



**Royal Association for Deaf people**

**Disability Discrimination Act 1995:  
Why do barriers still exist for d/Deaf people?**

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## **Executive Summary**

It appears that d/Deaf people still face barriers in accessing the services they need in order to live with maximum choice and independence.

The Disability Discrimination Act 1995 came into effect in December 1996 with an aim to eliminate discrimination against disabled people in the areas of goods and services, employment, housing and education.

This report reveals that, despite the existence of the Disability Discrimination Act 1995 during the past 10 years, barriers within mainstream society still exist, and that d/Deaf people are 'dis-abled' from having full access, limiting their choices in every day life.

By identifying the barriers d/Deaf people face and why, we attempt to ascertain exactly where the Disability Discrimination Act 1995 falls short of its aims. By conducting an empirical study utilising various organisations including deaf organisations, mainstream disability organisations, universities and Citizens Advice Bureaux, as well as d/Deaf individuals from various backgrounds and various communication needs, we examine ways on how to improve the current situation.

In order to establish just what barriers exist, the study involves research methodologies to collect information from d/Deaf people on specific areas relating to the Disability Discrimination Act 1995, including access to information, d/Deaf people's experiences in encountering barriers in the areas of goods and services and employment, and the consequences. Organisations are involved in the study by providing their views on the term 'deafness' and how d/Deaf people communicate with their hearing peers.

The methodologies used are:

- A literature review
- Survey questionnaires completed by 36 organisations
- Interviews with 24 d/Deaf individuals

Following the data analysis, we explore recommendations within the action plan, incorporating suggestions provided from the participants, and then finally concluding why d/Deaf people still face barriers.

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## **Chapter 1: Introduction**

One of the aims of the 'Promoting Good Relations' project is to address barriers within the mainstream setting which prevent d/Deaf people from gaining full access to society. Having this full access is necessary in order to live life with maximum choice and independence. Normally d/Deaf people demonstrate an assertive approach being self-reliant and retaining their independence when participating within the mainstream setting.

Throughout the project, the use of the term Deaf with an upper case 'D' refers to a culturo-linguistic minority group whilst those who have some form of hearing impairment, but who are not part of the Deaf community, are referred to as deaf with a lower case 'd' (Woodward, 1972:1-7; Padden and Humphries, 1988:2).

Despite the existence of the Disability Discrimination Act 1995 (DDA) for the past 10 years, barriers within mainstream society still exist. These barriers 'dis-able' d/Deaf people from having full access, limiting their choices in every day life. This occurs within the areas of goods and services, employment, housing, transport and education. In order for these barriers to be addressed, d/Deaf people are required to liaise with providers of goods and services, housing providers, education institutions and employers. The effectiveness of this liaison, however, depends on two factors: firstly, the communication difficulties that usually arise and secondly, whether the d/Deaf individual has the required level of understanding and knowledge about specific areas of the DDA. It is these two points which have the ability to hamper negotiation efforts, resulting in knock-on effects to d/Deaf people's self-confidence and self-esteem, and further, may ultimately lead to them losing their right to retain independence and be self-reliant.

The drafting of this paper has been funded by the Equality and Human Rights Commission (EHRC), in order to examine the barriers that prevent d/Deaf people from having full access to the services with maximum choice and independence. The paper will examine the interpretation of the DDA and the types of barriers that d/Deaf people encounter in mainstream society. Recommendations will be drawn for these barriers to be effectively addressed; enabling d/Deaf people to have full access in mainstream society.

Before examining the findings produced by research, the literature chapter will look at previous studies which focus on three areas: deafness and the perception of d/Deaf people in the mainstream setting, the DDA, and the barriers encountered by d/Deaf people. By looking at the term deafness and the perception of d/Deaf people, the interpretation of the term within the mainstream setting will be examined. This will demonstrate how these influence the way d/Deaf people are perceived. Regarding the DDA, a brief overview of the aim of the Act will be provided followed by a critical analysis of the definition used for disability, in relation to d/Deaf people. Examining the definition of disability used in the Act will also help to clarify whether or not this affects an individual's understanding of which disabilities fall under the scope of the DDA. 'Reasonable adjustments', a form of positive discrimination, is the core part of the Act's power in eliminating discrimination and this will be explored and discussed further. Finally, the barriers that d/Deaf people face in the mainstream setting will be examined, different types of barriers will be described and each one will be accompanied with examples. The consequences of these barriers will also be considered.

Subsequent chapters will cover the research methodologies and tools used to collect data directly from organisations and d/Deaf people. The data will then be analysed, with support from existing sources within the literature review, and this will invariably lead to recommendations as set out in the action plan.

The accumulated data explores three areas:

- Deafness and how d/Deaf people communicate with their hearing counterparts - this covers organisations' interpretation of the term deafness and how d/Deaf people communicate with their hearing counterparts.
- The DDA - d/Deaf people's knowledge and understanding of the DDA and specific areas within the Act will be assessed, as will how organisations interpret certain areas within the DDA in relation to deafness and d/Deaf people. It will then be discussed how d/Deaf people access information and guidelines about the Act.
- Barriers within the mainstream setting - the consequences d/Deaf people have encountered as a result of their experiences will be explored. Organisations' perspectives on the type of barriers that d/Deaf people face and how this prevents participation are also analysed.

Finally, suggestions have been obtained from organisations and d/Deaf people as to how barriers could be addressed and additionally how the DDA could be more effective in dealing with discrimination.

Leading on from the data analysis, the list of recommendations for improvements, including suggestions provided by organisations and d/Deaf people will be formulated into an action plan. By implementing recommended courses of action, d/Deaf people in theory should be able to attain full inclusion within mainstream society with full access and maximum choice. The recommendations will also serve to eliminate communication difficulties and ultimately lead to good relations between d/Deaf people and their hearing counterparts in all aspects of life.

## Chapter 2: Literature Review

### 2.1: Deafness and perception of d/Deaf people within mainstream setting

There are varying degrees of deafness and as the Royal National Institute for Deaf People (RNID) explains *'the levels of deafness depend on the quietest sound that d/Deaf people are able to hear'*. d/Deaf people are usually categorised as those with mild, moderate, severe and profound deafness. British Sign Language ("BSL") may be the first or preferred language of those with profound deafness, but some prefer to lipread (RNID, 2009).

There has been some controversy about the term 'deafness' as to whether it is appropriate to view it from the medical model or from the social model, and how it is interpreted within the mainstream setting. The way the term is interpreted has an influential role on how d/Deaf people are perceived in relation to how they communicate.



Twiggs (1999, in Baldock *et al* 1999:347-8) explains the social model of disability as seeing *'disabled people not as individual victims of tragedy, but as collective victims of an uncaring and oppressive society'*. This quote emphasises the environmental barriers as dis-abling the individual's access to everyday activities within society, rather than focusing on the individuals' impairments as the dis-abling factor. Oliver (1990:11) has established a distinction between impairment and disability: the impairment being referred to *'lacking part or all...mechanism of the body'* and the disability as *'the disadvantage or restriction caused by a contemporary social organisation which takes no account of people who have...impairments and that excludes them from the mainstream of social activities.'*

Oliver's distinction between the two terms contributes to the discourse which shifts towards the social model of disability, and away from the medical model. Moving onto deafness itself, Corker separates the social model from the medical model. He describes deafness as the hearing impairment which affects the individual's ability to hear any sounds, whereas the definition within the social model of disability is described as *'a lack of access to 'visually produced' information is a disability which might be countered by removing communication and information barriers in the society'* (1998:3).

The way d/Deaf people are perceived in the mainstream setting can depend on how the term 'deafness' is interpreted. Equally, this perception will likely be influenced depending on which model of disability an individual understands deafness to be within. In relation to the perspective of Deaf people, Brien (1981, in Gregory and Hartley, 1991:46) cites Baker and Cokely's distinction between *Clinical-Pathological* and *Cultural* as follows:

- *Clinical-Pathological: 'the behaviour and values of the hearing majority (be taken) as the "norm" and then focus(es) on how deaf people deviate from this norm.'*

- Cultural: *'focus on the common language, shared experience, etc. which characterise a particular group of people, who... [are seen as] a separate cultural group with its own values and language which should be accepted as such.'*

From Baker and Cokely's explanation, Deaf people usually distance themselves from the clinical-pathological perspective and form a culture based on linguistic values. d/Deaf people prefer to be understood from the perspective which reflects that they have their own visual methods of communicating and "talking", using their preferred languages of BSL and adapting English. In addition some d/Deaf people wish to be understood as having the ability to "hear" with use of the hearing aids. It is clear, therefore, that d/Deaf people tend not to accept the medical model of deafness which stereotypes them as simply having a hearing and speech impairment (Lawson, 1981 in Woll *et al* 1981:166). This limiting perception can create a mindset that it is not possible to interact with d/Deaf people and therefore can have the damaging effect of isolating them from their hearing peers.

## **2.2: Disability Discrimination Act 1995**

The DDA came into effect in December 1996. Although the DDA has been amended by subsequent legislation, the latest being the DDA 2005 and will be amended by the single Equality Bill currently working its way through Parliament, the DDA remains a major milestone in the history of disability-related legislation.

The aim of the DDA is to stop discrimination against disabled people in the areas of goods and services, employment, housing and education. The law was designed to protect disabled people by calling for 'reasonable adjustments' to be made as and when required, so as to prevent disabled people being placed at a disadvantage on account of their disability.

In order for people to be protected against discrimination, they first have to satisfy the criteria as defined by Section 1(1) of the DDA:

*"...a person is disabled for the purposes of this Act if he has a physical or mental impairment which has a substantial and long term adverse effect on his ability to carry out normal day to day activities."*

Section 1(1) was further amended by the DDA 2005 to bring people with HIV, cancer and multiple sclerosis under the scope of the Act. This then, is the definition within the law against which disabled people are defined and proven to be "disabled".

It is interesting to note that the DDA's definition of disability is in some ways similar to that within the National Assistance Act 1948:

*"...who are blind, deaf or dumb, and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity, or such other disabilities as described by the Minister."*

Therefore, the definition of disability under the DDA has been criticised by Corker (1996:116) as *'yet another example of the impotence of a cosmetic change in*



*terminology when old meanings remain in force*, as it seriously overlooked the shift towards the social model.

The definition of 'disability' within the Act indicates that the Government tends not to be aware that the most disabling factor for d/Deaf people within society comes from the inability of their hearing counterparts to communicate with them. In this way deafness differs from other disabilities, as communication difficulties adversely affect d/Deaf people's everyday interactions within the mainstream.

If the social model formed part of the DDA's definition, more emphasis could be placed on the barriers caused by society, rather than in relation to individual impairments. In this way, people with disabilities could be perceived less negatively, by acknowledging that they have the ability to participate fully in society with the necessary adjustments in place. This would then lead to a better understanding of the communication difficulties faced by d/Deaf people and thereby enabling these to be tackled more effectively.

Turning our attention to the term 'reasonable adjustment', Seymour and Short (2005:27) state that the duty to make 'reasonable adjustment' in the DDA has the capacity to make the DDA a truly radical piece of legislation. The Royal National Institute for Blind People (RNIB) explains that the DDA does not specify details on how 'reasonable adjustments' are to be applied, leaving the term open to interpretation. In addition, just how 'reasonable' an adjustment can be deemed to be is dependent on various factors, such as the size of the company, the type of business, and the cost and actual effectiveness of the adjustment (RNIB, 2009). As James (2006:534) explains, the term 'reasonable adjustments' requires a balanced approach in weighing up the material need of the adjustment in order for the employee or customer to work effectively or to gain access to services and facilities with the actual ability of the employer/provider to provide it.

In relation to determining how 'reasonable adjustments' could be applied to accommodate the needs of d/Deaf people, the RNIB issues guidance by way of examples within their literature. These examples show how you can justify whether an adjustment can be deemed as 'reasonable' and illustrating this by giving situations where it is distinguishable and situations where it is not, giving some guidance on how to assess whether 'reasonable adjustments' should be applied. It is clear that using a holistic approach is appropriate, taking into account the full details of a situation, and making a considered decision accordingly.

For the Act as a whole, Corker makes a striking attack stating:

*"...it's muddled combination of prohibition, justifiable discrimination and reasonable adjustment, to be one of the most ill-conceived pieces of legislation..."*  
(Corker, 1998:115)

Criticism is clearly highlighted in a landmark ruling made by the House of Lords, *London Borough of Lewisham vs Malcolm* [2008] UKHL 43. Malcolm suffered from mental health issues, recognised under the DDA as a disability, and when Lewisham took steps to evict Malcolm due to the fact that he was subletting his property, thereby breaching his tenancy agreement, Malcolm was receiving drug treatment for mental health issues. Malcolm alleged that Lewisham's actions were discriminatory because they did not take into account his disability (disability-related discrimination). When applying the comparator test for disability-related discrimination, the House of Lords held that

Malcolm was not treated less favourably than a non-disabled person in his position would have been treated, and thus there was no discrimination. This judgment narrows the test for disability-related discrimination, making it harder for claimants to prove such discrimination. This has been applied to the employment law recently in the case of *Child Support Agency (Dudley) v Truman* UKEAT/0293/08, and appears likely to apply across the board in goods and services and education.

A concept of 'indirect discrimination', to replace 'disability-related discrimination', is a late proposal added to the Single Equality Bill in November 2008 following the outcome from the House of Lords' ruling on the *London Borough of Lewisham vs Malcolm* case. This aims to make it easier for reasonable adjustments at the lower threshold to be applied in the area of service provision (Tyrer, 2009).

### **2.3: Barriers**

We will now take a look at the barriers that d/Deaf people encounter in mainstream society, the different types, and possible factors that create these barriers.

It appears that barriers can be categorised into three main areas:

- general lack of deaf awareness
- misconceptions about how d/Deaf people communicate, with many people assuming that if a deaf person has a hearing aid, they can hear
- deafness being an 'invisible' disability and cannot be immediately identified by appearance
- 



**Who is Deaf? See page 44 for answer**

## **Main barriers that d/Deaf people face:**

d/Deaf people face a number of barriers on a daily basis. This section will examine a number of environments where these barriers occur. Different types of barriers will be explained and examples will be provided to make the barriers more explicit.

- Environmental issues

For example, if the right equipment is not provided then a Deaf person would be unable to hear door bells, fire alarms, phones ringing, tannoy (those without visual displays) and any other audible aids that are used to attract people's attention.

- Organisational issues

Organisations – and in turn, their employees and service users - are required to comply with a myriad of legislation, procedures, policies and terms and conditions where information is provided in written English. Documents such as these use a complex language which is usually laden with jargon. This written format is not accessible for the majority of d/Deaf people who use BSL as it is a visual language which has its own syntax and grammatical system, which is independent from spoken and written English, so that the grammatical features of BSL are unrelated to the English language (Sutton-Spence and Woll, 1999:86; Sutton-Spence, 2003 in Monaghan et al 2003:25). Therefore, d/Deaf people do not read or write well and national surveys have suggested that half of the d/Deaf members of the d/Deaf community have reading levels similar to hearing children aged less than 9 years old (Conrad, 1979 and Powers et al 1998).

This type of barrier led to an incident, highlighted by the Bristol Evening Post, in which a Deaf employee unintentionally gained access to their spouse's data without an appropriate reason, breaching the confidentiality rules within the company. The employer had provided a copy of their rules, which they presumed the employee had read and understood, however this written format was not accessible, and there was no additional explanation. This breach of confidentiality incident led to the employee being dismissed, and subsequently committing suicide. An Employment Tribunal ruled that the Deaf employee had been discriminated against by their employer, due to their failure to apply reasonable adjustments in order to enable the employee appropriate access to the necessary information (Bristol Evening Post, 2005).

- Attitudinal issues

Communication difficulties influence hearing people's attitudes towards d/Deaf people. There are several factors behind this, such as lack of patience and the misconception that d/Deaf people are unable to hear and speak which leads to d/Deaf people meeting with the 'silent' treatment.

Woll (2008) states: *"there has been an enormous increase in the numbers of hearing people learning BSL and other forms of signing in recent years. Around 15,000 adults take NVQ qualifications in BSL annually."* However, compared to the number of d/Deaf people in the UK this is still a very low percentage of people who can communicate effectively with native BSL users. In addition, if after completing an NVQ in BSL, the person does not continue to use the language on a daily basis, much of what has been learnt, if not all, is easily forgotten.

Therefore, the challenge of trying to communicate with hearing people on a daily basis persists. Hearing people are not aware of simple communication tactics, such as maintaining eye contact and using a clear mouth pattern when speaking. Although some people learn basic BSL and/or have 'deaf awareness training', they do not mix with d/Deaf people on the whole. This segregation within society means that it is very difficult for meaningful engagement between d/Deaf and hearing people to take place.

- Accessibility of information

There are three main issues affecting accessibility. In the first instance, a lot of information is simply not available in visual formats making it inaccessible to d/Deaf people. Vital details can be missed in this way, such as last minute alterations to public transport, and this excludes d/Deaf people from the mainstream setting, leading to feelings of frustration. The second thing to consider is how much information is simply "overheard", all of which will be missed by d/Deaf people, creating yet more isolation. It is clear that BSL is a minority language within the United Kingdom, and when BSL users find themselves among many people conversing in spoken English they are inevitably isolated. Finally, the fact English is a second language to a large number of d/Deaf people means that, in addition, written English is not an accessible format. This is an issue which is often overlooked.

### **How do the barriers have adverse effects on d/Deaf people?**

We need to consider how effectively d/Deaf people and their hearing counterparts interact within mainstream society in order to ascertain what barriers may exist. Research from the RNID (2006) found that in the workplace 55 percent of d/Deaf employees experience isolation, and are being left out of social interaction at work, which can have a negative effect on an individual in the form of stress, and a multitude of physical and mental illnesses. In addition they may experience a change of attitude or approach to the work itself, which may well create a negative atmosphere between the d/Deaf employee and his or her colleagues.

Higgins, a sociologist specialising in the study of d/Deaf people in the hearing world, explains that the impact of deafness limits social interactions:

*"Even hearing people who are acquainted with a deaf...co-workers or team members, may momentarily overlook that the individual is deaf. This seems to occur especially in gatherings of several hearing people....Deaf people often attempt to communicate with hearing people through writing or gestures...the interaction is rarely smooth and uninhibited. Hearing people may speak to rather than write to the deaf person...as they are often uncomfortable with writing. They may even leave the deaf person standing with paper and pencil in hand."*

(Higgins, 1980:151,162)

The perception of deafness plays an influential role on any efforts those within the mainstream setting make to interact with d/Deaf people. As Lane critically explains, hearing people often have the attitude of looking at deafness only from a negative

viewpoint, drawing upon the medical model of deafness from their hearing perspective:

*“The hearing person’s extrapolation to what deafness must be like – a world without sound, without facile communication....and extrapolation must stand in for real knowledge.”*

(Lane, 1992:6,12)

In order to counter this negative and ill-conceived approach to deafness, hearing people need to have more deaf awareness, which provides a clear focus on the difficulties often encountered with communication and access to information, preferably provided by d/Deaf people themselves.

Interaction is a vital part of building good relationships between d/Deaf and hearing people. The misconception and lack of understanding of d/Deaf people affects the success of interactions and as a result this can magnify attitudinal barriers. A resulting adverse effect of the barriers caused by attitude and impaired interactions are the problems regularly encountered when d/Deaf people wish to access goods, services and facilities. To examine this point further this we can look at the RNID’s ‘*A simple cure*’ (2004) and ‘*Transport for All*’ (2005) surveys in which they examined d/Deaf people’s access to the National Health Service (NHS) and London Transport. The findings showed that there was only a very small number of d/Deaf participants who felt that there was good deaf awareness within the service. A few particularly striking statistics were:

- 88 percent of d/Deaf people are unable to access information through tannoy announcements while travelling on train, and via the NHS services
- Only 9 percent of London Underground users feel that London Underground staff are aware of how to communicate with d/Deaf people
- 70 percent of BSL users who had been admitted to Accident and Emergency units were not provided with a BSL/English Interpreters
- 42 percent of d/Deaf people found it difficult to communicate with NHS staff in hospitals

Turning once more to the effect of barriers experienced in the area of employment, initially we should recognise the purpose of employment as being ‘*one of the best defences against poverty, unhappiness, and low self-esteem, which in turn are likely to adversely affect an individual’s physical and mental health.*’ One of the clear benefits of being in employment is being part of a work community and participation in social activities together. In addition, having a decent level of income enables people to participate in leisure activities, which lead to social inclusion and/or greater integration in public life (Vickerstaff, 1999 in Baldock *et al* 1999:132-3). Ultimately this usually leads to the development of an individual’s sense of well-being in both of the physical and mental spheres.

With this in mind, it is pertinent to note that previous findings such as Bibby (1993) and Dimmock (1986) have shown that high numbers of d/Deaf people are unemployed or under-employed, and in addition have experience of facing discrimination. This is often due to the misconceived hearing viewpoint of d/Deaf people (as pointed out earlier), which can lead to assumptions of inability.

Dimmock's (1986) paper '*Deaf people's problems in job opportunities and social integration*' shows Deaf people have been kept '*in jobs that are repetitive or associated with cleaning, jobs that have little appeal for most people.*' Difficulties in work-based social interactions also occur, emphasising that it would be an idea for hearing colleagues to learn sign language, as Dimmock explained:

*"...Deaf and hearing colleagues are brought to work together...during break they separate [based on the language]...and do not seem to attract each other... Socialisation between such groups is done at the barest minimum."*

(Dimmock, 1986 in Lee, 1992)

Furthermore, SignHealth's '*Reaching Deaf Minds In the Workplace*' (2005) study shows that Deaf people who use BSL as their primary language face social isolation in employment, not just in the workplace, but also during work-related activities. This was shown to be due to the lack of effort from their hearing colleagues to engage in two-way communication. To illustrate this, one of SignHealth's study participants stated that when hearing colleagues talk to a d/Deaf person about various things, they often do not understand the d/Deaf person's response straight away. However instead of taking the time to seek clarification, they tend to simply end the communication. This lack of effort in understanding then leads onto create a feeling of distrust between them, ultimately resulting in Deaf individuals being left isolated at work. Although overall, over two-thirds of the studies participants reported that their colleagues received deaf awareness training, this had not improved the issues of exclusion and isolation.

The RNID's '*Opportunity Blocked*' (2006) survey, involving 870 d/Deaf respondents, was conducted as a result of the BBC's See Hear programme (2005). The programme featured the continuous discrimination and attitudinal barriers facing d/Deaf people in employment, despite the existence of the DDA. The findings illustrate that only 63 percent d/Deaf respondents are currently in employment. This is 12 percent lower than the national workforce at 75 percent. These findings also support the finding that a higher percentage of d/Deaf people are unemployed due to barriers of an environmental, organisational and attitudinal nature (RNID, 2006).

A consequence of experiencing social isolation, frustration, anxiety and low self-esteem is prevalent mental health issues. A further point to consider is that by remaining unemployed, d/Deaf people's choices in relation to accessing goods, services and facilities will be minimised and can lead to considerable social isolation. This in turn has the potential to also affect the physical health of d/Deaf people. Consider an individual who has been unemployed for some time; firstly they will have limited interaction with others affecting the quality of their state of mind and a minimal income will result in reduced choices in terms of healthy eating and life-style generally. Indeed, the effects of unemployment on d/Deaf people due to various barriers clearly counteract the views expressed by Vickerstaff, who indicates that attainment of employment generally leads to a better quality of life.

The Department for Work and Pension's Access to Work scheme (ATW) exists to provide financial assistance to employers to meet the costs of adjustments that may be needed in the workplace for the benefit of disabled employees. The aim is to break down the barriers that d/Deaf people face in employment. These adjustments may take the form of technology (such as textphones), personal assistance such as BSL/English Interpreters, notetakers and Communication Support Workers (CSW). While there is

ample support for those in employment, there are various types of barriers within statutory employment services (such as Jobcentre Plus), placing d/Deaf people at a substantial disadvantage when seeking employment and employment-related support. According to the RNID's study, 49 percent of participants "*who had used Jobcentre Plus found that staff were not deaf aware*" (RNID, 2006).

In order to enable d/Deaf people to gain employment and employment support without encountering barriers, there are a small number of voluntary organisations running specialised employment services of their own. Dering Employment Services Ltd ("Dering") is a private limited company established in 2005 and the only service which is deaf-owned and deaf-run. It is now the UK's largest deaf employment service and covers most areas of the UK, running Pathways to Work, New Deal for Disabled People and Workstep contracts with the aim of getting d/Deaf people with disability-related benefits into employment. Recently Dering, in partnership with SignHealth, has set up a service providing specialised employment support for those with mental health issues and learning difficulties. Nevertheless, even though these specialist services are available, all statutory employment services – such as Jobcentre Plus - remain obliged under the DDA to meet their legal obligation to take action in making necessary reasonable adjustments. This is where the expertise of Dering in meeting the need of deaf people has proven to be most effective. It is clearly important d/Deaf people should be allowed a choice of which employment service they wish to access, and thus Jobcentre Plus and other mainstream services should continue to meet their obligations under the DDA.

#### **2.4: Summary**

There are varying types of deafness ranging from hard of hearing to profoundly deaf, and because of this wide range, communication needs differ. Depending on the degree of deafness, individuals may use BSL as their first language or simply lip-read, to name just two examples. There have been some conflicts within literature regarding the medical and social models in relation to deafness and how this plays an influential role in the perception of d/Deaf people in a mainstream setting. The medical model of deafness focuses on the individual's inability to hear and their communication impairment, and this is a perspective which d/Deaf people tend to distance themselves from. The social model of deafness focuses on the fact that communication barriers exist in society, rather than the individual's deafness. It is this social model that d/Deaf people relate to as it acknowledges that they have the ability to communicate, using their own different modes to do so.

The DDA describes deafness as a disability utilising the medical model. It focuses solely on the individual's hearing impairment, rather than considering the environmental and attitudinal barriers in society, which as we have seen affect their ability to carry out 'normal day-to-day activities'. Further, this type of focus influences the misconception of d/Deaf people held by those who are hearing. It is clear that applying the term, 'reasonable adjustment', is not a straightforward exercise. It is necessary to consider the needs of each individual who requires adjustments to be made, and the particularly circumstances they find themselves in, in order to determine whether such adjustments are reasonable.

Therefore, there is a clear need for a balanced approach to be used when considering the efficiency of reasonable adjustments. The best way forward would be to involve d/Deaf people themselves in exploring the options of how to address their needs.

In terms of barriers that d/Deaf people face, there are three different types of barriers: environmental, organisational, attitudinal and ultimately together these create the fourth, minimal accessible information. Barriers arise due to a general lack of deaf awareness, which leads to a lack of understanding about how d/Deaf people communicate. In addition, deafness is very much the 'invisible' disability, and hearing people's perception of deafness and d/Deaf people tends to be flawed with misconceptions. These misconceptions are further perpetuated by the medical model view of deafness, and this goes onto adversely affect the levels of interactions between d/Deaf and hearing people. Consequently, d/Deaf people face isolation in many aspects of their lives within the mainstream setting. Recent research findings disappointingly show that the majority of d/Deaf people continue to encounter barriers with service providers and employers, despite the existence of the DDA for more than 10 years.

The next two chapters will explain the aim of the study, using the methodology of collecting data from organisations and d/Deaf people (RAD service users in the main). The data focuses on how organisations interpret the meaning of the term 'deafness' and how d/Deaf people communicate with their hearing counterparts. It will also analyse how knowledgeable d/Deaf people are about the overall aim of the DDA. In addition, organisations' views regarding the definition of disability in relation to d/Deaf people will be looked at, as well as how the term 'reasonable adjustments' under the DDA is being interpreted by both organisations and d/Deaf people. A further point for examination will be to consider how accessible d/Deaf people find the information and guidelines available on the DDA. Experiences of barriers which d/Deaf people have encountered and how they are affected as a consequence will also be covered. Following on from this, the perspective of the organisations will be analysed based on their knowledge of the types of barriers d/Deaf people face and how they are affected. Organisations and d/Deaf participants are also invited to give suggestions for improvements to the DDA and how the various barriers can be tackled.



## Chapter 3: Methodology

This chapter explores the methodology options chosen in order to collect data from the research participants, who are from two distinct groups: organisations who are involved in dealing with d/Deaf service users and d/Deaf people themselves. The aim of the research methodology is to collect evidence from the participants, with this data then being used to shed light as to the various factors and the possibilities behind reasons for the barriers that continue to exist for d/Deaf people, (these continuing barriers despite the existence of the DDA for the past 10 years). The chapter will also examine the difficulties encountered with the chosen methodology, along with suggestions for possible solutions in ensuring that the data collected remains relevant to the aims of this project.

The project had limitations due to time and budget restraints. Therefore two different methodologies were adopted to collect data:

- Survey questionnaires were given to various organisations
- Interviews of 24 clients/service users.

For the sake of clarity, the referencing system we have adopted for organisations is as follows:

DEAF	deaf organisation
CAB	Citizens Advice Bureau
MDO	mainstream disability organisation
UNI	university

followed by their allocated number (each organisation who responded was allocated its own unique number).

d/Deaf interview participants are referred to as “IP”, and this is followed by their allocated number.

This referencing system was adopted in order to protect the respondents' identity.

### 3.1: Survey questionnaires

Questionnaires were used as this enabled data to be collected for analysis from organisations as part of the social policy network consultation. Survey questionnaires were sent to the following types of organisations in England and Wales:

- **Deaf organisations**

d/Deaf organisations provide various services ranging from advice and advocacy services through to sports and leisure. Obviously their focus is d/Deaf people from both their own and mainstream communities. It was not necessary, therefore, to question these organisations on the term 'deafness' itself, as this is their area of expertise. In order to gain an alternate perspective however, this group were approached so that their understanding of the DDA, various types of barriers and how the barriers are to be tackled could be assessed.

- **Citizens Advice Bureaux (CABx)**

CABx offer free and confidential legal advice on any matters, including discrimination issues that may arise. It is relevant to consider the CABx's perception of the term 'deafness' and whether they recognise the varying communication needs of d/Deaf people. Equally, their interpretation of the DDA, specifically their understanding of the term 'reasonable adjustments', is also extremely relevant. We also sought to establish their awareness of identifying barriers in relation to the communication difficulties. These details are pertinent as they play an influential role in the accessibility of CABx's services to d/Deaf people and how the CABx themselves deal with the issues associated with deafness related discrimination.

- **Mainstream Disability Organisations (MDO)**

MDOs usually regard deafness within the disability model, together with other disabilities. However, it is necessary to assess whether there is an understanding of deafness as a separate model in its own right. This is important because deafness is a different kind of 'disability', involving communication difficulties. In addition, it is relevant to know how the MDOs interpret the DDA in relation to d/Deaf people's needs, as similarly to the CABx's, their interpretation of the law and recognition of types of barriers will likely influence how they approach matters of deafness-related discrimination.

- **Universities**

The inclusion of universities in the survey helps us to gain a perspective from within the education sector which is covered by Part 4 of the DDA. Using universities was a preferable option to schools as they tend to be focal points from which to develop an understanding of the barriers d/Deaf students face.

The level of responses were thus:-

**Table 1**

<b>Organisations</b>	<b>Questionnaires sent</b>	<b>Number of responses</b>
d/Deaf-led organisations	49	12
Mainstream disability organisations	32	4
Universities	87	13
Citizens Advice Bureaux	71	7

The aim of the survey is to analyse data that focuses on:

- The understanding of the term 'deafness' and how d/Deaf people communicate with hearing people (this section was excluded from surveys sent to deaf-led organisations)

- How the DDA is interpreted in relation to d/Deaf people, how 'reasonable adjustments' are applied to meet the needs of d/Deaf people and any recommendations for improvements to the DDA
- Whether or not barriers that d/Deaf people face are easily identified on service providers and employers
- Inviting suggestions on how the barriers could be addressed in order to determine whether it is possible to interpret the DDA accurately

Regarding the choice between qualitative and quantitative research, Kirk and Millers (1986) criticisms toward quantitative research has been noted. They state that; *'Rather, the researcher is wrong if he or she fails to acknowledge the theoretical basis on which it is meaningful to make measurements of such entitles and to do so with survey questions.'* (Kirk and Miller, 1986 in Silverman, 2000:5). The project's research study was conducted on a practical basis, taking into account the size of the project, the number of participating organisations and the time limit of the project. Combinations of open and closed questions were adopted within the structured survey, in order to collect both qualitative and quantitative data. Some of the questions were open-ended in order to enable respondents to add more information if applicable.

RAD Legal Services offers legal advice and support for clients who have experienced incidents as a result of existing barriers that have usually led to them being discriminated against. Individual cases were selected as case studies for inclusion in the survey questionnaires. Bell (1999:10) states that; *"The case-study approach is particularly appropriate for individual researchers because it gives an opportunity for one aspect of a problem to be studied in some depth within a limited time scale"*. The case studies, which played an influential role in formulating questions, were added as two sections within the survey. They were 'Service Providers' and 'Employment'. This enabled participants to read the studies and identify different barriers. They were then asked how these barriers could have had an adverse effect on the d/Deaf client who was trying to access the particular service.

### **3.2: Interviews**

Bell (1999:135) states; *"A major advantage of the interview is its adaptability"*. This is due to the interaction between the participant and the interviewee, allowing the opportunity for flexibility with the questions asked. The disadvantage of this method however, is that the interview is time consuming. Due to the small-scale of this project, it would only be feasible to conduct interviews with a small number of participants.

Interviews using semi-structured questionnaires were conducted, using the client's preferred language, for example BSL or spoken English. 24 d/Deaf clients from varying backgrounds, some with various disabilities, took part in the interviews. Of the 24, four clients live in Wales. A selection of RAD clients were carefully chosen due to the criteria of the project as we had to ensure that the participants were from diverse backgrounds.

- Deafness and Language

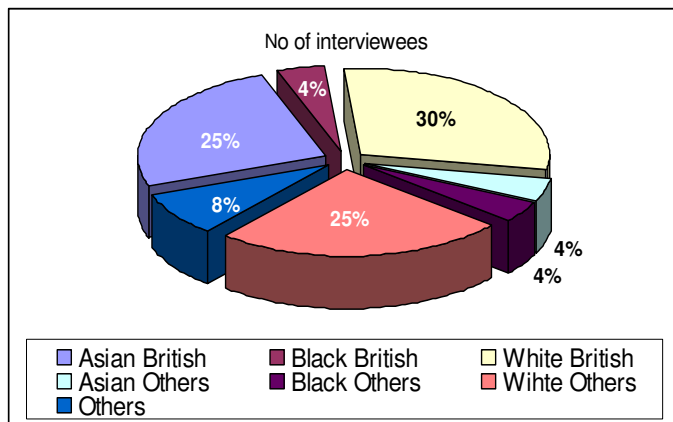
21 interviewees (87 percent) consider themselves Deaf. However, one (IP17) became deaf at the age of two, and three are hard of hearing (IP3,4,21). In respect of the preferred language used by the interviewees, bearing in mind that they selected more than one answer in the language category, two Deaf interviewees (IP17,22) use BSL and English as their main languages. One (IP1) uses Czech Sign Language as their first language followed by BSL.

BSL: IP1,2,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,22,23,24  
 English: IP3,4,13,17,20,21,22  
 Others: IP1: Czech Sign Language; IP6: Polish Sign Language

- Ethnicity

**Tables 2 and 3 - Ethnicity**

24 interview participants represents 100% on the piechart.



	Reference
Asian British	IP2,4,5,18,21,22
Asian Others	IP12
Black British	IP17
Black Others	IP19
White British	IP7,9,13,14,15,16,23
White Others	IP1,3,6,8,11,20
Others	IP10,24

The above diagram shows the ethnicity in percentages of interviewees. 59 percent of the 24 consider themselves British, and one, Welsh. The remainder (41 percent) do not consider themselves British. 55 percent (both British and Others) consider themselves White, and 45 percent consider themselves part of other ethnic groups. This shows a good balance of d/Deaf interviewees was achieved.

- Additional illnesses/disabilities

10 interviewees provided details of their additional illnesses and/or disabilities, and a few reported having more than one. Two (IP4,24) are reported to have visual impairments, two (IP3,23) have mental health issues and one (IP1) has dyslexia.

The aim of the interview was to collect unbiased information from each participant, using their preferred language. We wanted to collect data on:

- **The DDA**
  - How each client interprets the DDA
  - How accessible the client found information and the guidelines about the DDA
  - What the client thought the term 'reasonable adjustment' means

The data collected from the interview participants also gave an insight into whether they are using the correct steps to help them get any barriers addressed. That is to say, the more knowledge a person has about the DDA as an Act, the more likely that they will understand what steps need to be taken to ensure that the requirements of 'reasonable adjustments' will be complied with effectively.

- **Service providers and employment**
  - To explain any previous barriers that they had faced
  - Suggestion on how these barriers could be addressed
  - How knowledgeable the participants are on Access to Work and how easy it is to use

Extra care had to be taken when devising the questionnaires. Again, this was due to the size of the project and the time scale. We had to eliminate any ambiguity within the participants responses and therefore had to ensure that our questions were clear and concise, and to aid the translation access to minimise questions getting 'lost in translation'. This would enable us to analyse the data more efficiently, collating responses that would be beneficial to our research. If the questions were unclear then the *"researchers will ultimately find themselves in front of mountain of data helplessly trying to interpret them"* (Flick, 1998:47), thus wasting precious time.

To accommodate d/Deaf people with learning difficulties/mental health issues, the questionnaires were adapted so that the first few sections focusing on what they do in everyday life, with the DDA not being introduced until later on. To initiate interviews using terminology that a person with a learning disability or mental health issues may not be familiar with may cause them to be nervous or suspicious of the reasoning behind the questions. By phrasing the initial questions to include the activities the person enjoys and the skills they have, they are more likely to engage with the questionnaire and not lose confidence when the subject of the DDA comes up.

However, difficulties were encountered when attempting to recruit d/Deaf people with learning difficulties/mental health issues for the interview process, due to a lack of preparation time and the need to incorporate adjustments, such as additional communication support. In the event, two individuals from this demography took part in the interviews: one who is hard of hearing and uses spoken English was able to complete the interview in a normal manner without additional support; the other, a Deaf BSL user, was interviewed using the adapted questionnaire. Recommendations for further study in this particular area are explained in Chapter 5.

### **3.3: Summary**

The survey questionnaires and interviews conducted collected huge amount of qualitative data from organisations and clients. This meant that the data had to be carefully selected so that the responses would have a greater impact on the aim of our research, that is, looking at why barriers still remain for d/Deaf people. Also, a number of questions produced answers that overlapped with others, thereby repeating information, and these were omitted. By refining the data in this way, it enabled us to develop an effective action plan which could be implemented in the future.

## Chapter 4: Data analysis

This chapter analyses the data collected from the various organisations and interview participants using the research methodologies as previously explained. It then goes on to summarise the data findings as to why barriers still exist for d/Deaf people within the mainstream environment, with the recommendations for action plans to follow in the next chapter.

### 4.1: The term ‘deafness’ and how d/Deaf people communicate with their hearing counterparts

The first section of the questionnaire asked organisations (excluding deaf organisations), to give their understanding on what the term ‘deafness’ means, and how d/Deaf people communicate with their hearing counterparts. As explained in the literature chapter, the interpretation of the term ‘deafness’ can have an influential role on how d/Deaf people are perceived.

The findings from all the organisations’ responses show that their perception of deafness lies strongly within the medical model, focusing on the physical inability to hear, although it should be noted that twelve organisations recognise the varying degrees of deafness. Responses from two universities and one CAB made comments which indicate an understanding of deafness within the social model:

- *“The inability to hear and understand things a person with normal hearing can hear.”* (CAB1)
- *“An impairment that means that people affected by it have less access to goods, services, education, etc. than hearing people.”* (UNI1)
- *“Impairment on hearing that has an adverse effect on individuals’ day to day living.”* (UNI3)

These comments reflect a level of awareness within a very small number of organisations that deafness has an impact on more than simply the physical ability to hear. Likewise, one MDO response states *“Deaf and hearing impaired – self-defined”* (MDO2), which shows their understanding and respect for individuals’ preference as to what deafness means to them.

Despite the majority having an understanding of deafness solely within the medical model, it is interesting to note that all organisations seem to fully recognise the varied ways that d/Deaf people use to communicate with their hearing counterparts.



Many examples are quoted such as the use of sign language, as well as writing, email, subtitles and minicoms. Only a few of them however, recognise BSL and Signed Supported English (“SSE”) as different modes of communication. The relevance of knowing that BSL is a language in its own right (as opposed to SSE which is simply a variation of English), reflects the level of the organisation’s deaf awareness.

## **4.2: Disability Discrimination Act 1995**

### **4.2.1: Disability definition**

All organisations were asked to describe how the definition of disability, as stated within the DDA, relates to d/Deaf individuals. It is pertinent to note that the understanding of how d/Deaf people are ‘disabled’ will be influential in the consideration of what options could be applied in order to make necessary adjustments. The findings show that the majority of MDOs, CABx and universities interpret the disability definition for d/Deaf people in the same way as they understand deafness i.e. by way of the medical model, focusing on the physical ability to hear. In addition, one MDO recognises the communication impairment as an adverse affect on d/Deaf people’s participation with their hearing peers, stating: *“Unable to access forms of audible communication; Unable to have sign language interpreted; Unable to hear, use language and communicate at the same level as a non-deaf person”* (MDO1).

A small number of responses however (two from universities, one CAB and all the MDOs), specifically recognise the relevance of the social model. One answer also shows a clear awareness of the relevance of the various degrees of deafness, pointing out that those using BSL do not consider themselves as disabled (UNI4,7; CAB3; all MDOs). Another adds: *“If there are barriers in the way of a deaf individual carrying out normal day to day activities i.e. if there is no loop system provided in a post office then their ‘disability’ will affect their day to day lives.”* This comment has been echoed by another insightful response which states: *“Even though Deaf individuals identify themselves as belonging to a linguistic and cultural minority, their ability to carry out normal day-to-day activities is adversely affected because they still live in a predominantly hearing world”* (UNI3) in which spoken English is the majority language. One of the MDOs explains that it is the lack of access to BSL/English Interpreters and visual forms of audible communication which are effectively dis-abling d/Deaf people. This then supports the view that the factors which place d/Deaf people within a disability group are not linked to the physical inability to hear, but rather the communication barriers placed upon them by society.

The comments made in relation to deafness within the social model are echoed by the findings from the majority of deaf organisations, who recognise the existence of everyday communication barriers faced by d/Deaf people. The deaf organisations further show an understanding as to how these barriers impact on individuals, detailing the lack of inclusion within society. The responses show awareness that much of society’s communication is simply ‘overheard’, and missing this connection thereby often results in a feeling of isolation.



This deeper understanding of the issue can be illustrated by the answers from two respondents who recognise the importance of the difference between the medical and social models, critically analysing the current disability definition in relation to d/Deaf people. In two quotes, the appropriateness of the wording within the DDA is brought into question and the need for clarification between the two models:

*“The [disability] definition does not readily accord with the social model of disability. It mixes up the difference between impairment and barriers. Deaf people are a linguistic minority in addition to having impairment”* (DEAF5).

*“Is the DDA putting Deaf people in the category of ‘medical model’? This needs to be clarified. We need separate category for Deaf, deafened, hard of hearing. The Deaf community needs not only right but also respect as people who can do anything but hear. Besides not everyone is perfect – we are all human beings!”* (DEAF2).

The first highlights impairments based on the medical model focusing on physical inabilities. In order for adjustments to be applied effectively, however, it appears to be necessary to have an additional, separate definition focusing on the barriers that prevent disabled people from carrying out day-to-day activities. In the case of d/Deaf people, the main problem stems from the attitudinal barriers which they face daily, which are ultimately at the root of a lack of inclusion within society, and it is recognition of the impact this has which is currently missing from the definition as it stands.

#### **4.2.2: The aim of the DDA as a piece of legislation**

As explained on page 5, the aim of the DDA is to eliminate discrimination in the areas of goods and services, housing, employment and education, and it has been possible to analyse the level of understanding of the aim of the DDA by way of the responses from d/Deaf interview participants. Respondents commented that:

- *“Law – linked to discrimination; if you are discriminated against you can quote DDA”* [IP1].
- *“The aim of the DDA is to treat people the same regardless of gender, race e.g. women. Should get equal pay, the same as men”* (IP4).
- *“The aim of the DDA is to provide Access to Work and to empower Deaf people in the work place by providing interpreters. Additionally the DDA highlights my rights”* (IP6).
- *“The DDA can be used to help Deaf people in a work situation who are experiencing discrimination. It can be used to support companies and sue companies. To make sure hearing and Deaf are treated equally”* (IP8).
- *“If deaf people no jobs that’s discrimination – wheelchair, blind. Various”* (IP17).
- *“To help stop discrimination – if a person does not understand the DDA – others can use DDA to help stop discrimination”* (IP22).

Although most interviewees demonstrated awareness of the DDA, the findings show that the majority of them are not clear on its actual purpose. We can suggest that the lack of accessible information about the DDA is a likely factor for this confusion. In order to establish this more definitively, the interviewees were asked further questions about this.

### **4.2.3: Reasonable adjustments**

The notion of ‘reasonable adjustments’ is a core tool used to eliminate discrimination in society, and is perhaps one of the DDA’s most easily recognisable concepts. It is important therefore, to put this term under scrutiny, examining how it is interpreted and how it is implemented. Organisations were asked: **“How would you apply ‘reasonable adjustments’ to Deaf individuals, in order to address the communication barriers?”**

Looking at the responses, a number of things are immediately clear. All deaf organisations show a strong level of deaf awareness, recognising various ways in which adjustments can be applied. They list or mention many possible options, such as BSL/English Interpreters, CSWs, subtitles, textphones etc. There is, however, a clear division in how the reasonableness test is actually interpreted. Some have overlooked the word ‘reasonable’ altogether, simply stating various ways of making adjustments. This blanket approach does not take into account the variation within individual circumstances, and the needs of each individual. Other deaf organisations show a far more holistic approach with recognition of the word ‘reasonable’ being open to subjective interpretation, and that each situation should be assessed in its own right. The following quote illustrates that adjustments need to be discussed and agreed upon: *“Reasonable adjustments should be agreed between employer/service provider and D/deaf person”* (DEAF8). This type of approach is sympathetic to the importance of encouraging good relationships between d/Deaf and hearing individuals.

Another example of these organisations’ understanding is reflected with the following words in relation to ‘reasonable adjustments’: *“...unfortunately it does not really allow people to really address the issues that effect d/Deaf people”* (DEAF2), thereby indicating that the notion of reasonable adjustments does not always have the desired effect.

When examining the findings from CABx, MDOs and universities, it is interesting to note that perspectives of deafness tend to focus on either medical disability model, and that most do demonstrate a good level of awareness in terms of ‘reasonable adjustments’. They provide lists of potential adjustments which could be put in place, such as: minicomms, BSL/English Interpreters, deaf awareness training, loop systems etc. One university’s response clearly explains the need to provide support suitable to the individual, listing a variety of options available from which the appropriate choice needs to be made depending on the person’s needs. For example: *“Installing induction loops where possible may be of use to some individuals with hearing impairments ...”* (UNI9).

Two CABx’ responses referred to the provision of a “signer”, which is somewhat unclear (CAB6,7). This could be a reference to communication support or a fully qualified BSL/English Interpreter, two distinct forms of ‘adjustment’. However, CAB states *“Having a trained Communicator to BSL Level 2 for basic communication”* which shows a flexible approach of utilising BSL/English Interpreters or communicators depending on the particular circumstances of the case (CAB2).

One CAB, one MDO and five universities suggest the need to work together, thereby involving d/Deaf individuals to analyse the ‘reasonable adjustments’ necessary in order to apply tailor-made support (CAB1; MDO1; UNI1,2,3,6,8).

This is encouraging as it indicates (as with deaf organisations) a clear understanding of the importance in treating each d/Deaf person as an individual, and not taking a standard approach to 'adjustments', referring to the quote provided earlier by DEAF8.

One MDO reflected that 'reasonable adjustments' can be made from within by training staff in basic sign language as well as a giving them a good understanding of d/Deaf culture, history and community (MDO3). This is similar to the previously stated need for deaf awareness training, but encompassing these additional areas is a far more comprehensive way of tackling barriers.

There is a clear need to work together, involving d/Deaf individuals in making decisions as to what is appropriate for their specific needs. The success of this approach depends very much on how accessible the communication is within the dialogue, such as having BSL/English Interpreters present. In addition d/Deaf individuals will need to have an informed view of what the term 'reasonable adjustments' actually refers to. With this in mind, interviews were conducted with a number of d/Deaf participants in order to assess their understanding of this term.

Half of the interview participants proved that they were aware of what an 'adjustment' is, however, it is clear that they did not know what the term 'reasonable' actually means. This creates ambiguity when discussing options for requesting 'reasonable adjustments' with service providers and employers. It was clear that a small number of the interviewees have high expectations of the DDA. On occasion their answers implied that service providers/employers have a duty to implement all adjustments, even if they are extremely impractical, in order to meet their specific needs.

Having established from the findings above that the provisions of the DDA are somewhat unclear, interviewees were asked about whether there had been any significant differences made to their lives since its implementation. We were particularly interested to see whether the interviewees felt that the DDA had made any substantial improvements to the barriers they face. Just over half said that the DDA had made a difference. However, the apparent quality of the differences referred to are somewhat ambiguous; in one answer, the participant acknowledged a difference, yet added "*but it's not very good*" (IP23).

#### **4.2.4: Access to the information and guidelines about the DDA**

Of the 22 interviewees who have some awareness of the DDA, only three demonstrated an actual understanding of the Act. Two of the respondents have proficient English skills, enabling them to access information easily from the EHRC website. Unlike many other profoundly deaf people, one of the participants mentioned (who is known to the researcher) does not use BSL and therefore English is their first language.

The third response explains that due to working for a deaf organisation, which is knowledgeable on the DDA law and policies, they have been exposed to a clear explanation of these matters (IP7).

Two respondents answered 'yes' and 'no/sort of'. They appear unsure as to whether accessing information about the DDA is easy, expressing some understanding yet remaining uncertain about the detail due to the complex English used.

18 participants (mostly BSL users) find access to information about the DDA difficult. This barrier is mainly due to the style of English used. As is often the case with matters relating to the law, all information is heavily laden with jargon, using scholastic-style English. This is classified as the organisational barrier as briefly discussed in page 10. This then leads to the need of communication support, such as BSL/English Interpreters, in order to make the DDA easier to understand. However, this support is often difficult to obtain. The problems are further explained by the following response: *“Overall complicates some details apply and others don’t apply – familiar that it has different sections - but is complicated and not clear”* (IP10).

Additional comments include:

- *“Too many words that I don’t understand, not written in plain simple English. Also if a document is too wordy and lengthy I cannot be bothered to read it – I do not have the patience because I know that a lot of it will be over my head. I know about the DDA because of the Deaf community and a Deaf advocate”* (IP16).
- *“English is at a high level. Refers you round and round to different parts; easy to get lost”* (IP1).
- *“There is a lot of jargon and is full of legal language so it is difficult for Deaf people to access if it is was translated into a different format it would be easier for example, the different acts and the different numbers should be in plain English”* (IP18).
- *“Receive most knowledge about the DDA from other members of the Deaf community. I can’t understand the written information about DDA”* (IP12).

On the relevant section of the EHRC website, information about the DDA is readily available in both BSL and ‘easyread’ English formats. All respondents (apart from one (IP13)) however did not mention this during their interviews, from which we can presume they were not aware of this website.

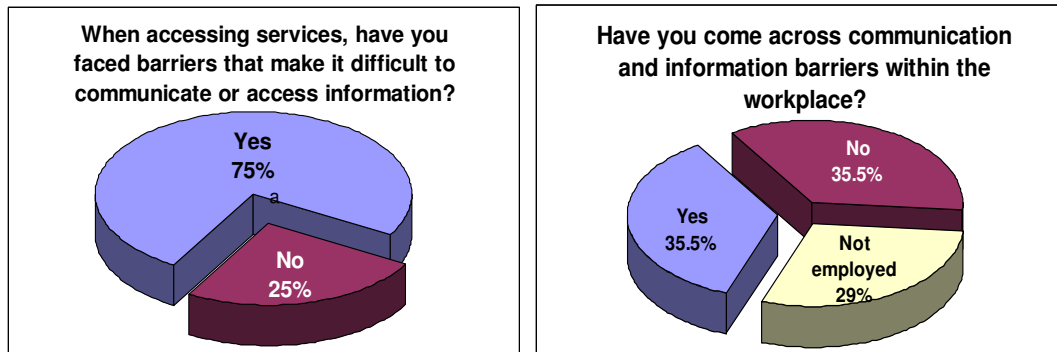
### **4.3: Barriers within mainstream society**

Despite the implementation of the DDA more than 10 years ago, it is clear from the interviewees’ answers that there continue to be many barriers, usually linked to attitudinal issues and a lack of awareness within the areas of service provision and employment. Descriptions of the main barriers that d/Deaf people face are explained in pages 8-9.

#### ***4.3.1: d/Deaf people’s experience of barriers and how they have consequently been affected***

In the area of goods and services, of the total interview responses, as shown on the diagram below, 18 (75 percent) had experienced clear barriers. Within employment, half of the 17 interview respondents, representing 35.5 percent, said they had encountered barriers.

## Tables 1 and 2



In order to gain a more detailed understanding of these barriers, the interviewees were asked to describe the problems they have encountered more specifically, and the attitudinal barriers were described as below:

- Misconception of deafness - when declaring their deafness, one was asked “I have been asked ‘Can you lipread?’. I feel this is discrimination trying to force me into lipreading when I don’t want to. I rather write things down in simple English and vice-versa” (IP14). One respondent added “Because I speak well, i.e. becomes a problem for me – if I speak, they reply to me in spoken language as if I can hear but I can’t” And “My speech makes it easier to them, but is not of benefit to me. They should sign back at me” (IP16).
- “My manager would say things like ‘I will email you’ but the emails were full of complicated English! So the communication problems continued. My manager had the attitude that I was wasting his time and could not be bothered to explain things to me, he had no patience” (IP9).
- “All my colleagues and young people who attend are hearing. I have an interpreter but they do not know how to work with an interpreter, so they communicate to the interpreter saying ‘tell him...’ or ‘ask him...’ instead of talking directly to me. My manager talks to me when I was walking past, or when he is behind me – he knows I am Deaf but does not attract my attention or establish eye contact, and does not use facial expression. Colleagues have said they will learn BSL and then done nothing. They have had Deaf Equality Training, but nothing has changed” (IP13).

Initially looking specifically at the area of goods and services, further examples of barriers which have been encountered were described thus:

- Rail services: “At Kings Cross Station I was queuing for ticket. When it was my turn to buy a ticket I realised I had no pen or paper and kindly asked the assistant. He did not have pen/paper and simply asked me to move so he could serve the next customer” (IP7).
- Typetalk: “Don’t pick up/answer the call or when a hearing person who takes the call, then hangs up when there is a silence. People hate the introduction given by Typetalk – and hung up” (IP10).
- Jobcentre Plus: “the DEA is not very helpful” (IP2) and “They don’t book interpreters (they claim no budget) – no communication” (IP1).

- Hearing dogs: *“Pubs, restaurants, nearly always they won’t accept dogs. I explain he’s a hearing dog with the same rights as seeing-eye dogs for the blind. We have a big argument but I always stand my ground and state my case Big problem is with buses and taxi services. Bus drivers will spend 4 minutes shouting at me to get off the bus. I refuse to get off [because of the dog]” (IP20).*
- Health: *“My doctor refuses to provide an interpreter, insisting we can communicate with pen and paper, but he writes far too much in a very unclear and illegible way making it very difficult to communicate. For example, if my doctor gives me tablets to take, I am not sure how many or when to take them, so often when I get home I will just throw them away” (IP9).* *“With the hospital they don’t book interpreters I’ve requested them and been ignored. Being pregnant, I’ve had midwife visits. They don’t book because my husband is there. I insisted on an interpreter for full access and they provided a communicator with Level 2” (IP18).*
- Banks: *“I have experienced communication problems, for example, they speak to me. I tell them I am Deaf and ask them to write things down, but often it is English of a level that is too high for me to understand. I want to be able to access an interpreter and a private room, so that it can be confidential, but this is not available at the moment” (IP15).*

Case Study 1 was included in the survey questionnaires. Questions in relation to this case study were posed in order to gain an insight into the perception of barriers facing Deaf people from the organisations’ viewpoint. In addition, it permitted organisations to empathise with d/Deaf people who have to deal with these barriers. They were asked: **“How do barriers like this have an adverse effect on Deaf people wishing to access banking facilities?”**

Case Study 1
At one of the major banks, a Deaf BSL customer’s request for a BSL to English Interpreter to discuss some in-depth banking issues was refused.
Part 3 of the DDA, which places a duty on service providers to make adjustments to accommodate the needs of people with disabilities, was quoted to the bank, advising them that they would have to provide reasons as to why they had considered the request to be unreasonable.
After the issue was escalated to management level at the bank and two legal organisations became involved in the case, lasting two months, a BSL to English Interpreter was finally provided.



Responses from most organisations recognise the adverse effects on d/Deaf people when using banking services. d/Deaf people would not be able to use banking facilities in the same way as their hearing counterparts, thereby being placed at a substantial disadvantage (CAB6,7; UNI3,11). As full access to all banking facilities is essential for individuals to manage their finances, a striking response describes organisational and attitudinal barriers as explained in the literature chapter: *“Often written financial information contains a lot of jargon that Deaf people would not be familiar with, and without having an interpreter to put this information into their first language, their understanding of this will be limited...”*

...An interpreter also allows information and questions/answers to flow two ways, thus giving two-ways, thus giving the deaf person the opportunity to clarify information, make sure it is understood and their questions answered" (DEAF7). Furthermore, the consequences as a result of the barriers has been added: "Without the information, Deaf people are put in a vulnerable position, using the services of the bank without fully understanding some aspects of that, such as bank charges and penalties the bank can impose. This obviously could lead to Deaf people getting into financial difficulties" (DEAF7), in which four other responses share same viewpoints on the consequences (DEAF1; UNI6,9,12).

Financial difficulties could lead to d/Deaf individuals' emotional problems, stress, anxiety, frustration and depression (DEAF9; UNI5,13). An additional factor could become a loss of self-confidence and self-esteem in using banking facilities and managing finances (DEAF1,10; CAB3). Therefore this effectively prevents d/Deaf people from asserting their independence (DEAF1,6).

Continuing with the theme of independence, one interviewee suggested. "Deaf customers need to be made aware of their rights to choice and good customer service. So that they can make an informed decision to stay with a bank that refuses to provide a sign language interpreter" (DEAF4), which is backed by comments in another response, that "it is sometimes the case that Deaf people are not fully aware of their rights in these aspects or aware of the DDA and how it can improve their access to vital information concerning their finances and options available..." (DEAF2) Three responses add that many d/Deaf people do not have an assertive approach, and they are not empowered enough to insist on appropriate communication support to give them full access to information (DEAF3; UNI1; MDO4).

One answer pointed out that it is highly unacceptable for d/Deaf people to have a wait up to two months for an appointment with a BSL/English Interpreter (DEAF9), in contrast with hearing customers who have access to appointments within three days. Another adds "A delay could have had financial implications" (DEAF6).

A MDO states: "Banks are the worst group of organisations for disability discrimination - and the greatest number of complaints to EHRC" (MDO2).

The organisations were then questioned about potential resolutions to the barriers and their adverse effects within goods and services: "**Please list any preferable methods by which you think cases like this can be brought to a resolution and enable similar adjustments to be implemented across all service providers**".

One suggestion was that time limits could be added to the DDA, in order to encourage discrimination claims to be resolved sooner, with financial recompense if the cases are delayed (MDO1). Another response suggested that the Act could be more effectively enforceable by enabling barriers to be tackled at several stages (CAB2); in this way complaints could be addressed at the outset, preventing cases from reaching the point of a hearing (DEAF8). A further comment was simply: "Get rid of ambiguous terms in DDA such as 'reasonable adjustments'" (MDO4).

Service providers need to be aware about the need for equality; however it is not possible to apply a “one size fits all” approach, so instead the appropriate adjustments for each case should be considered at the first contact with service users (DEAF11; UNI7). Service providers need to be aware and reflective of the outcome from previous case studies, prompting them to implement reasonable adjustments throughout their services (DEAF5; UNI2,3,12). This is backed by a striking deaf response stating: *“The DDA will take many years to become entrenched (as was the case with racial discrimination). It needs people to use the law and go to court - it needs to become enshrined in case law”* (DEAF12). This forethought would help to avoid issues arising, issues which could lead to complaints and possible litigation.

In respect of the Disability Equality Duty under the DDA 2005, which imposes an obligation on public authorities, as stated by one university: *“In a way where the individual does not have to become a fighter or litigant. Each organisation should have a disability equality scheme like in the public sector with a requirement to meaningfully involve disabled people”* (UNI10). Full access to information about products and services could be achieved by providing alternative formats such as BSL and easyread English on service providers’ websites and within their literature (DEAF7). Service providers should have appropriate systems in place to enable them to deal with service users who have disabilities and these systems should be known to all staff. This would prevent *“customers having to quote DDA at them!!”* (CAB3).

d/Deaf interview participants were asked a similar question and some of their responses were as follows:

- *“Raising more deaf awareness. This not only will help the one that already experience problems with their housing, but could also make to think those people that do have hearing problems (in a later age is a common thing that occurs anyway) but ignore them”* (IP3).
- *“I feel if both the Council and local Job Centre Plus had someone with experience in sign language or a deaf employer to call upon, the access could be addressed”* (IP6).
- *“RAD can help but they do get incredibly booked up. I missed a place at university but I wanted to go this year and was told to apply next year”* (IP1).
- *“Improve Typetalk service – through internet – Deaf people too own Typetalk services – or a second Typetalk company and become a competitor – A vision relay services”* (IP10).
- *“Websites on the internet like the HM Revenue and Custom website, is not accessible. It would be better if there was a BSL translation on screen, or a BSL DVD providing the same information. I’ve suggested this to them but I was ignored”* (IP13).



- *“Here’s an example of what I’ve done – while waiting for a taxi in Southampton, the taxi driver refused to take me with my dog and told the person behind me in line to get in, and he drove off. I went to the taxi licensing authority and had a meeting with the company’s lawyers presented. They realised they were in the wrong and told all the drivers if they refuse to take on assistance dog they could get a fine and 3 month suspension of their licence. Also, drivers were told they could only refuse an assistance dog if they hold an exemption certificate. E.g. they were allergic so I have a leaflet from Assistants Dogs UK which explains the right of all six assistant dogs in the UK. I can give them out” (IP20).*



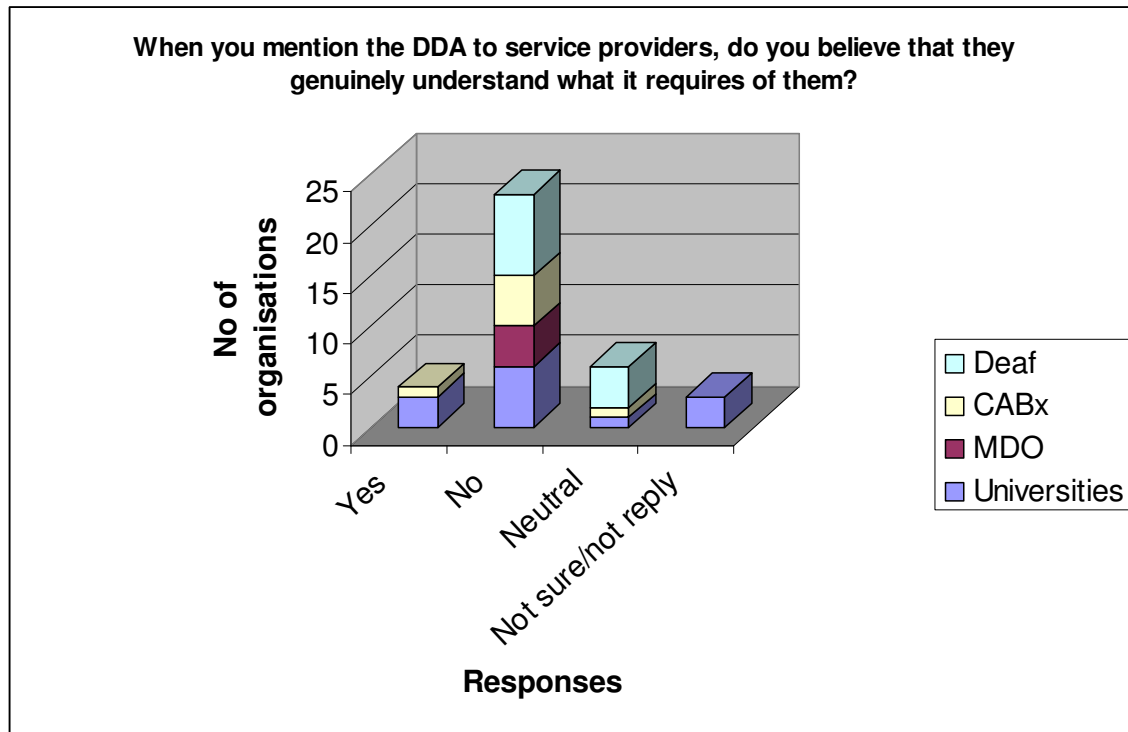
One interviewee (IP13) raised a good example. Bristol City Council appointed a Deaf Equality Officer who is Deaf herself following a consultation process, who supports the council in providing equal access to services for Deaf people who use BSL, and encouraging feedback from Deaf service users. This was a result of the council’s Disability Equality Scheme as required by the DDA 2005 (Bristol City Council, 2009).

It is interesting to note from the d/Deaf interviewees’ responses that they do not refer to the DDA as a way of removing barriers, however the CAB were able to show recognition that disabled people would feel it necessary to quote the DDA during their consultations with service providers (CAB3). One interviewee stated that he would quote the DDA, but did not indicate in what context.

The responses, both from organisations and interviewees, show a lack of understanding of the issues. There is a lot of confusion as to what the aims of the DDA actually are, and what ‘reasonable adjustments’ mean. The gap in the understanding of the DDA needs to be addressed before attempts are made to implement solutions.

We wanted to establish whether, even following advice and guidance which they may have received from organisations on a disabled client’s behalf, service providers fully understand their obligations under the DDA. The organisations were thus asked if they felt service providers fully understood their duty.

**Table 3**



From the table above, it is clear that a high number of organisations did not believe that service providers understood the DDA and they were asked to suggest ways in which this can be resolved during initial contact with the service provider.

One response suggests: *“There is the need to run series of practical workshops on the DDA. These workshops could be titled ‘DDA Made Simple’. Series of such workshops could take place across the nation to assist service providers with understanding the DDA”* (UNI3).

The universities’ responses suggest that initially, issues surrounding the DDA need to be subject to further clarification before any improvements can be made within the area of goods and service (UNI2). A key point made was: *“The DDA needs to be written out in plain, clear and simple language. Many service providers will struggle with understanding the requirements of the DDA because of the way it is written”* (UNI3).

The view of this university is shared by others: *“Advertise consequences of not complying with DDA like TV licence people do when you fail to obtain a licence”* (UNI3,13). The similar suggestions were provided by two deaf organisations: *“More ‘teeth’ in the DDA so that people are aware of sanctions should they fail to make reasonable adjustments”* (DEAF9) and another suggested fines as a sanction for any such failures (DEAF5).

One MDO explained that service providers may not understand that deafness is distinct from the usual stereotype of disability as it involves communication difficulties (MDO3).

Service users may feel anxious about whether or not to quote the DDA, fearful that this could backfire because service providers may perceive this as being threatened with possible litigation (CAB1). One Deaf states that complaints through the DDA should be made easier, encouraging more service users to bring up issues in relation to the barriers (DEAF8).

The neutral responses from the organisations involved indicate that a service provider's level of understanding can depend on both the size and capacity of the company (UNI6), which is shared by a deaf organisation who answered "No" to that question (DEAF12). The fact that some service providers do understand and some do not, however, shows that the DDA guidelines do indeed need to be produced in a clearer format (DEAF7; UNI12). One comment emphasised the fact that the DDA has existed for 12 years and therefore, it would be fair to expect service providers to understand their duties by now (DEAF11).

Respondents who believed that service providers do understand the requirements of the DDA suggest that by working with relevant disability, deaf and legal organisations, clarification on the DDA can be achieved, and service providers can be educated and advised accordingly.

Turning our attention to the area of employment, d/Deaf interview participants reported some barriers:

- Recruitment: *"On application for the job I was not offered an interview straight away because I wrote Deaf on the form"* [IP1]. *"I applied for job at [an employer] as an in-vision TV monitor accessor.*
- *However I was refused the job as [an employer] does not provide an autocue system and therefore I would be unable to access the information"* (IP7).
- *In my previous job, I did experience some discrimination for years, my boss would speak and they would not learn sign language and not provide interpreters"* (IP18).
- *"I now work as frontline staff at [an employer], because I have Ushers, I often don't see or hear clients that came to my desk for information and this makes me and the clients very stressed. My employer knows that I have Usher and have put me in a difficult position by changing my role"* (IP4).
- *"When meetings were arranged, my workplace did not provide an interpreter"* (IP5).

On the issue of ATW, which is a Government initiative to help reduce discrimination (as explained in page 11-12), some respondents experienced difficulties due to the bureaucracy involved and the fact that responsibility tends to lie with the employees themselves to manage and organise their ATW support. Also, literature about ATW is provided in written English rather than BSL as explained by one interviewee: *"Not a clue because it is all in English. I use it, but I don't know how it works. I've never had training on how to use it. The rules have never been explained to me, so I have had no training on what I can and can't use it for"* (IP14). One other interviewee explained: *"Throughout my employment I had no idea about Access to Work – no one had told me about it. In May 2008 RAD informed me about this and that I could have interpreting support in my job. I was shocked that I did not know about this before!"* (IP9).

Within the area of employment, Case Study 2 was given as an example of the problems encountered. This case study shows how problems can become magnified, escalating to such a degree and often resulting in legal action, which, in this particular case, took two

#### Case Study 2

A Deaf employee, having worked for a well-known financial institution for 10 years, suffered disability discrimination in the form of failure to make reasonable adjustments, disability-related discrimination and bullying and harassment from line managers. Eventually, he felt he had no choice but to take voluntary redundancy to escape the discrimination.

A case for disability discrimination and constructive dismissal was made to the Employment Tribunal. Settlement was reached before the tribunal hearing, and the employee received a sizeable amount. This was to the employee's enormous satisfaction, as the settlement figure was comparable to the award he would like to have won at the tribunal hearing.

years to be resolved. Organisations were asked to consider whether they felt these consequences could be avoided by handling the issues in a more constructive and open manner, i.e. by having regular and direct communication with the line manager in the initial stages.

Organisations were asked the following question: **“Do you believe that this case should**

**have been resolved at the initial stages, with the employee's line manager?”** and were asked to give examples and reasons supporting their answers.

All universities, all MDOs, four CABx and eight deaf organisations confirmed that they felt the case could have been resolved at the outset. There were a number of examples and reasons given. Four responses (DEAF4; MDO4; UNI2,7) made an important point about the need to be consultative, that is to say, in order for the employer to understand how they can establish the appropriate reasonable adjustments which the DDA requires of them, they should fully involve the employee.

There needs to be an open dialogue between both parties in order to find the most suitable adjustments. Answers also highlight the fact that it is sometimes only senior management who are fully aware of their obligations and responsibilities in relation to the DDA, and that this information is not necessarily filtered down the hierarchy. As one response stated, line managers frequently do not possess the skills and knowledge they need in order to fulfil their duties correctly. With this in mind, the point is also made that line managers need to have clear guidelines and good standard practice policies in place to assist them, as well as easy access to information about their (the employer's) obligations under the DDA (DEAF6,11; UNI1).

The use of grievance and disciplinary procedures was quoted as a means to resolve the case, however this of course is an extremely formal way of addressing the problem, and should not be used unless necessary (CAB5). It would very much depend on the particular circumstances of any given case. The general consensus appears to be that if, for instance, it was a clear situation of bullying and harassment (an example given by CAB3) it is possible that the formal grievance procedure would be applicable. Employers need to have 'reasonable adjustments' in place prior to problems arising, in other words, attempt to be proactive rather than simply reactive. The point was also made that the employee needs to be involved in the process of establishing any adjustments, so that they will be tailored to the individual's needs. The 'Personal Development Review' or annual appraisal process should be used to identify any issues in the early stages, reviewing and changing things to improve and resolve problems (UNI10; MDO4).

In the case study used in the survey questionnaire, the environment became so stressful and uncomfortable such that the employee felt they had no choice but to leave their job, and although compensation was later obtained, one CAB stated: *“The employee’s preference would normally be to hold on to your job in a pleasant atmosphere”* (CAB4). That response suggests that a more satisfactory resolution would be for the employee to keep their job and work in a cooperative and comfortable working environment. The point was made that by not managing and attempting to sort out the issues in the early stages, problems will often escalate and ultimately become more difficult and costly to resolve.

One university response felt that they could not commit to either a ‘yes’ or ‘no’ answer, as they felt there was not enough information about the case from the details provided (UNI6). Two further non-committal responses were received from deaf organisations. The first made the point that in reality it would be far better if the discrimination had not occurred in the first place and highlighted the importance of having procedures in place to assist with early resolution and to safeguard all parties involved (DEAF8). The second of these responses stated that it would depend on the individual company or business, as if a company had not encountered issues relating to discrimination on a prior occasion, they would be less able to deal with it appropriately, whereas a company with prior experience would likely have learnt from this and would be better equipped to prevent these problems from happening again (DEAF7). Nonetheless, variables are invariably involved, as early resolution would depend on the attitudes of the people involved, and the ability of the Deaf person to assert their rights (DEAF8). One MDO explained that the case study *“highlight[ed] a lack of openness by the employer regarding communication disability”* (MDO1).

Nonetheless, some organisations believe that the case could not have been resolved at the initial stages. Two CABx responses commented that if policies and procedures had been correctly implemented in the first instance, involving communication to all levels of management and staff, then this outcome would have been avoided (CAB6,7). Another CAB clearly said that line managers do not have the authority to apply reasonable adjustments, and therefore it would not have been possible to resolve the problem during the initial stages (CAB2).

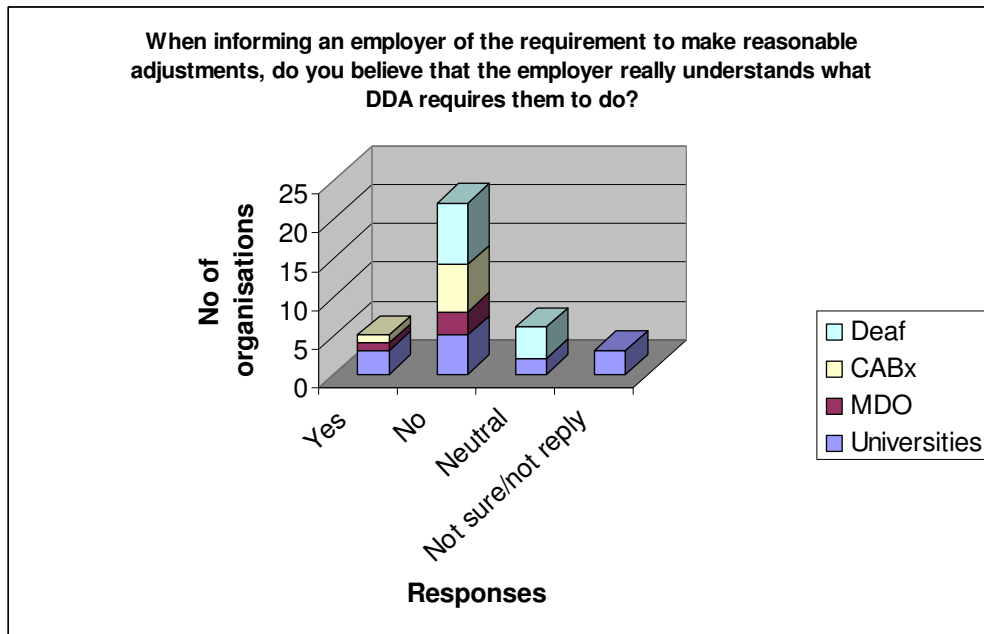
Taking into account the responses from organisations as above, if barriers were dealt with at the earlier stages of employment, any form of discrimination relating to the failure to make reasonable adjustments could be prevented. d/Deaf interviewees were asked to provide suggestions on how barriers could be addressed by way of ‘reasonable adjustments’. The answers below show that most interviewees have an awareness of the variety of adjustments available to d/Deaf employees.

- “Colleagues need Deaf Equality training, training on how to work with interpreters, and they need to learn BSL. The problem is that colleagues have no interest” (IP13).
- “I feel strongly the barriers I faced at work could have been overcome if they had provided an interpreter. However when I asked my boss to arrange an interpreter, through ‘Access to Work’, my requests were ignored” (IP5).
- “I feel that [employer] could understand my culture, rights and communication needs better if they were to enrol on a deaf awareness training course” (IP6).
- “...setting up a work group would help address this barrier.” (IP7).
- “Through RAD support and advice and union support” (IP12).
- “If I had access to an interpreter that would open barriers for me. Good staff who are deaf aware and communicate well would also open barriers for me” (IP15).



While advice and guidance about the DDA is available for employers, there remains uncertainty as to whether these employers fully understand their obligations. The organisations involved in the study were asked whether they felt that employers fully understand their duties, and this was their response:

**Table 4**



The table shows a similar picture to Table 3 (page 35) whereby the majority of organisations do not believe that employers would understand their obligations under the DDA. From the respondents who thought employers do not understand their obligations under the DDA reasons were provided as to why this was apparently the case. One

response stated that whilst employers may have a good understanding of physical disability, which is visual and therefore a more tangible concept, the area of 'communication disability' is much overlooked, as deafness is often regarded as an 'invisible' disability.

Two respondents suggested that addressing this ignorance of employers' obligations under the DDA was a question of national training, education and awareness including the use of case studies as examples of good practice, and specialised deaf awareness training on how to meet d/Deaf people's needs (CAB1; DEAF7). However, additional comments pointed out that it is not compulsory for employers to undergo disability awareness, and that employers may be unwilling to make adjustments in this way (CAB4). It was further suggested that guidelines available to the public about the DDA could be presented in a more simplified and clear format (UNI12).

One response suggested that the ability to obtain advice and guidelines from other relevant organisations on how 'reasonable adjustments' should be applied would be useful (CAB5), but only after, as suggested by other response, the term 'reasonable adjustment' is actually defined (MDO4).

Deaf organisations who said that employers do not understand their duties under the DDA provided suggestions on how information about the DDA could be better disseminated. Although some of the answers provided were not specifically relevant, some good points were made regarding handbooks, policies and procedures and ATW. d/Deaf people fear that taking appropriate action to tackle discrimination will affect their relationship with their employers. In situations where hearing dogs are used, employers may point out that the dogs do not actually provide assistance to d/Deaf people in relation to their jobs, and therefore they may not feel obliged to accommodate the presence of such hearing dogs in the workplace (DEAF6). One answer stated that deaf awareness training should be mandatory for all employers, and in addition, annual reviews could be carried out to determine whether or not employers implement policies and procedures as a result of deaf awareness training (DEAF3). A further suggestion was the use of sanctions for those who do not comply, although this would possibly only be fair if the term 'reasonable adjustment' was made clearer. One deaf organisation stressed the need for mediation between all parties to establish the appropriate support required as each situation and individual is different (DEAF4).

In response to the questions as to whether employers understand their obligations under the DDA, one CAB, one university and two deaf organisations gave a neutral answer explaining that if an employer is not sure, they can make enquiries to obtain information and take advice. However, they did not indicate where and from whom information and advice could be sought (CAB5; UNI1; DEAF2,7). In contrast, one CAB and three universities believed that employers do understand their duties under the DDA (CAB2; UNI6,9,10). However, one deaf organisation (DEAF11) explained that employers could be provided with more information on the DDA and resources such as ATW. This could go some way in addressing issues relating to discrimination in the early stages.

The questionnaire went on to ask the organisations questioned as to whether discrimination cases could be avoided if employers followed the DDA from the outset. Details and examples were sought from those who agreed that it could be avoided, and likewise from those who disagreed. The respondents who agreed (seven deaf organisations, two MDOs, five CABx and eight universities) supported a pro-active



approach on the part of the employer. The employer should work with the employee, establishing a dialogue, preferably in the early stages such as the preliminary interview (DEAF1,2,3,4,5,9,10; MDO3,4; CAB2,3,5,6,7; UNI2,3,5,7,9,10,11,13).

All the parties involved should have a clear understanding of their legal obligations, with an awareness to ensure that the necessary adjustments are put in place and reasonable adjustments should be subject to regular reviews (UNI10). It was further suggested that the DDA should be strengthened to prevent employers discriminating against d/Deaf people, and that positive discrimination in securing employment for d/Deaf people is necessary (CAB6,7).

As explained earlier, the purpose of the DDA is to eliminate discrimination by applying 'reasonable adjustments', however one deaf organisation (DEAF1) stated that better information should be provided to employers on how to take the necessary measures to prevent discrimination. Others believe that the DDA is not effective due to the complexity of its jargon-laden language, and that the term 'reasonable adjustments' is at best ambiguous, requiring employers and service providers to interpret it in their own ways (DEAF7). The existence of the DDA is somewhat superficial in that it gives the impression that discrimination is being tackled, when in fact it is not (DEAF7).

Of the organisations who disagreed that the discrimination cases could be avoided during the early stages the general consensus is that communication difficulties need to be mentioned explicitly in the DDA, specifically relating to deafness and the wide and varied individual communication requirements (MDO1). The DDA would then be understood more clearly through training and not by enforcement (CAB1). One commented that it could take a considerable amount of time before the DDA is as effective as the Race Relations Act 1976 and Sex Discrimination Act 1975 (MDO2), and in the meantime: *"there will always be prejudice from some people"* (UNI12).

#### **4.4: Summary**

In terms of deafness, most organisations in the mainstream setting demonstrate a good knowledge of the various degrees of deafness and different communication needs, such as BSL/English interpreting, textphones, emails and text messaging. Most perspectives of deafness are however mainly rooted within the medical model, focusing on the individual's impairments. Nevertheless, a few organisations illustrated an awareness of deafness by way of the social model by making reference to communication barriers within society (UNI1; CAB1,3).

The overall findings collected from both survey questionnaires and interviews show that the DDA is a confusing and ineffective piece of legislation. Responses from MDOs show reliance on the medical model of disability in establishing the definition of 'disability', whereas most deaf organisations and a few MDOs focus on barriers within society and a definition which relies on the social model of disability.

Conversely, most interview participants were clearly aware of the DDA, but it is notable that their understanding of the aim of the DDA was purely focused on the enforcement model rather than as a method to pre-empt discrimination.

The term 'reasonable adjustments' is one of the obvious parts of the DDA, and whilst the majority of interview participants and organisations demonstrated knowledge of the type



of adjustments which can be applied, many were apparently not aware of the relevance of the word 'reasonable'. Therefore, it appears that some d/Deaf people have high expectations of the DDA than may realistically be the case. Access to information and guidelines about the DDA are provided in BSL and easy-read English formats on the EHRC website, which could assist d/Deaf people in having a clearer understanding of how the DDA works. Unfortunately however, most respondents did not demonstrate awareness of this and therefore have only had access to standard literature which is oftentimes impenetrable due to a considerable amount of jargon-heavy English.

Despite the DDA having been in force for more than ten years, most interview participants continue to encounter barriers within the field of goods and services and at least half encountered problems in employment. Various types of barriers have been described, and are attributable to the misconception of d/Deaf people in applying the medical rather than social model and communication difficulties which affect interaction between d/Deaf people and hearing peers.

Addressing barriers effectively will depend on how knowledgeable people are about the DDA and how fully the Act itself is understood. An example of the importance of being knowledgeable was seen from one of the interview respondents who is profoundly deaf and uses English for everyday communication. Being well versed in English enabled him to access the information and guidelines about the DDA, and armed with this information, when confronted with discriminatory behaviour from a taxi driver, was able to follow a well-considered course of action. The taxi driver had refused this d/Deaf person use of his cab because they had a hearing dog. This individual went on to liaise diplomatically with the taxi licensing authority, which successfully led to changes in procedures regarding d/Deaf people with hearing dogs (IP20).

Initially, for d/Deaf people to consult effectively with service providers and employers in addressing barriers, communication and cultural differences need to be bridged by way of using BSL/English Interpreters. In addition, both parties need to clearly understand the DDA and interpret it correctly.

It is a fact that d/Deaf people encounter barriers, and that it is difficult for them to get these barriers addressed due to communication differences. We have established that the factors which impede the ability to tackle these barriers are:

1. A blinkered perception of d/Deaf people, stemming from the medical model's perception of deafness; and
2. A lack of understanding about the DDA among d/Deaf people.

There are knock-on consequences that need to be considered: d/Deaf people develop low self-esteem, lose their self-confidence and, in some cases, become depressed or develop other mental health issues. Statistics have identified that in comparison with their hearing counterparts, the number of d/Deaf people suffering from mental health illness is much higher.

Recommendations derived from the data findings will be put forward and explored in the next chapter.

## **Chapter 5: Action Plan**

This chapter will propose recommendations for an action plan following the findings illustrated within the last chapter. The proposal will initially explain the type of plans available, and then how, following implementation, the plans will lead to improvements allowing d/Deaf people to access mainstream services.

The action plan mainly focuses on the DDA as the findings concluded that efforts to have barriers addressed by d/Deaf individuals depend very much on the levels of knowledge and understanding of the DDA. In addition to communication issues, the lack of knowledge and understanding may hamper d/Deaf individuals' efforts to undertake the correct steps in having barriers addressed within mainstream services.

### **Recommendation 1: Meeting with the Minister of State for Disabled People and the Conservative Spokesperson for Disabled People**

The purpose of such a consultation would be to analyse the definition of both 'disability' and 'reasonable adjustment' as two major factors to why d/Deaf people still face barriers in the mainstream. A definition of 'disability' based on the social model emphasising barriers within society could be added to the DDA, linking it to the existing definition based in the medical model which focuses on the individuals' impairments.

Establishing a definition of disability by way of the social model as well as from the existing medical model viewpoint would enable service providers and employers to understand barriers in society more fully, and would then assist these in applying 'reasonable adjustments' for d/Deaf people.

There is currently no specified definition of the term 'reasonable adjustment' and how 'reasonable' an adjustment can be deemed to be. It is therefore subject to individual interpretation and in several cases this could lead to incorrect adjustments being applied due to a lack of effort on the service provider or employer's part to mediate with the d/Deaf people concerned. The reasonableness of the adjustment will depend on the particular circumstances of each and every case.

Ideally, the definition of disability and 'reasonable adjustment' could be revised by the Equality Bill ("the Bill"). However, the Bill was already published on 27 April 2009 and is currently making its way through Parliament. Also, the Government has already rejected the proposal for the definition of disability to be altered. The recommendation for alteration was proposed by the House of Commons Work and Pensions Committee based on a recommendation by the Disability Rights Commission. Instead, it appears that a lower threshold for reasonable adjustments is planned.

Therefore, it appears that it may be too late for any recommendations proposed by this report to be incorporated into the Bill, although at some stage during the passage of the Bill, Members of Parliament and the Lords can press for amendments in relation to the disability definition. For example, one such amendment was tabled by the Labour MP Roger Berry, the Secretary of the All-Party Parliamentary Group on Disability in the Second Reading Commons Debate on 11 May 2009 (Tyrer, *Single Equality Bill*, 2009).

It is therefore recommended that the Minister of State for Disabled People and the Conservative Spokesperson for Disabled People be approached in order to attempt to influence amendments to the Bill as it passes through Parliament.

### **Recommendation 2: Meeting with the Equality and Human Rights Commission**

According to the findings, most d/Deaf people and some organisations find accessing information and guidelines about the DDA difficult to understand. A meeting with the EHRC will look at options to improve the accessibility of information and guidelines.

The information and guidelines currently available in BSL format on the EHRC website could be better promoted through all deaf channels, such as British Deaf News as well as adding specific links to the websites of relevant deaf organisations, such as the RNID and RAD. It could also be made available in BSL on DVD.

In relation to the term 'reasonable adjustment' - a major tool within the DDA to eliminate discrimination - it would be of great assistance were the correct interpretation communicated to all parties clearly and effectively.

### **Recommendation 3: Workshop training for advocates**

The findings show that d/Deaf people lack knowledge and have inadequate levels of understanding about the DDA. Consequently, they tend to take the incorrect steps in order to address barriers or fail to take action at all. Communication difficulties also naturally arise when liaising with service providers and employers, and this affects d/Deaf individuals' self-esteem, self-reliance and self-confidence.

Advocates can explain to d/Deaf individuals their rights and how they can take the necessary steps to be empowered. This knowledge will boost individuals' self-confidence, self-esteem and self-reliance.

Once advocates have been given in-depth training about the disability legislation in force in the UK (the DDA and the Equality Bill when enacted) using different teaching methods, and when in a position to provide workshops, the workshops will cover:

- The aim of the disability legislation;
- How to eliminate discrimination;
- Examples of 'reasonable adjustments';
- How parties can work together in applying 'reasonable adjustments'; and
- How barriers can be tackled effectively.

This will result in a significant increase in the numbers of advocates with informed, in-depth knowledge about the disability legislation, allowing the opportunity for this information to naturally filter down among the d/Deaf community. This will in turn enable the advocates to be able to disseminate information, particularly about what the term 'reasonable adjustment' means, along with empowerment, will enable d/Deaf individuals to make choices and decisions for themselves. Barriers can then be addressed at the outset by exploring options, with assistance from advocates if required.

Funding will be required, either from the EHRC or elsewhere, in order to train advocates to deliver workshops on the disability legislation.

#### **Recommendation 4: Social Policy Database**

A Social Policy Database should be created as a tool to gather information about issues that affect d/Deaf individuals. The purpose of this tool would be to collate information from clients regarding barriers they have or are experiencing. An example of such a barrier would be a council not providing a BSL/English interpreter, thereby preventing a Deaf person from dealing with their council tax enquiries.

On a wider scale, the EHRC could commission various organisations who provide advice and advocacy to specialist groups of people such as d/Deaf people, to collect social policy data and channel this information to the EHRC in order to assist with its strategy planning and otherwise. This would ensure that the EHRC continue to be made aware of barriers that disabled individuals face in their day-to-day lives, and can then take the necessary steps or measures to eliminate these barriers somewhat.

#### **Recommendation 5: Deaf awareness training**

Suggestions have been made by some organisations and interview participants that deaf awareness training would be considered as one of the tools providers of goods and services, education, housing and employers could use to gain an understanding of deafness and communication issues.

d/Deaf organisations and businesses provide deaf awareness training to a wide range of mainstream organisations. It is therefore recommended that deaf awareness training materials could be reviewed with a view to adding information regarding the importance of the social model in considering how to address the barriers faced by d/Deaf people.

Also, the EHRC could commission monitoring in order to ascertain whether the deaf awareness training provided results in barriers being removed for d/Deaf people. This may involve use of research methodologies collecting data from service users and employees as to determine whether or not changes in practice are implemented.

#### **Further studies**

For reasons explained in the methodology chapter, the attempts to include accurate figures of d/Deaf people with mental health/learning difficulties in this study resulted in minimal success. Although two individuals with mental health/learning difficulties did take part in the study, there needs to be more time specifically allocated to the issues of this particular group.

Further and in-depth research on the following areas need to be conducted:

- The DDA and the Bill's impact on d/Deaf people with mental health/learning difficulties;
- Individual rights of d/Deaf people with mental health/learning difficulties;
- Identifying barriers and their consequences; and

- Ways for d/Deaf individuals with mental health/learning difficulties to have barriers addressed.

The study could be conducted with additional support from those who have experience in dealing with people with learning difficulties/mental health issues. This would be necessary in order to interview clients from this demographic, due to their unique needs.

It is also recommended that bearing in mind that the participants of the present research were people from Greater London, two from England and a few from Wales. More participants are needed from other regions so a broader demography of d/Deaf people can be analysed. This would give a better reflection of the d/Deaf people's understanding of the DDA and subsequent legislation.

## **Chapter 6: Conclusion**

Previous studies show that the term deafness has on several occasions been misinterpreted by being placed in the medical model context and thereby focusing on the individuals' inability to hear and communicate. The majority of people remain unaware of the term deafness from the social model perspective, which takes an alternative view, focusing instead on the barriers which society imposes in relation to communication issues and lack of accessible information. In this study, findings showed that most mainstream organisations demonstrated a good knowledge of the various degrees of deafness and different communication needs. However, it is clear that their perceptions of deafness were very much rooted in the medical model, seeing the individuals' impairments as the cause of their disabilities within society. That said, a few organisations clearly demonstrated knowledge of deafness within the social model by making reference to the communication barriers faced by d/Deaf people within society.

It is clear, therefore, that the medical and social models of deafness play an instrumental role in the perception of d/Deaf people in mainstream society. The efforts of d/Deaf people to interact effectively in society are hampered mainly due to the lack of awareness in overcoming communication difficulties. Ultimately, it is this which creates the barriers d/Deaf people face.

There are four different types of barriers, the first three – organisational, environmental and attitudinal – combined result in the fourth, inaccessible information. Although the DDA has been in existence for more than ten years, the findings previous studies (as highlighted in the literature chapter) show that d/Deaf people continue to encounter barriers in society. In addition, the studies recently conducted for the purpose of this paper show that most d/Deaf participants have encountered different types of barriers in the areas of goods and services and employment. Half of the interview participants had experienced attitudinal barriers of some kind, including being asked if d/Deaf people are able to lipread despite the request to communicate using written English, a lack of patience when it comes to effective communication, and not knowing how to use BSL/English Interpreters correctly. Perhaps surprisingly, the organisations involved in this study demonstrated a good level of understanding in identifying the barriers faced by d/Deaf people, and additionally were able to explain the consequences of such barriers.

In relation to the DDA, one of the aims of the Act is to eliminate discrimination by the application of 'reasonable adjustments'. However interview participants were not clear that the duty to make such adjustments were subject to reasonableness test, or if they were aware that it was, did not know what it meant. Instead, they were led to believe that the DDA enables them to assert their right to be treated equally to hearing peers. The term 'reasonable adjustment' is perhaps the most widely used aspect of the DDA, however due to the absence of a definition of the word 'reasonable', it has the focus of individual interpretation. d/Deaf participants demonstrated their awareness and knowledge on how adjustments can be applied, however it is clear that they do not necessarily understand the meaning of the word 'reasonable'. Conversely, only a few organisations gave examples of what they understood to be 'reasonable adjustments'.

Addressing the barriers effectively will depend on two factors: firstly, how knowledgeable people generally are about the DDA and how fully the Act itself is understood. However most d/Deaf participants found access to the information and its guidelines wanting.

Secondly, for d/Deaf people to consult effectively with service providers and employers in addressing barriers, the communication and cultural differences need to be bridged by way of using BSL/English interpreters.

d/Deaf interview participants and organisations gave different ideas and thoughts on how to make the DDA more effective in tackling disability discrimination. Some of the suggestions given included a clarification of the definition of 'disability', so as to make it easier for service providers and employers to understand the necessity of reasonable adjustments. The term 'reasonable' should be clarified with examples taken from case studies. A striking idea that was suggested was for d/Deaf individuals who faced a particular barrier to discuss appropriate reasonable adjustments with the service provider or employer and attempting to resolve the issue.

### **All people except those faded are Deaf**



Recommendations within the action plan include the delivery of workshops in order to educate d/Deaf people about the DDA as well as subsequent legislation and how barriers can be tackled, these workshops to be delivered by advocates. In addition, the recommendation to set up meetings with the Minister for Disabled People, the Conservative Spokesman for Disabled People and the EHRC, along with the establishment of a Social Policy Database to streamline the identification of barriers faced by the service users so that the issues can be addressed. Analysing existing Deaf awareness training with a view to improving this and further studies were also recommended.

It is clear that reforms of the DDA are currently underway in Parliament via the Single Equality Bill. If information and guidelines about the DDA and all subsequent legislation were provided in a more accessible format for both d/Deaf people and service providers/employers as well as workshops being set up to raise awareness and understanding of the law among d/Deaf people, thereby empowering d/deaf individuals to tackle issues, these could, over a period of time, lead to the elimination of the barriers that d/Deaf people face in society. This in turn could promote good relations between this sector of society and their counterparts who hear, with the result of eradicating, or at the very least, reducing the prevalence of disability discrimination.

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