

Sensory Impairment Needs Assessment 2021



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Key Findings
<ul style="list-style-type: none"> • Lack of accurate data and maintaining of registers of Blind and Deafblind.
<ul style="list-style-type: none"> • Disparity between how people are expected to communicate and how they would prefer to communicate with the Council.
<ul style="list-style-type: none"> • Low levels of satisfaction with frontline services in understanding their communication needs.
<ul style="list-style-type: none"> • Lack of investment in social care, equipment and aids in comparisons to other local authorities
<ul style="list-style-type: none"> • Lack of accessible information on what support is available at a local and national level.
<ul style="list-style-type: none"> • The pandemic has highlighted the importance of social groups in providing support and helping to maintain positive wellbeing and that there is demand for more groups across the region.
<ul style="list-style-type: none"> • Significant challenges are experienced in day to day getting around including the design of high streets, location of bus stops and timetabling issues but the consistent frustration is in relation to people not understanding their needs.
<ul style="list-style-type: none"> • Lack of engagement with local leisure facilities which requires more understanding as to the reasons why but there is a strong indication that a more targeted promotion of an inclusive offer is needed.
<ul style="list-style-type: none"> • Experience of discrimination which restricts opportunities for employment. The Council therefore needs to take a lead on enabling disabled people to have meaningful careers and to give fresh consideration to becoming a disability confident employer

1. Introduction

This report sets out to investigate what is known about the specific needs of people living with sensory impairment in the East Riding of Yorkshire.

This needs assessment aims to identify and understand:

- 1. Any specific needs of the local residents (recognising that needs may vary within sub- groups);**
- 2. The existing services provided to meet key issues and needs;**
- 3. If there are any gaps in current service provision for unmet needs.**

The report will help to inform future strategy development, service provision and commissioning, as appropriate, in the East Riding of Yorkshire and will also be of use to researchers, as well as those residents of East Riding (and their Carers) who are directly impacted by sensory impairment.

2. Why this assessment is needed?

Hearing and sight are central to our health and wellbeing. As humans we are social beings and depend on communication to survive and thrive. Loss of sight and hearing is part of the ageing process and is therefore a disability that will affect many of us to one degree or another. Sensory impairment can cause isolation, restrict aspirations and life chances and reduce employment opportunities, leading to low educational attainment, socio-economic deprivation and poor mental health.

Hearing Link for instance, report that on average, people with hearing loss earn £2,000 less per year and many will leave work early¹. Older people with hearing loss are two and a half times more likely to experience depression. Hearing loss also increases the risk of dementia and accelerates the rate of cognitive decline and sufferers are therefore much more likely to need complex support in residential care. It is estimated that 80% of older people living in Care homes have hearing loss and therefore require additional support to improve their independence and wellbeing. Hearing loss also increases the risk of falls and even a mild level of hearing loss is thought to create a three times greater risk in hospital patients.

The RNIB similarly report that people with sight loss are more likely to have lower household income with 78% people earning under £300 a week in personal income compared to 50% of people with no impairment. People with sight loss are twice as likely to live in a household with less than £300 a week income.²

¹ <https://www.hearinglink.org/your-hearing/about-hearing/facts-about-deafness-hearing-loss/>

² RNIB Research Paper: *The link between sight loss and income*. October 2014.
<https://www.rnib.org.uk/knowledge-and-research-hub/research-reports/employment-research/sight-loss-earnings>

Those with dual sensory impairment are much more likely to have at least four other long-term health conditions. It also presents a significant economic cost to society with the cost to the NHS in managing hearing loss alone in 2010-11 was estimated to have been about £450 million.³ It has also been estimated that the UK economy loses £25 billion a year in productivity and unemployment due to hearing loss⁴. Given that so much of sensory impairment is due to the ageing process, there is a need for better understanding of the impact on an individual in order to reduce stigma and improve access to appropriate support that will enable them to live more independent lives for as long as possible. There is also a recognised need for an increased awareness of the preventative measures in order to improve eye and hearing health.

This needs assessment seeks to understand what we don't know as well as to test what we think we already know and to use that intelligence to identify and remove barriers to existing Council Services and improve and inform future service delivery. It forms a key part of our threefold *Equality Objectives 2020-24*: improving access to services; enabling participation and engagement in decision making and enhancing health and wellbeing for both our staff and citizens of East Riding.

3. Policy Context

3.1 National

- **The Equality Act 2010**

The Act brought together previous legislation from the Disability Discrimination Act of 1995 which require Public Authorities to have due regard to eliminating discrimination, advancing opportunity and fostering good relations between those with protected characteristics and those without. In relation to disability, employers and service providers are expected to make reasonable adjustments to ensure that barriers of access to employment, education and services are removed.

<http://www.legislation.gov.uk/ukpga/2010/15/contents>

- **The Care Act 2014**

Rehabilitation services for blind and partially sighted people are acknowledged in statutory guidance. Local authorities must provide information about available care and support and ensure that services are accessible. There are some specific duties to improve services for deafblind people including that they are assessed by skilled and trained specialists.

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

- **The Children and Families Act 2014**

Education, Health and Care Plans for children and young people are required to fully incorporate the impact of sensory impairment for teaching and learning in the child's development.

³ Harker, R. NHS Funding and expenditure. 2012 referenced in NHS Action Plan on Hearing loss. 23 March 2015

⁴ <https://www.hearinglink.org/your-hearing/about-hearing/facts-about-deafness-hearing-loss/>

- **Accessible Information Standard for NHS and Social Care 2016**

The standard aims to make sure that people who have a disability, impairment or sensory loss are communicated with in a way that meets their needs. NHS and Adult Social Care organisations are required to provide alternative formats where required, such as braille, large print, and easy read. They must also support people to communicate, for example by arranging a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

The standard carries the following expectations for Service Users/Patients:

1. You should be asked if you have any communication needs, and asked how these needs can be met.
2. Your needs should be recorded in a clear and set way.
3. Your file or notes should highlight these communication needs so people are aware and know how to meet them.
4. Information about your communication needs should be shared with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Information should be delivered to you in a way you can access and understand, with the option for communication support if needed.

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

- **Public Sector Bodies (Websites and Mobile Applications) (No.2) Accessibility Regulations 2018**

This regulation came into force in September 2020 and requires all public sector bodies (Schools and Broadcasting companies are exempt) to meet a set accessibility standard (WCAG 2.1 AA) and to publish an accessibility statement explaining how they meet these requirements. It specifically relates to sensory impairment and neurological diversities.

- **The UK Vision Strategy 2020**

The UK Vision Strategy initiated by the RNIB in partnership with the Department of Health was first developed in 2008. It is designed to set the direction for eye health and sight loss services and aims to:

1. Improve the eye health of the people of the UK.
2. Eliminate avoidable sight loss and deliver excellent support to those with a visual impairment.
3. Enhance the inclusion, participation and independence of blind and partially sighted people.

- **The National Disability Strategy July 2021**

The strategy is part of the national 'levelling up' agenda and designed to enable disabled people to reach their potential. It identifies the following themes:

1. Participation in public and civic life

2. Housing
3. Transport
4. Employment
5. Education
6. Consumer choice
7. Leisure
8. Access to Public Service

3.2 Local Policy

- East Riding of Yorkshire Council's Vision is "**Your East Riding...where everyone matters**". The Council's five priorities are listed as:
 - Growing the Economy
 - Valuing the Environment
 - Promoting Healthy Lifestyles
 - Protecting the Vulnerable
 - Helping Children and Young People Achieve
- The Council **Equality Objectives 2020-24** contain the following three themes all of which have relevance to people who live with or care for people with sensory impairment:
 - Ensuring Council services are accessible and appropriate
 - Enabling participation and engagement in decision making processes
 - Improving Health & Wellbeing for people with a protected characteristic
- **Adult Social Care Strategy and Vision for East Riding of Yorkshire 2019-2022** This sets out the long term vision for sustainable adult social care to meet the needs of residents in the most effective way possible.
- **Local Transport Plan 2015-29** which includes objectives and implementation plans for the improvement of road safety and access to key services including community transport

4. Understanding Sensory Impairment

Sensory Impairment is a generic term to include:

- People who have a visual or sight impairment and/or are registered blind
- People who are deaf, deafened or suffer from hearing loss
- People who have dual sensory loss, this is also known as deafblindness

4.1 Hearing Loss

Hearing loss can be either *Sensorineural* (permanent damage done to the hair cells in the inner ear) or *Conductive* (temporary blockage such as ear wax or infection) or *mixed*, that is a combination of both. The most common cause is age related, the second biggest cause is due to long term exposure to excessive noise. The most common form of hearing loss, known as *presbycusis*, affects a person's ability to hear high-frequency sounds and is frequently found in

older people. About 1 in 1,600 children are born with moderate or profound deafness due to the inheritance of mutated gene from one or both parents. Some prescription drugs if used at high doses (such as Cancer treatment or strong antibiotics for treating TB) can cause hearing loss as a side effect. Audiologists will typically use categories to describe the level of hearing loss: mild, moderate, severe and profound.

Tinnitus can accompany hearing loss and is a noise in your ear which is not caused by outside noises. It can block your normal hearing pathways and can also cause sleep disturbance and loss of concentration. There are two types of tinnitus: the most common is subjective – sound that can only be heard by the person and objective – sound which can be heard by the person examining them; this form of tinnitus is very uncommon.

4.2 Sight Loss

Sight loss is categorised in three stages: Severe (Blindness), Moderate (Partial sight) and Mild (Partial sight). As with hearing loss, the risk of sight loss increases with age. The conditions that are most likely to occur in old age are:

- Age-related macular degeneration (AMD) – changes that occur without obvious cause to people over 55. In the advanced stage AMD is differentiated into ‘Dry’ (e.g. geographical atrophy of the retinal pigment epithelium involving the macula) and ‘Wet’ (e.g. abnormal blood vessels, growth underneath the retina risking swelling and damage to the macula due to fluid and blood leakage)
- Cataracts – cloudiness in the lens
- Glaucoma – optic neuropathy, producing visual field defects, often related to raised intraocular pressure

The risk of deterioration is escalated by a number of other factors:⁵

- Obesity (link to Cataracts, Age related Macular Degeneration (AMD) and also to diabetes). Over 60% of the adult population, nationally and locally are classified as overweight or obese.
- Smoking is UK’s leading cause of blindness and doubles the risk of AMD. Approximately 12% of the East Riding adult population smokes.
- High blood pressure/hypertension (increased risk of retinal vein and retinal artery occlusion). 18% of East Riding population are registered with hypertension (likely to be much higher).
- Dementia – 100,000 people have both dementia and sight loss.
- Stroke – approximately 60% of stroke survivors experience visual impairment
- Diabetic Retinopathy (caused by high blood sugar damage on the blood vessels). Almost 8% of East Riding population (17+) has Diabetes.
- Learning Disabilities – higher rates of sight problems and less likely to access appropriate care.

Children and young people who are most at risk are those who:

- Were born prematurely or had low birthweight

⁵ Figures from Public Health England data www.fingertips.phe.org.uk

- Were exposed to maternal infections during pregnancy
- Were exposed to maternal smoking, drug and alcohol consumption during pregnancy
- Have certain genetic conditions, such as Down's syndrome
- Have learning disabilities

4.3 Deafblindness

The experience of Deafblindness is different for different people with a spectrum of impairment through to an inability to see or hear anything at all. A person is regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with progressive sight and hearing loss"⁶. As with other sensory impairment, individuals can be born deafblind (congenital deafblindness), for others health conditions or ageing can onset dual sensory impairment later in life (acquired deafblindness). The causes are as listed above with the addition of Ushers Syndrome which can cause hearing loss, retinitis pigmentosa (sometimes known as tunnel vision as the field of vision narrows) and loss of balance. These can be impairments at birth (Types 1 & 2) or develop later in life (Type 3). Congenital deafblindness can be caused by complications due to premature birth; maternal infection such as rubella during pregnancy; genetic conditions such as CHARGE syndrome or Down's syndrome; cerebral palsy or foetal alcohol syndrome.

Under the framework of the Care Act (2014) which redefined the previous Deafblindness guidance, Local authorities are required to take the following action as set out in more detail in the guidance:

- to identify, make contact with and keep a record of all Deafblind people in their catchment area (including those people who have multiple disabilities which include dual sensory impairment);
- to ensure that when an assessment of needs for care and support is carried out, this is done by a person or team that has specific training and expertise relating to Deafblind persons - in particular to assess the need for communication, one-to-one human contact, social interaction and emotional wellbeing, support with mobility assistive technology and habilitation/rehabilitation;
- to ensure services provided to Deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or those services aimed primarily at blind people or deaf people who are able to rely on their other senses;
- to ensure that Deafblind people are able to access specifically trained one-to-one support workers if they are assessed as requiring one;
- to provide information and advice in ways which are accessible to Deafblind people;
- to ensure that a Director-level member of the local authority senior team has overall responsibility for Deafblind services.⁷

⁶ Think Dual Sensory, Department of Health, 1995

⁷ <https://deafblind.org.uk/information-advice/deafblind-assessments/understanding-your-legal-rights-the-care-act-2014/#:~:text=The%20act%20requires%20that%20where,access%20to%20information%20and%20mobility.>

5. Demographics

5.1 Hearing Loss

1 in 5 adults in the UK is deaf or has hearing loss, with around 1.2 million severe or profoundly deaf.⁸ In the UK each year around 840 babies are born with significant hearing impairment and about 1 in 1,000 children are considered to be deaf at the age of three⁹, affecting over 50,000 children¹⁰. There are around 12 million adults with severe hearing loss and is expected to increase to 14.2 million by 2035 with the growth of an ageing population; the birth of approximately 1,000 babies a year with permanent hearing loss and thirdly due to increasing exposure to excessive noise in both the social and workplace environments. Hearing loss is most commonly caused by the ageing process; 42% of people aged over 50 and 71% over 70 have hearing loss. It is estimated that by 2032 almost 500,000 residents in care homes will have hearing loss and require more complex care. It is also estimated that 10% of the adult population in the UK experiences frequent tinnitus. In the UK it is estimated that are 151,000 BSL users of whom 87,000 are deaf and are likely therefore to consider sign language to be their main language.¹¹

There is an absence of up to date information, but the following shows total numbers registered as deaf or hard of hearing for the period 2009/10:

Area	18-64 rate per 100,000 population	18-64 Total number	65-74 rate per 100,000 population	65-74 Total number	75+ rate per 100,000 population	75+ Total number
England	172.8	55915	620	27175	3089	125255
East Riding	145.5	295	389	145	1202	389

Estimated numbers, provided by the RNID for adults with significant hearing loss within the East Riding currently rests at 74,500.¹² This equates to 1 in 4 adults and is therefore higher than the national ratio reflecting the higher proportion of pensionable age individuals living in the East Riding.

5.2 Sight Loss

The prevalence of eye health conditions and sight loss increases with age. It is estimated that everyday 250 people begin to lose their sight which is expected to rise to 500 by 2050 which would represent 1 person every 3 minutes. Around 2 million people live with sight loss in the UK and only 34% blind or partially sighted people of working age are in employment and 24% have no qualifications. Three quarters of blind or partially sighted older people live in poverty or on its margins and 180,000 registered blind or partially sighted adults in the UK never or rarely go out.

⁸ RNID Facts and figures <https://rnid.org.uk/about-us/research-and-policy/facts-and-figures/>

⁹ UK hearing loss facts and figures <https://www.hearingaidknow.com/uk-hearing-loss-facts-and-figures>

¹⁰ A Consortium for Research in Deaf Education reported 53,954 deaf children in the UK in 2019

¹¹ British Deaf Association data <https://bda.org.uk/help-resources/#statistics>

¹² These figures are calculated using population projections from the ONS and prevalence rates from 'Hearing in Adults' by Adrian Davis, 1995.

Estimated number of people living with sight loss (2020), RNIB

Area	Mild	Moderate	Severe	Total Estimate	Percentage compared to overall population
England	1,170,000	406,000	242,000	1,818,000	3.2%
East Riding	9,260	3,240	1,960	14,500	4.3%

Estimated number of people living with sight loss by age (2020), RNIB

Area	18-64	65-74	75-84	85+
England	351,000	362,000	503,000	583,000
East Riding	2,310	3,170	4,350	4,520

Estimated children who are blind or partially sighted (2020), RNIB

Area	0-16 (Blind)	0-16 (Partially sighted)	Total 0-16	Rate per 100,000 population
England	5,705	17,290	22,995	250.3
East Riding	30	90	120	249.9

Estimated number of people living with late stage AMD

Area	Rate per 100,000 (2020)	Rate per 100,000 (2030)	Total (2020)	Total (2030)	Percentage increase
England	938.6	1155.8	532,000	684,000	22.2%
East Riding	1297.5	1641.8	4,440	5,790	23.3%

Estimated number of people living with cataracts

Area	Rate per 100,000 (2020)	Rate per 100,000 (2030)	Total (2020)	Total (2030)	Percentage increase
England	1046.3	1277.4	593,000	756,000	21.6%
East Riding	1458.2	1817.6	4,990	6,410	22.2%

Estimated number of people living with Glaucoma

Area	Rate per 100,000 (2020)	Rate per 100,000 (2030)	Total (2020)	Total (2030)	Percentage increase
England	1035.7	1187.9	587,000	703,000	16.5%

East Riding	1373.5	1585.0	4,700	5,590	15.9%
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Estimated number of people living with diabetic retinopathy

Area	Rate per 100,000 (2020)	Rate per 100,000 (2030)	Total (2020)	Total (2030)	Percentage increase
England	1979.4	1993.2	1,110,000	1,170,000	5.1%
East Riding	2013.5	1993.4	6,890	7,030	2.0%

5.3 Deafblindness

It is estimated that there are 394,000 people in the UK who are deafblind, affecting both children and adults, but the greatest incidence is found in older adults. It is further estimated that the total will rise to 600,000 by 2030. Deafblindness affects people of all ages but it is more common in older age groups. As previously stated, under the terms of the Care Act (2004) there is a specific requirement for local authorities to hold a register of Deafblind people. The current total is as follows¹³:

	Severe (Blind)	Sight impaired (Partially Sighted)	Not known
Deaf with speech	8	5	
Deaf	1	4	
Hearing Loss	4	8	1
Total = 31	13	17	1

However, the data should be viewed with caution as entries are not routinely updated reflecting both a compliance risk and more importantly the lack of ongoing support and intervention from adult services. This unreliability is also reflected in greater numbers for those who are registered blind. There is a serious risk of sending out communications to residents who have deceased which would be grossly insensitive to their families.

5.4 Veterans

An estimated 450,000 Veterans experience hearing loss. The Annual Population Survey of Armed Forces Veterans (2017) reports the following:

	16-34	35-49	50-64	65-74	75-84	85+
Veterans with Sight Loss	6%	4%	7%	7%	9%	20%
Non-Veterans (SL)	4%	4%	5%	5%	8%	18%
Veterans with Hearing Loss	6%	7%	14%	14%	22%	34%

¹³ Data provided by the ERYC Adult Performance Team.

Non-Veterans (HL)	3%	4%	13%	13%	18%	28%
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Almost a quarter (23%) of retirement age Veterans reported difficulty in hearing compared to 16% of non-Veterans. Figures for the Yorkshire and Humber Region are broadly equivalent with 28% reporting hearing loss compared to 17% of non-Veterans. There is a margin for error in these estimates and the difference is therefore considered negligible.

In 2014, The British Legion Household Survey¹⁴ reported the following statistics which surprisingly report a slightly less propensity for sensory impairment in 75+ age group. However, over a quarter of working age Veterans attribute hearing loss and tinnitus to their military service.

	All	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
	%	%	%	%	%	%	%	%	%
Hearing Loss	9	3	2	2	5	5	8	12	22
UK Adult comparison	3	1	1	1	2	4	7	13	26
Sight Loss	6	-	-	1	5	8	5	6	11
UK Adult comparison	2	1	1	1	2	3	4	8	15
Tinnitus	5	2	5	1	4	8	7	6	3

Recommendation 1: The list of registered Blind and Deafblind needs urgent review to ensure that the Council is legally compliant and that insensitive communications are not sent out to deceased persons.

6. Sensory Impairment Organisations

There are numerous organisations who offer support, help and advice both nationally and locally.

6.1 National



RNID provides information and support for deaf people and those with hearing loss and tinnitus.

<https://rnid.org.uk/>

¹⁴ https://www.britishlegion.org.uk/get-involved/things-to-do/campaigns-policy-and-research/policy-and-research/the-uk-ex-service-community-a-household-survey?gclid=Cj0KCQjwvO2IBhCzARIsALw3ASpg-kPslgedBfN897DMgitSoQexUqG-I_E82NAEpXx0I9Xg0kWiIAlaAmE5EALw_wcB&gclsrc=aw.ds



The British Deaf Association campaigns for the right for every deaf person to be able to communicate in their preferred language. They also support hearing families who have deaf children so that they can provide a positive and informed environment. <https://bda.org.uk/>



The National Deaf Children's Society seeks to help deaf children overcome social and educational barriers. They offer support and advice to families as well as activities for young people. They also offer deaf awareness training.

<https://www.ndcs.org.uk/>



Hearing Link provides 1:1 support to help people and their families adjust to hearing loss. They also deliver community events and offer awareness training to local organisations.

www.hearinglink.org



RNIB The largest community of blind and partially sighted people and offers support and advice as well as running national campaigns to tackle discrimination.

<https://www.rnib.org.uk/>



Royal Society for Blind Children A national charity working with blind and partially sighted children and young people, and their families. They offer a range of services including support and practical advice for families and confidence building activities for children through their Live Life Go Further programme

<https://www.rsbc.org.uk/>



British Blind Sport works to provide opportunities for blind and partially sighted people to access and enjoy sport and recreational activities

<https://britishblindsport.org.uk/>



The Macular Society provides advice and information about Macular Disease

<https://macularsociety.org/>



Sense provides support and advice for people living with complex disabilities and specifically for people who are deafblind. <https://www.sense.org.uk/>



Deafblind UK provides support and befriending services, an information help line and awareness training

<https://deafblind.org.uk/>



B.I.D Services support people who are deaf, hard of hearing, visually impaired or dual sensory loss. They offer advocacy, advice, training and support including social work, residential care, housing advice and rehabilitative training.

www.bid.org.uk



Activity Alliance provide a voice for disabled people in sport and activity.

<https://www.activityalliance.org.uk/>

6.2 Local



Hearing Dogs for Deaf People train hearing dogs. They have a centre in Bielby near York.

<https://www.hearingdogs.org.uk/>



Hull Deaf Centre supports the deaf community across Hull and East Yorkshire and provides social groups, sports facilities as well as support and advice.

www.huldeafcentre.com



Guide Dogs is a national organisation providing advice and support in order for individuals to live independently. This

includes Guide dogs and Companion dogs as well as sighted guides. The Hull Mobility Team is based in Beverley.

<https://www.guidedogs.org.uk/>



Sight Support Hull & East Yorkshire provides support and advice for people in the local area through day centres, home visiting, telephone befriending and housing advice

<https://www.sightsupport.org/>

Coastline Sight and Hearing Community

Disability services and support in Scarborough & Bridlington.



Tigers Trust is based at the MKM stadium and offers regular Visual impairment sports sessions on a Wednesday lunchtime.

<https://www.tigerstrust.co.uk/visual-impairment-sports-session>

6.3 Statutory Support

- The sensory and physical teaching service (SaPTS)
specialistservices.hub@eastriding.gov.uk
- The sensory impairment team provide a range of support including advice, rehabilitation assessment and communication support and the provision of specialist equipment

7. Consultation

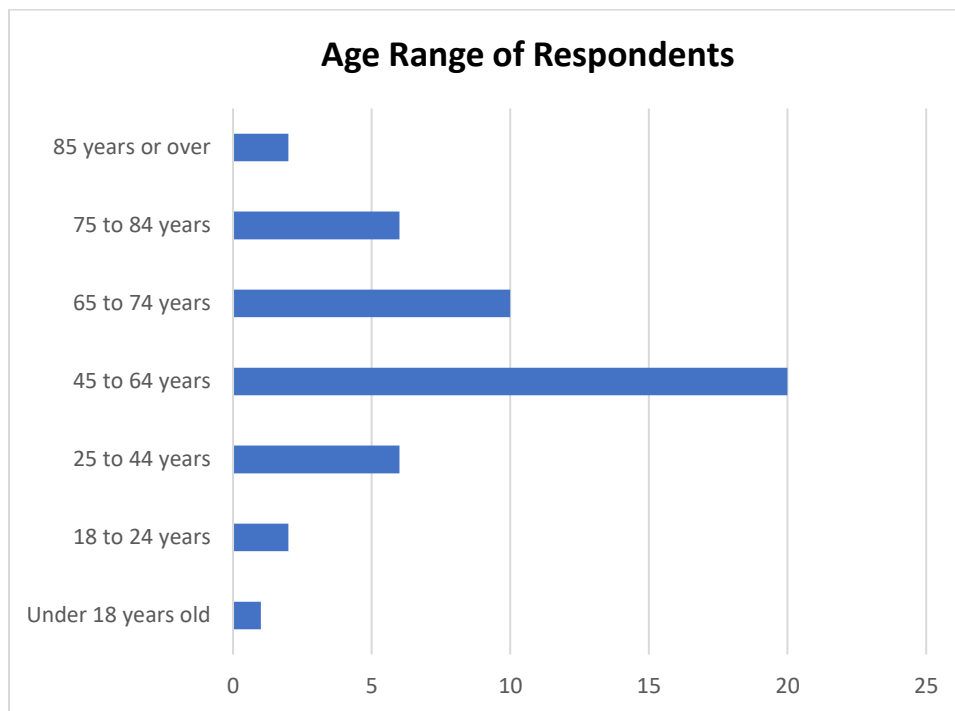
The report incorporates research into understanding the definitions of sensory impairment in relation to local and national policies and demographics. The methodology of the assessment took the form of conversations with national and local organisations; online consultation (survey) and locally arranged focus groups. A short sign language film was also produced in order to build trust with the Deaf community and to demonstrate best practice in accessibility. The survey was promoted through various networks including local disability groups and veteran associations and also through the council's consultation webpage. A Press Release was created to promote the availability of the sign language film. There were also a handful of conversations via email which provided important additional information.

A total of 47 responses were received on the online survey which should be considered as a positive and significant response from people with sensory impairments¹⁵. There was an even

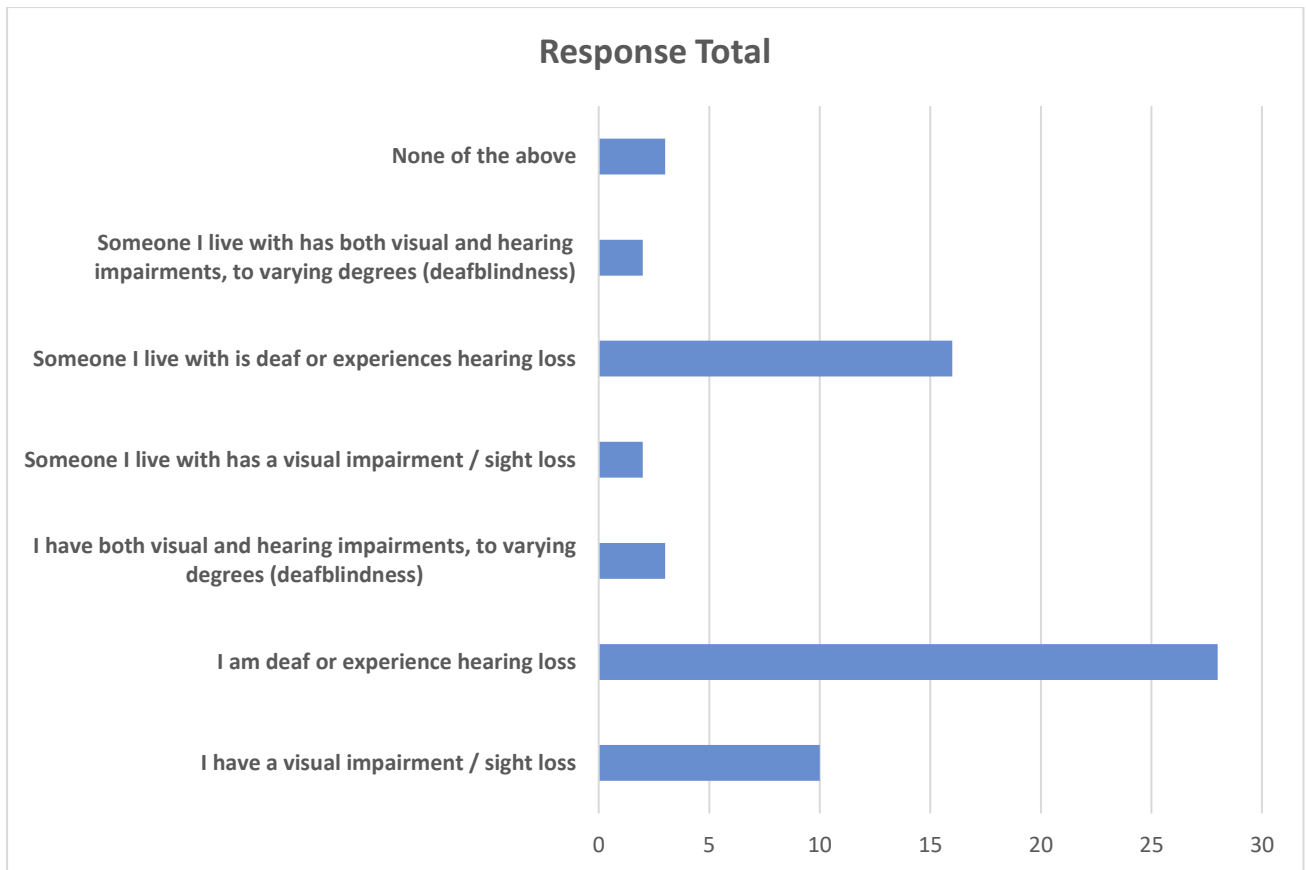
¹⁵ A representative from RNIB suggested that 20-25 represents a standard response level. The higher number here reflects in part a favourable response by the Deaf community to the sign language film and the proactive support of the Deaf Centre.

gender representation and the reported postcodes indicated a geographical spread across the East Riding. Within the recognised limitations of the quantity of responses, the responses provided significant insight which were able to be tested further in the focus groups and conversations that were held alongside the survey.

The graph below shows that the greatest proportion of respondents were in the 45-to 64 age group (42%). There was a total of 18 responses (38%) of retirement age.

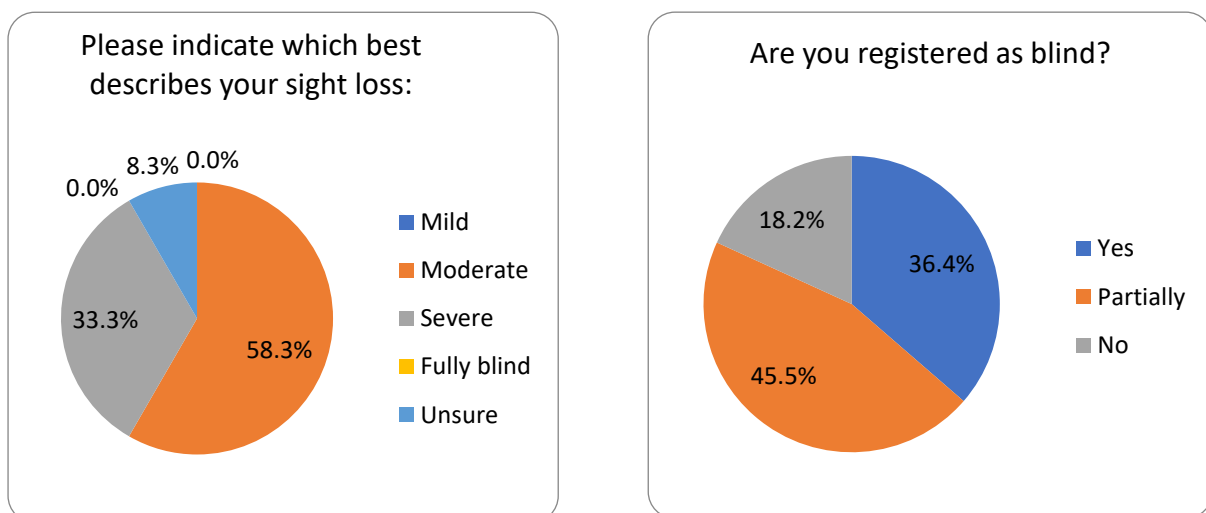


A total of 28 respondents identified as Deaf or indicated they were experiencing hearing loss (59%). A total of five people reported dual sensory loss either for themselves or for someone within their household. It is also interesting to note that a significant percentage of respondents live with someone who is also Deaf which reflects the closeness and importance of supportive networks within the Deaf community.



7.1 Sight Loss

Respondents were asked to describe the severity of their sight loss and in a separate question whether they were registered as blind or partially blind.



Out of a total of twelve respondents reporting sight loss, eleven disclosed that they had been diagnosed with an eye condition. Ten respondents answered a follow up question which asked them to specify the nature of the condition which included those listed Macular disease (3), Retina Pigmentosa (2), Cataracts (1) and Retinal Distrophy (1) and also four respondents who

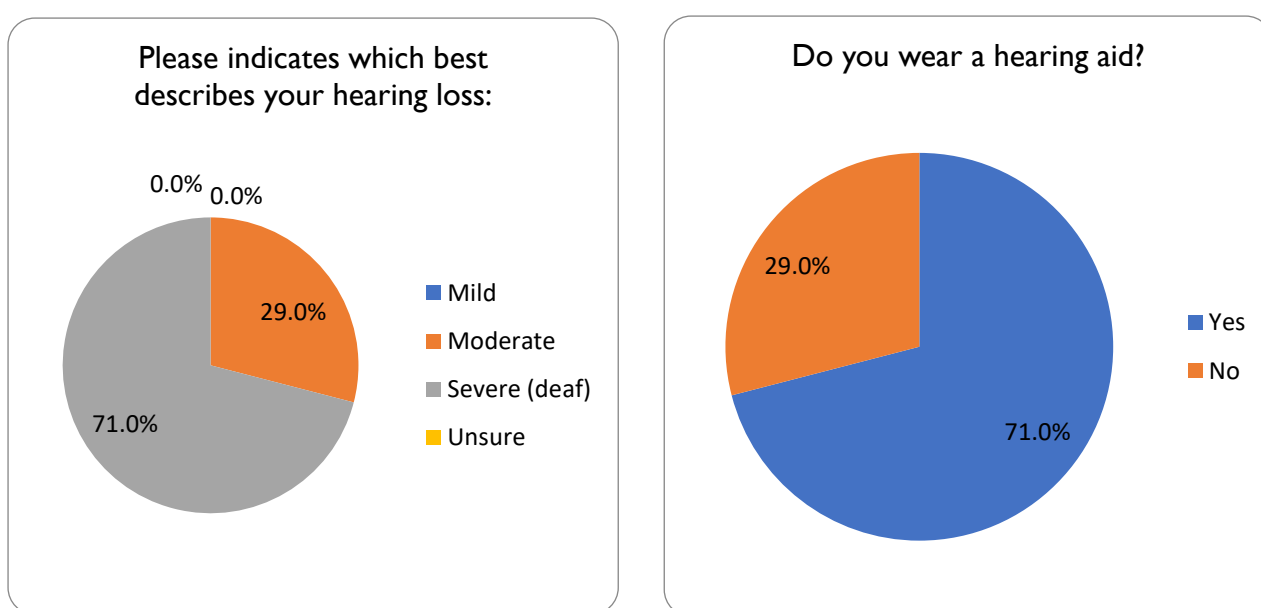
indicated 'other' and identified Stroke and Charles Bonnet syndrome, Sticklers syndrome, Hemiretinal vein occlusion and Stroke.

In addition, four respondents indicated that they were living with someone with sight loss, one in each of the 18-24 and 45-64 age ranges and two in the 65-74 age range. Of those, three were reported as severe and one as moderate when describing their sight loss.

In response to a question about assistive aids, ten people made multiple responses with seven indicating they used a cane, one that used a 'walker and sticks' and one person reporting they were a Guide dog user. Two people reported that they did not use aids.

7.2 Hearing Loss

Respondents were asked to indicate the level of their hearing loss from mild to severe and a separate question on whether they used a hearing aid.



Eighteen respondents indicated that they lived with another member of their household who also identified as a Deaf person. Of those, two respondents (the same family) indicated that they had an adult child who was also Deaf.

7.3 Circumstances

A total of forty-one respondents reported on their particular circumstances. These did not distinguish between sight or hearing loss. The majority of respondents, (76%) reported that they live with family or in a shared house with only nine respondents stating that they lived alone. Interestingly of the total number only three indicated that they live independently but none reported that they received the support of a Carer. The levels of support available to a person will become more significant when some of the key issues are examined and in particular what assumptions are often made by staff. One respondent specified that the 'Deaf centre call for me' which is also a noteworthy indication and this will be revisited in the responses around ability to communicate with the Council and reflects an enforced restriction on their level of independence.

7.4 Veterans

The survey was specifically promoted to the Veteran community within East Riding and three respondents identified that they had served in Her Majesty's Armed Forces. Given the low number of responses it is not possible to explore any link between military service and sensory impairment or draw any meaningful conclusions.

8. Key Issues

Nationally recognised barriers¹⁶ which cause exclusion for people with sensory impairment include:

- A lack of understanding of how to communicate with people who have hearing or sight loss or who are deafblind
- Inaccessible venues and events for social opportunities
- Lack of information in accessible formats about local services and social activities
- Inaccessible transport or street environment
- Poor access to professional communication support such as interpreters
- Lack of financial independence due to low educational attainment and employment opportunities

These barriers provided a number of emerging themes that were relevant to further exploration in respect of council provision:

1. Communication
2. Staff Awareness/ Training
3. Wellbeing
4. Transport/ Mobility
5. Sport and Leisure
6. Employment/ Financial Independence

These themes were initially tested and confirmed as valid through conversation with recognised local and national support providers including RNIB, RNID, The Hull Deaf Centre and the Council's Sensory Impairment Team. Owing to the restrictions in place to control the transmission of Covid-19 it was not possible at the start of the project to facilitate focus groups to explore the themes more broadly and directly with service users. However, the later consultation process appeared to confirm the importance of these themes.

There is a deliberate but nonetheless important omission in the list and that is 'Health'. It is recognised that the health needs and the quality of health services that are designed to meet those needs are an integral part of lived experience and that limitations or barriers to health services and negative experiences impact greatly on a person's mental as well as physical

¹⁶ www.deafblind.co.uk Strategy 2018-23

wellbeing. However, the scale of any exploration of the theme would take this needs assessment significantly beyond the parameters of Council influence. This report will therefore need to sit alongside reviews of clinical and commissioning services provided through the NHS and associated health partnerships¹⁷.

The report also focuses upon the adult population, recognising that there is specific provision for educational support for children with identified special needs. The transition from that support into adulthood has also not been explored but it is recognised that this will provide significant challenges in adapting to an environment where there is much less direct support available to them as adults on a day to day basis and the inevitable impact on their physical and personal wellbeing.

Finally, these themes have not been specifically explored within a Care Home setting where residents will have more specific health and care needs. Whilst it is recognised that residents will be the recipients of Adult Social Care provided by the local authority, they are much less likely to be direct users of wider council services.

8.1 Communication

The significance of how we communicate has been highlighted by the messaging of health and political measures conveyed during the Covid-19 pandemic. The BBC, for instance, reported on one Blind person's intention to take legal action against the government for breach of equality law in response to the inaccessible format shielding advice she received¹⁸. The details are highlighted below:

Case Study I

Disability Campaigner, Sarah Leadbetter, supported by the Equality and Human Rights Commission, accused the Government of discrimination after she received four inaccessible shielding letters. Prior to facing a Judicial Review, The Department of Health and Social Care was forced to make a series of commitments to improving the accessibility of its communication. Her solicitor Kate Egerton said "Sarah's case raised important issues about the accessible information standard which requires health bodies to identify, record and then to act on communication needs, and there is no greater time to ensure this is implemented than in a global pandemic".¹⁹

It was also noticeable that during national briefings in Scotland and Wales a sign interpreter was present, a service which was not provided in England's live press briefings²⁰. The potential consequences of this omission is noted in a recent Select Committee report into the handling of the pandemic: "*The decision not to include an interpreter at these briefings, where important*

¹⁷ See for instance NHS England. Commissioning Services for people with hearing loss: A framework for clinical commissioning groups, 2016. Healthwatch have also begun a specific review of sensory impairment experience which will be an important independent companion to this report.

¹⁸ <https://www.bbc.co.uk/news/uk-england-leicestershire-55397648>

¹⁹ <https://www.disabilitynewsservice.com/government-backs-down-over-inaccessible-shielding-letters-hours-before-court-case/>

²⁰ The subsequent links and social media output did include sign interpretation.

*public health announcements were often made, may have reduced their ability to understand the messages provided and in turn potentially decreased trust and compliance among this group*²¹.

8.1.1 Methods of Communication

The importance of communication has been stressed by the manager of the Hull Deaf Centre in terms of “*get that right and everything else falls into place*”. Through this conversation the fundamental question was identified to be “*How would you like us to communicate with you?*” This eliminates the development of false assumptions by the service provider and serves to empower the individual concerned. In the context of the Council’s vision, “...*where everyone matters*” this question of communication needs to be the foundation of any understanding and relationship with residents. This has also been recognised in the separate consultation for the Customer and Digital strategies which included a question regarding the use of assistive technology.

The decision to produce a sign language film was made as a result of this conversation in order to demonstrate best practice and build trust within the community. It highlights the way in which Deaf people are often excluded by a lack of sign language provision and the film should provide a benchmark for future consultations and communication.

Case Study 2

A local couple who are Deaf tried to contact the Council with regards to their tenancy situation because they felt unsafe. They were unable to receive the appropriate advice, in part, because they couldn’t use the telephone. They took the decision to leave their housing and made themselves ‘voluntarily’ homeless and more vulnerable. Further communication was sent to them in written form which failed to take into account that their main language was BSL which caused additional stress. Follow up conversations with staff prompted the ill-informed response “well I didn’t know they had literacy problems”. Thankfully the Council was eventually able to provide the necessary assistance and interpretation for them to be rehoused and for their benefit applications to be completed. However, a number of important adaptations were still to be made several months after moving in, leaving the couple in continued vulnerability and reliance on the Deaf Centre for support. It has not always been clear as to whose responsibility these adaptations are.

This case study highlights the importance for staff to recognise that for a Deaf person, especially for someone who has been deaf since birth or early childhood, sign language may be their first language. It should not be assumed, therefore, that they will be able to read English with any degree of proficiency or comfort. Failure to discern and implement effective and appropriate means of communication can have serious implications for disabled people. It can lead to misunderstanding of important medical advice; development of financial debt; increased vulnerability and potential homelessness.

The survey results demonstrate that there should not be a ‘one size fits all’. Two slightly different questions were asked in relation to how people normally communicate with the Council and how they would prefer to communicate. Recognising that this is only a limited sample, the responses do suggest that on the whole people feel able to communicate in the

²¹ House of Commons Health and Social Care, and Science and Technology Committees. Coronavirus: Lessons learned to date. 21 September 2021, (143), p54.

way that they wish to do so where options are available, the notable exception being sign language users. However, the online survey neglected to include telephone which is the standard default position for contact²² and is a constant source of frustration especially for the Deaf community. Nevertheless, the comparator response for email as a method of communication does, for instance, suggest that many respondents do manage to identify alternative methods of communication beyond the first telephone contact.

The table below summarises the responses which included options for people with sight and hearing loss and shows the comparison between normal or expected practice and their preferred choice:

Normal Practice		Preferred Choice	
Option	Total	Option	Total
Email	16	Email	15
Text/SMS	6	Text/SMS	8
Audio	3	Audio	3
Video Conferencing	3	Video Conferencing	11
Sign Language	8	Sign Language	21
Lip Read	2	Lip Read	1
Written English	3	Written English	2
Braille	0	Braille	0
Other	17	Other	6

The 'Other' referenced a preference for using the telephone although one respondent qualified this with the caveat "If I have a direct number". A number of Deaf respondents also indicated that face to face is their preferred option. Only one respondent with sight loss and five Deaf people indicated that they got a family member to communicate for them. An additional five people reported that the Deaf Centre acts on their behalf. This is significant as the focus group expressed frustration that this was often the default position used by staff when they were not able to communicate in their preferred way. This is made more significant with the number of family units who all identified as Deaf people. Respondents were able to indicate more than one option which further emphasises the need for a more flexible, multi-option approach to communication channels. In this sample, there were no Braille users which suggests that this may be a language in decline but the absence in this instance should not lead to any firm conclusion in terms of provision of alternative formats.

However, the two most significant findings of the survey (highlighted in blue) illustrate the disparity between 'normal practice' and 'preference' within the Deaf community to be able to use Sign Language and in almost half of those responses to be able to use Video conferencing. **This reveals a significant improvement required in relation to how council services currently communicate with Deaf people.**

Case Study 3:

The following is an extract from a letter received by the Sensory Impairment Team which illustrates the challenges that people can face and the significant impact this can have on a

²² The Sensory Impairment Team for example advise people to call the 393939 number in the first instance.

person's physical and mental wellbeing. It also highlights an instance of expressed communication preference.

"Dear Sir or Madam,

I have been advised to contact you by the Audio Dept., at CHH.

I am having a great difficulty with the telephone and T.V. It is even worse now, as I cannot hear clearly on the phone, and my husband who took all our calls has had a stroke and I am his main carer... As you will realise I am now being called by several departments, and if my husband is asleep I am entirely lost.

I have tried to get you several times on the phone, but there are so many numbers to press, and the person on the phone speaks far too fast, for anyone in my position. I have just come off from trying again, and to be honest I am shaking like a leaf...

The best method of communication is by email, as my computer is on all the time"

The sight loss focus group echoed the frustration with communications, in their case being delivered by letter. As one person put it succinctly: *"Why put a letter through my door...it is no use to me"*. Their experience of seeking alternative formats painted a further picture of frustration and barriers. One person had asked for a large print copy of guidance and was told that it would be a "waste of paper". Another asked for an audio copy which received the response "do you really think we've got money for this?". The group particularly highlighted the challenges of Council Tax bills which come in paper form reporting that email alternatives are not accessible as password protection systems and 'I'm not a robot' security are not compatible with assistive technology.

Individuals also highlighted the frustration they felt when they have informed a particular member of staff or service area about their disability or communication preference, but the information is very often not recorded or passed on. In the above Case Study 2, the couple had informed the Council, but this information hadn't been properly recorded and deniability only served to exasperate the challenges being faced. The Council may need to consider adopting a best practice of 'once told, all told' so that individual residents do not keep having to repeat themselves and all service areas are aware. Information needs to be clearly recorded and this needs to be transferrable between systems.

Similarly, one correspondent reported that they have had positive experience of the 'switchboard' discerning what the caller wanted and who they should talk to but also expressed the frustration that confirmation was not always received when an action had been completed. This individual cited an example of reporting leaves on the pavements. The issue was resolved but they were not informed as to when it was ok for them to go out safely again.

8.1.2 Website Access

The accessibility regulations came into force for public sector bodies on 23 September 2018 which include intranet, websites and mobile apps²³. Content on webpages must be accessible to assistive technology such as screen reader and magnifier and speech recognition software. Councils also have to provide an annual accessibility statement. The National Disability

²³ International WCAG 2.1 AA accessibility standard.

Strategy reports that of the 10 most populated County Councils, only 1 (Essex) was fully accessible²⁴. This is clearly a national challenge that many councils are struggling to comply with. The RNIB provide a team of accessibility consultants to review and audit websites and carry out observed user testing. Accessible sites are issued with a “Tried and Tested” Certification.²⁵ The organisation also provides a toolkit to support users to challenge inaccessible websites.²⁶

In relation to East Riding website access, the sample response received in the online survey was emphatic with almost 100% of the respondents indicating the difficulties they experience in accessing content. One respondent suggested in the comments box that we need to:

*“Make it fully accessible with voice over software and make the option links clickable with software” and that we should “use less graphics”.*²⁷

Several responses from the Deaf community indicated that the issue with the website was being presented by “too many words” and that it is “not deaf friendly”. More work needs to be done to communicate important information through BSL films as this helps to build trust and communicate effectively with BSL users²⁸.

The sight loss focus group explored website accessibility further and echoed the frustration that the website is still not accessible. They also felt that the website could offer more in relation to useful information and that having a single information point for sensory impairment would make a big difference to them.

Similarly, it is important that any Applications or communication platforms are fully accessible and should be fully tested before released for public usage. The Digital Team have agreed to fully investigate the accessibility of all such applications following concerns that have already been raised and assurances have been received. During the course of the consultation local people have expressed that they are willing and would welcome the opportunity to test the website and new applications on both Android and Apple operating systems. These are welcome offers and their details have been forwarded to the Digital Team.

Recommendation 2: Consideration should be given to the creation and adoption of an Accessibility Standard which should encompass all external forms of communication and information exchange.

Recommendation 3: The production of a sign language film should serve as a benchmark for future consultations and communication, including provision of public health messaging and information about services available.

Recommendation 4: Database and call transfer systems need to adopt the best practice, ‘once told, all told’ approach in order to ensure that customer communication preferences and relevant health/disability information is recorded and accessible to all service areas.

²⁴ National Disability Strategy 2021, p85 based on a review by Scope in 2020

²⁵ <https://www.rnib.org.uk/rnib-business/website-and-apps/website-accessibility>

²⁶ <https://www.rnib.org.uk/news/campaigning/web-accessibility-regulations>

²⁷ There has been a conscious effort to ensure that the website is accessible and has been previously tested with assistive technology but there can be notable differences between android and Apple software.

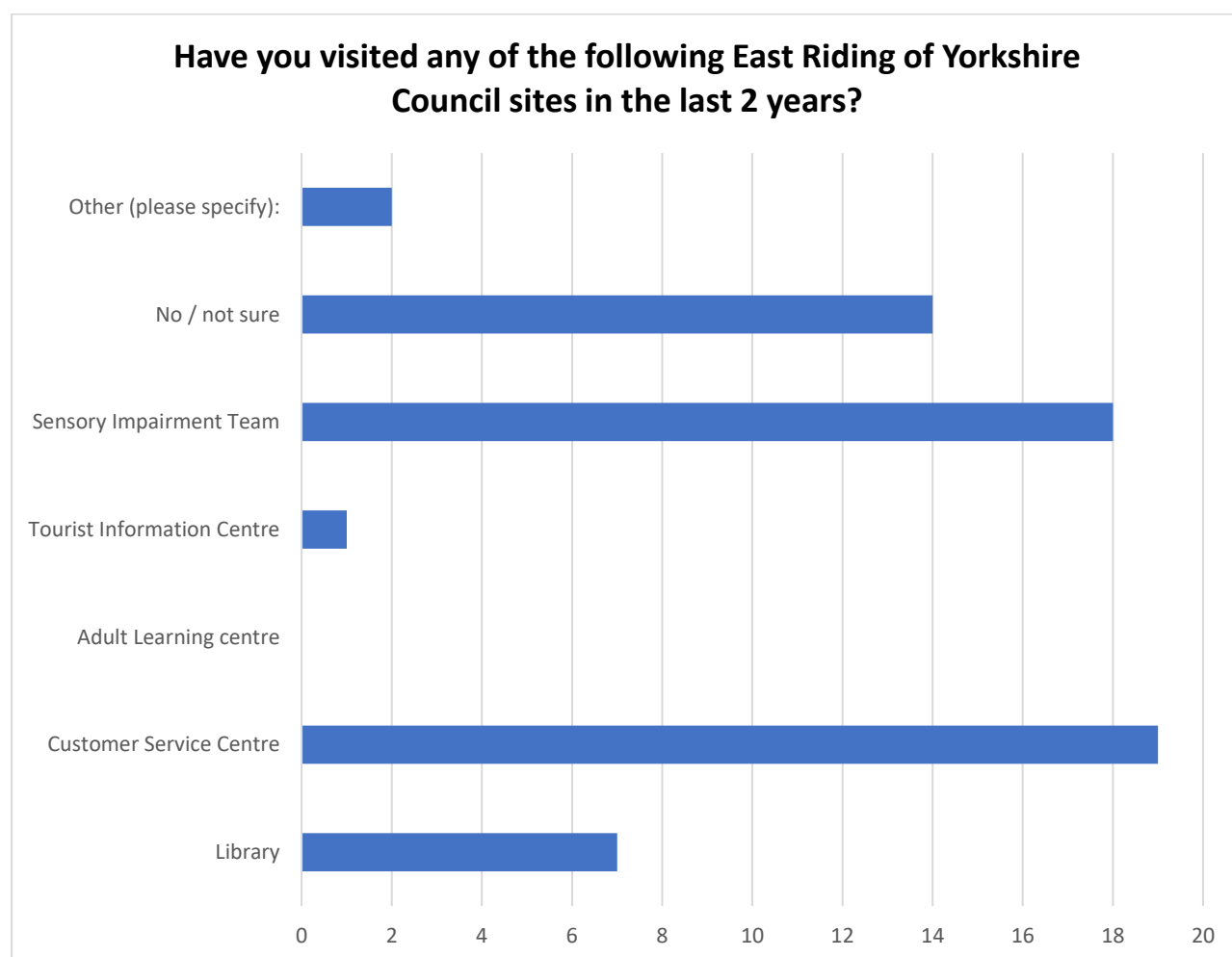
²⁸ A recent complainant highlighted that where the website does contain sign language films that they are out of date.

Recommendation 5: Good practice needs to be implemented that ensure all new digital Applications are tested by people with lived experience and certified as fully accessible on all operating systems.

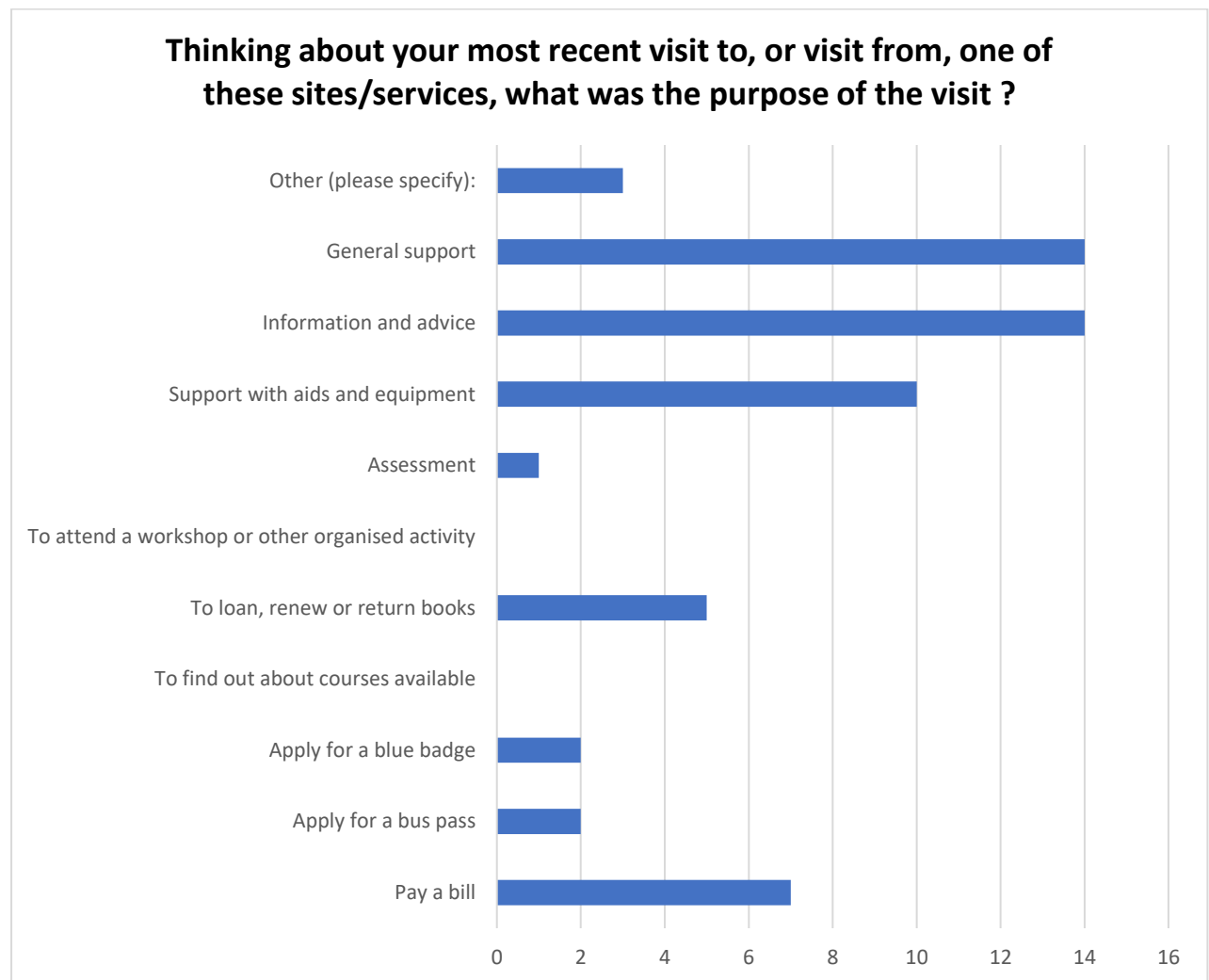
8.2 Staff Awareness/ Training

Barriers to communication, as seen in the previous section, are most keenly felt at the front line of customer service. The experience of any customer when entering a council service can define their confidence and trust in the Council as a whole. For a resident who has hearing or sight loss, a negative response can enhance their sense of exclusion and isolation and lead to the consideration that everyone matters but them. As the manager of the Hull Deaf Centre again reports, the deaf community don't expect people to be able to communicate directly with sign language (though of course that would be a positive and welcomed experience) but they do expect staff to be deaf aware.

The online survey focused on the respondent's experience of physically accessing a service, telephone enquiries and website access. A number of options were given for respondents to indicate which service they had used or visited with the majority indicating a Customer Service Centre or the Sensory Impairment Team.



An additional question about the purpose of the visit reflected the type of service uptake:



With the relatively small sample it is again difficult to draw firm conclusions, but the responses received indicate a sharp difference in the experience between people with sight loss and Deaf people. Of the twenty-six respondents who expressed a satisfaction rating, only 23.1% reported being very satisfied or completely satisfied with their face to face experience, with a further 15.4% suggesting neither satisfied or dissatisfied.

Positive comments that were made included:

- The staff understood my difficulties and supplied the correct equipment
- The staff know me, and they are always friendly and helpful

A follow up question provided opportunity to suggest improvements in order to have a better experience which included a category on staff awareness:

Improvement	Response Total
Staff awareness of sight/ hearing loss	23
Other	16
More time	8
Video/on screen resources	6
Better range of information available	5
Improved lighting	4
Better signage	3
Quiet spaces	1
Audio resources	0
Braille instructions	0

The significant response to a perceived lack of Staff awareness (85.2% of the respondents) provides a strong indication that the customer experience is very often determined by the way a person feels they have been treated, particularly within the Deaf community. Comments received in the free text box reveal the frustration and heartache behind some people's experience:

- I cannot access this service without an interpreter
- People just don't want to deal with the Deaf
- My Son must go talk for me and wife as we both deaf. Why can't I have control over my affairs myself I used to be a teacher I am not stupid, but made to feel it with nothing in BSL

One respondent indicated that the physical layout of a customer service centre was not always easy to navigate. In particular, for a person with sight loss, the fact that the staff were some distance away from the entrance has meant that their disability is not always obvious and it would help them if a member of staff was tasked with providing assistance at the door to guide them to and from the desk.

Satisfaction with telephone enquiries was more mixed reflecting an inconsistency of experience. The most disturbing response to telephone contact expressed complete dissatisfaction:

- Trying to get someone in East Riding Council to understand what visual impairment is, is impossible. They become rude and annoyed by a request for accessible formats and the go to answer is always to get someone else to do it for you

The sight loss focus group supported the belief that telephone, and website access created more barriers in their experience and provided the following case study:

Case Study 4

A member of the group telephoned to report a pothole which the person had tripped over when out with their cane. The response they received was "well can't you walk around it now you know it is there", despite several times telling the person that she was visually impaired

“but you know it is there, you can see it so you know you can walk around it”. The person reported that they couldn’t get beyond the call centre to speak directly with someone who could deal with the matter. They were aware that there is a direct reporting link but said that it is not accessible using assistive technology.

There was a general feeling that staff need to better understand what living with a visual impairment means. One member stated her frustration that “if I damage my cane, I lose my eyes” but that the member of staff they spoke to could not comprehend this.

Case Study 5

Another member of the group lives in a council house and shared with the group that they had phoned up to report a toilet leak. They informed the receptionist that they were visually impaired and received the response: “Oh that won’t get you up the ladder if that is what you are trying to do”. The respondent expressed their frustration that this hadn’t been the purpose of disclosing her disability, but the group agreed that this should make her a priority as she cannot see where the leak is and is therefore more at risk of slipping.

For members of the Deaf community who use BSL it is important to recognise that this will be their language of preference. It should not therefore be assumed that they are conversant in written English. The council provides a Translation and Interpretation service, which includes BSL provision, through a contract (currently with AA Global) and guidance on how to book is provided on the staff intranet.²⁹ There have been several instances where there has been an apparent reluctance to book an interpreter due to cost and inconvenience. It is important that staff are fully aware of the service and that interpretation is seen as a reasonable adjustment on each occasion rather than a last resort and there needs to be a consistent management and budgetary commitment to providing the necessary adjustment. The example referred to in Case Study 2 demonstrated a lack of staff awareness in some instances and there were still significant delays in arranging appropriate interpretation.

There can be challenges with booking a BSL interpreter not least in terms of ensuring competence and availability both at a local and national level with only 908 registered BSL interpreters in the UK in 2018³⁰. The reasons behind the challenges go beyond numerical shortfalls and also include concerns about lack of availability for emergency healthcare appointments, booking processes, use of national frameworks³¹ and rates of pay. This is a particular problem for outreach workers who visit clients who may require instant interpretation or similarly for library staff and other frontline services who need to be able to respond to a service user or customer more immediately. There are additional organisations that provide Video Relay Services and Remote Interpreting which facilitate instant dial up video interpretation. Deaf people can also dial up for an interpreter to make telephone enquiries on their behalf or click on a website link. This would require an additional contract

²⁹ <http://insight.eastriding.gov.uk/directorates/ahcs/corporate-strategy-and-performance/equalities/translation/>

³⁰ In 2017 the United Nations Convention on the Rights of Persons with Disabilities Committee specifically challenged the UK Government to address this.

³¹ The National Union of British Sign Language Interpreters is particularly critical of using framework approaches and advise their members not to engage with such provision.

procurement but could also be used to support deaf employees to make and receive BSL interpreted phone calls.³²

As previously stated, Deaf people do not expect staff to be able to sign but they do rightly expect a level of respect and dignity and understanding to be shown. The following case studies show bad and good practice in operation within the council service delivery:

Case Study 6

A resident who is profoundly deaf had moved into the area and attended the appropriate Customer Service Centre to seek help with registration for assistance with accessing relevant support. The customer lip reads and attempted to verbalise their needs. She reported that staff laughed at her and left her feeling embarrassed and humiliated.

Case Study 7

A Customer Service Centre experienced difficulty in communicating with a member of their local community who regularly made use of local facilities including the Library service. In addition to requesting support from the Translation & Interpretation Service, the staff signed up for a deaf awareness course in order to be able to better understand the deaf community. This has resulted in greater confidence and improved customer relations.

These instances highlight the need for awareness training for staff to understand the needs of their customers and highlight the importance of simple principles such as *listen and observe* and *not to panic*. As one respondent who is active in supporting staff training, ‘*there is no substitute for lived experience*’. In other words, we need to hear the personal stories of people who live with hearing and sight loss and who are often unnecessarily disadvantaged by a lack of understanding.

Training courses are available locally to support this understanding. For example, Hull Deaf Centre provide a Deaf Awareness Course. Sessions can be for up to 20 people and last up to two and a half hours long. The sessions are designed to provide delegates with the information needed to deliver information and services to Deaf people, help understand the culture of Deaf people and why they behave the way that they do and to become aware of the small changes that could make a big difference.

8.2.1 Sensory Impairment Team

The team is made up of three, experienced and committed, part-time members of staff who operate as rehabilitation technicians, making assessments and providing a limited range of assistive resource. The expressed aim of the service is to promote “*independence and improve confidence*”. Customers service pathways include self-referral, professional or carer and all individuals should be contacted within 24 hours and an assessment carried out within 28 days. The service also receives hospital referrals from the Consultant Ophthalmologist for people with recent sight loss who need to be registered with a Certificate of Visual Impairment (CVI). Prior to 2020 the statutory guidance was for completion within 2 weeks but RNIB guidance 2020 now recommends this to be done in 2 days.

³² ERYC does not currently hold data on how many employees have a sensory impairment.

The team were consulted with as part of this process and gave helpful assistance in providing examples of the kind of needs which they seek to meet and the limited resources at their disposal. The team is a vital support for people living with sight and hearing loss.

Case Study 8

One of their clients had communicated to them a negative experience at one of the Customer Service Centres, whereupon, despite the staff contacting the Sensory Impairment team for advice, they did not appropriately pass on the advice to the customer who was left feeling humiliated. Thankfully the Sensory Impairment team were able to follow up with a home visit and resolve the matter directly.

However, the response from the sight loss focus group was not so positive. They recognised that the service is not well funded but maintained that there could still be improvements made in the overall helpfulness and levels of care provided. One respondent also mentioned their surprise and disappointment that nobody from the team had contacted them during the pandemic lockdown and shielding periods and that they didn't know who to call.³³

Comparisons were drawn with the service some of them had previously experienced in another nearby authority. One recalled a time when they broke their cane and had direct contact with the sensory team who were very caring, and a replacement was delivered the same day. In contrast their experience of living in East Riding is that they were told it wasn't essential and they have had to fund it themselves.

Members of the Deaf community have also expressed their frustration when members from one authority who use their local Deaf Centre can access Social workers who are fully conversant in sign language but members of the East Riding using the same centre are not able to have the same available resource. The Manager of the Deaf Centre has increasingly become a surrogate social worker, acting as an advocate on their behalf to seek resolution to housing and benefit issues. This necessitates disclosure of personal and sensitive information, revealing the high levels of trust that are in place at the centre and reveals a significant loss of independence and converse lack of trust with the Council. Significant investment in the support provided would be needed if that trust is to be rebuilt.

These concerns were echoed by another frustrated correspondent who concluded that *"I am sure that my council is only paying lip service to the sight impaired. The team is ridiculously understaffed, unable to meet the standards by other authorities and is possibly breaching legislation to save money"*. The same person also remarked that whilst the advances of technology are "amazing" public authorities are failing to keep up with these developments and that it is not the digital divide which should be of concern but what they conceive to be the growing divide between personal income (i.e. those who can afford the technology) and the local authority budget (i.e. what the authority can provide for those who can't afford it).

³³ The Council did set up a Covid-19 response call centre to support vulnerable people which was widely promoted but information from the sensory impairment database does not appear to have been shared or considered.

The RNIB, whilst recognising the geographical and demographic differences in local authority capacity and approach, do remind local authorities that there are statutory responsibilities that still have to be maintained. The RNIB have produced a report See, Plan, Provide, which outlines the standards of good practice for rehabilitation services including time frames for initial assessments: <https://www.rnib.org.uk/campaigning/previous-campaigns/vision-rehab>.

8.2.2 Visual Impairment and Hearing Access Protocols

The *Visual Impairment Protocol* was highlighted by members of the focus group as welcomed good practice which they have observed from some organisations but not others. The principle behind the protocol is to safeguard people with identified vulnerabilities when receiving house calls (e.g. contractor or emergency services) and enables them to verify their identity. At the time a booking is made, the householder is notified of the details of who will be making the call and what date and time it will be made, and a unique password is agreed. The person calling at their home will then introduce themselves and indicate the password before the resident allows them entry. The Protocol is widely used by the Police³⁴ and the group had also experienced good practice from utility companies.

The *Hearing Access Protocol* is designed specifically for meeting etiquette, setting out the roles and responsibilities of everyone attending the event to enable a more inclusive environment. It sets out simple, practical steps that can be of benefit to everyone regardless of their level of hearing.³⁵

Both of these tools could be adapted to raise awareness of the needs of people with sight and/or hearing loss and to improve communication and confidence levels.

Recommendation 6: Mandatory awareness training should be considered for all customer facing staff. This should include stories from and interaction with people who have lived experience of sight and hearing loss and also guidance on booking BSL interpretation as a reasonable adjustment.

Recommendation 7: Consideration should be given to procurement of a Video Relay Service as an additional contract to the existing Translation and Interpretation service.

Recommendation 8: Consideration should be given to the adaptation and practical application of the Visual Impairment and Hearing Access Protocols.

Recommendation 9: An urgent assessment and audit of the current provision should be carried out with involvement and advice from local and national organisations to identify shortfalls in statutory provision and aspire to standards of good practice. Long term consideration should be given to the resourcing of the Sensory Impairment team including the availability of qualified social workers and technicians who are conversant in BSL and are able to provide the practical resources that are required for people to live fully independent and quality filled lives.

³⁴ <https://www.humberside.police.uk/VIP>

³⁵ The Protocol was designed by 'Ideas for Ears' in partnership with Deafscotland, the Scottish health and social care alliance and Disability Equality Scotland: <https://www.ideasforears.org.uk/hearing-access-protocol/>

8.3 Wellbeing

The results of the survey do not suggest that there is necessarily a causal link between loss of sight or hearing and wellbeing, although a significant proportion (almost 50%) of the respondents, particularly within the Deaf community, did report a negative impact. A further third of the respondents indicated that they were unsure or that they were neutral ('neither benefits nor hinders').

A follow up question which explored the reasons why mental wellbeing is impacted the respondents indicated a variety of reasons.

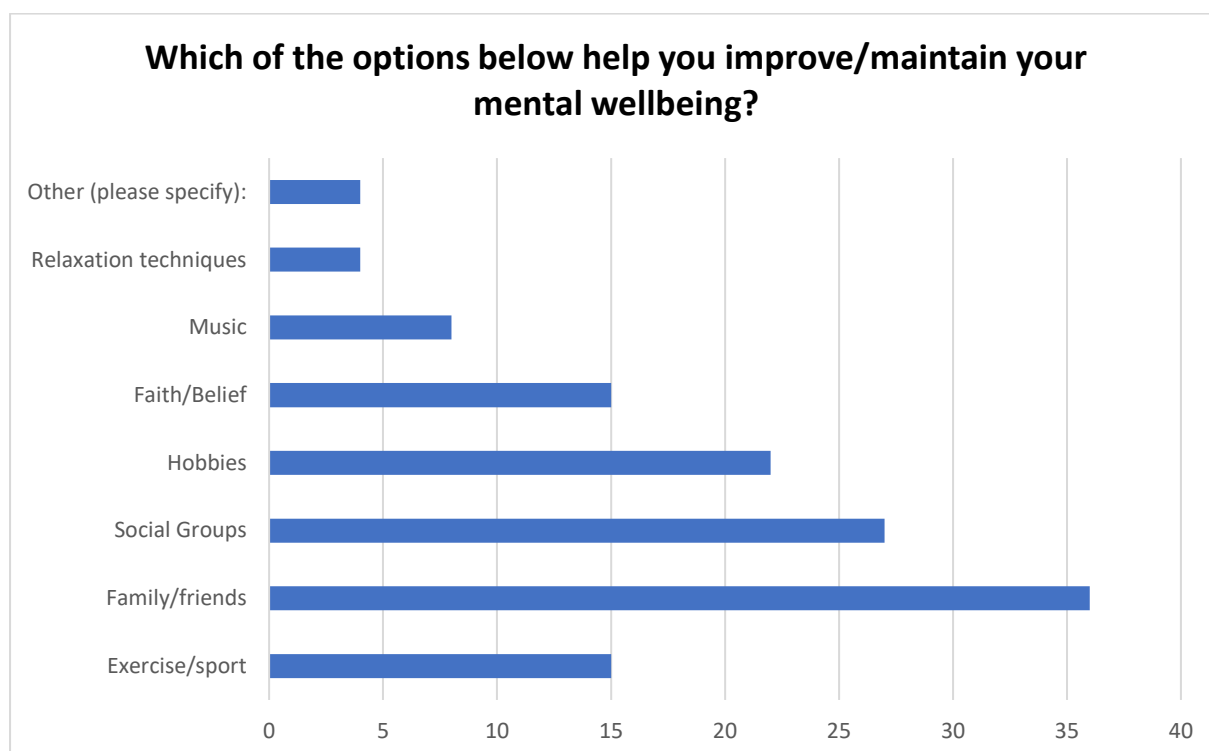


The comments received in the 'other' response again show some of the challenges that people are facing:

- Always deaf but before hearing better, now worse can't use phone can't read well...How can I ask for help? How I contact?
- I got bad depression
- I suffer with anxiety so don't leave the house much
- I stay at home all the time, miss Deaf club and Deaf Church
- I am incredibly lonely; I live with my parents at 32 because I cannot get help or support to move on...

All the respondents were also asked about ways in which they maintain their wellbeing with a range of suggestions offered to them. The responses indicate the variety of sources of support for people particularly at with reliance on family (36) and social groups (27). This does reinforce how important local organisations such as [Hull and East Riding Sight Support](#),

Coastline Sight and Hearing Community and Hull Deaf Centre are in helping to maintain a person's wellbeing.



The specified 'other' responses included, doing everyday things independently; their pet and just getting on with things.

When the question of wellbeing was discussed in more detail with a focus group, the members were very clear that there is most definitely an impact, as one would expect, at the point you are diagnosed or experience sight or hearing loss, especially with rapid onset. One member stated, "I literally woke up one morning and by the afternoon I had lost my sight". The group made the suggestion that the website should include information of what to do when this happens including the practicalities of who you need to contact. A useful starting point for sight loss is the NHS website: <https://www.nhs.uk/conditions/vision-loss/> and similarly for guidance about hearing loss: <https://www.nhs.uk/conditions/hearing-loss>. Currently there is no information provided specifically for sensory impairment on the Council website and the contact details for the sensory team do not appear to be readily available.

The survey provided respondents with the opportunity to suggest support or opportunities that could be provided in their local community. The responses were again varied but included:

- Local accessible exercise groups and befriending service
- Sport, a decent bus service so I can even go out on a Sunday to the seaside
- A friendship club
- Meet up with other deaf people in area
- A disabled pass for sports, gyms and swimming pools
- Education and technology courses to cover all disabilities

- **Groups with social worker and BSL interpreter so we could talk about issues**

The responses again indicate the importance of social environments and that there is potential for community and faith groups to do more to facilitate support across the region. The response highlighted reflects that this was a repeated comment from a number of respondents and is clearly a significant issue of concern for members of the Deaf community and one that needs resolving not just in terms of trust but also in improving wellbeing (see Recommendation 9 above).

A similar question also asked for responses in terms of what would build a greater sense of value and pride in their community. The themes that emerged were informative relating to being respected, valued and included, support being available at the point of need and a sense of feeling connected. The following comments illustrate the importance of the consultation process:

- The council caring about people with my disability and listen to our valuable views
- Not written off as incapable before talking with me

8.3.1 The impact of Covid-19

A specific question was asked in relation to the effect of Covid-19 on their mental health. The responses were mixed but a half of the respondents indicated that it had adversely affected them with only 12% stating that it hadn't. Respondents were able to provide their reasons behind their response which included a common sense of isolation in not being able to attend support groups or meet with friends; the impact of measures such as face masks which made communication difficult and directional signs within shops which were confusing; and also anxiety about travel, social distancing and future concerns about going out again, including fears of loss of cane skills and safety routines. A number of respondents also reflected on what they perceived to be a lack of help available to them with the repeated phrase "*nobody cares*" being used and an emphatic sense of "*being forgotten*".

Case Study 9

One respondent lost their sight during the pandemic and reports that the Consultant had reported an increase in sight loss patients due to Ischaemic events³⁶. They expressed their anxiety and sense of isolation "Overall, I have simply felt very alone... At times I felt afraid".

The next two sections will cover transport and sport and leisure respectively, but the responses do serve as a reminder that being able to live independently and safely access leisure facilities and other local amenities is an important part of maintaining wellbeing. The responses also suggest a sense of isolation experienced by many disabled people which has been exacerbated during the pandemic.

Recommendation 10: Urgent action to be taken to provide accessible information specifically to address the needs of people who experience sensory impairment which should

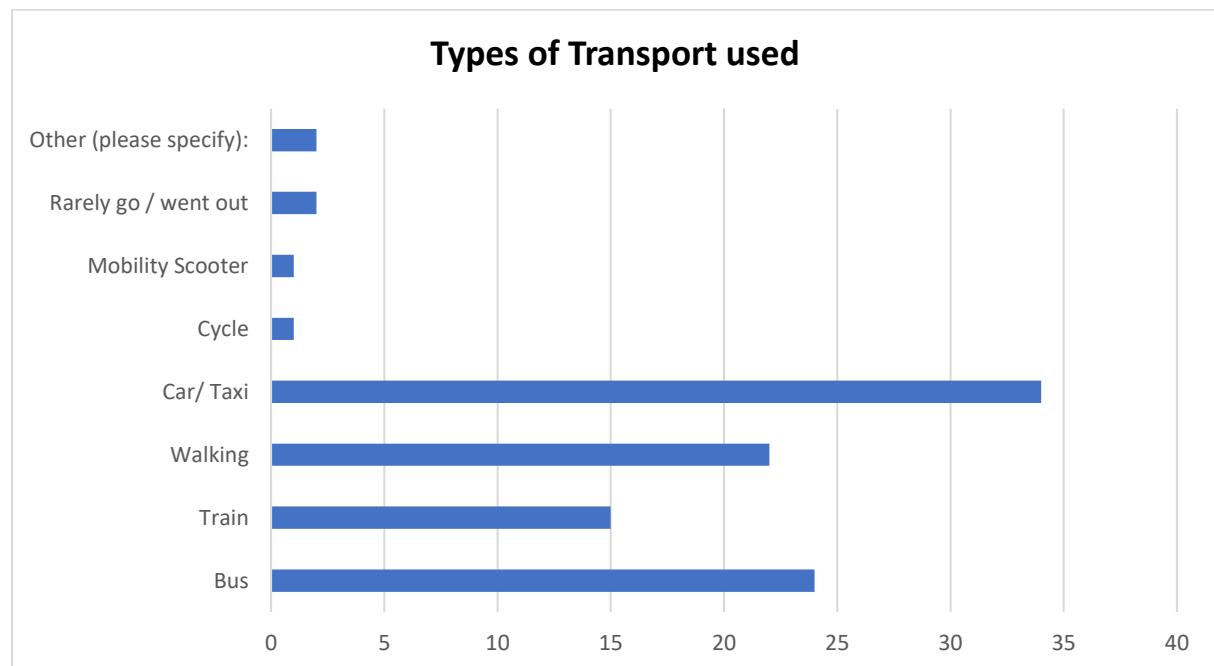
³⁶ Ischaemic events refer to a deficiency in the supply of blood and oxygen to tissue or organs such as the heart or brain due to blocked arteries or trauma.

include information on what to do, where to go and who to speak to including local and national support groups.

Recommendation 11: To work with the local disability groups and the East Riding VCSE network and Community Transport to identify geographical and logistical need to enable greater access to local support including consideration of ways in which the Council can help facilitate and address the need for new peer support and friendship groups.

8.4 Transport/Getting around

The online survey highlighted that people use a variety forms of transport within the region.



Local transport and highway policy therefore impact people with sensory impairment at every level of their daily lives and activity. The Local Transport Act 2008 includes the requirement to have regard to the needs of disabled people, both in developing and implementing plans. The Local Transport Plan (LTP) accordingly identifies improving access to key services as a strategic objective with particular reference to reduction of services in rural areas and an ageing population.³⁷ The LTP identifies as priorities in this area as:

- To continue to support schemes which provide alternative transport options for older and disabled residents and those living in rural areas, including community transport and wheels to work.
- To ensure that those residents who do not own a vehicle have access to high quality walking, cycling and public transport networks and facilities.

³⁷ East Riding of Yorkshire Council's Local Transport Plan 2021-2039, p44f

<https://www.eastriding.gov.uk/council/plans-and-policies/other-plans-and-policies-information/transport/local-transport-plan/>

Within the LTP there is no specific mention of sensory impairment and access may therefore be limited to physical mobility issues.

8.4.1 Community Transport³⁸

The LTP sets out the Council's vision for Community Transport which is to:

- Understand and meet local needs, change perceptions and enable community engagement.
- Work in partnership to sustain vibrant communities and improve social wellbeing.
- Be professional, affordable and deliver excellence in service provision.

To address these transport challenges the Council supports a number of local community transport groups and schemes. Community transport is the name given to any type of transport run on a not-for-profit basis to assist people who cannot access private or public transport for any reason. Community transport provides travel opportunities for local residents, particularly disabled people and the elderly, to ensure that they can maintain their independence by accessing social events and other key services.

There are currently four community transport operators:

- Beverley Community Lift
- Nafferton Millennium Community Minibus
- Holderness Area Rural Transport
- Goole and District Community Transport

These operators are collectively known as 'East Yorkshire Community Transport'

Each operator offers a variety of transport options including MiBus services (door to door dial-a-ride service to various towns throughout the East Riding), MediBus services (pre-arranged trips to medical appointments), community group minibus hire (for groups such as scouts or over 60s), or regular scheduled minibus services (run under a section 22 license and available for use by the general public). MiBus and MediBus services are funded by the Council.

The LTP makes the commitment that there will be funding to improve community transport services and facilities. This is supported by a Community Transport Strategy.

8.4.2 Public Transport

The LTP reaffirms the Council's commitment to working with bus and rail operators to provide a high-quality bus network and to improve access to rail stations and integrate rail travel with other transport modes.³⁹ In respect of bus operations, the local authority subsidises 'socially necessary' bus services where they can't be operated commercially and is responsible for the highways on which the buses run. The authority also supports infrastructure including bus stops and travel information.

³⁸ See LTP, Ch 19, p83f

³⁹ LTP, p71f

The *National Disability Strategy* reports that 99% of buses now meet minimum accessibility standards⁴⁰ but administration processes need to be made accessible and disabled people need to be able to travel with confidence. One respondent reported that in Hull there is an orange card scheme that enables a blind person to hold up the card to indicate that they can't see what the bus number is. There is not currently a similar system in East Riding. The National Disability Strategy again identifies that audible and visible next stop announcements are an important part of enabling people to travel independently and with confidence.⁴¹ There was also concern expressed about the lack of flexibility as individuals are not eligible to use the bus pass before 9.30 unless they complete a form which is not accessible and pay a fee to their GP to provide proof of work and a reason for travelling at that time. Passengers also care about safety and one respondent for instance, pointed out in relation to their personal wellbeing that there is no point having a bus service if there is not a safe place to cross busy roads such as the A1079; they reported "it's very scary...with so much fast traffic nearby".

8.4.3 National Bus Pass and Free Disabled Person's Travel Pass

Under the national concessionary fares scheme all people of pensionable age, seriously injured service personnel and veterans who have been awarded payment through the Armed Forces Compensation scheme, people with a learning disability and people who are Blind, partially sighted, profoundly or severely deaf can travel for free on buses. The Council expresses preference that applications for passes should be made online but that a person can also apply at any Customer Service Centre or library service. Supporting evidence of sight or hearing impairment is required which includes registration on the local authority social services register and additionally a certificate of Vision Impairment signed by a consultant ophthalmologist or audiological report as appropriate. Details are available on the website.⁴² The following section (8.4.4) will highlight some of the concerns that have been expressed with the complexity and bureaucracy of the application process. The pass restricts free travel until after 9.30am which is also a constant frustration for those who need to commute to work.

The train network also offers significant fare reductions with the Senior and Disabled Person Railcards, but the Council also funds a local disabled person's travel pass which offers free local travel on buses and trains for people with specific disabilities which includes sensory impairment.⁴³

The pass entitles the person to travel within the East Riding and to certain termini outside of the area (including Hull, Doncaster, Scarborough and York) providing the journey starts at an East Riding station. One correspondent during the consultation process has raised concerns that the information on the website is not always clear and that for people living in Bridlington who want to travel to York, they are not able to change at Scarborough, which would be their direction of choice, but rather have to travel to York via Hull (there are direct services). Each local authority arranges the concessionary scheme with local transport providers and

⁴⁰ National Disability Strategy, p40

⁴¹ National Disability Strategy, p44

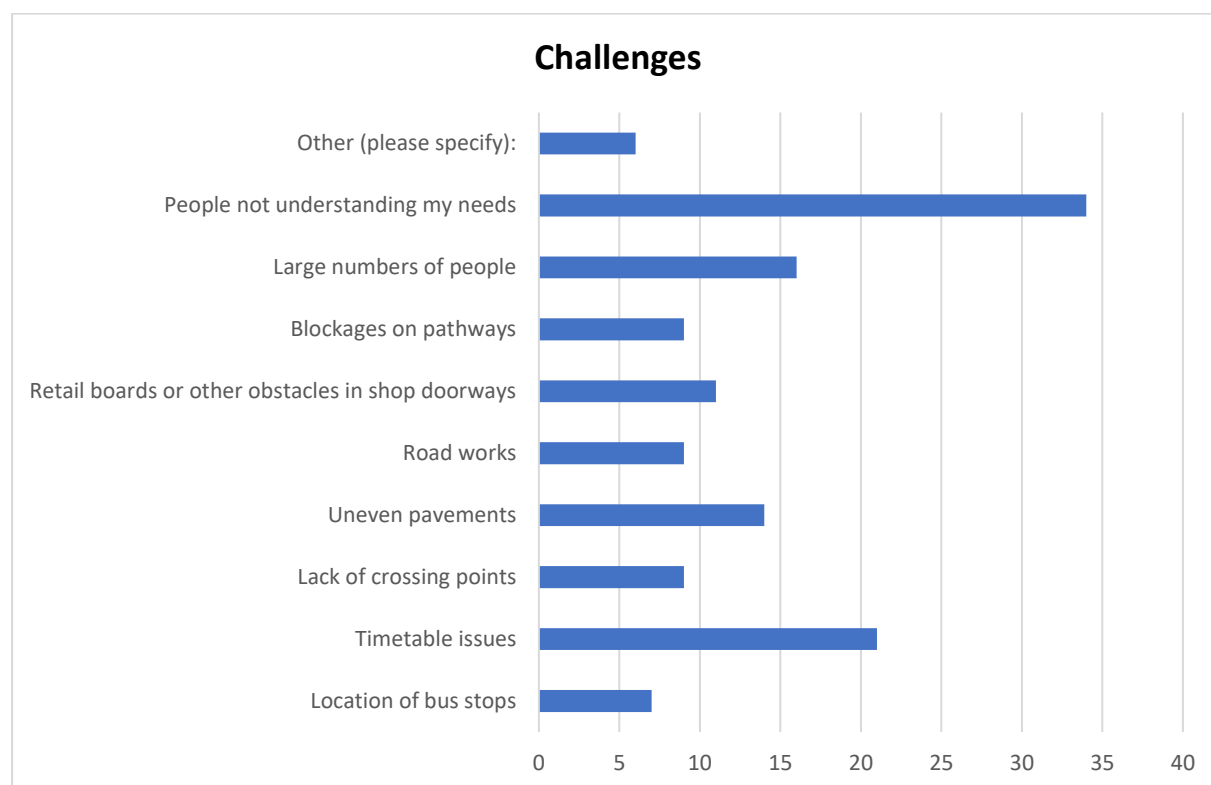
⁴² <https://www.eastriding.gov.uk/environment/public-transport-travel/travel-passes-and-concessions/english-national-bus-pass/>

⁴³ <https://www.eastriding.gov.uk/environment/public-transport-travel/travel-passes-and-concessions/disabled-persons-pass/>

therefore journeys made within other regions would not be funded by the Council. North Yorkshire do not include train provision within their concessionary scheme. The correspondent found that both train operators and Customer Service Centres were equally unclear. There is therefore a need for further communication and consultation in the implementation of and information provided for the scheme.

8.4.4 Challenges

The online survey demonstrated the many challenges that people with sensory impairment have to face in everyday travel and getting around.

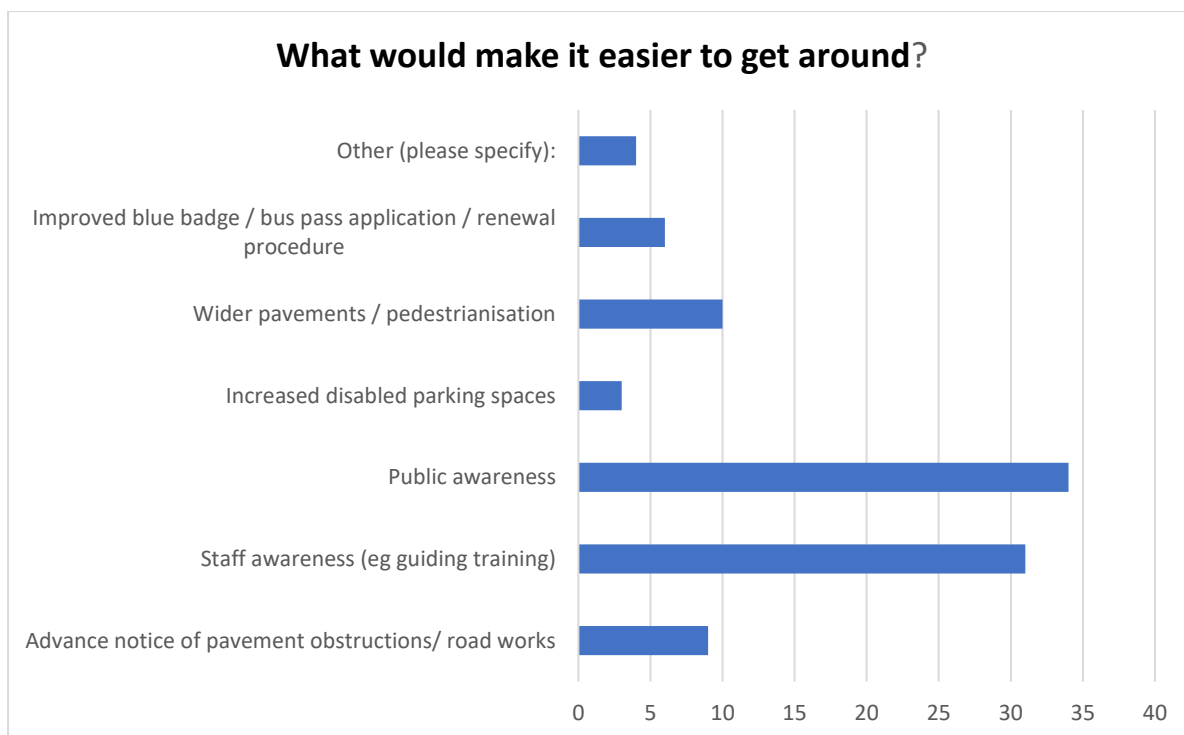


The additional specified reasons included: the increase in street furniture; poor signage; silent electric cars; cars parking on pavements and condition of pavements. In respect of the problem of cars parking on pavements, it is worth noting that the government is consulting with local authorities on how to address this.⁴⁴ All of these issues have also been identified in a recent RNIB report which calls on “*local authorities, transport operators, designers and the Department for Transport*” to work with them to “*ensure our streets are truly inclusive*”.⁴⁵

Respondents were also asked to indicate what would make getting about less challenging for them.

⁴⁴ National Disability Strategy, p47

⁴⁵ RNIB. *Seeing streets differently*. 2021, p3



For a person living with sensory impairment, especially sight loss, the experience of travel can be overwhelming. Crossing places change, roads and pavements change. Each one of these changes mean that familiar routes have to be re-learned. One blind respondent spoke of how she counts in order to help navigate. For every unseen obstacle or blockage there is both a hazard but also a break in the navigation. That same person has lost count of the number of times she has been ‘frog marched’ out of temporary road works that she has inadvertently stepped into and then left on the other side bewildered, embarrassed and more significantly disorientated. Staff need training in how to guide people and to understand this loss of orientation. The respondent also highlighted that an email newsletter informing them of upcoming street works would make a significant difference.

Case Study 10:

At Pelican crossing points there is a small cone which can be touched by a person with sight loss and will inform them of when it is appropriate to cross. One respondent reported a situation in another area where it was not working for several days and that the repair wasn’t treated as an emergency. Understanding the importance of such small things is crucial if people are to travel safely and with independence.

All proposals for town centre regeneration are subject to an Equality Analysis (impact assessment) and consideration is now routinely given to the needs of people with sight loss particularly when siting street furniture, planters and so on. However, there is a tendency to consult after the proposal has been planned and costed rather than involving people in co-design. The RNIB report, *Seeing streets differently*, highlights a particular concern in the planning of unified footpath and cycleways: “for blind and partially sighted pedestrians, knowing they can be

*in the same space as cyclists can be intimidating, particularly because bikes are hard to detect”.*⁴⁶ One respondent to a recent consultation through the Council’s *Disability Advisory Network* made a similar point in raising concerns about a proposed local cycle pathway, part of which included plans for a unified pathway. More also needs to be done in partnership with local businesses to ensure that high streets are accessible and safe especially with the increased attention to town regeneration and post pandemic recovery.

People living with sight loss will often use a white cane as a simple but significant piece of equipment that allows the person to navigate safely and avoid both people and obstacles in their path. One respondent reported that people either don’t seem to understand what the cane is for or recognise that it signifies their blindness or that they are so focused on their phone or on their own needs to notice that they are there. The Deaf community overwhelmingly reported that improving Staff and Public awareness would make a significant difference to them in getting about.

A number of respondents indicated their frustrations in their experience of seeking to obtain blue badges/bus passes. These passes offer a person that lifeline of independence, but some reported that the application process can be complex, intrusive and costly (when they have to get renewed confirmation of their disability which is unlikely to have changed). Previous consultation has taken place with local disability groups prior to the implementation of the schemes including the inclusion of in person bookable sessions. However, it is important to recognise that, although applications are administered at a local authority level, they are national schemes. The National Disability Strategy makes the commitment that the Department for Transport will continue to make improvements to the online application process “to ensure that it works in the best possible way for all users”⁴⁷.

Case Study 11

One registered Blind person reported that they had sought support for applying for a bus pass but was denied a face to face appointment as they ‘failed to meet the criteria’ as English was their first language. It was assumed that because they had a family that someone else could complete the form for them. The person stressed how important staff awareness is in understanding the challenges that people with sight loss can face and also the importance of being able to live as independently as they can. The experience has left them with a feeling of anxiety in anticipation of having to renew the pass.

The above case study does not reflect the expected practice or administration of the scheme which does, as previously suggested, include in person support (pre-pandemic). The comment therefore does serve as a reminder that consistency is imperative, and that one bad experience can colour a person’s whole outlook on service provision.

Recommendation 12: Explore ways in which upcoming pavement works can be communicated to people with sight loss so that they can adjust their routes and are better prepared to avoid temporary disruptions.

Recommendation 13: In partnership with local transport providers, consideration needs to be given to the flexibility of travel and the ease and safety of passengers with sensory

⁴⁶ Seeing streets differently, p12

⁴⁷ National Disability Strategy, p47

impairment so that they can maximise their use of local transport and be able to access pavements, bus stops and stations safely. This could include restrictions on pavement parking and location of bus stops and crossing points.

Recommendation 14: Disabled people need to be involved in co-design at the earliest possible stage for highway planning and regeneration projects.

Recommendation 15: Consideration needs to be given, in partnership with public transport operators, to providing a public information awareness campaign to help improve understanding of the needs and challenges faced by people with sight and hearing loss.

8.5 Sport and Leisure

Activity Alliance, a national organisation that seeks to provide a voice for disabled people, conducts an annual survey which considers access and levels of activity of both disabled and non-disabled people. The published report⁴⁸ concludes that inequalities still exist, and that disabled people are more likely to be inactive and to perceive less opportunity. Findings include:

- Disabled people are more likely to be inactive, 34% compared with 10% non-disabled people and in the over 70's age group, 47% non-disabled people were active compared with only 17% disabled people.
- 95% people felt their health condition or disability impacted their ability to be active (77% specified 'a lot').
- 58% disabled people felt they had opportunity to be active compared with 74% non-disabled. This reflects an improvement on 2019-20 (40%) but there is still an opportunity gap, particularly amongst women and young people.
- 78% disabled people felt they would like to do more but were less likely to see sport as an option for them (35%) rather than physical activity & exercise (57%). This contrasts with non-disabled people who are more likely to engage at all levels - 61% & 77% respectively.

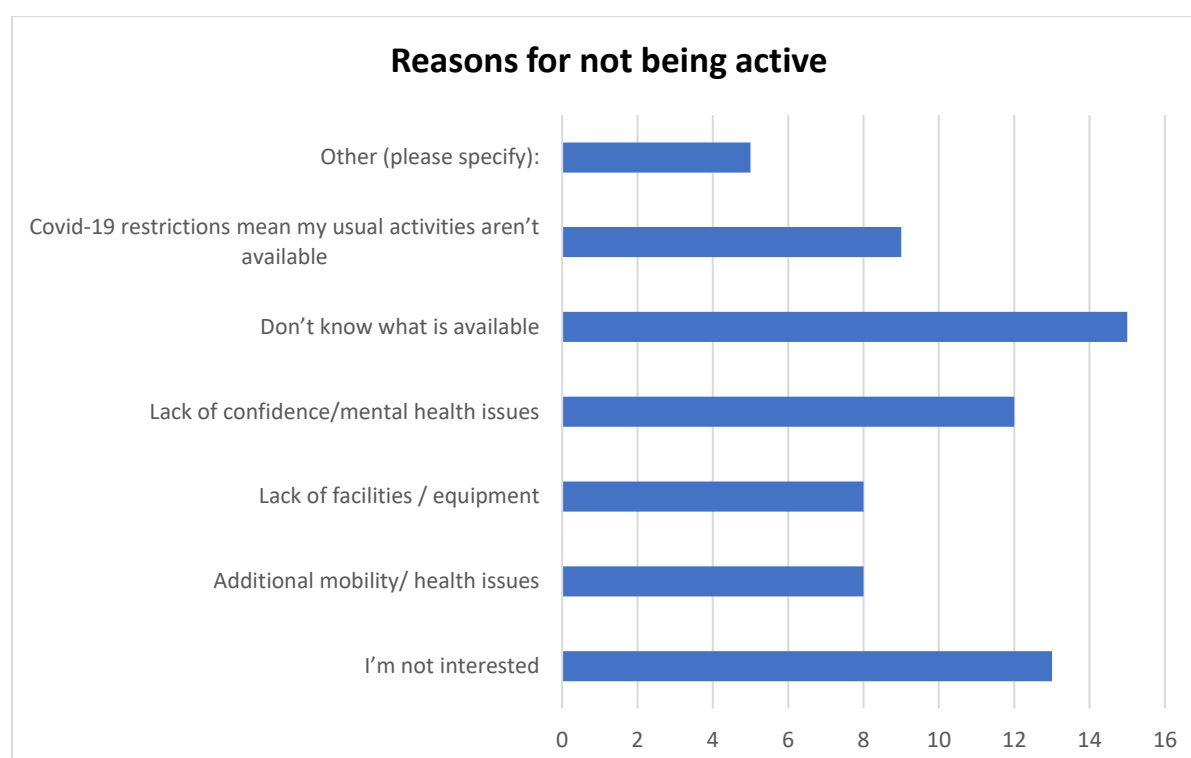
The report was produced in the midst of the pandemic and reflects both pre and present levels of activity and recognises that all communities have been impacted by the pandemic and associated measures with disabled people bearing a heavier burden through shielding requirements. The concluding recommendations of this report recognise the pre-existing inequalities and the need to provide greater opportunities post-Covid⁴⁹:

1. Provide clear and consistent information about being active
2. Embed inclusive practice into opportunities as they recover
3. Work collaboratively to address new challenges arising from COVID-19
4. Offer a variety of ways to be active
5. Change attitudes towards disabled people in sport and activity

⁴⁸ Activity Alliance. Annual disability and activity survey 2020-21. <https://www.activityalliance.org.uk/how-we-help/research/6011-activity-alliance-annual-disability-and-activity-survey-feb-2021>

⁴⁹ Activity Alliance, p101

In the online survey, carried out for this assessment, two thirds of the respondents reported being regularly active during the week with the majority indicating walking and gardening. As noted earlier, physical activity is an important aspect of maintaining wellbeing as it is for many people.



It is worth noting that thirteen of the respondents indicated a lack of interest and these were exclusively from the Deaf community which may suggest the continued lack of trust and impact that the challenges they are facing is having on their wellbeing. Accessibility to facilities, including awareness of what is available to them is a strong factor and relates to both the local offer and the provision of information. A significant proportion of the respondents indicated that they do not know what is available and there needs to be a more targeted promotion of facilities and opportunities that are available to them.

Less than 20% of the respondents indicated that they have used East Riding leisure facilities in the last 2 years, however, all but one of them reported high levels of satisfaction. The additional comments suggest that quieter times are really important, especially for those who enjoy swimming. However, the low numbers indicating participation in leisure facilities, especially amongst the Deaf community suggests that there is more research needed to understand why people are not members, although again the 'not knowing what is available' response may be indicative.

One of the strong threads contained within the Activity Alliance findings is the need to develop inclusive practice. Whilst disabled and non-disabled people were equally likely to be active alone (both 50%), disabled people were more likely to be active in mixed groups. This reflects the popularity and need for activities that are fully inclusive and available to both disabled and non-disabled people. This is also the feedback that East Riding leisure centres

have received, and that experience has shown that specific activities offered to disabled people are less attractive. This is further backed up by the findings of Activity Alliance, reporting that competitive sport has much lower levels of engagement for both disabled (5%) and non-disabled (9%).⁵⁰ However, in the context of sensory impairment, specific blind and deaf sport should not be overlooked and the East Riding FA for instance, are actively looking to develop grass roots football on both non and competitive levels and they have recently appointed a participation officer who is trying to establish a sustainable football offer. At present locally disability sport tends to be focused on Hull and therefore less accessible to many of the residents of the East Riding. Tigers Trust offers some disability sport including blind football sessions, again based in Hull. There are also individual charities and organisations providing a multi-sport offer or specific activities for disabled people. Hull and East Riding Sight Support for instance have offered a regular programme of activities including multi-sports, tennis and tandem cycling. There needs to be a clearer understanding of what leisure activities and sport are available across the East Riding in order to identify gaps in provision. Community clubs also need to be encouraged to develop improved facilities for disabled people and more inclusive offers. Use of commuted sums funding, for instance and other grants could be targeted to facilitate this.

Recommendation 16: The East Riding Leisure service could seek further understanding as to the potential lack of engagement with the facilities and to actively promote their inclusive offer to people with sight and hearing loss.

Recommendation 17: Consideration could also be given to a Disability Sport and Wellbeing Needs Assessment to identify existing provision, identify gaps and coordinate local investment and engagement in niche disability sport including competitive and non-competitive activities.

8.6 Employment

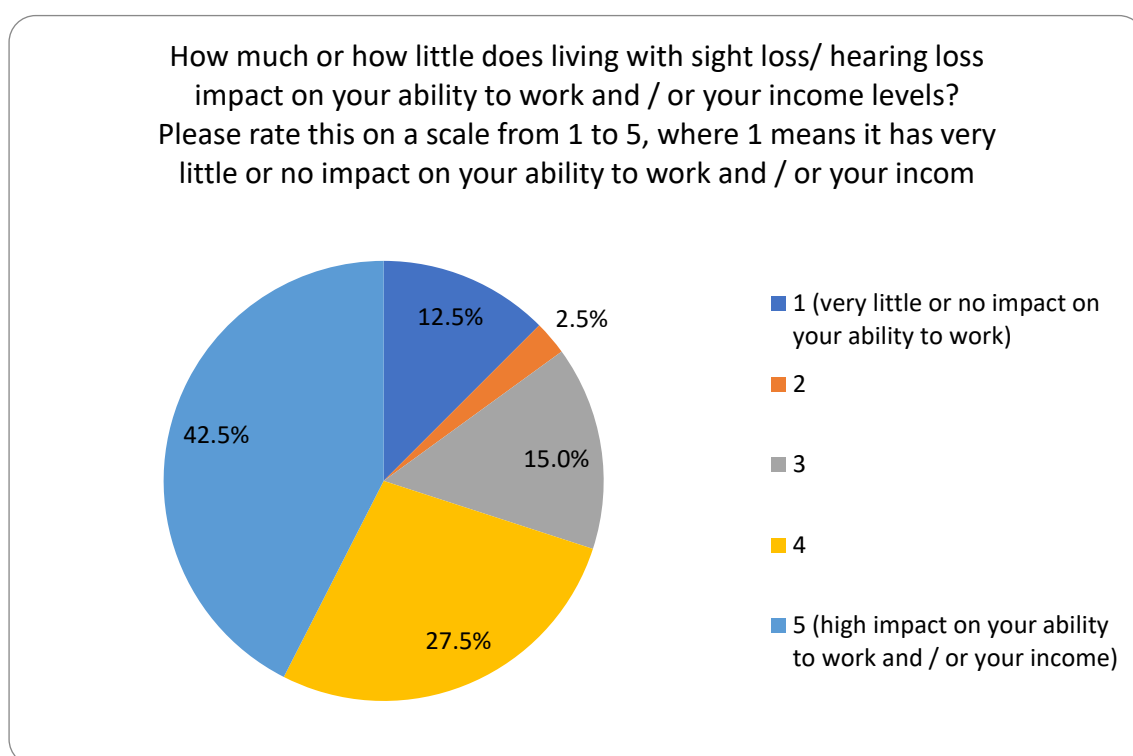
The National Disability Strategy states the desire of the government to help facilitate and encourage disabled people to be able to work and achieve their full potential.⁵¹ Statistics show that Disabled people are much less likely to secure employment and at comparable wages. One respondent to the online survey highlighted the need for support with job searching and applications. There is both an aspirational and opportunity solution requirement, raising the profile of what Disabled people can achieve and providing the opportunities and support necessary for them to fulfil their potential.

The online survey revealed a mixed picture with regards to the current status of the respondents with only 1 in 5 reporting substantial employment, a quarter unemployed and three individuals stating they were unable to work due to underlying health conditions or because of their disability. Half of the respondents had reached retirement age but were able, in many cases to reflect on their previous experience with many from the Deaf community expressing how their deafness has restricted their access to work over the years but that it is much harder now for young people than it was for them.

⁵⁰ Activity alliance, p50

⁵¹ NDS, p48

The level of impact that their sight or hearing loss had on their ability to work was again varied but there was a definite expression of detrimental impact particularly amongst the Deaf community:

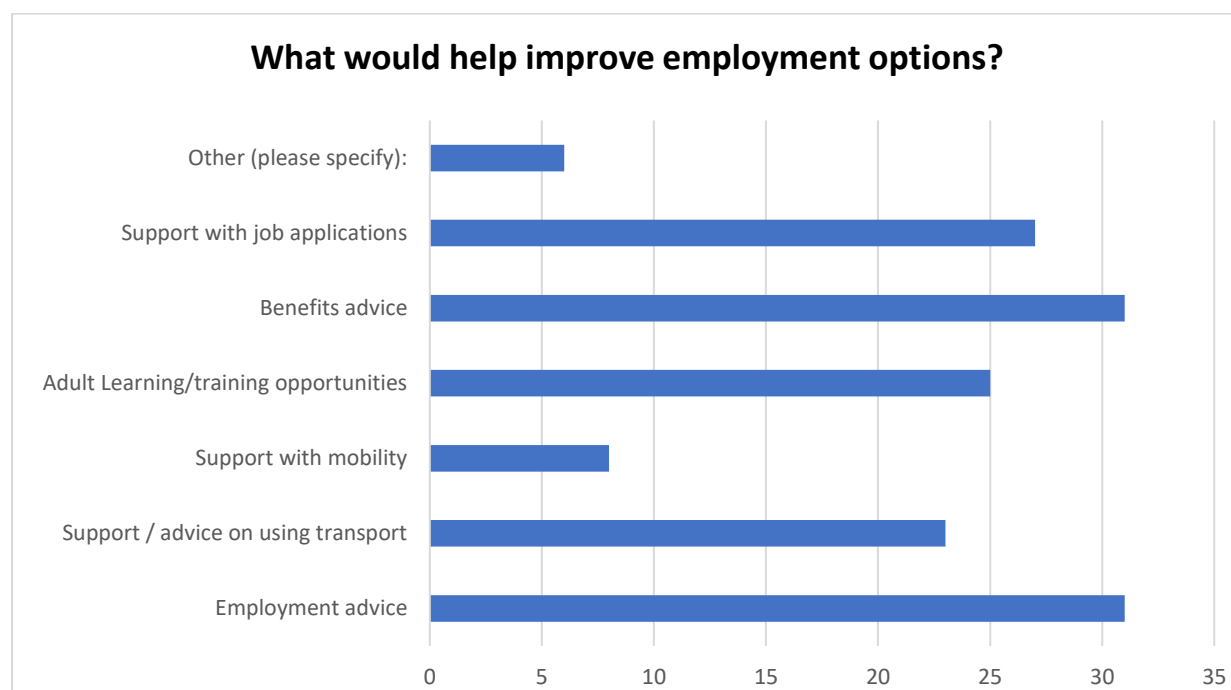


The reasons given for their response are disturbingly enlightening as to the negative experience faced by many disabled people:

- Employers are not willing to think outside the box and realise that I am just as capable as the next person. They see my disability before me and my abilities
- I have chosen to work for an employer who is supportive. But it is not the level of job I had when sighted
- Lack of awareness, support, understanding
- Need for special training and understanding of my needs and ability to do the job without support when required
- I can't hear the phone or people talk behind me, it makes me feel withdrawn at times, if I could hear I would go further in my career
- Nobody wants to employ a Deaf man, who need interpreter all the time, also making changes to businesses for health and safety, people don't like that
- Hard to find work, people don't want deaf
- I have been looking for work for years, the people at the job centre won't even see me now, they never booked an interpreter ever...They have never helped me
- **DISCRIMINATION MY WHOLE WORKING LIFE⁵²**

⁵² The response is reported in capitals as this was how it was indicated in the free text box and would appear to sum up many people's experience in the workplace.

An additional question was asked to ascertain changes that could be made in order to improve employment outcomes:



The reoccurring theme is one of lack of support and understanding by colleagues and employers and an inability to properly consider reasonable adjustments. Much of the responsibility lies within the processes of job centres but the Council in partnership with other agencies could consider arranging consultation and advice roadshows at various locations to provide advice on benefits, training opportunities and promoting the Council as a supportive employer.

The National Disability Strategy also identifies this challenge and has signalled an intention to review and strengthen Access to Work and promote more inclusive practice through the Disability Confident scheme.⁵³ With the right assistive technology installed, many people who experience sight and hearing loss should be able to work effectively and employers, including the Council, need to strengthen their commitment to recruit and support people with sensory impairments in order for them to enjoy sustainable and fruitful employment. Working from home has brought some benefit for many people and this was also acknowledged within the responses with the advantage of being able to use the technology in their own home and still interact with colleagues.

Case Study 12

A Council employee who has a sensory impairment has expressed their lack of confidence in applying for promotion because they cannot be certain that even if they were successful through the application and interview process that another manager would provide the appropriate support and adjustments that they need.

⁵³ NDS, p50

The Council is currently developing a more comprehensive Equality Diversity and Inclusion workforce offer through the *People Strategy*, in order to deliver a more modern and inclusive workforce. There is therefore a timely opportunity to review and develop a more inclusive environment for Disabled people to work and thrive. This will need to incorporate disability awareness programmes for managers; a positive culture of ensuring adjustments are made (for instance through a reasonable adjustment passport scheme⁵⁴) and a fresh consideration of Disability Confident employer recognition in line with the National Disability Strategy⁵⁵.

Recommendation 18: Careers and benefit advice and recruitment campaigns need to present positive messaging for the employment opportunities that are open to Disabled people, including those with sensory impairment.

Recommendation 19: The Council has an ambition to become a best practice employer through its existing *People Strategy*. This should include management awareness training; adoption of reasonable adjustment passports to work and consideration of accreditation with Disability Confident in line with the National Disability Strategy recommendations.

9. Concluding Remarks

This report will not be exhaustive and can only be seen to have taken a snapshot view of those whose lives are impacted by sight and hearing loss. Nevertheless, there are some concerning issues that have been raised. Two issues in particular stand out: how the Council communicates with and responds to the needs of Sight Impaired and Deaf people and the lack of resourcing both in terms of qualified staff and availability of equipment aids in comparison to other local authorities and against the recommended levels of service. The Council does not have a good reputation, especially amongst the Deaf community and this needs recognising and responding to if trust is to be restored and the Council's vision "...where everyone matters" is to be realised.

⁵⁴ See for instance <https://www.tuc.org.uk/reasonable-adjustments-disability-passports>

⁵⁵ ERYC is not currently subscribed to Disability Confident although it has been in the past and was not without its critics. This has been included as an action for reconsideration on the EDI Action Plan aligned with the *People Strategy*.

Appendix I: Recommendations

Recommendation 1: The data of registered Blind and Deafblind needs urgent review to ensure that the Council is legally compliant and that insensitive communications are not sent out to deceased persons.

Recommendation 2: Consideration should be given to the creation and adoption of an Accessibility Standard which should encompass all external forms of communication and information exchange.

Recommendation 3: The production of a sign language film should serve as a benchmark for future consultations and communication, including provision of public health messaging and information about services available.

Recommendation 4: Database and call transfer systems need to adopt best practice, 'once told, all told' approach in order to ensure that customer communication preferences and relevant health/ disability information is recorded and accessible to all service areas.

Recommendation 5: Good practice needs to be implemented that ensure all new digital Applications are tested by people with lived experience and certified as fully accessible on all operating systems.

Recommendation 6: Mandatory awareness training should be considered for all customer facing staff. This should include stories from and interaction with people who have lived experience of sight and hearing loss and also guidance on booking BSL interpretation as a reasonable adjustment.

Recommendation 7: Consideration should be given to procurement of a Video Relay Service as an additional contract to the existing translation and interpretation service.

Recommendation 8: Consideration be given to the adaptation and practical application of the Visual Impairment and Hearing Access Protocols.

Recommendation 9: An urgent assessment and audit of the current provision should be carried out with involvement and advice from local and national organisations to identify shortfalls in statutory provision and aspire to standards of good practice. Long term consideration should be given to the resourcing of the sensory impairment team including the availability of qualified social workers and technicians who are conversant in BSL and are able to provide the practical resources that are required for people to live fully independent and quality filled lives.

Recommendation 10: Urgent action to be taken to provide accessible information specifically to address the needs of people who experience sensory impairment which should include information on what to do, where to go and who to speak to including local and national support groups.

Recommendation 11: To work with the local disability groups and the ER VCSE network and Community Transport to identify geographical and logistical need to enable greater access to local support including consideration of ways in which the Council can help facilitate and address the need for new peer support and friendship groups.

Recommendation 12: Explore ways in which upcoming pavement works can be communicated to people with sight loss so that they can adjust their routes and are better prepared to avoid temporary disruptions.

Recommendation 13: In partnership with local transport providers, consideration needs to be given to the flexibility of travel and the ease and safety of passengers with sensory impairment so that they can maximise their use of local transport and be able to access pavements, bus stops and stations safely. This should include restrictions on pavement parking and location of bus stops and crossing points.

Recommendation 14: Disabled people need to be involved in co-design at the earliest possible stage for highway planning and regeneration projects.

Recommendation 15: Consideration needs to be given, in partnership with public transport operators to providing a public information awareness campaign to help improve understanding of the needs and challenges faced by people with sight and hearing loss.

Recommendation 16: The East Riding Leisure service needs to seek further understanding as to the potential lack of engagement with the facilities and to actively promote their inclusive offer to people with sight and hearing loss.

Recommendation 17: Consideration should also be given to a Disability sport and wellbeing needs assessment to identify existing provision; identify gaps and coordinate local investment and engagement in niche Disability sport including competitive and non-competitive activities.

Recommendation 18: Careers and benefit advice and recruitment campaigns need to present positive messaging for the employment opportunities that are open to Disabled people, including those with sensory impairment.

Recommendation 19: East Riding of Yorkshire Council needs to work towards becoming a best practice employer through its existing People Strategy. This should include management awareness training; adoption of reasonable adjustment passports to work and consideration of accreditation with Disability Confident in line with the National Disability Strategy recommendations.