

2018

Ambitions for Ageing



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Contents

Item	Page
1) Background Information	2
1.1) Purpose of Report	3
1.2) Framework and Methodology	3
2) Survey Questions	3
2.1) Hard copy questionnaire & BSL delivery	4
2.2) Online questionnaire	4
3) Challenges & Solutions	4
3.1) Communication	4
3.2) Technology – online facility	5
3.3) Getting responses	6
3.4) Capacity limitations	7
4) Survey Results	7
4.1) – Monitoring Information	7
4.2) Questionnaire responses	9
4.3) Results in detail	10
4.4) One-to-One Interviews	30
5) Top tips for Deafness and Ageing	33
6) Case Studies	36
7) Conclusions	38

1) Background Information

The Department of Health estimates there are approximately 100,000 BSL users in England, with 1500 individuals residing within Manchester (Central, North and South Clinical Commissioning Groups) (North West Psychological Professions Network 2018). There are 12,305 adults *registered* as deaf or hard of hearing in Greater Manchester, but almost half a million people in the same area experiencing some form of hearing loss (85,000 in the city of Manchester) (Action on Hearing Loss, 2011).

Many of Manchester Deaf Centre users identify as Deaf (with a capital D), meaning they are part of a cultural and linguistic minority. Many other service users experience significant clinical hearing loss and identify strongly with the Deaf Community. All of these are likely to use British Sign Language (BSL) as their primary or first language. Other deaf people do not sign, regardless of the level of their clinical deafness, but are significantly disadvantaged by a poor grasp of the English language.

Negotiating a world built for hearing people, using a spoken language, is not easy if you have reduced hearing. Moreover, if you culturally identify with a minority community there are intrinsic, overt and discreet barriers that have to be overcome in order to engage with the (hearing) culture which dominates. Moving in and out of societal systems, structures and norms (such as employment, healthcare, leisure, everyday tasks, maintaining relationships and accessing services and support), are an essential part of modern life which inevitably, bring increased challenges for deaf people.

There has been extensive research conducted by the UK government and charity sector, focusing upon the challenges and opportunities faced by our society's aging population. Indeed, in its 2013 report Age UK identified specific needs which should be addressed if... "a coherent and joined up vision of a society in which older people are able to fully participate, avoiding life limiting disability and isolation" (Age UK 2017) is to be achieved. On recognising that a deaf person's experience of ageing may be less than adequate, the LGBT foundation commissioned Manchester Deaf Centre to lead an Ambition for Ageing project starting in October 2017.

Manchester Deaf Centre was chosen with recognition of its central role within Manchester's Deaf community and its network of voluntary sector organisations for and of Deaf people. It was important that the centre's Executive Director and most of the board of trustees are deaf themselves and BSL users, as are many of the staff and volunteers.

The project's core was the production of a questionnaire to be completed by deaf people, through which a variety of direct questioning would gather information about deaf people's experience of ageing, social isolation and their aspirations for the future.

1.1) Purpose of report

The project aims were to gather information from the Manchester Deaf community in order to understand their experiences of ageing and isolation, and what they needed in order to feel independent, fulfilled and more included in society.

For the purposes of the project the description of deaf people encompassed those describing themselves as Deaf (with a capital 'D' denoting a connection to the deaf community as a linguistic and cultural minority), deaf, hard of hearing, partially hearing, deaf-blind and/or with conditions associating with hearing difficulties such as tinnitus.

1.2) Framework and Methodology

Manchester Deaf Centre's Executive Director led the project and was assisted by consultants working with the deaf centre between October 2017 – April 2018. The plan for the delivery of the project included:

- Setting up a focus group of deaf people to guide the design of the questions to be asked.
- Piloting the questionnaires.
- Setting up online questionnaires.
- Publicising the project.
- Visiting Deaf Centres within Greater Manchester to explain and promote the questionnaires.
- Liaising with other agencies to encourage the participation of harder-to-reach potential respondents.
- Collation of survey results.
- Interviews with respondents to compile case studies.
- Using one-to-one interviews to produce 'Top Tips' The project was designed to allow deaf people to devise the questions in the surveys in order that they would a) explore issues important to deaf people and b) be written and presented in a style accessible to deaf people (as far as possible – see 'Challenges' below).
- Data analysis and write report

2) Survey Questions

The content and wording of the questions arose from discussions within the first focus group (nine older Deaf individuals) with some participants initially struggling to understand the purpose and concept of the project. Some participants spent time responding to the issues raised rather than focusing on the wording needed to communicate effectively with Deaf respondents. (See communication challenges below). There was also some despondency regarding the outcomes and application of

any findings, with participants expressing doubt that the project would result in positive changes within the wider community.

When the conversation about wording began there was lively debate and discussions about the intricacies of English language. The final questions were chosen to cover a wide range of experiences, worded for the needs of BSL users in particular but with accessibility to all deaf people in mind.

2.1) Hard copy questionnaire & BSL delivery

The final project questions were presented as hard copy questionnaires, which were circulated mainly through direct contact: Manchester Deaf Centre's director visited several deaf centres across Greater Manchester. The process involved talking with staff and addressing groups of deaf service-users in BSL, explaining the purpose and the process of completing the questionnaire. Each question was explained and, in some cases completed with support at the time of the visit; other respondents were supported to complete the questionnaire after the visit through social media and remote video technology such as FaceTime, Skype, Glide etc.

This delivery style was necessary to ensure deaf people both engaged in the process and understood the questions in order to elicit appropriate, germane and truthful responses.

2.2) Online questionnaire

The online questions were adapted slightly to suit the online technology and because it was assumed those completing the survey online would have a reasonable grasp of written English (as they would not be completing the form with BSL support). Versions of both surveys were uploaded and the link circulated via direct email and through Manchester Deaf Centre social media. It was not expected that there would be significant numbers using the online facility but it did increase options for respondents, and promoted project engagement.

3) Challenges and solutions

3.1) Communication

It should not be assumed that all British deaf people can read written English. Indeed, it is often, incorrectly assumed that any or all of deaf people will be adequately assisted by written information. Whilst reading non-basic vocabulary or formal documentation

may assist some deaf people, using written English as a primary communication method will be seriously inadequate for many whose first language is BSL.

Whilst written English may be useful for some deafened people, particularly older people, the non-English user will not find this an accessible format. Whilst BSL uses signs to replace English words it is also a complete language with structure, syntax and grammar of its own.

In addition, some deaf people's school education has lacked an understanding of deafness and of language. In particular, many older deaf people were schooled in an era of oppressive practices against deaf people known as 'oral education'. As well as resulting in poor English skills this experience led to resentment of written English, of authority and even of hearing people.

It is easy to see in the questions devised for this survey that BSL does not translate directly into English; some of the language used retains the features of BSL as the focus group felt strongly that this would be better understood.

As well as affecting the production of the questions, the language issue impacted upon communication between hearing (non-signing) and deaf participants in the coordinating of this project and in the engagement of deaf people. Some BSL users feel uncomfortable working within the parameters of a world that is not orientated around their needs. Their experience of misunderstanding and condescension can compound this feeling of dislocation and lead to non-compliance or opposition.

A survey of this kind designed and orientated for BSL users and deaf people who struggle with written or complex English, might be more successful if delivered in BSL and face-to-face, literally or using technological solutions such as real-time online interviews and videoed questions and responses. The best people for delivering a survey in this style are deaf people themselves though it is widely accepted that finding suitable or training deaf people would be prohibitive for anything on this scale. A solution would be a project that trained deaf people to conduct peer-to-peer interviews.

3.2 -Technology – online facility

Manchester Deaf Centre was registered with the web-based survey tool 'Survey Monkey' prior to involvement in this project; having been used successfully in the past for other research projects. As such, there was a degree of confidence that this service could add additional value to the project process and the participant response rate. However, acknowledging that older people may experience difficulties access online

services such as this, a BSL fluent research assistant was provided for those deaf individuals who wanted to utilise this service, in order to guide the participant in using the technology.

3.3) Getting responses

Twenty-four respondents used the online facility. Hearing people in all age ranges (with the possible exception of those over 65), are most often familiar with the concept and act of completing and submitting online forms. A greater online response rate may not have been elicited as deaf people may feel less familiar with these methods. It is likely, though that some deaf people, perhaps those better at written English, prefer online facilities where they do not feel uncomfortable with an interaction that relies on spoken communication. Only five of the 24 online respondents were over 60, supporting a link between the suitability of this method and age.

Most of the responses came as completed hard copies of the questionnaires (72). Despite the time and consideration given to making the questions suitable, very many more people were invited to complete the forms than did.

3.4) Capacity limitations

The MDC Executive Director, Richard Jones, took on most of the legwork for the project. This involved a programme of visits to Deaf Centres in Greater Manchester to introduce the survey and work through it in BSL. Several centres then continued to encourage and collect responses after the visit, sometimes offering further BSL or other support.

Respondents needed a great deal of individual support to understand and take part in this survey and much of this was given voluntarily as the real costs were beyond the scope of the project budget. Despite MDC having an excellent knowledge of and relationship with the deaf community the amount of support needed for respondents – occasionally in the face of resistance – was perhaps under-estimated at the project outset.

It was originally hoped to produce a video in BSL to assist understanding of the project by giving background information and instructions, similar to the 'live' introduction received by the centres. This proved too great a demand in the time and financial constraints. However, as a separate aspect to this project Manchester Deaf Centre is undertaking the production of a series of videos for deaf people in BSL providing guidance on accessing services in the community.

4) Survey results

Number of online respondents	24
Number of hard copy respondents	72
Total	96

4.a) Equality monitoring information

A number of respondents did not complete or only part-completed the monitoring form at the end of the questionnaire; all figures given concern the number of responses to the specific question. Differences in the design of the monitoring form also gave some incompatible results. However, it was possible to gain generalised information about respondents.

4.1) Monitoring Information - Responses

	Response	Totals
Sex	Male	29
	Female	51
	Not stated	16
Gender identity	Cisgender	23
	Transgender	0
	Not stated	73
Ethnic Origin	White British	84
	White Irish	1
	Pakistani	1
	Polish	1
	Indian	1
	Black British	2
	Not stated	6
Age	16-25	0
	26-39	0
	40-64	42
	65+	51
	Not stated	3

Disability	Yes	65
	No	20
	Not stated	11
Deafness	Deaf BSL	72
	Deaf SSE	10
	Deaf (Speech/Lip-reading)	2
	Hard of Hearing	0
	Dual loss	0
	Deaf-blind	12
	Not stated	
Sexuality	Straight	67
	Gay	5
	Bisexual	0
	Lesbian	0
	Other	0
	Not stated	24
Faith	Yes	51
	No	38
	Not stated	7
Faith (specification)	Christian	8
	Church of England	24
	Catholic	2
	Welsh Chapel	1
	Jewish	1
	Muslim	1
	Protestant	1
Relationship	Single	11
	Married	46
	Living with partner	30
	Civil Partnership	0
	Widow/er	2
	Not stated	7
Postcode	Manchester	34

	Trafford	22
	Stockport	17
	Oldham	4
	Tameside	4
	Rochdale	2
	Bolton	6
	Salford	2
	Warrington	2
	Liverpool	1
	Not stated	2
Caring responsibilities	Yes	18
	No	55
	Not stated	23

4.2) Questionnaire responses

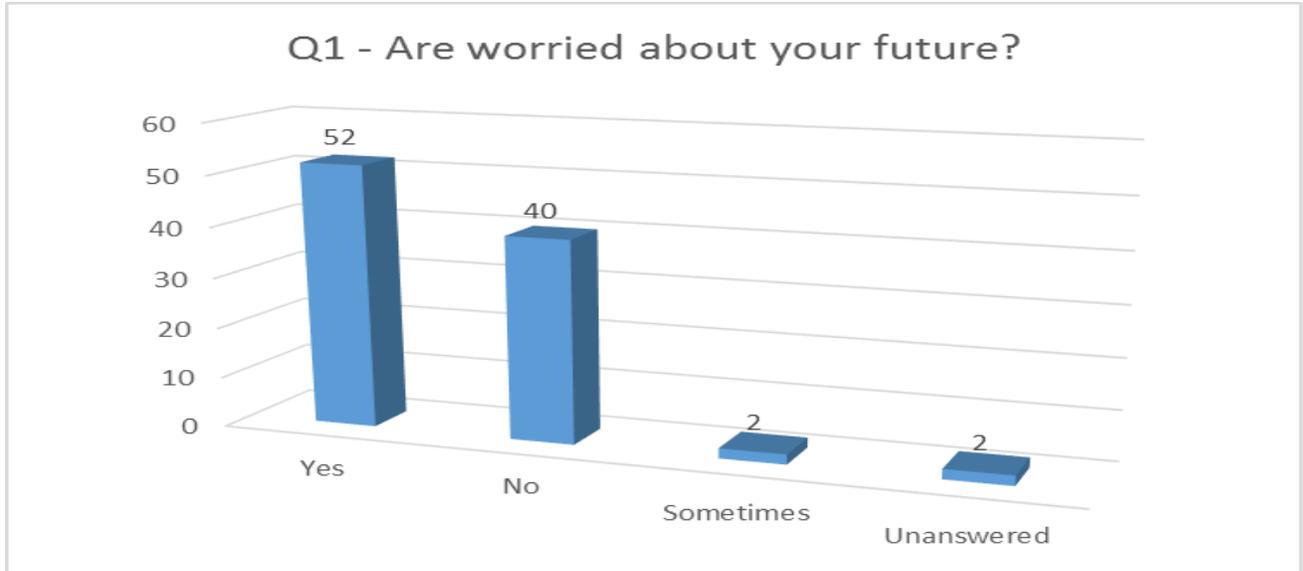
Twenty-six questions were devised allowing participants to provide responses which describe their own experience. Three questions provided participants with time indicated response. The remaining 23 questions were posed in open format in order to encourage respondents to create responses which were genuine, honest and representative of their lived experiences. Where responses were unclear (in their written English) or if the participant was unsure of how their response should be phrased in English, a BSL fluent research assistant was available to help translate visual BSL into coherent written narrative. This also affected the number of supported interactions that was able to be facilitated due to time limitation and research assistant availability

Except where specifically relevant, the 'Don't know' answers have been ignored as in most cases they indicated that the question was not relevant or outside the experience of the respondent.

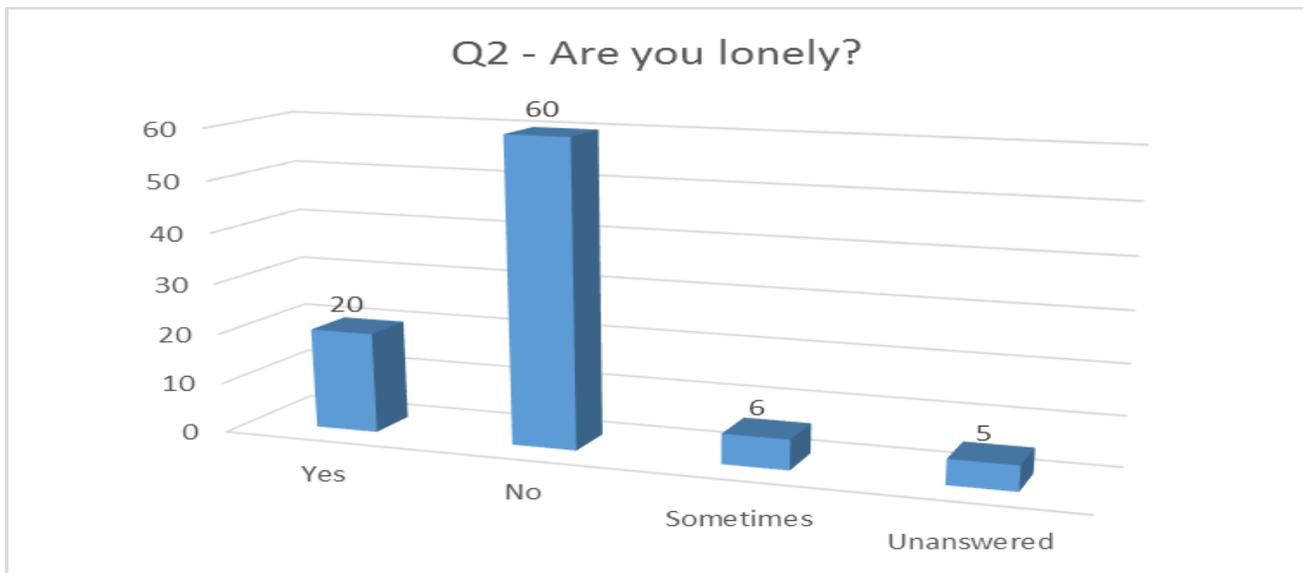
After the main body of the questionnaire respondents were invited to make any other comments, as they were next to each question. They were also presented with a form to complete if they were willing to discuss their experiences further to provide case studies.

4.2) The Results in Detail

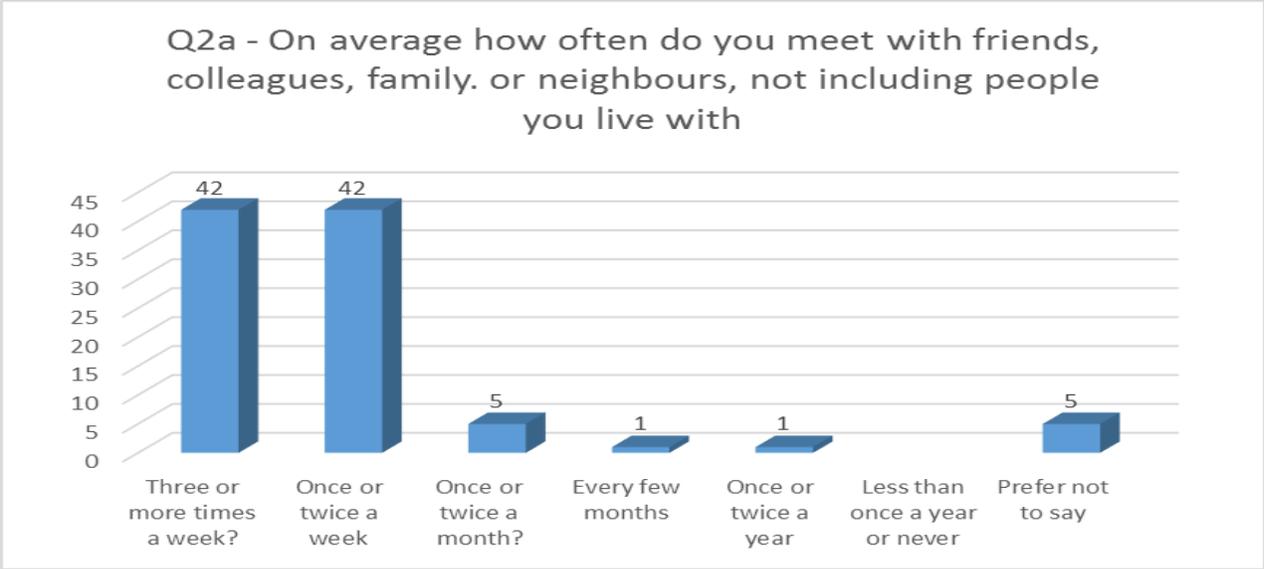
You and where you live?



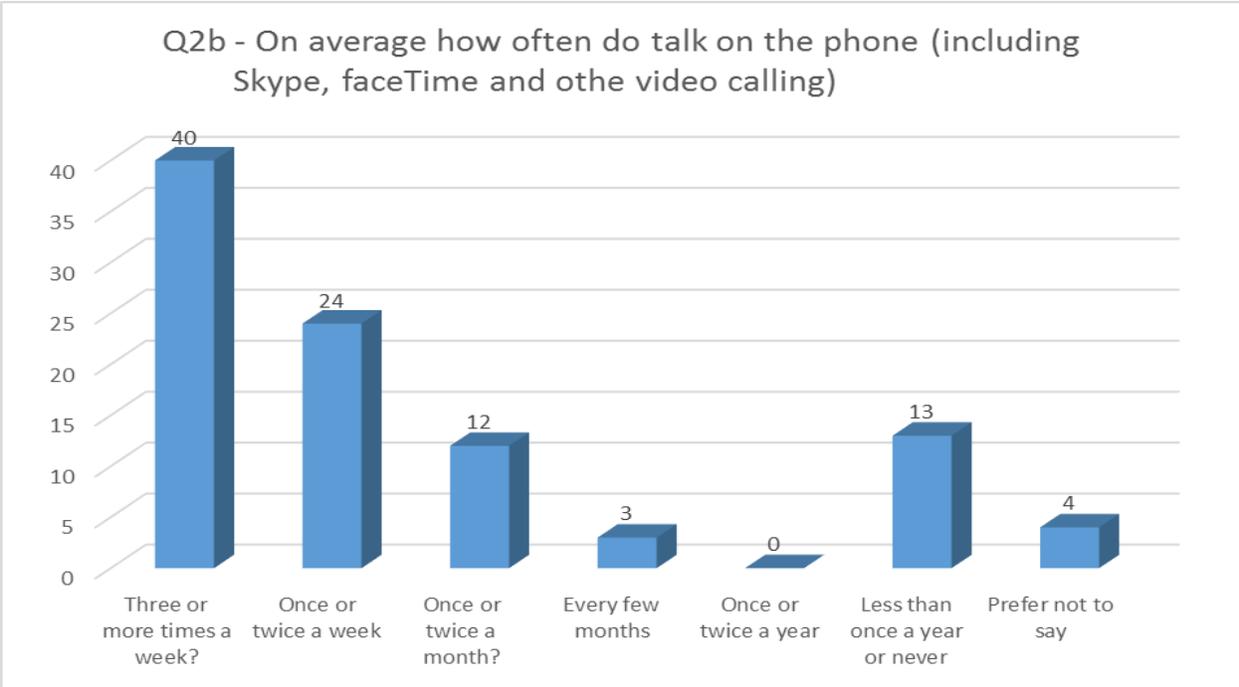
Just over half of respondents indicated that they experience a degree of apprehension about their future. Deeper exploration demonstrated that fear of becoming ill/dying was a predominant thought, along with financial concerns, loneliness and an increasing inability to access key social services.



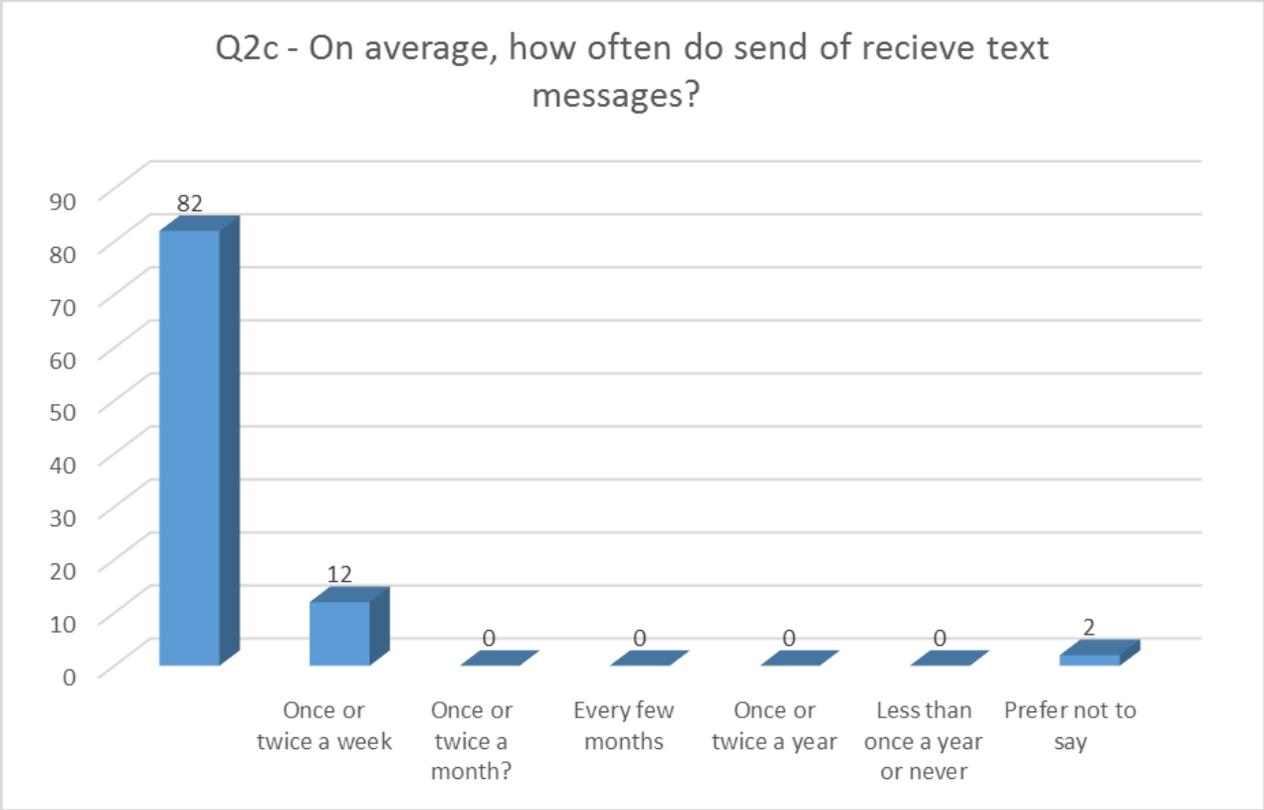
The majority of respondents (60/96) did not feel that they were lonely.



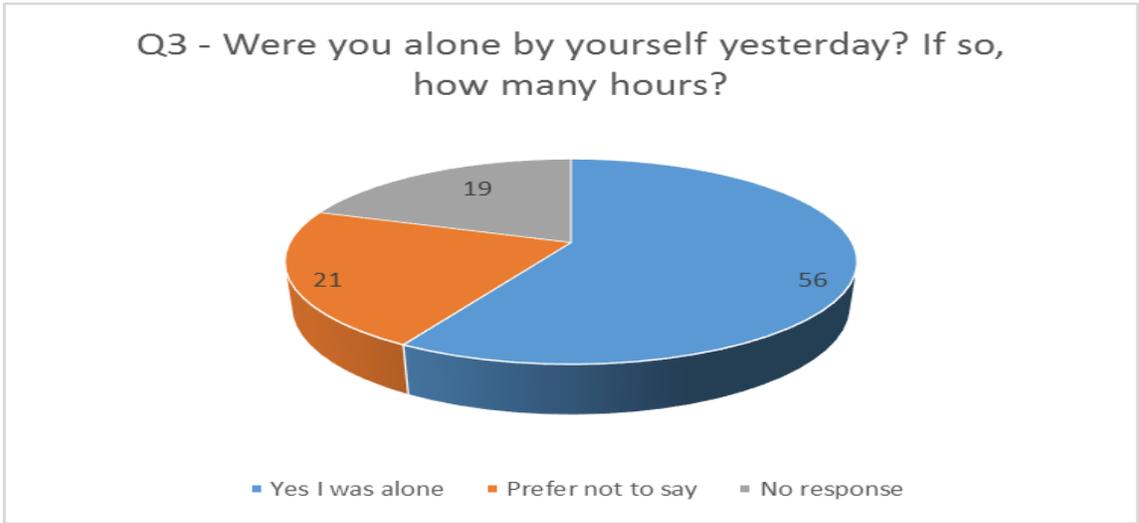
Respondents demonstrated that the majority had an active social life, with the vast majority (82/96) stating that they meet with other people, other than within their home weekly. A limitation of this question is that it does not offer any clarity on what this interactions encompass e.g. social, professional, accessing services etc.



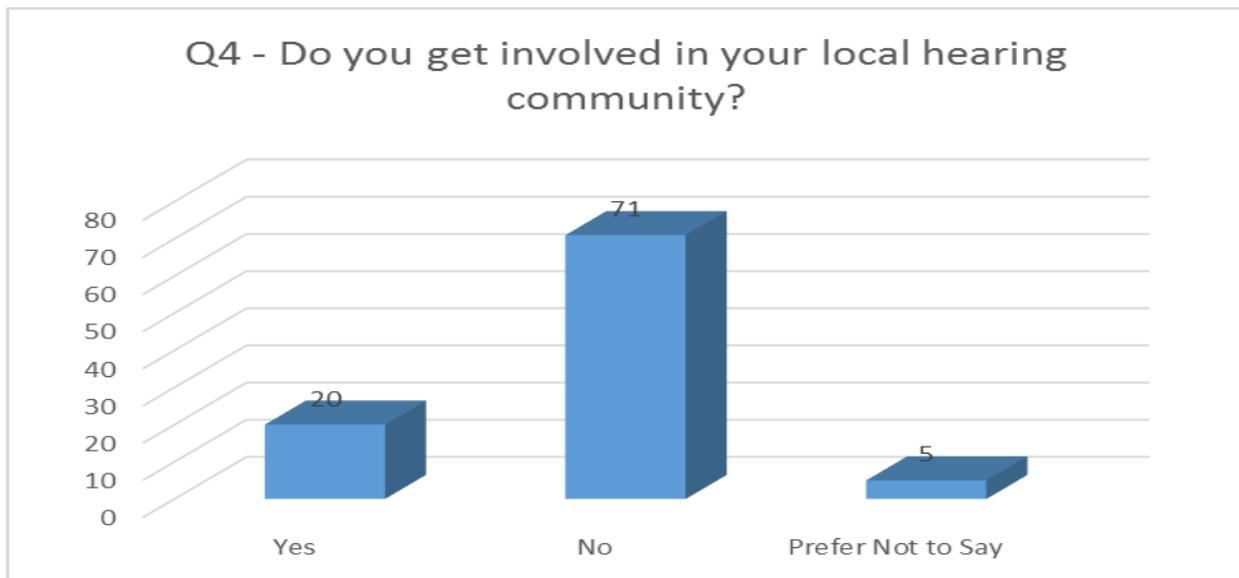
Respondents predominantly stated that they are active users of technology to keep in contact with people



Unsurprisingly, text messaging (including text relay services) were shown to be an important tool for participants, for communication both within and outside of the deaf community.

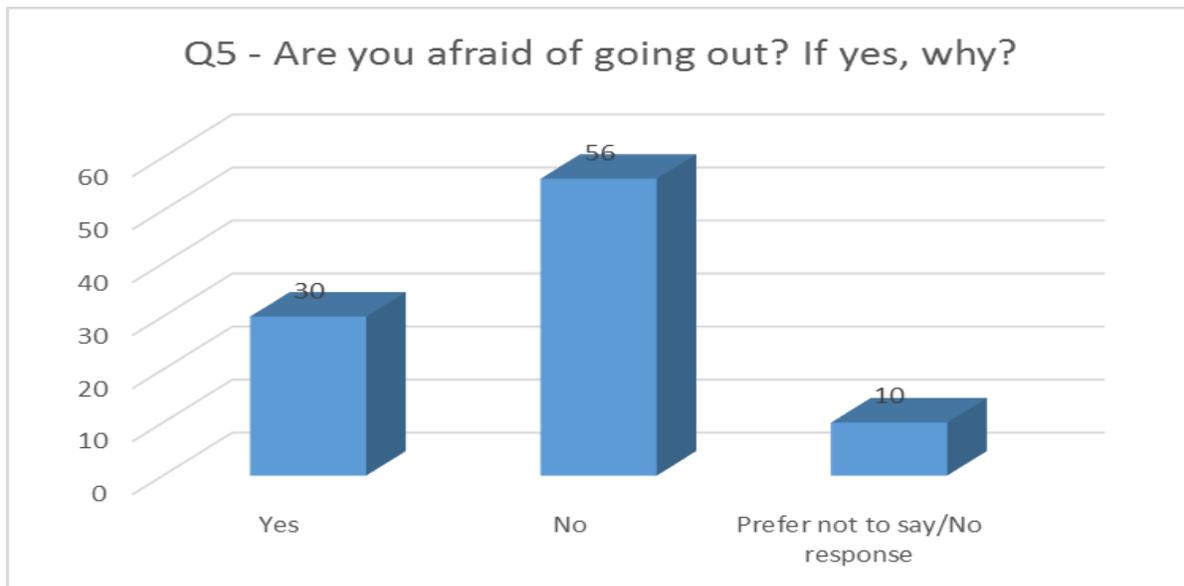


This question specifically excluded time the participant spent asleep (which was explained to be normally 7 hours). Of the participants who responded yes to this question (56) and were willing to disclose how many hours they spent alone the previous day, there was an average of 5.2 hours alone. The time frames reported ranged from 0.5 hours to 17 hours (all day).



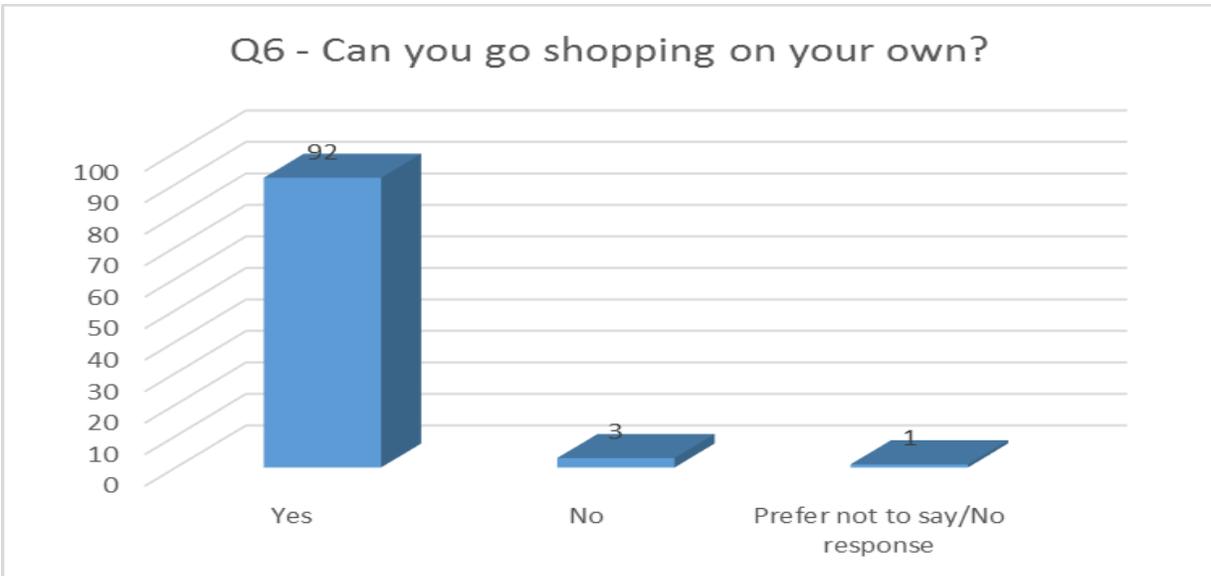
The majority of respondents (71) indicated that they did not involve themselves with their local hearing community. Forty one participants offered additionally information as to why this was the case. All (41) cited communication barriers and difficulties as the deciding factor in limiting integration. Further responses highlighted that the cost of accessing interpreters was prohibitive in social situations, where there was not a statutory obligation to provide one. Several respondent described that they felt more comfortable around Deaf people, and actively sought out deaf company and social interaction – although this could be challenging at times.

Of the participants who responded positively (20), integration via hearing family was the most common response (11/20). An involvement with the local hearing community through lifestyle/leisure activities e.g. crown green bowling, slimming world etc. was also described but with the caveat that only if there were other Deaf people included in the activity.

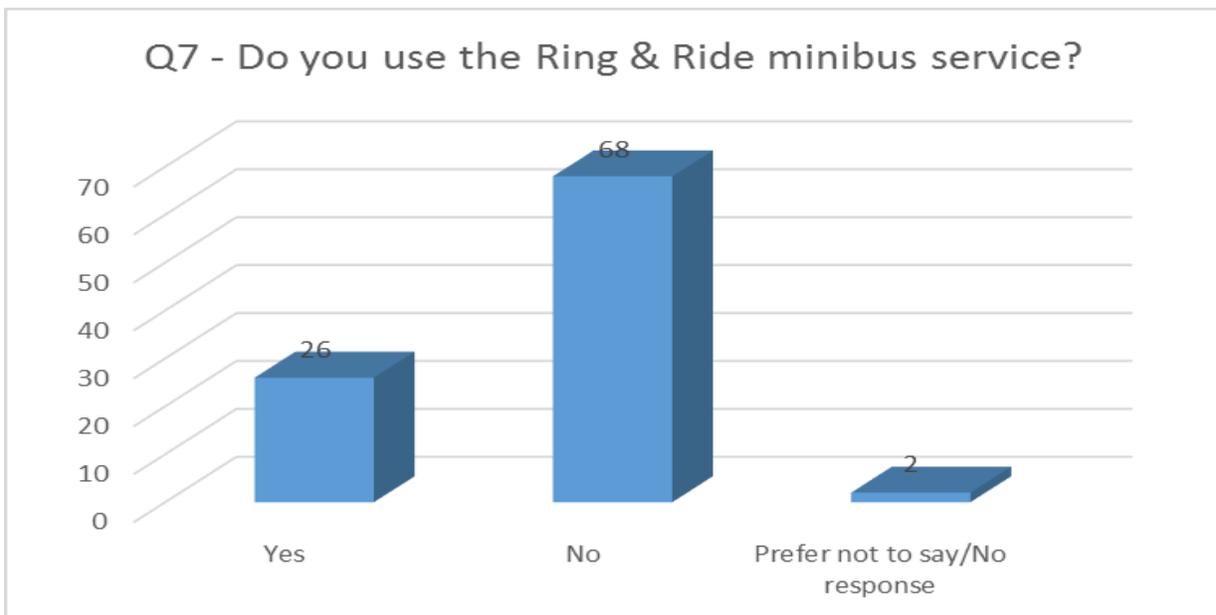


Most participants (56/96) did not feel afraid of going out. Amongst the respondents who did feel so, described night time/darkness hours especially challenging. Several specifically attributed their sensory impairment (both hearing and vision loss) as a compounding factor in their sense of fear when deciding whether to leave their home. Other factors which contributed to being afraid included;

- a generalised reticence of the hearing community
- a fear of being taken advantage of/abused on the street as a direct consequence of their deafness
- a fear of being approached by young people
- other health conditions (balance and mobility problems)
- poorly designed public spaces and road layouts
- previous experience of anti-social behaviour within their local area
- communication difficulties when socialising

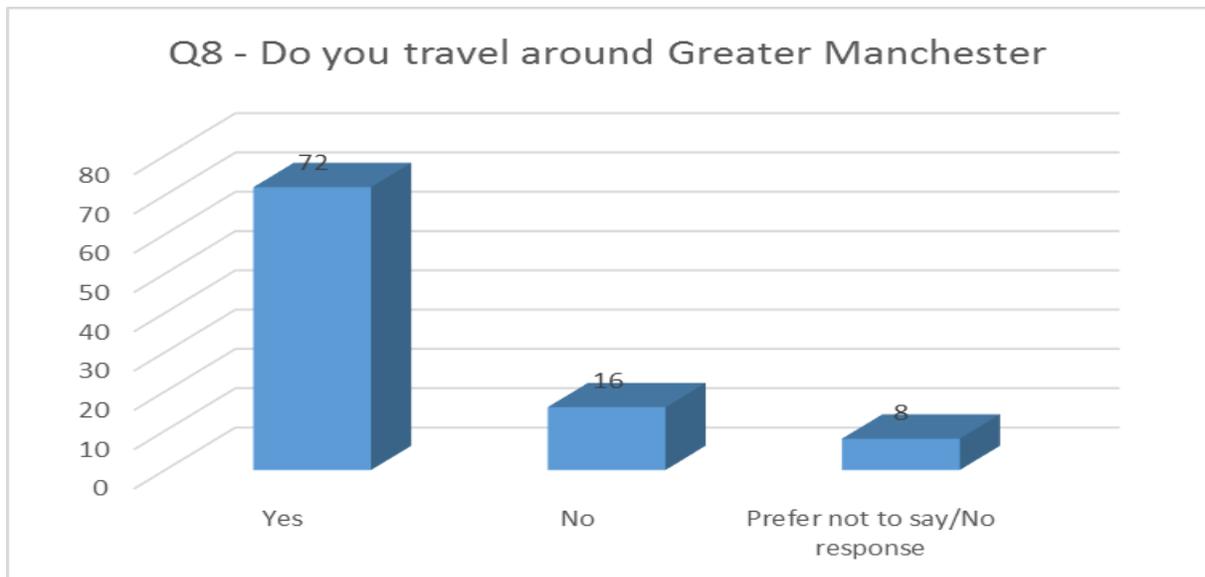


Overwhelmingly, participants stated that they were able to go shopping by themselves (92/96). Although it was interesting to note that of these respondents, 27 stated that they preferred to do their shopping in the daytime, where there was adequate enough light for them to feel safe. The three participants who stated that they do not go shopping alone all indicated that they complete their shopping tasks when there was a family member with them.



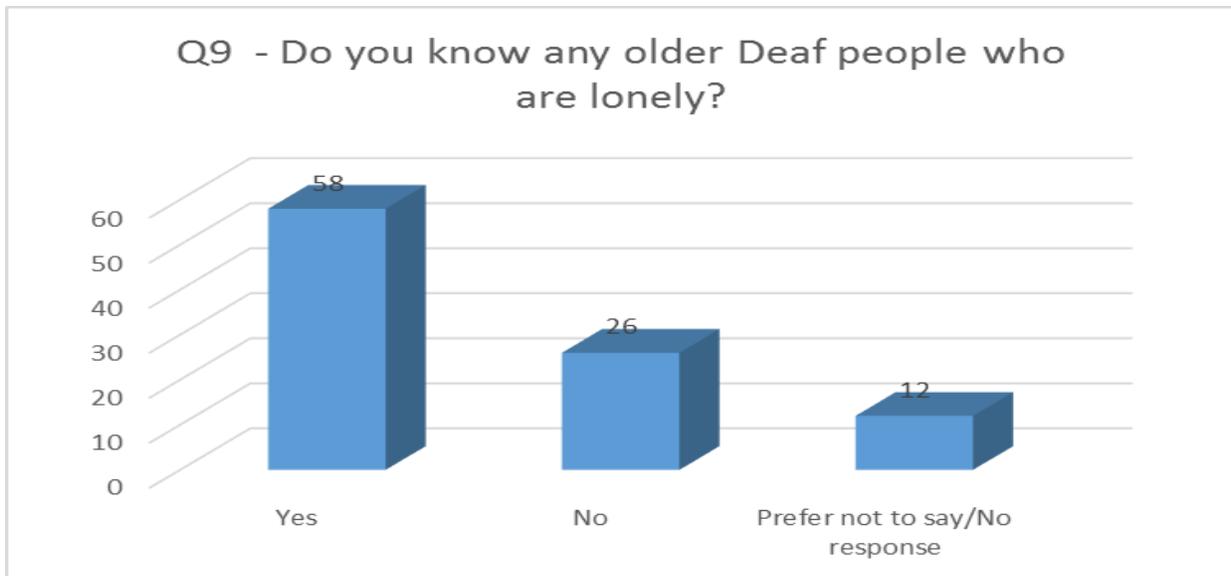
Sixty eight participants did not avail themselves of the free Ring & Ride service offered by Transport for Greater Manchester. There were several strong themes across the responses as to why participants did not use this service, namely;

- Preferring flexibility of own transportation/public transport
- Poor customer service (staff attitude and lack of Deaf awareness)
- Difficulties in booking slot (telephone booking process not accessible for deaf people)
- Poor quality/unreliable service
- Inflexibility in timetabling (pick-up and drop-off times)
- Lack of service awareness



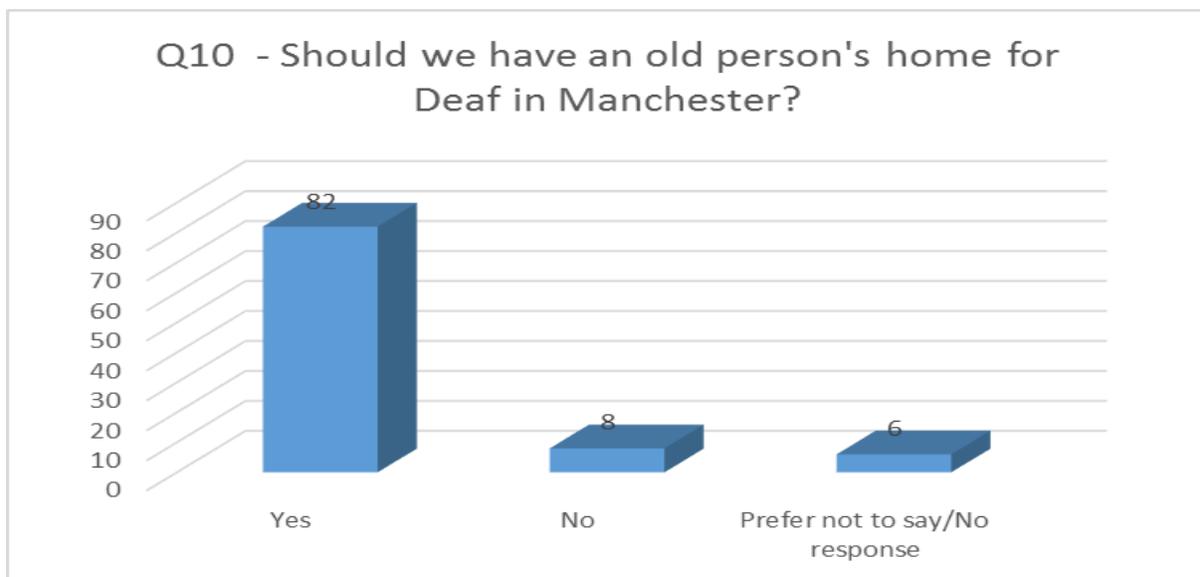
Most participants (72/96) regularly travel around Greater Manchester. Of the sixteen participants who actively stated no to the question, five respondents offered additional clarification as to the reasons which stopped them for accessing the wider community.

- the city is too big to safely navigate alone and they often felt overwhelmed and intimidated
- public transport stops are too far away for them to utilise the network
- a lack of personal confidence in travelling
- agoraphobia
- too much traffic



Loneliness within the Deaf community is being experienced, with 58/96 respondents identifying that they know other Deaf people who are lonely.

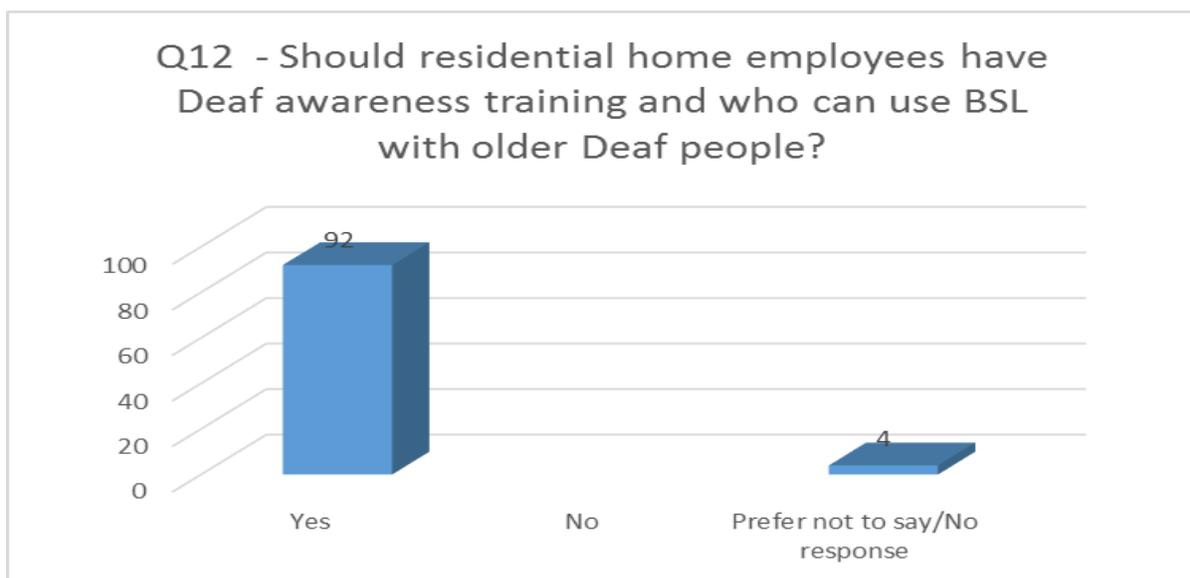
Housing



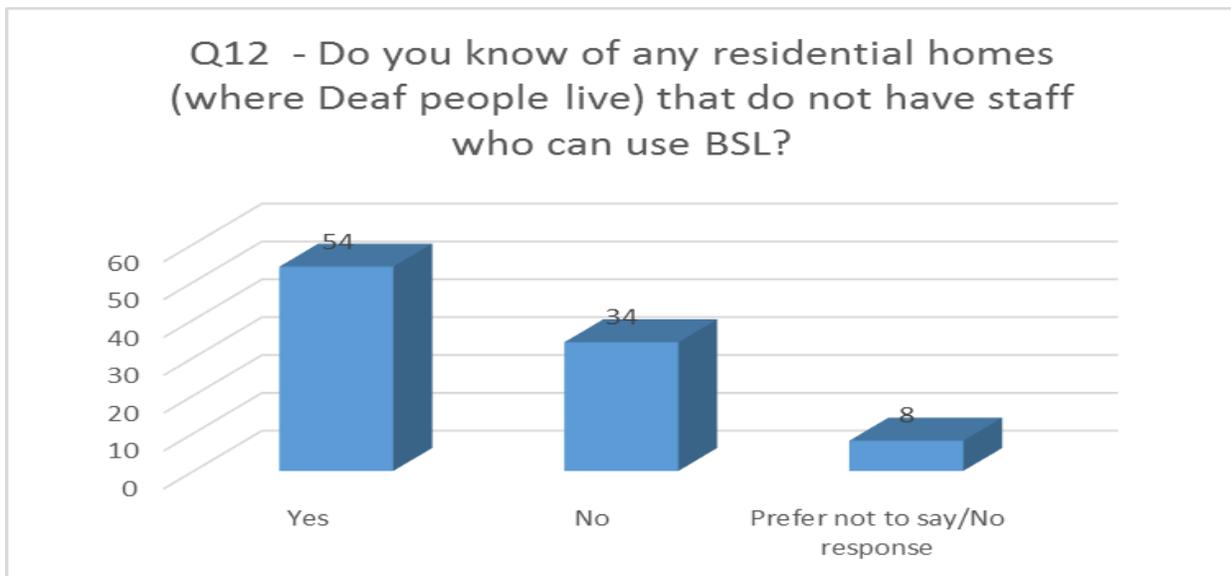
The view that there should be dedicated residential home availability, tailored for the specific cultural, linguistic and social needs of the Deaf community within Manchester, was strongly supported by the majority (82/96) of respondents. There were a plethora supporting statements made across the responses and within the interviews as to why this topic received such a strong response, including:

- A perceived expectation that a Deaf residential home would support positive mental health and the general well-being of residents
- The nearest existing provision (in Blackpool) is too far away, which would result in a break between the Deaf person and their local community. Additionally it was felt that moving away from their local area would result in a financial and social cost being paid by families (in order to maintain contact and visit).
- The fraternal nature of living with other Deaf people and the ability to use BSL without hindrance.
- Knowing Deaf people who live within a hearing residential home who are lonely and isolated.
- Local provision should be available in order to protect existing social and support networks
- Less risk of staff abuse if all residents are able to communicate freely and easily
- Residents would be able to like in a more comfortable and relaxing environment
- Deaf culture would be protected

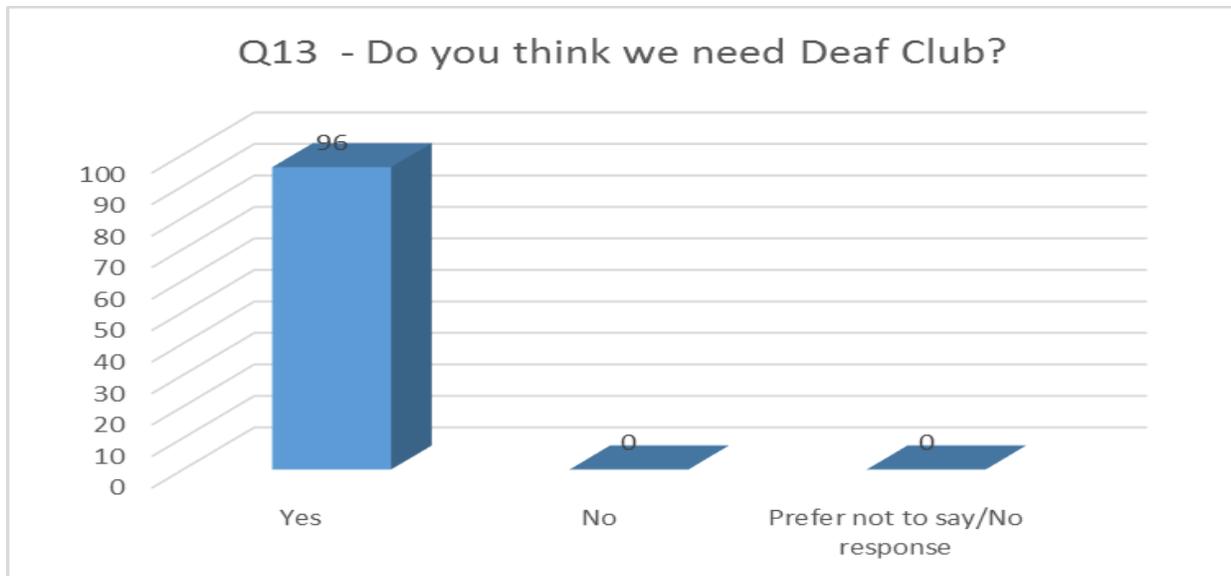
Conversely, there were several points raised as to why a specialist Deaf residential home should not be set up within Manchester. One participants felt that all residential homes should be required to facilitate the necessary resources for D/deaf people to accesses services in their own chosen location – and that establishing a Deaf only provision locally, would negate these responsibilities. Another participant felt that it was inherently discriminatory to provide a specialist service in such a way (overlooking the wider community) and another raised a concern as to the possible social implications (heightened stress levels, conflicts etc.) that may arise when a community which is already small, is placed at even closer quarters.



There was an almost unanimous response from participants (92/96) who agreed that residential home provision should, as a matter of course, ensure that their employees are appropriately trained when providing services to the Deaf community. Several comments were made as to the unique linguistic and cultural aspect appreciated by the Deaf community which were deemed to be vital (social conventions, communication styles and norms).

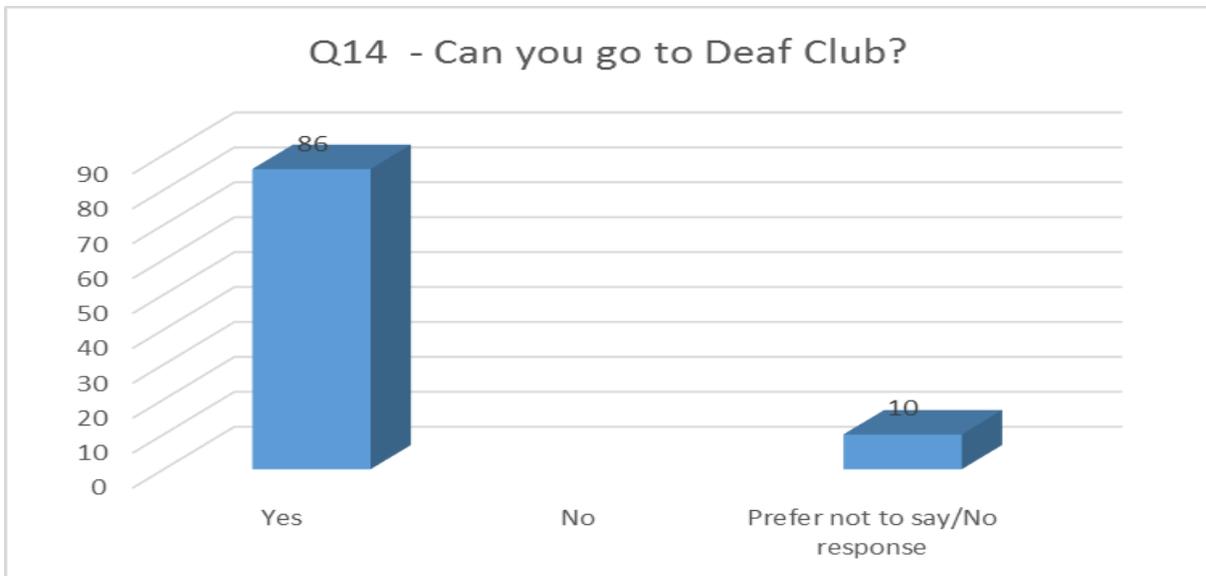


Residential home provision is seen to be lacking of the basic language skills needed to successfully communicate with Deaf individuals. Given the centrality of language in communication, relationship building, safety and satisfaction with life – especially when working with a community that is doubly vulnerable, it is unsurprising that supplementary comments showed a level of disappointed in current practices and contributed to the worry that some participants felt about their future living arrangements.



All respondents stated that the continuing existence and development of 'Deaf club' is important in their lives. Traditionally, these institutions are the cornerstone of local Deaf communities whereby individuals can foster/maintain social links, access support services and express themselves easily through BSL.

It is acknowledge that this question may contribute to a degree of bias within the data, as all respondents were active participants within the Deaf Club network. It may be predictable that they would express positively about their on-going relevance in the modern world. It would be beneficial to conduct further research amongst deaf people who do not attend deaf clubs (an increasingly hard to reach population) in order to understand the fuller picture of the Deaf community.

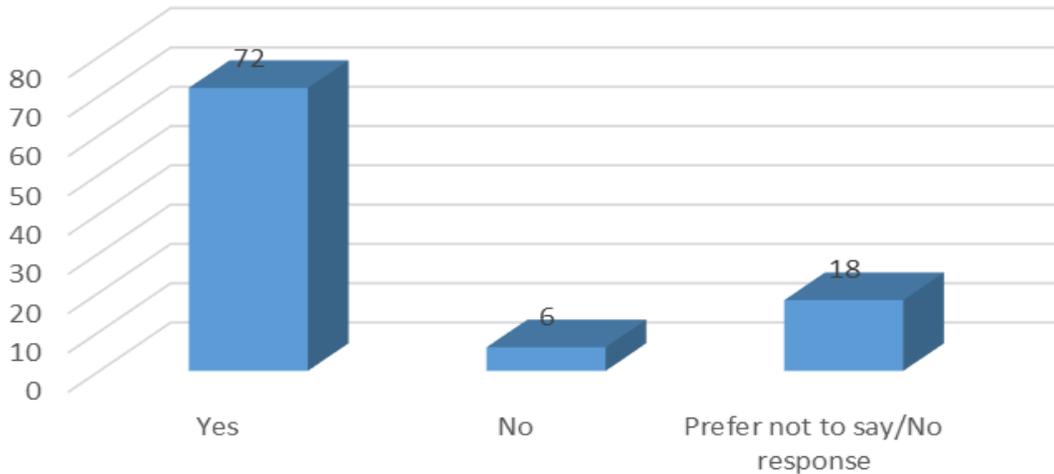


This question develops the information gained from Q13. Participants were clear that they ensure that they regularly attend Deaf Club in order to:

- Nurture friendships
- Access information
- To seek out company/reduce loneliness
- Experience Deaf culture
- Participate in games e.g. deaf bingo
- Maintain the Deaf community and BSL

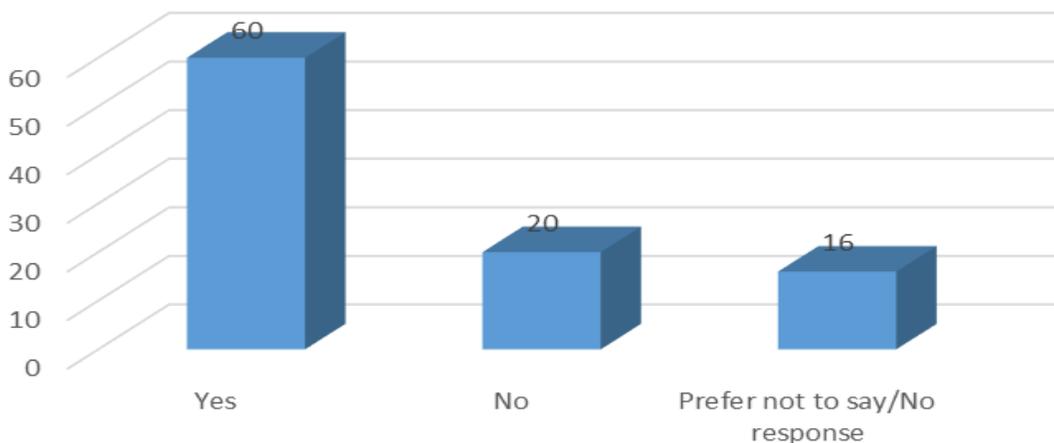
One participant expressed in the strongest terms why she ensures that she makes time to go to her local Deaf Club every week, "...I go to Deaf Club to be with my friends from school and friends from other areas. I don't want to be lonely and I HATE being alone and depressed" (participants own emphasis). Three respondents provided additional comments concerning their increasing difficulty in using public transport to get to their local Deaf Club.

Q15 - Do you think there are older Deaf people who do not go to Deaf Club?



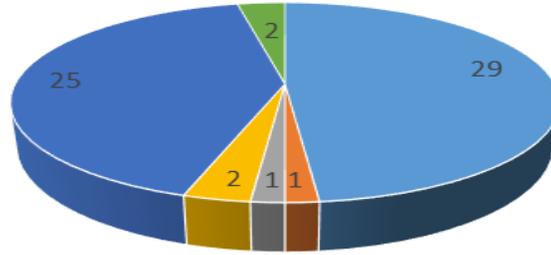
Most (72/96) participants stated that they were aware of other older Deaf people who did not attend their local Deaf club. Several additional information responses cited poor transport links, immobility, financial constraints, family/work commitments and fear of leaving home as being decisive factors in their decision not to attend.

Q16 - Do you know where to go if you need help?



Again, most respondents were confident that they knew where to go to access support services if they required help.

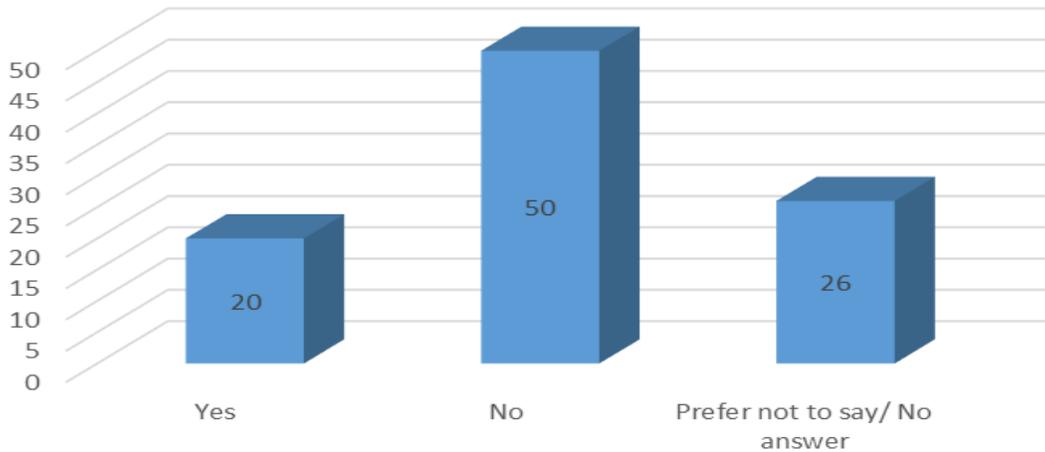
Q16a - where would you go for assistance?



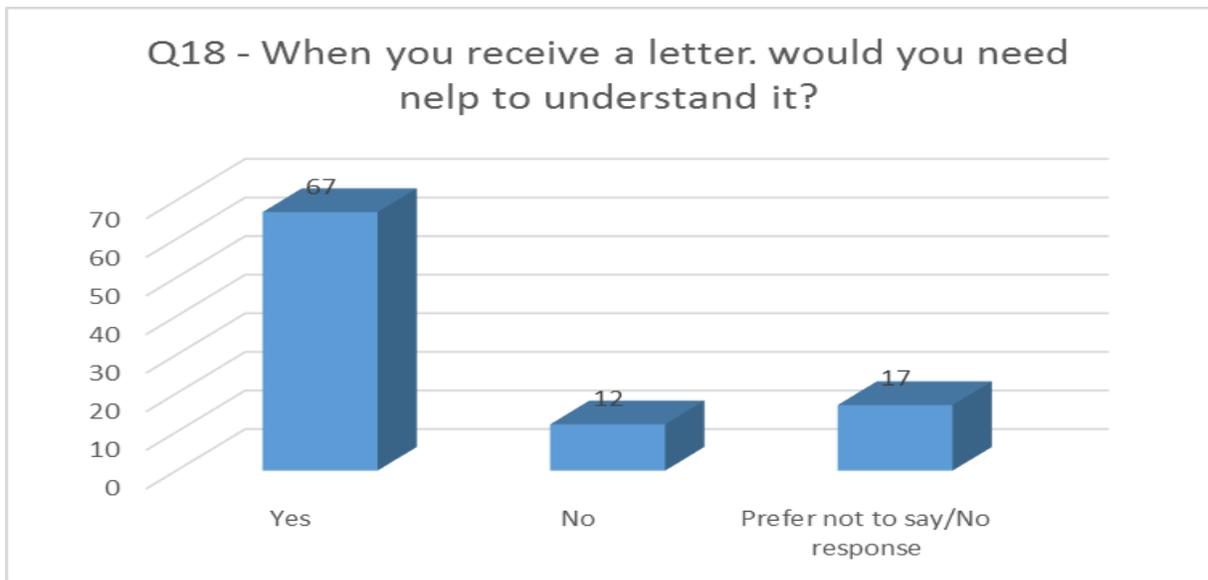
- Deaf Club
- Council Sensory Team
- Social club (e.g sports team)
- GP/Hospital
- Friends/Family
- Online

It is unsurprising that most respondents would choose to access assistance from their local Deaf Club (29/60) or their family/friends (25/60) as this advice/support is likely to be provided freely and easily through BSL.

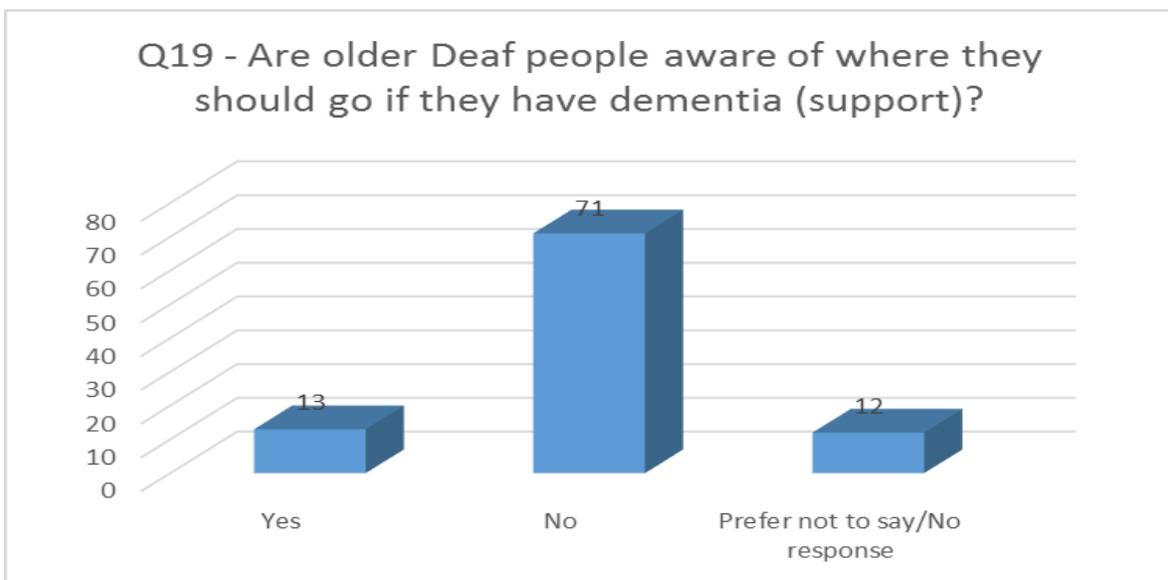
Q17 - Can you go to see Age Concern or Age UK



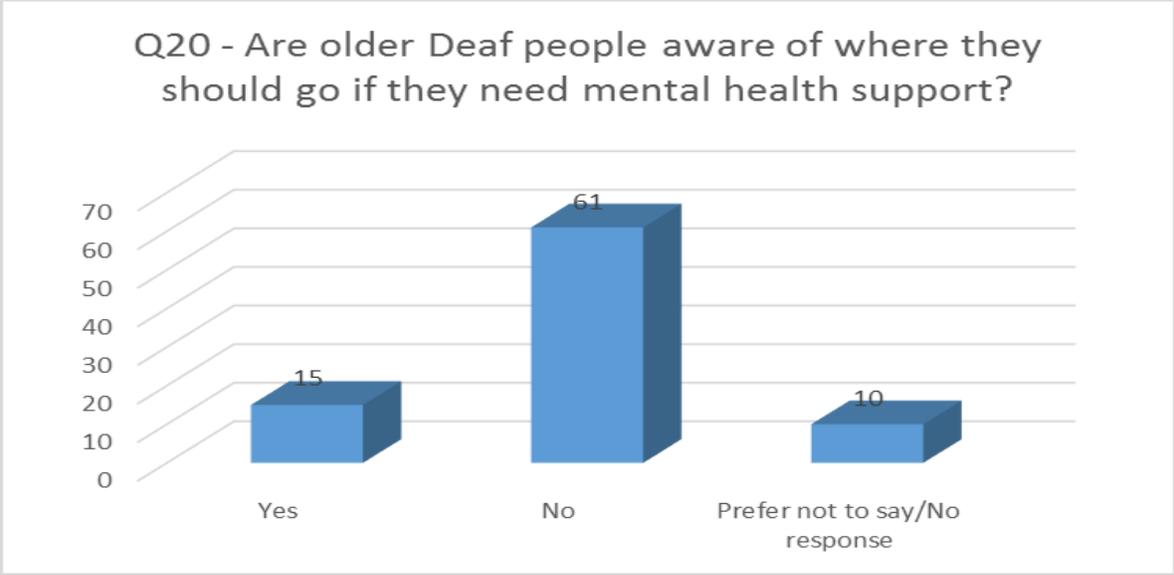
Age Concern or Age UK are not seen a viable option for the Deaf community to access information or support (50/70 respondents). Comments received focused on three themes, the paucity in BSL interpreter provision/staff competent in BSL (28/50), both charities not viewed as Deaf aware (18/50), charities being unfamiliar to respondents (15/50). Only one positive comment was received regarding a Winter Warmth Event, however information was interpreted into BSL by a family member.



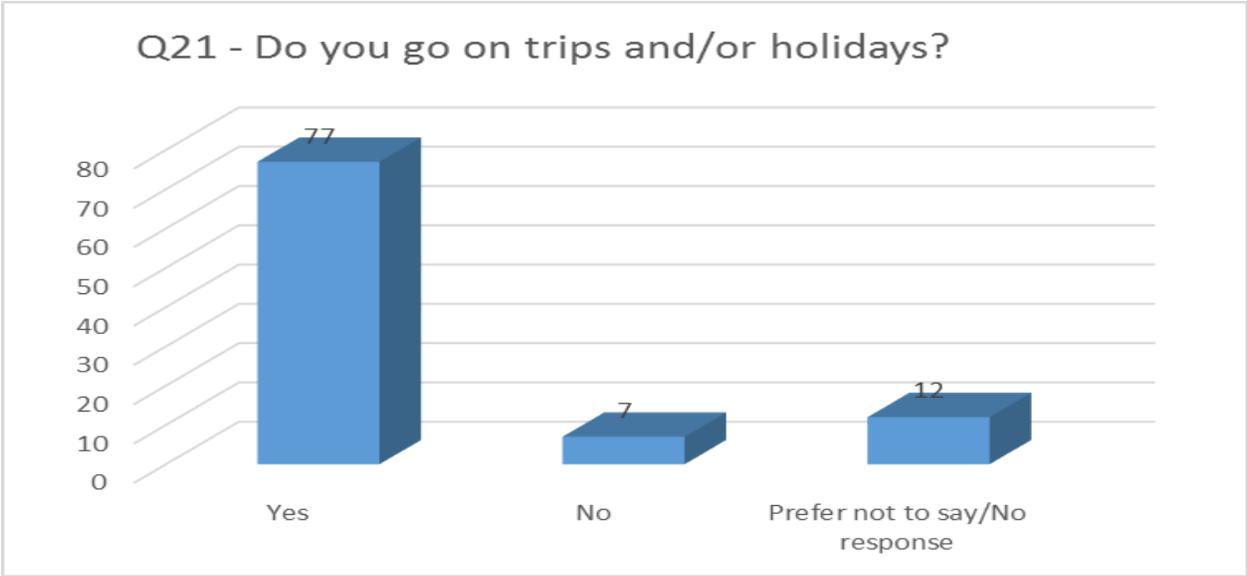
Most (67/96) participants would need assistance to understand communication presented to them in written English. Amongst the responses received, respondents indicated that official correspondence from governmental agencies (HMRC, passport office etc.), NHS information leaflets/correspondence and local authority communications presented particular challenges. There was also a suggestion that there was a general lack of thought amongst state institutions about the communication needs of the Deaf community and a lack of respect for BSL.



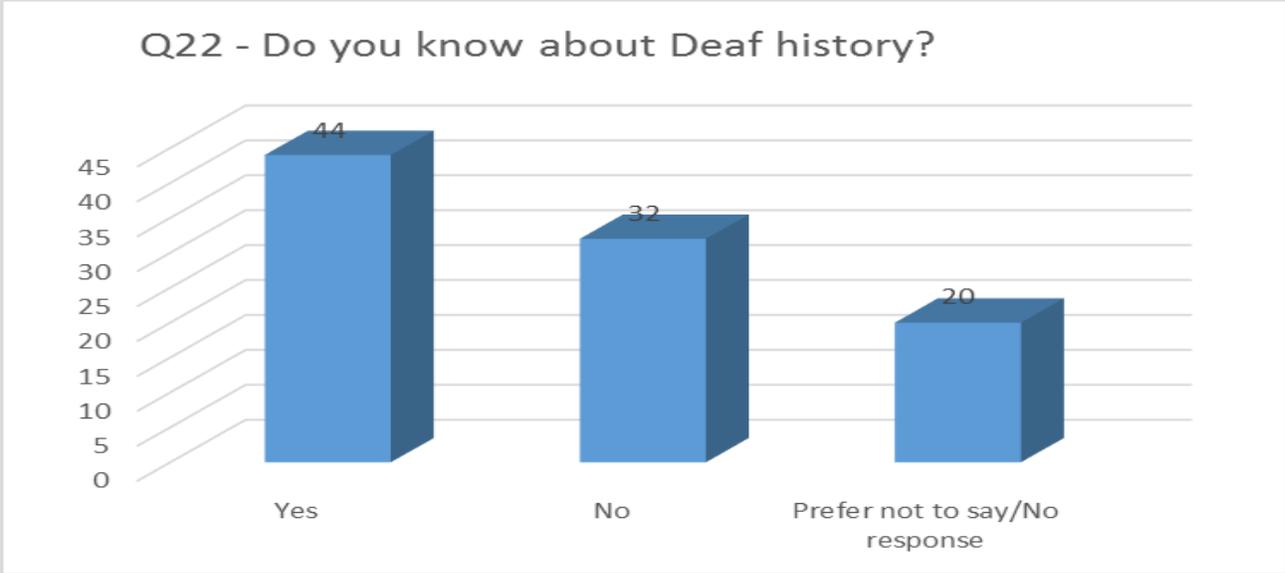
Dementia advice and awareness is shown not to be prevalent amongst respondents.



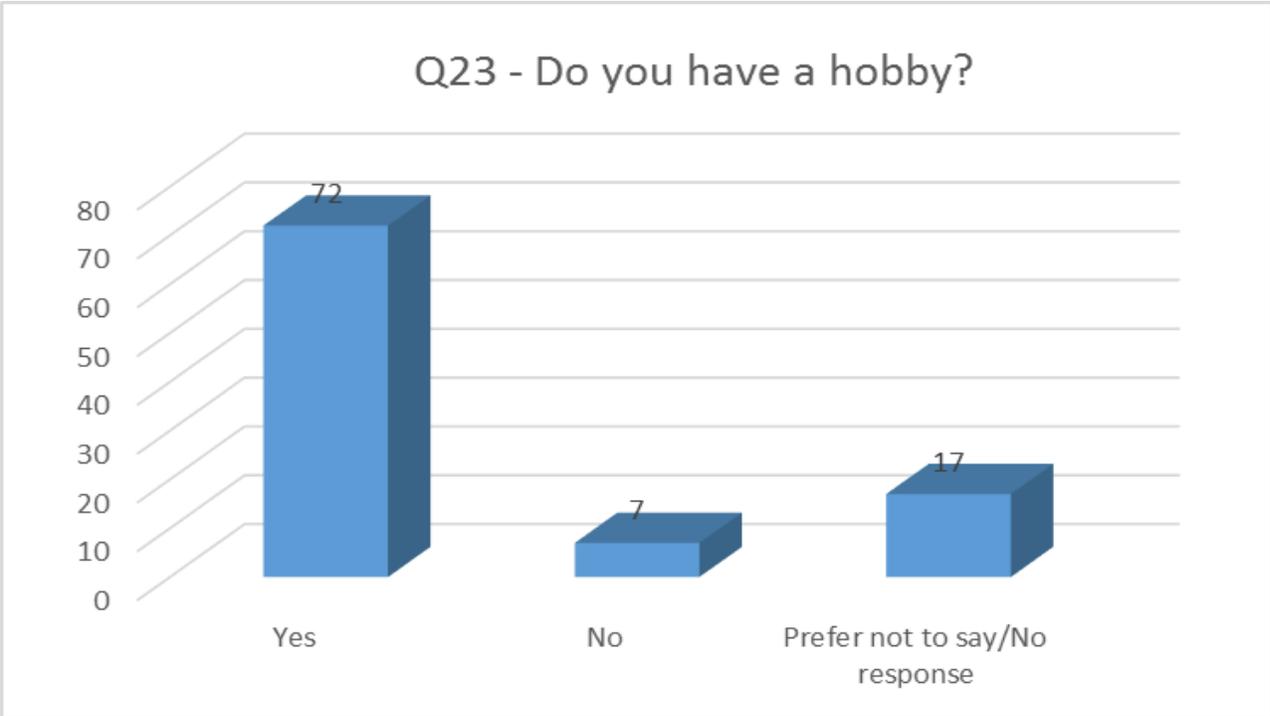
Similarly, participants stated that support services for older Deaf people with mental health challenges are not commonly understood. Of the respondents who replied positively to this question, 53.33% (8/15) said that they would visit their GP, 20% (3/15) would go to BSL Healthy Minds, 6.66% (1/15) said that they would speak to friends/family and 20% (3/15) offered no further information.



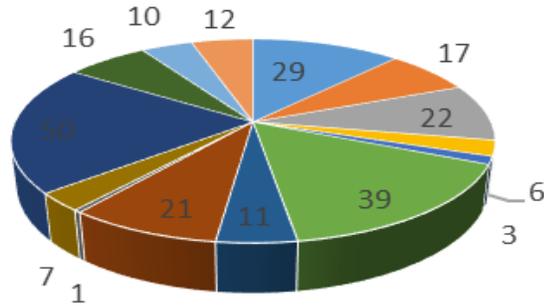
Travel is a common activity amongst within the Deaf community. Seventy-seven respondents used traveling as a form of socialisation. Foreign travel, UK travel and organised day activities were cited as preferred methods. Twenty-one respondents (16/77) stated that they preferred to travel with other Deaf people or on organised tours specifically catering for the Deaf community through BSL for ease.



Research has consistently shown that minority groups report significantly higher levels of pride, contentment, and sense of achievement when they have a good understanding of their histories. More than half of responses (44/75), stated that they were aware of Deaf history. As Deaf history is not taught at schools, and information, stories and accounts of Deaf life are transmitted solely from person to person.



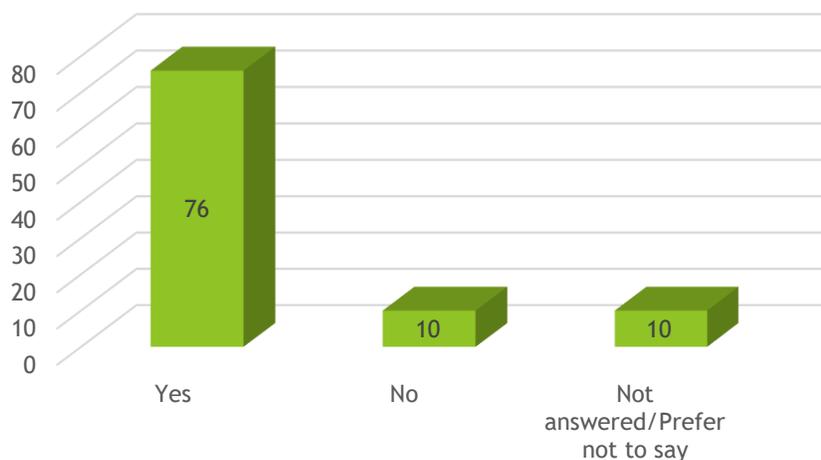
Q23a - What are your hobbies?



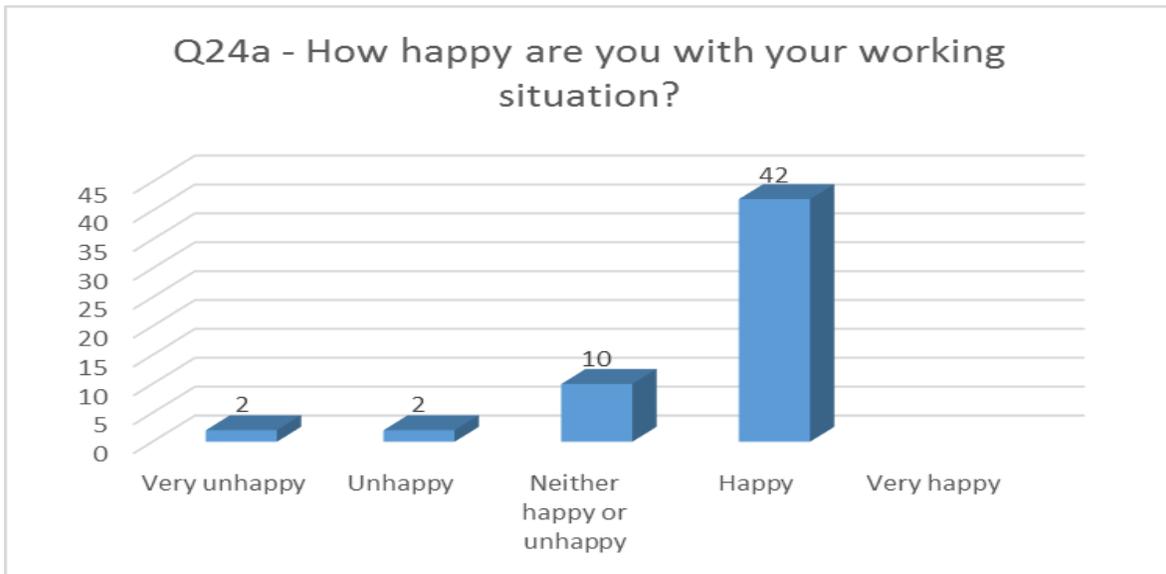
- Sewing
- Swimming
- Walking
- Painting
- Walking the dog
- Crafting
- Knitting
- Bowls
- Golf
- Gardening
- Bingo
- Cooking
- Socialising
- Jigsaws

This question allowed participants to provide more than one response. Older Deaf people are shown to have and be involved in a wider variety of hobbies and leisure activities. As visual language users, it is perhaps logical that many of the hobbies stated by respondents are creative ones – where an individual’s hands are used to create and engage. Fifty respondents included their participation in Bingo as a prominent leisure activity; a culturally significant feature and unifying bond amongst the Deaf community.

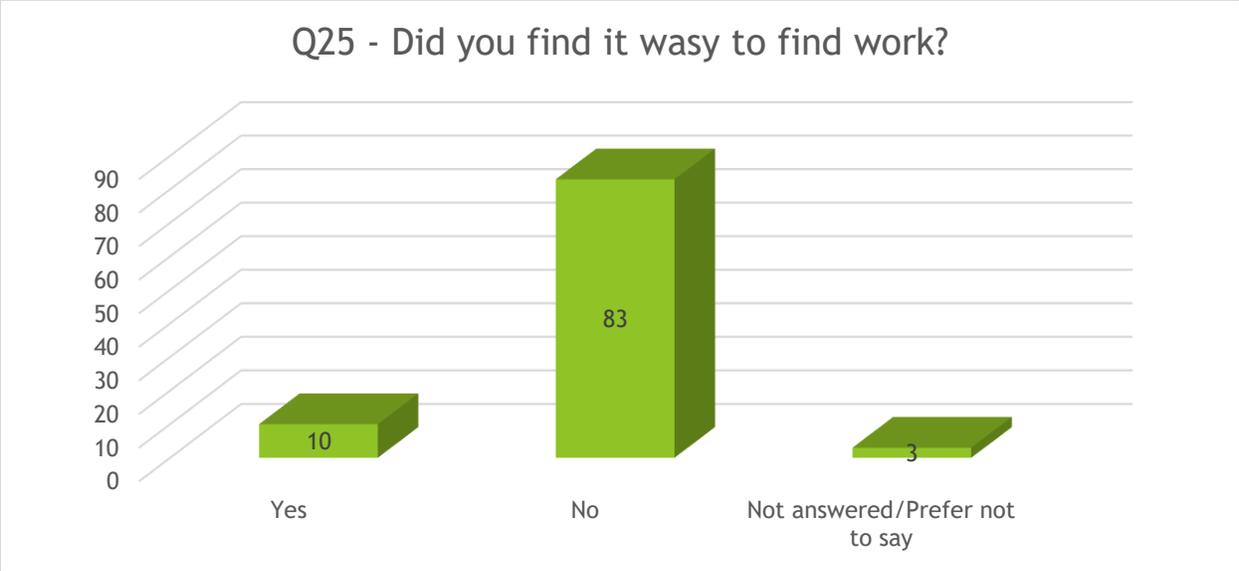
Q24 - Are you working?



Most participants (73/96) were not long in paid employment. Of these respondents, 71.23% (52/73) described themselves as retired, 20.55% (15/96) had never been employed and 8.22% (6/73) did not provide additional information. Ten participants stated that they were currently in paid employment. It may have been beneficial to further seek clarification as to whether this was full-time, part-time, freelance etc., however, this was not explored within the survey.



Of the responses received (42/56) – 75% were happy with their present working situation. Eight were currently employed and 48 were retired. Ten (10/56) had a neutral outlook. Four (4/56) respondent expressed a negative outlook, all of whom were within working age and were actively seeking employment.



The responses to this question indicate that Deaf people experience difficulties accessing employment opportunities (83/96). Several participants specifically linked their deafness as the primary factor in this challenge. It was interesting to note that some believed that employers engaged in discriminatory practices during the recruitment process, that an inability to communicate verbally disenfranchised them from paid work.



Less than half of participants – 47.92% (46/96) stated that they are actively involved in voluntary work. Of those who provided additional responses, (31/46) completed

voluntary work at Deaf clubs/societies across Greater Manchester. One respondent stated that they had previously undertaken voluntary work in a charity clothes shop.

4.4) One-to-One Interviews

Eight one-to-one interviews were conducted by the Executive Director. Participants who completed a questionnaire were asked if they would be willing to be interviewed. Thirteen participants agreed. Due to time constraint, five participants were chosen at random, and each of the interviews was conducted at a Deaf club of the participant's choice.

Participants were made aware of their right to cease the interview at any stage, without prejudice. Written consent was obtained to film each of the interviews in order that the data could be transcribed by a BSL translator. Seven pre-prepared questions were developed in order to guide each participant into the area of interest, however the Executive Director was mindful of not influencing responses. Laddered questioning was used within the interviews so that the researcher could ascertain whether a particular subject was distressing for the participant. A BSL fluent psychologist was available if necessary.

Discussion

Questions were put to the Focus Group to discuss the major issues of being Deaf in later life. Immediate concerns brought up by its participants included future isolation and loneliness and becoming housebound and losing their independence.

“I’m concerned when I’m older I won’t be able to get out of the house so easily. I enjoy coming to the Deaf centre and socialising. I sometimes don’t like coming into Manchester but I do it every week so I can get out of the house. I’m worried I won’t be able to do this when I’m older. – Participant Jones, Oldham

“My neighbour takes me every Thursday to Asda so I can do my food shop. She can’t sign but we gesture to each other. I can’t afford to move so I’m worried what will happen in the future if I can’t get to places I need to be. I can’t afford taxis” Participant Kavanagh

“My older brother, who is suffering from early dementia has definitely highlighted the issues of this maybe happening to me and it keeps me up at night worrying about what if this does happens to me. How could I cope, it is really a huge worry. Participant Robinson, Radcliffe.

When asked why they feared they would be isolated the participants mentioned reasons such as due to critical illness, arthritis causing immobility or eyesight problems affecting driving. In addition, poor eyesight and arthritis could greatly affect their ability to sign correctly and understand others signing.

“My vision is becoming weaker and my doctor has told me I have a 50% chance of developing Ushers Syndrome. Deaf people see the world visually and I rely on my eye sight!” Participant Gregory, East Didsbury

“I have some nerve damage that affects my shoulders and ears. I have up and down days and it affects my mood. If it spreads to my hands I’m scared I’ll get depressed and not want to leave the house. I’m a BSL user and sign with my friends, so I’d be scared to lose that” Participant Thomas, Oldham

The Focus Group included four married couples which were questioned on their fears on changes for them as they got older. They mentioned how they already feared the bereavement of losing their partner which would increase their feeling of isolation.

“... and I met on a Deaf trip to Holland when I was 24. We got married and then had our two children. We’ve always been together. I’m scared that if something happened to ... then I’d be alone. We have a lot of experiences together and that would be gone.” Participant McAlister, Prestwich

“Our daughter lives in London and our son is at university in Dundee. They’re growing up and don’t have as much time for us. We’re all we have.” Participant Meehan, Middleton.

“My work’s pension is hardly worth anything these days, together with the state pension I don’t know how my wife and I are going to cope. My son has his own family so he can’t help out. We won’t have enough spare cash for any extras.” Participant Woodward, Sale.

“With Government cutbacks and regulations changing with Brexit, who knows what benefits will be cut in the future. Before you know it, organisations like the Manchester Deaf Centre may be closed due to lack of funding. Who knows....!” Participant Peterson, Crumpsall.

We asked the participants how they would feel if they were living alone and had to move into sheltered housing. Once again the issue of communication played a factor for the participants such as would there be any facilities for BSL communication.

“My mother has carers looking after her at home. My brother deals with them and helps pay for them. If I need carers when I’m older how am I going to communicate with them and tell them my needs” – Participant Kanji, Bury

“I live in Stockport, and there are no Deaf care homes there. I don’t want to move because then I will have to move away from my friends and family” – Participant Wailuku, Stockport

Another worry was the possibility of Deaf Clubs closing down in the future and therefore losing the important source of communication with other Deaf people. Also, technology becoming too expensive in the future makes it impossible to keep up-to-date with on-line facilities, such as booking interpreters.

“I’m worried what will happen to Deaf Clubs. For example changes that happened to PIP. The Deaf community could go to Deaf clubs for information. If people only go to Deaf pub events to meet, then Deaf clubs will close and our support will be gone” – Participant Wailuku, Stockport

“Technology is changing and I’m scared I won’t know how to use it. I have an iPad that I use to FaceTime my children but I struggle to download apps. What if the way we use interpreters changes? This could be a barrier for me.” – Participant Edwards, Sale

These responses showed that a huge concern was the break down in the family with children possibly moving and losing touch with the Deaf community which would affect their support network.

Financial issues involving inadequate pensions and social benefits were further crucial worries that concerned the Focus Group.

Another worry was the possibility of Deaf Clubs closing down in the future and therefore losing the important source of communication with other Deaf people. Also, technology becoming too expensive in the future makes it impossible to keep up-to-date with on-line facilities, such as booking interpreters.

*****Please note that all the participants’ names have been changed for confidentiality***.**

Top Tips for Deafness and Ageing

1. Types of Deafness

Familiarising yourself with the types of Deafness is a first step to recognising an older Deaf person's needs.

Deaf – Deaf people are those that are born Deaf or have lost their hearing at a young age. They may have some hearing of high or low pitches or be profoundly Deaf with no hearing. Deaf people often are British Sign Language users, have a strong sense of Deaf identity and culture in the Deaf community.

Heard of Hearing - Reduced hearing loss in one or both ears.

Deafened – Deafened people are those that have lost their hearing later in life. They often do not associate themselves with Deaf culture and do not have a positive attitude towards their hearing loss. Those that are deafened often choose to rely on lip-reading and may at times find it difficult to communicate. They may perceive their deafness as a disability and do not identify themselves as being Deaf.

Tinnitus – Tinnitus is ringing within the ear which may be caused through poor work conditions or excessive exposure to loud environment.

2. History of Deaf Culture

Understand that Deaf and hearing cultures are different and that this can impact upon the way a Deaf person experiences life and interaction with the hearing community. Like many cultures, Deaf culture has a history of oppression. The 1880 Milan conference banned the use of sign language within schools and favoured oralism method of teaching. This had a huge impact on the Deaf children at that time who were often punished for using sign language in schools and forced to rely on lip-reading. This means that an older Deaf person signing differs from newer generation of BSL users with more English mouth patterns and borrowing English words.

3. Unique Communication

It is important to recognise that deafness is a spectrum, therefore no one Deaf person's needs are the same of that of another's. Different factors may contribute to a person's communication preference and ability to communicate themselves most effectively. A combination of lip-reading, signing, and gesture, verbal, non-verbal and written

communication should be used to decipher a Deaf person's preference.

4. Trust

Deaf people often receive information second hand which means that they are in the position to believe what they have been told by someone else. This can make some Deaf people more impressionable meaning they can be easily taken advantage of and make them less trusting of those around them. It is important to try and be clear with a Deaf person at all times and understand that it may take time for them to trust you.

5. Become Deaf Aware

By attending Deaf awareness training you will learn about deafness, Deaf culture, communications and language. You will learn how to make it easier for a lip-reader and how to work with an interpreter.

6. Plan and prepare

Make sure an interpreter is organised if needed, that you (and all staff) are aware of the deaf person's needs in advance. The deaf person is concerned about their own lives, and their deafness should not get in the way of them receiving an excellent service, consideration and respect.

7. Accessibility means trust

By focusing on providing information in BSL, you will automatically be seen in a more positive light by the Deaf community. Deaf people are ferocious consumers of information and actively seek opportunities to learn and develop when the information is provided in a language that they can understand.

8) Use visual aids and technology

Deaf people benefit from seeing their names come up on a display in the waiting room. Posters and leaflets that are very visual and avoid lots of text can also be helpful. Promotional videos may help deaf people get information about important life issues and events. If you've got a loop system then make sure it is in working order and display signs about it; if you haven't got one, think about it: many people with reduced hearing, including lots of older people, will find this useful.

Deaf people use communication devices such as FaceTime, texting, Messenger. Text

reminders can be useful and being able to make appointments via text is even better.

9) Community is everything

The Deaf community is as strong as ever. Respect for and support of the Deaf community is paramount for many Deaf people. Deaf people often rely on each other for support, encouragement and information when interaction with hearing people and agencies such as the NHS, police, education, housing, banking etc..

10. Flexibly means success

You may need to alter the usual way of doing things to accommodate a deaf person's needs. For many years some deaf people have experienced oppression and isolation. There are a wide variety of organisations both locally and nationally who can help and advise you how to accommodate Deaf people in services and provision.

6) Case Studies

Case Study 1 – Isolation and Support

Margret (73) was born just outside of Stockport, attended a residential Deaf School in South Wales. She married her high school boyfriend - Martin, and relocated back to Manchester shortly afterwards. Their son (Adam) was born a year later. Both she and her husband were active Deaf community members, competing in crown green bowling and darts competitions across the North West and UK. Margret also served as a trustee of her local Deaf centre.

Adam moved to Vancouver, Canada in 2015 with partner. Initially Margaret and Martin struggled to keep in regular contact with Adam, preferring to do so via letter. Their local Deaf centre organised for Margret and Martin to have tuition on how to use FaceTime and Skype which made staying in touch with Adam much easier – it made them feel much closer.

Unfortunately, Martin passed away last year and Margret has become increasingly isolated – never learning to drive. She shies away from the ‘hearing’ world which makes her feel devalued and afraid. She doesn’t feel confident understanding English and regularly struggles to interact with key agencies e.g. NHS, bank, HMRC – some of which do not provide BSL interpreters. She relies heavily on the Deaf community to provide her with information.

Case Study 2 – Empowerment and respect

Neil (49) has always loved being Deaf. He has campaigned all his life to ensure that Deaf people’s rights are respected and appreciated. Neil lives in a housing association apartment supported by his sister and social worker. Again, Neil feels that he struggles with communication but knows that accessing an interpreter is his legal right and is not afraid to challenge people if this is not provided.

He is an avid user of technology and uses the internet and apps to access world and local news presented in BSL. This helps him to feel confident and empowered. Neil has never been in paid employment, favouring to complete voluntary work within the Deaf community. He experiences real and tangible isolation when he is surrounded with hearing people and has always felt that he could not rely on an employer to respect his language and culture.

Neil separated from and divorced his wife five years ago, and feels that he has lost a lot of self-confidence. He is not confident that he will find another partner although he is hopeful that this will be the case. He does not feel that he would like to be in a relationship with a hearing person.

8) Conclusions

This small-scale survey has been able to engage closely with deaf people in order to get a good idea of their experiences of their deafness and ageing. It is not a comprehensive research project, which would need to be conducted under very different parameters. Its value lies as much in what is learnt from the mechanisms employed to undertake the survey as the responses to the questions.

Deaf people in Manchester rely on friends, family and the flexibility of service providers to enable them to access, understand and benefit from interacting with the wider community. Because of the methods they develop, often over a lifetime, they are generally accepting and compliant. Recent years have seen an advancement in technology that increases independence in deaf people who may previously have relied on external human support; the best opportunities appear when technology is employed alongside flexibility and understanding for the benefit of deaf people.

Despite its many rewards, as technology has advanced, deaf communities have faced challenges including dwindling numbers of hearing parents choosing BSL as an option for their deaf children (cochlear implants being largely responsible) and the tradition of meeting together being eroded by online facilities. These circumstances result in a more dispersed community, with inevitable consequences for mental health and successful communication.

There is also an ageing population acquiring deafness with accompanying isolation and ill health. Both these broad categories of deaf people are unaccustomed to nameless, corporate bodies and at home with individuality and approachability. Many Deaf people do not feel that businesses and agencies are aware of how Deaf people communicate, what Deaf culture is and that this leaves them at a disadvantage and purposefully isolated.

The challenge for the wider community is ensuring deaf people, whatever their identity or position in the community, can benefit both from technical advancement and from retention of established community practices.

Many deaf people do not believe services will improve for them. They are resigned to difficulties but also often content with what many people might consider unsatisfactory. Others, however, are fierce in their belief that things should be better and that they have been unreasonably badly treated. Basic changes in attitude and approach should make a significant difference for many deaf people in improving access, understanding and acceptance. In turn, deaf people will become more aware of other services and be better placed to respond with lifestyle changes for empowerment and engagement.