



Somerset Access and Inclusion Network
(of Disabled People)

For Somerset County Council

Equality Impact Assessment
Consultation

Managed by



Compass Disability Services

Pointing you in the right direction

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Equalities Impact Assessment Consultation

1.0 Introduction

As part of Somerset County Councils Equalities Impact Assessment, The Somerset Access and Inclusion Network were initially asked to bring together two focus groups to assess how they deliver Adult Social Care services. The purpose of the consultation was to review any barriers that may exist for people accessing services and also address why people may not use Adult Social Care services. It was also agreed that the consultation should cover Somerset Direct, and people's experience of assessments and reviews.

It was decided that this assessment should cover current service users and those who may not be using Adult Social Care services at present. Adult Social Care provides services to;

- People with Sensory Loss
- Older People
- Younger People (18+) with physical disabilities.

In addition to this we were asked to include carers and race representatives in this consultation, plus links with care providers.

2.0 Methodology

In September 2008 invitations were sent to all members of the Somerset Access and Inclusion Network (SAIN), together with a reply sheet identifying transport requirements and support needs. There are currently 761 individual members and 107 Associate Members, which include organisations such as Candlelight Care, The Parkinson's Disease Society, Somerset Impact (a full list of members can be found at www.compassdisability.org.uk). In addition to members of SAIN, members of FEDS (Forum for Equality and Diversity in Somerset) were sent invitations asking them to distribute to contacts within their own organisations who may wish to be involved. These include SREC (Somerset Racial Equality Council), Somerset Gay Health, The Rural Women's Network, Somerset Faith and Beliefs Forum, Age Concern Somerset and also The Crewkerne and Chard Pensioners Forum.

In total 72 replies were received, requesting involvement in this consultation. Two dates were initially offered; 8th October at Victoria Park Community Centre, Bridgwater and 14th October at Tor Leisure Centre in Glastonbury. As the largest number of responses was for the meeting in Bridgwater on the 8th October it was agreed that another date would be added on 9th October and would be held at Compass Disability Services offices in Taunton. All of those that we were not able to accommodate were invited to attend on the 9th October instead.

In total 58 people attended the consultations, a breakdown can be found in Appendix one.

Transport arrangements were made for each meeting to enable people to attend plus mileage expenses provided for those making their own way to the meetings.

Additional support needs were met such as the requirement for an electronic note taker in Glastonbury and assistance provided for lunch etc.

Each consultation meeting followed the same format. A presentation provided by Jane Lewis gave an overview of the services that Adult Social Care currently provide and those that are provided by external organisations such as Medequip, A4E and Age Concern. Information concerning the Equalities Impact Assessment was also added to the presentation. The presentation helped facilitators and participants when discussing relevant experiences.

The presentation also prompted lots of discussion about services that people were not aware of and were very interested to learn more about. This is explained in the findings below.

Following the presentation, participants broke into three groups each with a facilitator from Compass Disability Services to ask questions and take notes.

Participants were keen to learn 'what happens next' and how the information they had shared would be used to shape future service delivery.

3.0 Evaluation

The notes from each of the session were brought together and detailed under each location. This information has been sent to participants showing the details of each discussion and can be found in Appendix Two to Four. Whilst we have provided below what we believe to be the key findings from the consultation, we would ask you to read the individual session notes in addition to this. The difference in style of notes from each group indicates the findings from the session facilitators.

4.0 Key Findings

We have listed below the key findings from the consultation;

Information and Services

- People do not know what services are available and do not have sufficient information, particularly regarding Somerset Direct. There is a need for more advertising of the services available. The name Somerset Direct does not explain what service they provide. A name change would help improve access.
- A view was expressed that the white Somerset Direct leaflet does not fully explain what they do "as soon as you see it you think of government and council tax".

- The benefits of having peer support and sharing information were raised across all meetings. One person with sensory loss contributed “when I went deaf I asked my social worker if anyone else in the area had a hearing loss that I could pal with...they said they couldn't tell me... that is what we need”.
- There was a strong feeling that you only get to find out about services through meetings like this.
- People would like to have help with shopping and think that Social Service should provide emotional and practical support and support vulnerable people that don't have family or friends.
- Help with upkeep of property inside and outside is also an extra service some would like provided.
- There is disappointment that domestic support is no longer provided unless paid for privately and it is felt that this puts a strain on carers.
- How do people contact the FAB Teams – many would like to access this service.
- Respite services provided for carers and their families are felt to be very valuable and direct payments have enabled some to do recreational activities.
- Direct Payments are not fully understood by some. A Social Worker wasn't sure how Direct Payments are done and one participant phoned A4E to enquire about Carers DP – they said to go back to the Social Worker. Another had a visit from A4E and said “they didn't tell me what I could use the money for or what forms I had to fill in... I don't really understand it”.
- Confusion exists over advocacy services. A carer explained that a referral was needed before A4E could help with a holiday.
- Difficulties were expressed in knowing which services are provided for which type of person. This was particularly difficult for those with multiple impairments and regarding advocacy services.
- Services provided by Age Concern and Citizens Advice were praised. Knowledge was shared that Age Concern appeared cheaper for piper line.

Assessments and Social Workers

- A lack of knowledge of what people are entitled to at the assessment stage.
- Inconsistencies between Social Workers occur when some say they can provide things and other 'won't/can't do that'.
- The service provided by OT's was praised for the knowledge of equipment out there.
- Concerns that the value of the services depends on the Social Worker and how good they are.
- The need for a named Social Worker to ensure continuity. This would also help some feel they can phone Adult Social Care if they have a named person.
- The need for more regular reviews.
- Who should people contact to request a review?

- Some people feel they cannot ask for an assessment.
- There appears to be general confusion over the differences between the various assessments for care and benefits.
- Many had concerns that having an assessment could affect benefits.
- Concerns that nothing would happen and that information has to be repeated when cases have been closed.
- More understanding of a person's age and/or disability is required. Frustrations occur when people are asked to repeat traumatic experiences. When Social Workers change and information hasn't been passed on, users feel uncomfortable when they have to repeat information.
- Need to ensure Social Workers are trained about long term or severe disabilities.
- The need to listen more to individuals was raised as an issue, particularly when people were told they needed equipment which they felt they did not need.
- What happens when a case is closed and the service user is not satisfied that the problem has been resolved?
- There is a feeling that departments don't communicate with each other.
- A need for more understanding of people with hidden disabilities such as angina and diabetes.
- People had experienced difficulties in getting an assessment when they had been removed from the current list. Some thought that you are removed if you are not in contact for 5 years?
- In some cases reviews had not taken place when expected. One person was still waiting for a review following receipt of a Disabled Facilities Grant approx. one year ago.
- Many felt that reviews weren't frequent enough and that cases shouldn't be closed.
- Several thought annual reviews would be about the right frequency for them or six monthly if they are followed up.
- More choice of dates and times for reviews is required.
- Of those familiar with the system they feel they can request a review if circumstances change. Those who are unfamiliar with the system felt they would find things difficult.
- A need for a referral system when people move into a new area.

Complaints

- More available information on the complaints procedure was requested.
- The need for an independent complaints procedure (such as PALS).
- Some experiences of using advocacy services and tribunals to get a complaint resolved were shared. One participant had gone to two tribunals and had used Shelter and CAB to get the help they required.
- A feeling that nothing would happen if you did complain and that you get pushed from 'pillar to post'.

- There was a concern that you cannot get hold of an advocate to help with issues like this anymore.
- When people live in sheltered or extra care housing who should they complain to?
- Of those that had made a complaint there was a feeling that it took a long time to be resolved.

Methods Of Contact

- There is a need for alternative methods of contacting Adult Social Care; Concern over the costs of 0845 numbers
One to one contact - a drop-in service as well as a call centre, moved around the county. A one stop shop for services.
E mail – can you contact Somerset Direct this way?
- Alternative methods of contact are important for people with hearing impairments, and a preference for one to contact was expressed, as “text phones can cut out when picking up signals from other phones”.
- Telephone is the preferred method of contact for many followed by face to face or in writing.
- When e mail or letters were used better responses had been received. Some had used friends to e mail Social Services to help get a response and this had worked, however many do not have access to a computer.
- There was a general feel that messages left on answer machines were not responded to. Many had got through to answer machines when trying to phone.

Barriers to Accessing Services

- Pride..I don't think I am disabled enough.
- Lack of face to face contact. You have to always deal with different people.
- The need to be listened to more, treated as an individual and not felt like a number/category.
- A lack of verbal and communication skills, made some feel they do want to bother.
- Some conditions (such as chronic fatigue) make people feel too tired to deal with it all.
- Concern that it will lead to a loss of independence and that services may be forced upon them.
- For those with visual impairments literature “should be Arial 14 and left justified and must avoid background colours”.

Other Issues

- Transport continues to be an issue. The cost of community transport schemes has increased and is not necessarily cheaper than taxis. There are also problems in getting transport where other services such as Slinky are not provided in all areas of the County.

5.0 Recommendations

There is a definite need to increase awareness of the services provided by Adult Social Care. Consideration should be given to how to best reach the target audience i.e. people with a hearing impairment may find telephone contact difficult, older people may not be as familiar with internet information and written literature may not be accessible to people with visual impairments.

Recommendations to resolve this includes;

- Renaming Somerset Direct would increase awareness of the services provided by them. Some names to consider could be; Somerset Information Line, Social Services Directory, Som Direct Information or the Disability Information Service.
- Use of an 0300 number as opposed to an 0845 number which can be costly for those on inclusive minutes packages and callers from mobile phones.
- Provide information in various ways to accommodate the access needs of individuals. Accessible formats for literature to be readily available, an e mail service such as regular bulletin on Adult Social Care services. A drop in service that could be a mobile outreach service held at regular intervals at set locations around the county every six weeks or so, and ensure it's communicated when its coming so that everyone gets a chance to visit. Also move the location for those in rural areas.
- Using local media creatively to publicise the services i.e. HTV local channels, local independent radio, publications such as The Networker.
- Improved partnership working between Adult Social Care and local health care services to enable information concerning Adult Social Care services to be given to people at the point of diagnosis i.e. Information packs at GP surgeries about all services.
- The provision of more coherent and compelling information. Service users should be consulted with prior to the launch of any information to ensure that they understand the message that is being conveyed i.e. one brochure that details all of the advocacy services available so that people can make an informed choice about which service is appropriate for them.
- Leaflets at the assessment stages to inform people what's available would ensure that people were able to access all services relevant to them, thereby improving their quality of life.

Adult Social Care services need to be designed to be user friendly and flexible in order to meet the needs of individuals. Recommendations include;

- Consulting with service users whenever services are being developed, reviewed or introduced.
- The provision of a named Social Worker and direct dial telephone numbers to ensure continuity. This could be supported by the provision of a business card or contact details within a small 'welcome' pack on their first visit from a Social Worker.
- Reviews based around the needs of the individual particularly in terms of frequency.

- Detailed explanations given to service users about the assessment and review process so that they feel that they are included in the planning and delivery of their support. It is particularly important that the need to repeat information about the service users situation is minimised as this can be traumatic and frustrating.
- Those delivering Adult Social Care Services need an increased awareness of all types of disabilities, specifically those with hidden disabilities, learning disabilities and mental health problems.
- All service users to be offered a FAB benefits assessment to ensure that they are accessing all relevant benefits for them.
- Closer working partnerships with the voluntary and community sector to improve access to services i.e. improving choice so that people can get services, information and support from a range of organisations that they feel are relevant to them.
- A clear and available complaints procedure that is independent from Adult Social Care in order for people to feel comfortable. There needs to be a commitment to ensure that all cases are dealt with and an appeals process available to those who feel that the outcome is unsatisfactory.
- Ensuring Adult Social Care services are designed so that people feel that they are approachable. Many people delay contacting Adult Social Care as they feel that 'they are not disabled enough'. This can lead to peoples conditions deteriorating unnecessarily before they access support which could prevent such deterioration.

Appendix

One

Monitoring Data

Numbers

Venue	Number of attendees (including Carers)	Number of forms completed
Bridgwater	20	19
Taunton	15	13
Glastonbury	23	22
TOTAL	58	54

Age

Venue	16 - 29	30 - 39	40 - 49	50 - 59	60 - 65	Over 65	Did not answer
Bridgwater	0	0	3	5	2	9	0
Taunton	0	0	1	0	4	8	0
Glastonbury	0	1	5	5	1	10	0
TOTAL (%)	0	1 (2)	9 (17)	10 (18)	7 (13)	27 (50)	

Where do you live?

Venue	Taunton Deane	South Somerset	Mendip	Sedge- moor	West Somerset	Did not answer
Bridgwater	0	0	0	18	1	0
Taunton	6	1	1	3	0	2
Glastonbury	2	2	13	3	0	2
TOTAL (%)	8 (15)	3 (5)	14 (26)	24 (45)	1 (2)	4 (7)

Do you consider yourself disabled?

Venue	Yes	No	Did not answer
Bridgwater	16	3	
Taunton	12	1	
Glastonbury	16	6	
TOTAL (%)	44 (81)	10 (19)	

Gender

Venue	Male	Female	Did not answer
Bridgwater	6	10	3
Taunton	7	6	
Glastonbury	9	12	1
TOTAL (%)	22 (41)	28 (52)	4 (7)

Do you identify yourself as transgender?

Venue	Yes	No	Did not answer
Bridgwater		6	13
Taunton		7	6
Glastonbury		12	10
TOTAL (%)		25 (46)	29 (54)

How would you describe your faith or religion?

Venue	Buddhist	Christian	No Religion	Other	Did not answer
Bridgwater		13	2	3	1
Taunton		10			3
Glastonbury		14	1	6	1
TOTAL (%)		37 (68)	3 (6)	9 (17)	5 (9)

'Other' religions stated as: **Greek Orthodox (1) Quaker (1)**

Sexual Orientation

Venue	Lesbian	Gay	Bi Sexual	Heterosexual	Did not answer
Bridgwater				13	6
Taunton				7	6
Glastonbury		1		17	4
TOTAL (%)		1 (2)		37 (69)	16 (30)

How would you describe your ethnic origin?

Venue	White (British)	White (Other European)	White (Other)	White Irish	Did not answer
Bridgwater	18		1		
Taunton	12				1
Glastonbury	19	1		1	1
TOTAL (%)	49 (91)	1 (2)	1 (2)	1 (2)	2 (3)

Other Comments Received;

Thank you for making me feel welcome and relaxed lovely lunch

Rather Dark and No loop system available – (An electronic note taker was made available to those requiring a loop at this venue. A letter is also being sent to Tor Leisure Centre with suggestions for future improvements for access for all).

Very please to be involved in these discussions.

No loop system in venue (but accept explanation that portable system had broken down) (also see comment above ref electronic note taker).

Nice to be able to discuss with others carers/concerns/ advice etc.

Excellent - Brilliant Meeting

“Thank you for inviting me along to the meeting today, I found it very interesting and I’ve learnt some interesting things about SCC”.

Unable to hear group due to other noise in the room, lots of other noise so unable to pick out specific conversation (Person with sensory loss – hearing).

Unable to get close to tables as they are too low to get legs under so have to sit away from table (electric wheelchair user). This information will be reported back to the venue.

Impressed by presentation, was not aware of all the things covered by Adult Social Care or the numbers (Older person with sensory loss – sight)

I have learned a lot from coming here today.

Format of breaking down into small groups was considered good to be able to have discussions rather than some meetings where one big group is brought together

Appendix

Two

**Somerset County Council
Equalities Impact Assessment Focus Groups
Victoria Park Community Centre, Bridgwater
Weds 8th October**

Groups facilitated by Nikki Watson, Natalie Stevens, Michelle Edwards.

What have you used Adult Social Care services for?

Group 1

- Advocacy
- Respite (day centres)
- Occupational Therapist
- A4E
- Community Transport
- FAB

Group 2

- Direct Payment- 1 person.
- 2 received care from an agency through Adult Social Care
- 2 were in receipt of Carers Allowance.
- 1 person regularly used day services at Mount Street and felt that this provided them with an opportunity to socialise whilst giving their carer time to pursue their own interests, however due to cutbacks it was felt that there was no longer the range of activities available. *“We used to get the opportunity to go to college or do painting but that has stopped”*
- 4 people had had a care assessment and 1 a carer’s assessment.
- 1 person had tried to access advocacy support from A4E but with little success. *“they said I needed an assessment from a Social Worker before they could do anything – I was trying to get a Social worker” “me as a carer, I didn’t have a good rapport with A4E, I wanted some help with a holiday but they needed a referral – why?”*
- 4 people had used the equipment service. 2 found this service to be helpful, there was a good assessment of their needs and the equipment was supplied correctly and promptly. 1 felt that the service had been pretty good *“Once I managed to get an assessment they supplied me with a shower seat, raised settee and toilet adaptation within 24 hours which was great”*. 1 person has a poor experience of this service *“my piece of equipment does not fit and nobody seems interested, I have told them the piece of equipment that would be more suitable but they ignore me”*
- A number of people had experiences of using Age Concern. They had supplied people with Piper lines, Key Boxes and advice. Everyone felt that this service was really good. One group member revealed that they support people over 50, this came as a surprise to a number of people in the group who thought they only provided support to those over 65. One person commented *“I only pay £41 per quarter for my piper Line with Age Concern which is £20 cheaper than*

Sedgemoor. Sedgemoor were ripping me off" Another group member who also had a piper line, although not through Age Concern, had difficulties because there was some confusion about who was responsible for it. *"Surely we should all pay the same regardless of who supplies it"*

- 1 person in the group commented that they had found the service of the CAB extremely useful, "They (CAB) give really useful advice on benefits".

Group 3

- Most people first think of equipment supplied from Medequip
 - Ramp
 - Shower and bathroom adaptations
 - Grab rails
 - Stair lift – then an another improved stair lift
 - Hearing aid
 - Doorbell linked to special phone
 - Equipment after an operation, but no-one has taken it away now that it's no longer needed
- One person was on Direct Payments
- One person had had help getting a disabled car parking bay outside the house
- One person uses Day Services
- Two people have used A4e advocacy services
- Somerset Direct.
- One person didn't know of any services provided by Social Services and doesn't receive any services from them, a disabled car parking bay outside the home was even paid for privately as well as putting a dropped curb in

What other services do you think should be provided by Adult Social Care?

Group 1

- One – to – one visits to talk, listen and discuss options
- Drop-in centres/one-stop shop for services
- Transport to routine appointments e.g. Doctors surgery as GP's don't do home visits anymore which means an £8 taxi fare just to speak to GP.
- Wardens/caretakers in residential areas – community support on general issues
- Give people information rather than individuals have to seek it out as often they do not know what services are available to them, so if they do not know a service exists they do not know to ask about it.

Group 2

- 1 member of the group felt that more practical and emotional support was needed for all people in need. Everyone in the group agreed.
- The group felt that there was a need to search further a field for solutions, when an obvious solution wasn't in front of them. *"If they no longer provide opportunities for college or painting at Mount Street then why hasn't the Social Worker tried to find it from somewhere else?"*

- The group were very disappointed that domestic support was no longer provided. *“I have Brunel Care who won’t provide domestic support unless I pay privately at £15 per hour which I can’t afford, Social services should consider the whole situation, having no domestic support is a real strain for my carer”*
- FAB teams - the group felt that this could be a really useful service if they knew how to access it.
- Not enough support for very vulnerable people in society who have no family or friends. *“we help people at the church who can’t help themselves, they don’t know where to go or what they can get but there must be a lot more people out there who we don’t know about” “I have phoned a Social Worker because an elderly man, who had no support had broken his glasses and couldn’t get out to get new ones, The Social Worker told me that wasn’t her job – So who’s job is it?”*
- 1 person commented that if the services already provided were done well then there wasn’t a need for any other services.

Group 3

- Upkeep of property inside – individuals are totally responsible for this, several people said they don’t know how will be able to manage in the future.
- Can’t use Direct Payment to pay for cleaning or practical help, has to be personal care, find this frustrating as it’s those things that have difficulties with.
- Exterior repairs to the house, very expensive for people to pay privately. Turned down by SHIP and Sedgemoor won’t pay for a grant for painting.
- Can’t know what services will be needed in the future as age increases and abilities deteriorate.
- Disability Nurses – Bridgwater Hospital has one and she does home visits too – seems different areas have different services
- Would like to use a carer to help with breathing apparatus, emotional and practical support is not provided and this person felt that Social Services are failing here.

How valuable are Adult Social Care services to you?

Group 1

- ‘Essential – it is the only opportunity the wife has of break from being sole carer is when I go to the day centre’. (Disabled person - electric wheelchair user)
- ‘It is important that we get the help we need’. (Older person with sensory loss – sight)
- FAB was really good and helped me get my benefits etc sorted

Group 2

- *“If they were any good and you could get them it would be really valuable but it’s all so difficult.”*
- *“we get a better service from our neighbours”*

- 1 group member felt that the services were much better 20 years ago due to recent cutbacks.
- The group agreed that, in general services were better when they were provided by an outside agency such as Age Concern or CAB, these services are really valuable.
- The value of the services are dependent on how good or otherwise their Social Worker is.
- “The services are inconsistent, if you get a good Social Worker it’s great, we know who we want but we can’t have her”.
- “Our Social Worker was really good she had empathy and sympathy but she’s gone on maternity leave.”

Group 3

- Very good – excellent services
- Two people said they are not reliant on them day-to-day at the moment, use services when required but very good when have used them.
- Would have real problems without them and expect to rely on them more in the future
- Not very valuable at the moment, lack of information about what’s out there which is felt should be more readily available
- Very much need the services and direct payment, don’t know what would do without them and it, however direct payments are very different to where one person used to live.

How many people had experience of reviews or care assessments?

Group 1

- All to different degrees – Care needs from social worker, day centre staff review, occupational therapist etc.

Group 2

- 4 had care assessments and 1 had a carer’s assessment.

Group 3

- Five out of the seven people have had an assessment
- One person has not had any interaction with Social Services despite finishing work two years ago due to disability
- One person has arthritis, has had two hip surgeries but doesn’t feel could ask for an assessment – just has a Blue Badge.

What are people’s experiences of the actual review or assessment?

Group 1

- ‘I have tried to get a social worker but I was told that I needed a GP referral, but my GP said he knew nothing about it’.

- 'I had a visit from an occupational therapist who said that I would not be able to use a wheelchair in my current home and as it was a council place and I couldn't adapt it, but I heard nothing after that. When I rang up about it every one just passed the buck, and blamed the other departments, eventually a letter was rewritten and case was closed with no real outcome'.
- 'We had a visit from an occupational therapist, who offered sticks and such, but he won't use sticks but she was very nice, she asked what he wanted'.
- 'Within a week we had some one out to see us'. (person with sensory loss - hearing)
- 'Departments don't communicate' (All can give examples)
- 'I don't like to pester' (Older person with sensory loss – sight)
- 'I have a commode in my kitchen – how nice is that?'
- 'He who shouts the loudest gets what he needs'
- Not acted on – no follow up.

Group 2

- 2 felt that the assessments were fair, times were agreed with them and in most cases the Social Worker turned up on time or advised if they were running late. 1 commented *"They come to Mount Street to do my assessment because it easiest for me, I have had different Social Workers over the years but they have all been very helpful"*
- 1 person had an assessment from a "Disability living doctor" *but because I was fitting and naked at the time they wouldn't come in – but this was good because they could see my problems"*
- 1 person felt that assessments were a waste of time because they didn't listen, a number of other people agreed that they weren't always listened to. *"they said I needed a hoist but I don't want one, they said I had to have one because of health and safety, I showed them how I get out of bed but they still said I needed one (A hoist)"*
- *"They made a big fuss about reassessing me because I said I needed a holiday, they said I couldn't have a holiday this year but I could have one next year but I didn't get one"*
- It would be better if the social worker said that they couldn't do something at the start rather than mislead you to believe something was possible and then turn around later and say that it couldn't happen. The group agreed that this was frustrating.
- One person said that 4 people had attended a physical review where he had had to undress and show them how he got in the shower, "this was to prove that I could live independently otherwise they wanted to send me to", this didn't bother the person concerned but others felt that this level of scrutiny would be difficult for some. 1 person said he would prefer a female social worker in this instance as he had been abused by a man (not a social worker) before.

Group 3

- Not happy with result of assessment, put in a complaint against assessor but nothing happened “they go out the door and nothing changes”
- A training Social Worker completed an assessment but didn’t appear to have been trained about long term or severe disabilities
- Need more than just personal care.
- Not a professional service
- Always have the same Social Worker, would like someone different because they might see something differently with fresh eyes
- Feels ‘sketchy’ in Somerset, there doesn’t seem to be a very specific criteria
- It can be hard for people with hidden disabilities such as angina and diabetes
- Other members of the group have not had any problems and been pleased with equipment provided

How easy was it to arrange a review?

Group 1

- Prevented by previous experience – it wouldn’t do any good
- My District Nurse sorts out every thing for me – without her I don’t know where I would be
- I didn’t know you could just get a review
- It is a very frustrating process, no named liaison, no continuity of any thing (All)

Group 2

- 1 person felt that the assessment was a “fight”. Everyone agreed that money didn’t seem to be available to provide adequate services. Some felt that more was spent on drug users and asylum seekers first so that there wasn’t enough money for normal people in need. *There’s a drug pusher above the flat that used to live in, he gets everything yet we had to fight to get an assessment and then he got nothing”*
- *“My social worker retired 2 years ago and hasn’t been replaced so I haven’t had a review since”*
- *“After the assessment it took 24 hours for Medequip to deliver the equipment and 14 days to have the care arranged which was excellent, but I wouldn’t have got the assessment without the help of my friend who emailed the council because they didn’t respond to telephone calls. I am not on email”*
- *“There seems to be lots of red tape”*

Group 3

- “Not too bad” went via GP
- Relatively easy
- In the system so easy to arrange, happens every year
- No problems “they came straight out”

What do you think about the frequency of the reviews?

Group 1

- 6 monthly are about right as long as they are followed up - (Older person with sensory loss – sight)
- ‘I don’t even know who my social worker is’ (Disabled person - electric wheelchair user)
- Between reviews – departments change their name; staff change the titles or roles. ‘No-one lets us know what is going on’ (All)

Group 2

- Most people agreed that annually was OK.
- 3 people thought that they were not given a choice of dates/times and had to be available when they decided.
- 1 person felt that annually was good but they had recently changed to every 2 years with no explanation.

Group 3

- Some people have one assessment but then are not re-assessed when things change and it’s needed
- Assessment should be every six months rather than yearly as things change weekly for most people
- One person thought that reviews should only take place on demand rather than just at regular intervals

Do you feel you can request a further review if your circumstances change?

Group 1

- I wouldn’t know who to contact (Most).
- ‘My District Nurse would sort it out’

Group 2

- One person had had a difficult change in circumstances and said *“Although this was a difficult time for me they (Adult Social Care Services) responded quickly and did come out and reassess my needs”*
- Others felt that this was more difficult, particularly for people with mental health difficulties or learning disabilities.
- *“The police have told them (Adult Social Care Services) that I need reassessing but they say that I should just contact the duty officer which means I have to repeat myself all the time.”*
- *“They changed my Carers Assessment Worker without telling me. It’s difficult if you haven’t got a rapport with someone. They don’t understand your situation.”*

Group 3

- Most of the group said Yes
- “Phone up and tell them, they work for me”
- Once you’re in the system it’s easy to arrange, it’s those that aren’t in or are only part-in the system that struggle or miss out
- Several members of the group came across assertively in response to this question, they feel that have to have develop this ‘streak’ to be listened to.

How easy do you think it would be to raise any concerns or complaints about the assessment process if you had them?

Group 1

- ‘No-one would take any notice, they might listen but nothing would happen’
- ‘It’s futile - you just get pushed from pillar to post, so much bureaucracy and red tape to get through’
- You don’t want to cut your nose off to spite you face’

Group 2

- The group agreed that it would be difficult to complain directly to their Social Worker if the complaint was about them (The Social worker), however they didn’t know who else to complain to in the council.
- *“I complained through PALS but that was no good”*
- *“You can’t get hold of an Advocate in Somerset any more. It was great when DIAS used to provide the service, was excellent, he used to get everything sorted and was good, but since he died it’s really not as good”*
- *“The Citizens Advice Bureau are excellent, they have really helped me when I wasn’t happy with what was going on”*
- 3 people had made complaints. None felt that their complaint had been resolved satisfactorily.
- *“They say they’re going to look into this and that but they never do”*
- *“It takes ages if you complain. They act a lot quicker if they think that you have abused them though.”*
- *“ I told them about some broken equipment. They got round to it in their own time. It took ages.”*
- *“They can’t agree whose responsibility it is. The Housing Association or theirs so in the mean time I have to go all the way round the building to get out because there’s no ramp”*

Group 3

- One person has not complained formally but challenged the trainee Social Worker regarding the results of the assessment and information on the DDA (that had been provided by the SW) so she brought her manager for another assessment, which concluded with £12.22 for an evening one-to-one session
- “You learn not to bother” one person felt there isn’t a great deal to be gained from complaining “let them get on with it”

- Easier for some individuals than for other, because again there is a need to be forceful
- Most of the group agreed that it would have to be a big problem to make a formal complaint because “otherwise it wouldn’t be worthwhile chasing it”

Do you know of Somerset Direct and what do you think of the service they deliver?

Group 1

- Only one person in this group had heard of Somerset Direct. People had in the past tried to contact individual departments of County Council for each separate issue.
- One person found it very easy to contact them– just rang them up (Older person with sensory loss – sight)

Group 2

- 2 people had heard of Somerset Direct and 1 person had contacted them. The rest of the group agreed that they might use them now that they knew about them.
- *“My Social Worker gave me information on Somerset Direct at my last review”*
- The person who had contacted them felt that they were polite and were able to direct them to the person that they needed to speak to.
- 1 person raised a concern about the use of an 0845 number as this costs a lot more from a mobile and if you are not using a BT land line. *“I believe they even get money back if we use an 0845 number.”*

Group 3

- Approx three-quarters of the group had heard of it
- One person thought the service wasn’t very good
- One person felt that in their experience ‘everything’ comes under Somerset Direct now, even the local library
- Questions about whether it was Care Direct, whether it was part of Social Services
- General confusion about what Somerset Direct does
- Would prefer a landline rather than a local-rate number
- One person said they’d never had any problems with the service

Barriers

What stops you using Adult Social Care services?

Group 1

- Lack of information, no-one offers it we have to find it (Most)
- Lack of face-to-face contact (All)
- Always dealing with different people (All)

- Some thought there is a script to follow and if you don't follow the script the system can't help you

Group 2

- 4 of the group who had previously had poor experiences of using Adult Social Care Services felt that it was the attitude of those involved that prevented them from using the services more.
- *"I have learning disabilities when it suits them, I tried to get involved at the Enterprise Centre but I couldn't because they said I don't have learning disabilities. So which services am I supposed to use?"*
- *"Everything is difficult, my life is difficult enough I don't need more hassle"*
- 1 felt that they no longer met the criteria to receive services

Group 3

- They've been put off by what other people have said
- Lack of information about the services
- Unhappy with previous outcomes leads to apathy and can't be bothered attitude
- Asked for a short-term part-time help after a stay in hospital, was told could only have a full-time carer or nothing and ask volunteers for part-time help
- Poor relationship with doctor has possibly prevented one person from accessing the services
- "Thought you had to be over 60 or a wheelchair user to be able to get anything"

Have you contacted Adult Social Care (e.g. telephone, face to face)?

Group 1

- No-one in our group was aware that you could make face to face contact, all thought it had to be by phone.
- All had at some stage tried by phone.

Group 2

- 4 people had rung Adult Social Care, 1 had emailed and 1 had visited the offices
- Of those who had phoned most had got through to an answer machine at some stage. 2 had left messages, 1 had had their message responded to, 1 had not left a message because they needed to explain direct to someone and 1 said they only left messages sometimes because they usually weren't responded to.
- The person who visited the offices felt that this wasn't a good experience. "You have to go through the receptionist, if they don't want to see you they say they're not in."

- Email had been a really positive experience. *“I had been leaving messages for ages and no one had got back to me, but as soon as I emailed, I had an assessment arranged for*”
- The group agreed that email wasn't for everyone, as not everybody would have access to it.

Group 3

- Most people said: Telephone followed up by face-to-face contact
- One person mentioned that her husband thinks Somerset County Council have a good website but the user of Social Services doesn't look here for information because they don't like computers

Which method of contact do people prefer to contact Adult Social Care?

Group 1

Face to face (1) Telephone (2)

Group 3

Everyone agreed: by telephone

How easy do you find it to obtain information on Adult Social Care services?

Group 1

- Difficult, lots of 'try this', or 'you need a referral'
- Easy, within a week some one came round (Person with sensory loss – hearing and his wife)
- Difficult, no straight answers, just get palmed off
- Like politicians, no straight answers

Group 2

- The group agreed that there were lots of glossy brochures around but it wasn't easy to identify what the services were or who they were aimed at. Some people in the group had experience of trying to access certain services such as advocacy, only to be told that their impairment wasn't covered by the service provider that they had contacted or that they were the wrong age.
- *“I have contacted a service before who have told me that I need a referral, I didn't know that. I only wanted some help with a holiday”*
- *“It would be easier if there was one brochure on advocacy services in Somerset, categorising who you should contact depending on what your disability was or how old you are. They are all called something different, it's really confusing”*
- *“Why can't all of the services be provided by one agency”*
- The group agreed that they relied upon their Social Worker for information, which could be inconsistent.

Group 3

Of those that wanted to comment:

- Not easy at all
- Haven't tried to

What can Adult Social Care do to make it easier for people to use their services?

Group 1

- More co-operative
- Don't treat me like a kid, or talk over me, just because my wheelchair is lower than your eye level
- Treat me as an individual not by label (disabled, OAP, blind, deaf)
- I am not stupid, because I am disabled, so don't speak to me as though I am.
- Give feedback to service users after reviews, assessments etc.

Group 2

- The group agreed that the services needed to be categorised and felt that it was difficult particularly for those with learning disabilities and/or mental health difficulties to know what services were provided for them.
- The group agreed that they needed to be listened to more. *"I know more about my needs than anyone else"*
- The group agreed that it felt as though *"there were too many chiefs and not enough Indians"* *"funding always seems to be the issue – Mount Street will eventually close, lots of services are closing, but there's always money for the top dogs"*
- The group agreed that Social Workers and those delivering services needed more disability awareness and awareness of the DDA. *"The law says we are entitled to certain things, if they knew about the DDA we wouldn't have to fight so much"*

Group 3

More advertising and publicity

- Papers
- Via doctor surgeries
- Speaking to voluntary groups such as Age Concern, CAB, Over 60 clubs, SAIN meetings.

Other General Comments

- Limited space on public transport for wheelchair users, if some one else gets on first at an earlier stop, I have to wait for the next scheduled bus and

if that one has some one in a wheelchair already on it, then again I have to wait (Disabled person - electric wheelchair user)

- People who have worse problems take priority, but people who just need a bit of help or support seem to get forgotten about. (Disabled person)
- The better off you are the more social services give you (in our group someone lived in private retirement accommodation and they admitted never had a problem getting help, whilst those in rented accommodation struggled to get basic information and little or no help.
- Reduce the amount of paper work, repeating same forms year on year, used to be done face to face, and now sent in post.
- Sympathy for workload of social workers and general feeling was that for each case they didn't help, they could close and therefore reduce costs/workload etc.
- One of group in the past made a complaint to the Ombudsman in London and was told by local service provider/contact that he had 'no right to do that'.
- Not IT friendly/competent so they can't look on web etc for information.
- "I suppose they don't want everyone to know about the services because they wouldn't have the money to provide them all for everyone"
- "The people of Somerset get by on friends and relatives – there is no community care anymore"
- "You've got to fight for everything, it's like they don't want you to have the money – even though it's not theirs!"
- Not many people know about access to work
- There are differences between services provided in different areas, especially doctors work in different ways

Appendix

Three

**Somerset County Council
Equalities Impact Assessment Focus Group
Compass Disability Services Taunton
Thursday 9th October**

Groups facilitated by Nikki Watson, Natalie Stevens, Michelle Edwards.

General

What have you used Adult Social Care services for?

Group 1

- FAB
- Mediquip
- Nursing Care following illness
- Assistance with learning to 'drive' electric wheelchair
- Social worker
- Occupational Therapist
- Farm Foods

Group 2

- 1 person had never made contact with Adult Social Care.
- 1 person was in receipt of a Direct Payment.
- 2 had had a care assessment and 1 was due to have an assessment within the next week.
- 1 person's wife received a carer's allowance.
- Nobody had accessed any day services.
- 2 people had received support from Medequip and 1 person was due to have an assessment soon.
- The group had had contact with 5 agencies delivering services for Adult Social Care. Namely, A4E, The Somerset Association for the Blind (SAB), Mencap, The Citizens Advice Bureau (CAB) and the CVS. This was mainly for support with benefits and form filling and the SAB for equipment and advice.
- Nobody in the group had heard of the FAB team in Somerset although 1 person was aware of them through his work with the CAB in Devon. Everyone agreed that this service would be really beneficial if they knew how to contact them.

Group 3

- Several of the group have had bathroom alterations, and two have had other house adaptations, e.g. hand rail by back door, etc.
- Social Worker provides some support and acts as an advocate to some degree
- Provided with a scooter

- Advocacy Services have been used by one member of the group, another member of the group liked to know that the advocacy services are there and has been in touch for general information but not actually used the service.
- Somerset Care services are bought using attendance allowance.

What other services do you think should be provided by Adult Social Care?

Group 1

- Non-routine cleaning tasks/handy person
- Named point of contact to liaise with
- One-to-one
- Keeping clients up-to-date
- Direct contact – checking up that you are ok if not being seen regularly by Social worker etc.
- Befriending/helping people who are lonely or feel ‘cut-off’
- Meeting place/café – somewhere you can go and have a chat
- Names of head’s of department/bosses

Group 2

- Access was an issue for a number of the group. The group agreed that it was difficult to know who to contact, particularly to report problems with highways such as dropped kerbs, uneven paving etc. The group suggested that an Access Consultant could be a really useful person for disabled people to contact, *“they could sort out the difficulties of whether it was the County Council’s responsibility or the District Council’s responsibility and get it sorted”*.
- The group agreed that there was a distinct lack of easily accessible information on what services were available and that this should be the priority as opposed to delivering other services.

Group 3

- More support out of the house – people are assessed as doing things ok in the house but more support is needed in getting places and getting on buses, etc.
- More support in terms of emotional well-being, as this takes your mind off the pain, for example would like more places to go within people in a similar position to improve quality of life and could stop some people becoming very introverted
- More flexibility regarding charges from care providers especially agencies, for example one lady was told the minimum she could pay Somerset Care was £7 per half hour, this means it would cost her £14 per day to have her stocking put on and taken off for approx 15 mins of the carers time
- Cleaning and other help around the house, e.g. getting some paper work down from a high shelf – several people said they need help with these things
- Put system in place where training Care or Social Workers can get work experience with people in real life

- There are too many rules about what can and can't be done "not on the list, can't do that"
- More support to improve quality of life

How valuable are Adult Social Care services to you?

Group 1

- Essential
- Very useful
- After hospital, but once better wanted to get back to independence
- Care – couldn't fault it
- (Health & Safety now says what carers can and can't do, rather than carer decide at the time if they want to do it, too much bureaucracy)

Group 2

Everyone agreed that the services were very valuable but that there was so much that they didn't know about that many of the services were under utilised.

Group 3

- Very valuable in terms of bathroom adaptations – make life much easier
- Wouldn't be able to get by without them – can't do anything without a Social Worker! Good relationship with Social Worker, makes things less of a battle
- Essential
- Need a Social Worker to help get things done
- Helped one person get a place in Elizabeth Court, Burnham on Sea which has made a huge difference to her life therefore this help was incredibly valuable

Care Assessment and Reviews

How many people had experience of reviews or care assessments?

Group 1

- 6 months ago and another one due in December
- 3 years ago, Occupational therapist – since then 'as and when'
- Before husband died, but only once since
- Yes, but very limited

Group 2

2 had care assessments and 1 had an assessment pending shortly.

Group 3

All members of the group (five)

What are people's experiences of the actual review or assessment?

Group 1

- Pride gets in the way as there is always some one else more needy
- Very kind, very good, very understanding
- Don't want to seem like your begging – if someone else was there that knew you – it would lead to a more honest assessment
- Seemed like they just want to tick boxes
- Not always the 'right' person

Group 2

- Nobody in the group had any major comments about the actual review or assessment and all felt that the assessment had by and large been OK.
- "I was handed over from one Social Worker to another. The old one brought the new Social Worker to meet me but it was obvious that he hadn't told them anything about my needs so I had to repeat it all over again. It was a bit uncomfortable, the onus was on me to establish a new relationship. My new Social worker is much better, I have got lots of things sorted out in a few months that the other Social Worker never even suggested, I have a Direct Payment now"

Group 3

- Excellent
- Variable – sometimes good and sometime bad experiences, it depends on the person doing the review
- Some Social Workers say 'won't/can't do that' but another one say they can! There is definite inconsistency
- Never had same Social Worker
- Some people feel that they're never told of the things that exist out there because Social Services are trying to save money
- Feel it should be a fairer system, but some people feel frustration at the system and other feel they are left in ignorance of what's out there
- Only get to find out about things through the grapevine or meeting at SAIN, when people tell you what they have/their experiences
- Should make the assessment criteria clearer for example a leaflet or a manual to say what people are and aren't entitled to
- Social Workers need more education about the law and discrimination
- People aren't told about 'the system', people aren't educated about old age or disability
- Social Worker should've been involved at hospital stage after a serious accident, as it was there was no communication until much later

How easy was it to arrange a review?

Group 1

- You don't arrange it they do!

Group 2

- Those who had experience of care assessment felt that they could easily contact their Social Worker for a review.
- The person who was pending an assessment had asked his Ophthalmic Surgeon to refer him as he was now officially partially sighted. The consultant had filled in the form but hadn't filled it in correctly. *"He hadn't mentioned my hearing impairment or my arthritis so I was initially told that I didn't need a review but when I explained, they said that I did so they are coming next week"*

Group 3

- Very difficult the first time, because went back to work after a stroke and "Social Worker virtually said unless you're on your death bed we can't do anything", advocacy service helped and about a year later got it sorted out, after a tribunal
- After two tribunals from help with Citizens Advice Bureau and input from Shelter and a barrister, got help needed regarding the outcome of a review
- Social Services came when moved into new flat, no reviews arranged just contact them if want to
- No regular contact apart from having shower adaptations

What do you think about the frequency of the reviews?

Group 1

- They seem to be very much as and when
- They should be offered routinely – at least once a year
- Family members are more often aware of what needs are as they see the regular struggle

Group 2

- The group were essentially confused by the variety of assessments that they have had to have – Care assessment, DLA assessments, War pension Assessments etc
- *"I don't understand the difference between benefit and care support"*
- *"If the doctor says that you are not going to improve why do they have to reassess for the same things all of the time. If I need anything new I could contact them."*
- *"I had 2 reassessments in 8 months for no reason – They did apologise for upsetting me"*

Group 3

- Supposed to have a Homes in Sedgemoor review every six months (HiS tenant) but don't think HiS feed into Social Services
- Just phone when need to see Social Worker or need to communicate
- Haven't seen Social Worker for 17 months – thought you came off their system after 3 months
- No one on the table has regular reviews with a Social Worker

Do you feel you can request a further review if your circumstances change?

Group 1

- Yes, but I wouldn't know where to start
- Yes, waiting for one now

Group 2

The 2 people in the group who had already had an assessment felt that this would be relatively easy *"I have a Social Worker, I would phone them"*

Group 3

- All of the group said Yes
- One person in Abbeyfield would ask the committee for a review – would feel comfortable doing that.

How easy do you think it would be to raise any concerns or complaints about the assessment process if you had them?

Group 1

It's hard, you can never get through to the right person so I gave-up

- Don't want to bother
- Never have complained but I think I could
- Some of us have a good level of education so are better able to fight our corner

Group 2

- The group agreed that they feel nervous about raising issues. *"You don't want to rock the boat, there have been a lot of cutbacks and services could get even worse"*
- Nobody in the group was aware of an official complaint procedure. *"If there is one, this should be given to people when they start receiving services because it would be difficult to ask the person you wanted complain about what the procedure was at that stage"*
- 2 people in the group had raised concerns and felt like they had *"Gone round the mulberry bush – people just seem to pass the buck"* The group agreed that it was better to be honest with people from the outset rather than pass them from pillar to post

- 1 person felt that they were not listened to when raising a concern. “They wanted to replace my stairlift but it just needed a new part, I eventually had to write to make them to make them understand, they have now replaced the part and it’s not broken since. What a waste of money it would have been if they had replaced the whole thing”

Group 3

- If the problem bothered you that much, then you would make the effort but so far never had cause to as little contact
- Yes, would and have asked to see my records in the past
- Have raised concerns – have asked not see certain Social Workers again until came to one I get one with. Didn’t make any formal complaints – don’t always get what you want by fighting

Somerset Direct

Do you know of Somerset Direct and what do you think of the service they deliver? (including have you contacted them and how easy was it)

Group 1

- It’s like a ‘sorting office’ for calls to tell you who to contact
- It’s a call centre – they will put you in touch with the right person
- They always deliver the goods
- I have never caught them out yet!
- No problems, but they don’t prompt you to renew your blue badge so if you didn’t notice you could get caught out.
- Didn’t know about it so never contacted them
- I got a leaflet at the day centre and just dialed the number
- Automated menu – can be difficult
- Eventually get the right person, but some one – a real person always comes on line to ‘sorry to keep you waiting’
- I had a really quick response when I needed some grab rails
- Very easy – just dial the number
- Some one came out the next day after I got stuck on loo!

Group 2

- Nobody in the group had used Somerset Direct but felt that this was a really important service. *“Information is critical”*
- The group felt that the name did not reflect what Somerset Direct do and that the brochure made no mention of disability. The group felt it needed its own corporate identity and should be provided as a drop in service as well as a call centre service. The group understood that this would have a considerable cost implication and therefore suggested that it be housed with the CAB or in the library or that it be provided as an outreach service around the county at regular intervals. *“The name needs to identify what the service*

does, why not the Disability Information Service – DIS, it's easy to understand"

- "Not everyone is comfortable about the using the phone it's much easier to talk to someone face to face"
- "Can I contact them by email?"
- The group objected to the use of a 0845 number as it could be considerably more expensive from a mobile phone, *"they should have a regular local number as well."*

Group 3

- Some of the group had heard of it – familiar name but don't know what they do
- One person asked if it is related to Direct Payments
- Others all said No
- None of the group have ever contacted Somerset Direct
- Lack of information about this service
- Didn't know it was out there
- The name doesn't tell you anything about it
- Suggestions of different names: Somerset Information Directory; Social Services Directory; Somerset Information Line – something that tells you a bit more about what it does!

Barriers

What stops you using Adult Social Care services?

Group 1

- If you have a speech impairment, they often don't have the patience to listen so I just get frustrated and don't bother
- Pride – I don't want to admit that I need help
- Lack of information – no one tells you what help you can get, you have to find out for yourself
- Lack of verbal/communication skills
- Lack of perseverance to fight for entitlement to facilities

Group 2

- There was a general lack of understanding within the group about the full extent of what Adult Social Care could do. It was apparent that people rely upon their Social Workers to provide information and that it was dependent on which Social Worker you had as to how much information people got. People who did not have a Social Worker were very limited in their understanding of how Adult Social Care could support them. Most felt that the lack of information was what stopped them from using the services
- "We don't know about them – Somerset Direct needs to be advertised better"

- “I don’t know what they can do for me, my only real contact is with my GP and they haven’t told me anything”
- “When migrant workers arrive in this country they get some sort of “welcome to England” booklet, what about a similar booklet with information for people who become disabled, this could be handed out by the GP”
- “I don’t feel disabled enough”
- “Pride – when I’m on my own I think I need help but then other people seem worse than me”
- “You can’t see my disability, Chronic Fatigue means I’m too tired to deal with it all”
- “People don’t understand my disability, part of my disability means that I can’t control my temper when I get stressed and the assessment makes me stressed so I come across as difficult. The very reason I need help is what puts people off of helping me”
- One member of the group felt that services needed to be explained better. *“I have just started to receive a Direct Payment, someone from A4E came out to tell me about it but they didn’t tell me what I could use the money for or what forms I have to fill in. I haven’t arranged another visit with them. I don’t really understand it all”*
- One member of the group expressed concerned about the accessibility of literature. *“They should always use Arial font size 14 and make things left justified. They must avoid background colours, this would be much easier for people with a visual impairment”* others in the group agreed.

Group 3

- Have not been stopped from using the services but haven’t used them because didn’t know about them, lacking information
- Would probably call Age Concern because I know– but what about people under 50?
- Social Workers are geared towards personal care – just left to get on with the rest of it yourself

How have you contacted Adult Social Care (e.g. telephone, face to face)?

Group 1

- By telephone
- Through a third party - nurse etc

Group 2

Of those who had contacted Adult Social Care, all had made contact by telephone and one person had written.

One person felt that he had a better response to a written request than when he tried to make contact over the phone.

The group expressed concern that the phone was not always the best option, particularly for those with a hearing impairment.

Group 3

- Through GP
- Through advocate
- Telephone
- Via the committee at Abbeyfield House

Which method of contact do people prefer to contact Adult Social Care?

- Telephone
- In writing
- Ask some one to look on the internet as a last resort
- One person said they would prefer to go through their GP again
- Most said via the telephone which is followed up by face-to-face contact, which is good as can't take all the information in over the phone

How easy do you find it to obtain information on Adult Social Care services?

- Pick up the telephone
- Need clarification I thought that they just dealt with personal care
- I thought it was just benefit and things
- Don't know where to look, don't know what is out there!
- Would probably look in Yellow pages or the Phone Book
- Some people agreed that they feel they don't know what we're entitled to

What can Adult Social Care do to make it easier for people to use their services?

- Concise information pack available from GP's, nurses, hospitals etc –
 - ✓ Contact details, a directory of what organisations do what and who to contact to find the right service
 - ✓ A point of reference, a lead into further information
- A named person who can co-ordinate all services for you
- Two way dissemination of information
- A correlation of information, freely given so you don't have to search for it and/or sometimes fight for it
- Have representatives of service providers attend meetings and events to discuss and promote use of services.
- Redesign the leaflet as it doesn't really tell you much
- More and better communications – via meetings e.g. SAIN meetings and hold them at different places around the County, but there was doubt around the table as to whether a representative would come!
- Pushed the group for more alternatives than attending meetings but they thought this was the best and only way

Other Comments

- I have learned a lot from coming here today
- Farm foods are not man sized meals!
- They could learn a lot from voluntary organisations about how to do things
- A lot of the staff don't have the life experience to deal with people of mature years
- The staff are always changing
- No one lets us know what is changing
- We are all individuals and all have different needs
- People need to be aware of the organisations like SSAFA and Red Cross
- The group expressed concern that a lot of resources were wasted and that they could be recouped and reused.
- "I knew an old man who died, none of his equipment was returned, what a waste of resources"
- "Could they have an equipment amnesty, make it easy for people to return what they don't use."
- "They're out of touch with real life"
- Someone knew a gentleman that has now deceased, after he died it turned out that he claimed for everything he could and had a lot of savings (£1000s), how did this happen and no-one queried what he said?
- Everything is down to poor communication, feel like fighting all your life to get information
- Senior Citizen has to pay for Dentist (NHS), but it seems other people don't have to pay and they're very well dressed, how is this fair
- Because we're White British people we have to fight for it
- Community transport won't go out of their own areas
- All public toilet facilities should be fitted with a grab rail, often there is only one accessible toilet that has a grab rail
- Accessible toilets need to be able to fit wheelchairs in there!
- Back payments – it's yours so you should be allowed to have it
- It's very expensive to be disabled.

Appendix

Four

**Somerset County Council
Equalities Impact Assessment Focus Group
Tor Leisure Centre Glastonbury
Tues 14th October**

Groups facilitated by Nikki Watson, Natalie Stevens, Michelle Edwards.

General

What have you used Adult Social Care services for?

Group 1

- FAB
- Medequip
- Occupational Therapist
- Shopping
- Home adaptations
- Support for Carer

Group 2

- *3 people had had a care assessment and 2 people had a carer's assessment, 1 of the carer's assessment had been 20 or so years ago.*
- 1 person had been using day services but was now in receipt of a Direct Payment that they used to cover their recreational activities instead.
"I used to use Halcon but that has closed now, I heard a whisper about Active Living ... but I have not used it, it was on day I couldn't access it – on a Monday, so I have a Direct Payment instead".
- 1 person was hoping to organise a Carers Direct Payment but was having difficulty doing so.
"The social worker is not sure how Direct Payments done ... we were told that you can get Direct Payments for carers, but they didn't know about it. A4E, I phoned them and they didn't know about Carers DPs – they said go back to social worker. But they don't know. It's still too new a service, don't know full workings of it.
- 1 person was using day services *"For a mixture of things, we do things – exercises, people come and talk its quite interesting."*
- 1 person had support from Age Concern *"I used Age Concern when I cared for my gran – I found them helpful – I had problem getting benefit for gran – they were really helpful, helped fill in forms with me – they said they were only a phone call away – through them I got help for my gran. But they are no good for me at moment. Not sure where I go to get help."*
- 1 person had previously lived in sheltered housing but since it's decommissioning has lived in extra care housing "I have a manager where I live, and a care worker who is in charge of the carers. If I have a problem – I go to office and they help you."

- *Nobody had heard of or accessed the FAB service and nobody had accessed any advocacy services*

Group 3

- Somerset Direct
- Care Direct
- Equipment from Medequip
- Advocacy via A4e
- Direct Payment Support
- FAB
- Transition planning

What other services do you think should be provided by Adult Social Care?

Group 1

- Non-routine help
- One-to-one personal adviser
- Information pack/contacts etc for available services at time of diagnosis of disability
- Personal visitor to check you are ok
- Social events so disabled people can have fun too, like they do in cities like Bristol
- More choice about who we get what service from

Group 2

- The group agreed that there was a need for support services that enabled you to help yourself. One suggested that there be some sort of system whereby people could share their experiences and offer assistance to others in similar situations.
- *“Could you establish a system where there is someone who is disabled, if they are on their own, they can be in contact with others who live nearby who can provide a little help now and again – local neighbour as a friend. They can call on the disabled person – give them a helping hand ... if cleaning around house.”*
- *“What I think, if you can look for community groups in every locality so that one person can help another. Where possible create situations where person A helps B – and B helps A as well.”*
- *“I would like help with shopping – some say that Age Concern would do it in Frome – but I am a bit sort of ... confused over who would could do it – would like help with shopping”*
- *“When I went deaf I asked my social worker if anyone else in the area had a hearing loss that I could be pal with ... they said “oh no we can’t tell you”. But there are loads of people I found with the same. Something like that – people could give the go ahead – yes give deaf people my name, we can be*

friends or not. But they not interested in helping like that. But that is what we need.”

- One person had bought a text phone but was unable to use it, as she had not had any training. *“ I have just helped my friend to get a text phone – I taught her to use it, she’s fine now. If we could get together, I could go to (name) house and teach her – wouldn’t cost social services anything. But I don’t know who needs help – they (Adult Social Care) want to do their job but only in their way! That’s how I found the services. This person recommended contacting an RNID Outreach Worker who could come into the home to give instruction on using the equipment. A contact number was needed for this.*
- Another person recommended contacting the scheme manager in the extra care housing scheme *“You should be able to go to your housing assoc for equipment that is fixed in your home. I am in housing association and had a loop put in my house – and the housing association provided that”*
- Everyone agreed that Peer support would be really beneficial
- Some people in the group had attended the Taunton Deane Disability Discussion Group and the Mendip Disability Forum and said that this was a good way to meet people in similar situations. The group felt that these groups should be better publicised.
- 1 member of the group wanted more continued support *“I had a support worker when I first came out of hospital – they are not allowed to come now – I miss her, because I’m in Mendip housing, they (Adult Social Care) assume that my needs are catered for.”*
- The group agreed that they would like more information on what services were available.
- *“what we get is passed around by word of mouth. We talked to friends, if friends have not heard of some things – we tell them. Or they may know something. This is the only way that information is passed around. The services don’t go out of their way to tell you what is available”.*

Group 3

- Don’t know what they ‘do’ already! One person spent two months trying to find the number for Social Services after moving to the area, eventually got the number for Care Direct
- Would be useful if Social Services provided doctors with a leaflet of information to give to people
- The question was asked ‘are doctors informed about the services?’
- Agreement amongst the group that there is variation between services provided by doctors, same goes for Social Workers, dependant on the individual
- A young person unit(s) for people aged 18-30 (for example). One persons son is just moving into Adult Services at 18 years of age and will most likely be with people aged 60 plus, this environment is not stimulating or healthy for an 18 year old

- There were questions around Carer Support claimed in the presentation to be provided by Adult Social Care presently, but no-one around the table had heard of this
- More carer support!
- A signposting service
- More information on local interest groups – as these are specific to different areas
- Services more along the lines of Children’s Services – “everything seems to stop” when reach Adult Services
- Hydrotherapy Pools (does this come under SCC?). Just lost one in Glastonbury have been told there’s one near Bridgwater or Frome

How valuable are Adult Social Care services to you?

Group 1

- We are dependant on it
- I am ignorant about a lot of it as no one volunteers the different things we could get
- We only get a little bit of help, but we could do with a bit more
- I give it 8/10 – not as helpful as my housing association
- We are very lucky
- Very Helpful
- Don’t really have any needs yet

Group 2

- “Direct payments are the most valuable to me. They have enabled me to do the recreational things that I enjoy.
- The group agreed that respite for their carers and families was very valuable.
- *“When I cared for my mother, I found respite care at Fletcher House ... my mother goes for week or so, during that time I could get myself sorted, and clean the house!”*
- *“A lot of people assume that you want respite to kick your heels, but it is the issues of cleaning, or DIY – if you have got someone with epilepsy – you can’t have drilling! It’s not so much about getting the disabled person out of way – it’s about getting practical things done.”*
- *The group were concerned that there were a lot of services they did not know about and that they were therefore not using them.*
- *“I now realise that I am not getting help – I get disability living allowance but get no other help at all. I am worried about what I should be doing. I don’t know what to do”*
- *“A lot of people come to disability later in life, or as part of a trauma or accident – it’s a sudden thing. You don’t have a clue what’s going on”.*

Group 3

- Respite is very important
- Those that have had equipment said it is very valuable
- One person particularly praised the service provide by OTs in knowing about equipment out there to help with day to day things
- Direct Payment support is valuable to one person
- One person said they felt the services provided were on the whole useful and helpful, but the key is knowing where to get the information or service from in the first place
- Another person agreed that once the initial step has been taken, it is easier
- One person said Social Services don't know what to do when both people that live together have conditions/are disabled/unwell/have had an accident – there is the assumption that one will look after the other
- Several people commented that they didn't know what they were entitled to

Care Assessment and Reviews

How many people had experience of reviews or care assessments?

Group 1

- Yes x 2
- No x 4
- I just got a letter saying if they didn't hear from me they would close my case – never thought about reviews

Group 2

- 2 people in the group had had a care assessment and 1 person had had a carer's assessment. There was general confusion about the difference between the various assessments for care and benefits
- "I had one five or six years ago and nothing since."
- "I could have had one (Care assessment), but I felt independent at the time, felt I could sort my own problems out. They could see that, so left me to get on with it."
- *"I used to get before, so was already on the books, but needed a fresh assessment for the direct payments, but that was more for the short breaks one, rather than the day care direct payments, because I was already on the books. Didn't need a further assessment, because I was already entitled to four sessions, two half days, so now I get two full days, so already entitled to that."*
- People expressed concern that having an assessment would affect their benefits.
- "If they come out and I see I am on disability living allowance, do they have access to that? We don't want them to go to Disability Living Allowance and give an opinion to them"

- “this is where I am confused, it (DLA) comes with a care component, they could say, you now get disability living allowance, care component, is that their way of getting out of providing other things?”
- “the thing is my husband works full time, so there is care that I need, but I am not getting it, we get by. So I do think I need an assessment, but what about my husbands income”

Group 3

Seven members of the group (of nine) people had experience

What are people’s experiences of the actual review or assessment?

Group 1

- Never had one
- Good – very stressful like an examination, worrying in case it is not a positive outcome
- Good (Medequip)
- Frustrating repeating traumatic experiences, which makes me depressed – can’t they go to GP to get case history?
- It can be humiliating – as if they are saying you have to jump this hurdle to get what you need
- They should do homework prior to visit, so they know and understand your situation and scope/problems about the disability
- Perfectly happy, although they have left equipment (audio) not working and wires left around the house
- Feels like trying to trick you, asking you same questions in a different way, as though you might give a different answer the second time.

Group 2

- The group agreed that it was difficult to find out exactly what they were entitled to at the assessments or reviews.
- “ I went deaf very quickly, they came out, and they asked, what do you need. I said, I don’t know... never seen them since”.
- “The Social Worker visit I had. But reading everything today – I didn’t know half of that was available. When I went deaf I had a social worker come out to me– I got a pager system, help in house etc. My friend has just done the same, social services were great – but they wouldn’t have been if I hadn’t helped her. Saying that – I don’t really know what I am entitled to.”
- *“I broke my back 10 years ago and then went deaf. GP classes me as (Name) deaf or (Name) disabled. Same with social worker – I want to be treated as a whole body – not one for my back and one for my deafness.”*

Group 3

- OT was very nice but the service provided is basic
- Two people said the OT was very time conscious and appeared to be rushing from the start

- Assessment was helpful and had some useful equipment as a result
- Two people said they had to wait a long time for an assessment, approx 6 months
- One person had an assessment 10-15 years ago for Attendance Allowance; the assessor was helpful and completed the form for the user – which took over an hour to do, was very glad of this help!
- One user felt advised her how to live in own home, told by OT not to go upstairs and sleep downstairs as a solution
- One person said they think the assessor needs to try to understand more
- “It goes in one ear and out the other”
- Would like the service to be able to act quicker
- One person felt that the assessment/reviews seem to go over the same ground
- Several people agreed that the assessor asks ‘how can we help’ then the user is told ‘no, we can’t do that’, and users said the OT/Social Worker won’t tell them what services CAN be provided
- More time for assessments in rural areas for travel usually equates to a bit more time for the actual assessment (this was noted in Sheffield, not Somerset services)

How easy was it to arrange a review?

Group 1

- As easy as swimming the channel!
- It’s all about current politics – I wouldn’t know how
- I don’t want a review because I don’t want to keep going over things, repeating things all the time, its too distressing

Group 2

- The group agreed that there were breaks in the communication process that made it difficult to get assessment and/or reviews.
- “She (friend) told me that if you are not in contact with them for 5 years then you are taken off the list. But they don’t contact me – or I them – I don’t know what I need or am entitled to. Why have they taken me off list? Without contacting me first? So I don’t know where I stand or what to do”.
- *“back to having a named social worker –I need one. The receptionist takes a message and they decide if you need to see a social worker. Sometimes you are cut off if they don’t think you need to see one.”*
- *“until you get a specific problem and they agree – only then they assign a social worker”*
- *“Have you had a carers review? Only just recently. For some reason they stopped, they didn’t tell me. Only these last three months I had the assessment done. She does contact me and keep in touch.”*
- *“Well this is it. I have never had an assessment with my back and deafness. Because my husband works, he does so much for me, we don’t even know*

if he is entitled to income to help me. It goes back to pride, we just get by. The future is bleak for my back. I had a very bad episode a year ago. My husband was doing everything for me, and still working. Getting no help and didn't know we should be asking for an assessment. I could have just phoned a social worker up, if I had one."

Group 3

- One person was told a review was in the pipeline and would take place after the Disabled Facilities Grant had finished, this was approx one year ago, still not had a review
- One person was told they didn't need continuing care so they would not be placed on a Social Workers list, they would be seen to on an ad hoc basis as required
- One person has a review on a regular basis (every six months) which is an on going process, the user does not have to organise this.

What do you think about the frequency of the reviews?

Group 1

- Not regular enough
- Not enough notice, but if you say that they think you don't need help
- Not often enough, it is a case of one size fits all – or so they think
- Cases are closed, not reviewed so you would have to start at the beginning again
- Vulnerable people can easy slip through the net, because they aren't able to fight their corner (like learning disabilities)
- Unless you pass away, or your disability goes away, cases shouldn't be closed

Group 2

- The group had no specific comments on the frequency of reviews

Group 3

- Only one person in the group has regular reviews, every six months is considered frequent enough for them
- One person last had a review 2 years ago
- Another person last had a review 8 years ago
- The group thought that an annual review would be about the right frequency for them

Do you feel you can request a further review if your circumstances change?

Group 1

- You can request one but if anything happens – that's another matter

- How can it be a review if they closed my case, surely that would mean going through it all again?

Group 2

- The group agreed that this depended upon your knowledge of the system. Those who were familiar with the system felt that they could request a review if their circumstances changed. Those who were unfamiliar with the system felt that they would find things difficult
- *“I know more about the system, if my condition got worse, then I would just phone Somerset Direct obviously you have to ask for a re-assessment – I have only learned that through myself, rather than them telling me that.”*
- *“I think times have moved on and I’m not sure what I am entitled to. If your name is not even on the list, that scares me”.*

Group 3

- Most of the group said they wouldn’t know who to go to
- One person had a review after a hospital stay previously
- Other person said they get on with things themselves, e.g. have put in their own stair lift

How easy do you think it would be to raise any concerns or complaints about the assessment process if you had them?

Group 1

- Need a clear and readily available written statement/complaints procedure
- Yes, I think they do try to get it right
- Yes, if the path is open to you
- Should be easier
- I would sooner go to CAB or some one to act as a mediator

Group 2

- The group felt that an independent complaints procedure was necessary. Some were concerned that without this, their complaint may not be taken seriously. They were also concerned about how seriously their comments or concerns were taken.
- *“There are times when I have phoned for a social worker, and the person on reception, says we don’t cover that. We don’t get the chance to discuss it with a social worker”*
- *“My biggest concern is getting past the receptionist, if you can’t do that, are you going to get a complaint through”.*
- *“the point is by ringing Somerset Direct, I do get a sense, that there might be this cliquy position, that person might whitewash your query to one side. They do stick together. I would feel more confident if there was an independent number, so you could discuss an issue.*

- “I would like to know whose side the helpline would be on. Are they going to go straight back to the social worker and say that I complained about her. If they are going to hear everything I mouth off about, she is going to know when she next comes to see me..... sometimes to off load would be good.”
- “If there is a standard complaints or comments form, I wonder how people would feel about filling those in. do they just go into a big black hole?”
- “But if you feel you are knocking your head against a brick wall. Sometimes you have problems, just putting your voice across, it can come across worse than it is. You need someone to understand what you are complaining about, sometimes it is something they can easily put right, but because you are complaining at them, they just blank themselves off.”
- Some people were confused about who to raise their concerns with, particularly those in Sheltered/extra care housing.
- *“I really think I need someone to come out, I only moved into my place over the Easter hols. I had the door wide open in the summer, but in the winter, with the door closed, I may not be able to hear the bell in the hall. I would like to ask for a light that flashes. Who do I contact”?*

Group 3

- “Wouldn’t know where to start”
- One person said they didn’t know about the complaints process, how much confidentiality there was and they also had fears that the person you are complaining about would be told straight away
- One person said they would find it difficult to complain because they think that the staff are doing their best and budgets can make life difficult for them
- One person said they wouldn’t feel able to complain because they just have one number, one contact – they would be unlikely to complain to the person they were complaining about!
- There was a general feeling around the table that if a complaint in some form was made there would be repercussions on the services they currently receive or services they might receive in the future
- One person suggested that there must be a body for complaining to, similar to the PALS service for the hospitals
- One person said they would need a friend to help them
- One person reported that they had written to Children’s Services in the past asking for more information about a decision that had been made about her sons care, after approx 6/7months and another letter, a response was received by which time the information was irrelevant because it was too late

Somerset Direct

Do you know of Somerset Direct and what do you think of the service they deliver?

Group 1

- Is it in Bombay as I have never heard of it?

- Not heard of it, but it sounds like a good idea
- Never heard of it, it sounds good in principle
- It should be a free phone number as some people won't/or can't afford to ring these numbers for ages
- Why does it (leaflet given out showing what Somerset Direct does) say in small print at the bottom of the reverse side '*also available in large print and Braille*' when if you needed large print you wouldn't be able to read that it is available?

Group 2

- 2 people in the group had heard of Somerset Direct. Everyone in the group was shown the Somerset Direct Flyer.
- The group felt that having seen the brochure they still did not fully understand what Somerset Direct did.
- *"Need a directory of services in one book. 100s of leaflets get chucked away – a directory, and more explicit than that, a page for each service explaining what they cover. Then all in one book."*
- *"I don't like their wording. If I picked it up – I put it down again – says for people who need care and 'other adults' ... I'd put it back down again. That could be useful for me. Should say for everybody."*
- *"It's a bit like something pushed in your letterbox – doorstep salesman thing! It's got that appearance to it."*
- *"as soon as you see their symbol, you think of government and council tax, think no thank you"*.
- *Nothing on there – says if you have a disability let us help. But you don't want it to scream disability as it puts people off."*
- The group agreed that the name did not tell you what the service was or what it could do for you.
- *"Somerset direct – doesn't tell me anything. - sounds like catalogue to me!"*
- *"Need a more explicit name. A name that tells you what it's about."*
- *"What about Som Direct Information"*
- 3 people in the group had a hearing impairment and were concerned that the service was only available from a call centre. The group agreed that a number of different methods of contacting Somerset Direct was needed including email, drop in service and telephone.
- *"one to one is better. It's Great to put text phone on there but if it's in big room the textphone listens to signals and picks up other phones – my phone can be shut off, like I've hung up when I haven't – call centres don't understand that. One to one is always better"*
- *"I prefer one to one really. It's hard to pick up the phone sometimes, sometimes can't hear. I take my hearing aid out as it's squeaking and then I can't find it!"*
- *"prefer drop in service to speak face to face"*
- *"getting down to the call centre could be difficult – affording the taxi – and inability to get Dial A Ride when you want one"*

- The group understood that they needed to be realistic as there would be more cost involved in delivering a service as a drop in service.
- “Maybe mobile like the library – visit set locations around the county every 6 weeks or so, and the rest of time have email or phone – communicate when it is coming so that we all get a chance of one to one – we live in a rural area so don’t just put it in one place”.
- To be effective the group agreed that Somerset Direct needed to be widely publicised. The group felt that the council needed to be creative in how this was done and consider how they could best reach their target audience.
- *“Put it on HTV local channels – You would remember if you saw advert for disability – This would put disability in your living room to everybody. Everyone has a TV”*
- *“Put it in libraries, doctors surgeries, local independent radio. – Everywhere”*
- “In the village of Meare and Westerleigh – usually just outside the shop there’s a display cabinet with bits of pieces of information about what going on in the village. Put a poster there.”
- *“Where TV comes in. We all watch TV. It always comes in – someone see it. Yes it’s expensive, but this (The flyer) is expensive if no one reads it. We are in an age now where there are a lot of TV channels, and email, relying on paper is old hat, people like me who rely on computers don’t read leaflets.”*
- *“I’m a compulsive leaflet picker-upper. Even though I don’t always keep it, I take it home and read it”.*
- Have not contacted them – but all in group 2 would now that they know about it.

Group 3

- 4 people (two individuals and one couple) in the group of 9 had heard of Somerset Direct
- One person thought that the service was very good, they have always been able to put him through to the right place or give a phone number out
- Would prefer an 0800 number because then it’s free for everyone, some people don’t like 0845 numbers as there is confusion around the call charges and these numbers are also not included in some peoples free calls to landline packages
- Two people have contacted Somerset/Care Direct
- One person had great difficulty in getting a number for Care Direct, tried the Phone Book, Yellow Pages, online, Housing Association, sent onto Children Services, eventually a helpful volunteer from Fiveacres in Yeovil went out of their way to call back with the Care Direct number

Barriers

What stops you using Adult Social Care services?

Group 1

- Lack of knowledge
- Nasty feelings about previous experiences
- Fear – of rejection
- Fear – of going over the past again
- Worried about it
- Feel belittled by it

Group 2

- The group agreed that the main barrier to using services was the lack of information
- *“a lot due to a lack of communication in sending information out. We rely on word of mouth and you (Compass Disability Services). We wouldn’t know anything about this today ... so a lot of the problem is that there seems to be closed doors.”*
- *“it’s through attending these meetings that we are aware of what is available, no one tells you”*
- *“when you find a service, it’s not easy to know what that service really does? For example - Direct Payments – I’d heard about it but I didn’t understand it. It took a lot of meetings having it described before I understood it to take it up. Glad I did. But was unsure about it.”*
- *“A FAB assessment – benefits? Pensions? That would be so useful. A comforter to know I got everything I need, pension sorted ... that’s put to bed, I can now worry about other things. We have enough to worry about apart from money.”*
- *The group agreed that it was difficult to know which services were provided for which type of person. Some services are provided for different age groups and some services are provided depending on your impairment. This was particularly difficult for those with multiple impairments and advocacy services seemed to be particularly confusing. The group felt that locating all services together would make things less confusing.*
- *“when comes to age discrimination – scrap that altogether. The Same person can still provide service for under 50s as well as over. If similar disability – what difference does age make?”*
- *“if under one roof – they know who you want to see without going from building to building”*
- The group however agreed that certain services needed to be delivered by people particularly experienced in delivering services for people with certain impairments. EG. mental health and learning difficulties services.
- The group agreed the people could be concerned that accessing services could affect their benefits or that they may not be entitled to them if they received benefits
- *“if on benefits, afraid that it affects them. Last thing you want to do is affect your benefits”*

- *Some people in the group were concerned that accessing the services could lead to a loss of independence or that services may be forced upon them once they were “in the system”*
- *“Sometimes there’s a pride thing, don’t want to ask, don’t feel disabled enough, might take your independence away”*
- *“There’s an element of how they sell it to you. Sometimes it helps you gain independence. Sometimes how they sell it affects how you feel about it”*
- *Everyone in the group agreed that it was important that you were listened to and did not feel like a number or a category*
- *I don’t know – I want them to come out and feel that they are listening to me – not me talking and fitting into categories of disability. That’s what stops me. Pleading my case. I want to feel that they are really human – I feel they got boxes to tick! That’s what stops me.”*
- *“Two people with the same disability – one feels disabled, other doesn’t. Both have the same disability but it depends on how that person sees themselves, that is what’s important”*
- *“If they said I need hoist and I said I don’t – If they said no you must have one – I wouldn’t want them come to my house again. Do they listen?”*
- *“If I say no to something now will it be held against me in the future?”*

Group 3

- “Not knowing about them!”
- “Age” – 18 year old son, no ‘younger adult’ services
- “Visual impairment” – partner provides care/support when he comes home from work everyone else’s offices (Social Services) are empty also
- One person felt that it can be difficult to get your point across to Social Services or the OT, they don’t always understand that something mundane to them can be life changing to the user or their partner

Have you contacted Adult Social Care (e.g. telephone, face to face)?

Group 1

- By telephone
- CAB sorted it out for me

Group 3

- Telephone
- Referral via Doctor
- Referral via hospital
- Written

Which method of contact do people prefer to contact Adult Social Care?

Group 1

- Telephone – (to a free phone number)

- Half who didn't have internet access said second choice would be in writing, while the half that did have internet access their second choice would be internet/email

Group 3

- The group agreed contact by telephone was probably the best

How easy do you find it to obtain information on Adult Social Care services?

Group 1

- 100% better after today
- Not at all easy before today

Group 3

- Not easy
- One person finds it difficult to make contact because she doesn't know if her messages have been received and therefore has to call several times

What can Adult Social Care do to make it easier for people to use their services?

Group 1

- Communicate (x4 people)
- Free phone numbers
- Friendlier staff
- More understanding
- Information is publications aimed at us – LiveWire for example
- Better educated staff on disabilities, illnesses and effects of it (how would they cope if they had to be in a wheelchair?)
- Respect people's efforts – like when I have a visitor due – I put on my Sunday best outfit
- They should attend forums
- More information about Somerset Direct

Group 3

- Inform people!
 - Leaflets should be available in:
 - Doctors waiting areas
 - Citizen's Advice Bureaus
 - Voluntary organisations, for example Somerset Association for the Blind
 - Libraries
 - District Council offices
 - All public offices/buildings/information centres/etc
- Make Doctors more aware of services

- Advertise in local press and on the local radio stations, although doubt existed about the affordability of these methods, although considered valuable in being able to reach people that are unable or less likely to leave the house frequently
- Mail shots – again would probably be too expensive
- A referral system when people move into a new area

Other General Comments

- The medequip catalogue is given you but it is a lot more expensive than other places and you feel obliged to get it from the catalogue, therefore medequip are making excessive profit from those in need of equipment
- You only receive the minimal amount of help possible and the amount of paperwork often would outweigh the nature of the help given in terms of cost and time
- Always feel like you have to beg to get anything
- Made to feel 'disabled' rather than a person
- You always have to supply proof of need time and time again
- It is not pro-active, only reactive
- Need regular visits
- A lot could be better if we had the knowledge of what is out there
- It's the stigma of it all that gets to me
- If you contact a department too often they stop responding
- There should be more inter-department communication
- Social Workers are too overloaded
- Getting information to those that need it is a big problem
- Community Nurses are very good (Practice in Martock)
- We do expect and are given a lot
- Social Services are very reliant on voluntary groups – this saves them a lot of money!
- If it wasn't for carers in the home....
- A question was raised that if the services were widely understood and used would this make the Council bankrupt?
- And, would the service be able to cope with the demand if it was advertised too widely?
- Quarterly council magazine 'Livewire' is useful
- Few people in the group use the internet for research – the Phone Book/Yellow pages are the first places people tend to look
- A named contact would be nice to have, understand that at various times it would be necessary to deal with a range of people but would be nice to have a named person to go back to if problems are encountered