Manchester Deaf Centre
Application to Salford Innovation and Improvement Fund 2022–23

Thank you for considering and shortlisting our application. Here are our responses to the questions raised by shortlisting panel.

Questions
Responses

1. ROI: Seems expensive for an overall 60 individuals intended to be impacted. Staff costs for example are high, are they able to utilise existing MDC staff for some of the work? Do they need three members of staff? Evaluation costs are also high.

Providing services to deaf individuals is very time/resource intensive. This is particularly so because communication takes much longer. Moderately to profoundly deaf individuals have many different communication styles, preferences and language levels. Even very highly skilled deaf communicators need time to gauge and adapt to the needs of individuals, and communication often requires patience, repetition, and 'trying it a different way' to be effective. This is a factor in both group work and one-to-one work.

Additionally, communication barriers have resulted in many moderately to profoundly deaf people growing up without the same level of general knowledge as the average hearing person. Extra time is needed to explain concepts/grow awareness.

Example:
A woman who is a Deaf British Sign Language (BSL) user asks for help in translating a GP letter. The letter invites her to contact the surgery to book a routine smear test. The woman is not aware of cervical cancer, and she therefore lacks understanding about the purpose of the test. To assist the staff member must:
- gauge communication needs and adapt method to establish effective communication
- translate the letter
- explain the meaning of a smear test, why it is needed
- may need to encourage attendance/provide re-assurance
- contact the GP to organise the appointment as existing contact methods are not accessible to the woman
- adapt communication between the GP surgery and the woman
- request that appropriate communication support will be in place for the appointment (for example, a BSL interpreter)
- ensure that the woman understands when and where to attend.

This example shows how a one-to-one appointment about an issue which at first sight seems quite simple is far more complicated.

It takes more time/resources to deliver a service to the deaf community in other ways too. For example:
- Advertising and promoting the service or sharing service information digitally requires bi-lingual scripting in English and filming in BSL. Subtitles may be needed. Information leaflets/flyers etc need to be visual and in simple English. All of which takes extra care and time.

- Many deaf people are also hard to reach, as they are often isolated and do not access local information in the same ways that hearing people would. For example, in our experience many older deaf people are not digitally connected and therefore do not access social media, email or websites. Our project promotion will therefore need more face-to-face contact and more outreach effort from staff than could be expected when promoting to a hearing community (for example, by attending social events and get togethers).

- Many of MDC's existing staff are themselves deaf BSL users and depend on communication support provided through the government's *Access To Work* scheme. They need extra time to organise this support – eg, booking their interpreters, completing Access to Work paperwork. And their own communication takes longer, particularly when they are interacting with the hearing world. For example, reading and writing emails in English is not straightforward if BSL is not the first language. They may need their interpreter to translate emails from English to BSL, and to write emails in English for them, translated from BSL.

We have asked for the staff hours that our experience tells us we need to run the proposed project. (If staff hours are only partly funded, we would need to reduce what the project could offer accordingly.)

We consider that 3 staff members also provides protection for the project: ensuring that workshops/activities and support can run continuously and robustly throughout the project period (group activities/events may require more than 1 staff member to be present). It also provides support and protection for the staff as it reduces the need for lone working.

60 refers to number of *individuals* having personal contact with project staff. It is what we believe to be a realistic baseline figure within the limited timescale of the project. However, we would expect many of these individuals to have multiple contacts with the project. For example, each person may take part in weekly events /activities throughout the year. Therefore, the number of *project contacts* is expected to be significantly higher than this.

Additionally, the figure of 60 does not include the additional reach of deaf accessible health awareness videos that the project will create and share on MDC's social media and other digital channels. 4,328 people follow MDC's central Facebook page. Our *Salford Signed* YouTube channel, which we set up previously when running services in Salford, and which we hope to reboot if this project application is successful, also reached a wider audience: the first video posted received 613 views, and a Covid-19 update posted in December 2021 received 129 views.

We are unfortunately not able to utilise existing MDC staff to deliver some of the work: MDC's staff team is already under pressure and resources are limited. Many roles are also grant funded for specific purposes or limited to certain geographical areas, which would not allow existing staff to work solely in Salford.

Re evaluation costs, please see our response to question 3.

2. The bid is very clear about what it wants to achieve, why and how. Is there any evidence available of cost savings (in terms of prevention) in other areas?

A. In 2019, MDC carried out an in-depth cost savings exercise which showed that a service such as Deaf Healthy Lives has the potential to positively impact deaf people's lives and health to the extent that it:

- reduces deaf people's demands on GPs at a cost of £130 per hour
- reduces deaf people's demands on CCG-provided mental health services at a cost of £200 per contact
- reduces the probability of COPD by improving awareness, activity and motivation towards healthy lifestyle changes – potentially saving annual treatment costs of £4,202 per head due to early intervention
- reduces the likelihood of strokes by improving deaf people's access to health professionals, their advice and treatments, and by encouraging wider lifestyle change – health and social costs for stroke survivors amounting to an average £48,725 per person.

MDC does not expect significant changes to these calculations since 2019. We note that there is an emerging body of research showing that deaf people's health inequalities were exacerbated during the Covid pandemic. Barriers in access to healthcare increased – eg, use of masks, move to telephone instead of face-to-face appointments and ongoing lack of access to communication support. If anything, we expect these figures to have become worse not better. Interventions to overcome these issues should provide significant benefit.

B. The report '*What Deaf people want*', produced by Forever Consulting in 2022, considered the economic case for supporting deaf people. It assessed the social value associated with providing support to deaf communities using both Cost Effectiveness Analysis and Social Return on Investment (SROI) methodology.

It found that:

- "*a simple Cost Effectiveness Analysis using data from Manchester Deaf Centre shows the [annual] cost to support a D/deaf person is £2,253 which covers a mix of services provided. We would argue that this is relatively cost effective when considering the dispersed nature of D/deaf people and the additional support of BSL interpretation. By way of comparison, a national study on the costs of employment support for people with disabilities was £2,238 (in 2021 prices)*"

- Based on analysis of interventions with 265 service users there was a positive SROI at £2.46 per £1 spent

- The cost of no support: "*In 2017, the World Health Organisation quantified the economic costs of unaddressed hearing loss. It highlighted the costs to education and health providers, but it also highlighted wider socio-economic costs. Key findings were:*

Societal costs – the result of social isolation, communication difficulties and stigma – add a further $573 billion each year.

Loss of productivity, due to unemployment and premature retirement among people with hearing loss, is conservatively estimated to cost $105 billion annually.

The report also concluded that early and prevention interventions were cost effective policy solutions."

3. Evaluation costs are also high. Is a researcher required? This level of expertise and input does not seem to match the level of evaluation proposed?

To reduce costs, we would be willing to conduct an evaluation internally; however, our staff team does not currently include any individual who has the appropriate skills or training to carry out this piece of work. We would therefore request a reduced figure of £1500 to enable:

- a key member of our team to attend relevant training that would provide them with basic evaluation methodology
- a contribution to the MDC staff time that would be involved in producing the evaluation
- communication support costs associated with the evaluation, where applicable

4. Measures suggested are more 'process' based measures. What are some of your outcome/impact measures?

By the end of June 2023, 13 weekly workshops/activities will have been delivered. A minimum of two health videos will also have been produced following workshops.

By the end of August 2023, 30 individuals to have benefited from direct contact with the project: having received health awareness information, support with accessing screening clinics and other health checks, healthy lifestyle activity, one-to-one support.

By the end of September 2023, 26 weekly workshops/activities will have been delivered. A minimum of two further health videos will also have been produced following workshops.

By the end of December 2023, 40 workshops and activities will have been delivered. A total of 6 videos will have been produced following workshops.

By the end of December 2023, 60 individuals to have benefited from direct contact with the project: having received health awareness information, support with

accessing screening clinics and other health checks, healthy lifestyle activity, one-to-one support.