



YOUTH ACCESS

Championing Youth Advice and Counselling

Equity scoping

Addressing inequity in service provision for

Deaf young people

February 2024

About Youth Access

Youth Access exists to ensure that every young person has access to the support they need, when and where they need it, to thrive on their journey into adulthood.

Alongside our member network of 128 youth advice and counselling services, we champion young people's right to access high-quality services providing a range of support, from mental health and wellbeing to housing and employment, all under one roof, in their local community.



Introduction

All young people deserve access to support that respects their rights and meets their needs. Yet, too often, the very systems created to support young people perpetuate inequality and reproduce systems of oppression. Put simply, many young people remain under-heard and under-served, facing barriers to services often not designed for or reflective of them.

Addressing entrenched inequalities in service access and experience is complex, requiring a sophisticated understanding of the needs, cultures and help-seeking behaviours within each specific group as well as the reasons for the shortcomings within services.

This is one of five accompanying briefings covering the key findings from our equity scoping review, which focus on addressing inequity in service provision for the following young people:

- **Black young people and young people from racialised communities**
- **Gypsy, Roma and Traveller young people**
- **Refugee and asylum-seeking young people**
- **Trans and gender-diverse young people**
- **Deaf young people**

Whilst young people with shared identities or with shared experiences often have a distinct pattern of needs that must be understood in depth by any service attempting to address their marginalisation, our broader mapping also identified some common factors useful to consider in developing an appropriate approach. These findings are featured in our [overview report](#).

About Deaf young people

Many charities in the sector simply use the term 'deaf young people' to refer to young people who have hearing loss or are completely unable to hear. The term 'deaf and hard of hearing', or the acronym 'DHH', are also sometimes used. In deaf culture, people sometimes use two different spellings of the word deaf: big D 'Deaf', for someone who identifies as a member of the deaf community; small d 'deaf', for someone who is deaf but doesn't identify as part of the community. Sometimes, the written term 'D/deaf' is used when referring to both groups together.

Research with deaf young people aged 16 to 19 found that the "binary demarcation of identity between the culturally Deaf and the hearing disabled, or between the signers and the speakers, is not necessarily one that a new generation of deaf young people recognise" (Young, 2021). In this briefing, the term 'deaf young people' will be used when referring to broad groups of young people with hearing loss or who are completely unable to hear.

The National Deaf Children's Society estimates that there are around 50,000 deaf children and young people in the UK (NDCS website). Under 1% of young people aged 16-24 are deaf (AYPH, 2022).

Service needs

Language and culture

- Around 96% of deaf children are born to hearing parents who have limited knowledge about experiences as a deaf person and deaf identity and culture. Deaf children's language and communication skills are often less well developed than those in hearing children, with language delays affecting the development of neurolinguistic structures in the brain (Terry, 2021).
- Although most deaf young people identify as primarily spoken language users, many also use some British Sign Language (BSL)¹ or Sign Supported English (SSE)², to varying degrees of fluency.
- Many deaf young people lip-read in addition to using BSL or SSE.
- A small number of young people with mild learning difficulties may use Makaton, although this is not common. Some may use hearing aids or cochlear implants.

1 British Sign Language (BSL) is a form of sign language that is used in Britain and involves the use of hand movements, gestures, body language and facial expressions to communicate.

2 Sign Supported English (SSE) is a type of sign language that follows the spoken and reading English language and follows its structure.

Around 96% of deaf children are born to hearing parents who have limited knowledge about experiences as a deaf person

(Terry, 2021)



Language development and additional disabilities

- Deaf children and young people are more likely to have neurodiversity or other disabilities, and/or behavioural issues, which relate more to language development than to hearing problems specifically (National Deaf Children's Society, no date)
- Deaf young people often have lower literacy scores than hearing children (Nuffield Foundation, 2017).



Inequality, isolation and discrimination

- Deaf young people can experience language delay due to a late diagnosis, lack of access to hearing technology, and not receiving early access to sign language (Deaf Child Worldwide, 2021).
- Young people can experience discrimination and inequity because of being deaf, and not sharing a similar status to hearing people (Swansea, 2021). This can interact with other identities, such as a person's gender, sexuality and ethnicity.
- Deaf young people more risk of being bullied and experiencing low self-esteem. Isolation and loneliness are common among deaf young people, impacting their happiness, mental health and communication skills (National Deaf Children's Society, 2019).
- Deaf children are more likely than hearing children to experience emotional, physical and sexual abuse (ADSS et al, 2002).

Mental health and wellbeing

- Deaf children have higher prevalence of Depression, Anxiety, Generalised Anxiety Disorder, OCD, Panic Disorder and Separation Anxiety Disorder than hearing children. In total, almost 21% of deaf children in a study in Northern Ireland reported having at least one psychological condition compared to about 12% of hearing children (Byrne and McNamee, 2022).
- The prevalence of emotional wellbeing difficulties in deaf children and young people was between 11% and 63%, with the range explained by differences in report measures (NDCS, 2020).
- Being deaf is not by itself a risk factor for behavioural difficulties or mental health problems, but being deaf can be a risk factor because of communication barriers in a predominantly hearing world, adverse experiences related to stigma and discrimination, and the gaps in current mental health systems to meet the specific needs of deaf people (SignHealth, 2022).
- Deaf children who are born into hearing families and cannot make themselves understood are four times more likely to be affected by mental health problems than those with effective communication (Terry, 2021).

Barriers to access to services

Research shows that deaf people are less frequent users of services than hearing people (SignHealth, 2010). Deaf young people encounter multiple barriers to accessing services.

- Being deaf has a significant impact on young people's ability to navigate a **society and systems designed by and for hearing people**.
- **Communication barriers** represent the overriding reason deaf people have poorer access to services compared to hearing people.
- Hearing populations, including most professionals, **lack knowledge and awareness** of the challenges that deaf people experience in everyday activities.
- **Schools may not recognise** children as being deaf, as they may mask their condition.
- Some **families do not engage with services**, e.g. where parents have had negative experiences, mental health issues, or where there are domestic violence or safeguarding issues in the household.
- Low levels of literacy can restrict deaf young peoples access to information and lead to **digital exclusion from services**.
- There is a **lack of specialist services** and deaf professionals to respond to deaf young people's specific access and communication needs.

- National Deaf CAMHS services are often hundreds of miles away from the family home and end at age 17 or 18, with **inadequate transition arrangements** to adult and mainstream services (Terry, 2021).
- The specialist skills required to meet deaf young people's needs mean that **generic services are often not able to provide an adequate service.**
- Key barriers for deaf people in accessing general health services include the lack of BSL interpreters; general **poor communication** with services; and difficulties arranging appointments (SignHealth, 2010).
- Services may not have a dedicated budget to cover **BSL interpreters.**

A standard phone call is not an accessible medium for communicating with a deaf client, but services are often not flexible enough to communicate via other channels, such as text or email.

- Many health services have processes to call people into the consulting room which rely on **shouting out their name.**
- Young people can get exhausted when using services due to the **sensory overload** which results from having to focus very hard using different senses in order to function in a service setting whilst using a number of communication methods simultaneously (e.g. lip-reading and BSL) and the stress of negotiating services that are not set up to meet their needs.
- Inaccessible services that are not sensitive to the needs of a culturally diverse population may lead to deaf children from **ethnic minority groups being underserved** by services (NDCS, 2021).

Methods of improving access and service quality

A recent review of emotional wellbeing services for deaf children and young people concluded that there was a clear preference amongst young people, families and professionals for services that are deaf specific and grounded in deaf awareness and expertise (Byrne and McNamee, 2022).

Nevertheless, there are steps that every service can take to improve their accessibility and quality of service for deaf young people.

Develop staff awareness and skills

Ideally, services should have staff who can use BSL. It is also important to have staff who can work in a visual way with young people.

More generally, deaf awareness training is needed to remind professionals of the relevant legislation, to learn about the culture, identity and language of deaf young people, and how services can address the systemic barriers deaf young people face.

Ensure methods of initial contact are accessible

Remembering that deaf young people may be unable to communicate by telephone and may be reluctant to drop into a service in person without knowing whether they will be greeted by someone with relevant skills, services should ensure text, email and webchat options are also available.

Although some deaf young people may be digitally excluded as a result of low levels of literacy, the field of digital technology is highlighted in the literature as potentially offering some solutions to improve deaf people's service experiences.

Provide interpreters

English is not the first language of many deaf young people. Hoping that a client's friend or family member will interpret at an appointment risks depriving the young person of privacy and independence. Services should have good arrangements with BSL interpreters and be prepared to pay for them whenever needed.

Interpreters can be booked through the NRCPD, the national voluntary regulator of over 1,700 language service professionals including British Sign Language/English Interpreters and Translators, Lipspeakers, Notetakers, Speech to Text Reporters and Interpreters for Deafblind People.

Offer a range of interventions

Appropriate services for deaf young people might include:

- The provision of short, simple, clear, visual information, including online.
- A range of therapeutic approaches, including counselling, art therapy, play therapy and mental health support.
- Advice on young people's rights and entitlements, covering welfare benefits, housing, debt and employment.
- Referrals to specialist services, such as National Deaf CAMHS.
- Deaf mentors.

- **Peer support groups where deaf young people can meet, reduce their social isolation, and develop their self-esteem and sense of identity. Peer support groups have been particularly recommended for deaf young people from racialised communities to provide a forum for emotional and practical support, enabling them to discuss issues around race, ethnicity and religion, and to share experiences with others from the same background (Bignall et al, 2002).**

It is important to allow additional time for communication and to make special provisions, including allowing young people who may get exhausted by sensory overload to have regular 'brain breaks'.

The youth support services provided by Action Deaf Youth in Belfast have been cited as an example of best practice.

Enable deaf young people's participation

Deaf young people should be supported to be fully involved in the planning, provision and monitoring of services, alongside other young people. Services designed and developed with the feedback and involvement of young people are more likely to be relevant and responsive.

Key sources & further reading

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