

Mr Duncan Selbie  
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7<sup>th</sup> May 2020

**Re: Guidance on the use of face masks and the impact on communication for deaf people**

Dear Mr Selbie,

This letter concerns the use of face masks or coverings in response to the spread of Covid-19, and the impact this has on deaf people who rely on seeing a person's mouth in order to understand them and communicate with them. We are writing in our capacity as organisations that represent and support deaf children, young people and adults with varying levels and types of deafness and also deafblind adults. There are 11 million people in the UK who are deaf or hard of hearing and 390,000 people who are deafblind.

We understand the public health considerations underpinning the use of face masks at this time, particularly in health settings, where masks provide essential protection for staff. However, we are seriously concerned should government guidance recommend face masks or coverings for the general public in public places, deaf people will experience a very significant barrier to communication. We believe urgent steps can be taken by Public Health England to address this issue.



**We are the National Deaf Children's Society,  
the leading charity for deaf children.**

Chief Executive: Susan Daniels OBE | President: Sir Christopher Benson FRICS DL  
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Communication for virtually all deaf people, including those who use sign language, relies in part on being able to see someone's face clearly – whether this is for lip-reading, understanding facial expressions or for understanding non-verbal communication more widely (e.g. seeing whether someone is smiling or looks upset). An obstruction to the mouth makes it extremely difficult, if not impossible, for a deaf person to understand what is being said. Face masks also have the effect of obscuring and muffling speech, making it harder for deaf people to make use of any residual hearing that they have.

In order to try to address this issue, it will be extremely important for any government guidance or advice on face masks or coverings for the general public to highlight the barriers this introduces for deaf people, and to set out mitigating steps that can be taken. The National Deaf Children's Society has produced some 'top tips' guidance that people can follow while wearing face masks/coverings to ensure that they are being as deaf aware as possible. These tips are in the attached briefing paper, on our website at [www.ndcs.org.uk/blog/the-impact-of-face-masks-on-deaf-children](http://www.ndcs.org.uk/blog/the-impact-of-face-masks-on-deaf-children) and are being shared on our social media channels. We would be grateful if Public Health England could share and promote these top tips in order to ensure, as best as possible, that the general public are aware of these deaf awareness strategies. Please can you let us know how you will plan to do this and if we can help in any way?

Separately, we will also be urging NHS England to review the commissioning and availability of protective face masks that have a transparent panel so that the mouth is visible – both for use in health settings and by the general public. In particular, we think consideration should be given to whether face visors/shields should be used more widely, particularly by professionals working specifically with deaf people, as an alternative to face masks. We ask Public Health England to consider whether this could be reflected in the guidance on use of face masks in health settings. We believe this could be a longer term solution to the problem, particularly in settings where the primary audience is deaf people, e.g. Deaf Mental Health services or in education where deaf children need to lip-read to access learning.

Furthermore, we ask Public Health England to remind health professionals of the need for accessible health information and communication, in line with the existing Accessible Health Information standard. We know that deaf people already miss out on key health information, and we fear that the use of face masks will worsen this situation. It is critical that deaf people are able to understand health professionals and that reasonable adjustments must be made. For instance, for deaf people who use British Sign Language, relay services are now available to ensure immediate access to an interpreter. It should also be noted that if deaf people are not confident they will be understood, they may be less likely to report any health issues to their GP – leading to dire consequences as illnesses go undetected or are diagnosed too late for meaningful intervention or treatment.

We would appreciate a response to this letter and the points raised as soon as practicably possible. Please find attached a short briefing paper on this issue if you would like more detailed information. You can send your response to [Susan.Daniels@ndcs.org.uk](mailto:Susan.Daniels@ndcs.org.uk)

Yours sincerely,

Susan Daniels OBE, Chief Executive, The National Deaf Children's Society

Craig Crowley MBE, Chief Executive Officer, Action Deafness and Chair, UK Council on Deafness

James Watson-O'Neill, Chief Executive, Sign Health

Linda Richards, Chair, British Deaf Association and Damian Barry, Executive Director, British Deaf Association

Amanda Casson-Webb, Lesley Frearson and Sue Mountford, Joint Chief Executives, Royal Association for Deaf People

Mark Atkinson, Chief Executive, Action on Hearing Loss

Richard Kramer, Chief Executive Officer, Sense