

Community Engagement

Deafness is not a barrier –

It only becomes a barrier if there is a lack of accessibility

Exploring how to improve access to care for the Deaf community in Havering

July 2023



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your voice, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

*'You make a living by what you get,
but you make a life by what you give.'*

Winston Churchill

Community engagement

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has a statutory duty to ascertain the views of health and social care services and to make them known to the commissioners and providers of those services so that they can be taken into account in the development, commissioning and delivery of services.

We do this in a variety of ways, such as surveys, interviews and focus groups.

We also participate, with other Healthwatch organisations across North East London, in the Community Insights System, which gathers views and comments on health and social care from people across the area. Intelligence gained from Community Insights is used directly in, or to inform, many of the surveys and other public engagement events that we carry out.

The results of our community engagement are shared with Havering Council, NHS North East London, NHS and other provider organisations and Healthwatch England.

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In the following text, the paragraphs that begin with an arrow (➤) are quotations taken from the actual responses we received during our meetings and surveys.

Background

The aim of this report is to help to promote and create greater recognition for the Deaf Community in Havering.

A focus of this report is on GP's and Primary Care, which is the first point of contact in the healthcare system and the London Borough of Havering who are designing new commissioning plans for the Deaf community

The framework is

- ❖ The Accessible Information Standard introduced 1 August 2016
- ❖ The NHS published JSNA Guidance in June 2019 for Local Authorities and NHS commissioners on assessing the hearing needs of local populations
- ❖ The British Sign Language Act 2022 (the BSL Act) which came into force June 2022.
- ❖ Education – the views of Parents and the views of a Specialist Speech and Language Therapist
- ❖ The [Delivery Plan for recovering access to primary care](#), published in May 2023
- ❖ Empowering Patients

In 2021, the Deaf community's profile was heightened both nationally and internationally by Rose Ayling-Ellis, who is Deaf, and who became the winner of the Strictly Come Dancing competition that year. Her performance, talent and ability to communicate with the audience made her an ambassador for the Deaf community both in England and overseas. Her

performance opened many people's eyes about what those who are Deaf can achieve, even in the performing arts where lack of hearing had previously been thought a barrier.

The newly created Havering Place Based Partnership (HPBP) is providing the stimulus that will help to ensure that commissioning and designing existing and new services, there is a recognition of the needs of residents for whom BSL is the first language. This, together with the mandatory Accessible Information Standard, aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

The Profoundly Deaf community in Havering is circa 1,000 people: the National Deaf Children's Society was able to identify 222 children in Havering considered to have permanent deafness in 2022. The London Data store in 2010 identified 676 adults; even allowing for the overall 10.4% population rise from 2011 to 2021, this remains a relatively small group of individuals and the challenge is how to ensure their needs are understood and met.

The Delivery Plan for recovering access to Primary Care, released in May 2023, is one of the most empowering and positive recovery plans designed for Primary Care.

The recovery plan places 'Empowering Patients' at the top of the agenda. To do this it is important to have the Accessible Information Standards fully operational.

❖ **No-one should be isolated through their hearing loss**

Havering Place Based Partnership

The newly created Borough Partnership has four key themes:

- ❖ **Understanding and working with communities**
- ❖ **Joining up and coordinating services around people's needs**
- ❖ **Addressing social and economic factors that influence health and well being**
- ❖ **Supporting quality and sustainability of local services**

This report has been commissioned to enable the HPBP to get a better understanding of what and how services are provided and what improvements could be made to better support for the Deaf community.

The Accessible Information Standard introduced 1st August 2016

[What is the Accessible Information Standard and why is it so important?](#)

Communication barriers are the number one reason Deaf people have had poorer health compared to hearing people.

The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support they can communicate easily with health and social care services.

The Accessible Information Standard **has been mandatory since 2016**¹ for all organisations that provide **NHS or adult social care**, including NHS trusts and GP practices and there is a helpful guide from the BMA in the appendix.

The NHS have worked with the charity [Sense](#) to develop an [animated video](#) which provides a step-by-step overview of the Standard. The video includes subtitles and BSL interpretation.

Despite having been in force for 7 years, the principles behind the Accessible Information Standard have not been universally implemented. Respondents to our survey told us:

- *I can't hear the receptionist because of the glass between us. Sometimes some of the doctors are so quiet I must ask them to speak up – a service user*
- *Again, the staff neglected to communicate with my child and only communicated with me. They asked me questions that, honestly, he was the one who should have been asked as I had to ask the same question to him, which annoyed the staff – a family-member carer*
- *Most of the communication was with me rather than my child; for some part it was like he wasn't there or acknowledged – a family-member carer*
- *I am hearing but use BSL to communicate with my child and when visiting health care professionals when they*

¹ Compliance with the Standard is a legal requirement under section 250 of the Health and Social Care Act 2012 - See

<https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

wear face masks, I help interpret what they are asking my child. They do not usually offer to remove their mask when we attend appointments – a family-member carer

Role of Commissioners in the Accessible Information Standard

For people who are working and involved in the planning and purchase of NHS and publicly funded adult social care services to meet the needs of its users and want to understand the standard and its implications on commissioning, this is a useful guidance:

[Accessible Information Standard specification](#)

[Accessible Information Standard implementation guidance](#)

The NHS published JSNA Guidance in June 2019 for Local Authorities and NHS commissioners on assessing the hearing needs of local populations

The Joint Strategic Needs Assessment – guidance to Local Authorities and commissioners on assessing hearing needs of the local population

This guidance is crucial in helping health and social commissioners address the needs of children and adults with hearing loss. The JSNA guide is designed to be used alongside NHS England's [Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups](#).

The guidance is part of the continuing work on the Action Plan on Hearing Loss. The guide was co-produced by NHS England, the Local Government Association, the Association Directors of

Public Health, Public Health England, Action on Hearing Loss, National Community Hearing Association and the National Deaf Children's Society.

The guide recognises that "The scale and impact of unsupported hearing loss now requires a coordinated response across the health and care system, and at the heart of this is ensuring that hearing needs are accurately captured in every local Joint Strategic Needs Assessment (JSNA)."

The guide will help leaders in "local health and care systems to work together to secure integrated care for individuals with hearing loss, tackle unmet needs, improve outcomes and reduce health inequalities. It therefore presents an important step forward in the integration programme across health and social care sectors."

We asked the Public Health team if the NHS JSNA guidance in June 2019 - had been utilised in Havering?

Havering Council (LBH) advised

We have not utilised this guidance in our previous JSNAs though hearing loss as a risk factor among older people is included in the last year JSNA

(See CHAPTER 6.6. Older people and frailty page 99) - BHRJSNA2022_Havering_Profile.pdf (haveringdata.net)

The links to the National Guidance, together with the JSNA assessment guidance and data tool are in the Useful Website section at the end of this report.

National guidance can be found in The Useful Website Section.

We asked the Planned Care Team, for NHS North East London about the guidance?

The NHS published JSNA guidance in June 2019 – Guidance for Local Authorities and NHS commissioners on assessing the hearing needs of local populations, could you point us in the right direction so that we can learn more about who and how this works from a commissioning function?

NHS North East London (NHSNEL) advised

The JSNA guidance you refer to dates back to when CCGs were in existence and responsible for commissioning services. As you know following legislation CCGs ceased to exist and in North East London have transitioned to North East London ICB with effect from July 2022.

We are going through a period of transition with the establishing of ICBs and roles and responsibilities/operating model are still being worked through. The current thinking is that commissioning of planned care areas including Audiology services across NEL would come under a NEL Planned Care team.

The British Sign Language Act 2022 came into force June 2022 (the BSL Act).

The Act supports inclusion and equality for Deaf people in society through 3 sections:

- ❖ Recognising BSL as a language for England, Wales, and Scotland
- ❖ Requiring the Secretary of State to report on the promotion and
- ❖ Facilitation of the use of BSL across Government departments.

Education

- ❖ The National Deaf Children’s Society report on Education – June 2023 – Deaf children falling behind peers in early years

<https://www.ndcs.org.uk/about-us/news-and-media/latest-news/deaf-children-falling-behind-peers-in-early-years/>

The recently released report from the National Deaf Children’s Society raises some serious concerns as it states that:

“We’re failing deaf children” – that’s the blunt conclusion from the National Deaf Children’s Society after it was revealed two-thirds of deaf children in England are already behind their peers by their first year in school.

Deaf children (65%) are almost twice as likely as all children (34%) to complete their first year of school without having achieved a ‘good level of development’, according to recent Government statistics.

For all children the early years is a crucial time, but the charity says this is even more so for deaf children, given the impact deafness can have on language development, communication, and social skills.

❖ Listening to the concerns of parents: -

A focus group undertaken by Community Health Connector team provided real insight into the challenges that Deafness brings to families and individuals in a borough. Examples cited included:

- ❖ Residents' daughter hit her head; resident called for an appointment. The nurse completed this over the phone. Daughter is 7 and deaf.
- ❖ Resident also has another child who is 19 months who is also deaf. Issue with when they attended hospital the staff were wearing face masks that her daughter was unable to lip read through.
- ❖ It should be a mission to get all staff to wear clear visors when meeting and working with people who are deaf.
- ❖ There is not enough deaf awareness within Havering and NHS, basic sign language is not available to staff to communicate with the deaf.
- ❖ The Harold Hill area is not disability friendly
- ❖ More ambassadors for the Deaf community are necessary as there is a cultural, educational divide.
- ❖ Parents concerned that the Deaf community is not represented by the NHS or Havering Council
- ❖ Parents are worried that their children will be part of a 'left behind culture'.

The views of a parent with a six-year-old child:

- *I am the mother of a 6-year-old deaf child in Havering. He is fortunate enough to attend the PHIC at Hacton School where the provision goes over and above to support his ability to access his education. One area in which I believe they need greater support is with the provision of SALT services to the children in the Havering PHIC. My son receives one SALT session per week from the dedicated, specialist speech and language therapist who visits the school. At the last CHSWG meeting that I attended, I raised the limited provision as a concern and learned from the SALT team in Barking and Dagenham (B&D) that by comparison:*

There are two therapists who support the children in Barking and Dagenham provision compared to one in Havering.

They are funded to work with deaf children within one of the B&D provisions for two days a week compared to the one day funded by Havering

Additionally, they have time outside of their two days at the provision to complete the necessary reports and paperwork associated with the service that they provide. In Havering, the therapist is expected to complete paperwork within the same, single day assigned to her to work with the children.

The difference in the support that the two SALT teams are able to provide is stark and worrying for me as a parent. My son joined Hacton with a severe speech and language delay which drastically affects his ability to access his education. 30 minutes of speech and language therapy

per week was clearly not going to make a dent in closing the gap between my son and his rapidly developing peers, forcing me to seek the support of a private specialist speech and language therapist to top up on the support received from the borough. There will be children whose parents are not able to put this additional support in place.

*I would be keen to see commissioners re-evaluating the funding assigned to SALT services for deaf children in Havering. Do they truly understand and appreciate the impact of poorly supported SALT on the longer-term outcomes for deaf children with a speech and language delay? **Speech and language skills are not a “nice to have”**. They underpin a deaf child’s entire education and have an impact on confidence, social development and emotional wellbeing. Funding for this critical service in my view, needs to be re-prioritised.*

<https://www.nelft.nhs.uk/childrens-integrated-therapies---barking-and-Dagenham>

The views of a Specialist Speech and Language Therapist:

- *I am a highly specialist speech and language therapist and I have been working with deaf children and young people (DCYP) since I qualified in 2008. I am passionate about delivering a quality service to DCYP and have been able to do this both through the NHS and more recently, by providing an additional private service. I have had contact with many professionals and families over the years and as such, feel I can contribute in some way to*

the discussion regarding commissioning appropriate services for this population.

Before considering the level and appropriateness of commissioning, an understanding of the unique needs of DCYP much first be understood.

Most children have access to a language rich environment from the moment they are born and will begin their language acquisition from birth. For such children, their listening journey actually begins before they are born. They are able to hear their mother's voice from approximately 16 weeks gestation and as long as there are no serious neurocognitive difficulties, most will have mastered their native language by approximately 5 years of age.

By contrast, roughly one child in 1000 will be born with a bilateral hearing loss of at least 40dB and 95% of these children will be born into homes where only spoken language is used at the time of birth. By the time a deaf child is born, has been diagnosed with a hearing loss and provided with their hearing technology, they have already missed out on approximately 7-8 months of listening experience. In addition, the mismatch between a deaf child's access to sounds and the spoken language being used within their environment results in a lack of easily accessible language input for the child. This, in turn, impacts on other areas of development which depend on language, for example, cognition, social-emotional skills, school readiness and subsequent academic outcomes. This lack of a fully accessible language has been described as language deprivation.

In 2018, the National Deaf Children's Society (NDCS) and Royal College of Speech and Language Therapists (RCSALT) published their recommendations for the commissioning of specialist speech and language services for children and young people who are deaf.

Their report highlights the unique position of DCYP and the most important factor which commissioners need to bear in mind: deaf children "have the potential to develop high level language and communication skills if they receive the right support, at the right time". 81% of all children will achieve the early years foundation stage goal in communication and language. In contrast, only 31% of severely deaf children, 19% of profoundly deaf children who do not have cochlear implants and 36% of profoundly deaf children who do have cochlear implants will achieve this goal. It can be seen from these findings that DCYP are at higher risk of poor educational attainment despite their underlying potential.

The role of the specialist speech and language therapist (SALT) is to optimise the child's speech, language and communication abilities to their maximum potential, as part of the core multidisciplinary team. Deafness is a low incidence, high need condition and as such, the skills and expertise required are best provided by a specialist SALT.

The report highlighted that speech and language support for DCYP is commissioned through different pathways, with little consistency as to whether the provision is generic or specialist.

The report recommended that an integrated care pathway should be established where specialist speech and language therapy formed an integral part of the health and education commissioned provision and felt that this would help to achieve quality and consistency for DCYP. They recommended that the aim of the pathway should be preventative with intervention provided before speech, language and communication difficulties became established. As such, they recommended that referrals be made as soon as a child was identified as deaf which would maximise outcomes. They also recommended that the pathway should include a multi-disciplinary approach to assessment, intervention and accountability. The report suggests that an integrated pathway will require CCGs to work together to develop a regional commissioning approach.

In 2019, British Association of Teachers of the Deaf (BATOD) and RCSALT collaborated and published their Best Practice Guidance for the collaborative working of Teachers of the Deaf and SALTs. They recommended that where a deaf child is known to both Teacher of the Deaf and SALTs, they should work collaboratively to ensure that outcomes for the DCYP were achieved. The variety of activities and services that a DCYP should be provided with would include: mentoring, teaching and training for parents/carers, education staff and other professionals; attendance and discussion at local MDT meetings; assessment, observation, monitoring and review of the DCYP together with direct teaching/intervention. In addition, they suggest that audit is essential for quality improvement and quality assurance and that these audits should be completed jointly to collect outcome data. The report suggests that by

putting these recommendations in place, the outcomes for DCYP in relation to their listening, speech, language and communication skills will be improved together with the experience and levels of satisfaction of parents/carers.

In order for SALTs to provide the necessary input for DCYP, work collaboratively with other professionals and complete necessary audits, adequate time is required. The following parental report highlights the feeling that currently, sufficient time is not commissioned. In order for the SALT to implement best practice guidance, time is currently taken away from the direct input with DCTP in the area

- *More Teachers of the Deaf are needed in Havering as there is a shortage nationwide. More BSL courses should be offered locally free of charge for parents of deaf children. Additional training [is needed for] for teaching assistants for deaf awareness and special educational needs at mainstream schools – a family-member carer*
- *To access these services is not always clear and I usually have to contact someone else to point me in the right direction, I have many times contacted the community advisory [Teacher of the Deaf] to help find the correct services and accessibility as on many sites or information leaflets it does not clearly specify that their information or service is suitable for those with deafness – a family-member carer*

Havering Adult Education College

The college offers a wide range of courses, including BSL level 1 and level 2. It is highly supportive and enables the students to raise their ambitions and profile. What is particularly amazing is the College's approach to celebrating BSL and this is achieved with their BSL Choir

<https://www.youtube.com/watch?v=ctSnVilH24c>

<https://www.facebook.com/signingchoir/>

The National Deaf Children's Society report for Havering 2022

The report estimates that there are 222 deaf children living in the borough who have permanent deafness.

Information provided by the National Deaf Children's Society for Havering 2022:

- ❖ Total number of deaf children living in the area with permanent deafness only = **222**
- ❖ Total number of visiting Teachers of the Deaf: = **2**
- ❖ Ratio of visiting Teachers to deaf children in the area: = **1:95**
- ❖ Total number of specialist bases for deaf children in the area = 1
- ❖ Ratio of specialist bases to deaf children in the area: **1:222**
- ❖ National average of specialist bases to deaf children: **1:197**

Age-related Deafness

The NHS estimates that by 2035 over 13 million people in England – 1 in 5 of the population will have hearing loss. It is recognised that environmental and social factors are important to maximising communication opportunities.

- *I can't communicate with other people outside, unless there's not too much noise and they're facing me – a service user*
- *I can communicate with the staff when I'm at the till but when that glass frame is in front of them it's sometimes impossible to hear what they are saying – a service user*
- *I am also visually impaired so if I am talking to the cashier, the glass screen doesn't help – a service user*

Havering has a very high number of care homes and therefore, as age is the single main factor for hearing loss, their experience will be very helpful.

Our Enter and View programme has re-started following the Covid disruption and we will be including in our visits to residential care and nursing homes discussions with residents and staff about support for those residents who have hearing loss. This will form part of the formal report of each visit, which will be published on our website.

The role and importance of the GP Practice

For all patients their GP and Primary Care service are the most consistent part of their care and wellbeing. In addition, the GP is also the key referrer to other parts of the health and social care network. It is important for GP practices to be identifying, recording, flagging, sharing and meeting the information and communication needs of their patients who are deaf or suffer hearing loss.

- *I can't hear the receptionist because of the glass between us. Sometimes some of the doctors are so quiet I must ask them to speak up – a service user*

It is this sharing of knowledge about the patient which considerably improves the experience for the patient and allows other clinical or social care groups to be better prepared to support the patient.

- *My child is not offered health checks by their GP; there have been issues I have raised regarding behaviour and other elements regarding my child's health but this is always referred back to his previous underlining condition and is not seen as a separate issue – a family-member carer*

The Government in May this year (2023) released the details of a recovery plan aimed at improving and managing the 8am rush and approaches to how patients can get the help they need.

- ❖ Delivery plan for recovering access to primary care

[Delivery plan for recovering access to primary care
\(england.nhs.uk\)](https://www.england.nhs.uk/publication/creating-a-highly-usable-and-accessible-gp-website-for-patients/)

With the report is the document 'Creating a highly usable and accessible GP website for patients.'

- ❖ Creating a highly usable and **accessible** GP website for patients.

<https://www.england.nhs.uk/publication/creating-a-highly-usable-and...>

This development will considerably help the Deaf community. However, the rate that this can be implemented will depend on the current state of GPs websites and the ability for GP practices to have the expertise to undertake this.

It is important to be cognisant of this when reading the next section 'Access to Havering GPs via their Websites.'

GP websites are now the front door to NHS care for many patients. 62% of patients visited their GP website in 2022 (GP Patient Survey 2022).

There are multiple benefits to creating a highly accessible and usable GP website.

It will:

- ❖ Improve patient satisfaction and experience of using the GP practice, making it more likely they will return and use digital tools.
- ❖ Ensure patients are signposted to the correct place for their needs, reducing wasted patient and practice time.

- ❖ Reduce the risk of adding digital inequalities to existing health inequalities.
- ❖ Remove access barriers for patients with disabilities, and make your website legally compliant
- ❖ Create a place where patients can effectively self-serve, thereby:
 - reducing the burden on receptionists and clinical staff
 - empowering patients to manage their health and care.

Easy-to-use, intuitive and accessible patient journeys will mean millions of patients can:

- ❖ contact their practice to ask for help
- ❖ complete admin tasks
- ❖ navigate themselves to services.
- ❖ This helps reduce the burden for practices.

Supporting patients and creating fair access to the NHS online are key reasons for making sure all websites and patient journeys online are accessible and usable.

All NHS services are legally required to be accessible and meet level AA of the Web Content Accessibility Guidelines (WCAG) version 2.1. Read [NHS accessibility guidance](#).

Access to Havering GPs via their websites

As part of this work, we wanted to review and use GP websites

- ❖ to assess the level of compliance with the AIS
- ❖ to encourage the GP practices, to use their website to undertake a survey

Poor digital journeys that do not meet legal accessibility requirements disproportionately impacts patients:

- ❖ with moderate to low digital confidence
- ❖ with lower levels of literacy
- ❖ working in a second language
- ❖ who use accessibility software and tools.

The approach that we took was similar to what a patient/resident would do: we used the internet to ask for a 'List of GP Surgeries in Havering?' and were directed to a Yell webpage² purporting to give telephone and website connection details for every GP practice in the borough.

We found that, although many practices had bespoke websites with more than adequate information, some were reliant on the main NHS website, which provided little if any bespoke information of use to patients. This is an issue that affects not only Deaf patients but all patients of the practices in question. There were even some practices that did not appear to have a website at all.

From studying the Yell list, it was apparent that it would not be possible to circulate the questionnaire to all the GP practices.

² See <https://www.yell.com/s/doctors+medical+practitioners-london+borough+of+havering.html>

Overall, the conclusion we reached was that the current state of many GP websites meant that it was not easy to identify those that were compliant, accessible and supporting patients.

It may be that the Yell information has given a mistakenly bleak view of the GP websites. However, as GP websites are now the front door to NHS care for many patients. 62% of patients visited their GP website in 2022 (GP Patient Survey 2022), a review/assessment by each PCN of their individual practices will help to establish the baseline standard in Havering.

The recently released 'Creating a highly usable and accessible GP website for patients' aims for GP websites to be

Easy-to-use, intuitive and accessible patient journeys will mean millions of patients can:

- ❖ contact their practice to ask for help
- ❖ complete admin tasks
- ❖ navigate themselves to services.”³

In 2020 we surveyed GP websites across Havering⁴ to discover whether a practice's website was its own or it relied on NHS Choices (or another such website) and how it easy it was to find the website; ease of navigating the website was then tested (where there was more than a single page). We found that many GP practices were then not taking full advantage of the

³ <https://www.england.nhs.uk/long-read/creating-a-highly-usable-and-accessible-gp-website-for-patients/>

⁴ Review of Havering GP practices' websites – November 2020 (Healthwatch Havering): <https://www.healthwatchhaverling.co.uk/news/2020-11-30/review-haverling-gp-practices-websites>

power of that technology to bring information to their patients, some may not have been meeting contractual standards and a significant number of GP practice websites lack key information.

GP and Primary Care – opportunities to widen the information sharing and support

The GP website is a crucial tool in the communication of information, support and wellbeing of people who are Deaf or have a hearing loss. This is simply because the world has embraced the internet and there is so much other useful information that GP websites could hold for all patients, Some of the examples that should be available for patients using primary care, who have hearing loss or are Deaf:

- ❖ How to ask to be contacted in a certain way (e.g., website, email or text)
- ❖ How to receive information in a different format (e.g., easy read version for BSL users who may not be confident with written English)
- ❖ To ask the patient if they have any digital technology, they can use to make accessing an appointment easier
- ❖ How to receive communication support for appointments (e.g., use of digital technology to improve communication or access to a British Sign Language (BSL) interpreter, which will need to be booked by the practice in advance of the appointments)

Below are two links which support the Deaf communities, but there are many examples across the spectrum of health that would provide support and provide reassurance for patients.

The link below is a useful three-minute video provided by the Royal College of General Practitioners highlighting the experiences of patients who have hearing loss or are Deaf and the issues they may face when making or attending a GP surgery.

<https://www.youtube.com/watch?v=GljqvP6eekw>

For new parents who are told that their baby has a hearing difficulty and is possibly deaf this is a very worrying time. Advice and guidance especially when you can consider it at home in a calm atmosphere requires GP practices to have on-line access to videos from organisations such as National Deaf Children's Society

<https://www.ndcs.org.uk/documents-and-resources/my-baby-has-a-hearing-loss-support-for-parents-of-children-aged-0-2/>

The Royal College of GP's provides advice and guidance on managing patients who are Deaf or have hearing loss. There is an accredited [online deaf awareness course](#) and a recent Healthwatch report supports the importance of Receptionists having deaf awareness training.

Havering Council Commissioning Team

Nationally, It is estimated that hearing loss already affects 10 million people in some form, one in six people in the capital. Figures are set to increase by 2031 as a result of an ageing population, increasing exposure to rising volumes of noise at workplaces, homes, gyms and the use of headphones for loud music and games devices.

It is the task of Havering Council to ensure that as much support as possible is available. It is complex trying to plan and design services for a community, when it is difficult to gauge the number of individuals involved and the level of support that is required.

This is because, unlike for sight loss, for Deafness there is no mandatory register kept by any organisation. Inclusion on the LBH hearing register is voluntary: it is likely therefore to substantially understate the number of people who are living with Deafness.

However, the position could be improved if the registration for the Deaf community was given the same status as the Certificate of Vision Impairment (CVIs) as explained below by the Council.

The Council commission a range of services for adults and children who are Deaf or have a hearing loss. They are carefully looking at the current range of service models and seeking to design new service models which are supportive and helpful to individuals, families, carers, education, and the voluntary sector.

The Hearing Register

Inclusion on the hearing register is voluntary, as is sight registration via a CVI (Certificate of Vision Impairment, which has statutory status albeit that an individual has no obligation to seek one). There is a concern that some residents who are Deaf are perhaps 'missing out' on a range of support and equipment. Although being registered does not automatically entitle residents to any particular welfare benefits, it does often make it easier for residents to claim some of them. It also provides a clear statistical basis for determining the likely demand for services.

It is therefore important that every opportunity is taken to encourage registration. The procedure for Vision Impaired Patients is that the CVI is electronically sent to the Council by the Ophthalmic Clinic at the hospital caring for that individual – so could a procedure similar to that for Vision Impaired patients be used for Deaf patients, albeit voluntarily?

Although there is no statutory obligation to do so, a significant improvement to the local situation would be that the notification to the Council for the Deaf patient would contain a clear indication/description of the category of hearing loss from a medical perspective, much like CVI's, indicating the level of impairment, as BHRUT are the clinical experts in classifying the impairment. As with the Vision Impaired, Deaf patients would be required to give permission and data protection requirements would apply to both clinical groups

The benefits of this for residents who notify the Borough include:

- ❖ It will help the Council to accurately record and maintain an accurate register which is reflective of the deaf community in Havering
- ❖ It will help improve decision making in relation to eligibility for a Disabled Freedom Pass (DFP) as set out by Transport for London
- ❖ It will support access to benefits and concessions entitlements (income maximisation).

Among other benefits would be that the Council may source bespoke solutions when individual needs or circumstances dictate. They use the general term of 'Assistive Technology' to cover a range of equipment and devices. There is a list of equipment in the Additional Information section.

There is also a close working relationship between the Council's Telecare Team and the London Fire Brigade, Housing Services, Occupational Therapy etc to meet individual need of residents

Havering Council Website

We reviewed twelve websites, which were a mixture of London boroughs and County Councils. The Havering Borough website compared well with the other websites and the systems were very similar. There were two additions to other websites, which are worth noting and seemed to offer improved communication opportunities and improved access.

- ❖ The use of a BSL video at the beginning of the website information page introducing and explaining about the information and how to access services.

- ❖ Some councils were using the Relay UK system which seemed to be easy and straightforward. The Relay system is described as *“Using your phone or mobile you can now easily call someone who can't hear or can't speak over the phone. While you talk, a Relay Assistant on the call types what you say so the deaf person you're speaking to can read it and respond.”*

Havering Voluntary Sector

The Havering Deaf Club closed in 2015. The Deaf club provided a safe space for deaf people to socialise, access support and learn new skills. Since then, there does not seem to have been a dedicated community/voluntary service model for the deaf community. Fortunately, the voluntary community organisations in Havering do their best to support the community, however there is a lack of dedicated funding or facilities.

In January 2023, there were 30 bids for the Havering Community Chest funding, none of them included funding specifically for the Deaf community.

Many Deaf people, particular the younger generation are choosing to find communities online, of which REMARK (www.remark.uk.com) is a good example. While many people are moving to online, there is a concern that other members of the deaf community are being left behind. It is worth noting that, in Havering, there is a growing problem of digital exclusion as a gulf develops between those residents who for some reason are

unable, or do not wish, to access information and services using digital means, and authorities, agencies and business whose means of conducting business is increasingly focussed on digital methods.

The challenge is to design a service model that responds to people who are deaf and would benefit from the support of a club, the residents in the community who have age-related deafness and the residents of care homes.

BHRUT – Queens Hospital

The hospital has a long history of working to improve services for the Deaf community. In May 26th 2017 Queen’s hospital became the first hospital in the country to receive Deaf-Aware Quality Mark.

We are currently working with BHRUT to undertake a patient survey to understand how the services are now performing post covid.

What people told us

For this study, we carried out a survey of service users, their family, friends and carers, and professionals working with them.

Unfortunately, the response was not as great as we had hoped but the comments in the following section the report nonetheless provide a good insight into the views of Deaf people and those who support them.

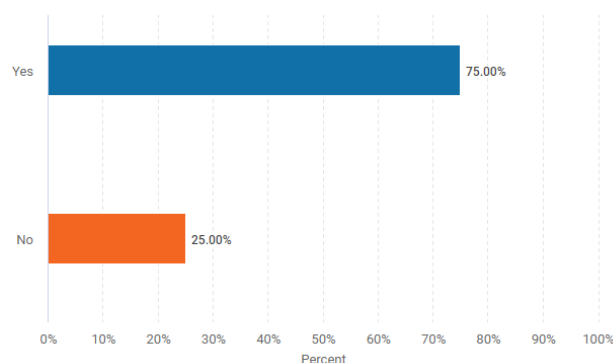
Service users

Theme: Communicating with other people

Do you use BSL?

All of those who responded told that they had little or no knowledge of BSL but did not need it as they were able to communicate in other ways.

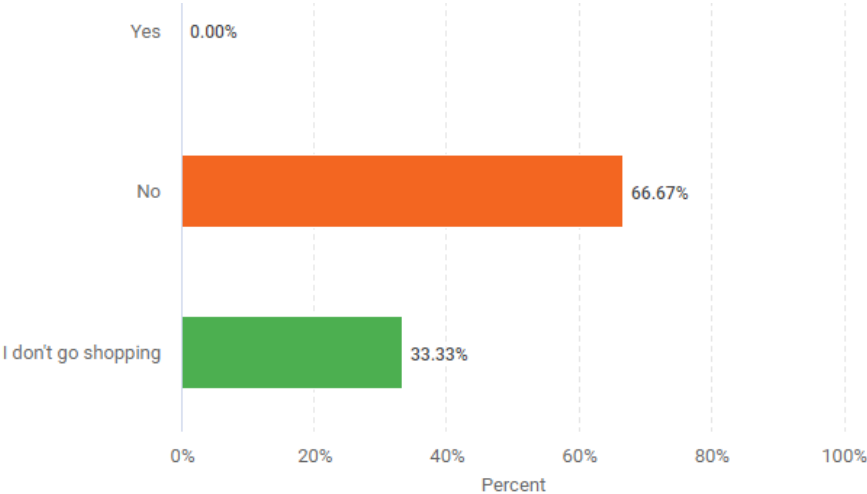
Do you have a hearing aid?



Can you communicate well with other people?

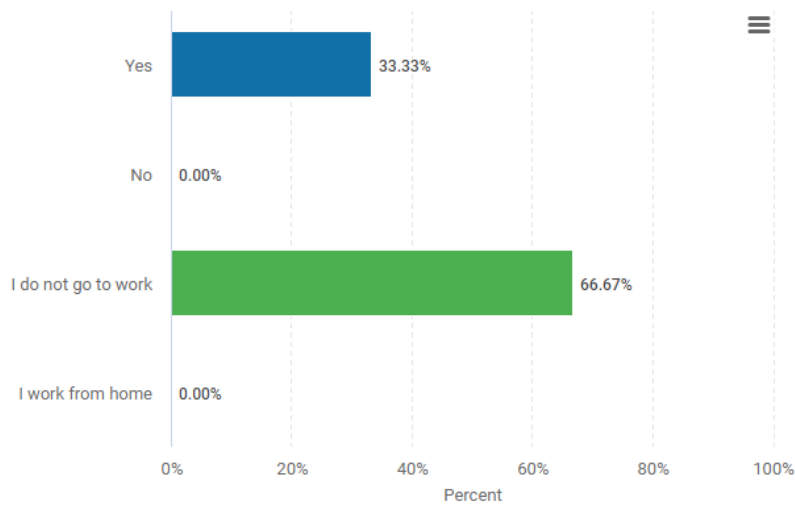
All who responded told us they could communicate well with other people.

When you go shopping, are you able to communicate with shop staff?



➤ *I am also visually impaired so if I am talking to the cashier, the glass screen doesn't help*

If you go to work, do you experience problems in communicating with colleagues?



- *Never told them and made up a lot of what they said*

Theme: About where you live

Please tell us in what sort of place you live

- *I live with my parents*
- *In my own house or flat*
- *I live with my husband and children in a council flat*

Are you happy where you live?

- *I struggle using the stairs because of my vision rubbish is always on the stairs and I never know if anybody's hanging around the bottom of the stairs. People use the stairwell has a toilet so not ideal. and I do have a flashing doorbell, so I know someone ringing the be. I would like to live on the ground floor.*

Theme: About your money

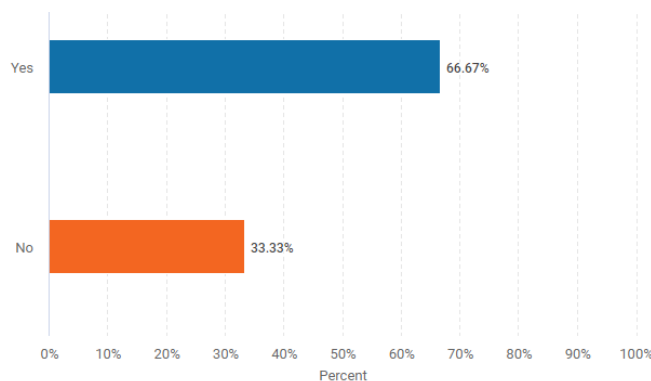
Do you have a job?

None of our respondents had a job, but some would like to get one. One told us they would like to get a job designing online games (having a university degree related to that) and another would like to work with people who are visually impaired or deaf.

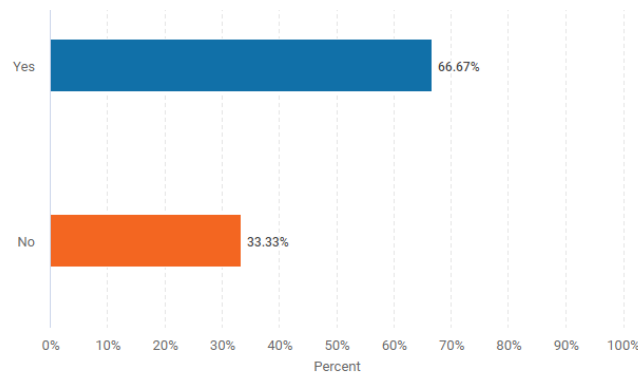
- *Looking for people who are visually impaired and hard of hearing. At present, I volunteer for the partially sighted society where I keep advice and support show equipment to people who have been newly diagnosed with vision impairment. If they have a hearing impairment, I do try and tell them about different doorbells.*

Cost of living - are you worried about:

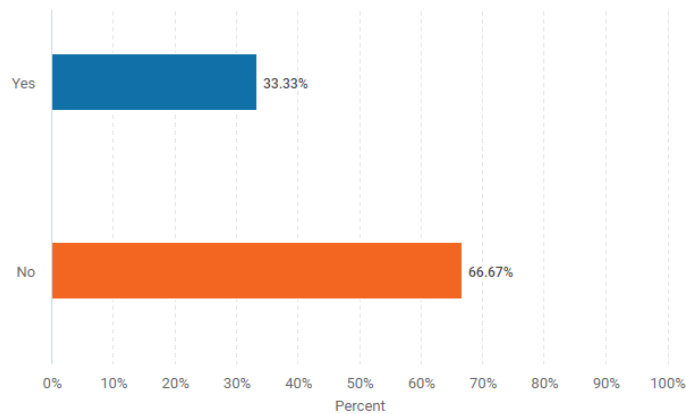
The cost of shopping?



The cost of electricity and/or gas?



The cost of care and support services?



The cost of going out with friends or family?

All of our respondents told us they were worried about the cost of going out.

Theme: Day to day activities

Are you happy to go out on your own?

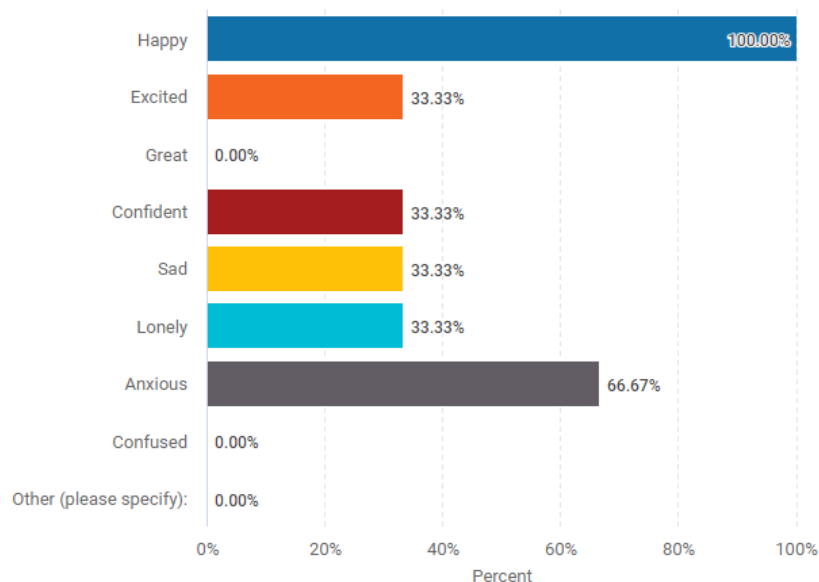
One respondent told us they were only happy to go out to places they had previously visited. Others had no problem going out. All were easily able to access the places they wanted to go to, even if only after planning the journey or, indeed, having a trial run with somebody else.

Do you enjoy going to clubs?

Two respondents told us they found clubs noisy and unmanageable and that it was hard to mix with other people.

Theme: About your health

In the past few weeks, have you felt:

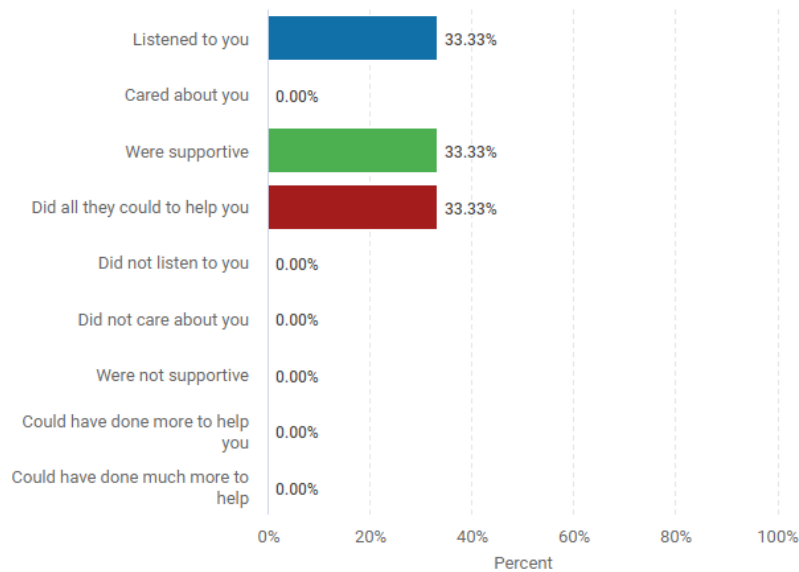


- *I have studied hard for 3 years and had major surgery - my family are proud of me and what I have achieved.*
- *Happy because I've got a new granddaughter, and happy I've been out to see a show which was exciting but feeling anxious, because I was travelling around somewhere, I didn't know*

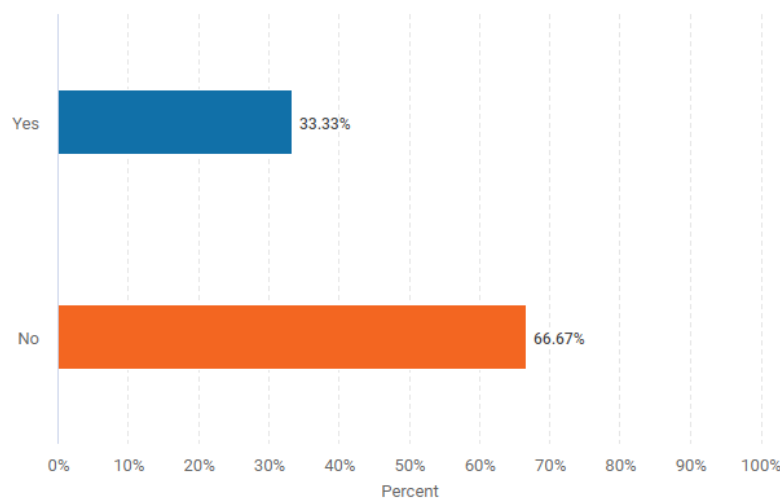
When you see a doctor, what sort of appointment do you prefer?

All of our respondents preferred face-to-face appointments.

When you last saw a doctor or nurse, did you feel that they:



When you see a healthcare professional at your GP practice, do you face problems in communicating with them?

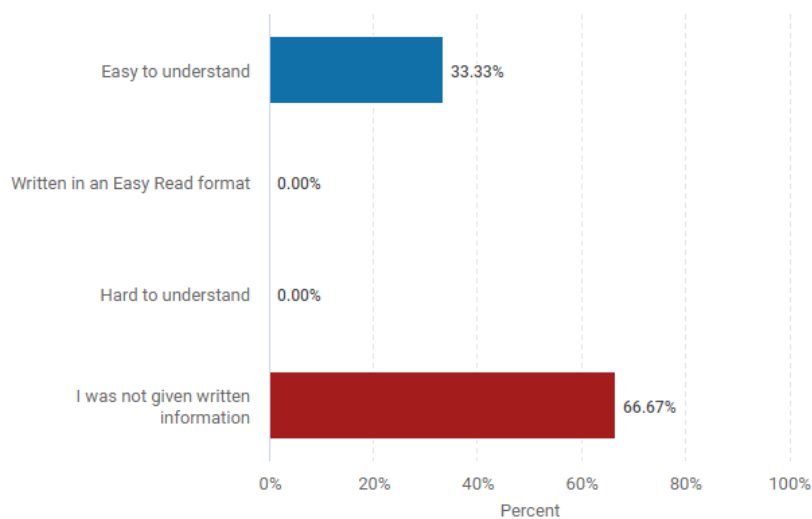


➤ *No I take my wife she does the talking and hearing for me*

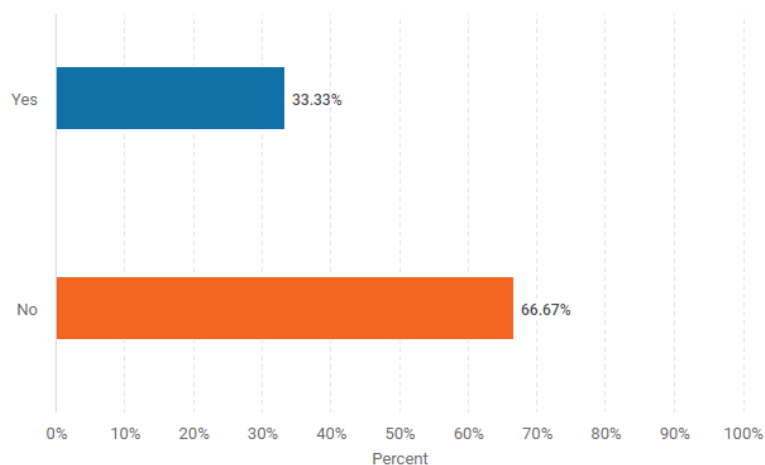
- *Can't hear the receptionist because of the class in between sometimes some of the doctors are quiet so I have to ask them to speak up*

All respondents felt that they had enough time to explain what help or support they needed. Most also felt involved in everything that happened.

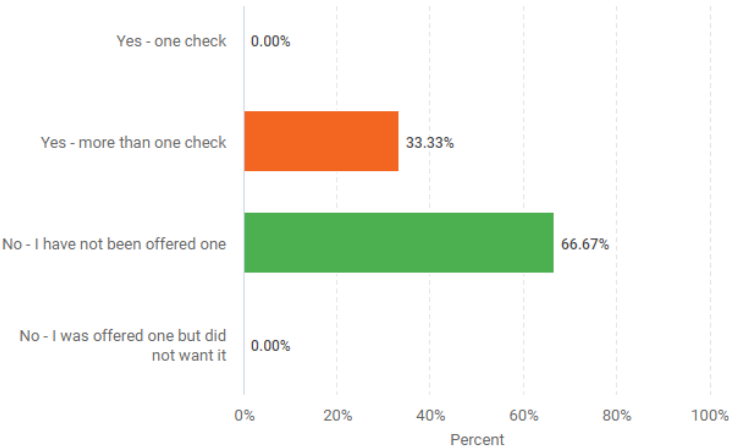
If you were given written information about your treatment, was it:



Were you able to wait in a quiet place before your appointment?

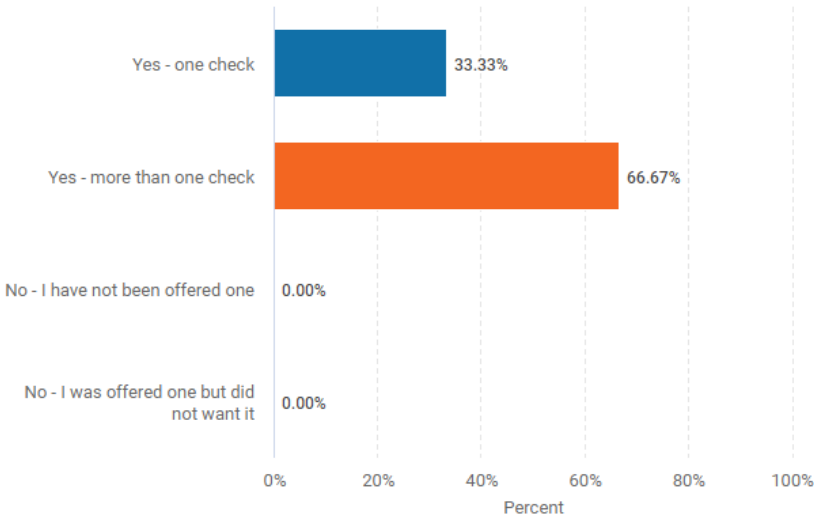


Have you had an Annual Health Check since 2020?

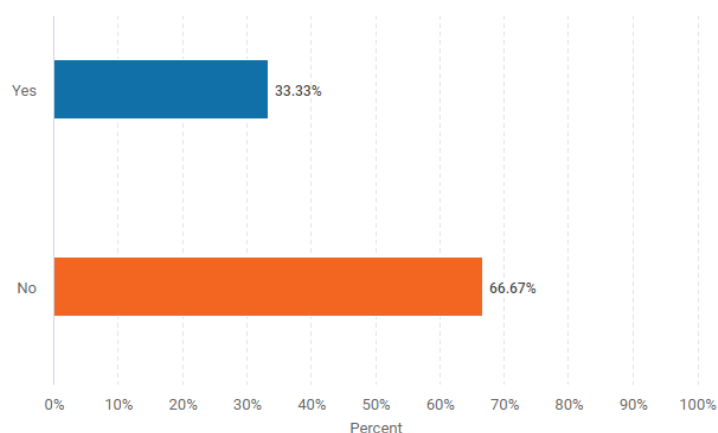


- *At the GP with the practice diabetes nurse.*
- *I've had blood test done and height and weight check and blood pressure*

Have you had a Dental Health Check since 2020?



Do you have a health action plan (a plan which is intended to ensure you keep healthy)?



All of our respondents had had their hearing checked.

Family, friends and informal carers

Theme: About the person you look after

There were two responses from carers, both of whom cared for a person under 18 years of age.

The respondents told us that neither of the children had been recently offered an annual health check with a GP, their last check having taken place over a year ago.

- *My child is not offered health checks by their GP, there have been issues I have raised regarding behaviour and other elements regarding my child's health but this is*

always referred back to his previous underlining condition and is not seen as a separate issue.

One respondent's child had been offered a dental check and both told us that they would attend a dental check when/if offered.

Both children were BSL users, in one case being their only language (but also lip reading). Both carers were also BSL users.

Both respondents told us that they received help with appropriate services to look after their child, including their schools.

- *1:1 Teaching Assistant Teacher of the Deaf (Teacher of the Deaf) BSL Instructor Weekly speech therapy*
- *They are given a hearing impaired ARP to help assist with their learning and provided with specialist ToD and TAs with BSL knowledge and experience.*

In response to being asked, whether they can easily access information on health, social care services In order to support the person they look after and support for people who are Deaf available in your local area, respondents replied:

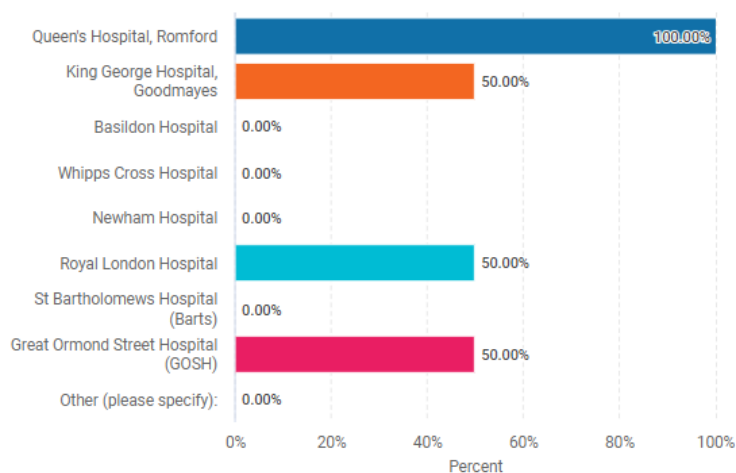
- *More Teachers of the Deaf are needed in Havering as there is a shortage nationwide. More BSL courses should*

be offered locally for free of charge for parents of deaf children. Additional training for teaching assistants for deaf awareness and special educational needs at mainstream schools.

- *To access these services is not always clear and I usually have to contact someone else to point me in the right direction, I have many times contacted the community advisory Teacher of the Deaf to help find the correct services and accessibility as on many sites or information leaflets it does not clearly specify that their information or service is suitable for those with deafness.*

Theme: Hospital care

The respondents told us that one of the children had been an inpatient in hospital in the last three years; the other had been an inpatient further in the past. Both had been at Queen’s Hospital, Romford and other hospitals had also been used:



In one case, difficulty had been experienced in communicating with staff:

- *Most of the communication was with myself rather than my child, for some part it was like he wasn't there or acknowledged*

Both respondents considered that staff were well trained in meeting their child's needs.

One child had been taken by ambulance to A&E services at hospital; the other had been seen by the emergency/out of hours GP, commenting:

- *My child suffers from a lot of nose bleeds and on one particular time we had to attend out of hours GP as it didn't stop.*

They added:

- *Queen's hospital needs more staff who are compassionate about patients, if a patient arrived especially a child the symptoms should not be dismissed early on but be investigated with blood tests, vitals monitoring, x-rays etc. to come to a conclusion, dismissing early signs can cause catastrophic problem for the child when they could have had appropriate treatment earlier.*
- *Again the staff neglected to communicate with my child and only communicated with me, they asked me questions that honestly he was the one who should have been asked as I had to ask the same question to him which annoyed the staff*

Theme: Social Activities

Possibly due to their ages – both under 18 – neither participated in social activities:

- *There isn't a lot locally for my child to access where it is affordable for him to participate in. There are out of borough groups but unable to attend these as the times are not feasible after school time due to their distance.*
- *There needs to be more accessible services where the person is acknowledged and are offered social groups that are locally accessible*

Being children, both lives with their parents. This is not necessarily ideal:

- *My child requires a safe space where he can have alone time and sensory stimulation or have a space where his hearing sensory can be switched off for some respite. However we are not offered a bigger place due to he can technically share with his brother however he becomes overwhelmed and is not able to relax as we cannot be offered a bigger place due to not meeting requirements*

Theme: About the respondent as a carer or family member

Neither respondent claimed fluency in BSL but both would like to learn it:

- *For those with a deaf person in their household should be able to obtain a suitable qualification in BSL for free yet this is not offered and is costly for many*

One respondent had been offered a formal assessment to identify their support needs for looking after their child:

- *More staff and additional monitoring of children's hearing loss overtime to ensure their hearing aids are fit for purpose and monitor speech development milestones, if the Teacher of the Deaf suspects concerns referral should be made to other services such as Cochlear Implants etc.*

One had been able to take advantage of a respite break:

- *The break really benefitted my child to enjoy the theme park and rides, explore his sensory*

One respondent had received a direct payment:

- *Direct Payments for Auditory Verbal Therapy*

Neither had been offered a plan for the future requirements of their child.

Professionals

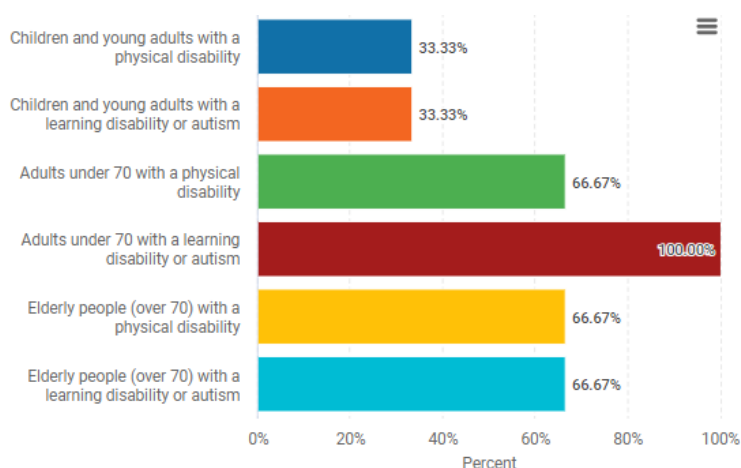
Three professionals responded – one social worker, one a hospice worker and one working in social day care. All were BSL users, although none was fluent and all wanted to learn more:

- *I am not a signer myself, but 23 of our staff are at level 2 of their BSL training currently*

- *I trained in BSL many years ago, although this was not with Havering Council. I feel it would be prudent for every Social Care working to have a basic understanding of BSL or at a minimum Makaton.*
- *I can have a basic conversation as a level 2 signer, for assessments I will always use a BSL interpreter*

Our respondents all worked with people over 18, including some aged 80 or more.

The client groups they worked with were:



Our respondents worked at St Francis Hospice, the Avelon Centre and one other location (not identified).

All were satisfied in their work:

- *Working both with my close colleagues and external partners, jointly creating an environment, equity is the work I love most*
- *The best thing is the faces and feelings of the people I support. There is nothing better than being the person that*

puts a smile on another's face. To be able to teach and learn together. Also to be able to empower others, listen to their aspirations and moving people forward in their journeys in a positive way.

- *Meeting people and working together to achieve the best possible outcomes.*

Unsurprisingly, there were parts of the job they did not enjoy:

- *Not always being able to have face to face meetings, many meetings are still virtual*
- *I least enjoy not being able to do enough. Not being able to empower others due to Management decisions, out of my control. Not having the funds and/or resources to enable the people I support.*
- *Difficult conversations*

All had opportunities to develop their careers, including on the job training by their employers. One wanted to become a qualified teacher of children with SEN and another an Occupational Therapist:

- *I have already been successful in obtaining a role at Havering Adult College as an a Learning Support Assistant. Unfortunately as I work full time in my current role, I have not been able to start.*
- *I would like to access the apprenticeships the council offers to gain a formal qualification.*

All three respondents felt that they had been offered training to give a safe and effective service to those they supported.

Two respondents told us that their service needed more staff.

One respondent did not feel listened to and respected as a member of staff:

- *I have messaged my supervisor and Manager but feel sometimes their non-committal and/or not response shows ideas fall on deaf ears.*

The same respondent also felt that their role and responsibilities were not as clear as they could be:

- *There needs to be more structure and team membership, where currently this seems a little fractured.*

All respondents told us that their service had procedures in place to keep service users safe when at local events or accessing health and social care.

- *There is a good system in place to report safeguarding issues putting the person first and I am sure people take into account communication needs such as BSL interpreters.*

All considered their service to be responsive and well organised to meet service users' needs. They felt their respective service was particularly good at:

- *We listen to our service users to improve and develop services*
- *It has a lot to offer, and a lot of space. It features it's own large gardens and allotment area, as well as a purpose build kitchen and serving area in a striking purple and green*
- *It is fair and there are more voluntary organisations in the borough that are useful for the client group.*

But that the following would improve the service further:

- *To create a service user group*
- *More structure. Key-working of clients and better diversity/exclusivity.*
- *To reduce the number of agency staff and ensure the permanent staff have the full training and support to provide a seamless service.*
- *A buddy system for new employees. Someone they can go to and who checks in to ensure their first weeks and months run smoothly, as well as any encouraging feedback.*
- *The room is cramped at times and there needs to be a better office, it is hot and like a greenhouse in the summer which impacts on work.*

All felt that their service treat service users with compassion, dignity and respect but one expressed doubt that service users were safe and protected from abuse:

- *The service needs to have more visual aids. These would support people who are nonverbal and/or cannot read. All sessions should have this pictorial thought in mind to make session inclusive.*

Recommendations

Havering Place Base Partnership

The HPBP has the greatest potential to improve the services for Deaf people and people who have deafness. An important aspect of the role of the HPBP is to make more effective use of communication support, guidance and platforms to ensure that residents from our diverse communities, and people with protected characteristics continue to feel represented, listened to and valued across the Borough

- *Strengthen the role of the Havering Partnership Comms and Engagement strategy group. Enabling them to look at the wider determinants of effective communication, accessibility and the delivery and evaluation of engagement and communications across the Borough*
- *Consider how HBPB promotes, supports and enables residents who are deaf or have deafness, to be aware and confident to embrace the new opportunities which will support and enhance their health and wellbeing*

Havering Council

1) Establishing a Working Group

With the support of Council staff, create a Working Group that will bring together key members of the community. Using their influence and knowledge the Council will help to identify a respected and prominent BSL speaker to chair the Working Group.

The Chair together with a lead officer will source/enlist appropriate members for the Working Group e.g., local residents, subject matter experts and Primary Care Network management. Create opportunities for bespoke meetings individuals from the deaf community, voluntary sector, retailers, pharmacists and library teams etc. A member of the Commissioning team will support the group.

The Working Group will provide a regular bulletin for **all** the residents of Havering, on progress and also to promote local events and opportunities.

The aim would be for the Working Group to produce a report for the HBPB with recommendations for the Council Commissioning team.

2) Establish a sub-working group for young people

With the support of the Chair and members of the Working Group, consideration to be given to creating a sub-working group which is Chaired and led by young people from the Deaf community.

The aim is to offer young people the opportunity of representing other young people who are deaf, expanding young people's skills, building their confidence, providing opportunities to practice presentations, leadership and importantly to give all deaf children in the borough their own voice.

The Council together with the Working Group will work with local educational teams to identify a school/college that could support the sub-working group.

3) Wherever possible try and create dual learning opportunities

Many videos made for children in the deaf community also make excellent videos for all children. The messages are the same regardless whether you are deaf or not. If we could promote co-learning on videos then children who are not deaf would become more familiar with sign language and also more understanding. Below are two examples of this approach

<https://www.childline.org.uk/info-advice/bullying-abuse-safety/deaf-zone/bsl-videos/>

<https://www.bbc.co.uk/cbeebies/watch/cbeebies-house-learn-british-sign-language-with-dodge>

4) The Council's Website

The Council's website compares favourably when compared with 12 other council websites across England. A good addition to the Havering website would be a BSL video on the opening page, similar to the one used by Kent County Council

<https://www.kent.gov.uk/social-care-and-health/adult-social-care/care-and-support/disability/support-for-people-deaf-or-deafblind>

A good example on a council website is Dundee council, however in Scotland BSL has been a legal requirement since 2015.

<https://www.dundee.gov.uk/service-area/chief-executive/chief-executives-services/bsl-information>

5) To improve the registration process

To work with BHRUT to explore if there is the possibility that the Audiology department at BHRUT are able, with the consent of the patient, to supply the Audiogram results directly to Council.

General Practice

GPs are experts in their patients and provide the first point of contact with the NHS for most people in Havering. For people who are born with hearing loss at birth they will need a life time of care and support and their health care should be co-ordinated and collaborative and GPs are best placed to undertake this for patients.

- 1) The Royal College of GPs has an excellent toolkit for GPs and we would encourage all GP practices to consider this approach to managing patients from the deaf community in Havering.

<https://www.rcgp.org.uk/news/collaboration-with-rnid>

- 2) The PCN's to consider identifying a person/ambassador to be the champion on behalf of GPs and Primary Care for Deaf people. This person would engage and involve local Deaf communities on a regular basis. Linking the Deaf community to Local Area Coordinator, Care Co-ordinators and Social Prescribers
- 3) Encourage the development of a Patient Participation Groups (PPG's) which have a focus on the Deaf, Autism and Learning disabilities communities. Encourage and

nurture the PPG to lead the focus for annual health checks, developing relationships with interpreters etc

- 4) Ensure access for Deaf people to information and services at first points of contact
- 5) Promote equal access in health settings, particularly in reception areas
- 6) Provide clear and accessible information about treatment and management of health

The role of the GP website is no longer to display information, websites should be places where patients can complete tasks and practices can also deliver healthcare and services.

- 1) Develop a plan to assess the individual GP practices websites and rank them according to the Accessibility standards.
- 2) Identify those practices that are or could with a little support meet the standard, and become beacon projects
- 3) Consider setting the baseline standard as the top 10 tasks that patients search for on a website
 1. Make, change or cancel an appointment.
 2. Get a repeat prescription.
 3. Get a sick note for work.
 4. Get test results.
 5. Register with/join the practice.
 6. Get the practice phone number.
 7. Find out the practice opening times.

8. Find the practice address.

4) The St Georges Development

The St Georges development will provide a beacon of opportunity for GP's and Primary Care. St Georges is anticipating having the 'Topping Out' ceremony in early Autumn. Therefore, now is the right time to ensure the Accessibility Information Standards (AIS) will be met.

The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

BHRUT – Outpatient services

It's very common to experience some anxiety when visiting the hospital, especially if you're preparing for surgery or another invasive procedure. If you're there for a check-up or quick outpatient procedure, you might still have some concerns about possible health issues your doctor might find.

For members of the deaf community, whether the patient, the parent, the friend, it is vital that every possible support is available. The most important equipment for deaf people attending Queens is that the hospital has the equipment to make the attendance as positive and supportive as possible. T

For example, the guidelines state that communal rooms such as waiting rooms should have a large area loop so that names or a number in a queue system called via a microphone can be clearly heard. Reception desks need a counter loop to allow

patients booking an appointment to clearly hear the staff member.

Access to services within the NHS is governed, like anywhere, by the Equalities Act 2010 which requires 'reasonable' adjustments to be made for those with hearing loss and obliges trusts to 'provide auxiliary aids and services' including hearing loops.

Additional information

What is a hearing loop?

A hearing loop (sometimes called an audio induction loop) is a specialised sound system designed to be used by people using hearing aids.

It wirelessly transmits a clear, magnetic signal across a small distance that can be picked up individuals close by wearing hearing aids that have been set to the 'T' (telecoil) setting

Hearing loops contain a microphone and a amplifier and a loop cable which picks up and amplifies any noise and radiates it through the loop cable to any hearing aid within the vicinity of the cable.

The presence of a hearing loop is generally advertised with a series of signs, often blue, across the building. There are various types of hearing loops, each suitable for different types of venues and needs:

[NHS England](#)

[Delivery Plan for recovering access to primary care](#), which was published in May 2023.

[Creating a highly usable and accessible GP website for ...](#)

<https://www.england.nhs.uk › long-read › creating-a-h.>

[Accessibility statement](#)

BHRUT Queen's Hospital

<https://www.bhrhospitals.nhs.uk/accessibility-statement/>

NELFT Mental Health Services [https://www.nelft.nhs.uk/news-](https://www.nelft.nhs.uk/news-events/accessable-and-nelft-nhs-foundation-trust-accessibility-guide-5270)

[events/accessable-and-nelft-nhs-foundation-trust-](https://www.nelft.nhs.uk/news-events/accessable-and-nelft-nhs-foundation-trust-accessibility-guide-5270)

[accessibility-guide-5270](https://www.nelft.nhs.uk/news-events/accessable-and-nelft-nhs-foundation-trust-accessibility-guide-5270)

London Borough of Havering

<https://www.havering.gov.uk/accessibility>

World Web Accessibility

The website for LBH, BHRUT and NELFT all appear on the Silktide Index which evaluates web accessibility of organisations worldwide and assigns them a score. Havering.gov.uk is tested every month. The test is carried out by [Silktide](#) and every quarter by [Sitemorse](#).

National Deaf Children's Society

<https://deafeducationmap.ndcs.org.uk › local-authority>

NHS England guidance on JSNA and the associated data tool

<https://www.england.nhs.uk/publication/what-works-guides-action-plan-on-hearing-loss/> and there is an associated data tool to support the planning process at <https://www.england.nhs.uk/publication/joint-strategic-needs-assessment-toolkit>

www.remark.uk.com

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

<https://www.deafplus.org/supporting-service>

[Havering D/deaf/MSI/ Group](#)

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London Borough of Havering – Examples of equipment LBH may provide include:

Alarms Clocks, Door bells, Phones calls and Baby Monitors. The Sensory Team assess and provide alerting devices such as bellman & symfon systems.

Fire Alarms – LFB (Fire Safety Team) provide linking devices to the bellman system in addition to bed shakers to alert to fire alarms when sleeping.

In addition, the Sensory Team provide TV/Personal listening systems to the hard of hearing.

[Support details available on the Council website](#)

Deaf Sensory section, with Qualified Teachers of the Deaf (Hearing Impaired)' which takes referrals from

Hospital and audiology services – from birth following new born baby screening

Parents can self-refer to audiology via NELFT referral form on website

Audiology refer all CYP from birth – 19 to CAD 5-19 HI Service via Inclusion Gateway Referral

Active Parent Support Group is run weekly at Elm Park Childrens Centre, where between 7 and 12 parents attend

There is an active What's App Support group of 37 parents.

Children's Hearing Services Working Group (CHSWG) This is a group of parents and professional who meet regularly to improve services for deaf children.

Acknowledgements

We are grateful to everyone who participated in this project, whether in one-to-one discussions, in discussion groups or by completing the online surveys. The full and frank observations they made have provided powerful insights into the needs and aspirations of service users, those who care for them and the professionals who collaborate with them.

Whilst we have quoted numerous responses, it was necessary to edit some of them; that editing, and the interpretation placed upon the responses, are entirely the responsibility of Healthwatch Havering.

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>



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