



Access to local services in Newport and Monmouthshire for Deaf and hard of hearing people



ARIENNIR GAN Y LOTERI
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1. Introduction

This survey was part of the Community Voice Project engaging with Deaf and hard of hearing individuals living within the Newport City and Monmouthshire County boundaries. The main aim of the survey was to assess how Deaf and hard of hearing people access their local service provision and the gaps in the access of provision.

The Participation Officer who carried out the survey is employed by the British Deaf Association (BDA). This is part of 'The Community Voice Project', one of the nine Community Voice projects in the ENGAGE boundaries of Newport and Monmouthshire. The ENGAGE projects are part of the successful Big Lottery application by Gwent Association of Voluntary Organisations (GAVO) that aims to engage with people from all backgrounds to empower them to work with local service providers to ensure services are fully accessible to the local communities.

2. Survey in Newport and Monmouthshire

The survey was conducted by means of a questionnaire. This asked respondents for their opinions about local service provision including Social Services, emergency, health and housing provisions. The questions include ratings of each of the local services, from 1 to 10. Ratings of 1-3 indicate the service is very poor, ratings of 4-7 signify that the service is adequate but needs some improvement and 8-10 show the respondents feel the service is excellent.

Over a three-week period in May and June 2014, five different meetings were arranged with three groups based in the ENGAGE boundaries and two individuals in a mutually agreed environment:

- **Deaf Church** based in All-Saints Church, Brynglas Road, Newport
- **Deaf Club** based in Chepstow Road, Newport
- **Hear to Meet group** based in Bridges Community Centre, Monmouth
- **One individual** based in Abergavenny
- **One individual** based in Chepstow

Fifty seven people were approached to participate in the survey. 39 people agreed to participate – 6 of which were later found to live outside the ENGAGE boundaries so their responses have been deleted from this report. 18 people declined to be part of the survey.

3. Background

Newport

The Deaf community meets in a social club every Wednesday, run by an all-Deaf committee. Deaf people living in Newport are not the only regular attenders; there are also Deaf people from other council areas regularly attending. On Thursday mornings a hearing vicar provides an Anglican service in All-Saints Church in Brynglas Road for Deaf people. This provides an opportunity to meet socially for those who do not feel socialising in evenings is suitable for them. A high percentage of the club members also attend the church service. These two clubs are the central meeting points for Deaf individuals seeking information and signposting to appropriate organisations and/or individuals with the relevant information.

Monmouthshire

A preliminary survey carried out prior to the main survey confirmed that there is no Deaf community in this mainly rural and large county; there are isolated Deaf and hard of hearing individuals spread out all over the county. The survey findings cannot confirm the County Council's assertion that there are over 800 people with "hearing difficulties." Or that there are around 25-50 people who communicate in British Sign Language. One noteworthy fact is that these individuals apparently do not really interact with each other socially within the county, apart from the 50+ hard of hearing individuals who attend the 'Hear to Meet' group in Monmouth. Deaf individuals usually have to travel externally to participate in social activities in Deaf clubs based in other council areas such as Cardiff, Bargoed, Ebbw Vale and Newport.

4. Survey findings

Total of 33 Respondents live within Newport and Monmouthshire.

Of the 20 Respondents living in Newport; 30% are over the age of fifty, 50% are aged between 30 and 50 and 20% of respondents are in the 18-30 age group.

75% communicate predominantly in British Sign Language, 10% are bilingual (Spoken English and British Sign Language) and another 10% use Spoken English. One respondent communicates in Sign Spoken English (SSE).

13 Respondents live in Monmouthshire; 69% are over the age of sixty and 31% are aged between 30 and 60.

77% of the respondents communicate in Spoken English and the remaining 23% communicate in British Sign Language with one using Chinese Sign Language.

No respondents communicate in Welsh or are literate in the Welsh language. All respondents use English with one Monmouthshire respondent using Cantonese.

Social Services

71% of Newport-based respondents do not use local Social Services.

85% of respondents who live in Monmouthshire have used local Social Services.

There is a uniformly negative perception of Social Services by the Deaf community in Newport; 50% of the respondents gave their local service the lowest rating (one). In addition, a third of the respondents gave 'very poor' ratings (2-4) and the remaining 30% felt that the services were '*ok but need to improve.*'

This negative view is exacerbated by what the members of the Deaf Club see as the failure of Social Services to engage with them since the specialist social worker for the Deaf left her post in 2008. The consequence was that the opportunity to inform the Deaf community as to link with the appropriate personnel was missed. One respondent pointed out the Deaf community: "*needs to know where the service is and who is the person for [our support]*" in dealing with specific issues.

The lack of a 'designated person' within social services who can regularly engage with the community meant there was no opportunity by the Deaf community to learn about issues such as the change from Disability Living Allowance (DLA) to Personal Independence Payment (PIP).

Some suggestions raised by the Deaf community to ensure that Deaf individuals would have equal access to provision to social services include:

Interpreter support, Deaf Equality Awareness Training for the staff, easier access to equipment

services such as flashing doorbell alarms and some support on documents such as forms and letters that Deaf people need to understand and act on.

Monmouthshire County Council's Social Services, however, received more positive feedback rated by the respondents: 31% of respondents rated services excellent (9/10) and 53% felt that services was adequate but in need of improvements with the ratings between 5-7. One respondent felt that the transport support that she received from the council could be improved and another would like to see improved information on how to access services for the residents of Monmouthshire as her father "was deafened [in old age, but] he had no idea of how to get support" from Social Services. Another felt that the transport support to access other services could be improved while one thought there was a need for more support to ensure that the audiology department was more effective in providing on-going support for their hearing aids.

It was not possible to obtain any figures relating to levels of satisfaction of their social services departments respectively from either Newport or Monmouthshire. Any comparison of levels of satisfaction between the general population and the survey respondents therefore cannot be made.

Emergency Services

Police Service

55% of respondents from Newport and 46% of respondents who reside in Monmouthshire do not use police services.

10% of the respondents in Newport rated the service as excellent. 55% felt that the police provided an adequate service, but all agreed that the police needed to improve aspects of the service especially communication, Deaf equality training, and ensuring that their text messages are in Plain English.

On the other hand, 15% of Newport respondents rated the police services as very poor. The police have been engaging with the Deaf community regularly; their most recent visit to the Deaf Club was to present their trial for a new app for Apple iPhones for Deaf people to report an issue without actually having to write them down each time.

46% of the Monmouthshire respondents felt that the police service was adequate for them but one respondent commented that they felt that the police, along with other emergency services, could improve their response times. 7% said the service is excellent; however the remaining respondents did not give any rating.

As with social services, it was not possible to obtain any figures relating to levels of satisfaction from the police services in Newport or Monmouthshire. There was therefore no comparison made between the general population and the survey respondents.

Fire Service

The Fire Services were not accessed by 75% and 77% of Newport-based and Monmouthshire respondents respectively.

Gwent Fire Services reported that in 2012-2014; there were a total of 1,866 incidents in Monmouthshire¹ and 4,868 incidents in Newport².

The ratings for fire services were more evenly spread from very poor to excellent in Newport with 35% saying the service was adequate but needed improvement with communication, Deaf Equality training and Plain English text messages. This is similar to the responses about the police service. However, the fire services are apparently not engaging with the Deaf community. This needs to be addressed.

23% of Monmouthshire respondents rated the service excellent, 7% adequate with the remaining respondents choosing not to register any rating. One respondent commented that they would like to see “clear information on house safety” and basic Deaf awareness training for the staff.

No general satisfaction levels could be obtained for comparison purposes.

Ambulance Services

Ambulance services have been used by 45% of Newport respondents and 62% of Monmouthshire respondents.

Welsh Ambulance received a total of 974 calls in Monmouthshire and 1,650 calls in Newport in July 2014.³ However, there are no patient satisfaction survey results available.

The perception of the ambulance service from Newport respondents is more negative than for the police and fire services; 35% of the respondents felt that the service was very poor and a further 35% found the service adequate but in need of improvements, especially communication and ensuring Deaf equality training is provided for the staff. 5% felt that the service is excellent while 25% chose not to give any rating. One respondent described their experience when their spouse was taken ill and had to be attended by the paramedics. The experience was very distressing because the respondent was unable to lip read the paramedics properly. This respondent stated that they would like paramedics to learn some basic BSL signs so that they can communicate more effectively with Deaf people, especially with simple questions such as: “Where is the pain?”

1. (Source: <http://www.southwales-fire.gov.uk/English/newsandevents/Documents/Monmouthshire%20Report%20V2.pdf>)

2. (Source: <http://www.southwales-fire.gov.uk/English/newsandevents/Documents/Newport%20Report%20V2.pdf>)

3. (Source: <https://stats.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-Performance/Ambulance-Services/AmbulanceCallsAndEmergencyResponses-by-Area-CategoryOfCall>)

Health

The Aneurin Bevan Health Board's Integrated Performance Report, covering three years between Apr 2011 and May 2014 reported 60 to 115 general complaints per month out of 576,700 residents.⁴ The range of percentage per month is from 0.01 to 0.02. The yearly percentage – assuming that all complaints recorded were individual patients on one visit – was from 0.12% to 0.24%. No specific figures for Newport and Monmouthshire on patient satisfaction levels were available.

The Deaf respondents from Newport felt that hospitals needed to improve their accessibility for Deaf and hard of hearing patients; 35% felt that the service was very poor and 45% felt that their local hospitals' service was adequate but require some improvements. 10% felt that their hospital provided an excellent service for them with one respondent remarking that her daughter interpreted for her. The remaining 5% responded that they had not attended their local hospital.

In contrast to their Newport counterparts, Monmouthshire patients gave a more positive outlook of the hospital service; 38% felt that their local hospital provided an excellent service. 46% of the respondents, however, felt that the service could be improved.

GP Surgeries

Visits to GPs were also viewed negatively by Newport respondents; 35% felt that the provision by their local surgery was poor; one respondent claimed that they'd sent a letter to their doctor but hadn't had a response; they felt that the GP surgery ignored them. 40% felt that their local doctor provision was adequate but needed to improve on a number of issues such as: communication with staff, BSL interpreter support provision and for letters to be in Plain English to make it easier for Deaf people to understand. They also brought up the point of Deaf awareness; they felt that staff need to be trained so they could understand what Deaf needs are. 20% felt that their local GP service is excellent and that their local GP is very Deaf aware and happy to provide BSL interpreters for them.

38% of the Monmouthshire respondents felt that their local GP provision was adequate but in need of improvement; some comments were focused on the general service such as improved staffing as one respondent had to wait 10 days for an available doctor to see them. Another respondent would like to be able to either email or text their GP to arrange an appointment rather than having to travel to their surgery to do it in person. One respondent also felt that their doctor should provide an interpreter so they could access their medical information. 31% found the GP provision excellent and required no improvements and 8% said that the service was poor and felt that the reception staff needed Deaf Equality training.

4. (Source: <http://www.wales.nhs.uk/sitesplus/866/opendoc/244677>)

Health Information

40% of Newport respondents felt that they had poor access to health information and 35% felt that they were receiving an adequate amount of health information but that the health authorities could improve the service by providing more information. Clear health information in BSL was needed, such as videos in BSL about conditions such as diabetes and for leaflets to be in 'layman's English'. 20% felt that they received clear health information and were excellently served by their local health authorities.

Monmouthshire respondents had a more positive outlook; 38% found the health information provided to them excellent and a further 38% felt the information provision was adequate but needed some improvements. A suggestion was that the health authorities could create BSL videos about health issues while another respondent would like the authorities to provide clear information in letters. This would include an email address or text number for the patient to clarify information. 8% felt that they received poor health information.

Housing Association

For this report, it was not possible to obtain statistics of general Housing Association services users in either Newport and Monmouthshire or their satisfaction levels.

50% of Newport respondents have used a Housing Association and 90% of these users felt that the service was adequate but needed to improve on issues such as communication including more prompt responses to enquiries (including texting or emailing the residents) and Deaf Equality training for staff. One respondent, whose case changed hands between different housing associations bi-annually, would like their housing association to inform them in good time if their case is being transferred to another housing association. That information was only discovered after making an enquiry. 10% felt the service was excellent and accessible.

One respondent stated they had not used the service because they were not able to use interpreter support for an interview for an accommodation place. Another respondent had not been signposted to appropriate contacts enabling them to access the service.

23% of Monmouthshire respondents have used a Housing Association and 66% of these users rated the service as excellent. The remaining 33% felt that the service was adequate but Housing Associations could improve communication with their users.

Other Services

Council Services

35% of Newport respondents used other council services, including leisure centres, bus passes and refuse services. 43% of those who used the services felt that they were not accessible, another 43% found the services adequate but in need of improvement. 14% said that the services were excellent, but only because their family provided support and ensured prompt responses.

65% do not access the services in Newport. They either do not know what these services are or feel they are unable to access them because there is no interpreter support.

31% of the Monmouthshire respondents use council services such as; leisure centre, library, dealing with council tax and refuse collection. Half of these users gave a rating for the services, feeling that the services were adequate.

Other services

In both geographical areas, some respondents use services such as Jobcentre Plus, Citizens Advice Bureau, independent housing associations, e.g. Charter Housing, and shopping services. The general response was that the services could improve their communication access.

Some respondents also commented that they would like to access services such as solicitors, the tax office, train stations, education departments, computer courses and BSL courses, but struggled because of communication barriers.

5. Participation Officer's Perspective

This survey enabled me as the Participation Officer not only to understand what the gaps in the local services provision were and also to envisage what provision the BDA could offer to Deaf and hard of hearing people. This survey also raised more questions about gaps in the services Deaf and hard of hearing people are attempting to access. These questions will need to be raised through further engagement with respondents.

Contrasting perspectives from both Newport-based and Monmouthshire-based respondents were clear. The majority of respondents from Newport are Deaf and communicate in British Sign Language. Monmouthshire respondents are predominantly hard of hearing and communicate in spoken English. The Newport respondents see services from a viewpoint where they felt that their communication access is paramount. If this access is not available they miss out on critical information therefore they feel 'lost'. Meanwhile Monmouthshire respondents view the services as a general concept, commenting on staffing, technology and general systems.

Respondents commented on how they perceive the services and what they wanted from them. The analysis of responses highlighted the fact that some respondents were not able to realise what they needed to access services. This is a common theme with Deaf people nationally. An example of this is a Deaf person commenting that they had no issues regarding a service provision because their hearing relative deals with any issues arising. The hearing relative solves the problems for them as well as acting as the access provider for their Deaf relative. This ensures that the Deaf person is denied the opportunity to learn by trial and error as often the knowledge the hearing relative has acquired in their problem-solving activities is not then conveyed to the Deaf person. The conclusion from this is that there is potential for the BDA to work with Deaf and hard of hearing people to empower them to do the problem-solving themselves and thus acquire more knowledge and new skills. I believe this will lead to more independence and confidence.

My observations when conducting the survey were that a number of respondents struggled with the English in the questionnaire. For them, BSL is their natural first language and many do not have sufficient English literacy levels. There was a lack of confidence in writing responses down as they thought these would not be understood when analysed. One respondent commented that they felt embarrassed about someone seeing what they wrote and notice their literacy level. Consequently some respondents only answered the questions requiring a circled answer and skipped those that questions that required written answers.

This experience has highlighted the fact that while many – if not all – comments and complaints procedures are in written formats they will not be accessible to Deaf people.

This survey gave Deaf respondents the opportunity to state their views. It is worth noting that while the Aneurin Bevan Health Board recorded 0.24% of complaints from the general population at the top end of the scale, 35% of the survey respondents were dissatisfied with their hospital's performance. This is a disparity that indicates Deaf people are not getting their views heard by the management of the Health Board.

Following the collation of the results, the BDA set up trial weekly community translation sessions for Deaf people to have their documents translated into BSL. The trial was unsuccessful because when asked why they were not using the trial service Deaf people stated they preferred to use their hearing relatives to manage issues for them. The BDA is concerned about this because there may come a time when those relatives are unable to step in and support the Deaf person. Access to mainstream services therefore continues to be a priority.

6. Recommendations

1. Newport City Council to consider how best to engage with the local Deaf community to enable their views are articulated and encouraged to participate in developing council policy. This would include:
 - Regular visits to the Deaf Club and Deaf Church to inform Deaf people about council services and update them on council developments.
 - Set up drop-in sessions for Deaf people to consult with social services at a venue that is familiar to Deaf people with good transport links.
2. Monmouthshire County Council to engage with Deaf individuals to ensure that their voices are heard and to provide communication support.
3. Gwent Police Services to maintain their engagement with the Deaf community. It is also recommended that there are regular reviews of the schemes affecting Deaf people to assess usage and suitability.
4. Gwent Fire Services to engage with the Deaf community to ensure Deaf people are informed and are able to access fire safety equipment. This engagement should include updating safety information and Deaf people to have the opportunity to comment on Fire services.
5. Aneurin Bevan Health Board and Welsh Ambulance to consult with the Deaf community and set goals for all parties to work together to improve access to health services and ensure that there are regular updates on health.

7. Conclusion

It is clear that there are gaps in the provision of services for Deaf and hard of hearing people in Newport and Monmouthshire.

The BDA sees this as an opportunity for Deaf and hard of hearing people and their local service providers to work together to develop improved access.

The differing perspectives of the two groups surveyed should be taken into account by service providers without an emphasis on one group to the detriment of the other; both must be accommodated equally.

It is hoped that by working with each group separately and collectively, each council can develop accessible provision for the benefit of both groups.

The Participation Officer would like to thank all the people who gave their time to respond by filling in the survey and giving their feedback.

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