

Angus Council
CONSULTANCY SERVICES
WITH INDIVIDUALS
WITH A SENSORY IMPAIRMENT:
Service User Engagement and Consultation

February 2016

Scottish Council on Deafness
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Executive Summary

Introduction and context

The Scottish Council on Deafness (SCoD) won the contract to provide a piece of **qualitative reporting** from a consultation with children, young people and adults who have a sight loss and/or a hearing loss in the Angus Council area.

The Scottish Council on Visual Impairment (SCOVI) agreed to act as “co-operative support” for the work.

The work was to ask people in Angus with a sensory loss what they think of the services **commissioned** by Angus Council from North East Sensory Services, what they think of the proposed future service specification and what their ideal service would look like.

This was not an evaluation of the services **provided** by NESS, the current provider. It was a qualitative piece of work to gather the opinions of the people who use, may use in the future, or care for people who use the services commissioned by Angus Council.

Approach

The approach was two pronged: 1) to put together two questionnaires that could be accessed online or in an accessible paper format and 2) to go to Angus and meet people face-to-face, with the option of a telephone/skype interview if necessary. These meetings took place either in pre-arranged public halls throughout the county or in places that the people taking part felt safe: for example, the researcher met several young people in their schools. As there was no opportunity to organise a meeting on the west side of the county, the researcher contacted several people by telephone so that they could give their views.

The meetings and online surveys were advertised widely with local services receiving flyers and information. An advert was carried by the Angus edition of The Courier. All the elected members in the county were emailed with a copy of the flyer and the links to the questionnaires.

The Content

The meetings took place in January at a number of venues throughout the county. SCoD provided the facilitators, the language/communication support and the refreshments.

Fifty two people took part in the consultation; thirty eight at the face-to-face meetings and fourteen by the online survey or by telephone. SCoD attended ten meetings in six towns in the county and went to two different high schools. It is unfortunate that the numbers taking part are so small; this means that the researcher cannot give a statistically significant or in-depth analysis of who attended as there is a danger that individuals could be identified by the detail. As this is a qualitative piece of work rather than a quantitative one, the number of participants although very low, managed to give a number of different views.

Of the thirty-eight who attended face-to-face meetings, only five had used services provided by NESS and two were carers of people who had used the services. The majority of people who attended the meetings wanted information about services or information about how to deal with sight or hearing loss for themselves or someone else.

The fact that so few people attended the meetings could be seen as a positive sign since people who think they are getting a “middle of the road” or “bad service” are more likely to come along to meetings where they know they will get a “hearing”. This has been true of SCoD meetings in the past. The fact that there was such a limited turn out could be seen as the majority of people who use the services are happy with the service they are getting as they had nothing to complain about.

SCoD’s Findings

This is a qualitative piece of work. Since so few people in Angus chose to take part, it is difficult to make any recommendations that are could be firmly evidenced or “projected” to cover the views of everyone in the county with a sight loss, hearing loss, a dual loss or their carers.

These findings should be looked at as a sample of what the people in Angus may think of the current services, ideal services and the future service specification.

People with a hearing loss and people with a sight loss would like to access person centred services that are all together from cradle to grave and that provide all the services in one place, but also at a local level.

They would like them to be separated not together as people who have a hearing loss have different needs to people who have a sight loss.

The new service specification has separated the services. Is there scope to invite service users to further develop the specification?

In the Guide/Communicator service, people would like more choice and guides who can drive so that people can enjoy a social life as well as being able to do the tasks that enable them to stay independent. As above, is there scope for service users to be involved in the development of the service?

Angus Council could consider having a service user(s) and/or potential service user(s) on the decision-making panel for the next round of tendering.

Joint Health and Social Care

Are there opportunities with the joint health and social care implementation to have clear care pathways from diagnosis – whether that happens in hospital or in the private sector – to the service providers so that people with a sight loss and/or hearing loss are aware of the services on offer?

New tender

Is there any scope for adding in that the service provider will take a Customer Service Approach which can gather ongoing feedback from the service users/clients?

Technology

Is there any scope for organising a “technological roadshow” where people with a sight loss and/or a hearing loss can try out new technologies? Several people who came to the meetings already buy their own hearing aids and would like the opportunity to try/buy other products.

On the consultation process:

It may be better to consult with people before service providers?

In a rural area: Winter may not be the best season for holding a consultation that involves face to face meetings as the severe weather conditions were not conducive to people coming to meetings. Weather reports for all but one meeting were for very windy weather with the possibility of flooding and/or snow. It would have been hard to do a bulk telephoning/skype exercise as an alternative.

The Purpose and Process of the work

The Purpose

The purpose of the work was to consult with service users and their carers/families on

- **what they think of the present services for people with a sensory impairment;**
- **what they think of the proposed service specification; and**
- **what their ideal service would look like.**

The Process

The work was a two pronged approach and consisted of qualitative/face to face work as well as quantitative work - a survey to reach as many as possible:

a number of **face to face meetings** were held with people of all ages throughout the county who do or could use the services on offer. In order to reach as many people as possible, **a questionnaire** was also produced that could be used by current or potential service users and their carers to give their opinions if they could not attend a meeting.

Face to Face meetings

The **meetings** all took place **in January** at a number of venues **throughout the county**. The **venues** were booked by Angus Council.

SCoD provided the facilitators, the language/communication support and the refreshments.

SCoD took the decision to have **a facilitator** – the Policy and Research Officer (**the Policy Officer**) who had been responsible for putting together the tender bid and had been interviewed by Angus Council, and **a co-facilitator** who would know the local area and the other services available. Due to time restraints, this was not advertised within the SCoD or SCovi (Scottish Council on Visual Impairment) membership. **The co-facilitator was the Manager of Deaf Links** who is also a member of the **SCoD Board** and someone who the Policy Officer had worked with before. There has been an objection lodged with SCoD that this person should not have been the co-facilitator due to a potential conflict of interest. Angus Council is aware of the issue.

At each meeting, there was **an Electronic Notetaker** and a **BSL/English Interpreter**. If anyone who wished to attend needed any **other sort of language/communication support**, then that would have been provided as would financial assistance if someone wanted to attend and had transport difficulties and/or caring/parenting responsibilities. It was important to ensure that **all the meetings** were as **accessible** to people as possible.

Questionnaires

The **process** of developing the **question sets** was that SCoD put together a number of possible question sets based on the specifications of the current services and the proposal for future services. Through a **process of discussion and negotiation** with Angus Council, SCoD came up with the question sets that would match what could reasonably be **asked at meetings** in Angus and what could be used in **an online questionnaire** so that as many people as possible could have their say.

SCoD put all the **agreed survey question sets** into “SurveyMonkey”, the tool that SCoD uses for questionnaires and surveys. Once the questionnaires were ready, the links to the surveys were sent out to **SCovi, another independent critical friend**, Liz Rowlett, and also to **NESS, the current service provider**.

Colleagues in SCoD also went through the questionnaires. Several changes were suggested and these were made where possible. There was a late submission of suggestions that wanted substantive changes made to the questions set by Angus Council or specifically agreed by the Council. These questions remained as they were. Once the questionnaires were completed, SCoD arranged for a Deaf colleague to translate the questions into British Sign Language. We put Word and pdf versions of the survey onto the SCoD website. If we had been asked, we would have made the questionnaire as **accessible as possible** for people **to take part by changing the format of the survey or** translating it into community languages. Nobody asked for this to be done.

SCoD also prepared an **equality questionnaire** to take to the meetings and to use for any individual meetings/interviews. This was used for two purposes: **to check** that the people whose views were being gathered **were resident in the Angus Council area**; and to show **who had attended**. The **same postcode question** was asked of the people filling in the **online questionnaire**.

Publicity

Once Angus Council had notified SCoD of **the venues** and the **language/communication support** was in place, SCoD sent **details of the meetings in a flyer** to The Courier, all the elected members in the area, local Third Sector organisations, SCovi (to send to its members in the area), the local deaf and blind services and organisations, and local libraries. Paper copies were sent to the county's health centres. The **link to the surveys** was sent on to the **same email** addresses. As Angus Council is a member of SCoD, the named representative emailed offering her services for the meeting in her constituency, if required.

Meetings and Outcomes

SCoD hosted **ten meetings** in all the main towns in the area. The meetings took place in the morning, afternoon and evening throughout the county. This was to make sure that they were as accessible as possible to the people of Angus.

SCoD made the offer **to meet people** out with the meetings in a **place that suited the person** or to do **telephone/Skype interviews** if that made it possible for people to have their say. Angus Council asked **two High Schools** in the area if they would be willing to find pupils to take part; and asked a number of **residential homes** if SCoD could visit. The High Schools both found **pupils willing to take part**. The researcher was **unable to meet with anybody in a residential home** as the times suggested clashed with prior arranged work or the timescale given unsuitable.

Attendance at the meetings **was mixed**, both in **numbers** and in those **who attended**. Everyone who attended a meeting was asked to give their postcode so that we could check that the people giving their opinions were, indeed, residents or caring for residents, in Angus.

The attendance at the meetings was:

Forfar afternoon – 1 (service user)

Brechin – 13 (service user, potential service user, carer, parent)

[One person took away questionnaires for herself and friends who could not attend the meeting]

Montrose afternoon – 2 (service user, potential service user)

Montrose evening – 2 (service user, carer)

Carnoustie afternoon – 1 (potential service user/parent)

Carnoustie evening – 2 (parent, potential service user, carer)

Arbroath morning – 4 (parent, potential service user, carer)

Arbroath afternoon – 2 (service user, parent)

High Schools - 6 pupils + 2 Communication Support Workers + 3 teachers.

Total = 38.

There were **two other meetings** organised but nobody attended: one in **Forfar** in the evening and one on a Saturday in **Kirriemuir**.

Several **people came** to the meetings “**wearing a number of hats**”: for instance,

- two people have a councillor interest and are either a service user or potential service user;
- a couple came along as carers for a family member as well as one caring for the other, and as potential service users themselves;
- four people came as potential service users and as parents, and two of these are also carers;
- one person came as a service user and a former volunteer with a Third Sector service provider in the area; and
- two people came as either a service user or a potential service user and as paid carers working for a service provider in the area.

The pupils interviewed were from **S1 to S6** and had either a sight loss or a hearing loss; none had both. All the pupils interviewed had given their consent forms from their parents to the schools involved.

People with a dual sight and hearing loss attended as well as carers and parents of people with a dual loss.

The number of people who provided the information is too small to give any equality breakdown as it might identify some of those who attended the meetings.

The **number of people** who responded by filling in the **online questionnaires** was small. There were 11 online responses (potential service user, service user, carer) and 3 paper ones (potential service user, service user, carer). There were 3 telephone interviews – these details were entered into the survey by the researcher (this number is included in the eleven online responses). Those who chose to take part using the survey were asked to provide their own postcode. Carers and parents were asked to provide the postcode of the person they are caring for. This was the check that those taking part were the people living in Angus or caring for someone in Angus.

In total, **fifty two people** chose to take part in the **consultation**.

The **majority of people** who chose to take part **had not used** the services currently being provided. Only seven of those who took part had used any of the NESS services. Two carers said that **the person they care for has used a NESS service**.

Many of those **with a hearing loss** were keen to find out **what equipment** is available to support them to continue to live as independently as possible. **Most of the people** who attended the meetings took away **NESS' details** so that **they could contact** to make an appointment. **Two of the people** who responded by online or paper questionnaire gave **their contact details** so that information for **NESS could be sent** to them. This was done as soon as the survey closed.

Several people asked about the **development of new technology** to help people with a sight loss or a hearing loss for rehabilitation/to **maintain their independence**. Their **specific ask** was for a **“roadshow”** with all the technology to **come to and across Angus** to show people what is now available.

Several people with a hearing loss **had used social work** services that were provided by the commissioned provider **in the past**, including in the recent past. In the main, **they had been happy** with the service they had received, especially **the local “drop-ins”** where they could go to access support and help with forms and letters.

Several people said that they would rather **access the same general social work services** as everyone else as they would have the **same choice as other people** who do not have a sensory impairment. This was the **same opinion** whether or not the person expressing the view **had a hearing loss and/or a sight loss**.

Two people who attended the meetings said that **they are using the social work services** at the moment and that they have had a **good service** and are **mostly happy** with the support. One did say that sometimes they would like more choice as to when they can access support but that they had yet to ask for this.

Three people have or **are using the specialist rehabilitation related services** and are **very happy** with the service.

Three people gave feedback on the **guide/communicator service** and all were, in the main, **happy with the service**. Two of these people did say that **they would like** to see **more guide/communicators in Angus** so that there is cover for periods of leave and that they would like **guides who can drive** so that they can get the best use from the service. Both expressed an interest in finding out more about **Self Directed Support** as a way of supplementing the guide/communicator hours so that there is a **better balance between doing tasks** like shopping and **having a social life**.

When asked **about advocacy**, the **majority of people** who chose to be involved had **not heard of advocacy before**. Those who had **used an advocacy service** (the numbers were very small) had used **either an independent advocacy service or one provided by a service provider**.

The definitions of independent advocacy used by the researcher can be found in the Independent Advocacy Guide for Commissioners – Appendix 1 Page 35:

“Principles and Standards for Independent Advocacy Reflecting Commissioners’ Statutory Responsibility²

Principle 1

Independent advocacy puts the people who use it first.

Standard 1.1 - Independent advocacy is directed by the needs, interests, views and wishes of the people who use it

Standard 1.2 - Independent advocacy helps people to have control over their lives and to be fully involved in decisions which affect them.

Standard 1.3 - Independent advocacy tries to make sure that people’s rights are protected

Standard 1.4 - Independent advocacy values the people who use it and always treats people with dignity and respect.

Principle 3

Independent advocacy is as free as it can be from conflicts of interest.

Standard 3.1 - Independent advocacy providers (individuals or organisations) cannot be involved in the delivery of welfare or care services or in the provision of other services to the individual for which it is providing advocacy.

Standard 3.2 -Independent advocacy should be provided by an organisation whose sole role is independent advocacy or whose other tasks either complement, or do not conflict with, the provision of independent advocacy.

Standard 3.3 - Independent advocacy looks out for and minimizes conflicts of interest.”

And

Page 36:

“Where individuals and organisations are involved in the delivery of non-independent advocacy (**service provider advocacy**¹), they may not be in a position to fully satisfy all of the standards but should seek to apply the four principles as far as possible. It is vital that anyone who might benefit from using an advocate feels confident about making that contact without any real or perceived worries about conflicts of loyalty on the part of the advocate.”

<http://www.gov.scot/Resource/0044/00441045.pdf>

The people who had used advocacy services were very **enthusiastic** about the support they had received and the results they have achieved. They felt that they had been involved in the processes needed to achieve their outcomes. They felt more able to self advocate than they had before.

Parents who came to the meetings specifically asked if there is any scope for **providing specific services** that would help their children have **more social contact** with their peers. The young people

¹ Brackets are the authors.

interviewed all said that they keep in touch with their friends via social media, but would like more social contact if it were possible. There is a **specific problem** for families who **live in the west** and their children go to **school in the east** and they have to **travel by public transport** as there are fewer opportunities for after school activities and the chance to be with friends socially.

Several people asked if there would be **more chances to comment** on the services and how they develop. **One person** asked if **someone** with a hearing loss or a sight loss or with both could **be on the decision making panel** that will decide the successful tender.

Only one person said that they had heard of the **See Hear Strategy** and that is because they are a member of a statutory group that looks at equality.

The following is the **author's summary** of the opinions given by several participants about **their ideal service**. It should

- involve service users in its design;
- be person-centred and based on the social model of disability;
- for only hearing loss or sight loss, not both together; and
- should be cradle to grave with extra support through the transition from school to adulthood and from adulthood to older adults.

Other views expressed on what the ideal service should look like were:

- it should be fully accessible for all that need to use it – have staff who can communicate directly with the clients/service users – for example, in BSL;
- any future service should keep the same name and telephone number and email address no matter which organisation is providing the service so that everyone knows that is the place to go to;
- their ideal service would provide support for carers and families as well;
- the ideal services should provide all the services needed under one roof, but have local drop-ins in the towns and villages across the county including in the West;

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- Lip reading classes, hearing aid clinic, access to information that is fully accessible, long stick teaching should all be part of the ideal service depending on what sensory loss the person has;
- Provide awareness raising sessions for the public and for other services; and
- provide support for finding employment as well as
 - looking at opportunities for social events,
 - access to lifelong learning and
 - access to technology.

Several people attended the meetings **for things other than giving their views on the services**: they were looking for

- information on the development of new technology to help people with a sight loss or a hearing loss for rehabilitation/to maintain their independence. Their specific ask was for a “technology roadshow” to come to Angus to show people what is now available.
- a hearing aid service;
- access to language/communication services for health appointments and other non-health/social care aspects of their lives;
- information on services other than social work;
- information on bus passes and train travel;
- information on how to access health services;
- an opportunity to tell someone of their health experiences;
- an opportunity to tell someone about their lack of access to language/communication support; and to
- discuss their housing and/or employment situations.

One person came along (on behalf of others) to ask about **PIP** as the people who have applied seem to have **been refused** on the grounds that they do not have a sensory impairment having **accessed aids and adaptations**. Although not in Angus to look at PIP, the **SCoD Policy Officer** has been working on the **PIP application process with the DWP** for several years and **issued a call for evidence** over two years

ago. The person **agreed to provide a copy of the paperwork** of the claims so that the **SCoD Policy Officer could go back to the DWP with the evidence** that the system is being discriminatory, as was predicted two years ago.

SCoD's Findings

This is a qualitative piece of work. Since so few people in Angus chose to take part, it is difficult to make any recommendations that are could be firmly evidenced or “projected” to cover the views of everyone in the county with a sight loss, hearing loss, a dual loss or their carers.

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On the consultation process:

It may be better to consult with people before service providers?

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