggests that poor communication or lack of awareness of Deaf culture in care homes could lead to social isolation and deterioration in health and wellbeing.⁴⁵ Research also shows that older people who are deaf living in care homes value support to help them maintain their cultural ties with the Deaf community, such as visits from family and friends and support to attend Deaf clubs meetings or other events run by Deaf organisations.⁴⁶

Some local authorities who responded to our recent FOI request told us that there is a shortage of specialist social care for people who are deaf with multiple or complex needs in their area. In response to these challenges, some local authorities told us that they provide communication support to help people who are deaf communicate with other residents and staff in care homes. Others offered BSL and deaf awareness training to generic care homes and home care services. However, none provided any detailed information on how they monitor the performance of social care providers in this area or assure quality of care.

We believe that recent changes to commissioning practices in England have also made it harder for local authorities to meet the needs of people who are deaf with multiple or

complex needs. We have received reports of local authorities ceasing tendering for specialist sensory loss services, suggesting reduced availability of specialist social care in some areas. Research by the National Audit Office (NAO) also found that some local authorities are reducing the number of social care providers they contract with to reduce contract monitoring costs and help providers achieve economies of scale.⁴⁷ The NAO found that these changes limited the choice of providers for people purchasing their own social care as part of personal budgets or direct payments. A recent Care and Support Alliance (CSA) survey⁴⁸ found that more than four out of five (83%) social workers said there wasn't enough variety in the social care available in their area for people to exercise genuine choice and control over the social care they receive.

Evidence also suggests that people who are deaf with multiple or complex needs may find it difficult to get the social care they need due to local authority funding cuts. A 2014 NAO report found that due to cost pressures and reduced local authority fees, some providers were finding it difficult to meet anything more than service user's most basic social care needs.⁴⁹ More than seven out of ten (72%) social workers who responded to the CSA's survey said support to take part in social or leisure activities was the most likely part of care packages to be reduced due to budget cuts.⁴⁸

As well as reduced specialist provision, evidence suggests that local authority funding mechanisms for personal budgets and direct payments may not take full account of the communication needs of people who are deaf. Our *Life Support*²¹ report found that two in five (41%) local authorities in England and one-third (33%) of local authorities in Wales do not allocate points for communication needs in their Resource Allocation Systems (RAS).⁵⁰

In line with the Care Act 2014 and Social Services and Well-being Act (Wales) 2014, local authorities must ensure commissioning practices and the services delivered on their behalf are consistent with the requirements of the Equality Act (2010) and also consider the appropriateness of different forms of social care for the Deaf community. It's also vital that RAS and other systems used by local authorities and HSCTs to allocate funding for direct payments and personal budgets take account of the communication needs of people who are deaf. In England and Wales, this is a legal requirement under The Department of Health's *Care and Support Statutory Guidance*²⁹ and the Welsh Government's Social Services and Well-being (Wales) Act *Code of Practice*.⁵¹

4. Recommendations

Government strategies and plans now acknowledge that more needs to be done to ensure high-quality accessible social care is available for everyone who could benefit from it. Social care funding should be increased and NHS services and local authorities should work closely together to help people who are deaf or have hearing loss access social care. Social care services provided or funded by local authorities and Health and Social Care Trust (HSCTs) must also be improved to ensure they meet the needs of people who are deaf or have hearing loss. In particular, more guidance is needed to ensure the requirements of social care legislation are properly implemented and enforced.

Governments across the UK should:

- Meet commitments in national strategies and plans to improve social care services for people who are deaf or have hearing loss.
- Increase social care funding to ensure services are sustainable in future and meet the needs of people who are deaf or have hearing loss.
- Enforce the requirements of the Equality Act 2010 (and the Disability Discrimination Act 1995 in Northern Ireland) and national accessibility standards. Performance against these standards should be routinely monitored and the results should be published.
- Enforce the requirements of social care legislation and guidance to:

- Make sure social care services are accessible and meet the needs of people who are deaf or have hearing loss.
- Provide assistive equipment and rehabilitation support
- Ensure funding for personal budgets and direct payments is sufficient to meet the needs of people who are deaf or have hearing loss.
- Fund research and develop new national guidance, with the aim of improving social care provision for people who are deaf or have hearing loss:
 - In England, national guidance should be produced to help local authorities meet the requirements of the Care Act 2014 for people who are deaf or have hearing loss, to ensure consistent high-quality services are available.
 - In Wales, the Welsh government should meet its commitment in the *Framework of Action in Wales, 2017-2020* to develop new social standards for people who are deaf or have hearing loss.

Local authorities, the Health and Social Care Board, and Health and Social Care Trusts (HSCTs) should:

- Make sure commissioning decisions are based on the needs of local populations and take account of the growing prevalence and impact of deafness and hearing loss.
 - In England, local authorities should use guidance produced by NHS England²⁰ when assessing the hearing needs of their local populations, to ensure commissioning decisions are evidence based and reflect local needs.
- Work closely with NHS services and consider innovative solutions, such as joint commissioning, to help people who are deaf or have hearing loss access social care.
- Provide a range of different contact methods such as email, Text message or Next Generation Text Relay (NGTR) and ensure people who are deaf or have hearing loss get the support they need to communicate well during social care assessments, in line with the requirements of the Equality Act 2010 (and the Disability Discrimination Act 1995 in Northern Ireland) and national accessibility standards, such as the Accessible Information Standard
- Ensure social service staff have the necessary knowledge and skills to support people who are deaf or have hearing loss and assess their social care needs.
- Invest in high-quality equipment and rehabilitation support services for people who are deaf or have hearing loss, including lipreading support, and ensure these services are consistently available for everyone who could benefit from them.
- Monitor the performance of social care providers against NICE guidance and quality standards and national accessibility standards, publish the results and take action to ensure services improve.
- Invest in specialised services for people who are deaf with multiple or complex needs and ensure communication needs are taken into when account when allocating funding for personal budgets or direct payments.

Social care providers should:

- Ensure care staff receive training on the prevalence and impact of deafness and hearing loss, hearing aids and good communication.
- Ensure older people, people with other long-term conditions, people with learning disabilities and carers living in care homes or receiving care in the own homes receive regular hearing tests and are able to access support to use their hearing aids, in line with NICE guidance and quality standards.
- Use specialist services planning tools to make sure people who are deaf with multiple or complex needs have choice and control over how their social care is provided.
- Provide equipment and support to help people get the most out of their hearing aids and live well in their own homes or in care homes, in line with NICE guidance and quality standards.

- Provide support to help people who are deaf or have hearing loss communicate with care staff and other people, in line with the requirements of the Equality Act 2010, the Disability Discrimination Act 1995 and national accessibility guidance.

Social care inspectorates should:

- Ensure the issues facing people who are deaf or have hearing loss when accessing services or receiving social care are taken into account during inspections.
 - In England, the Care Quality Commission (CQC) should meet its commitments in the CQC Equality Objectives for 2017-19 to ensure CQC have good knowledge of the communication and information needs of people who are deaf or have hearing loss. CQC should also provide accessible contact options to help people who are deaf or have hearing loss give feedback on the quality of care.
- Take action to help poor performing services improve.

Action on Hearing Loss will:

- Work with other charities and organisations, as part of the Care and Support Alliance (CSA), to campaign for a properly funded social care system that meets the needs of people who are deaf or have hearing loss.
- Campaign to improve the way people who are deaf or have hearing loss access social care, including specialist social care for people who are deaf with multiple or complex needs
- Carry out more research on the experiences of people who are deaf or have hearing loss who use social care services.
- Support local authorities, the Health and Social Care Board, and HSCTs to assess the needs of people who are deaf or have hearing loss and improve service provision.
- Work in partnership with local authorities to provide high-quality equipment, hearing aid aftercare and rehabilitation support services for people who are deaf or have hearing loss.
- Work with local authorities, the Health and Social Care Board, HSCTs and care homes to make social care services more accessible for people who are deaf or have hearing loss.
- Expand and promote our own specialised services for people who are deaf with multiple or complex care and support needs, which provide a gold standard for others to follow.

5. Resources

The Action Plan on Hearing Loss

<https://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>

The Care and Support Alliance

<http://www.careandsupportalliance.com/>

Guidance for supporting older people with hearing loss in care settings

<https://www.actiononhearingloss.org.uk/how-we-help/health-and-social-care-professionals/guidance-for-supporting-older-people-with-hearing-loss-in-care-settings/>

Making it real for people with sensory loss

<https://www.thinklocalactpersonal.org.uk/Latest/Making-it-Real-for-people-with-sensory-impairment/>

¹ NHS England, 2016. *Commissioning Services for People with Hearing Loss: A framework for clinical commissioning groups*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/07/HLCF.pdf>

-
- ² Van Boxtel et al, 2000. Mild hearing impairment can reduce verbal memory performance in a healthy adult population, *Journal of Clinical and Experimental Neuropsychology*, 22 (1), 147-54; Burkhalter et al, 2009. Examining the effectiveness of traditional audiological assessments for nursing home residents with dementia-related behaviors, *Journal of American Academic Audiology*, 20 (9), 529-38.
- ³ NHS Information Centre for Health and Social Care, 2010. Survey of Carers in Households 2009/10 – cited in Carers UK, 2015. Facts about carers. available from https://www.carersuk.org/images/Facts_about_Carers_2015.pdf
- ⁴ Carvill, 2001. Sensory impairment, intellectual disability and psychiatry. *Journal of Intellectual Disability Research* 45: 467–83.
- ⁵ Kiani R and Miller H, 2010. Sensory impairment and intellectual disability. *Advances in psychiatric treatment*. 16, 228–235.
- ⁶ Emerson and Hatton, 2008. *Estimating future need for adult social care services for people with learning disabilities in England*
- ⁷ Think Local Act Personal partnership, (TLAP), 2015. *Making it real for people with sensory loss*. <https://www.thinklocalactpersonal.org.uk/Latest/Making-it-Real-for-people-with-sensory-impairment/>
- ⁸ At the time of writing, the responses include: 131 responses from 152 upper tier or unitary authorities in England, 30 responses from 32 unitary authorities in Scotland, 20 responses from 22 unitary authorities in Wales. Data collection is still ongoing in Northern Ireland.
- ⁹ Kings Fund et al, 2018. *Social care funding options How much and where from?* Available at: <https://www.health.org.uk/sites/health/files/Social-care-funding-options-May-2018.pdf>
- ¹⁰ Centre for Analysis of Social Exclusion, 2015. The Coalition's Record on Adult Social Care: Policy, Spending and Outcomes 2010–2015. Available at: <http://sticerd.lse.ac.uk/dps/case/spcc/WP17.pdf>
- ¹¹ ONS, 2011. 2011 Census Analysis: Unpaid care in England and Wales, 2011 and comparison with 2001. Available at: http://webarchive.nationalarchives.gov.uk/20160109213406/http://www.ons.gov.uk/ons/dcp171766_300039.pdf.
- ¹² Age UK, 2017. *Health and Care of Older People in England* http://www.ageuk.org.uk/Documents/en-GB/For-professionals/Research/The_Health_and_Care_of_Older_People_in_England_2016.pdf
- ¹³ Action on Hearing Loss Cymru, 2016. *Access Denied: Concerns over social services cuts to equipment for people with hearing loss*
- ¹⁴ Association of Directors of Adult Social Services (ADASS), 2018. ADASS Budget Survey 2018. Available at: <https://www.adass.org.uk/media/6434/adass-budget-survey-report-2018.pdf>
- ¹⁵ The Care and Support Alliance (CSA), 2018. *Voices from the social care crisis; An opportunity to end a broken system, once and for all*.
- ¹⁶ UK Government, 2018. Response to petition calling on the UK Government to publish their consultation on social care by early 2018. Available at: <https://petition.parliament.uk/petitions/204631>
- ¹⁷ Department of Health and NHS England, 2015. *The Action Plan on Hearing Loss*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>; NHS Wales, 2017. *Framework of Action for Wales, 2017-2020*. Cardiff: NHS Wales; Scottish Government, 2014. *See Hear: a strategic framework for meeting the needs of people with a sensory impairment in Scotland*. Available at: <http://www.gov.scot/Resource/0044/00448444.pdf>; Department of Health, Social Services and Public Safety (DHSSPS), 2012. *Physical and Sensory Disability Strategy and Action Plan 2012-2015*.
- ¹⁸ The Department of Health, 2013. *Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/223842/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-2013.pdf
- ¹⁹ Department of Health and NHS England, 2015. *The Action Plan on Hearing Loss*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>
- ²⁰ NHS England et al, Forthcoming 2018. JSNA guidance for local authorities and NHS commissioners
- ²¹ Calton, 2012. *Life support: the provision of social care for people with hearing loss*. Available at: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/life-support-report/>
- ²² Davis et al, 2007. Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models. *Health Technology Assessment*, 2 (42).

-
- ²³ Monitor, 2015. *NHS adult hearing services in England: exploring how choice is working for patients*. Available at: <https://www.gov.uk/government/publications/nhs-adult-hearing-services-in-england-exploring-how-choice-is-working-for-patients>
- ²⁴ Lowe, 2015. *Under Pressure*. Available at: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/under-pressure-report/>
- ²⁵ National Institute for Health and Care Excellence (NICE), Forthcoming 2018. *Hearing loss in Adults: Assessment and Management*.
- ²⁶ Department of Health and NHS England, 2015. *The Action Plan on Hearing Loss*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf>; NHS Wales, 2017. *Framework of Action for Wales, 2017-2020*. Cardiff: NHS Wales; Scottish Government, 2014. *See Hear: a strategic framework for meeting the needs of people with a sensory impairment in Scotland*. Available at: <http://www.gov.scot/Resource/0044/00448444.pdf>;
- ²⁷ NHS England, 2014. *Five Year Forward View*. Available at: <https://www.england.nhs.uk/five-year-forward-view/>
- ²⁸ Action on Hearing Loss, 2016. *Unpublished case study for NHS England's Commissioning Framework for hearing loss services*
- ²⁹ Department of Health, 2018. *Care and Support Statutory Guidance*. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>
- ³⁰ NHS England, 2017. *Accessible Information Standard*. DCB 1605. Available at: www.england.nhs.uk/accessibleinfo
- ³¹ Hodgeson, 2017. *Action on Hearing Loss Strategy Development Focus Groups*
- ³² Ringham, 2013. *Not Just Lip Service*. Available at: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/not-just-lip-report/>
- ³³ Arrowsmith, 2016. *Managing hearing loss when seeking or in employment*. Available at: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/not-just-lip-report/>
- ³⁴ International Longevity Centre (ILC) UK, 2013. *Commission on Hearing Loss: Final report*. London: ILC-UK.
- ³⁵ Action on Hearing Loss, 2013. *Joining Up*. Available from: <https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/joining-up-report/>
- ³⁶ Doggett et al, 1998. Hearing aid effect in older females. *Journal of the American Academy of Audiology*, 9 (5), 361-66; Southall et al, 2010. Stigma: a negative and positive influence on help-seeking for adults with acquired hearing loss. *International Journal of Audiology*, 49 (11), 804-814.
- ³⁷ Echalié, 2012. *A World of Silence*. Available from: <http://www.actiononhearingloss.org.uk/-/media/ahl/documents/research-and-policy/reports/care-home-report.pdf>
- ³⁸ Echalié, 2011. *In it together: the impact of hearing loss on personal relationships*. London: RNID; Wallhagen et al, 2004. Impact of self-assessed hearing loss on a spouse: a longitudinal analysis of couples. *Journals of Gerontology: Series B*, 59 (3), S190-S196.
- ³⁹ National Council on the Aging, 2000. *The consequences of untreated hearing loss in older persons*. *Head and Neck Nursing*, 18 (1), 12-16.
- ⁴⁰ McShea et al, 2015. Paid support workers for adults with intellectual disabilities; their current knowledge of hearing loss and their future training needs. *Journal of Intellectual Disabilities*, 28 (5), 422-432.
- ⁴¹ National Institute for Health and Care Excellence (NICE), 2013. *Mental wellbeing of older people in care homes*. Available at: <https://www.nice.org.uk/guidance/qs50>
- ⁴² National Institute for Health and Care Excellence (NICE), 2015. *Older people with social care needs and multiple long-term conditions*. Available at: <https://www.nice.org.uk/guidance/ng22>; National Institute for Health and Care Excellence (NICE), 2018. *People's experience in adult social care services: improving the experience of care and support for people using adult social care services*. Available at: <https://www.nice.org.uk/guidance/ng86>
- ⁴³ The Care Quality Commission (CQC), 2017. *CQC's Equality Objectives for 2017-19*. Available at: https://www.cqc.org.uk/sites/default/files/20170321_equality_objectives_2017-19.pdf
- ⁴⁴ SignHealth, 2014. *Sick of it*. Available at: <http://www.signhealth.org.uk/sickofit/>
- ⁴⁵ Hunt et al, 2010. *Older people who use BSL – preference for residential care provision in Wales*. Manchester: University of Manchester; Parker et al, 2010. 'My Mum's Story' A Deaf daughter discusses her Deaf mother's experience of dementia. *Dementia*, 9(1), 5-20.
- ⁴⁶ Hunt et al, 2010. *Older people who use BSL – preference for residential care provision in Wales*. Manchester: University of Manchester

⁴⁷ National Audit Office (NAO), 2016. *Personalised commissioning in adult social care*. HC 883. Available at: <https://www.nao.org.uk/report/personalised-commissioning-in-adult-social-care/>

⁴⁸ Care and Support Alliance (CSA), 2017. *Social workers speak out about the state of care today*

⁴⁹ National Audit Office (NAO), 2014. *Adult social care in England: overview*. HC1102. Available at: <https://www.nao.org.uk/report/adult-social-care-england-overview-2/>

⁵⁰ Resource Allocation System (RAS) are used by local authorities to convert assessed needs into an amount of money which people can use to pay for social care.

⁵¹ Welsh Government, 2015. *Social Services and Well-being (Wales) Act 2014; Part 4 Code of Practice (Meeting Needs)*. Available at: <http://gov.wales/docs/phhs/publications/160106pt4en.pdf>