Wiltshire
Involvement
Network

Sensory Impairment Discussion Event Report

11th May 2010
Civic Hall, Trowbridge

www.wiltshire-in.org.uk

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EXECUTIVE SUMMARY

This is a summary of all the tables' main issues to the questions asked. All the detail is covered in the 'Findings: Table Discussions Priority Areas.'

First question: What services should health and social care provide?

- More attention should be paid to 45 to 50 year olds, more Health Checks for that age, including checks for sight and hearing. People who are routinely called for sight tests, are not recalled for hearing tests. This should perhaps be considered.
- All services need to make sure that customer services teams, such as Patient Advice and Liaison Service (PALS) and Social Care Help Desk are accessible for people with sensory impairments.
- A single point of contact for information was mentioned several times.
- More joined up health and social care services and also between adult and children services.
- People with no immediate family should be a higher priority for Social Care because these people do not have the support networks that people with families have.
- One group thought there should be dedicated schooling for deaf children. Mainstream schooling is seen as inappropriate .
- A couple of tables mentioned emotional support for individuals and for their families and also carers.

The dual sensory impairment table came up with a couple of things:-

- The way pharmacies dispense medication. People take the medication away and do not understand what they should be doing with it. This is potentially dangerous.
- Different types of sticks that people can use. Awareness should be raised of this as it is not widely known by members of the public.

- More specialism of sensory impairment issues within GPs' surgeries.

Second question: What works and what doesn't work?

- It was felt that community teams, such as health and social care teams, work well when they are based together on the same site.
- Lunch clubs are very good because they keep people in touch and provide social interaction as well as the sharing of information.
- Deaf awareness training works well but is not used widely enough.
- More Deaf People should be advocates for other Deaf People, but this is not implemented widely enough.
- The dual impairment table felt that communicator guides are good, but they are not widely available.
- Respite Care – not enough (common issue across all groups)
- Discharge from hospital can be messy and difficult. There are varying levels of training amongst care home staff, especially when it comes to looking after people with dual sensory impairments.
- Health and social care websites are difficult to navigate through and are not user friendly. The NHS one is dreadful and is

currently being looked at.

- No social clubs, or not enough social clubs, for young Deaf People. There needs to be more social interaction so people can feel part of the community.

- It was felt that staff with poor English skills can pose particular problems for people with sensory impairments.

Summary of third question: What is good community support?

- Loop systems are good when they work properly, but there can be problems with analogue or digital. You can only pick up one or the other. Professionals are there to help, as long as you know how to find them.

- Joined up health and social care where it works is excellent, and services that are Disability Discrimination Act (DDA) compliant are always going to be better.

- The dual impairment table mentioned that traffic signals designed to vibrate and a floor that is tactile are good when they work properly. Sometimes this is not the case and the bumps in the floor are pointing the wrong way and the vibrating panel doesn't always work.

- It was felt by a couple of tables that the voluntary sector provides really good support and is excellent value for money, but organisations need to work together better.

- Volunteer therapy schemes for people who have just been fitted with hearing aids are really good and need to be more widely implemented. A volunteer can go into your home and make sure the hearing aid is working properly. However, follow-ups need to happen on a more routine basis

- Speech and language therapy is good, but it needs to be at the same level for adults as well as for children; there is a feeling that children's services get the bulk of the speech and language therapy and this needs to be carried over into adult services as well.

Fourth question: How can we effectively communicate with people with hearing impairments?

- Portable hearing loops that are available at meetings, like the Sensory Impairment, were mentioned by a couple of tables.

- People would like to see investment in 'talking buses' and on-screen interpreting; the audio and BSL interpreting that some websites use.

- Information. This was brought up on a couple of tables. Information should be available in the first language of people who are Deaf, which is British Sign Language (BSL), not English.

- Every service provider, especially the emergency services, should provide someone who is fluent in BSL.

- Training should be given to employers to understand all the issues around people with hearing impairments, so that they are more likely to employ such people.

- There also needed to be clearer distinctions between the use of the big 'D' for people who are profoundly Deaf and the little 'd', which is for people with hearing impairments.

- Nobody on table one felt that they could vote. This was because the voting information didn't come through in a format that was understandable; it was not provided in their first language, BSL. Care needs to be taken to not to exclude people in this way.

- The dual impairment table

wanted better access to talking computers. This availability could not only be in their homes, but in libraries as well.

- A provocative question was whether there could be a possibility that people with sensory impairments may fall into dependency unless they take responsibility for their own support? It is not having everything done to you and for you, but being really clear about what you want and what you need. It is about giving people a chance to say, 'this doesn't work for us but we want more of that'.

INTRODUCTION

WHY THE EVENT ORGANISED?

Wiltshire Council's Commissioning Manager for People with a Physical and Sensory Impairment, Jan Evans, approached the Wiltshire Involvement Network (WIN) about the need to develop a "Sensory Impairment Strategy for Wiltshire." It was formally agreed at the WIN Core Group meeting on 23rd February 2010 that WIN would host a 'discussion event'. The Core Group supported the view that in order to make the event meaningful and a success it needed to achieve the agreed outcome of informing the Sensory Impairment Strategy for Wiltshire.

The event needed to include a full range of people with Sensory Impairments.

It was also agreed Martin Fortune, one of the WIN Support Officers, would take the lead on arranging the event.

PLANNING THE EVENT

One hundred and two people attended the event, including members of the WIN Core Group and WIN members, the general public, Deaf and Blind people, Senior Wiltshire Councillors, Host support staff, facilitators, scribes, BSL interpreters and standholders.

Most of the communication with external organisations and community groups took the form of email, telephone and where appropriate faxing and texting.

A brief outline for planning the meeting was as follows:

- Booking the venue & lunch
- Sending emails to a number of organisations and community groups (including health & social care) inviting them to attend as standholders
- Liaising with Alpha Plus, an interpreter company who provide specialist advice and support; mainly in the form of BSL, Interpreters and Speech to Text typists. This continued throughout the process
- Sending regular updates to the WIN Core Group and keeping the Chair informed of progress, complexity and the costs of managing diverse needs. This also involved holding additional meetings to involve other members of WIN support staff and the Vice Chair)
- The Wiltshire Hearing & Vision Team (HVT) worked extremely hard to ensure as many Deaf People could attend as possible. WIN support staff agreed to extend the deadline for responses as this was considered to be an appropriate and reasonable adjustment so that a particular group of Deaf People could attend.
- Specific and detailed facilitation notes were prepared in consultation with HVT, Jan Evans, Alpha Plus and the Fire and Rescue Service to ensure the maximum amount of involvement was made in addressing safety concerns, given the diverse nature of needs within the group
- Most of the support staff, facilitators and scribes attended a briefing afternoon the week before
- A 'mop-up' meeting was held to learn lessons and to agree who would write the report.

FULL RECORD OF THE SENSORY IMPAIRMENT MEETING

WIN Chair, Phil Matthew, welcomed everyone and introduced Melanie Jezzard from the Wiltshire Fire & Rescue Service, who gave a briefing to the group on Fire Safety Evacuation procedures.

Phil said, "I would just like to say on my behalf a warm welcome to everybody. As I understand it, this is a first time an event of this size has been put together for people with a sensory impairment in Wiltshire and I hope it is going be a very successful day."

"We have got two speakers but it gives me great pleasure to welcome the leader of Wiltshire Council, Councillor Jane Scott, to say a few words and also welcome Councillor John Thompson, the Deputy Leader of Wiltshire Council, and Councillor Mark Hewitt, the Chair of the Local Health & Social Care Select Committee."

Jane Scott said "Welcome to what I think is going be a really exciting day for you all. Can I first thank the Wiltshire Involvement Network (WIN) and in particular Phil for inviting my colleagues and I. Councillor John Thompson is on my cabinet and he is responsible for Adult Care Services & Community Services in the county, so if you want to 'bend someone's ear' at coffee time about services, then speak to John. If you want to bend them even more, speak to Councillor Mike Hewitt. He is responsible for scrutinising health & social care services in the county as well."

"Days like today are very important in Wiltshire because they show that health, the council and the users of both these services and the carers of those users actually work in partnership together. We can't do anything alone any longer and it is a strength of Wiltshire that we can do it together."

"It is also an important day for you to be able to find out what services we offer, to tell us what we do well but to also challenge us on how we could do better.

"I hope you will take this opportunity to do that, both with the health services but also with the council services."

FIRST MAIN SPEAKER

COMMISSIONING MANAGER FOR PEOPLE WITH A PHYSICAL & SENSORY IMPAIRMENT – JAN EVANS

"My name is Jan Evans and I am the Commissioning Manager for People with a Physical or Sensory Impairment and I work for Wiltshire Council, the Department of Community Services."

"I would also like to thank WIN for bringing everyone together today. My role is to tell you about some of the things we at the council are trying to develop."

"This event is a chance for you to say what you need to, what services you need provided by both health and social care and the wider council, what works and what doesn't, and how we can develop services that help people with a sensory impairment to remain independent and supported in their own communities."

"I want to briefly look at the national picture and I am sure many of you have heard of the UK strategy which has 3 strategic outcomes, and a 5 year aim to meet the outcomes."

THE FIRST OUTCOME

The first outcome in the strategy is improving the eye health of people of the UK so that it is looking at all eye conditions, and their plan to raise awareness and understanding of eye health amongst the public over the next 5 years, so these eye conditions are caught early.

THE SECOND OUTCOME

The second outcome is to eliminate avoidable sight loss and deliver excellent support for people with sight impairment. This again is an aim to improve the coordination, integration, reach and effectiveness of eye health services.

THE THIRD OUTCOME

The third strategic outcome is about inclusion, participation and independence for people with sight impairment. They want to improve the attitudes and awareness of everybody in society about the problems of people with eye loss health.

THE NATIONAL PICTURE FOR PEOPLE WITH A HEARING IMPAIRMENT

There are lots of documents that include bits about people with hearing impairments and documents that speak more widely about it. Such examples are the Government's white paper publications like, "Our Health, Our Care, Our Say", which was written in 2006 by the Department of Health.

Also key documents like, "*Improving the Life Chances of Disabled People – 2005*", which was developed by the Prime Minister's Strategy Unit in 2005, and the "*Independent Living Strategy*" from the Office of Disability Issues in 2008. They all discuss needs to improve communication so that individuals are able to access information in a suitable format.

"Locally, in Wiltshire, we know that that this is an issue. People have limited access to information, not just about services provided by Community Services, but about the services provided by the council as a whole. We look at things like roads and street lighting, and all other things that are just as important as social care."

"A lack of information in a suitable format prevents people from making informed choices about the services they receive. One of the things we have done of late is to go around groups of people who have either a sight or a hearing impairment and ask people what are the primary issues that they are worried about it. It is not always about social care, it is things such as the street lighting is poor, potholes in the pavements and roads, don't know who to make a complaint to about these things. That is something we need to look at as a council in general and not just as a social care department."

"Currently, the Equality and Diversity Unit at Wiltshire Council are doing some research into the numbers and locations of BSL users in Wiltshire, and asking them their views on the services provided by the council as a whole."

"At the moment we are in the process of developing a sensory impairment strategy and I am sure that some people will have heard it mentioned before as we have been doing this for 12 months. In June last year, we held an event that brought together people with a sensory loss so that they could start to look at identifying the priorities for service developments. We have also attended clubs."
"What we want to do is find people with a sensory loss who would be happy to help us develop a strategy to make sure that we can get it right. The strategy will lead to action plans which in effect are the timetable of work. We want people to help us identify the priorities and to start thinking about how we as a council can improve services to people with a sensory loss."

SECOND MAIN SPEAKER

MANAGER OF THE HEARING & VISION TEAM (H&V) – JUSTIN CONBOY

“As Jan outlined, and others before her, I’d just like to express my thanks to Wiltshire Involvement Network and Wiltshire and Swindon Users’ Network for inviting me here today. On behalf of Wiltshire Council and the Hearing and Vision Team I just want to spend a few minutes telling you all about what we currently offer. Some of you will probably already have received some of our services, but there may be some of you here who haven’t and perhaps would like to get a better understanding of what we do.”

“We are a countywide team, based in Devizes, and part of community services. We work with adults, 18 and over, covering the entire county, excluding Swindon, for anybody who has a sensory impairment.”

The four key areas that we cover are:

- Hearing impairment
- Visual impairment
- Deafness and deafblindness; *deafblindness is sometimes referred to as dual sensory loss by somebody who has a hearing loss and a sight loss.*

HOW DO WE FIND OUT ABOUT PEOPLE?

“We do a lot of promotion through our website and attending events like this. A lot of it is word of mouth, and others which include telephone, writing to us, fax or email. You can also visit us at one of our drop-in centres, or you can send a text via SMS.”

“Within the team we have 12 staff covering the county with a huge range of experience and qualifications. They are trained in what we do and when you make contact with us we will take details of what your problem is. If we can resolve it in the method you have contacted us by, we may be able to have a conversation about how to meet some of your difficulties, or it may require us to come and visit you at home, or for you to visit us at our drop-in centre.”

“We can talk you through what difficulties you are experiencing and we look at how we can address particular issues. This can involve demonstrating equipment to you.”

“As part of the work we do, we carry a lot of equipment with us as that is often the route to the best outcome for helping someone with a difficulty. As part of the assessment, some of what we can offer can be done there and then. We can also look at cane training and teach you other techniques to get you around safely. We provide lots of advice and information around benefits and grants and a whole range of other services, including housing related matters, that people come to us for on a regular basis.”

“We are a busy team and we don’t always respond as quickly as we would like to home visits because of the demand; we average at the moment around 150 referrals a month, and the contacts that we receive are in excess of 12,000 per year via telephone and other methods. We are really busy, but we do have trained staff who are able to take the call, take the details and find out what the issue is. If we can resolve it then we can.”

“We hold 3 drop-in centres a month. We hold two at Salisbury District Hospital, at the Wessex Sight Centre, two at the Independent Living Centre at Semington and we currently hold one at the new Malmesbury Primary Care Centre.”

“At the drop-in centres, you can turn up and try out a range of equipment that is on display in relation to a difficulty that you might be having. We get hundreds of inquiries about people having difficulties with telephones and we have a good selection of these available, and how you can go about sourcing one. What we are interested in is ensuring that you have unbiased professional advice in finding a suitable solution to meet your needs and signposting you on."

"The drop-in centres are a great place for people to come and have a look at equipment. You don't have to wait for an assessment and you can see a huge range of items on display."

"The drop-in centres also provide a high-tech range of CCTV equipment for people with extremely limited vision and those items have been provided to us free."

"There is a range of equipment that the department does provide on free loan and that is subject to what is known as our 'fair access to care' services eligibility criteria, and that's discussed with each customer."

"If there are any difficulties that you are experiencing with the team, please come up and say. You might not like what is currently on offer, but if you don't tell us, we are not able to change and we would really value your openness and honesty about some of the experiences you have had."

STATEMENT FROM THE FLOOR:

"Good morning, I come from Salisbury. In relation to the services that we receive in Salisbury, I can honestly say that they are excellent. I have for many years been hard of hearing with hearing aids and the service that they supplied to me, including putting an individual new system in to the bedroom so that I can watch television without interfering with anyone else, it is superb."

So I would like to thank all the people at the Hearing & Vision Team very, very much because they have provided a wonderful service and I think the service in Salisbury is absolutely superb. Thank you.

FINDINGS: TABLE DISCUSSIONS AND PRIORITY AREAS

A general discussion took place at the event, with a particular focus around the following areas:

- What services are provided at the moment?
- What works and what doesn't work?
- What is the nature of community support?
- How can we communicate more effectively with people with hearing needs?

NOTE: Some groups kept to the above prompts. others felt there were more important issues to discuss. What follows is an account of all the discussions..

TABLE 1- DISCUSSION PRIORITY AREAS

HEALTH

- Pharmacy and access to medication.
- Support around GP and hospital appointment – support before, during and after the appointment.
- Can the GP indicate the impairment when the prescription is issued? – use dosett boxes for sensory impairment, not just older people.

COUNCIL

- Awareness raising needed with roads / highways around things like potholes, poor lighting, wheelie bins on pavements, sandwich boards, overhanging trees – all visual hazards.
- Revolving tactile cones on pelican crossings not always working. People with dual sensory loss can neither see not hear the flashing man.
- Tactile slabs at crossings are not always positioned correctly.

ACCESS TO INFORMATION

- Access to computers and support to use them in libraries. More cyber cafés with specialist VI equipment, talking software.
- Qualified, appropriately trained people to support people with a sensory impairment at information giving events.
- Appropriate information - cut down, cut out the jargon, inappropriate format, tapes, font size etc. Needs to be delivered across all services.
- NO ACCESSIBLE INFORMATION ON ANY OF THE STANDS TODAY. WIN leaflet for example, small print, busy pictures. Is it accessible in BSL?

EQUIPMENT

- Hearing loops should work especially at events like this. One delegate on our table has used her own amplifier which has now used 6 batteries.

GENERAL

- Need more public awareness around deaf/ blind issues. People do not know what a red and white stick means.
- Need more communicator guides. Trained people to assist. The cost of £25 per hour needs to be reduced. Beyond the reach of people on benefits.
- Glass doors are a real problem. Use stickers to mark where they are.

TABLE 2 - DISCUSSION ISSUES DISCUSSED

POLICE

- Unable to visit a police station, intercom system inaccessible to deaf people, have to wave down the camera or shout down the phone, unable to hear any response.

GENERAL PRACTICE

- When visiting GP can't hear the receptionist call your name. GP knows he is deaf but doesn't come out to get him. Needs to be flagged up at receptionists/GP's system. Has been waiting for hours because he was forgotten by the receptionist. Have to take an interpreter to the GP's. No empathy or understanding from the GP to deaf issues. Sometimes have to ask children to act as an interpreter. This is not always appropriate. Needs access to 24 interpretation services, especially in an emergency e.g. daughter had to ring the GP when unwell, she couldn't explain the condition properly so no GP came, phoned the ambulance instead and admitted to hospital, interpreter called but didn't arrive, discharged next day with no explanation of what was wrong. Very scary. Cannot phone up for blood test results. Several barriers to communication.

ACCESS TO SOCIAL SERVICES

- Better in some areas than others

VOTING

- Unable to take part in the elections as the information about the election was inaccessible. No interpreters on the Party Political Broadcasts or at polling stations. No national organisation to represent deaf people (Bog D). Feel like they have different issues than those who have hearing impairments. People don't understand the concept of deaf issues.

PUBLIC TRANSPORT

- The service is generally good. Also think a bus pass for disabled is good. Some deaf people worry about using public transport, not sure what will happen to public services as a result of the election. Because of limited evening services some cannot attend the deaf clubs. Would like to have own transport/taxi service to pick people up.

BENEFIT SYSTEM

- Sometimes needs help with forms. Benefit service have to be contacted by phone, so has to get other people to contact them on their behalf, then benefit office insist on only talking to the person involved. The deaf person then has to shout down the phone to give consent. It can take time to send a letter of authority to the right department.

PRIORITY ISSUES

- All services need a timely interpretation service. Need to make services accessible. Need to be kept informed if there is to be a wait for interpreters.

- More deaf role models involved in the education system – Big D deaf role models. If profoundly deaf children are educated in mainstream schools, need to be aware of cultural deaf issues.
- Needs to be greater awareness/education about issues that affect profoundly deaf Big D deaf people.

TABLE 3 - DISCUSSION ISSUES DISCUSSED

TRAINING

- Continual for GP Surgeries BSL Interpreters

COMMUNICATING WITH THE EMERGENCY SERVICES

- This is a big problem

GP SURGERIES

- Communicating with the surgery is a problem, making an appointment, told to go home and phone up. Couldn't use the phone and couldn't make an appointment by just calling into the surgery. Relative had to make the appointment.

DEAF AWARENESS

- Deaf people providing the training, work places, GPs, social care staff, front line service and improving peoples' attitude. To illustrate the point, one person very strongly said, "Focus on what we can do rather than what we can't do!

- Provide us with good BSL interpreters."

OLDER PEOPLE'S HOMES

- Having BSL interpreters and specialists, older peoples with support, specialist home for deaf people.

DEAF ADVOCATES

- There should be more deaf people as advocates speaking up on their behalf.

EMERGENCY SERVICES

- Not enough interpreters in the emergency services and social care rely on the family to interpret. Not everyone has emergency access to support networks. Text line numbers should include social care number.

PRIORITY ISSUES

- Deaf - Small d, proud of using English. Deaf – Big D BSL use interpreters.
  - Big D have own communities and BSL is our first language. Both have different requirements, and this needs expressing to the wider community.

- More deaf awareness needed by Deaf people

- More training within the council and in our own community

TABLE 4 - DISCUSSION ISSUES DISCUSSED

EDUCATION

- Dedicated schooling for deaf children should be re-introduced and the closure of deaf schools reversed. Delegates all agreed that 'mainstreaming' deaf children is not appropriate. There is not enough support for them. In addition, they are often socially isolated in mainstream schools and suffer problems such as bullying. Many examples were given, including a sibling who suffered an inferior education, bullying and rape at a mainstream school, whereas her sister who went to a deaf school, flourished and obtained her degree. A good education in an appropriate environment was seen as key to success in later life, particularly in the job market.

- Young mothers felt that there was no support available for them when the time came to make choices about primary education for their children. One delegate feared she would face problems when her child started school. She might be unable to find an appropriate school near their home and would have to move house. She felt that deaf people should have the right to choose local authority housing in areas with appropriate schools.

- People worried about being unable to support their children with their education. This was seen as a common problem for deaf parents e.g. if parents couldn't help children with home work, they were told they would have to pay for extra tuition; the once a week Homework Club was too often insufficient for their needs.

- People said that they had experienced prejudice against deaf parents, who were made to feel that any problems their children experienced were "all the parents' fault". They also felt that they were always the last to find out about things, as they couldn't rely on the grapevine as hearing parents could.

Ideas for improving the situation included:

- having information available in their first language i.e. BSL
- having interpreters available at meetings
- meeting with local education departments and teachers to help them understand their difficulties (e.g. one parent was asked by a teacher to help her daughter with her music homework)
- improving teachers' awareness of the needs of deaf parents of both hearing and deaf children – this should be part of teacher training
- improving teachers' awareness that if a child is being educated in their second language, English, rather than their first,

BSL, it may be difficult for them to keep up

SOCIAL CLUBS FOR DEAF PEOPLE

- Everyone agreed that there was a need for social clubs for deaf people to be set up in Wiltshire. It was felt that the council should have responsibility for providing suitable dedicated premises. Specific groups (e.g. youth clubs, women's groups, men's groups) could make use of these. This would help to address the problems of isolation and "being stuck at home", which was felt to be a big issue for children and young people in mainstream education (who were often unaware of the "deaf community" and needed encouragement to join it) and for elderly deaf people who could be very isolated in care homes. (The nearest specialised home for elderly deaf people is apparently on the Isle of Wight).

ONLINE INTERPRETING

(where a remote interpreter can be accessed)

- This should be more widely available. Deaf people need to synchronise their medical appointments with the availability of interpreters, but this is not always possible (e.g. for urgent GP appointments). On line interpreting would also be useful at Job Centres and many other locations (e.g. health centres and hospitals). Anecdotal evidence was given of GPs being unwilling to use the on line service.

- Deaf people need information to be available in their first language, BSL. Too often there was no recognition that English is a deaf person's second language, and they may need assistance with this, e.g. when filling in forms, and reading information. Usually, the assumption is that a written communication (by fax, email or letter) is sufficient and interpreters are not even considered.

IMPROVE TRAINING FOR PEOPLE INVOLVED IN THE DELIVERY OF SERVICES

- There needs to be a better awareness of the needs of deaf people e.g. in local councils, health service providers (including GPs, who could be patronising), education (especially teachers), transport providers and the police force. (The example of a voice intercom system which had to be used to access a police station was given as an example of lack of awareness.) Ideally, each service provider should have an employee who is fluent in BSL. At the moment, no-one within the Wiltshire police force could sign. Wiltshire Council should have a dedicated person with responsibility for deaf people.

MATERNITY SERVICES

- Delegates talked passionately about their experiences. They felt that they were "always the last to hear" about what was available. They felt patronised and not able to access the support they needed, particularly as new mothers. They felt that responsibility was always passed back to them, when in fact it is the local authority's duty to provide appropriate services for people with disabilities.

ACCESS TO THE JOB MARKET

- One delegate had had very bad experiences at the Job Centre. She wanted to work but had been unable to find anything suitable. She needed support with English when filling in forms. She felt imprisoned at home, bored and not achieving. Delegates agreed that deaf people still face discrimination in the job market. They felt that health and safety was often used as an excuse for not employing them, when in fact they had proved themselves to be good workers who didn't waste time chatting.

TABLE 5 - DISCUSSION ISSUES DISCUSSED

WORKING TOGETHER

- Health and social care need to work together. Services are commissioned at the top but not filtered down to the bottom. Health doesn't know what social care is doing, and vice versa. There needs to be better cooperation between the two. Joined up services to avoid duplication.

ADULT AND CHILDREN'S SERVICES

- Children's services seem to get more funding and services, e.g. better speech therapy for children.

HEARING AIDS

- People are issued a hearing aid through their GP but there is no follow up. There needs to be a yearly review. People are not supported with their equipment. There is one group session offered for the care of the aid but that's it. If it breaks down, there are not enough local repair clinics and often the user has to be without the aid for a week while it is sent off for repair through the hospital. This is not acceptable. An awareness and information sheet should be given at the time of issue. You are sent a reminder to have your eyes tested every year but not for a hearing test.

HOSPITAL DISCHARGE SERVICE

- There are different teams for health and social care issues when discharged from hospital. There should be one team covering both aspects.

TELEPHONE HELPLINE

- This must be widely advertised to all, and accessible

WHAT'S GOOD

- Hearing testing is good. Locality calling system means that you are put through to your local Social Services Team. Hearing and Vision Team are excellent. Voluntary organisations like Wiltshire Blind Association, Action for the Blind People, AGE UK are good for signposting. Some opticians are offering hearing tests too. District Council newsletters are great for getting information out there.

WHAT'S NOT SO GOOD

There are countywide differences so you could get quick assessments in one part of the county but not so quick in other parts. Some GP surgeries are lucky enough to have specialised sight and hearing doctors, but others don't and don't know the GPs that do.

- Loop systems only work with analogue aids not digital ones.

TABLE 6 - DISCUSSION ISSUES DISCUSSED

SERVICES AT THE MOMENT

- Quick referrals/responses – sooner the better, if you get to a point where you have to ask for something, you don't want to wait 5/6 months for it – what do you do in that time? Anything that makes quality of life better/ safer. Priorities so that people can do their jobs. Standards of living – having as normal a life as possible – same standard for everyone.

GOOD ASSESSMENTS

- Knowing what is available.

- Working together sharing of info – communication/ networking knowing who is responsible for what and signposting services

- Access from the right place.

- Muliti-agency working.

EMERGENCY SERVICES

- Police not aware of needs of people/ training issue?

- Officers on the ground don't have the knowledge only a few do

- Fire awareness of people when going into homes: the "not knowing there is a fire!"

- Experienced, trained and qualified staff in their field
- Specialised staff
- Consultations - finding out the impact of what you are doing, reviewing and reflecting.

WHAT WORKS AND WHAT DOESN'T

- Ringing up somewhere and saying it isn't us (signposting) when you need a service. Social Care helpdesk – assuming that they are all going to use a telephone. Lack of sensory impairment knowledge and the impact it has on their lives.
- Data Protection - misunderstandings of it and is a barrier – reduces access
- Staff learning - start all over again, no handover regimes, getting things done.
- Real issue with staff with poor English – in audiology need people with clear diction
- New arrivals –children with hearing / sight difficulties.

WORKS WELL

- Access to emergency services – exclude ambulance
- 112 service/115 legitimate person verification
- Waiting times – get to info quickly with the Wiltshire's Vision Hearing Team - but resolution not so.
- Partnership working – room for improvement in sharing information
- Health and social care relationship is improving but can be disjointed.

NATURE OF COMMUNITY SUPPORT

- Networking of services: Police, Fire, Age UK (Age Concern), Financial Assessment & Benefits (FAB) Team, agencies aware of what is available.
- Multi-agency referrals – Common Assessment Framework (CAF) pack of what that person is and who they are dealing with. Knowing what health and social care services are available, pinpointing the right person
- Communities knowing their neighbourhood and who is vulnerable
- Charities / organisations out there should contact the health and social care services themselves and make themselves seen and heard.
- Building confidence in people to use the networks/services around them
- Who is the right point of contact? Vast number of people and organisations.

COMMUNITY SUPPORT

- Voluntary groups should be filling in the gaps that the local authority is not obligated to provide e.g. Swindon eye hospital – task assessments – agency approached can do it cheaper
- Campaigning - fighting the cause – raising the issues – the awareness – challenging the position of power with knowledge.

HOW CAN WE COMMUNICATE

- Having an understanding of basic training of peoples' requirements, breaking down the barriers of dialogue with people.
- Terms and Phrases – equality
- Britishness of not wanting to offend people, not knowing what words/ terms to use.
- Mistake is saying 'you are not allowed, better to say this more accurate – and encourage discussion / dialogue don't know how to get it right increase awareness - deal with a particular person

depending on what their needs are – how best too.

- What can the person teach you? They are the experts.
- We as agencies gather so much information but do nothing with the information we have gathered.

PRIORITY AREAS

- Access to information – this would involve data sharing and an understanding of different peoples' needs.
- Quick Referrals – not wanting to wait 5/6 months for something to happen – especially difficult for someone new to the county
- Awareness training - people can slip through the net if services/charities/organisations have not been made aware of those who have sensory impairments and their families.

TABLE 7 - DISCUSSION ISSUES DISCUSSED

- More help for partially sighted, individuals cannot be registered partially sighted by consultant. But if born partially sighted can be registered. Access to services has been denied because of this.

SHELTERED HOUSING

- Access to premises not suitable - steps too high etc.

MEETINGS

- Portable loop system on table or microphone facility - ask providers to supply these for hearing impaired.

INFORMATION

- Information to services, lists of providers of services and help for sensory impaired
- Information on Wiltshire Council Community Services phone number to be at all meetings
- More training for staff
- Local services

PRIORITY AREAS

- People need to be listened to at clinics and doctors' surgeries. Many professionals do not seem to have the time to listen to patients. More clarity needed and questions asked acted upon.

COMMUNICATION

- Communication with doctors etc language problems, clearer communication.
- A directory with contact numbers and information on organisations. Also include benefits in this, as people not always aware of what they are entitled to.

TABLE 8 - DISCUSSIONS ISSUES DISCUSSED

- Not enough attention is paid to the 45-50 year old age group which will be coming up for services. These people should have health checks, including hearing and sight, as when we had 'Well Woman' and 'Well Man' Clinics.
- We no longer have health assessment recalls; opticians do but hearing often do not.
- Age legislation – how will this affect qualifying age?
- Are GPs and PALs accessible for the sensory impaired?
- Health & Social Care services must be patient centred e.g. there are hardly any Health Visitors for the elderly, locality teams don't do the same things; a Health Visitor (HV) would have a personal relationship.
- Health is free but social care is not; we should have a national assessment tool.
- Services need to be designed locally e.g. urban/rural differences.
- Accessible services – how are they addressed for the blind?

- Local contact points for Social Care [now based in Devizes]. Are there signers / interpreters available at drop-in centres?

- We have to balance reasonable services for everyone at a reasonable cost.

- After-care following discharge from hospital.

- We need a national standard for agency care staff.

- There is insufficient monitoring by agency managers – they need to be monitored by the commissioners

- Must include equality awareness

- Agree monitoring must be done, but tends to lead to more "nannying."

WHAT SERVICES SHOULD BE PROVIDED?

- More information

- Training to a certain standard - must include equality and diversity awareness, with supervision

- Memory clinics.

WHAT WORKS?

- Community teams (based in the same place for ease of communication)

- Multi-disciplinary teams Neighbourhood teams.

WHAT DOESN'T WORK?

- Respite care [does work in Devizes]

- Central services alone [on their own]

- Friday afternoon discharge – liaison between GPs, hospitals, discharge policies

- Issues doubly difficult for sensory impaired people,which is why we need individual care packages.

NATURE OF COMMUNITY SUPPORT?

- Postcode lottery

- Lunch clubs DO work (Age Concern helps, funded through Councils), people get to know each other and can pick it up if someone's not okay

- Out-of-county placements are sometimes necessary, especially in Wiltshire.

PRIORITY AREAS

- Health visitors for the elderly

- Accessibility of services for people with sensory impairment

- Transport issues

- Report in all formats

- Sensory impairment strategy

- Request for follow up meeting.

TABLE 9 - DISCUSSION ISSUES DISCUSSED

- Services are good but need to be extended rather than, say, a clinic once a month.

HEARING THERAPY VOLUNTEER SCHEME

- Visits people who are newly issued with hearing aids and we sort out any problems.

CONSULTANTS

- Consultants don't spend enough time explaining what they are doing (so the patient can relax) and don't tend to deal with the social side of things.

LACK OF HELP, INFORMATION AND SUPPORT

- People often resign from work because they don't know how to adapt. They can often still do their job but need certain things, e.g. a larger computer screen. Many people freeze mentally when they lose a sense and they won't take anything in. Signposting and support is needed throughout the process. Help and assistance is there but people need to know how to cope.

- Appointment letters from hospitals, etc should be sent out in large print, especially if it is from an eye clinic.

- Services should be helping people to live independently and give support at home. There is an element of creating dependency where we expect too much.

- People are not taught to speak clearly and they need to be more aware.

PRIORITY AREAS

- To have an eye clinic liaison officer to be available in eye clinics, offering advice and support to people with serious eye conditions. It can be a very isolating experience if you don't have support.

- To have joined-up services, communicating with each other to help you find out what services are available and how you can access them.

- 24% of the population will be over retirement age by 2016. Services need to plan ahead for the future and the greater need there will be for these services.

TABLE 10 - DISCUSSION ISSUES DISCUSSED

TRANSPORT

- The village bus in North Bradley is very good; without that, it would be very lonely. Some individuals have described their experiences with transport as terrible with a 10 min round trip taking 2.5 hours for a doctor's appointment, and suggested audio/talking buses being a must have. The Link bus only takes people to hospital. One individual was told using a wheelchair entitled them to transport. Carers also experience issues with transport.

COMMUNITY SUPPORT

- Some individuals have plenty to keep them busy in their local area, whereas others want help to get out and become involved in activities. People with no immediate family should be a higher priority to the social services. The frustration is that some people have not even seen a social worker.

- An individual living in a care home mentioned that some activities were provided, but there was not much they could take part in. Would like people to talk to. The care home does not cater for special dietary requirements which are medically recommended for the individual. They do not provide people with enough fruit in this home. Boredom is a big problem. Feels there is a lack of respect by the care home workers towards the older tenants.

- People with no family should have a constant advocate/key worker

- Only knows what services she is entitled to buy the computer.

- Treat people in care homes with normal intelligence, to be treated as such. Respect for people.

- Better access to services for independent people.

- Help to make life easier for people with no family/ friends

- Essential needs – need to be asked what they need.

- More information/access to information

- Key workers in homes / courteous calls daily – named

- Social Services offer crisis management instead of ongoing help/care. Access to what they can /cannot do.

FOLLOW UP

- Better communication – open communication, real answers

- Community services follow up contact, open communication about personal circumstances

- NHS ageism
- Help with confidence/ self esteem - quality of life.

PRIORITY AREAS

- People in isolation with sensory impairments are allocated named key/social workers to be contact / follow up concerns, especially if they live alone without any family.
- Respect and being listened to, regardless of age or ability (especially the very elderly)
- Access to information and where to get information from

TABLE 11 - DISCUSSION ISSUES DISCUSSED

COMMUNICATION

- Website available for all. One stop shop for Wiltshire. Available for poor sight and hearing and tested from home PC font size variable and colour – Terrance Higgins Trust site
- GP/hospital have no follow ups difficult to follow cost sensitive hearing and sight tests
- Database of available help e.g. sticks
- Consistent message all professional and all individuals on same hymn sheet as with child protection
- Visual sensory loss should not be classified as disabled
- Wiltshire Council, Health and Social Service website difficult to navigate and not user friendly. Database for all services / facilities available, regularly updated and clicked through. Home PCs for individuals. Access direct payment tailored to personal needs
- Good neighbourhood help, self help trading vouchers ref baby sitting circles.
- NHS and hospital support groups rehab not factored in.

CONCLUSION

Most people who attended agreed that it had been a good meeting. They wanted to ensure this was the beginning, not the end, of the process for engaging with people with a sensory impairment and a start to informing the Wiltshire Sensory Impairment Strategy.

Picture courtesy of Glenn Phillips of the Wiltshire Times

RECOMMENDATIONS

The following is to be recommended to the WIN Core Group:

- This report and the issues in it are recognised and supported by the WIN Core Group and authorised for wide usage, wherever and by whoever has the authority to action changes and to bring about positive resolution of the issues contained within.
- Letters of thanks should be sent to all scribes and facilitators, to Jan Evans and Justin Conboy and the HVT. Without HVT's support, this event would not have been able to consider the experiences of an extremely marginalized group.
- The Executive Summary should be translated into BSL, CD and Braille, if requested
- The report should go to the Health & Social Care Overview Scrutiny Committee
- The report should be used to inform Wiltshire's Sensory Impairment Strategy.

Martin Fortune
WIN Support Officer
Date: [ ] June 2010

Picture courtesy of Glenn Phillips of the Wiltshire Times

This project was completed by the Wiltshire Local Involvement Network
and HAP UK Ltd

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Network

This leaflet is available in other formats and languages. Please telephone us on **0845 601 5859** or email **wiltshirelink@hapuk.co.uk**