

Sensory impairment

Experiences of health services

Healthwatch Darlington
August 2022

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About Healthwatch Darlington

Healthwatch Darlington is the health and social care champion for people who live and work in the Borough of Darlington. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to people's feedback to improve standards of care.

We use feedback to better understand the challenges facing the NHS and other care providers locally, to make sure people's experiences improve health and care services for everyone.

We are here to listen to the issues that really matter to our local communities and to hear about people's experiences of using health and social care services.

We are entirely independent and impartial, and any information shared with us is confidential.

Executive summary

As a follow up to our Digital Inclusion Report in June 2021 and our involvement in the current Healthwatch England campaign to promote the Accessible Information Standard, we wanted to understand how residents of Darlington who had sensory impairment were impacted when accessing health and care services.

The experiences of those who shared their views with us were mixed. Whilst we welcome the services who have protocols in place to accommodate those with a sensory impairment, it is disappointing that the picture is not consistent.

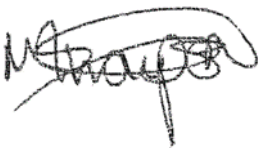
The lack of adoption which we see in Darlington, of the Accessible Information Standard, is echoed nationwide, as highlighted by Healthwatch England's campaign.

The Accessible Information Standard is a legal requirement for all services providing NHS care or adult social care and commits those organisations to:

- Asking people if they have any information or communication needs and finding out how to meet their needs.
- Recording those needs clearly and in a set way.
- Highlighting or flagging the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
- Sharing information about people's information and communication needs with other providers of NHS and adult social care when they have consent or permission to do so.

Adoption and adherence to the Accessible Information Standard would resolve concerns experienced by those who completed our survey and many others who use health and care services in Darlington.

Healthwatch Darlington urges all health and care providers to comply with their legal obligations.



Michelle Thompson BEM
Chief Executive Officer, Healthwatch Darlington

Introduction

Digital Exclusion Report 2021

In June 2021, in collaboration with Darlington Primary Care Network (PCN), Healthwatch Darlington produced a report highlighting local people's experiences of digital inclusion in health and care settings, including the experiences of those with a sensory impairment.

The report noted the digitally excluded risk losing their voice and access to services as more emphasis is placed on online solutions. Amongst the recommendations were:

- Health and care services to continue working together to support individuals and communities, with more joined-up approaches and sharing of resources to find solutions for the provision of digital access through community organisations such as libraries, community centres and health and care services.
- Health and care commissioners to continue to work together to explore ways to reduce the cost of digital access for local communities including working with local businesses to provide free public Wi-Fi.
- GP services to ensure they have the necessary communication methods for all their patients, encouraging all GP practices to review their accessible information policy and interpreting policy.

The response from Darlington Primary Care Network welcomed the Digital Exclusion Report and committed to review the findings and recommendations with an aim to implement changes where possible in order to improve access to general practice and continue their work to reduce inequalities and improve access for all.

The full report can be found here: [Digital Exclusion Report 2021](#)

COVID-19 pandemic

The Covid-19 Pandemic has shown a dramatic increase in the use of digital technologies to access health and care services remotely.

Our digital exclusion project referenced above, explored the potential inequalities surrounding the shift to remote GP appointments during the pandemic and considered the impact of the new ways of working on people who may find it more challenging to access care remotely or virtually.

Our research highlighted that particular groups in our community, especially people with considerable sensory impairments, have difficulties accessing online services.

People with hearing aids felt they were not able to communicate well over the phone or a video call, while people with sight impairments were unable to read information online, unless it is in Braille.

Both groups told us they don't feel comfortable trying digital healthcare services and prefer face to face interaction for these reasons.

This report seeks to gain a better understanding of the barriers people with sensory impairments experience when accessing online or remote health and care services in Darlington. Our aims are to:

- Identify the patterns of digital media adoption and usage among sensory impaired people in Darlington.
- Identify the types of online activities and assistive technologies in which people engage and would like to engage.
- Identify the barriers to full digital inclusivity among sensory impaired people in Darlington.
- Provide recommendations that will enable sensory impaired users to overcome the barriers to using digital services.

Healthwatch England

As part of its ‘Your Care, Your Way’ campaign, Healthwatch England, through its network of local Healthwatch teams in every local authority area in England, have set out five headline recommendations to help health and care services ensure that people who have communication needs are given their healthcare information the way they need it.

By law, all publicly funded health and social care providers must fully comply with the Accessible Information Standard (AIS). The standard requires services to meet the information and communication needs of people who have a learning disability, or a sensory impairment or loss.

The five headline recommendations are:

1. Health and care services to be made accountable for fully delivering the standard.
2. Every health and care service to have an accessibility champion.
3. Better IT systems so that patients can update services with their communication needs.
4. Involving people with communication needs in designing better services.
5. Mandatory training on accessible information for all health and care staff.

Methodology

We developed a survey using a mixed method approach of quantitative and qualitative questions to gather respondents’ views.

We identified specific local user groups and organisations who had experience of sensory impairment and contacted them including the Darlington Organisations Together (DOT) network, to help distribute and take part in the survey.

We researched national and regional data to aid with our comparison of Darlington accessibility to health and care services.

We encouraged participation by giving three options for completing the survey:

1. Email.
2. Large print hard copy (return post-paid).
3. Telephone contact.

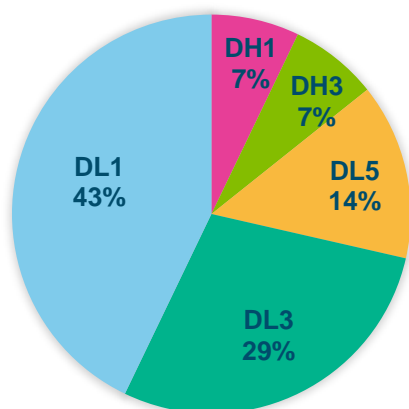
The survey was available from 10th February 2022 to 22nd March 2022.

14 respondents completed the survey. Four responded on behalf of themselves, the remaining ten on behalf of a relative, partner or friend they cared for.

- Seven had a hearing impairment.
- One had a sight impairment.
- One had both a hearing and a sight impairment.
- Four had other sensory impairments.
- One did not share the nature of their impairment.

Demographics

Appendix one includes a full breakdown of the demographic profile of people who took part in this survey. Respondents were residents of the following post code areas.



Survey findings: Summary

The survey produced mixed responses highlighting a lack of consistency across service providers leading to differing experiences of health and care services by those with a sensory impairment.

Face to face was the preferred method of communication for 64% of respondents, with 43% also choosing text message.

Half of respondents felt able and comfortable to contact health and social care services to make appointments and access information, with others highlighting difficulties especially during the pandemic, and lack of consistency in service accessibility.

Half of respondents felt there were adequate adaptations including online and remote systems in place to support them to access health and care services with their sensory impairment, although this was not consistent across all services.

43% felt their needs were understood when talking to health and care staff, while 43% did not. The support of carers was considered essential, with a lack of consistency across services, and the need for masks during the pandemic being a concern.

14% said an interpreter was never arranged by the service provider despite the fact that one was needed. Two thirds of those who used the interpreting service said it did not meet their needs with interpreter availability, and assumption of requirements by health and care professionals cited as reasons for dissatisfaction.

Pharmacists, care services and dentists received the highest satisfaction ratings with regards to accessibility for people with a sensory loss.

Just over a third of respondents said their healthcare professional was aware of their sensory impairment and medical history and understood their needs. Others said they often had to repeat themselves.

Half of respondents felt they were treated equally with dignity and respect. The use of masks for those with a hearing impairment were a particular cause of dissatisfaction. Common barriers to service access were people, anxiety and online / remote appointments.

Changes suggested by participants to improve experiences and enable better access to services included:

- Communication support should be mutually agreed – not assumed.
- Deaf awareness training should be mandatory for healthcare professionals.

- More awareness, flexibility and respect.

71% said the pandemic had a negative impact on the services they used. Access to dentists, use of masks, cancelled and delayed appointments, lack of face-to-face appointments, dependency on telephone communications, navigating one-way systems were all quoted as reasons for dissatisfaction.

Only 29% of respondents had heard of the Accessible Information Standard.

Survey responses: full details

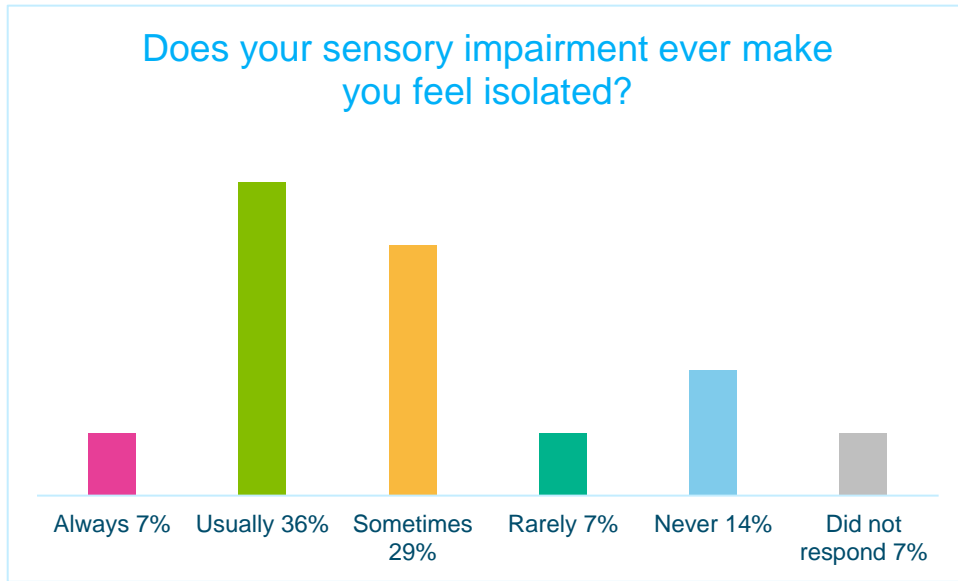
1. We asked participants if they felt there was enough social and mental health support when they were diagnosed with a sensory impairment.

Response	Number		Comments
Yes	2	14%	There was support from a social worker from the sight loss team and a referral from the NHS to a charity supporting people with sight loss, so at the point of diagnosis there was some helpful support.
No	6	43%	3-day sensory course for myself through occupational therapy. Nothing for my son. He gets help at school, nowhere else. I am 52, there are support available for Deaf people i.e., IAPT Counselling BUT are deaf people aware of the provision available to them?
Don't know	3	21%	My deafness was diagnosed when I was a child, so this question is irrelevant to myself. There isn't enough social or mental health support now - and never has been throughout my life. There was support from a social worker from the sight loss team and a referral from the NHS to a charity supporting people with sight loss, so at the point of diagnosis there was some helpful support.
Did not respond	3	21%	

2. We asked participants about their living arrangements

Do you live alone?	Do you have any additional carers or aids in your home as a result of your sensory impairment?	If yes, please specify
3 said yes, they lived alone.	Of those who lived alone, 2 said yes.	No further detail was provided.
11 said no, they did not live alone.	Of those who did not live alone, 4 said yes	Additional carers: Two respondents advised that care was provided within the family circle. Aids: Two respondents advised they had hearing dogs. One advised that there were some aids in the home e.g., talking clock and watch, magnifying aids to assist reading and writing.

3. We asked participants how their sensory impairment made them feel.



4. We asked participants how their sensory impairment affected their everyday life.

Their comments included:



“Every time I have a conversation with anyone (including family and friends). I am reliant on our hearing dog 100% for alarms, and for making our deafness visible. Both of us are 100% deaf and no aids help.”

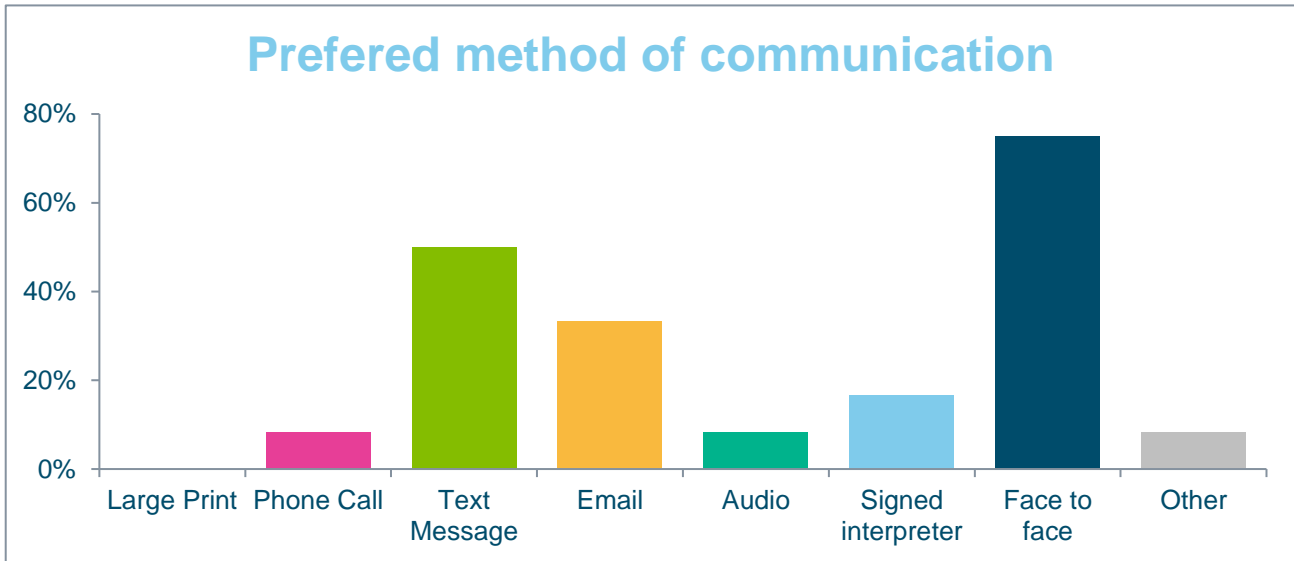
“Access to mainstream services and information raises barriers not just for me but for other isolated and vulnerable deaf people who are not of an ability to understand available services, technology, and provisions.”

“It limits what can be done around the home and seriously restricts ability to go out without support.”

“Mainly in school when feeling self-conscious.”

“Missing out on conversations.”

5. We asked respondents to tell us their preferred method of communication. (They could choose more than one option.)



Those responding ‘Other’ explained:

- Showing us
- Lipslive or physical Lipspeaker with sign (not BSL) and/or STTR / ENT.

6. We asked respondents if they felt able and comfortable to contact health and social care services to make appointments and access information.

- 7 said yes.
- 5 said no.
- 2 did not respond.

Of those who said ‘no’, comments included:



“During the pandemic it has been horrendous. Completely cut off. Not comfortable at ALL with NGTR (Next Generation Text Service) - it's one sided and you don't get the full communication. You don't get the intent of the responses and you feel patronised. It affects my mental health greatly, to the point I took the bank to the ombudsman over their insistence of using it and my complaint was upheld. (Bank still not accessible but getting better.)”

“At present, there are barriers, various domains need to adapt to current technology available to increase access for deaf people.”

“GP surgery are useless at communicating with me. One way text messages don't answer questions posed via email. Set up a ‘new’ text message service, to reply to this text use this link. Have to insert date of birth and it only works when they want it to.”

7. We asked respondents if they felt that there are adequate adaptations including online/remote systems in place to support them to access health and social care services with a sensory impairment?

- 7 said yes.
- 6 said no.
- 1 did not respond.

Of those who said ‘No’, comments included:



“There is email, text messaging (only when you can respond!!), Lipslive, Facebook chat, Teams, Zoom, etc with communication professionals in the call. Only problem is that the services do not see them as adaptations, they think they know what we need, but the best person to know what they need is the person living the disability itself.”

“Not applicable as family carers will do this, however without that support it would be impossible to achieve independence.”

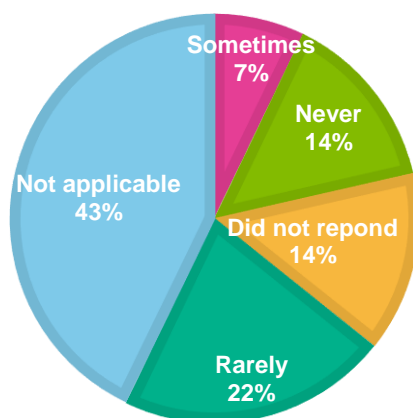
“Not with my GP there isn’t. Hospital, just get letters for appointments.”

8. We asked participants if they felt their needs were understood when talking to health and social care staff such as doctors, nurses, dentists, consultants, or care staff.

Response	Number		Comments
Yes	6	43%	This is with support of family carers. It is difficult to concentrate on a telephone appointment and impossible to listen on the telephone and write down important information.
No	6	43%	<p>I’ve been well accommodated for with hospitals, ‘should’ have communication support via a Lipspeaker but they have been pretty good dealing without. GP is non communicative via email.</p> <p>They are terrified to remove masks at present, they assume we can hear something, they rely on the communication professional (not interpreter in our cases). Dentists, consultants, and care staff all need proper training not just focus on communication but the mental health impact of deafness. "see the person not the disability".</p> <p>I feel like some do not listen to the needs.</p> <p>I’ve said no, but if I try and understand from certain individuals the information is rather frustrating and difficult to follow and understand.</p>
Did not respond	2	14%	

9. We asked participants if they required an interpreter for health and social care appointments, was this arranged for them by the service provider?

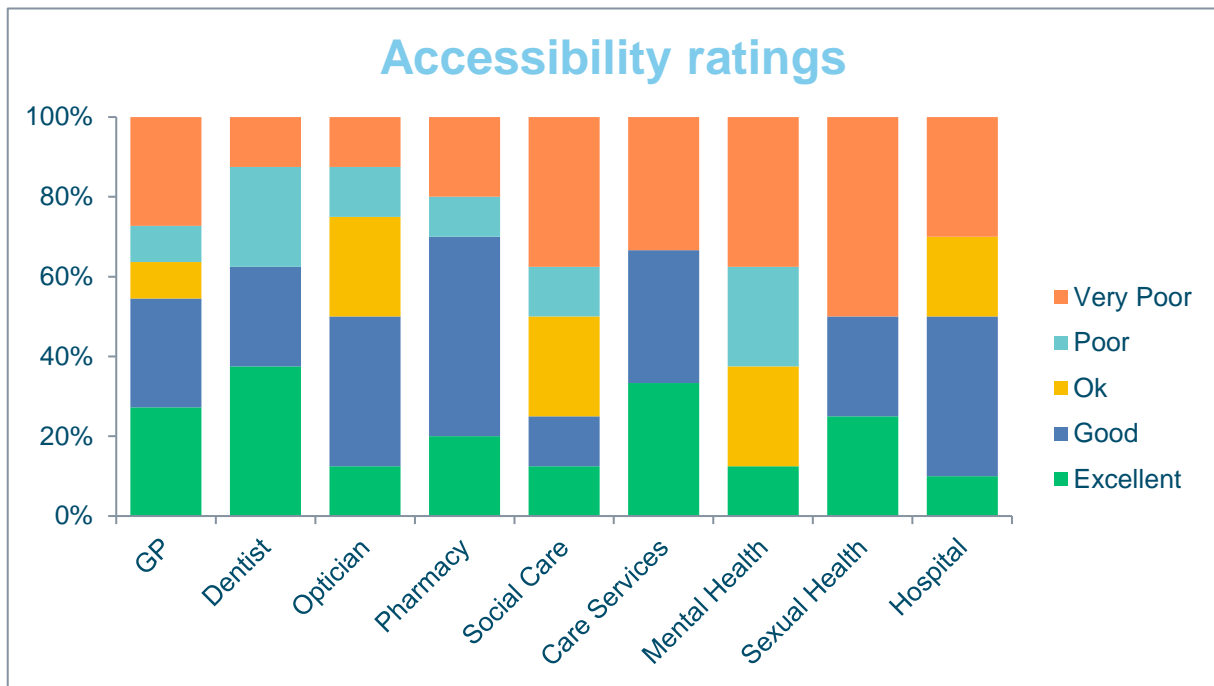
WERE INTERPRETERS ARRANGED IF REQUIRED?



10. We asked participants if the current interpreting service met their communication needs

Response from those who used the interpreting service	Number		Comments
Yes	2	14%	
No	4	29%	<p>Availability of Lipspeakers and speech to text reporters is a big stumbling block that often entails delayed appointments weeks or months later due to trying to fit in a Lipspeaker etc to an appointment date and time.</p> <p>They always think we need a BSL interpreter - have no working knowledge of Lipspeakers and other methods. Using a third party to book is not providing the client with their needs. There is also confidentiality issues sometimes with them booking unqualified communication professionals and insisting on use of family or friends to take the place of a professional. NOT good.</p>
Did not respond	2	14%	

11. We asked participants to rate services with regards to accessibility for people with a sensory loss.

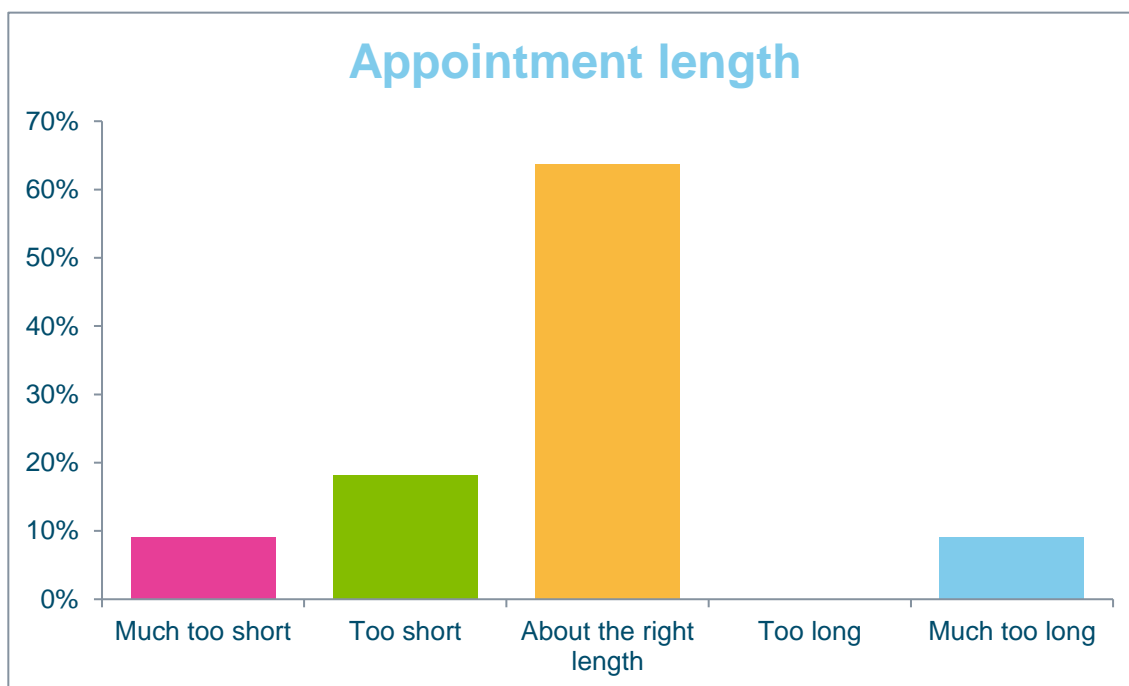


“Everything is a struggle to get access - remember it's not just for the deaf person, it's for the person conducting the appointment too!”

We asked participants when meeting with health professionals, either online or face to face, were the health professionals aware of the participant’s sensory impairment and medical history and whether their needs were understood.

Response	Number	Percentage	Comments
Yes	5	36%	
No	4	29%	I have to explain my needs - Every time! I have to repeat myself to those professionals and continuing to this day and age.
Don't know	2	14%	Difficult one to answer on the whole. It's all over my records that I'm profoundly deaf and that I don't do phone calls. GP keeps ringing my phone, told them NUMEROUS times I don't do phone calls. Think they need to go to spec savers! Hospitals I'm pretty happy, they are deaf aware from my experiences of visiting different services in the hospital.
Did not respond	3	21%	

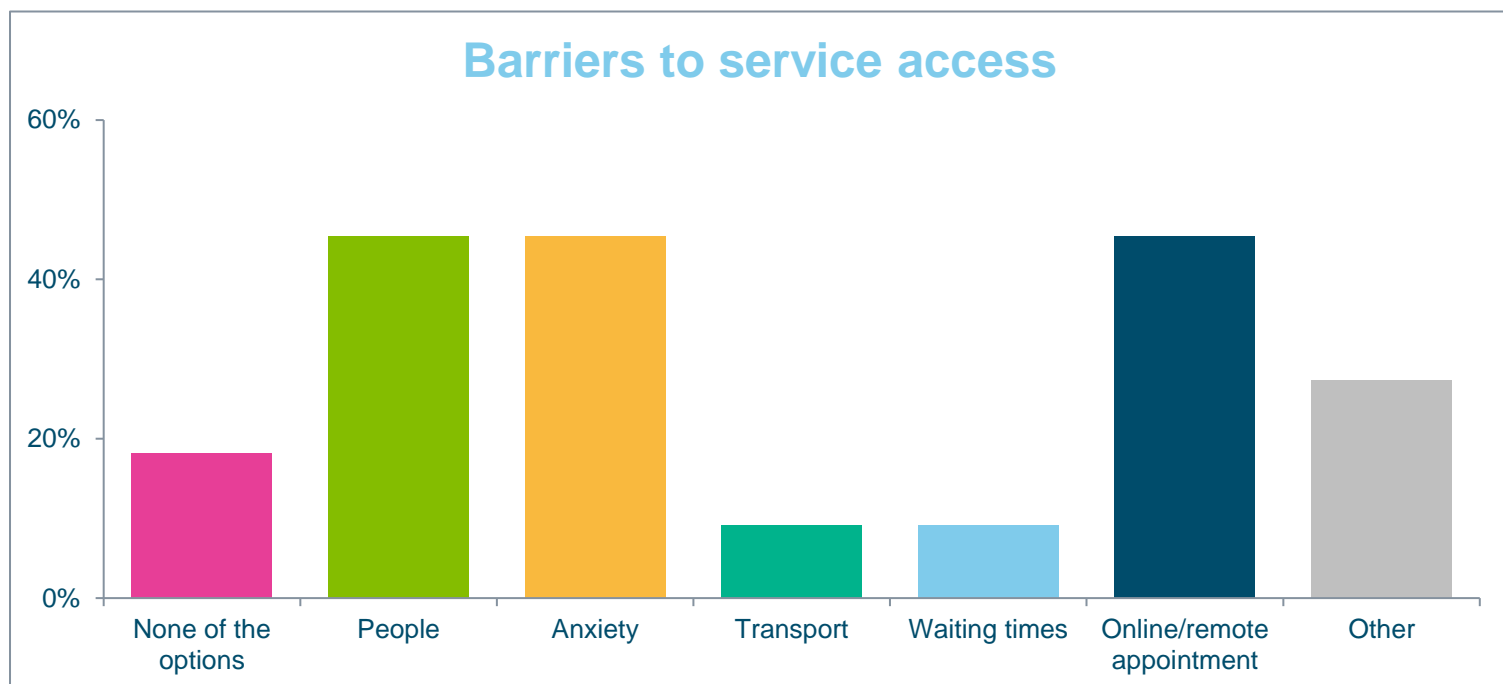
12. We asked if participants considered the appointment times to be long enough for their sensory impairment needs?



13. We asked participants if they felt they were treated equally, with dignity and respect?

Response	Number		Comments
Yes	7	50%	Face to face has been good on the whole. Masks because of Covid are a major bug bear in trying to lipread (glare from face visors and clear masks). Some refuse point blank to even remove or lower their mask to even speak 2 words!
No	4	29%	
Did not respond	3	21%	

14. We asked participants what a barrier to them would be when accessing services. They could choose more than one barrier.



Those who chose 'Other' explained:

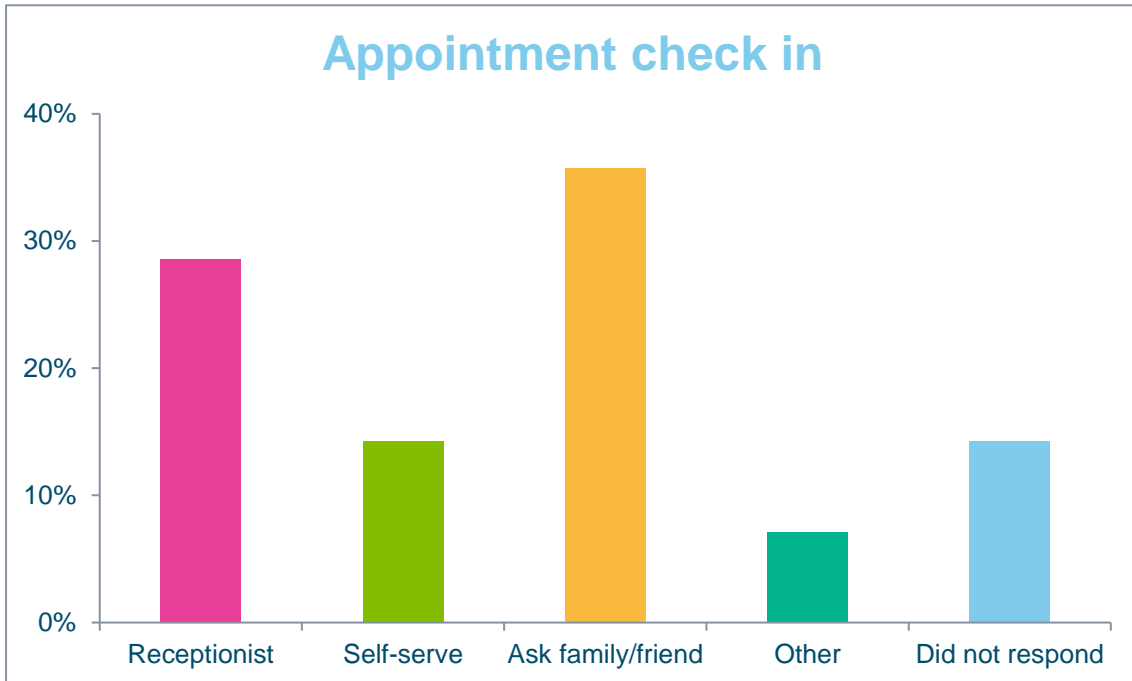


“People who are not deaf aware and can’t accommodate my needs!”

“Just had enough - need communication support every time now. Have stopped trying to meet people half way. Feel anxious and stressed.”

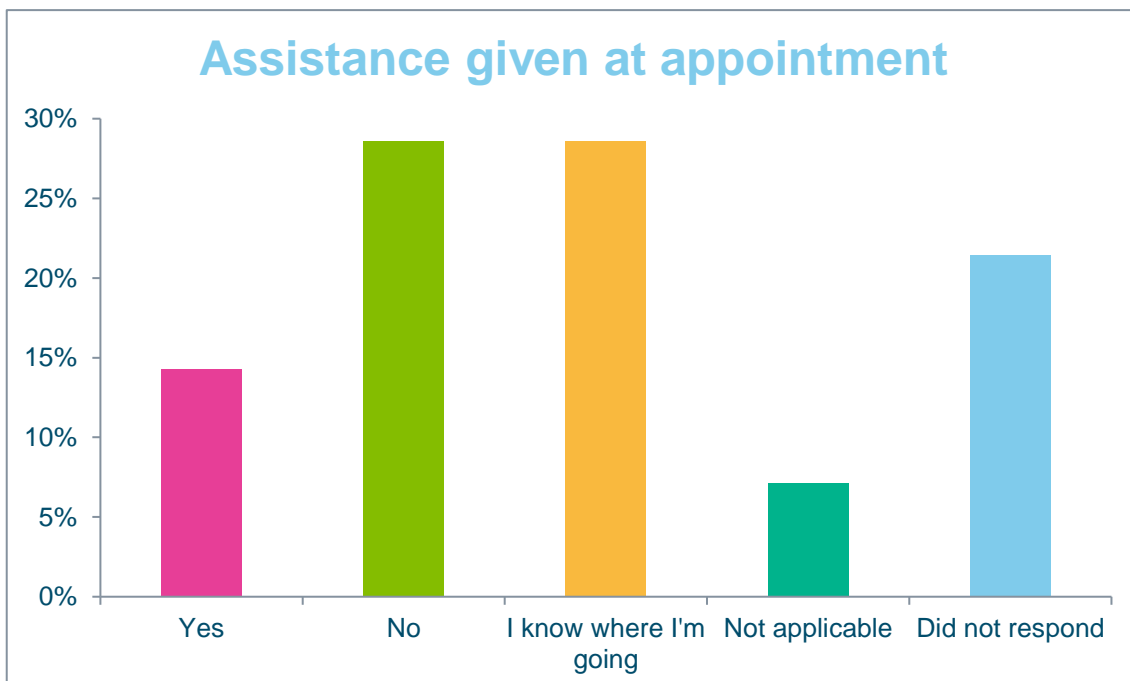
“Lack of deaf awareness and BSL interpreters.”

15. We asked participants if they were visiting a service in person, how did they usually check in for their appointment?



One respondent explained, “We have to use the receptionist because we have to explain we don't hear the call for when it's our turn. We have missed appointments in the past cos of it.”

16. We asked participants if they were given any help with directions to the room, GP, etc.



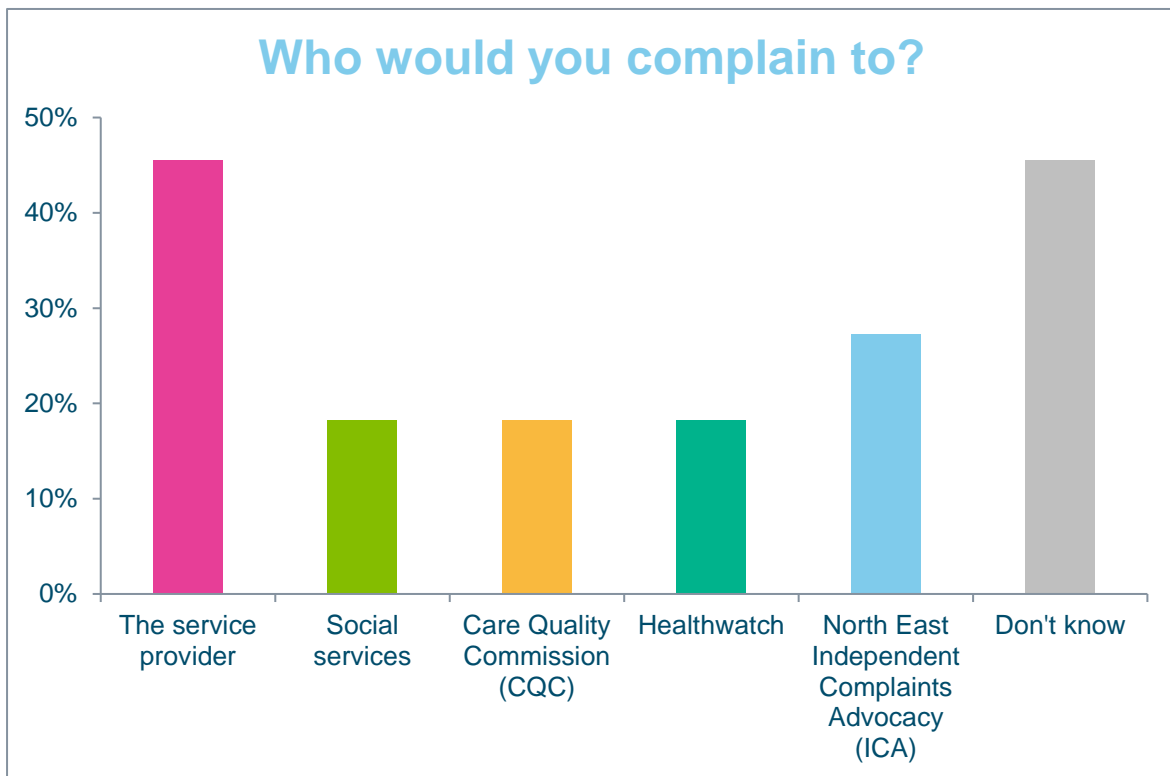
17. We asked participants if they felt any changes or improvements need to be made to help improve their experience of accessing health and social care services.

Response	Number		Comments
Yes	7	50%	<p>All appointments I attend 'should' have communication support. It's not always the best option due to delays in getting an appointment due to availability of communication support to attend at certain times and certain dates. Takes a lot of effort and extra work booking and sorting communication support, every time. Plus, the extra cost involvement for what on the whole, could just be a 5-10min consultation. They have a minimum charge.</p> <p>It would be impossible to attend an appointment independently, i.e., without a family carer. Without carer support it would not be possible to access transport, read appointment letters or access and navigate around buildings.</p> <p>Proper deaf awareness training with understanding of impact of deafness on mental health is paramount. should be part and parcel of every care giver's portfolio and NOT just BSL.</p>
No	3	21%	
Don't know	1	7%	
Did not respond	3	21%	

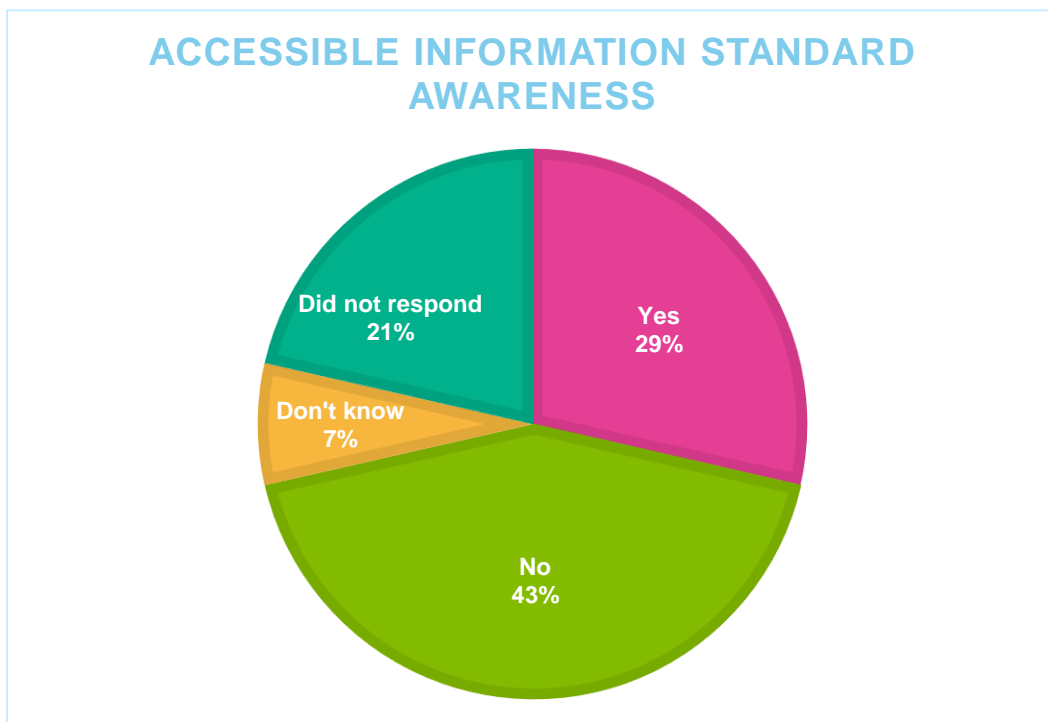
18. We asked participants if they felt that the pandemic has had a negative impact on the services they used.

Response	Number	Comments	
Yes	10	71%	<p>Can't get in to see an NHS dentist. Haven't got one since I moved to the North East 15months ago. Masks are not deaf friendly when one needs to read lips to understand or get the gist of what is being said.</p> <p>Cancelled / delayed appointments, few face-to-face appointments.</p> <p>Have been completely cut off because of it - totally reliant on web-based services and text. Can't even follow people when meeting face to face with masks etc.</p> <p>Discharged from services that are still needed, now referred again.</p> <p>No appointments available, prefer face to face.</p> <p>Telephone calls only during the pandemic which I can't use.</p> <p>There is more emphasis on telephone consultation which is difficult to follow when medical professionals are trying to explain things. Attending appointments in a face mask is difficult and being able to see one-way systems that are in place in buildings to maintain social distance can be confusing when you can't see.</p>
No	1	7%	
Did not respond	3	21%	

19. We asked participants who they would contact if they had an issue or complaint with a service. They were able to choose more than one option.



20. We asked participants if they had heard about the Accessible Information Standard.



21. We asked participants what changes they would like to see to enable them to better access the services they need.



“More awareness and flexibility and respect.”

“Signed explain how to access.”

“Use of email / text messaging (with ability to respond). Choice of booking communication professionals who are qualified (NRCPD) and have a complaints and confidentiality procedure as standard. Basically, the best service would be for us to be able to book our communication professional to match the appointment (depends on what the appointment is you see).

Independent living support (with ability to provide payment directly from our Independent Living Account to the professional. Will save the NHS thousands in administration fees, staff time and going back and forth trying to explain what we need.”

Conclusion

Service providers do not provide a consistent service to those with sensory impairments. Problems accessing and using health and care services leave service users frustrated and reliant upon others, causing health anxieties.

Not all services provide the support needed in terms of adaptations and accommodating communication needs. Reliance upon carers impacts the independence of service users.

A lack of awareness amongst healthcare professionals, was illustrated by, but not limited to, frequent comments about mask wearing.

A lack of awareness amongst members of the public about their rights and what they should expect under the Accessible Information Standard makes it harder for individuals to know how to complain and who to complain to when they do not get the support they need.

COVID-19 has caused additional problems for those with sensory impairments, from mask wearing to navigating new one-way systems, and delays in treatment during lockdowns.

The results of the survey echo those found at a national level by Healthwatch England.

Recommendations

1. Darlington Primary Care Network to provide an update on its review of the findings and recommendations of Healthwatch Darlington's Digital Inclusion Report: June 2021. The recommendations in that report remain valid, and implementation of them will support future ease of access to services for those with a sensory impairment.
2. All health and care services supporting residents of Darlington to provide a consistent service by adopting the Accessible Information Standard (AIS), which is a legal requirement for all organisations that provide NHS care or adult social care. Adoption of the AIS principles will address all concerns highlighted by the findings in this report. Appendix two provides a summary of the AIS principles.
3. Health and care services to promote the principles of the AIS in its communications and health and care venues.

Responses to our report

We sent our report to various commissioners and providers of health and care services in Darlington and although we were disappointed not to receive a response from all, we are pleased to publish the following responses from our local NHS commissioners and our local NHS Foundation Trust:

Tees Valley NHS Clinical Commissioning Group

Thank you very much for sending us this draft report which provides valuable feedback on accessing health services with a sensory impairment. We recognise that there were mixed experiences from people who were engaged with, and that adoption of the Accessible Information Standard (AIS) was found to be inconsistent.

As an Integrated Care Board (ICB), we aim to support our colleagues throughout the NHS to ensure they are able to meet the criteria set out in the AIS, as it is a contractual requirement for them to do so.

We acknowledge from feedback featured within the report that patients with sensory impairments highlight deaf awareness and accessible methods of communication. These both directly relate to what is required under the AIS and the ICB, when commissioning digital systems ensures that they will enable healthcare professionals in meeting the standards and not create further inequalities through their use.

Mask wearing, which is frequently mentioned in the report, can be a barrier to lip reading. According to General Medical Council guidance, a health professional can consider removing their mask to enable lip reading in a low infection risk situation, but this may not always be possible / appropriate. Tips for communicating with someone who is deaf or has hearing loss have been produced within the [Royal College of General Practitioners' Deafness and Hearing Loss Toolkit](#), which we will share with GP Practices across the Tees Valley in our next newsletter.

We have provided our response to your recommendations below:

1. Darlington Primary Care Network to provide an update on its review of the findings and recommendations of Healthwatch Darlington's Digital Inclusion Report: June 2021. The recommendations in that report remain valid, and implementation of them will support future ease of access to services for those with a sensory impairment.

We regularly engage with Primary Care Networks and can share relevant information with them through our Primary Care newsletter, which may support this action.

2. All health and care services supporting residents of Darlington to provide a consistent service by adopting the Accessible Information Standard (AIS), which is a legal requirement for all organisations that provide NHS care or adult social care. Adoption of the AIS principles will address all concerns highlighted by the findings in this report. Appendix two provides a summary of the AIS principles.

As services are legally and contractually required to adopt AIS principles, and this is monitored by the Care Quality Commission to ensure that they are being met. We, as a public facing organisation want to make information accessible to patients, service users and their carers. This includes making sure that people get information in different formats if they need it, such as large print, braille, easy read, and via email.

3. Health and care services to promote the principles of the AIS in its communications and health and care venues.

We will continue to share relevant information in relation to AIS principles with healthcare professionals through established communications routes, as well as share information from sensory impairment support organisations on our website and social media platforms.

Thank you very much for sharing this report and we look forward to reading the next one.

Kind regards,

David Gallagher
Executive Director of Place Based Delivery - Tees Valley & Central

Karen Hawkins
Director of Place (Hartlepool)

County Durham and Darlington NHS Foundation Trust

County Durham and Darlington NHS Foundation Trust welcome the finding of the Sensory Impairment Report (June 2022) and it has given some insight into how our patients, carers and parents with a sensory impairment rate their experience. Whilst some of the comments within the evaluation are aimed at problems which become apparent during the pandemic we are hopeful as the restrictions are lifted this will improve without intervention.

This report and the additional detailed report Digital Exclusion (June 2021) has highlighted the need for the Trust to review our compliance to the Accessible Information Standard and this will be formulated within a short action plan derived from both reports and their findings.

Whilst the Sensory Impairment Report (June 2022) has identified some potential avenues for improvement which the Trust may consider we will mindful this evaluation does not specify if these are issues encountered at Darlington Memorial Hospital or one of our services or actually a service separate to ours. However this will not detract the need to review the comments made and services we offer to seek improvements to enhance the experience of our patients.

Acknowledgements

Thank you from Healthwatch Darlington

We would like to thank:

- Everyone who responded to our survey and shared their experiences to help improve services.
- All those who shared and promoted this piece of work to enable access to a wide range of communities in Darlington
- Our dedicated staff and volunteers
- All organisations that contributed to our work
- All organisations that responded to our report

Appendix one: Demographics

1. Age category	Participants	
13 - 17 years	1	7%
18 – 24 years	0	
25 – 34 years	1	7%
35 – 44 years	1	7%
45 – 54 years	2	14%
55 – 64 years	3	21%
65 - 74 years	0	
75+ years	2	14%
Prefer not to say	1	
Did not answer	3	21%

2. Gender	Participants	
Man	7	50%
Woman	5	36%
Non-binary	0	
Other	0	
Prefer not to say	0	
Did not respond	2	14%

3. Is your gender different from the sex you were assigned at birth?	Participants	
Yes	0	
No	11	79%
Prefer not to say	0	
Did not respond	3	21%

4. Ethnic background:	Participants	
Arab	0	

Asian / Asian British: Bangladeshi	0	
Asian / Asian British: Chinese	0	
Asian / Asian British: Indian	0	
Asian / Asian British: Pakistani	0	
Asian / Asian British: Any other Asian / Asian British background	0	
Black / Black British: African	0	
Black / Black British: Caribbean	0	
Black / Black British: Any other Black / Black British background	0	
Gypsy, Roma, or Traveller	0	
Mixed / Multiple ethnic groups: Asian and White	0	
Mixed / Multiple ethnic groups: Black African and White	0	
Mixed / Multiple ethnic groups: Black Caribbean and White	1	7%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	0	
White: British / English / Northern Irish / Scottish / Welsh	11	79%
White: Irish	0	
White: Any other White background	0	
Another ethnic background	0	
Prefer not to say	0	
Did not respond	2	14%

5. Which sexual orientation do you identify with?	Participants	
Asexual	1	7%
Bisexual	0	
Gay	0	
Heterosexual / straight	9	64%
Lesbian	0	
Pansexual	0	

Other	0	
Prefer not to say	1	7%
Did not respond	3	21%

6. Religion or beliefs	Participants	
Buddhist	0	
Christian	3	21%
Hindu	0	
Jewish	0	
Muslim	0	
Sikh	0	
No religion	8	57%
Other	0	
Prefer not to say	0	
Did not respond	3	21%

7. Marital or civil partnership status	Participants	
Single	1	7%
Married	4	29%
In a civil partnership	0	
Separated	2	14%
Divorced / dissolved civil partnership	0	
Widowed	2	14%
Co-habiting	0	
Other	1	7%

Prefer not to say	0	
Did not respond	4	29%

8. Are you currently pregnant or been pregnant in the last year	Participants	
Yes	0	
No	9	64%
Prefer not to say	1	7%
Did not respond	4	29%

9. Do you consider yourself to be a carer, have a disability or a long-term health condition?	Participants	
Yes - I consider myself to be a carer	4	29%
Yes - I consider myself to have a disability	6	43%
Yes - I consider myself to have a long term health condition	3	21%
None of the above	1	7%
Prefer not to say	0	
Did not respond	0	

Appendix two: Accessible Information Standard

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services.

The Standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given.

This includes making sure that people get information in accessible formats. The Standard also tells organisations how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communication.

By law, all organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards. Organisations that commission NHS care and / or adult social care, for example Clinical Commissioning Groups (CCGs), must also support implementation of the Standard by provider organisations.

As part of the Accessible Information Standard, organisations that provide NHS care or adult social care must do five things:

- Ask people if they have any information or communication needs and find out how to meet their needs.
- Record those needs clearly and in a set way
- Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

The Standard says that patients, service users, carers and parents with a disability, impairment or sensory loss should:

- Be able to contact, and be contacted by, services in accessible ways, for example via email or text message.
- Receive information and correspondence in formats they can read and understand, for example in audio, braille, easy read, or large print.
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate, for example to lip-read or use a hearing aid.



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