Thurrock Coalition

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be part of the solution

Informing a Thurrock strategy for people with sensory impairment

Introduction

There is currently no strategic statement on sensory impairment in Thurrock. To approach this omission co-productively, Thurrock Coalition initially held a Sensory Confrontation event to identify some relevant issues. They then asked people with sensory impairment about their experiences to date using a solution focused approach which emphasises what has worked and why. This does not avoid problem talk, but does concentrate on what could happen that would make things better and thus sets a firmer basis for the initial vision for both Council services and for current and potential customers.

What is happening in Thurrock?

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No clear strategy
Resources not recognised and not co-ordinated
Inconsistent responses to individual requests
Lack of understanding of the needs overall
Failure to project possible demand and plan for it
People assume sight and hearing loss are just part of growing old
No early intervention/prevention plan

How do we achieve a sensory impairment strategy?

- **involve** people with a sensory impairment, carers, voluntary organisations and others who provide support
- **find out what people think** about the support currently available and where the gaps are so we can influence priorities
- **consult widely** on these findings to make sure that we have heard all the important messages

- **include other factors** such as information from the government about how support should look in the future and who should be in control of it

- **look at the population and how this may change** over the next 5 -10 years, considering how many people are likely to experience sensory loss and how we can reduce some of the risk factors and improve existing support and services

1. BACKGROUND

Introduction

None of the senses should be taken for granted and no assumptions should be made about how the life of any given person may be affected by sensory loss. Whilst this consultation exercise concentrated on those with sight and hearing loss, it is important to recognise that other senses, smell, taste, touch, are equally important in day to day living and their total or partial loss may adversely impact on people's lives. Any and all individual assessment of need should therefore include a basic investigation, and some awareness of the potential and actual effect, of sensory loss for that particular person in their individual circumstances.

From our consultation, people with sight loss, whether registered blind or partially sighted or not yet registered, appeared to have similar needs and concerns and are hereafter considered as one group. However, among people with hearing loss those who are hard of hearing - mainly older people - and those registered as Deaf or deaf with speech had greatly differing needs from each other and should therefore be considered as separate groups. Obviously each person is also an individual in their own right and their specific needs cannot be assumed merely from the generic group in which they may happen to seem to be included.

A number of people with sensory loss have multiple impairments, including mental ill health, physical impairments and learning differences, the additional personal affects of which also need to be taken into account.

In Thurrock there are so few people with dual sensory loss recorded as known to the Council it was considered that the ones who are currently registered should be seen individually and their needs assessed to inform this strategy. Consideration should be given to the possibility that this group is significantly unreported and that many older people are not aware of or able to access information because of unrecognised dual sensory loss, redering them more vulnerable than they need to be.

Overall the sensory figures Thurrock reports nationally are small and not apparently accurate. This is no excuse for the potential impact of sight and hearing loss not to be considered when any needs assessment is undertaken, and especially when that assessment is of someone who is over pension age. It is also no excuse for some sensory expertise not to be provided within or obtained by the Council to ensure that anyone with sensory loss is advised and informed in meaningful ways of their entitlements and services that might assist them to retain/regain their independence. Particular efforts have to be made to understand the impact of sensory loss and what appropriate compensation may be made for it – a generic approach will not work.

Legal position

Under section 29 of the National Assistance Act of 1948 Councils are required by law to compile and maintain classified registers of "persons who are blind, deaf or dumb and other persons who are substantially and permanently handicapped by illness, injury or congenital deformity"; for the purposes of *planning and providing appropriate social services.*

Registration by service users is entirely voluntary, and is *not required as a condition of receiving services* from Councils. However Councils are still required to keep a register, and return information on the registers centrally from time to time.

Thurrock's latest **sight loss** figures are set out below:

THURROCK **March 2011**	Total	0 - 4	5 - 17	18 - 49	50 - 64	65 - 74	75+
Blind	**135**	0	10	30	20	10	70
Partially sighted	**180**	0	20	20	20	25	95
Blind or P/S + disability	35 - Blind 25- PS		5	15 10		10 15	
	Mental health	Learning disability	Physical disability	Deaf with speech	Deaf without speech		
Blind	5	5	15	**5**	**5**		
Partially sighted		5	10				

Nationally the numbers are under-reported. The RNIB suggests that the number of people registered blind or partially sighted country-wide is only around one sixth of the number of people living with sight loss. Overall the estimate for people living with sight loss across the country is likely to double to 4 million in the next forty years.

> *"This picture not only includes people who are registered, but also those who are waiting for treatment, those whose sight could be improved, those who have not registered for whatever reason and people whose sight loss is not at a level that allows them to register."*[1]

The main cause of sight loss is age related macular degeneration and as the numbers of people living longer increases, and at the same the numbers with underlying conditions which may affect sight such as obesity and diabetes multiply, so overall numbers will go up.

Some sight loss, perhaps up to 50%, can be avoided and/or cured by timely health interventions. Many other individuals can be assisted to continue to live independent and fulfilling lives despite their sight loss with appropriate information, advice, equipment and support from social care agencies. Additionally,

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[1] (www.rnib.org.uk

emotional and social support can be provided by peer groups or voluntary organisations.

Any strategic approach to supporting those with sight loss to maintain independent lives needs to include not only the statutory organisations – health, social care, housing and education – but also the voluntary sector and informal networks which work alongside individuals themselves and their families/carers who efforts all too often mask the needs until, for whatever reason, they can care no more, necessitating urgent and seldom planned interventions.

The issue is a national one.

Most recent national figures for sight loss, indicating trends

Registrations

- At 31 March 2011, 147,800 people were on the register of blind people, a decrease of 5,200 (3 per cent) from March 2008. There were 9,100 new registrations to the register of blind people, a fall of 11 per cent compared to 2008.

- At 31 March 2011, 151,000 people were on the register of partially sighted people, a decrease of 5,300 (3 per cent) from March 2008. There were 11,800 new registrations to the register of partially sighted people, a fall of 10 per cent compared to 2008.

Differences between the age groups

- At 31 March 2011 the percentage of people aged 75 and over in the partially sighted group was 66 per cent, compared to 64 per cent for the blind group. The overall age distribution of the partially sighted register is similar to that of the blind registrations.
- The number of blind people on the register has decreased in all age groups compared to 31 March 2008 apart from the 50-64 age group which has risen slightly by 460 (3 per cent) from 2008.
- The number of people registered as partially sighted has decreased in all age groups apart from those aged 18-49 which has increased by 575 (3 per cent) and those aged 50-64 which has increased by 430 (3 per cent).

Registrations of people with an additional Impairment

- 49,300 (33 per cent) of those registered blind and 50,400 (33 per cent) of those registered partially sighted were also recorded with an additional impairment.
- The most common additional impairment was a physical one, which accounted for 66 per cent and 68 per cent of blind and partially sighted registrations with additional impairments respectively. The next most common additional

impairment was related to hearing which accounted for 22 per cent for both blind and partially sighted registrations.

And there are further major issues which even these figures hide. According to the RNIB:

- *Only 8 per cent of registered blind and partially sighted people were offered formal counselling by the eye clinic, either at the time of diagnosis or later.*
- *In the year after registration, less than a quarter (23 per cent) of people who lost their sight say they were offered mobility training to help them get around independently.*
- *48 per cent of blind and partially sighted people feel 'moderately' or 'completely' cut off from people and things around them.*
- *Older people with sight loss are almost three times more likely to experience depression than people with good vision.*
- *Only one-third of registered blind and partially sighted people of working age are in employment.*

Thus people with sight loss can cost the state considerable amounts both directly in health care treatments, some for avoidable conditions, and indirectly through lost earnings and necessary informal care.

Early intervention and ongoing information and support could reduce such costs at the same time as increasing the confidence and community contribution of individuals and their carers. A strategy that addresses the needs of those with sight loss and the best use of resources can benefit both organisations and individuals.

A similar approach will benefit those with **hearing loss** for whom in Thurrock the figures reported below also seem somewhat unreliable.

THURROCK March 2010	All ages	0 - 17	18 - 64	65 - 74	75+
Deaf	**145**	-	80	15	45
Hard of hearing	**120**	0	20	5	95

A recent reduction in teachers for the Deaf in Thurrock brought to light the fact that there are 24 pupils in Thurrock with Statements of Special Education Needs naming Hearing Impairment as the

Primary Need in 2011. At the same time the National Deaf Children's Society suggested that overall there are 90 Thurrock children with hearing loss. However, there are no children's figures in the national record.

Figures for hearing loss depend on people asking for assistance from local authorities and all the information above is taken from the Register maintained by Councils. Registration is not compulsory and so nationally these figures do not provide a complete picture of the numbers of people who are deaf or hard of hearing. However, they are reported as the number of people registered rather than claiming to be a count of the number of people who are deaf or hard of hearing.

The report presents information on the number of people registered with Councils with Social Services Responsibilities (CSSR's) as deaf or hard of hearing in England as at 31 March 2010. It is used by central Government to monitor the impact of social care policy and by local Government to assess Councils' performances in relation to their peers.

In order to predict future demand more accurate figures would surely be helpful. A more reciprocal relationship between health and social care with regard to information about those who require interventions because of sight and/or hearing loss could be developed in the interests of all.

The National Register of Deaf People reports key facts as below.

- At 31 March 2010, 56,400 people were recorded on the deaf register. The number on the register increased by 1,900 (3%) since March 2007, which is also an increase of 10,900 (24%) since 1995.
- Since March 2007 the number of deaf people on the register has risen in all age groups with the exception of those aged under 18 which fell by 36 per cent from 3,400 in 2007 to 2,200 in 2010. Just under half of this decrease can be attributed to one council who said the drop was due to a review of their collection procedures. The largest increase was in the number of people on the register aged 75 and over, which rose by 8 per cent to 17,400 at March 2010.
- Over half (53%) of people on the deaf register were aged 18-64 which is a 4 percentage point decrease from 57 per cent in March 1995.

Register of Hard of Hearing People

- At 31 March 2010, 156,500 people were on the hard of hearing register. This is a decrease of 8,000 (5%) since March 2007 but an overall increase of 30,600 (24%) from 125,900 since March 1995.
- Since March 2007 the number of people registered as hard of hearing has decreased in all age groups with the exception of those aged 75 over which rose by 1% from 106,900 in 2007 to 107,900 in 2010. The largest decrease was seen in the under 18 age group with a fall of 46% from 4,100 in 2007 to 2,200 in 2010 although one council contributed to over half of this decrease.
- 69 per cent of people on the hard of hearing register were aged 75 or over which is an increase from 61 per cent in March 1995.

Both this commentary and the one on the figures for people with sight loss demonstrate trends which should be of concern to any local authority seeking to ensure that its residents' needs are properly catered for over the next several years under the dual threat of increasing demographic demand and effectively reducing resources.

Sensory Loss and the Law

From the National Assistance Act 1948 through the NHS and Community Care Act 1990 to the Equality Act 2010 the rights for people with sight and hearing loss have been included as they are clearly regarded by law as disabled people. The terminology has varied over the years but the intent has always been to recognise that sensory loss impacts on people’s ability to live ordinary daily lives and therefore can disable them.

Anyone with a sensory loss who regards themselves as disabled or who may be identified as disabled by others is entitled to an assessment of their needs. All that is required to establish a duty to assess is the appearance of need. A request is not necessary, and the duty cannot be discharged by writing to the person to ask for a reply if they want an assessment. Following the assessment of need, the local authority has a duty to provide for their welfare.

It is likely that many people with sight or hearing loss will meet the FACS criteria at substantial or critical levels, for example prior to any rehabilitation work in the case of sight loss or compensatory support or equipment in the case of hearing loss people are at risk of harm. To provide a few basic examples, people with sight loss may well need the personal attention of a third party out of doors such as steering them across a road or onto a bus or in the home reading their correspondence to them and similarly help with cooking (checking vegetables have been properly peeled or reading instructions) as these are seen as basic bodily functions. Even domestic chores in a familiar environment may require help to perform safely and in an unfamiliar environment there are many potential hazards for an unsighted person. Help with shopping if it is undertaken in close proximity with the individual and not on their behalf can be considered as personal assistance. Similarly hearing (and speaking) are regarded as bodily functions and any needs arising from the impact the lack of ability to hear or speak has on an individual's daily life also needs to be considered reasonably and realistically. This might include the efforts required to communicate, be alerted to danger or deal with everyday incidents.

What people with sensory loss generally cannot do is self assess because of their communication issues. Their environment has a major impact on their ability to manage independently and therefore a home visit from an experienced worker is of the essence to determine their level of need. The local authority is also obliged to provide information in an accessible format which tells them of their rights – this has to be made available to them in ways they can also access. Sending written information to someone with sight loss, or offering advice over the telephone to people with hearing loss may well not be sufficiently accessible or acceptable and could lead to a formal complaint.

There is specific additional Government guidance with regard to people with dual sensory loss of which due notice needs to be taken.

Information on Deafblind People

National figures from 31 March 2008 recorded 88,500 people registered as blind or partially sighted with an additional disability and of these, **25,300** (29%) were recorded as having a hearing impairment as their additional disability.

According to the most recent figures there are only 10 people in Thurrock with both sight and hearing loss. This seems unlikely. Two older people with both sight and hearing loss attended the consultation sessions and both they themselves and others present thought that there were many other older people in Thurrock with dual sensory loss known to them.

Thurrock needs to recognise that combined hearing and visual loss interact to create a separate and unique disability.

How many older deafblind people are there and are we recognising them?

Are staff sufficiently trained to do so and to record the facts?

Quite apart from improving responses to those with sight and hearing loss of whatever age requesting assessments of need, it is important to ensure that the assessment itself and recommendations there from are carried out in a way which delivers appropriate services to deafblind older people. The key points to note when implementing a personalised approach to support for older deafblind people set out below are not much different to those for all sensorily impaired individuals.

On 23 June 2009, the Government reissued statutory guidance about services for deafblind people and circulated it to Local Authorities with a Local Authority Circular document. The underlying law on social care has not yet changed so local authority duties remain the same and the requirements of the deafblind guidance still apply.

The Deafblind Guidance expects local authorities to:

- identify, make contact with and keep a record of the deafblind people locally
- ensure that assessments are carried out by properly trained personnel
- ensure that appropriate services are provided for deafblind people - remembering that individual services for people who are deaf or who are blind

may not be appropriate for someone who is both deaf and blind

- ensure that they have access to fully trained, one-to-one support workers if necessary
- provide information in a suitable format which is accessible to deafblind people
- ensure that a senior manager is given responsibility for deafblind services.

The main implications of this are set out below.

- Assessment – Anyone who appears to be in need of a community care service is entitled to an assessment. Where that person is deafblind they are entitled to an assessment carried out by someone who is specifically trained to assess a deafblind person. Asking a person to complete a self-assessment questionnaire will not be sufficient to meet this duty.

- Direct payments – Everyone has the option to receive a direct payment in place of a service. Many older deafblind people do not wish to take up a direct payment, often because of the paperwork and responsibility of managing a budget. However good the support services, there will be a number of people who choose not to take up this option and they must be provided with an appropriate service.

- Service provision – Deafblind people have a right to a service which meets their needs as a deafblind person. A communicator guide, for instance, will usually be more expensive per hour than a personal assistant because of the skills and training required. Deafblind people assessed as needing such a service must be able to receive one. Where they have a personal budget, this must be sufficient to meet these specialist needs.

There is considerable under-reporting of both sight and hearing loss, especially amongst the elderly population and this, combined with a lack of information about entitlement and the corresponding duty of the local authority to assess such individuals can lead to residents entitled to assistance missing out on even simple advice, information and equipment which may assist them to live independently. The lack of early, informed interventions can in turn create an unnecessary demand on limited resources.

2. OBJECTIVES

An agreed strategic statement about Thurrock Council’s intentions with regard to residents with sensory loss will benefit both the Council and residents. Residents consulted seem to want to maintain their independence and get on with their lives with minimal intervention from others; and at the same time, the Council wishes to make best use of its limited resources.

The benefit to the Council through informed assessment responses, initial emotional support, basic provision of aids to daily living, advice about coping mechanisms and timely follow up on request would be the saving on major unexpected packages of care through the appropriate use of low level inputs. Maintaining older people in the community despite failing health and faculties with the help of family and community carers is still basically cheaper than residential care, and offering equipment and personal inputs to assist them to remain in familiar surroundings is particularly important to those with sensory loss.

Additionally, working in partnership with health colleagues – for example ophthalmologists and those who deal with auditory loss – would ensure tailored interventions at an early stage and save unnecessary costs. At a time when funding for health and social care is being amalgamated at a number of levels and

GPs, who are most likely to know about sensory impairment in their patients, are likely to become the driving force of health commissioning it makes sense to develop a mutually beneficial early intervention strategy that makes best use of all sources of funding.

In terms of desired outcomes for residents who may just wish to get on with their lives and not recognise their rights or responsibilities, a statement of intent which sets out the joint approach to the advice, information, guidance and support people may need at every stage – in accessible formats and known to all professionals who come into contact with sensorily impaired individuals – would be reassuring. It appears that knowing they are acknowledged and entitled to help whilst being in a position to accept or refuse it would boost their confidence and enable them to carry on coping as they wished.

3. ADVANTAGES

If the introduction of a strategic approach to offering support to people with sensory impairment is to bring benefits to both the Council and residents of Thurrock, it requires a systematic, inclusive approach.

As planning data at local and national level is of the essence in understanding need, the first benefit will accrue when the numbers of residents with sensory impairment are accurately recorded and better projections of potential numbers made.

Timely liaison with education and health colleagues should assist Council officers to better judge the numbers of residents of any age who have been diagnosed with sight and/or hearing loss. It will also enable protocols between the statutory agencies to be agreed as to when and how individuals should be referred for a needs assessment either as individuals in their own right or as parents and/or carers.

Sensory loss which is congenital or identified early in life may have a major (and often negative) impact on what the child is expected to contribute to the community as an adult. Any child with sight or hearing loss should have specific support through the teenage transition process so that assumptions about the potential for support from adult services are avoided and an appropriate level of support that empowers both the child and family is offered. This should of course include the possibility of employment and an ordinary lifestyle.

As for later acquired sight and/or hearing loss, there need to be clear processes for appropriate recording of data across statutory organisations in individual cases and the registration of and taking details from people with sensory loss well known to all those who have any part in assessment processes. People do not want to have to repeat their stories every time

they ask for help, and often assume they have in any case already been shared between agencies.
In particular people with sight loss need to be encouraged to ask for an assessment before they are registered if the impairment impacts on their day to day life. Since they will probably be known to GPs, opticians, ophthalmologists and the low vision unit at Orsett Hall as well as consultants, all should be informed about who in Adult Social Care is responsible for the assessment of need and provision of information. This ensures they receive information at an appropriate time and maybe on more than one occasion. The real benefit to people, themselves may be that they can be offered emotional support and possibly counselling at the earliest stage of discovering that they have diminishing sight which the people we consulted found was the most traumatic time for them.

Whilst it is vital to offer timely support at times of significant change, particularly with sudden onset sight loss, irrespective of whether or not a formal registration has been made, when a Certificate of Visual Impairment (CVI) is sent to Adult Social Care there must be an appropriate and immediate response, followed by an offer of a home visit from an informed and trained individual or, if the individual elects, the provision of appropriate information and advice. The impact of sight loss is not something that can be fully assessed in a telephone interview.

On assessment whenever carried out, information about individual rights, statutory responsibilities, community contacts and support networks should be provided for the person’s consideration in formats they can access (perhaps on tape or CD if the person has or can obtain a player). The assessment should further include an awareness of equipment that may assist and a basic pack of equipment to avoid harm to the individual and maximize independence should be developed in discussion with Occupational Therapists and issued as a matter of course (there may be a case for a charge to the customer if they are assessed as being able to afford one). Rather than expect the individual to initiate further contact, at least annual reviews need to be carried out face to face.

General awareness of the obstacles for people with sight loss in the environment and a willingness to do something to remove them benefits many. Placement of street furniture, well lit and usable pedestrian crossings, the removal of dog waste and litter, proper replacement of dustbins, safety barriers on roads, etc. assist all, including wheelchair users, children and mothers with pushchairs.

Thurrock needs to understand the difference between Deaf and deafened (or hard of hearing) people as this has a significant impact on the services they require. In referring to Deaf with a capital "D", the capitalisation is used to distinguish between the medical and cultural models of people with hearing impairments. The British Deaf Association defines Deaf" (with capital D) as ‘someone with a strong cultural affinity with other Deaf people, whose first or preferred language is British Sign Language (BSL).’

Generally Deaf people do not regard themselves as disabled but rather as disadvantaged by society’s failure to speak their language. BSL is recognised as an official language at Government level. BSL interpreters, Like any other interpreters, play an essential part in a comprehensive assessment of need for someone who is Deaf. They are expensive to book as their training is lengthy and costly and they are independent consultants, however the investment has its benefits. Individuals are clearer about their responsibilities and often require little other than up to date information about what to expect from statutory agencies. Currently Thurrock has an adverse attitude to the hiring of BSL interpreters, based on cost alone, which needs to be revised.

There is a major difference when it comes to those who have acquired hearing loss as a result of e.g. illness, a hereditary condition or ageing. This may result in a more complicated physical and environmental situation with which they need to cope. They cannot usually befit from BSL and need different empathetic and sensitive approaches that make use of their remaining skills. Often writing things down will help a great deal and mean they have a permanent record of questions and possibly answers.

As with sight loss, registration makes it more straightforward for people with hearing loss to access certain services and benefits at both national and local level. It also means people are included on the register which assists the Council in planning future services for D/deaf people and in looking at workforce planning and training.

Again as with sight loss, older people with hearing loss should be encouraged to approach Adult Social Care for assessment as soon as their hearing loss impacts on their day to day life. They will be known to GPs, hearing specialists, Audiology Clinics and hearing aid providers, all of whom should have accessible information about the support for those with hearing loss. Action on Hearing Loss (the new name for the RNID) provide comprehensive information for people with hearing loss. Thurrock does not as yet seem to do so.

Furthermore, in Thurrock there seems to be a misapprehension that if deaf people do not live alone they do not require a flashing alarm, door bell or vibrating alarm, even if they or their partner are working. This approach must be revised through staff training as it could lead to a critical situation arising if the individual is on their own at any time when an incident occurs. There should be a basic pack of equipment which anyone who is deaf with or without speech and anyone with severe hearing loss should be offered/given (again there may be a case for a charge to the customer if they are assessed as being able to afford one). The benefit of this approach would be that people feel safer at home and are enabled to carry on independently.

Communication

The statement below is from the Universal Advice and Information strategy written in July 2010 and it remains predominantly valid over a year later. In all cases of sensory loss the use of a variety of appropriate communication methods is essential. There is still no consistent approach to communication in Thurrock and examples of poor practice have again been reported in this latest consultation exercise.

There are some moves at Council level to adopt basic font and sizes of print (Arial 14) across all correspondence. This should be pursued.
That is why this document is in that font. However, staff must recognise that if people ask for bigger fonts then this should apply to ALL written matter sent to

individuals. Because of the effort people with sight loss have to make to read written material, only that which is relevant to or specifically requested by them should be sent or given to them.

There would also now appear to be a textphone in Adult Social Care and again this needs to be publicised if Deaf people are to know it is there.

Communication needs – people with sensory impairment

Deaf people speak British Sign Language. There is no regular access to BSL interpreters in Thurrock for either health or social care issues, and often in the past the assumption has been made that someone with basic signing skills is able to converse with a Deaf person. This is not the case. Access to a fully qualified interpreter is an expensive but necessary requirement if the needs of Deaf people are to be effectively met. Ensuring that they have this initial support to express themselves is essential.

Many Deaf people will now use a text telephone as opposed to a minicom or Typetalk (through a BT operator). Previously there were a few minicoms in Council offices – We understand that the Council now also have the facilities to take text messages via a text telephone (as a direct result of Thurrock Coalition Sensory Confrontation). A specific drive is needed to effectively publicise the existence of the number in all outgoing Council communications and literature. The new financial year provides a timely opportunity to refresh all Council documents to reflect this information. Failing a sensory impairment strategy as such, making sure that Deaf and deafened people are fully informed of the services available to them in ways they can comprehend is of the essence.

Similarly, there is little effort made at present to engage people who have sight loss. The **Talking Newspaper** only repeats what is in the Thurrock Gazette and could, with Council support, do so much more to inform those 100 or so with sight loss who receive it about services they could access. DVDs with voice over for those with sight loss and subtitles for those with hearing loss that set out details of Council services are few and far between. Tapes, whilst old technology now, are still sometimes useful to capture detail that might otherwise be overlooked. There is little demand for Braille in Thurrock, but that which there is needs to be met; and some people may use Moon.

There needs to be a focus by Thurrock Council upon supporting the capacity building of organisations such as the Talking Newspaper and other Third Sector groups such as Thurrock Unsighted Peoples’ Society (TUPS. Such support should include the exploration of avenues around new technologies, perhaps for example, the development, provision and online hosting of “Podcasts” and .mp3 audio files that could contain newsletters and contemporary issues affecting people with visual impairments living in Thurrock. Provision will also need to be made for individuals who do not have access to a computer or indeed the internet.

Writing everything in plain English in a font size of at least 14 (18, which this is in, is easier for some people with sight loss) and in a script that is sans serif and not justified will help both those with sight loss and some of those with comprehension problems.

In the consultation on the universal advice and information strategy, people with sight loss commented that ‘ **lack of information on/ regarding events**’ and **‘reading information on/ in connection with events** ‘ were real barriers to their inclusion.

It seems some time since any analysis was made of the needs of those with sight and/or hearing loss in Thurrock and yet schools are continuing to teach significant numbers of children who will no doubt come into adult services with expectations of some services being provided.

The lack of a clear strategic approach to the provision of information about services (or indeed services themselves) to people with sight and hearing loss excludes these citizens from a true understanding of their entitlements which in turn renders them helpless in the face of decreasing physical ability to be able to request an assessment of their additional care and support needs.

From “Putting Thurrock People First – an Information and Advice Strategy – for consultation - A Thurrock Disability Network production
July 2010

When informed strategy including efforts to actively communicate with all residents in plain English and appropriate formats is implemented this will benefit every community in Thurrock. Information is the key to participation and the more people who are aware of what is and is not available to them as residents of Thurrock, the more people are able to act in their own interests and those of others who share their needs and their concerns.

4. PRINCIPLES

We suggest that the following outcomes that emerged from the Thurrock Coalition Workforce Planning Exercise be implemented into the Sensory Strategy for Thurrock as well as all subsequent Adult Social Care strategies in the borough:

The views, experiences, issues and identified outcomes from all 4 Workforce Planning Focus Groups (held throughout September and October 2011) were analysed for commonality from which the following were extrapolated:

Agreed outcome – A

I feel I have choice and am in control of the services I receive and they meet my needs

Agreed outcome – B

I feel I have been listened to and understood and am in control of the assessment process

Agreed outcome – C

I feel confident that social care staff know what they are doing

Social care policies are clear and understood by everyone.

Agreed outcome – D

I feel all relevant information about me is shared appropriately and with my knowledge.

Agreed Outcome – E

I understand what is available to me both in my community and from health and social care.

Agreed outcome – F

I feel recognised as an individual, able to make decisions for myself and my own contribution to society.

Thurrock Council articulates its vision as follows:

We want Thurrock to be at the **dynamic** heart of the Thames gateway, a place of **ambition**, **enterprise** and **opportunity**, where communities and businesses **flourish**.

And says that to achieve this it will:

1. Improve the education and skills of local people.
2. Encourage and promote job creation and economic prosperity.
3. Ensure a safe, clean and green environment.

4. Provide and commission high quality and accessible services that meet, wherever possible, individual needs.
5. Build pride, respect and responsibility in Thurrock’s communities and its residents.

Add to these aims the values of empowerment, autonomy, choice and participation set out under the national personalisation strategy

- To give people using services access to a range and choice of services and control over the shape of their lives, including giving people a clear understanding of how much is to be spent on their care and support, and allowing them to choose how they would like the funding to be used to suit their needs and purposes
- To ensure such choice and control is available to all those who use social care services, which will include the most vulnerable, while at the same time keeping them safe
- To support people using social care services to maximise their independence and quality of life and to enable them to participate in their local community
- To provide as much help and support as necessary to carers to enable those for whom they provide care to remain living with their families

- To ensure that support is available to everyone within the community through the development of accessible and universal services

and it is apparent that these principles are being followed through within this strategy. Its intent is to ensure that those with sensory impairment maintain their independence through exerting choice and control, having the amount of support they require at any given time, are fully involved in the day to day life of their communities and make those contributions of which they are capable.

5. STRATEGIES

In trying to make sure that this planned approach works for people with sensory impairment the consultation was carried out in a solution focused way. Rather than being told about something and asked their opinions or being asked what problems they had, they were asked to talk about what they hoped and expected to receive from the Council. Meetings were held with four differing groups of people with sensory impairment.

Issues identified by the Workshop attendees (broken down by impairment type)

The issues identified by the groups have been collated into the following areas, but should be read as a collective whole:

- Awareness
- Independence
- Information and Advice
- Support for the Third Sector
- Peer Support Network
- A Full Time Sensory Support Officer

Comprehensive information relating to the process, delivery and results of the focus groups are reproduced in the Appendix of this paper (at page 46 onwards).

6. RESPONSIBILITIES

Following the Sensory Confrontation Day (28th July 2011) Thurrock Council officers drew up an action plan based on their understanding of the issues raised and the report submitted to them by Thurrock Coalition.

Now that this consultation has demonstrated what more needs to be done, officers need to revise that plan and add timescales to the delivery of key staged improvements which will lead to a comprehensive appreciation of the needs of residents with sensory impairments and demonstrate the Council's intentions to address them.

7. GOALS

The section above details where Thurrock is now according to people with sensory impairment and where they want to be, Thurrock Council are advised to consider the need for increased awareness, independence, information and advice, comprehensive support for the Third Sector, establishing peer support network and recruiting, training and retaining a full time Sensory Support Officer.

Below are a number of recommendations relating to service provision for individuals with sensory impairments, informed by the Consultation exercise and national publications. It is not intended to be definitive or exhaustive and will need to be co-productively refreshed and updated from time to time.

National Best Practice Standards – ADASS

Deaf and Hard of Hearing People

Interestingly, a report by Association of Directors of Adult Social Services (ADASS) entitled *Best Practice Standards: Social Services for Deaf and Hard of Hearing People*[2] reflects those standards identified by the Participants in the co-productive exercise of developing a sensory strategy for Thurrock undertaken by Thurrock Coalition. The needs of people with Sensory Impairment in relation to service provision are broken down into 9 Standards, all of which are worthy of note:

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[2] http://www.adass.org.uk/old/policynetworks/disabilities/deaf/adults.pdf

Standard 1 Information
- Information about services and the distribution of information

Standard 2 Access to services
- Physical access - Reception staff in general and specialist social service receptions
- Staff training standards

Standard 3 Communication services
- Communication services policy and procedure

Standard 4 Assessing and identifying appropriate services
- Assessing and identifying appropriate services
- Staff roles

Standard 5 Equipment assessment and provision
- Assessing and providing environmental equipment
- Reviewing the equipment range _ User checklist

Standard 6 Accessible services at home and outside the home
- Training standards for staff providing a service at home - Physical access to care premises
- Training standards for staff working in residential, respite and nursing care.

Standard 7 Planning
- Information about service users – ASC/NHS information exchange Consultation framework
- Service policies and objectives – Budgets

Standard 8 Service procedures
- Equal opportunity policies/procedures - Complaints procedure

Standard 9 Procedures for joint working/managing responsibility
- Policy for joint working with education _ Handover procedures
- Joint working procedures with housing and health

Similarly the RNIB has developed “Good Practice Benchmarks”[3] for blind and partially-sighted people, which again reflect the standards identified by the workshop attendees.

- **Good Practice Benchmark 1** Emotional Support
- **Good Practice Benchmark 2** Referral
- **Good Practice Benchmark 3** Information and Advice
- **Good Practice Benchmark 4** Assessment
- **Good Practice Benchmark 5** Equipment
- **Good Practice Benchmark 6** Training
- **Good Practice Benchmark 7** User Involvement
- **Good Practice Benchmark 8** Dealing with complaints
- **Good Practice Benchmark 9** Inter-agency working

Registration

Any child with sight or hearing loss should have additional support through the transition process. There need to be clear processes for the registration of and taking details from people with sight and/or hearing loss well known to all those who have any part in assessment processes.

Sight loss

Thurrock Council needs to encourage people with sight to ask for assessments before they are registered.

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[3] Good Practice in Sight – How excellent services for blind and partially sighted adults can boost the overall performance of Local Authorities. RNIB/ADASS September 2008 http://www.rnib/org.uk/goodpractice

They will be known to opticians, ophthalmologists and the low vision unit at Orsett Hall as well as consultants who should all be informed about who in Adult Social Care is responsible for assessment of need and provision of information.

Emotional support and counselling should be offered at the earliest stage and at times of significant change, particularly with sudden onset sight loss.

When a CVI is sent to Adult Social Care there must be an appropriate and timely response from an informed and trained individual who carries out a home visit.

Information about rights, community contacts and support networks should be provided

A basic pack of equipment to avoid harm to the individual and maximize independence should be developed and issued (there may be a case for a charge to the customer if they are assessed as being able to afford one)

At least annual reviews need to be carried out face to face

Hearing loss

Terminology:

You may see the term "deaf" spelt with or without a capital "D". Capitalisation is used to distinguish between medical and cultural models of people with hearing impairments.

The British Deaf Association define the differences thus:
"Deaf" (with capital D) - Someone with a strong cultural affinity with other Deaf people, whose first or preferred language is British Sign Language (BSL).

There are different types of deafness. Some people are born deaf and may have their first language as BSL. Some people have acquired hearing loss as a result of e.g. illness, a hereditary condition or ageing.

Registration

Each Local Authority holds a register of people with hearing loss.

Registration as D/deaf or hard of hearing is completely voluntary. If people chose not to register they should still be able to access the same services.

Registration makes it more straightforward for to access certain services and benefits.

It also allows people to be included on the register which assists the Local Authority in planning future services for D/deaf people.

In Thurrock, those who are profoundly deaf should be known to education and therefore passed through transition arrangements to Adult Social Care for assessment as they approach 16.

Others, and especially older people with hearing loss, should be encouraged to approach Adult Social Care for assessment as soon as their hearing loss impacts on their day to day life. They will be known to GPs, hearing specialists, Audiology Clinics and hearing aid providers

There should be a basic pack of equipment which anyone who is deaf with or without speech and anyone with severe hearing loss should be offered/given (there may be a case for a charge to the customer if they are assessed as being able to afford one)

In Thurrock there seems to be a misapprehension that if deaf people so not live alone they do not require a flashing alarm, door bell or vibrating alarm, even if they or their partner are working. This approach must be revised through staff training as it could lead to a critical situation arising if the individual is on their own at any time when an incident occurs.

Thurrock’s attitude to BSL interpreters also needs to be revised.

Action on Hearing Loss (the new name for the RNID) provide comprehensive information for people with hearing loss. Thurrock does not as yet seem to do so.

Communication

In all cases of sensory loss the use of appropriate communication methods is essential. There is no consistent approach to communication and examples of poor practice have been reported.

There are some moves at Council level to adopt basic font and sizes of print (Arial 14) across all correspondence. This should be pursued.

If people ask for bigger fonts then this should apply to ALL written matter sent to individuals. Because of the effort people with sight loss have to make to read written material, only that which is relevant to or specifically requested by them should be sent or given to them.

Conclusion

It is hoped that the above suggestions for areas of development in local social care service provision for individuals with sensory impairments based on what residents have said about their experiences and what they need for the future will assist and inform the drafting of Thurrock Council’s Sensory Strategy and that it will be reviewed and refreshed periodically to ensure that services meet the needs of the community as they change over time.

APPENDIX

The Process

There were a series of 6 focus groups that took place throughout November and December 2011. Thurrock Coalition drafted a letter for Thurrock Council to distribute to all those individuals with sensory impairment who are known to the Council in order to maximize attendance at the workshops. However, it is clear from anecdotal evidence from those who did attend the workshops that distribution of the invitation letters was sporadic at best. Despite this, valuable input and contributions were made by all 34 people who attended the workshops.

Group	**Impairment Type**	**Date**	**Time**
A	Registered Blind	Friday 4th November	10:30am-12:30pm
B	Partially Sighted	Friday18th November	10:30am-12:30pm
C	Blind and Partially Sighted	Thursday 15th December	2pm-4pm
D	Profoundly Deaf	Friday 9th December	10:30am-12:30pm
E	Hard of Hearing	Thursday 10th November	2pm-4pm

F	Deaf and Hard of Hearing	Thursday 22nd December	2pm-4pm

The six Focus Groups of 2 hours in duration were held at The Beehive Community Resource Centre, West Street, Grays, Essex, RM17 6XP. Each group consisted of up to10 qualifying people (with specific sensory impairment) per group sourced from across the Thurrock Coalition networks.

The first group comprised of individuals who are registered Blind, the second group individuals who are partially sighted, the third group individuals who are profoundly Deaf, the fourth group people who are hard of hearing. The groups were mixed and included people with sensory loss, from across the age range (25-85), as well as several carers – any of whom may currently be in receipt of direct payments and/or services or have had previous experience of or may require future assessment for the same. Thurrock Coalition made a special effort to include people from minority ethnic groups and those who have been traditionally hard to reach.

The key characteristics of participants were obtained using our standard equal opportunities monitoring forms a summary of which is attached to this report

The final two groups were larger meetings attended by individuals with hearing impairments in one group and visual impairments in the second group. The results of the exercises to date were presented and groups were supported to agree or elaborate upon outcomes discussed at the previous workshop.

The Workshops

Questions raised (first 4 groups)

1) Introduction – names and the name people would like to be known by.

2) Participants asked to name one positive thing/event/skill from their past that they are proud of.

3) Participants asked what their individual ambition is for the future.

4) Participants asked to tell the group their best hopes for the meeting.

5) Participants asked to generate and contribute to a list of issues that they would wish to be addressed

6) Participants asked to think about what life would be like for them in an ideal world: “What would it be like if...?”

Questions raised (amalgamated groups 5 and 6)

1) Introductions

Name, describe extent of sensory impairment, how long you have lived in Thurrock and one thing you like about being here

(People who do not live in Thurrock or do not have sight loss will need to join any Council officers present as observers)

2) Reason for meeting, reference to figures, difficulty of recording, changing condition, discuss intention to collate all issues for people with sight loss in one statement – is that agreed? If not, why not

3) Appreciation of the contribution and thoughts to date

4) What do you find most useful to you in Thurrock right now?

5) What do you value and want more of?

(services, activities, relationships…)

Scale the top suggestions and talk about ways of improving

6) What could the Council offer to people with sight loss that would get more of them engaged and interested?

7) Consider the question

“Suppose your best hopes for this consultation were realised, what would you be noticing over the coming year?”

“What might others be noticing?”

8) Anything else you want to say ? All round the table.

Issues identified by the Workshop attendees (broken down by impairment type)

The issues identified by the groups have been collated into the following areas, but should be read as a collective whole:

- Awareness
- Independence
- Information and Advice
- Support for the Third Sector
- Peer Support Network
- A Full Time Sensory Support Officer

Registered Blind and Partially Sighted

Awareness

- Better awareness of the requirements and needs of blind and visually impaired people throughout the Council – but particularly in Adult Social Care.
- Greater public awareness – getting the balance right between awareness of space and use of symbol cane but not advertising vulnerability.

Independence

- Having the opportunity to regain, develop and maintain independence.
- To be treated as individuals. Council staff should never make assumptions regarding family situations/care roles in order to save money.

Information and Advice

- Accurate, timely provision/delivery of information from Thurrock Council, particularly details about what help and support is available. Better provision of information at point of registration.
- Better co-ordination and communication between Adult Social Care and Health.

- For all individuals to be clear about the registration process and to be provided with follow up support every time.
- All written communications in large print.
- Well informed, telephone support and contact person who would be suitably trained in sensory impairment awareness.

Support for the Third Sector

- For Third Sector Organisations to be better acknowledged and recognised as the voice of people with visual impairments through, for example, Thurrock Unsighted Peoples Society (TUPS).
- Newsletters/information on contemporary issues would be available in multiple formats. E.g. CDs/large print, MP3.
- Any information provided would also detail updates and briefings on rights and entitlements policy/law changes affecting people with visual impairments. The information would cover ASC/Health/Events.
- There would be sustained funding for the Talking Newspaper to help capacity building (to include Thurrock Gazette and The Enquirer).

Peer Support Network Service

- For individuals to speak to each other, particularly in order to reduce social isolation and increase inclusion.
- A network of support volunteers could be established in order to reduce social isolation.

A Full Time Sensory Support Officer

- A Worker with the correct training, skills, knowledge, awareness. With the ability to offer advice, information and signpost only where necessary, developing and maintaining a database of relevant contacts of individuals with visual impairments throughout the borough including available and accessible services – e.g. leisure activities, groups, sports, computer courses. The Sensory Support Officer would offer support to the informal networks and actively seek referrals, and provide active contact with individuals. Checks would be made periodically both face to face and telephone.
- The Officer would anticipate individuals requiring support/reviews and identify circumstance indicators and develop better crisis indicators.

Hard of Hearing

Training and Awareness

- Better training, awareness, patience and understanding from Thurrock Council is needed because anecdotal evidence shows that once Council representatives are told that the husband or wife (service user) is deaf, the representative hangs up.
- Thurrock Council staff should be even more aware of hearing impairments because the Council is providing a service.
- Hearing loss is a hidden impairment, therefore people respond differently according to their own experience and/or stereotypes.
- Council staff needs to be trained to speak clearly and in front of individuals to allow for effective communication. This is particularly vital when undertaking assessments of need.
- It is not acceptable for an individual to always require communication assistance from their spouse/relatives who should not be expected to "make do" and have to interpret on the individual's behalf.
- An educational and attitudinal change is needed. Awareness for example around changes of sound direction in social situations and the need to only have one person speaking at a time, but not to think that a person is unable to follow what

is happening, or assuming that a person has a cognitive difficulty just because they have hearing loss.

Independence

- Having the opportunity to regain, develop and maintain independence.
- To treat people as individuals and do not make assumptions on family situations/care roles in order to save money. For example to not be denied equipment because you live with a hearing person.
- People would not assume that people with hearing loss can't be bothered to communicate if they do not respond because they look "ok". People would recognize hearing loss as a hidden impairment and respond appropriately.
- People with hearing loss want to live as independently as possible and have the voice to speak up. However, Council staff should recognise that someone with hearing loss would really face difficulty in communicating if they were alone.

Information, Advice and equipment

- For people to be provided with accurate information about how to make contact with the Council to request an assessment or support, particularly in cases of sudden onset hearing loss.

- To be given accurate, up to date information about equipment provision (and cost where applicable) for example televisions, hearing loops, specialist adaptations for telephonic equipment.
- Provision of home visits in every case for assessments for people with sensory impairments.
- Home visits for equipment demonstrations
- People spoke most highly of the medical services they received, including the hearing aid service, but state that it only relates to the use of hearing aids, and then does not account for individual's lifestyle and preferences (e.g. having aids adjusted for listening to TV, but no account taken for most of time spent in group environments); too much focus on the process, not the individual.
- More could be done to assist those using aids to best advantage, expertise in usage not just the technology, and knowledge of the further adaption that might be useful (e.g. "shoes" for the aids for headphones, domestic or portable Tloop systems.
- The Hearing clinic does not make suggestions or information provision about ongoing ASC support – you are just cast adrift. There is a so much practical help and advice that could be given to help individuals maintain their overall health and

out of the ASC/Care system for longer, and there is no guidance or help to find it.

- The Council should have a duty to make sure people are aware of their rights and the assistance they could receive. One individual waited 3 years for a free computer course at the library, yet the technology could fundamentally change their life and retain their health and independence (e.g. ordering food on-line).
- Provision of the correct equipment and not to have to ‘make do’
- Recognition by staff that the telephone is not a good method of communication, but home visits are the most appropriate form of contact with the Council.

Support for the Third Sector

- For the Hearing Resource Service to be actively supported to continue at the Thameside Theatre, helping people with hearing loss and advising on equipment and building awareness.
- People have reported positive experiences utilizing the service offered at Thameside Theatre on a bi-weekly basis.
- The Audiology service at Orsett Hall is also beneficial, however, branching into advice and information provision on site would be welcomed as a positive development.

- Thurrock Centre for Independent Living offered the only advocacy support around; a critical friend when needed.

Increased Social Inclusion and available activities

- People who are hard of hearing would like more help to join in social activities and clubs.
- People have approached the council for equipment and travel concessions (bus pass, door bells and adapted telephones) but would like to be able to find out what goes on in the way of social activities for people who are hard of hearing in Thurrock.

Peer Support Network Service

- A peer support network would be ideal as there is currently no such provision for people who are hard of hearing in Thurrock. Any future network could serve as a drop-in centre, providing information on courses and classes on a range of activities, including , for example, lip reading (which used to be provided for free) and advice on various adaptations and equipment, and the availability of support services (including a named contact person) from the Council,
- Training for Carers and family on how to best manage/assist.

- Better support for young people; particularly on how to “keep up” with their peers on communication skills and current issues and trends (to avoid early social exclusion.

A Full Time Sensory Support Officer

- A full time Sensory Support Officer would understand peoples needs, circumstances, be suitably trained and demonstrate knowledge and awareness of options available to the hard of hearing community, He/She would understand potential problems with hearing aids, health and cochlear implants.
- The goal posts have changed (it has become harder to get services) but awareness and understanding was good in 2001-2002. The Council worker was deaf had professional and personal experience and empathy and was really helpful,

Profoundly Deaf

Training and Awareness

- Training for the Deaf Community to improve social inclusion and participation and employment opportunities. Training courses are currently available from RAD in Colchester but not available to Thurrock Residents.

- Reduction of barriers in the Local Authority. The need for Thurrock Council to have deaf awareness right across the Local Authority.
- Need for a centre similar to RAD in Colchester as there is nothing like RAD in Thurrock.
- Professionals should be trained in Deaf awareness and be able to use email and type talk to correspond. There is currently a lack of effective and meaningful communication from Thurrock Council.
- BSL Interpreters should be offered in all cases/assessments as of right without reference to arguments about costs/budgets/finance etc.
- Various communication methods should be available. For example, Skype, phone, email or even Ovoo for video conferencing for up to 6 people with BSL interpreter available for such video calls
- People would have confidence in the Council and all information would be accurate and consistent and not different each time you contact the council at an agreed time for Skype appointments to take place.
- There would be better communication between Health and Social Care to ensure Deaf people receive all the necessary support from childhood in transition and through to Adult Social Care and would extend to more than just the provision of equipment. A comprehensive service would be provided.

- Professionals should be aware that Deaf people need more time to digest information provided to them.
- There would be a BSL charter which would be signed up to by the council.
- Awareness at Assessment stage is vital. For example, a baby alarm and some flashing alarms but when Essex equipment came for a home visit to explain how to use the equipment, they did not use sign language so it made it difficult to understand and they tried to use family members to explain it.

Independence

- People in the Deaf community would have the opportunity to work in Thurrock, for example as a Deaf Carer.
- To have independence and to have an informed choice. Also to know who, what, where and when to go to for help. We would like choice and independence from the start and trust in the local authority (which currently is either very low or non-existent due to previous bad experience when dealing with Thurrock Council).

Information, Advice and equipment

- More information about available services from the Council. All information would be available in a choice of formats
- Thurrock Council website would be fully accessible in BSL

- That a text phone be set up and several contact options be available.
- All Deaf people could go to a Deaf Centre, like the ones that currently exist in Liverpool and Bristol. Deaf people have wanted a Thurrock deaf centre for the past 6 years. We could use the centre for signposting help and support with finding and dealing with GPs, solicitors and other professionals.
- A long term plan for deaf awareness is needed in the borough. Also to set up a database of preferred types of communication, for example webcam, signed letter, DVD, home visit, so the Council knows the preferred method of contact for every Deaf person known to them.
- People would be provided with more information about what is happening for Deaf people in the borough.

Support for the Third Sector

- All Deaf people could go to a Deaf Centre (which would need to be developed co-productively), like the ones that currently exist in Liverpool and Bristol.
- A centre could provide support in the form of an advice, information, advocacy centre would exist alongside the informal support network to offer help and assistance with interactions with the Council. E.g. understanding correspondence, welfare benefits, direct payments, access to work etc for the Deaf community.

Increased Social Inclusion and available activities

- A more widely available Thurrock deaf (youth) club which would be open to a broad age range and sign post to an Advice Centre where appropriate.
- There would be a Deaf club for the deaf community, this would increase inclusion and reduce isolation by providing leisure activities, training and awareness raising and would be available to any Deaf person living in Thurrock. The club or centre could be modelled on RAD (based in Colchester and not currently available to Thurrock residents).

- A representative or Sensory Support Officer from the Council could come to the club frequently and gain more of an insight into how the club operates. This would also increase the transparency between Thurrock Council and the Deaf Community.

Peer Support Network Service

- People would be more confident in knowing where and how to contact each other and other Deaf people in the community through informal networks that could be publicised by personal referrals and referrals from the Council.
- There would be formal and informal networks, facilitated by individuals and the council in the form of frequent meetings, Facebook/Yahoo Groups.
- A Deaf centre would be Deaf led with support from Thurrock Council. The Deaf centre would be a one stop shop for advice, information, social activities, leisure. There could be the provision of advice, information advocacy, signposting and referrals in the daytime and social events in the evening.
- The Deaf centre would be staffed by people with relevant awareness, skills and experience. The Deaf Community and Thurrock Borough Council working together would be a better team.
- There would be complete trust between Thurrock Council and the Deaf Community. It is important for the parties to understand each other. Particularly the Adult Social Care Team. All

people in the Deaf Community should be offered a brief information sheet describing what the Council offers, this would help to start to put Deaf awareness into practice.

- A BSL Charter would be co-produced by the Deaf Community and Thurrock Council. One attendee suggested that such a Protocol could be developed with Positive Signs an Essex-based (Brentwood) BSL Interpreting Consultancy)
- In an ideal world the Deaf community would be able to attend all conferences, meetings and events and would be informed of the existence at the planning stage and be given early consideration of their needs. Deaf people in Thurrock would be involved in policy making at the start of any process involving the Council and effectively be given a blank piece of paper from the beginning.

A Full Time Sensory Support Officer

- People in the Deaf community would be able to communicate with one specific person who is suitably trained. That there is someone trained to BSL Level 1 (minimum) and is able to direct people to available support/services/activities etc.

- A sensory worker would exist to support Deaf people and would be specially trained in BSL (Level 1 at least but ideally proficient in Levels 2 and 3).

Thurrock Coalition
Informing a strategy for people with sensory impairments
Collated Equal Opportunities Data

Gender		**Age**		**Do you live in Thurrock?**		**Do you see yourself as disabled?**		**Are you a carer?**		**Do you have a physical or sensory impairment?**			**Ethnicity**	
M	F	18-25	0	Yes	No	Yes	No	Yes	No	Physical	Sensory	Dual Sensory	White British	27
11	23	26-35	4	34	0	29	5	3	31	1	26	2	Irish	0
		36-45	4										White/Other	2
		46-55	3										Black/British	0
		56-64	4										Black/Other	0
		65+	17											
													Caribbean	0
													African	0
													Asian	0
													Indian	0
													Pakistani	0
													Bangladeshi	0
													Other Asian	0
													Punjab	0
													Chinese	0
													Other ethnic group	0