

Supporting deaf colleagues in the workplace

Housekeeping



Please keep your camera switched off and put yourself on mute, unless you are speaking.



Today's webinar is 1.5 hours, please be aware this session will be recorded.



Please focus on the sessions as if you were in the room and resist the temptation to do emails and other work while you are with us.



Use the live chat box to interact with colleagues and to ask a question raise your hand icon via reactions on the tool bar at the bottom of the screen.



A British Sign Language interpreter and palantypist will be supporting us today. The interpreter will be spotlighted throughout the session, please ensure you have your zoom set to speaker view via the view button in the top right corner.

Welcome and introductions

Paul Deemer - Head of Diversity and Inclusion, NHS Employers

and

Simon Houghton - Culture and behaviour change consultant and deaf advocate

Paul Chivers

Head of Innovation & Sustainability

NHS Supply Chain

Caitlin Jensen

Innovation Project Manager

NHS Supply Chain

PPE & Transparent Face Masks Update



Agenda

Background
Learning from COVID-19
Achievements
Next Steps
Looking forward
Q&A

Background

- **Innovation Deep Dive Report**
- **PPE Strategy Oct 2021**
- **NHS Net Zero – Greener NHS**
- **RIS team formed**

Learning from COVID-19 relating to d/Deaf staff

- Even greater exclusion
- No TFM existed
- No way of testing a TFM
- Lack of understanding of the need
- Lack of understanding of the demand
- Career limiting or increased risk taking

Achievements

- **Transparent mask new specification**
- **4 Nations transparent mask panel**
- **3 compliant products, more on their way**
- **P3 decontamination guidance**
- **Innovation Hub**
- **Networked with regulators, IPC, RCN, innovators, R&D**

Next Steps

- **More variety in types of TFM**
- **Continued assessment of TFMs and TFFP3s**
- **Reusable TFM and TFFP3 required**
- **Ensure Trusts'**
 - **Understand TFM v TIIR**
 - **Don't make do – visitors are not TFMs**
 - **Listen to the users and their teams**
 - **Risk assess, cost is often minimal**

Looking Forward

- Roadshows
- Procurement
- Ongoing development of products

LOT2	
Products on Atamis	27
Waiting to be assessed	6
Requires further documentation	17
At pre-assessment	4

LOT3	
Products on Atamis	3
Waiting to be assessed	1
Requires further documentation	2



Any questions?

Matthew James

Head of Equality and Inclusion

North East and Yorkshire Region

NHS England and NHS Improvement

Co-chair of Deaf and Hard of Hearing subgroup

NHS England and NHS Improvement

Pronouns: He/his/him and deaf

Twitter @deafmediator

The Deaf/Hard of Hearing (HoH) journey for inclusion and belonging at work/at home

Factors	Pre Covid	During Covid	Now	What next?
Our Identity	1.1 Hidden and invisible deafness, with little collective recognition	1.2 Revealed due to inequalities; are you a patient? De-skilling/career changes	1.3 Increased identity of self a positive benefit? Facebook/ Twitter	1.4 Energies to enrich identities through networks with allyships?
Our Needs	2.1 Not wholly met as often overlooked within workplace or self searching for answers	2.2 Challenged by no masks, <i>Dr Helen Grote et al</i> ; redeployments; e-meets and the MS Teams love/hate affair	2.3 Learning more about what works. Hidden nuances of needs remain and cause pressures	2.4 Masks? Peer to peer support to affirm own support requirements; guidance/engage
Awareness about us	3.1 NHSE/I internal network and reasonable adjustments	3.2 Discovery stage during inequalities. Risk assessments; survey	3.3 More awareness. But still feeling forced to fit into the hearing norms.	3.4 More Deaf and HoH staff at senior level is key to improving culture
Processes/policies that support us	4.1 Reasonable adjustments for those who ask/ some unwanted Occ Health	4.2 Self awareness of own needs can mean missed opportunities to advocate	4.3 MS Teams needs to keep improving; smarter ways of working	Equality Duty fresh; BSL Act; better workforce data; bespoke offers?

Key challenges

- **A new curve:** needs of Deaf and Hard of Hearing staff are heterogeneous, layered and situational; and not yet collectively recognized on the ground or heard upwards.
- **Creating a paradigm shift:** making improvements need to be done through our Deaf and Hard of Hearing people in all ways and levels to readdress the 'backlog' of employment/health and wellbeing needs.
- **Lessons for improvements:** the revelation of inequalities requires a call to action to close those gaps so we are in a better place than pre-covid days

Many amazing Deaf and Hard of Hearing staff have led the way on top of their main jobs. Our needs now?...

- **Deaf and Hard of Hearing Networks** – grow them at different levels – national, regional, ICB, place with safe space too, leading to...
- Offers of **peer-to-peer support between staff**, and using peer participation to inform principles to design solutions to current issues, leading to...
- **Improved training for leadership and BSL** leading to more Deaf and Hard of Hearing staff at senior levels
- Improved data, workforce plans/needs assessments; and have a place in **Equality Action Plans**

Emma Mendes da Costa
Interim Workforce Equality,
Diversity and Inclusion Lead
Sussex Partnership

Emma Mendes da Costa (she/her)

- Interim Workforce Equality, Diversity and Inclusion Lead at Sussex Partnership NHS Foundation Trust.
- My story: first hearing test, speech therapy, mainstream schooling, university, journalism career.
- Joining the NHS, and the moment that changed everything.
- Staff networks, changing roles, storytelling, advocacy, campaigning, consultancy, and the Southern Disability Support Network.



How to support deaf colleagues

- Ask colleagues about their communication needs, and never assume preferences or strategies.
- Make your front of house inclusive: website, social media presence, videos, recruitment campaigns.
- Proactively offer adjustments at interview, during recruitment and onboarding and beyond, including support with Occupational Health and Access to Work applications.
- Be mindful of communication fatigue, presenteeism and imposter syndrome.



Dr Fatin (Fizz) Izagaren
Paediatric EM Registrar
Royal London Hospital

Every child has big dreams...



There should never be a
“you can’t.....”

"What do you think is
the biggest waste of time?"

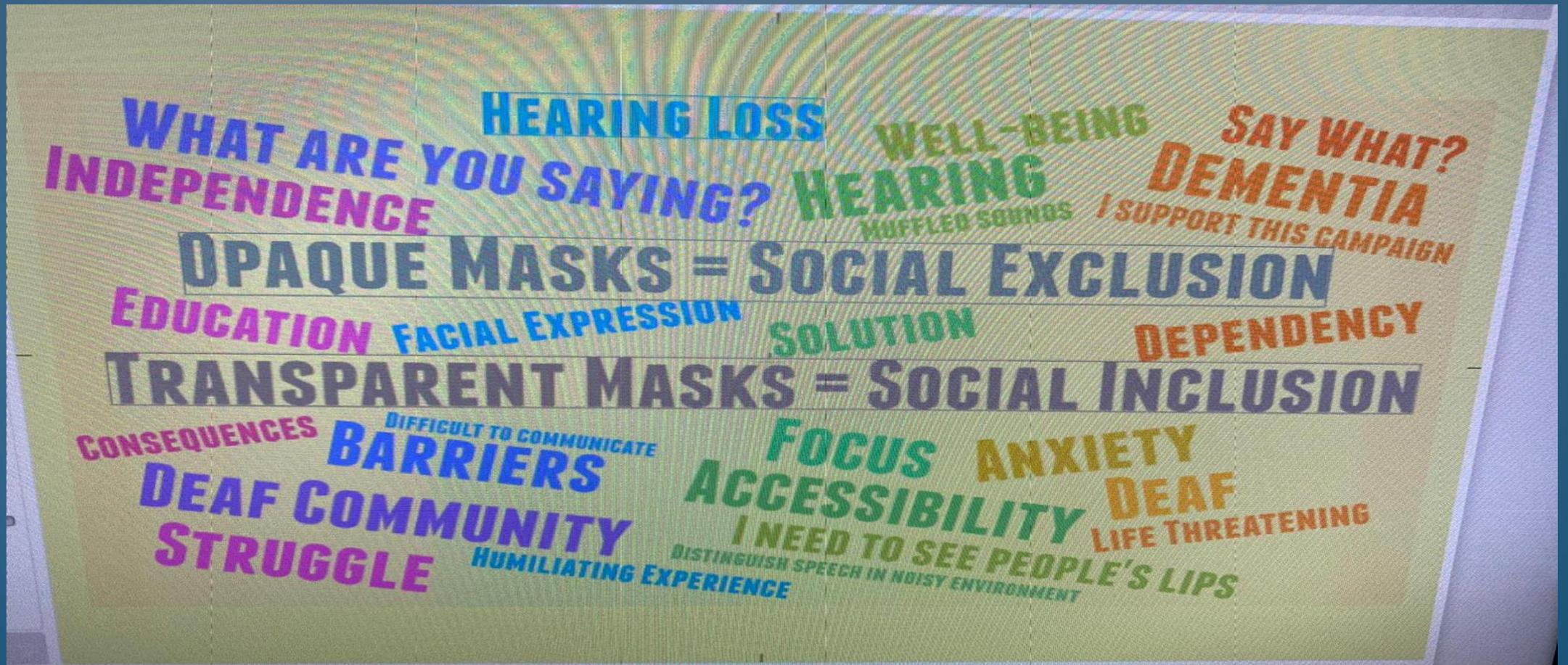


"Comparing yourself to others,
said the mole."

- A stubborn child grew up to become a stubborn adult.
- I never thought of myself as 'Disabled' or different to others pre-Covid/facemasks because I compensated so well without realising it... like many disabled people do.
- Most disabled people carry the extra burden of making changes and adjustments themselves in the hopes of being seen as 'equal' and not treated any differently when in reality... we ARE ALL different and this is a truly rich positive!
- One of the battles as a disabled person, is getting people to see that you have the **right to a level playing field** just like anyone else without having to prove your value to them.

COVID has created a new test of how the NHS supports EDI for all

It has made us realise how much disabled people compensate for themselves



I went from just a hearing aid to this...



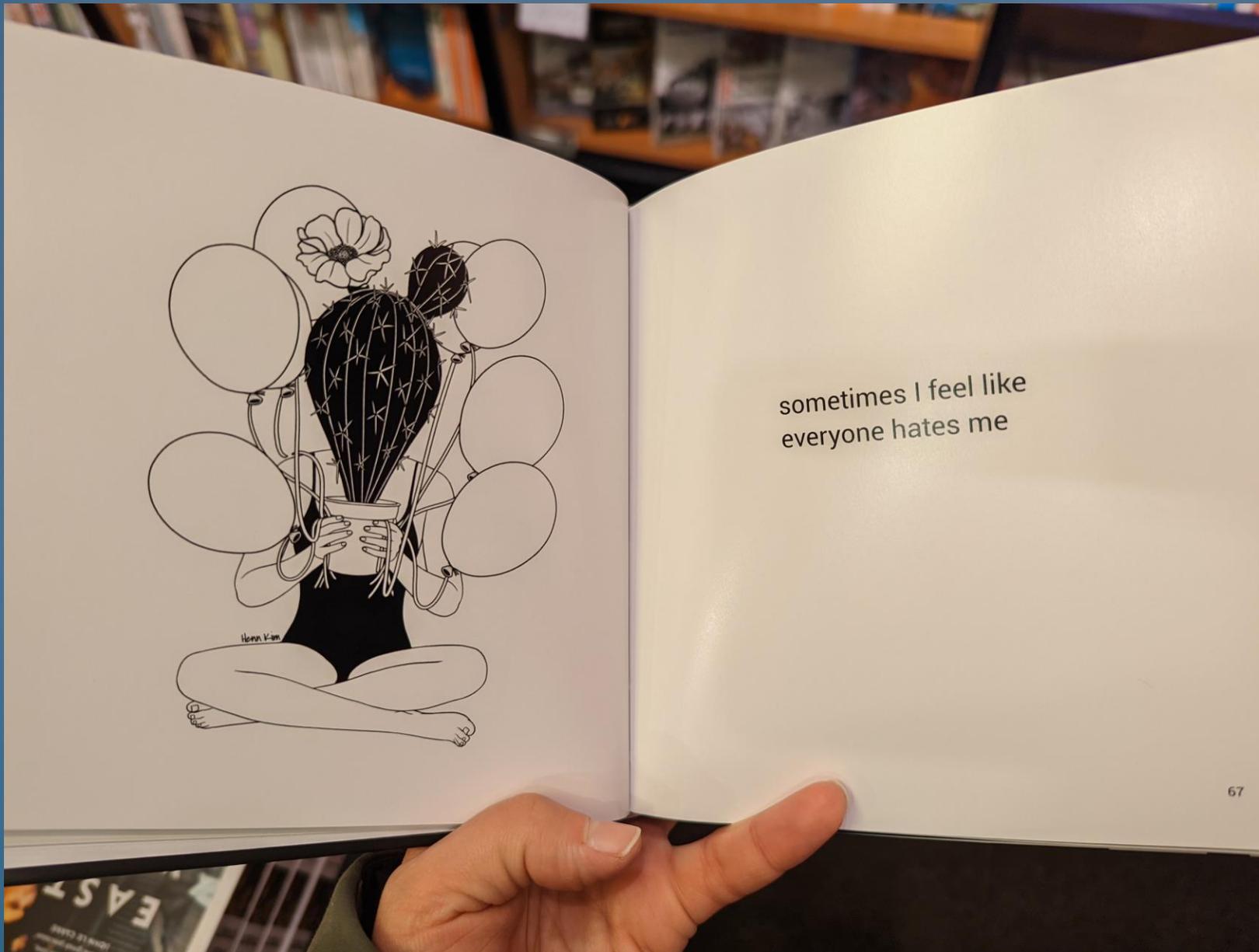
Making my hidden disability very visible. It was tough.

Changes often start with one person but voices are amplified by sharing the journey....



Deaf Voices

Campaigning for Clear Face Masks



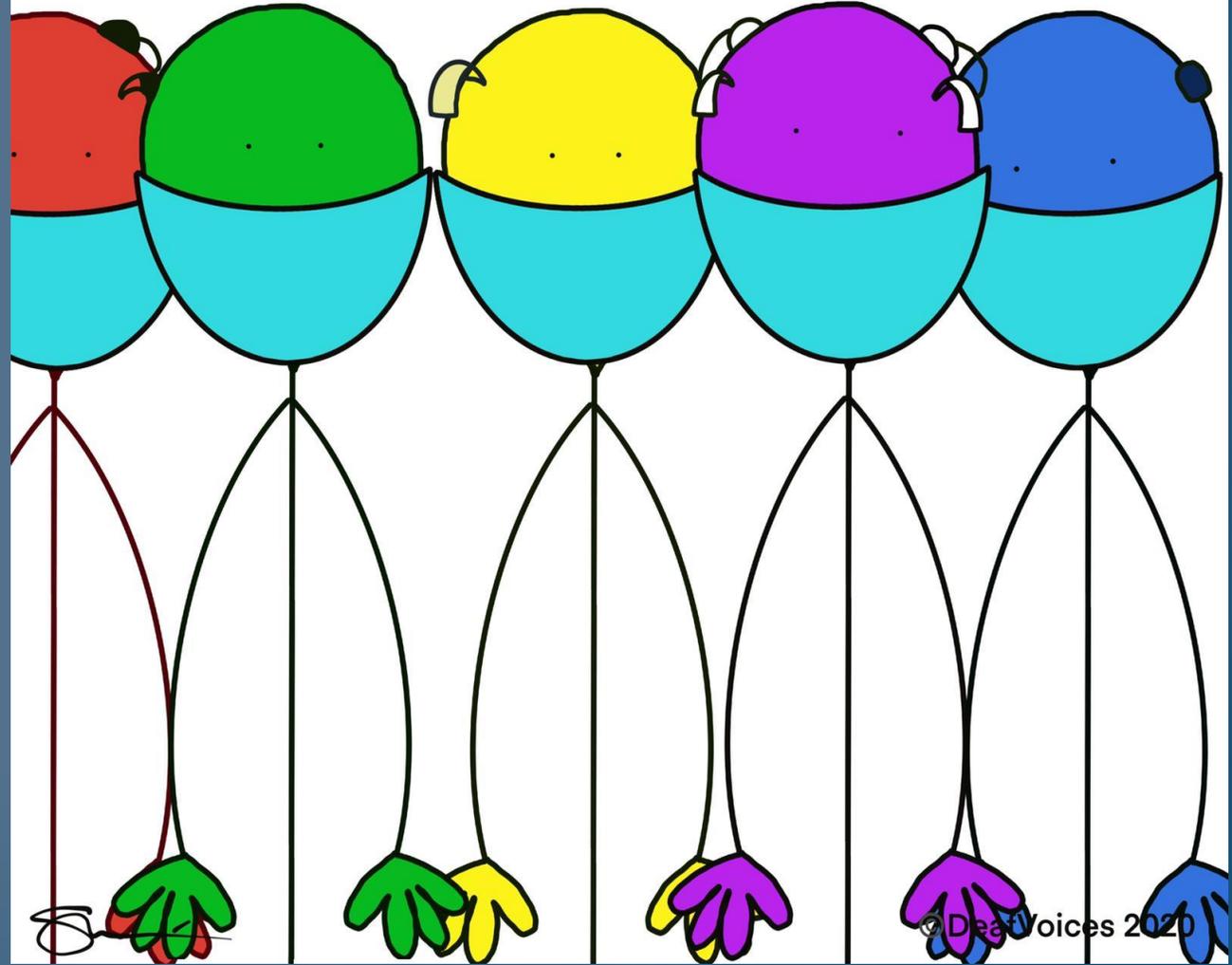
The emotional burden... the change in my personal identity as a HCP...

"Do you have any other advice?"
asked the boy



"Don't measure how valuable you
are by the way you are treated."
said the horse

Will we lose our jobs because we can't
understand what others are saying?





What does 'Equality and
Inclusion' look like?

'JUST ASK US'

This!



Becky Platt
@BeckyPlatt3

It's so exciting when your twitter friend becomes your colleague!
[@DocFizzabella](#) [@RLHPED](#)



17:13 · 09 Mar 22 · Twitter for iPhone

@DeafVoices 2020

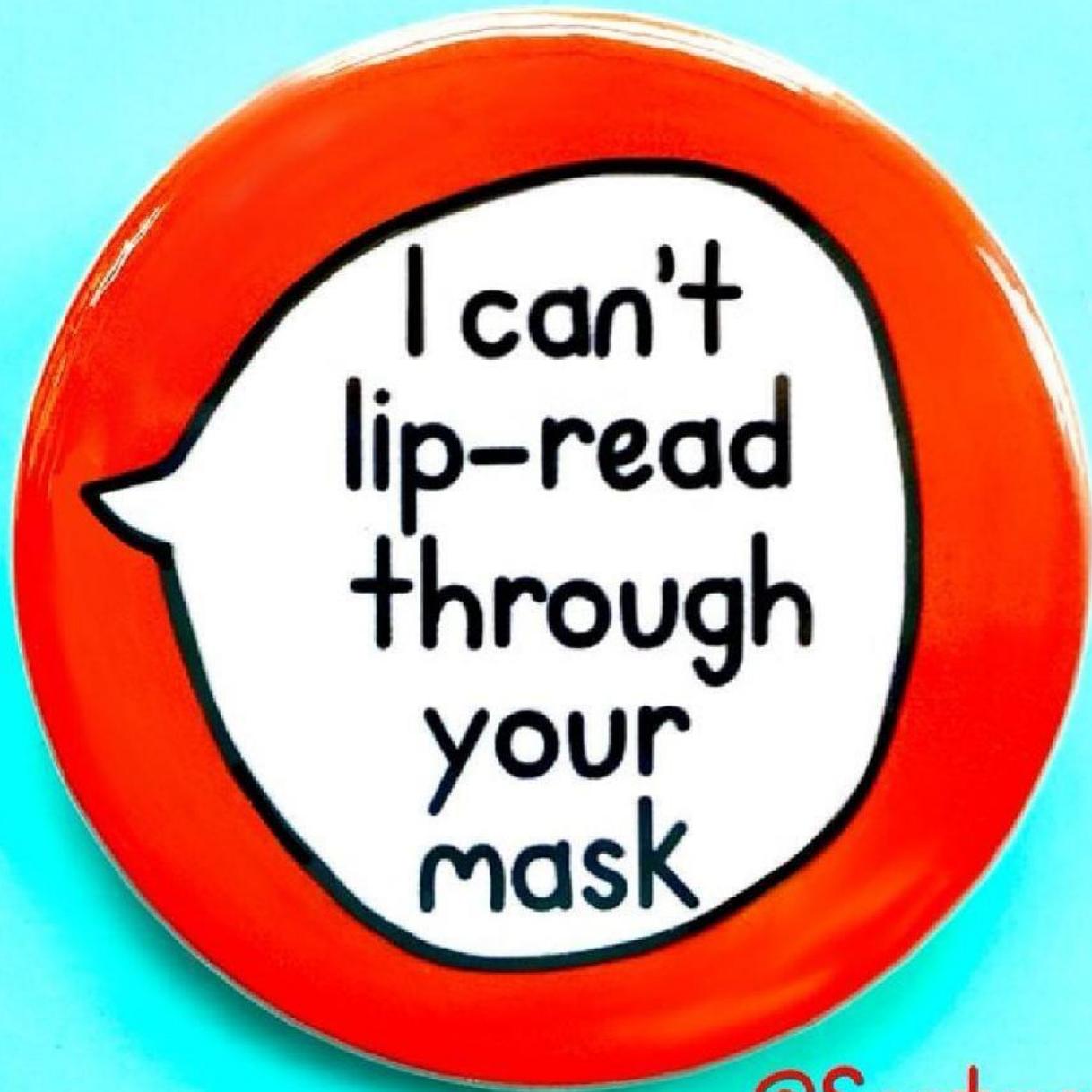


WHAT DID
YOU SAY?

Opaque Masks Stories



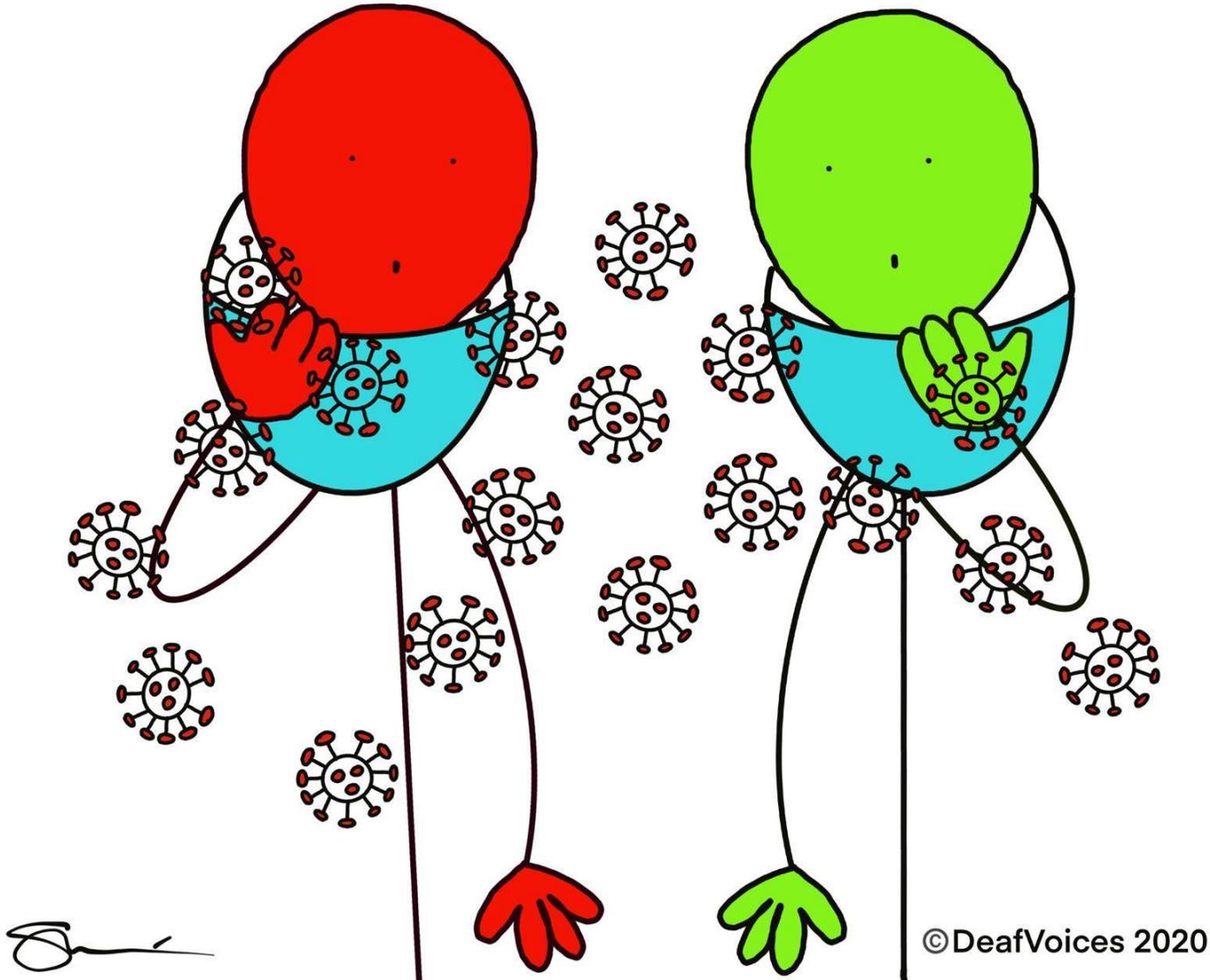
The pharmacist wore a mask behind a screen. I'm deaf so couldn't understand him. He spoke to my daughter, who was poorly, instead of me. She is only ten.



@Sootmegs

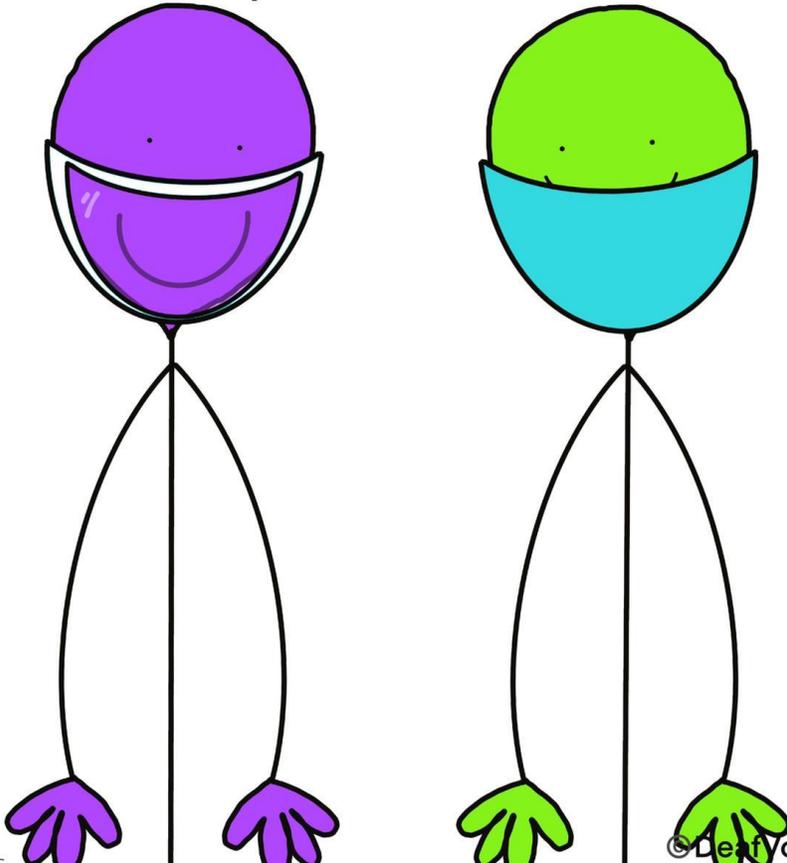
**PLEASE DONT ASK PEOPLE TO REMOVE THEIR
MASK TO COMMUNICATE.**

Removing Your Mask Puts You And Others At Risk



Who will need a clear mask in the NHS?

NHS staff taking care of patients who need to see their faces to aid communication and/or to feel safe will require a clear mask

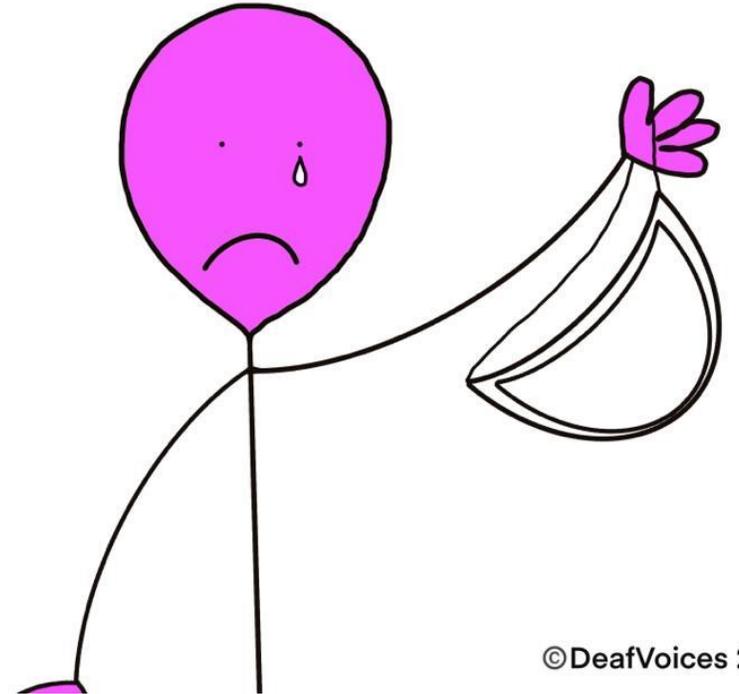


© DeafVoices 2020

NOT

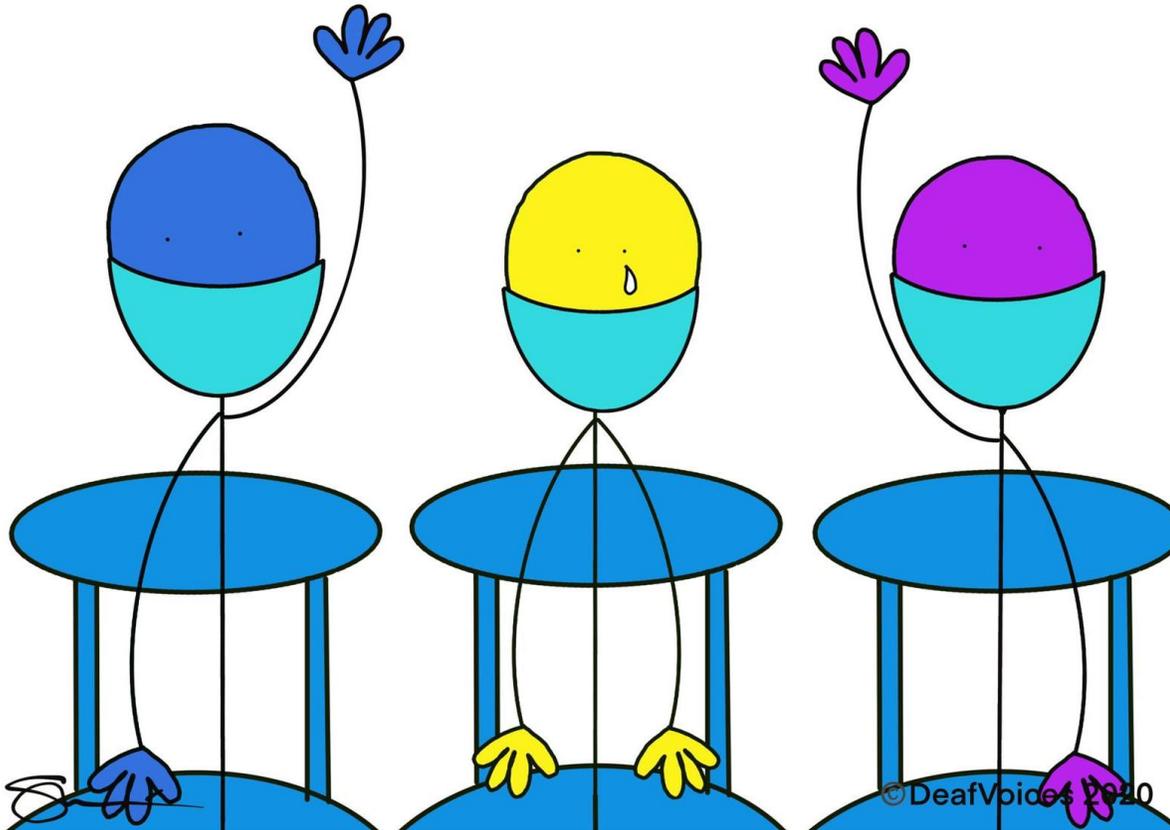
250,000 Clear Masks For Our NHS!

Sadly they cannot be used by NHS staff as they are not medical grade.

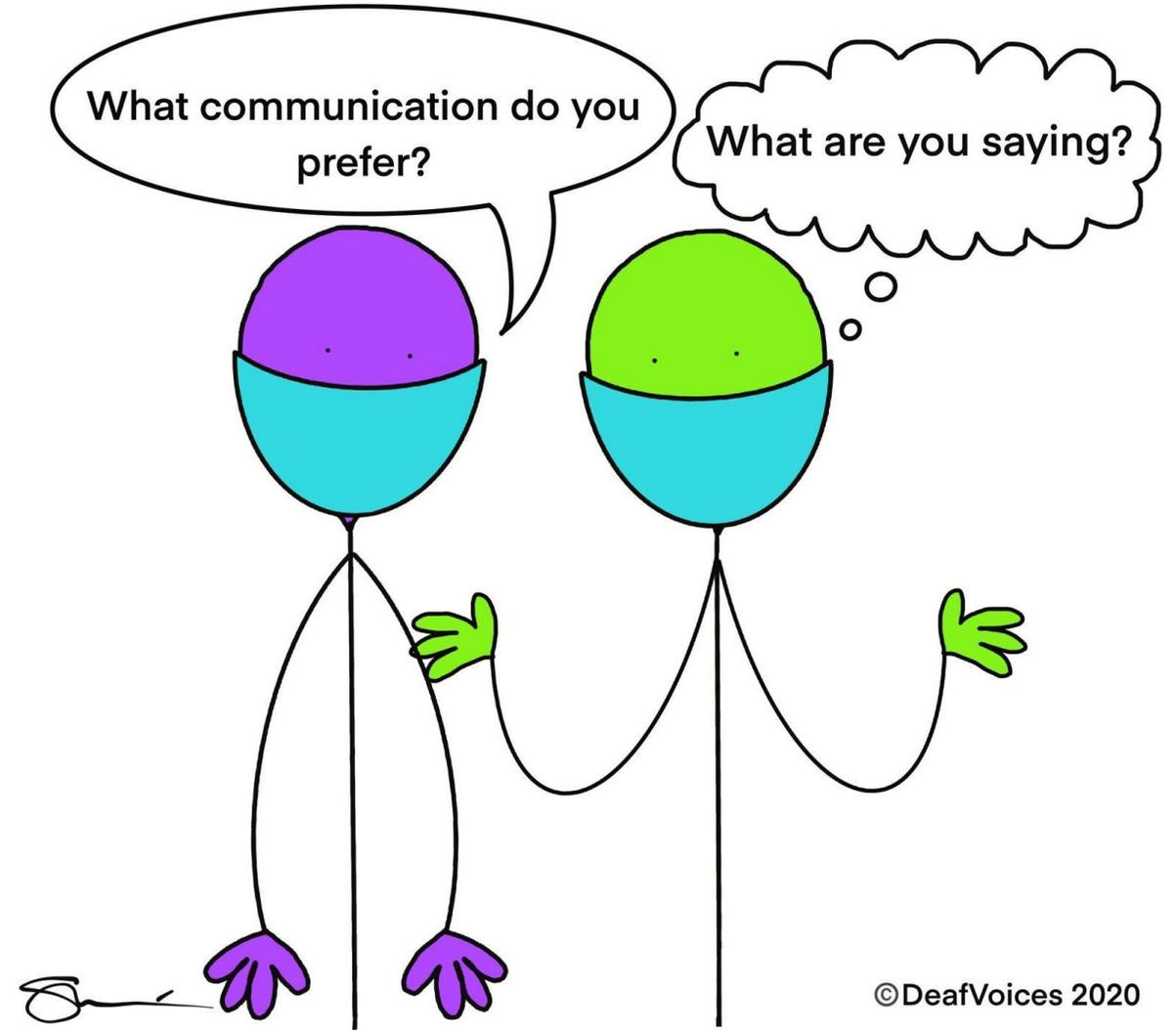


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How will opaque masks affect deaf children in the classroom ?

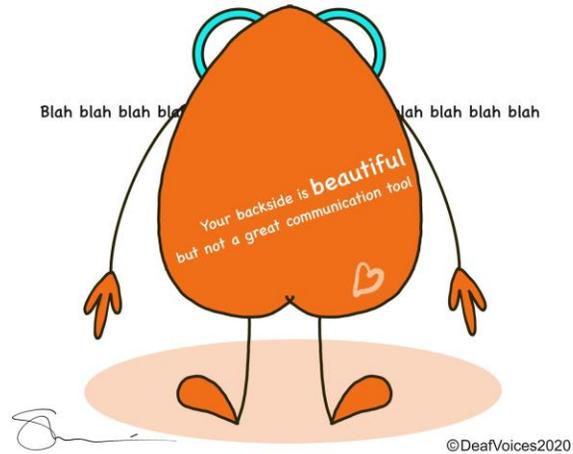


How can we help each other to communicate when wearing opaque masks?



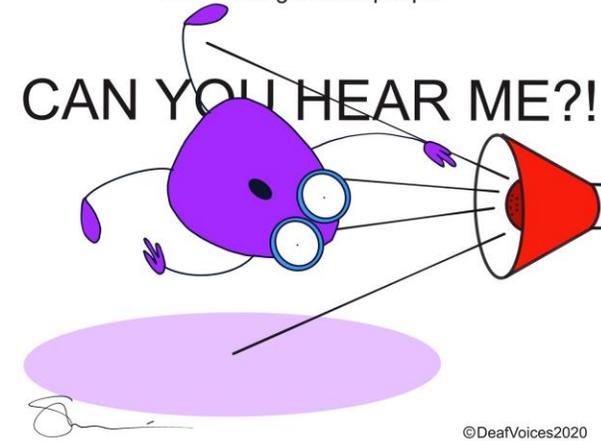
Top Communication Tips

Don't turn your back when talking to deaf people



Top Communication Tips

Don't **SHOUT!** through a megaphone
when talking to deaf people



Top Communication Tips

Don't cover your mouth with a fluffy cat when talking to deaf people

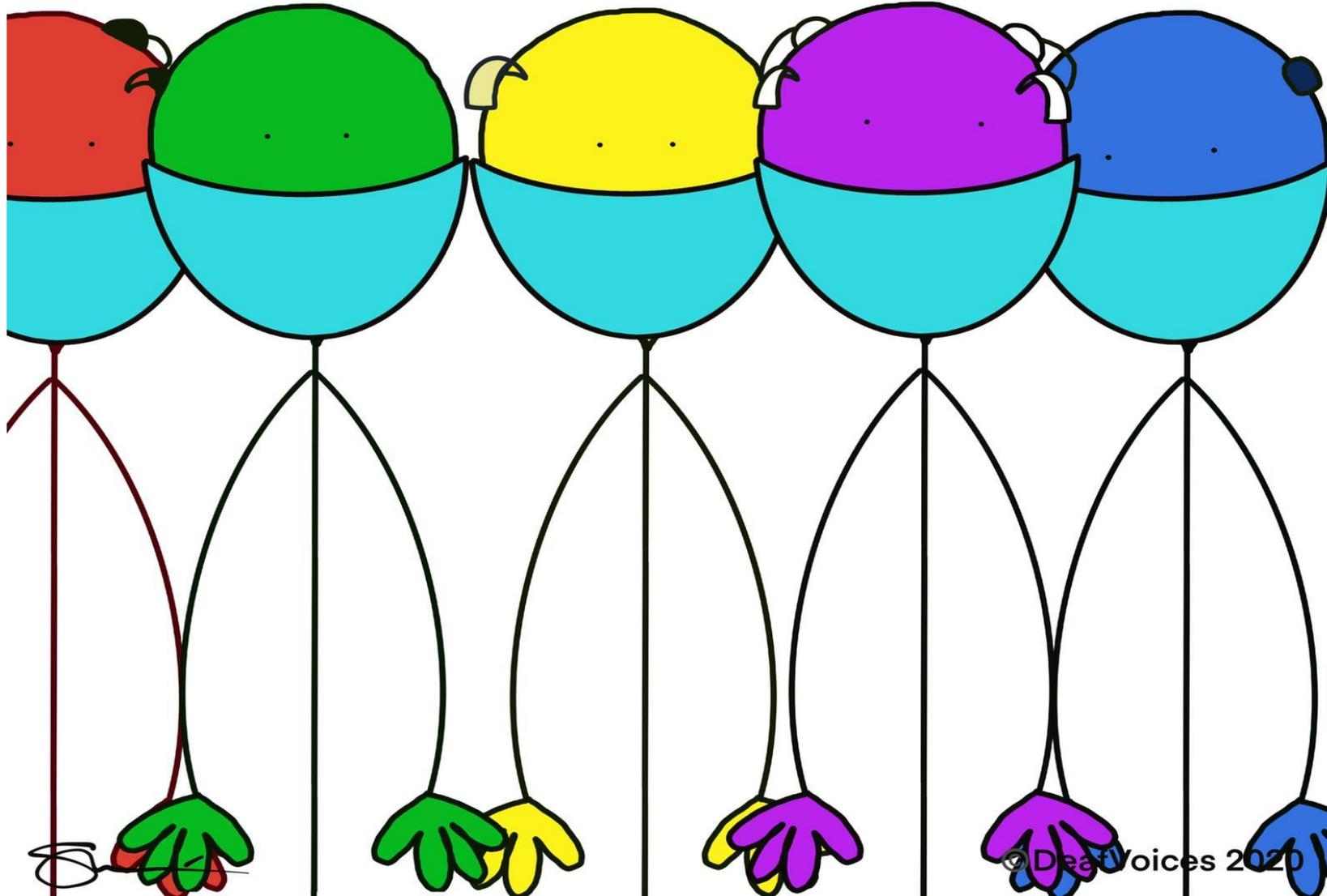


Top Communication Tips

Don't say 'I'll tell you later' to deaf people



Will we lose our jobs because we can't understand what others are saying?



Imagine if we all had to wear full face masks to protect our mouth, nose and eyes from the virus



**Who wants a clear mask
now?**



Further information

www.nhsemployers.org/disability

www.nhsemployers.org/blogs

www.england.nhs.uk/about/equality/equality-hub/wdes/

www.gov.uk/access-to-work

Thank you for attending



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