

**The National Institute for Health and Care Research (NIHR)
Manchester Biomedical Research Centre (BRC) and NIHR
Manchester Clinical Research Facility (CRF):
Inclusive Research examples**



Case Title	Culturally Competent Hearing Aid Clinics for Deaf British Sign Language (BSL) Signers: a step wise approach
BRC Cluster(s)	Under Researched Conditions
BRC Theme(s)	Hearing Health
Inclusive Research Element	Equality Diversity and Inclusion EDI
Rationale for case study	Deaf British Sign Language (BSL) users experience persistent health inequalities in audiology services because of cultural and linguistic exclusion, leading to reduced access, mistrust and underuse of hearing aids. Emerging evidence shows that Deaf signers increasingly seek hearing aid provision that respects Deaf identity as a cultural-linguistic minority, yet current NHS services remain insufficiently inclusive. This project addresses EDI through the co-production and piloting of a fully BSL-accessible, culturally competent hearing aid clinic, with the aim of reducing inequalities, improving patient experience and embedding inclusive practice within audiology services.
Background	Historically, audiology research and practice have primarily focused on spoken language users, with few Deaf signers accessing services. For many in the Deaf community, using hearing aids or cochlear implants have been perceived as rejecting Deaf cultural identity and BSL. The struggle for understanding a cultural rather than medical model of deafness has often been seen to exclude the use of hearing devices. However, an increasing number of Deaf signers are now adopting hearing aids while maintaining their cultural-linguistic identity. Despite this shift, little was known about whether audiology services were culturally sensitive to their experiences. This gap in understanding prompted the need for research to improve cultural competence in audiology practice. Celia Hulme, a culturally Deaf signer and audiology service user, addressed this issue through her PhD research, supported by BRC1. She collected the first UK data on Deaf signers’ perspectives on hearing aid services, evaluating how well audiology met their needs and identifying areas for improvement. Her findings are now shaping international standards and have led to a follow-up project (BRC 2) to co-design and pilot a culturally competent hearing aid clinic (BSLHAC) with and for Deaf BSL users addressing accessibility, workforce training and community empowerment.
What we did	<p>Actions taken (Early phase):</p> <ul style="list-style-type: none"> Established a compensated Deaf Lived Experience and Public Involvement (LPI group) with 7 members. Delivered a 6-session LPI training programme on how to be an effective LPI member in BSL, using culturally appropriate learning approaches. Collaborated with the LPI group and stakeholders to design a logic model to outline interventions. Initiated development in Deaf-led NHS staff training, BSL audiology signs and culturally appropriate outcome measures.



<p>What the outcome(s) is/are</p>	<p>Potential Impact & benefit:</p> <p>For Deaf patients</p> <ul style="list-style-type: none"> • First fully BSL-accessible NHS hearing aid clinic • Improved satisfaction through services aligned with Deaf cultural and linguistic needs. • Increased hearing aid use via better accessibility and increase in hearing aid literacy. • For NHS staff • Enhanced cultural competency • Stronger patient-provider relationships with BSL communication skills • A potential replicable model for accessible clinics.
<p>Conclusions</p>	<p>Anticipated barriers and how can NIHR support:</p> <ul style="list-style-type: none"> • Barrier: Low initial Deaf participation because of hard to reach, mistrust • Solution: To do more outreach work (separate funding) • Barrier: Staff resistant to workflow changes • Solution: NIHR-backed 'champion' training for audiologists • Barrier: Sustainability post-pilot • Solution: NIHR to provide support for embedding BSL access within service specifications and policy frameworks (advocate for BSL access in funding mandates) • Barrier: Limited BSL trained staff • Solution: Develop e-learning for NHS audiology services onboarding by funding for platform development
<p>Recommendations</p>	<ol style="list-style-type: none"> 1. Adopt co-produced, fully BSL-accessible audiology services to reduce health inequalities and improve access, trust and hearing aid use amongst Deaf signers. 2. Implement Deaf-led cultural competence and BSL training for the audiology workforce to strengthen communication, confidence and patient-provider relationships. 3. Pilot, evaluate and refine inclusive audiology practice within routine service to enable sustainable adoption and replication across NHS settings.
<p>Future work</p>	<p>Pilot testing and Feasibility evaluation:</p> <ul style="list-style-type: none"> • Implement pilot in one hearing aid clinic with high Deaf patient volume • Evaluate via: <ul style="list-style-type: none"> - Patient feedback where surveys are in BSL on accessibility and satisfaction - Staff feedback with structured debriefs on workflow integration challenges - BSL adherence audit where there are tracks on staff signing, visual aids and interpreter use <p>Early impact indicators:</p> <ul style="list-style-type: none"> • % increase in Deaf patient satisfaction • Staff confidence scores in BSL communication (pre/post pilot)



Future work continued

Iterative refinement:

- Clinicians, LPI and stakeholders co-produce solutions for identified barriers through early stages of the pilot based on feedback.
- Version 2 Intervention handbook updated with refinements.

Long-term vision:

- Secure NIHR funding for a multi-site feasibility trial if pilot data supports scalability.

Date last updated: 04/02/2026

