



# Social Accounts

April 2012 – March 2013

How Well Did We Do?

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## D/deaf

Throughout this report the word Deaf (with a capital D) is used to denote individuals whose first language is British Sign Language (BSL), whilst the term D/deaf, now widely recognised by care service professionals, refers to everyone with a hearing loss: Deaf, deaf, deafened and hard of hearing.

D/deafblind people are recognised as having a unique disability but the D/deaf distinction remains relevant in identifying whether individuals use BSL or spoken language as their preferred method of communication.

*NB - In spite of our efforts to produce our written materials in accordance with Plain English guidelines, we are not able to secure the Crystal Mark, as the Plain English Campaign refuse to accept the use of the term D/deaf.*

## Glossary

AQP	Any Qualified Provider
ATW	Access to Work
BSL	British Sign Language
BS (8555)	British Standard
CADS	Children's Able & Disabled Sports
CCG	Clinical Commissioning Group
CDHT	Chester & District Housing Trust
CFRS	Cheshire Fire & Rescue Service
CI	Cochlear Implant
CMCN	Cheshire & Merseyside Clinical Network
CQC	Care Quality Commission
CVS	Cheshire Voluntary Services
DBS	Disclosure & Barring Service
DLA	Disability Living Allowance
DSN	Deafness Support Network
ECM	Every Child Matters
EMS	Environmental Management System
EMT	Executive Management Team
ESW	Enhanced Support Worker
FACS	Fair Access to Care Services
GGHT	Golden Gates Housing Trust
GP	General Practitioner
HAnD	Health Awareness and Deafness
HCPC	Health & Care Professional Council
H&S	Health and Safety
IIP	Investors in People
ISO (14001)	International Organization for Standardization
NHS	National Health Service
NVQ	National Vocational Qualification
PAT	Portable Appliance Testing
PCA	Personal Communication Assistant
PIR	Passive Infra-Red
QAF	Quality Assessment Framework
VFM	Value for Money

## **Introduction**

We are pleased and proud to be producing our third set of Social Accounts.

We believe that as we are fairly new to this process we still have a lot to learn about it but the support and positive reactions we have received so far from staff, service users and other stakeholders encourages us to continue trying to demonstrate the value of the work we do.

We have acted on many of the recommendations that were identified last year, as a result of the audit and the feedback we received from our survey. An update on the actions we have taken are detailed in the section titled *Recommendations Update* on page 16.

Once again the decision about which aspects of our organisation should be the focus of this year's accounts has taken some time and involved many discussions. In the end we decided that with the publication of our new five year Strategic Plan, Towards 2017, we would concentrate on two of our key Strategic Themes and look at Health and Partnerships and try to show how we are aiming to achieve our objectives in these areas.

We have focused on the actions we have taken aimed specifically at improving access to information and health services for D/deaf people.

We hope that the details we have provided, in particular the explanation of two of our projects, will demonstrate our commitment to delivering our Strategic Plan and expanding on our previous work to raise awareness and help to remove some of the many barriers faced by D/deaf people.

We would like to thank everyone who took the time to help us compile the figures and provide us with their feedback for these accounts.

***Debi Shackley,***

Quality Systems Officer and Author of Social Accounts - July 2013

## DSN Background Information

Name of Organisation:	Deafness Support Network
Status:	Charity (company limited by guarantee)
Registered Office:	144 London Road, Northwich, Cheshire CW9 5HH
Company Registration No:	1323762
Registered Charity No:	506791
Website:	<a href="http://www.dsonline.co.uk">www.dsonline.co.uk</a>

Deafness Support Network (DSN) was established in 1976 as Chester and North Wales Society for the Deaf. There were various name changes, reflecting the transformations the organisation has been through. In the late 1980's the name was changed to Cheshire Deaf Society and finally, in 1998 the working title was changed to Deafness Support Network.

Over the years we have acquired a wealth of experience in providing a range of specialist services for D/deaf people of all ages and with all forms of hearing loss and dual sensory loss.

We have established centres in Chester, Macclesfield and Northwich and we have thriving partnerships with local D/deaf community organisations that have been sustained over many years. In Warrington we have recently secured accommodation near to the town centre, as unfortunately in December 2012, for a variety of reasons, we were forced to make the difficult and unpopular decision to vacate the premises that had been our base in the area for over 35 years.

In 2012 – 2013 we provided the following services:

- *Communication Service* - enables communication between D/deaf and hearing people, improving access in a variety of situations.
- *Day Service* - Day Centre for D/deaf people with additional Learning Disabilities where service users are encouraged in their personal development.
- *Family Tactics* - supports families to seek the most effective ways to overcome difficulties in addressing communication problems and in some cases, avoid breakdown of the family unit.
- *Front of House* - first point of contact providing front line services to all visitors and contacts to DSN and administration support to DSN services and staff.
- *Outreach* – provides mainly Housing Related support to enable D/deaf people to maintain their tenancies and/or manage as independently as possible, preventing homelessness and reducing the burden on other statutory services.

- *Social Care (Children & Adults)* - Enhanced Support Workers (ESW) assist with the assessment process and provide a specialist service, in partnership with the Care Management teams within the Adult Social Care and Children's services.
- *Social Care (Deafblind)* – Specialist Deafblind Worker carries out detailed needs assessments and provides advice in respect of dual sensory loss on all aspects of daily life. Deafblind Communicator Guide supports people who have a dual sensory loss to access services and activities
- *Supported Living* - Supported Housing for D/deaf and D/deafblind people with additional learning disabilities.
- *Technical* - provides advice on a range of available products and practical solutions to help D/deaf people enjoy a better quality of life. We also have a part-time Deaf Advocate who is employed in partnership with Cheshire Fire & Rescue Service (CFRS), to provide Home Safety Assessments and ensure that the needs of D/deaf people are being met by their service.
- *Training* - provides a range of training courses designed to improve communication between D/deaf and hearing people.
- *Volunteers* - Supports every aspect of DSN and its service provision.
- *Youth (Deaf Active Cheshire\*)* - a youth led group that aims to ensure inclusive activities without any breakdown in communication, focusing on non-traditional sporting activities that might not normally be accessible.

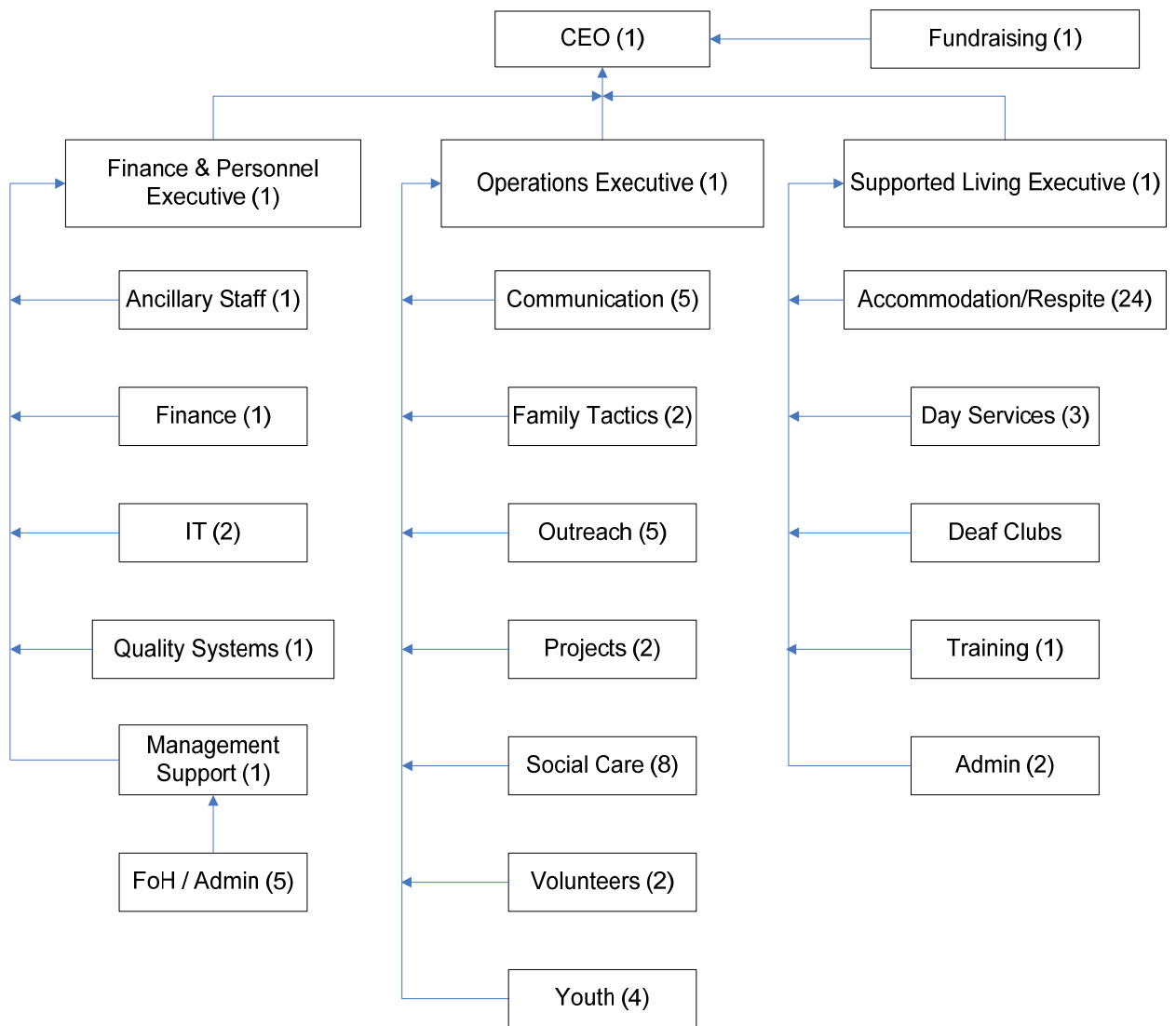
\* Funding was obtained from the BIG Lottery to deliver a regional youth programme in partnership with Merseyside Society for Deaf People, Manchester Deaf Centre and Deafness Resource Centre in St Helens. The aim of the programme is for each region to establish a self governing, self sufficient charity with its own board members and constitution. During 2012-13, Deaf Active Cheshire has managed to raise sufficient funds to obtain charitable status and there are plans to complete the necessary formalities over the next few months. However, this will depend on the availability of the Chair of Deaf Active Cheshire, who must be involved in the process but is currently on maternity leave.

DSN continues to support Deaf Active through the employment of the Youth Worker(s) and by providing venues, office space and occasional admin support.

During 2012 – 2013 over 800 cases have been handled collectively by our services, many of which have required staff to have multiple contacts with a service user over a prolonged period of time.

However, it should be noted that some of our service users have used more than one service and/or used a service more than once during this time. Also, this figure does not include the number of people for whom we have provided communication support (Interpreters), those who have attended events and workshops, or the number of callers and visitors that have contacted our centres.

**Organisation Structure** (as of 31<sup>st</sup> March 2013)



**NB** - whilst some departments and staff within our organisation are based in specific centres, we provide services throughout the region we work in, subject to the relevant contracts being secured and/or renewed.

## Organisation Purpose

Our Mission, Values and Objectives are regularly reviewed by our Trustees and Executive Management Team (EMT), as part of our strategic planning cycle. Comments and feedback from service users and Stakeholders have formed an integral part of our most recent review, in preparation of our new five year plan for 2012 - 2017. As a result we have altered the structure of the document and re-designed the way we present the information.

*See appendix 1*

### DSN Mission (what drives us):

All of us at DSN share a vision to provide a range of services that are fair and personalised and that help give D/deaf people equal access to opportunities and services.

### DSN Values (what we stand for):

#### In alphabetical order

Effective Communication

Financial Sustainability

Inclusive Governance

Innovative Provision of Services

Quality Services

Regional Focus

Staff Development

Support and Promotion of D/deaf Culture & History

### DSN Objectives (our strategic themes):

#### 1. Communication

- 1.1 We want to be the first point of reference across Cheshire for all issues relating to D/deafness
- 1.2 We will promote our services and reputation across Cheshire and make it as easy as possible for people to contact us in a number of ways
- 1.3 A Thriving membership is vital to our success. We will build the number of members we have over the life of the strategy



## **2. Health**

- 2.1 We will work towards reducing health inequalities that currently exist for D/deaf people
- 2.2 We will work to improve access to health services and outcomes for D/deaf people in Cheshire
- 2.3 We will represent the needs of as many people as we can when developing our services
- 2.4 We will focus on developing services for groups of people who are sometimes overlooked
- 2.5 We will look for opportunities to develop new services and improve existing ones

## **3. Partnerships**

- 3.1 We will work to develop a professional and motivated workforce with the correct balance of skills, knowledge and experience
- 3.2 We will develop appropriate partnerships with organisations from the public, private and charitable sectors
- 3.3 We will specifically target partnerships within the health and social care sectors
- 3.4 We will look for opportunities to work with other appropriate organisations to develop shared services that will increase our income and make us more efficient and effective
- 3.5 We will do everything we can to find new sources of income
- 3.6 We will try to be as environmentally responsible as possible in all our actions

## **4. Service Users**

- 4.1 We will work together to represent and support the needs of D/deaf people, making sure that we continue to provide high quality services in these difficult economic times
- 4.2 We will adapt to the changing needs of service users and make sure that our organisation is flexible enough to make the most of opportunities for growing and developing
- 4.3 We will work to break down any barriers to effective communication, provide innovative solutions, improve outcomes and work effectively with everyone involved

## **5. Social Care**

- 5.1 We will work to maintain and protect current contracts and make sure the needs of D/deaf people continue to be voiced and understood
- 5.2 We will build working relationships across Health and Social Care, working with all partner agencies and providers
- 5.3 We will make sure that we can respond positively to changes in how services are bought in, including the 'personalisation' agenda.
- 5.4 We will raise our profile so that we become the provider of choice for services relating to D/deafness



## **Compliances**

There are a number of statutory and voluntary regulations and measures that we must comply with in order to evidence that we are managing our organisation correctly and adhering to the required standards of good practice in areas such as Health & Safety and financial management.

### **Charities Commission**

#### **Companies Act**

Accounts audited annually

Registered with the Information Commissioner for Data Protection

#### **Statutory Insurances**

Employers Liability

Public Liability

Commercial Vehicle

#### **Policies & Procedures**

We have a full set of formal policies and procedures in place that are;

- Written with the involvement of Employment Law specialists to ensure compliance with all current and changing legislation
- Reviewed annually and incorporate Equality Impact Assessments

#### **Health & Safety**

Relevant legislation adhered to and checked for updates

Risk Assessments of premises and activities completed and reviewed annually

Portable Appliance Testing (PAT) every year

18 employees qualified in First Aid at Work

All staff within our Supported Living service, trained in basic First Aid

#### **External Quality Assurances (in alphabetical order)**

BS8555

Acorn Environmental Standards

Care Quality Commission

Essential Standards of Care

Disclosure & Barring Service

Employee checks renewed every 3 years

Health & Care Professional Council

Social Care professional registration

Investors in People

Assessed against the Standards Framework

Local Authorities

Contracts / Service Level Agreements in place

Signature

Interpreter professional registration

Supporting People

Monitored against the QAF / VFM Frameworks

## Scope

These accounts cover the period 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013.

In order to give a comprehensive view of the work of our organisation, quantitative data has been provided for all DSN services. Although we have provided information about a number of projects linked to our Strategic Themes of Health and Partnerships, which is the focus of these accounts, qualitative data from the collection of feedback was available for our HAnD project only.

## Overview of the Year

2012 - 2013 has seen many changes and new developments take place within DSN.

Following a lengthy process that involved the introduction of new systems and changes to some of our working practices, in October 2012 our Environmental Management System was assessed against the Acorn BS8555 standards. We were pleased to achieve a Phase 1, 2 and 3 accreditation and we are considering whether Phases 4 and 5 might be something we could work towards in the future, depending on the relevance to our organisation and the work we carry out. Further information about some of the changes we have made as part of the accreditation process, is provided in the section titled *Environmental Impact* on page 47.

Our Volunteer service was awarded the Volunteer Pledge Kite Mark by Warrington Voluntary Action, which is an endorsement of an organisation's commitment to the principles of the volunteering programme. We have also begun the process to be assessed against the nationally recognised standards for Investors in Volunteers. We hope to complete this and achieve accreditation by December 2013.

We launched a new Hearing Management and Lip Reading class at our Macclesfield centre in October 2012. Although the course was originally designed for people who have been newly diagnosed with a hearing loss, it was open all applicants. As well as lip reading techniques the people who attended were given useful information about deaf awareness and tactics for effective communication.

The course was a great success and we were able to run another course in January 2013. Eight people enrolled onto each of the courses and feedback has been very positive. Due to the demand for places we have plans to deliver more of these classes in the coming year.

We are fortunate at DSN to have had an Equality & Diversity Officer, from the Cheshire and Wirral Partnership NHS Trust, recently join our board of Trustees, who has a wealth of experience and has provided Equality & Diversity training for every member of staff within the organisation.

An Equality & Diversity panel was also set up to look at our policies and procedures and try to identify where we could improve what we do, in order to make our organisation and the services we provide even more accessible. As a result of this work a Guidance Booklet was created that was issued to all staff and made available to other organisations and stakeholders.

*See Appendix 3*

We have continued to work with Chester and District Housing Trust (CDHT), on what was originally a pilot scheme, set up as a result of DSN successfully resolving a communication issue between a Housing Trust tenant, neighbours and managers. We were asked to help CDHT improve their understanding of the challenges facing D/deaf people and to improve communications between D/deaf and hearing tenants.

The success of the pilot led to a more formal partnership between DSN and CDHT and we have maintained the weekly drop-in sessions we set up for tenants, to assist them with any housing related issues, facilitate communication between them and the Housing Trust and raise deaf awareness amongst managers and staff.

Possibly the most successful aspect of the partnership is the workshops we have held in all of CDHT's supported living environments, where we provided Deaf Awareness training to all tenants. We have been able to demonstrate and where required, provide specialist equipment to assist tenants with their daily living, quality of life issues and most importantly ensuring they are able to remain living safely in their community for as long as possible.

We are currently working with the management team at CDHT for a continuation of our working agreement for 2013 – 2014.

Unfortunately, not all of the changes we have gone through this year have been positive.

Another of our projects *Sleep Well, Stay Safe*, in partnership with Cheshire Fire & Rescue Service, wasn't so successful. We contacted a number of local hotels, inns and guest houses offering them free information on how to enhance fire safety equipment for guests with a hearing loss.

Many were happy to accept the initial information and an audit of need, free of charge but where we identified that specialist equipment would be needed, the buying and installation costs were often too expensive for a small business to bear. This is because domestic specialist smoke alarms etc are unsuitable for commercial premises and those that are appropriate are very expensive. However, we were pleased to note following discussions with Premier Inn staff, that they are able to offer specialist alarms to D/deaf customers, providing they are requested prior to the date of arrival.

Similarly, recommendations for staff training in Deaf Awareness were not acted upon as with the economic downturn and the ever increasing need to keep abreast of Health & Safety training etc. many felt unable to pay for additional training.

In an attempt to keep up with rapidly developing technology we took part in a pilot programme, created by Deaf Network UK and delivered from our office in Warrington, which is a video relay service that enables D/deaf people to contact a variety of services via an online Interpreter. Although the service has received positive feedback, some users have commented on the high cost of calls and for this reason the service has not been as well used as we had hoped.

One of the most significant issues we have had to deal with this year is that once again we have had to manage changes to our contracts with Local Authorities. We received notice from Cheshire East Council of their intention to terminate current contracts at the end of their term and invite tenders to provide services from April 2013.

Our tender for Social Care, including Deafblind and Technical services, was successful but a significant reduction in funding will mean a reduction in hours for some of our staff.

Floating Support services, provided by our Outreach team, were redesigned by Cheshire East Council and contracts for smaller specialist services were replaced by larger contracts for generic services. Unfortunately, as we are a specialist organisation, we were not able to successfully tender to provide a generic service and we had to enter into negotiations with the 'new' providers, to continue supporting D/deaf people on a sub-contract basis for the next 12 months, up to March 2014.

As expected, this has been a very unsettling time for the organisation and the members of staff specifically affected by these changes. Regrettably, we will soon be in the same position with our Floating Support service in Cheshire West and Chester, as they too have redesigned their services and have issued notice that service providers will have to tender for a generic contract when the current arrangements end in July 2013.

In Warrington, following much deliberation and many discussions with key members of the committee of the Warrington Deaf Society, we had to make the decision to move out of the offices we occupied there and find alternative premises.

Understandably, as the centre had been our base in the area for many years this proved unpopular with some members of the Warrington Committee but unfortunately, mainly due to financial reasons, we were compelled to abide by our decision and we moved out of the centre in December 2012.

As we remain committed to doing whatever we can to find potential opportunities to provide services and support D/deaf people within the Warrington area, we have obtained alternative accommodation close to the town centre, to ensure we maintain a presence and contact with the D/deaf community.

We continue to produce regular newsletters, the majority of which are issued electronically although alternative formats are still available for those who prefer to receive them in other ways. Copies of our newsletter can be viewed on our website at [www.dsonline.co.uk](http://www.dsonline.co.uk)

## Recommendations Update

### Details of actions taken as a result of the recommendations from our 2011 – 2012 Social Accounts.

The feedback we received from the survey we carried out last year was forwarded to EMT and our Trustees, together with the recommendations that resulted from our Social Accounts Audit. These are listed below with details of the actions we have taken:

- Provide lists of service activities that show clear links to the organisation's objectives

*The activities carried out by each of our services are listed with their Outputs in the section titled Service Data on pages 19 to 32. We have also introduced a worksheet that teams will begin using next year when developing their annual Team Plans. This will help them to more easily identify which of the Strategic Themes they are contributing to and how their activities help us to achieve the overall objectives.*

*See Appendix 4*

- Continue to explore alternative methods of consultation e.g. ask the D/deaf communities how they want to be consulted, encourage more innovative ideas, enlist Volunteers to help facilitate Focus Groups

*For the purpose of these accounts we have used HAnD workshops and focus groups to collect the majority of the feedback. Discussions with D/deaf people during these workshops has highlighted that a more direct approach is required and face to face interviews are preferred over written and online questionnaires. Therefore, where additional feedback has been needed through the completion of questionnaires we have enlisted the help of Volunteers to facilitate this.*

- Consider use of 'incentives' to encourage a greater response to feedback surveys and/or attendance at Focus Groups

*At each of the workshops held we have provided free refreshments, which has often included Lunch and we have also been able to assist some people with transport to and from the venues. At any event we organise for D/deaf people we ensure that suitable communication support is provided and the Volunteers enlisted to facilitate the completion of the questionnaires were qualified to a minimum level 2 in BSL.*

- Review the wording of questions to avoid any sense of 'leading' the respondents and involve Volunteers in supporting service users to complete questionnaires

*We have completely altered the format of the questionnaires used for these accounts and replaced the multiple choice answers with a 'scale' system. We believe that this has avoided any possibility of leading questions and therefore, enabled us to obtain a more accurate indication of how successful our project has been.*



- Gather feedback and data to demonstrate the impacts on families, carers etc

*As previously stated, the feedback we have collected for these accounts has been determined by the groups of Stakeholders relevant to the focus of our report. However, we are continually trying to improve what we do and we will ensure that feedback is sought from families and carers whenever this is appropriate.*

- Review data recording to ensure all available information is being captured accurately

*Due to some of the issues we encountered in our previous accounts with what we believed to be inaccurate (or unrecorded) data, a training programme was created and delivered to all Operational staff. We hoped that this would help staff to understand the importance of timely and accurate data recording and ensure they were all fully trained in the correct use of our database.*

- Make sure information about DSN services is clear and suitable for the audience at which it is aimed (continue to check material against plain English guidelines and translate into BSL)

*In spite of our efforts to produce our written materials in accordance with Plain English guidelines, we are not able to secure the Crystal Mark as the Plain English Campaign refuse to accept the use of the term D/deaf. However, the Public Relations agency that supports us in producing written materials, is aware that we must always be alert to the use of plain English in all of our documents, posters / adverts etc.*

*We are currently working with a local film production company to ensure any future materials used within Operations is translated into BSL.*

- Consider more flexible operating hours to cover evenings and weekends – make sure current emergency / out of hours contact information is widely publicised

*We have carefully considered how we could provide a seven day service but unfortunately at this present time we are unable to adapt our hours of operation, as we don't have enough staff available. However, if we were to redesign or introduce a new service in the future, we may be able to consider providing cover over a seven day week and recruit accordingly.*

*The emergency / out of hours contact details are advertised on our website and have been put onto all new leaflets, we will be publicising this in our next newsletter. Notices that are displayed on office doors during periods of closure include the out of hours numbers and all information issued to service users about office closures (Christmas, Easter etc) include the relevant contact details.*

- Explore the introduction of Webcams for service users to contact Support Workers e.g. during Drop-in sessions

*All of our centres are being equipped with SKYPE so that D/deaf people will be able to access any of our offices and contact a support worker, regardless of which office they are working at. One of our Support Workers has also begun using mobile phone technology where possible, with service users who have suitable devices, by contacting them through 'Face Time'*

- Include feedback on the Acorn BS8555 Assessment process

*We successfully completed our assessment against the Acorn standards in October 2012 and we have provided brief information about the process and some of the actions we have taken in the section titled Environmental Impact on page 47.*

## Service Data

Once again, collating the data for each of our services has proved to be a productive exercise, as it reminds staff of the large number of people who are benefitting from the work we do and it helps us to recognise and understand what the positive impacts are.

As previously mentioned, we have focused this year on two of our Strategic Themes, Health and Partnerships. Therefore, on page 33 we have provided information on how we are trying to achieve our objectives in these areas.

However, in order to give a comprehensive view of the work we do, on the following pages we have also provided some quantitative data and case studies, where available, for each of our other services.

All case studies have been presented in a format that ensures we maintain confidentiality. Where we have been unable to obtain case studies, we have included service user feedback.

NB - the figures quoted represent the minimum numbers available to us, mainly based on the data that has been captured on our database, although other data collection methods such as monitoring forms, spreadsheets and visitor books have been used, where appropriate.

### Communication Service

Provides communication between D/deaf and hearing people, improving access in a variety of situations.

<b>Activities (link to objectives: 1, 2, 3, 4, 5)</b>	<b>Outputs</b>
<p>Communication between D/deaf and hearing people in a variety of situations, for example:</p> <ul style="list-style-type: none"> <li>• Education</li> <li>• Job/Interviews</li> <li>• Meetings /Conferences</li> <li>• Religious and Civil Ceremonies</li> <li>• Community events</li> <li>• Solicitors meetings</li> <li>• Police and Court attendances</li> <li>• Local Authority Services (Social Services, Benefits Housing, etc)</li> <li>• Hospital and GP appointments - video links to GP / Hospitals available</li> </ul> <p>PCA provides communication and administration support to D/deaf staff throughout the organisation</p>	<p>D/deaf service users receive effective communication in their chosen and preferred method</p> <p><b>888</b> interpreter bookings fulfilled:</p> <ul style="list-style-type: none"> <li>7 in educational settings</li> <li>21 in employment settings</li> <li>21 at leisure / community events</li> <li>3 in police / court settings</li> <li>96 in local authority settings</li> <li>740 in health setting</li> </ul> <p><b>2864</b> PCA hours provided to DSN staff</p>

Unfortunately, we have been unable to obtain a case study or gather any customer feedback for Communication Service in time for this report.

## Day Service

The Tannery is a Day Centre in Northwich, for D/deaf people with additional Learning Disabilities, where service users are encouraged in their personal development.

Activities (link to objectives: 2, 3, 4, 5)	Outputs
<p>Individual and Person Centred Learning plans</p> <p>Inclusive learning opportunities in a friendly and safe environment</p> <p>An extensive life skills programme including;</p> <ul style="list-style-type: none"> <li>• crafts</li> <li>• cookery</li> <li>• health matters</li> <li>• relationship building</li> </ul> <p>Woodwork skills training</p> <p>Support to access the Deaf community</p> <p>Monitor and Review</p> <p>Total communication with staff and other service users</p>	<p><b>28</b> service users who are D/deaf or D/deafblind with additional Learning Disabilities attend The Tannery (maximum 12 per day).</p> <p>Activities and the number who took part were:</p> <p><b>4</b> Organised Events:</p> <ul style="list-style-type: none"> <li>• Easter Parade &amp; Bingo (20)</li> <li>• Halloween (25)</li> <li>• Christmas Meal (19)</li> <li>• Christmas Party (22)</li> </ul> <p><b>4</b> Outings to local places of interest:</p> <ul style="list-style-type: none"> <li>• Norton Priory (12)</li> <li>• Science Discovery Centre (14) (2 trips)</li> <li>• Macclesfield Silk Museum (9)</li> </ul> <p><b>3</b> Learning Workshops:</p> <ul style="list-style-type: none"> <li>• Music - wind instruments (12)</li> <li>• Music – percussion instruments (10)</li> <li>• Health Awareness (9)</li> </ul>

## Case Study

Identified Needs	Activities	Outcomes / Impacts
<p>19 year old girl, profoundly Deaf with learning disabilities</p> <p>Challenging behaviour, angry, frustrated, self harming</p> <p>No signing skills, unable to communicate how she felt and what she needed</p> <p>Non responsive when questioned</p> <p>Unable to make decisions or choices and not able to do things for herself</p> <p>Total incontinence, wearing pads 24 hours a day</p> <p>Family stress, parents felt behaviour was becoming too challenging to manage</p>	<p>Assessment of various communication methods to find the most suitable.</p> <p>Use of signs and repetition to help develop communication skills and understanding</p> <p>Constant demonstration of how tasks are performed and prompting to try unaided</p> <p>Continual reminders throughout the day about using bathroom</p> <p>Work with parents to ensure a consistent model of support</p> <p>Help parents develop strategies to improve their daughter's independence</p>	<p>Able to understand and respond using basic sign language</p> <p>Showing staff know what she wants or what is upsetting her</p> <p>Behaviour less challenging, letting staff know calmly if she doesn't want to do something</p> <p>Able to use toilet independently (and washes her hands afterwards without being prompted)</p> <p>Family relationship has improved as behaviour has progressed and outbursts are less frequent</p>

## Family Tactics

Supports families to seek the most effective ways to overcome difficulties in addressing communication problems and in some cases, avoid breakdown of the family unit

Activities (link to objectives: 2, 3, 4, 5)	Outputs
<p>One to One, organisational and group support to families and carers of D/deaf children and adults in their homes, which includes:</p> <ul style="list-style-type: none"> <li>• Deaf Awareness for families</li> <li>• Deaf Awareness for schools, colleges, leisure providers</li> <li>• BSL sessions for families</li> <li>• Advice on hearing aids and referrals to Audiology</li> <li>• Referral for Technical support and/or equipment</li> <li>• Referral to Youth Services</li> <li>• Support re Carers funding</li> <li>• Assessments ( Needs, Risk)</li> <li>• Support Plans</li> <li>• Training Plans/Agreements</li> <li>• Recording</li> </ul>	<p><b>28</b> families referred for support</p> <p><b>25</b> families received Deaf Awareness</p> <p><b>7</b> families received training sessions in BSL, (a total of 39 bespoke sessions delivered)</p> <p><b>15</b> families offered advice on hearing aids/CIs</p> <p><b>5</b> families received support to claim funding:            3 families supported to obtain funding for further learning, total funds obtained c£600            1 parent supported to obtain funding for private tuition for their deaf child, £840            1 adult supported to obtain Access to Work support (equipment) c£1000.</p> <p><b>2</b> children referred for involvement with Youth Service activities</p> <p><b>1</b> Deaf Awareness sessions delivered to school</p> <p><b>2</b> families referred for Volunteer support.</p>

## Case Study

Identified Needs	Activities	Outcomes / Impacts
<p>4 year old boy, hearing difficulties making him angry, frustrated, often violent</p> <p>Unable to communicate</p> <p>Not understanding what was happening throughout his day</p> <p>Never allowed to make decisions or do anything for himself</p> <p>Poor behaviour tolerated because "<i>he doesn't understand</i>"</p> <p>Siblings resented the amount of attention he received</p> <p>Parents constantly bickering about how to handle him</p> <p>Family unit close to breakdown</p>	<p>Intensive bespoke family support with bi-lingual approach to building vocabulary</p> <p>Vocabulary focused on making him more independent, providing access to everyday activities and how to stay safe</p> <p>Vocabulary building games for the whole family to play</p> <p>Visual aids used to help him understand his day</p> <p>Resources provided to help him and his siblings understand his deafness and how it makes him feel</p>	<p>4 year old boy a lot calmer, happier, less frustrated</p> <p>Communicating using hugely improved vocabulary</p> <p>Able to understand his day using visual aids, looking forward to activities</p> <p>More independent, able to assert himself and make own decisions e.g. choosing clothes to wear, food and drinks</p> <p>Poor behaviour diminished and is now handled more appropriately</p> <p>Siblings understand his hearing loss and feel less jealous</p> <p>Parents feel more able to cope and family unit happier, calmer</p>

## Front of House

First point of contact providing front line services to all visitors and contacts to DSN

Activities (link to objectives: 1, 3, 4, 5)	Outputs
<p>Meet and greet visitors and deal with all enquiries; face to face, telephone, text phone, email and fax</p> <p>Provide information and advice on DSN services</p> <p>Complete and direct Referrals to appropriate services within the organisation</p> <p>Signposting to other agencies</p> <p>Provide Health &amp; Safety support ensuring all risk assessments and audits are carried out and regularly reviewed</p> <p>Deal with building maintenance issues</p> <p>Liaise with external contractors and suppliers</p> <p>Update DSN website with news of internal and external events.</p> <p>General administration support to DSN staff:</p> <ul style="list-style-type: none"> <li>• Fundraising Committee and Events</li> <li>• Note Taking</li> <li>• Preparation of Monitoring Reports</li> <li>• Production of leaflets</li> <li>• Support with project administration</li> </ul>	<p><b>1233</b> visitors welcomed:</p> <p>42 Chester Office 457 Macclesfield Office 722 Northwich Office 12 Warrington Office (to December 2012)</p> <p><b>2382</b> contacts made including: 1305 Telephone enquiries handled 97 SMS Text enquiries dealt with 487 Emails responded to</p> <p><b>461</b> referrals taken by Front of House staff for DSN services (out of a total 771)</p> <p><b>325</b> instances of Advice &amp; Information Provided</p> <p><b>1600</b> Information/Marketing packs issued to interested parties (approx)</p> <p><b>130</b> building maintenance requests resolved</p>

### Service User Comments:

“The staff were very friendly and extremely helpful to my uncle, I would like to personally say a big Thank You to everyone for their time and understanding of his problem”

“The response I was given was exactly what I was after and the Receptionist was extremely helpful”

“My query was answered fully and various option were explained to me. I was thrilled and stopped feeling so helpless and the next day I received more information as promised. The service I have received has been really excellent, ”

“Service provided was overwhelmingly positive.....DSN provides an essential service and facilities it would be difficult to find elsewhere. One improvement would be to make area more private. Conversations in adjoining rooms or other people in the reception area can make it very difficult to talk to the Receptionist....”

## Outreach

Provide Housing Related support that enables D/deaf people to maintain their tenancies and/or manage independently

Activities (link to objectives: 1, 2, 3, 4, 5)	Outputs
<p>Assessments carried out (Needs, Risk)</p> <p>Support Plans created</p> <p>Housing Related Support to D/deaf people in their own homes, which includes:</p> <ul style="list-style-type: none"> <li>• Maintaining the safety and security of the property</li> <li>• Correspondence related to the property</li> <li>• Claiming benefits, budgeting and paying bills</li> <li>• Opportunities for education, employment and leisure</li> <li>• Accessing and maintaining links with appropriate healthcare services</li> </ul> <p>Weekly drop-in services at each DSN centre</p>	<p><b>42</b> new referrals / assessments carried out</p> <p><b>84</b> D/deaf service users across Cheshire and Salford supported to maintain their tenancies:</p> <p style="padding-left: 40px;">26 in Cheshire East</p> <p style="padding-left: 40px;">27 in Cheshire West &amp; Chester</p> <p style="padding-left: 40px;">31 in Salford</p> <p><b>1420</b> Service User contacts carried out, and an additional <b>382</b> contacts by service users accessing our drop-in services</p> <p><b>114</b> instances of facilitating communication between service users and other agencies / services</p> <p><b>30</b> service users completed their programme of support, between them achieving <b>81</b> positive outcomes against the ECM Outcomes Framework</p>

## Case Study

Identified Needs	Activities	Outcomes / Impacts
<p>Profoundly Deaf Lady finding it difficult to access services and support due to communication</p> <p>Experiencing domestic violence and financial abuse from her live-in partner</p> <p>Benefits claim had recently been rejected.</p> <p>Struggling to pay bills and in Rent Arrears.</p> <p>Lack of self confidence and suffering from anxiety and depression.</p>	<p>Support to access services and information by support worker with BSL skills</p> <p>Support to move to temporary accommodation to flee the abuse.</p> <p>Support to submit homeless application and apply for re- housing.</p> <p>Provided support to set up new tenancy, including connection to utilities and applications to local charities for essential white goods and furniture.</p> <p>Support to address arrears and debts and find ways to manage budget.</p> <p>Support to reapply for benefits and access specialist support to appeal benefits decision.</p>	<p>Support to access services has reduced feelings of isolation.</p> <p>Feels safe and secure in her own tenancy and away from risk of domestic violence.</p> <p>Able to manage her tenancy independently and is confident to manage her budget more effectively.</p> <p>Feeling positive about situation, no longer anxious and depressed.</p> <p>Improved self confidence and is now thinking about volunteering opportunities in her community.</p> <p>Positive feedback for the support worker <i>“Thank you so much for all your help you are a good caring support worker.”</i></p>

## Social Care (Children & Adults)

Assist with the assessment process and provide a specialist service, in partnership with the Care Management teams within the Adult Social Care and Children's services

Activities (link to objectives: 1, 2, 3, 4, 5)	Outputs
Registration / Recording Social Care Interventions / Child Protection Information and Advice Professional Support Counselling Monitor / Review Joint / close working with Local Authority Social Care depts.	Registration of D/deaf people maintained <b>97</b> service users received specialist support services: <b>44</b> Cheshire East 22 adults 22 children <b>53</b> Cheshire West and Chester 28 adults 25 children <b>1112</b> service user contacts carried out, including <b>61</b> instances of facilitating communication (at professional meetings etc) <b>41</b> service users completed their programme of support, between them achieving <b>42</b> positive outcomes against the CQC and ECM Outcomes Frameworks

## Case Study

Identified Needs	Activities	Outcomes / Impacts
6 year old boy with profound deafness, fitted with first Cochlear Implant aged 18 months and sequential implant in November 2011  Limited speech and significant language delay  Exhibits temper outbursts, mainly due to frustration at not being able to communicate  DLA recently terminated on grounds of a 'dual implant user' not being considered "disabled". This has impacted on other means tested benefits	Specialist assessment completed  Supported the family to integrate BSL into the home  Encouraged use of a more multi sensory approach  Liaised with Health and Education professionals  Supported with DLA appeal and reapplication	Mother has achieved BSL qualification and now uses both speech and signs to communicate in the home  Access to sign language in all classes has made him more confident with communication, now using speech, signs and gestures to express himself  Appears happier and temper outbursts are less frequent  More able to follow rules and understand acceptable behaviour  Middle Rate DLA has been reinstated, resulting in an extra £53 per week towards an improved quality of life



## Social Care (Deafblind)

Specialist Deafblind Worker carries out detailed needs assessments and provides advice in respect of dual sensory loss on all aspects of daily life for D/deafblind people

Deafblind Communicator Guide supports people who have a dual sensory loss to access services and activities

Activities (link to objectives: 1, 2, 3, 4, 5)	Outputs
Registration / Recording Specialist support Rehabilitation / Mobility training Communicator Guide support Information and Advice Monitor / Review Joint / close working with Local Authority Social Care depts.	Registration of D/deafblind people maintained <b>60</b> service users received specialist D/deafblind services: <b>27</b> Cheshire East <b>33</b> Cheshire West and Chester <b>721</b> contact visits carried out. <b>22</b> D/deafblind service users in the Cheshire and Salford areas provided with Communicator Guide support <b>581</b> contact visits carried out. <b>53</b> of the service users accessing Deafblind services achieved <b>37</b> positive outcomes between them against the CQC and ECM Outcomes Frameworks

## Case Study

Identified Needs	Activities	Outcomes / Impacts
BSL user with Ushers Syndrome (severe tunnel vision)  Awaiting surgery on leg that would require respite / rehab  Recently received notice on tenancy  No family locally  No care assessment / no care package in place  Very depressed and expressing suicidal feelings	Referred to DSN Outreach service for support with tenancy -  Support to attend hospital appointments with appropriate communication to ensure full understanding of situation  Liaised with Social Services to obtain Care Assessment and respite following operation  Developing methods of communication that may help as sight deteriorates  Contacted family to keep them informed and assure service user they are willing to help	Respite accommodation secured at Supported Housing with staff trained to support dual sensory loss and meet his communication needs - continued support to find suitable housing once respite is complete  Regular contact with a consistent group of support professionals  More contact with family members  Feels more positive and says he can now <i>"take each day as it comes instead of always worrying"</i>

## Supported Living

Supported Housing for D/deaf and D/deafblind people with additional learning disabilities

Activities (link to objectives: 2, 3, 4, 5)	Outputs
<p>Assessments (needs, risk)</p> <p>Person Centred Plans/Support Plans/Care Plans/Health Action plans</p> <p>Support access to the wider D/deaf and hearing communities</p> <p>Promote personal development - life skills, social interactive skills, including:</p> <ul style="list-style-type: none"> <li>• Budgeting</li> <li>• Health Awareness</li> <li>• Supported Employment</li> <li>• Further Education</li> <li>• Holidays abroad</li> </ul> <p>Organised social events, outings</p>	<p>Person Centred Plans created for <b>23</b> D/deaf and D/deafblind people with additional learning disabilities and/or communication disorders and/or challenging behaviour:</p> <p><b>12</b> at Stepping Stones</p> <p><b>3</b> at Lavender Lodge</p> <p><b>4</b> at 15 The Crescent</p> <p><b>4</b> at 66 The Crescent</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Supported Living properties in Northwich</div> <p>All service users supported to develop their life skills in order to live as independently as possible and many have achieved positive outcomes against the ECM Outcomes Framework, including:</p> <p><b>9</b> doing Voluntary work or work experience</p> <p><b>3</b> in Employment</p> <p><b>13</b> accessing formal training and/or education</p> <p><b>23</b> accessing informal training and/or education</p> <p><b>13</b> now managing their own bank account</p> <p><b>5</b> having increased choice and control over day to day decisions (e.g. booking holidays)</p>

## Case Study

Identified Needs	Activities	Outcomes / Impacts
<p>Profoundly Deaf man with learning disabilities</p> <p>Often angry and showed frustration with staff at previous accommodation as nobody able to communicate in BSL</p> <p>No technical aids provided to assist with daily living</p> <p>Not able to participate in decisions about choices of activities etc</p> <p>Unhappy about receiving care because reasons were not explained to him</p>	<p>All staff qualified to minimum level 2 in BSL, communication to meet individual level of understanding</p> <p>Equipment made available with appropriate explanation of how to use it</p> <p>Involvement in planning own support programme and choice of activities</p> <p>Learning programme to ensure understanding of abuse and how to raise concerns</p> <p>Support to learn how to manage own finances</p>	<p>Happier in 'deaf' environment where able to communicate with staff and other tenants</p> <p>Able to make decisions about activities and developing new interests</p> <p>Using technical equipment to assist with daily tasks</p> <p>Growing in confidence through learning to be more independent</p> <p>Applied for voluntary work and hoping to gain employment in the future</p>

## Technical Service

Provides advice on a range of available products and practical solutions to help D/deaf people enjoy a better quality of life

Activities (link to objectives: 2, 3, 4, 5)	Outputs
<p>Provide specialist assessments to D/deaf people (office or home appointments)</p> <p>Issue specialist equipment following assessment of need using FACS criteria</p> <p>Provide demonstrations of equipment to service users, families and groups</p> <p>Provide advice and information about new developments in specialist equipment, use and maintenance of hearing aids</p> <p>Attend meetings in the North West and exhibitions of specialist equipment</p>	<p><b>391</b> specialist assessments carried out: 178 Cheshire East 213 Cheshire West &amp; Chester</p> <p><b>236</b> pieces of specialist equipment issued including; flashing door bells, vibrating alarms, television loops etc.</p> <p><b>1114</b> instances of service users being given advice and/or information on equipment and other services</p> <p><b>16</b> meetings / exhibitions attended (independent of CFRS)</p>

## Technical Service - additional data for Deaf Fire Advocate\* service

Activities (link to objectives: 2, 3, 4, 5)	Outputs
<p>Provide specialist Home Safety Assessments to D/deaf people</p> <p>Install smoke alarms appropriate to individual following assessment of need</p> <p>Organise / attend events and presentations throughout Cheshire, Halton and Warrington promoting the partnership between DSN and CFRS, providing information, demonstrating equipment and networking with other agencies.</p> <p>Liaise with Housing Associations to promote fire safety</p> <p>Provide advice and information about specialist equipment, D/deaf Awareness and Communication Tactics</p>	<p><b>365</b> Home Safety Assessments carried out 194 Cheshire East 141 Cheshire West &amp; Chester 30 Halton &amp; Warrington</p> <p>Results of Assessments:</p> <p><b>199</b> Smoke Alarms installed: 73 standard 126 wireless</p> <p><b>16</b> events attended; 6 Cheshire East 9 Cheshire West &amp; Chester 1 Warrington</p> <p><b>2</b> E999 Workshops: (SMS in an Emergency) Chester – 15 people Macclesfield – 10 people</p>

\* The nature of activities are influenced by Cheshire Fire & Rescue Service, with whom this service is provided in partnership and who determined the name of the service

## Service User Comments:

“This service has been invaluable to me, the advice and information I have had has improved my living already”

“Staff are extremely knowledgeable and helpful and I feel much better now”

## Training

Provides a range of training courses designed to improve communication between D/deaf and hearing people

Activities (link to objectives: 2, 3, 4, 5)	Outputs
<p>Accredited training courses in;</p> <ul style="list-style-type: none"> <li>• Deaf and Deafblind Awareness</li> <li>• British Sign language (BSL Levels 1 and 2 and Level 3 NVQ)</li> </ul> <p>Tailor made courses in</p> <ul style="list-style-type: none"> <li>• D/deaf Awareness</li> <li>• D/Deafblind Awareness</li> <li>• British Sign Language</li> <li>• Basic Lip Reading</li> <li>• Hearing Aid Awareness</li> <li>• Communication Tactics</li> </ul> <p>Taster courses in a range of topics to promote awareness raising amongst employers and service providers</p>	<p>Accredited courses in British Sign Language Level 1;</p> <p><b>22</b> students achieved Unit 101  <b>20</b> students achieved Unit 102  <b>18</b> students achieved Unit 103</p> <p>Accredited courses in British Sign Language Level 2;</p> <p><b>10</b> students achieved Unit 201  <b>7</b> students achieved Unit 202  <b>9</b> students achieved Unit 203</p> <p><b>9</b> students achieved Pre-NVQ level 3 in BSL</p> <p><b>8</b> students achieved NVQ level 3 BSL</p> <p>Tailor made courses in Deaf Awareness to Golden Gates Housing Association;  15 sessions to staff  21 sessions to residents</p>

## Case Study

Identified Needs	Activities	Outcomes / Impacts
<p>Lady with a mild hearing loss and members of family who are profoundly Deaf</p> <p>Unable to communicate with family members</p> <p>Unable to communicate with work colleague (BSL user)</p> <p>Wants to improve workplace by being more inclusive to D/deaf people</p> <p>Interested in the language and wants to develop skills to include on CV</p>	<p>Deaf Awareness training</p> <p>Taught new language skills as part of sign language course</p> <p>Taught to understand a range of vocabulary and how to exchange information during a conversation</p> <p>Encouraged to take on additional studying for personal development</p> <p>Provided with progression routes to more advanced study</p>	<p>Able to communicate fully with family members</p> <p>Can engage with work colleague, involving them in conversations, meetings etc</p> <p>Helping to improve workplace by breaking down communication barriers for D/deaf customers</p> <p>Feeling more confident about being able to interact with Deaf people</p> <p>Feels proud of personal achievement which has lead to improved self esteem</p>

## Volunteer Services

Supports every aspect of DSN and its service provision

Activities (link to objectives: 1, 2, 3, 4, 5)	Outputs
<p>Development and management of volunteer services</p> <p>Volunteering opportunities fulfilled including:</p> <ul style="list-style-type: none"> <li>• Awareness days</li> <li>• 1 to 1 support</li> <li>• Befriending</li> <li>• Youth activities</li> <li>• Charity evenings</li> <li>• Trainer training</li> <li>• Family days</li> <li>• Administration</li> <li>• Deaf/blind support</li> </ul> <p>Regular contact and ongoing support</p> <p>Regular reviews and updates</p>	<p><b>82</b> total Volunteers registered</p> <p><b>26</b> new Volunteer applications received and accepted during 2012-13</p> <p><b>1</b> application awaiting DBS clearance</p> <p><b>181</b> volunteering opportunities fulfilled (some Volunteers undertake more than one volunteering opportunity)</p> <p><b>1702</b> Volunteer hours provided (worth £12,765)</p> <p>Services supported:</p> <ul style="list-style-type: none"> <li>• Tannery / Day Services</li> <li>• Admin &amp; Front of House</li> <li>• Fundraising / Awareness</li> <li>• HAnD Project</li> <li>• Outreach</li> <li>• CFRS / Awareness &amp; Technical</li> <li>• Deaf Active (Youth Service)</li> <li>• Training / Deaf Awareness Courses</li> </ul> <p><b>3</b> Volunteers employed as Bank Staff</p> <p><b>2</b> Training / Development days provided to Volunteers</p>

## Case Studies

Identified Needs	Activities	Outcomes / Impacts
<p>G - young man with a significant hearing loss, just completed level 3 qualification in BSL and left college looking for employment</p> <p>-----</p>	<p>Introduced to a service user who had been referred for befriending and was feeling very isolated.</p> <p>-----</p>	<p>Supporting service user to take part in a variety of social activities and build confidence. Obtained paid employment with a local charity</p> <p>-----</p>
<p>J – taken career break to have children, completed level 2 BSL and about to start level 3, considering employment within the D/deaf community</p> <p>-----</p>	<p>Supported DSN at various workshops and helped to facilitate feedback exercise. Represented DSN at various volunteering events</p> <p>-----</p>	<p>Recently employed at a local nursery to support with communication between staff and Deaf baby of a DSN service user</p> <p>-----</p>
<p>L – interested in BSL and contacted DSN to find out about training courses</p>	<p>Completed training in level 2 BSL and about to complete level 3. Volunteered at a variety of DSN events.</p>	<p>Trained to deliver Deaf Awareness sessions. Volunteer member of the Investors in Volunteers steering group</p>

## Youth Service (Deaf Active)

A youth led group that aims to ensure inclusive activities without any breakdown in communication, focusing on non-traditional sporting activities that might not normally be accessible.

Activities (link to objectives: 1, 2, 3, 4, 5)	Outputs
<p>Weekly youth club for D/deaf and hearing young people, held at Chester Deaf Centre and at the DSN centre in Northwich, where a room previously used as office space has been made available.</p> <p>Variety of non-traditional sporting activities</p> <p>Young people supported to access mainstream services</p> <p>Residential trips</p> <p>Half-term activities</p> <p>Occasional one off trips to theatre and other places of interest</p>	<p><b>31</b> young people attending weekly Youth Clubs (average = 12 per week) <b>8</b> D/deaf <b>4</b> Hearing</p> <p><b>26</b> young people took part in non-traditional sporting activities including:</p> <ul style="list-style-type: none"> <li>• Skiing</li> <li>• Archery</li> <li>• Go Karting</li> </ul> <p><b>31</b> young people attended residential trips</p> <ul style="list-style-type: none"> <li>• Wales</li> <li>• Go For It – Cumbria</li> <li>• You're Amazing – Cumbria</li> </ul> <p><b>12</b> young people took part in half term activities</p> <ul style="list-style-type: none"> <li>• Laser Quest</li> <li>• Go Karting</li> <li>• CADS week</li> <li>• Heart Smart Workshop</li> </ul> <p><b>31</b> young people attended one off trips:</p> <ul style="list-style-type: none"> <li>• Olympic Torch Relay</li> <li>• 999 Water Safety Day</li> <li>• Regional Youth Forum</li> <li>• Deafinitely Gold Launch Event</li> </ul> <p><b>8</b> young people achieved accredited outcomes in BSL Level 1:</p> <ul style="list-style-type: none"> <li>• 8 achieved Unit 101</li> <li>• 5 achieved Unit 102</li> <li>• 3 achieved Unit 103</li> </ul> <p><b>6</b> young people attending weekly After School Clubs</p>

## Case Study

Identified Needs	Activities	Outcomes / Impacts
<p>15 year old boy, profoundly Deaf, attending weekly Youth Club</p> <p>Keen interest in sports, particularly football but sometimes lacking in confidence to join in.</p>	<p>Involved in coaching sessions at Wrexham Football Club</p> <p>Encouraged and supported to help facilitate sports session at Youth Club</p> <p>Contacted school to discuss possibility of enrolment onto a coaching course</p>	<p>Enjoying taking part in coaching course through school and learning about safety aspects of leading sports sessions</p> <p>Improved self esteem and gaining in confidence</p>

## Conclusions

The available data for each of our services has been reviewed by a panel of staff members, consisting of people at various levels and from a variety of departments.

Review Panel Members:

Toni Ives	Support Worker
Amy Lacamp	Administrator
Marion Murphy	Health Advocate & HAnD Project Co-ordinator
Gill Reeder	Executive of Operations
Debi Shackley	Quality Systems Officer

Where possible, we have made comparisons to data from the previous year and we can see that, in some areas, the figures have greatly increased e.g. the number of contacts recorded and the amount of people who received advice and information. We believe this demonstrates that many of the issues we had with inaccurate recording, have either been resolved or have greatly improved.

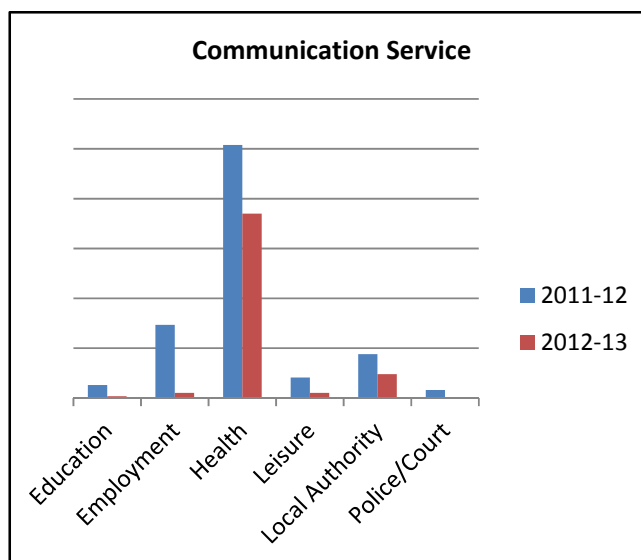
*See Appendix 5*

It was agreed that the data provided reflects the variety and complexity of work that the organisation is involved in and gives us a good indication of the amount of work we do.

Whilst comparing figures from the previous year, we could see that in many services the number of people supported has remained relatively constant, or in some cases has increased. However, there are services where we have questioned the figures provided and considered possible reasons why they are not what we might have hoped or expected.

For example, the loss of contracts to provide BSL Interpreters for public sector services has had a significant effect on the figures for our Communication service. The following chart shows the settings in which Interpreter bookings have been provided over the last two years and clearly shows the scale of the reduction.

- Losses in service delivery meant we had to reduce the number of our interpreting staff.
- Changes in Access to Work means employers and providers of education, are having to make more reasonable adjustments. Many are beginning to provide communication support themselves through this scheme.
- Following a tender exercise, Interpreters for all police and court settings are now booked through one single provider. Unfortunately, due to the size of the contract, we were unable to submit a bid to tender for this service.



- A similar situation applies to communication support in health settings. There is one main provider, which means we have only supplied Interpreters for a minimal number of sessions within the Cheshire area this year.

It may also be worth noting that our Support Workers have reported that they face constant challenges, to encourage some services to provide essential communication support for their service users.

Having discussed the number of visitors recorded at each of our centres, we realised that there is some inconsistency in the way these figures are being collected e.g. due to the layout of our centre in Chester, it is not necessary for people attending the weekly Deaf Clubs or accessing drop-in sessions, to sign in at reception. The system for recording visitors will need to be revised by our Front of House team, in order for them to obtain more accurate data.

We also noted the suggestion from one of our service users to improve the layout of the reception areas and provide a more private area to discuss queries. Although there may be some health & safety issues we need to bear in mind, we will consider how we can improve the way visitors are being received.

Whilst we are pleased that so many of our service users are being supported to achieve positive outcomes, we did not at first understand why the figure recorded for D/deafblind people appeared to be quite low, compared to the number of people whose support had been completed.

However, further discussion highlighted that the process of supporting a person who has recently acquired a dual sensory loss, can be quite lengthy and often involves them learning to overcome many new challenges. Therefore, the achievement of outcomes can be more difficult and/or more time consuming than with other service users. We also considered whether this may be one of the areas where our data recording still needs to improve.

We believe the reduction in the number of assessments carried out by our Technical service, is directly related to the reduction in the services contracted by the Local Authorities. Similarly, there have been fewer pieces of equipment issued this year and this is possibly due to Local Authorities imposing a stricter eligibility criteria.

During the review of our service data, we also looked at the case studies provided. It was agreed that the format used should make them easier to read than 'lengthy' stories. It was also agreed that these case studies give a good indication of the type of work carried out by our services and show some very positive outcomes for our service users.



## **Focus on Strategic Themes**

On pages 8 to 10 we have detailed our Strategic Themes, which categorize the objectives we want to achieve and how we intend to achieve them.

In this section we will explain some of the work we have been involved in, to help us achieve our aims.

### **Group Memberships** (objectives: 1.1; 1.2; **2.1; 2.2; 2.4; 2.5; 3.3; 3.4; 3.5;** 4.3; 5.2)

Our Operations Executive has become a key member of local health / partnership groups, having recently been nominated to act as Chair of the Disability & Equality Group at Countess of Chester Hospital. She was also invited to sit on the Crown Prosecution Service's Hate Crime Scrutiny Panel.

Bob Birchall, our Chief Executive, is part of Deaf Network UK and a member of the Chief Officers Group, both of which represent community based D/deaf organisations from across the UK and work to facilitate partnership and share best practice across the sector.

### **Housing Trust Campaign** (objectives: 1.1; 1.2; **2.4; 3.3;** 4.1; 4.3)

During April 2012, DSN carried out some work on behalf of Golden Gates Housing Trust (GGHT) in Warrington by visiting 719 tenants who were either; over the age of 65, known to GGHT as having a hearing loss or aged 65+ and the perpetrator of noise related Anti Social Behaviour. The campaign was titled "Silence isn't always Golden" and was designed to help GGHT discover if tenants were experiencing any difficulties with their tenancy due to their hearing loss.

DSN discovered that 190 people (26.43% of those visited) had some form of hearing loss and of those people 83 already had hearing aids.

For those tenants with a hearing loss that were experiencing some difficulties within their home, we offered advice about equipment that could assist them in their day to day living such as flashing doorbell systems, television aids and telephones with amplifiers. 55 people (28.95% of the people with hearing loss) were referred onto Warrington's Sensory Service for technical assessments and equipment.

Because of our partnership with Cheshire Fire & Rescue Service (CFRS), we were able to provide a free fire safety assessment from the DSN / CFRS Deaf Person's Advocate and 18 tenants were issued with a free flashing smoke alarm. This provides peace of mind to the residents and their families, and has a potential social / economic benefit of reducing injury or even saving a life if a fire does occur.

One of the most common issues for tenants with hearing loss (with or without hearing aids) was missing the door when people call. This adds to a person's isolation and there is a cost to GGHT each time repairs or investment programme staff have to attend the property more than once in order to gain entry.

Another issue that was raised by some tenants was feeling lonely and isolated. DSN made a note of the 5 customers who suffered from loneliness due to having no close family or friends. GGHT will use this information to try and get these tenants involved in Tenant Participation activities or refer them onto the Older Peoples Forum.

The campaign was a very valuable experience for DSN and we received 19 requests to do subsequent visits when people have missed initial contact. We have revisited these people or contacted them by phone / email.

Following the campaign recommendations were made to GGHT about how they could continue to raise awareness amongst their staff about issues relating to deafness faced by their tenants, such as include Deaf Awareness training as part of their Induction Programme for all front line staff

There were also a number of financial benefits for GGHT including:

- The total cost of this campaign was £3,264.70, which included DSN staff salaries and volunteer's expenses, stationary, printing, telephone calls etc. We provided the work at a fixed cost of £1,000 (no VAT), saving GGHT £2264.70.
- A missed appointment costs GGHT roughly £50 each time. GGHT has increased it's profile data on hearing impairments for 88 people, which will result in alerts on their system so that staff are waiting longer and knocking louder. If each customer does not have to be visited more than once this could mean a saving of £4400.
- Noise related Anti Social Behaviour accounted for 28% of the total amount reported in 2011-12 and can cost from £50 up to £5283 on each occasion, depending on the action taken. 55 people were referred to the Sensory Service for aids that can reduce noise, such as television loops. Possible saving to GGHT = £2750 to £290,565
- Cost of a flashing smoke alarm is £115. 18 flashing smoke alarms were provided free to tenants, saving GGHT £2070
- 1/3 of all fatalities in Cheshire caused by accidental house fires are people aged 75+ and the average cost of a house fire is £3268\*. Therefore, based on an assumption that only one of the 18 properties fitted with an alarm might catch fire during the 10 year life span of the alarms, this represents a minimum potential saving of £3268 for CFRS and GGHT. It also represents a potential saving for the NHS, as there would be no admissions to hospital from these customers.

Total amount of financial efficiencies for GGHT was £4,334.70

Total of potential savings made through the campaign are £10,418 to £298,233

\* Report on economic cost of fires: Office of deputy Prime Minister. (2004)

On the following pages we have provided information about two of our own projects, aimed at helping us reach our goals related to the Strategic Themes of Health and Partnerships, by working with health service professionals.

**Don't Keep Your Deafness Quiet** (objectives: 2.1; 2.2; 2.4; 2.5; 3.3; 3.4; 3.5)

This project was originally aimed at improving access for people with acquired hearing loss (usually in the over 50 age group) to GP Surgeries and Health Centres, appointment systems and consultations. We wanted to encourage more people with acquired hearing loss to access their GP and ask for the information, advice and technical support that could make a real difference to their quality of life.

As part of this campaign we contacted Surgeries and Health Centres to offer a Deaf Awareness audit, to help them identify areas where their service quality could be improved, which would enhance the patient experience for this large and growing target group. The audits were to examine areas such as reception, appointment systems, signage etc and offer recommendations where appropriate.

It was hoped that surgeries taking part would be awarded our 'We're Listening' award for good service to deaf people, to be displayed on waiting room walls.

There were a number of practical difficulties, including the vast numbers we were dealing with and our first obstacle was making appointments, via Practice Managers, to complete the audits.

We contacted every GP practice and Health Centre across Cheshire with an introductory electronic letter titled 'Hear to help'. In this email we outlined the aims of the campaign and asked them to complete a simple questionnaire about their current system for making appointments and how patients who have a hearing loss are managed in the centre, e.g. do they have loop systems in the reception area, do they have a 'touch screen' facility, are the staff trained in Deaf Awareness? etc.

There were **no** replies to this email and none to a follow up email that was sent approx. two months later. We also telephoned 13 surgeries but only on two occasions managed to be put through to the Practice Manager, others citing that they were either too busy, would ring back or they had someone with them.

However, the Practice Managers we have managed to contact since have been very enthusiastic about the campaign and fully signed up to it. We have carried out two audits and have made several presentations to Practice Managers and front line staff.

Without exception it has been seen as a worth while project and people have offered to introduce the topic to their Patient Participation Group and try to get their surgery on board.

Running alongside our plan to complete audits, there were changes happening to audiology services in Cheshire East, that may positively influence the take up of the offer of free audits and encourage Practice Managers to request Deaf Awareness training for all front line staff.

In July 2012, people with a hearing loss of varying levels, including some staff and volunteers from DSN, were asked by Cheshire East Clinical Commissioning Group (CCG) to provide feedback on the current Service Model of Audiology Services; what was good and what could be improved? The CCG, responsible for commissioning of services, used the feedback from the group to help shape their audiology pathway and outcomes.

As a result the Any Qualified Provider (AQP) process has now started in Cheshire East.

The aim is to extend choice, enabling patients (over the age of 55) with age related hearing loss who are referred by their GP, to choose from a range of qualified providers and select the one that best meets their needs. AQP services can be provided by a range of qualified providers, including NHS providers and the independent sector and all are paid a standard price.

The vision is for people with age-related hearing loss to receive high quality, efficient services, delivered closer to home with short waiting times and high responsiveness to the needs of local communities. It will be free at the point of delivery.

Successful AQPs in Cheshire East will have contracts with the NHS to provide free NHS hearing aids. Private dispensers such as Specsavers, will not be selling people hearing aids under the AQP process.

Patients over the age of 55 with age related hearing problems, who visit their GP seeking help for their hearing loss, will be offered a choice of AQP and they can choose who they want to go to.

DSN has agreed to work in partnership with Specsavers, who are now accredited under AQP and there are plans to have a qualified Audiologist in the DSN centre in Macclesfield. Those who choose to come to Specsavers at DSN, will be able to have their hearing tested and will be provided, if appropriate, with a free hearing aid.

In addition Specsavers have offered to provide, or be part of, DSN Deaf Awareness training courses to GPs and we are looking forward to setting that up.

It is anticipated that this partnership will increase referrals to our Technical service and possibly be a catchment for the Lip Reading classes, although the main aim is to enable patients access to quality aftercare service.

## **Health Awareness and Deafness (HANd) (objectives: 2.1; 2.2; 2.4; 3.3; 3.4)**

We were fortunate to secure funding from the Health & Social Care Volunteering Fund to provide a Health Advocate, whose aim is to help NHS services meet the health priorities of D/deaf people and avoid potential discrimination due to lack of communication. We wanted to use consultation groups to establish the type of health information/advice that is required and the type of barriers faced by D/deaf people when trying to access NHS services.

During previous consultations on Health Service provision, DSN learned from D/deaf people that due to negative experiences many are reluctant to visit their GP.

This results in low take up of early interventions by D/deaf people and they were often unclear about preventative action or managing existing conditions e.g. taking the wrong dose of medication due to poor communication, not understanding the information in Healthcare leaflets. Many said they would wait until they were “really ill” before contacting their GP as it can be too difficult or too stressful for them to access services, consequently often leaving it too late for successful or early treatment.

DSN submitted an application to the Health and Social Care Volunteering Fund within the Department of Health, to help address the issues by recruiting a part-time Health Advocate, who would recruit ten Volunteers currently working in medical professions, to deliver a health awareness project within the local D/deaf communities, working closely with Health Care partners.

The application was successful and funding was approved. With help from our Volunteer service, details of the project were circulated and actively promoted by contacting external agencies with information. It was recognised early on that members of DSN Volunteer service could play a key role in the project, by supporting medical volunteers and providing assistance during workshops.

Three of the key people we initially contacted agreed to take part: Cheshire and Wirral Partnership Equality and Diversity Officer; Countess of Chester Equality and Diversity Officer; Merseyside and Cheshire Cancer Network Project Director.

The main objective was to deliver interactive workshops to D/deaf people and/or their family and carers. The purpose of the workshops is to empower D/deaf people wishing to seek advice and support, to access the range of local preventative and early intervention health services that are available to them.

Topics for the workshops were determined by the subjects linked to Government Health Targets, such as services relating to weight loss management, smoking cessation, blood pressure checks etc that can help identify high risk health conditions at an early stage. Once the subjects had been determined the relevant Health agencies were contacted and many readily agreed to get involved in delivering workshops.

Other CVS organisations were contacted and they helped us promote the project by advertising on their websites and offered suggestions on other related organisations that could potentially be involved.

DSN staff were asked to inform service users about the workshops and identify any individuals who may require support to attend.

During 2012 – 2013 we have delivered 10 workshops on a variety of topics including:

- Bowel Cancer
- Breast Screening
- Cancer Awareness
- Changes to the NHS
- Healthy Heart (Chain of Survival)
- Pharmacy Services

Attendance at the workshops has been varied, which may have depended on the topic and/or the time they were arranged. All have been well received by service users and the professional volunteers and have promoted a great deal of discussion, often resulting in running over the scheduled time.

Initial concerns by the professional volunteers, about possible communication difficulties, have been overcome with support from DSN volunteers and BSL Interpreters. Each of the professional volunteers has offered to present further workshops at a later date and/or at a different venue.

A number of positive outcomes have resulted from the workshops and the feedback received from service users.

In addition to the delivery of workshops the project has facilitated research by an independent market research company, Public Knowledge, and disability specialists, Ricability. They were commissioned by the Cheshire and Merseyside Clinical Networks (CMCN), to undertake cancer insight research with individuals with visual impairments and/or hearing impairments. The research will allow the CMCN to improve the information and services they provide to people with hearing impairments.

Merseyside and Cheshire Cancer Network have produced two of their DVD's in BSL, "Your Guide to Breast Screening" and "Let's be Clear About Bowel Cancer". This clearly demonstrates that some health service providers are giving consideration to the needs of this minority group and meeting the objectives of their Equality Delivery plans.

Researchers met with two groups from DSN; the hard of hearing group in Northwich and a group of profoundly Deaf people in Chester, whose first language is BSL.

The group from Chester were asked to assess a "Let's be Clear About Bowel Cancer" DVD that is being piloted. Following this DSN worked with CMCN to raise awareness of bowel cancer amongst the D/deaf Community, promote Bowel Cancer Awareness at community group meetings and advertise the message through the DSN website and newsletters.

Local and National Health Care providers have been contacted to promote the use of BSL on their websites. As a result of contact with McMillan Cancer Support, they have made five of their online videos available in BSL. DSN's website is continually being updated with links to accessible information (with the provider's permission).

Another positive outcome of the project has been the recruitment of a profoundly Deaf man as a DSN volunteer. He is a superb advocate for D/deaf people and will soon be attending his first GP practice's Patient Participation Group with the support of an Interpreter.

The HAnD project is enabling DSN to build and strengthen its association with local healthcare providers and to reduce the health inequalities faced by D/deaf people.

Evidence and feedback collated by the project is being included in a report to be submitted to CCGs in Cheshire. It is hoped the report will encourage CCGs to sustain the HAnD project after funding from the Health and Social Care Volunteering Fund finishes in March 2014.

## HAnD Project Data and Feedback

Although in the previous section we have presented information about several of the projects we have been involved in, it was not possible to obtain data and feedback for all of them, other than the details we have already mentioned.

Therefore, in this section we have provided the information available to us relating to our HAnD project, which we are using to help us evaluate the success of the project and hopefully, demonstrate to our funders that this has been a very worthwhile exercise.

### Data

We asked the people who attended the first few HAnD workshops to help us by identifying other topics they would like us to include in future. We were able to arrange further workshops that covered 7 of the topics suggested.

We have delivered 10 workshops with a total of 107 attendees, although many people attended more than one workshop. The actual number of people who attended was 51.

The target number of attendees per workshop was between 10 - 15

<b>Workshop</b>	<b>Delivered By</b>	<b>Attendees</b>
999 SMS Emergency	Cheshire Fire & Rescue	11
Bowel Cancer	Cheshire & Merseyside Clinical Network	9
Breast Screening	Countess of Chester Hospital	4
Cancer Awareness	Cancer Network	15
Changes to NHS	Countess of Chester Hospital	10
Health & Wellbeing	Western Cheshire NHS Forum	16
Heart Smart (Adults)	Chain of Survival	10
Heart Smart (Youths)	Chain of Survival	12
Healthy Minds	Sign Health	8
Pharmacy Services	Independent Pharmacist	12

11 professional volunteers took part in these workshops, providing an approx. total of 82 hours, which included preparation time and delivery. Based on an average hourly rate of £12.00, this has provided £984 worth of support for this project.

9 people were involved in market research focus groups on behalf of Cheshire & Merseyside Clinical Networks

<b>Focus Group</b>	<b>Attendees</b>
Bowel Cancer DVD	3
Cancer Insight	6

11 DSN volunteers have supported the HAnD workshops and focus groups, providing a total of 133 volunteer hours (approx. 12 hours per volunteer). This equates to £997.50, based on the hourly rate (£7.50) we would normally pay for Agency staff.



## Feedback

After each of our HAnD workshops, the people who attended were asked to complete a simple questionnaire about how useful they had found the information.

Over the course of the project we received a total of 68 feedback forms from a possible 107, which gave us a response rate of approx. 63.5%

	Yes	No
Before today, were you aware of the subject?	29	39
Did you know how to find out about the subject?	38	30
Do you know more about the subject now?	67	1
Did you find the workshop helpful?	68	0

We were pleased to see that all of the people who completed a feedback form agreed that the workshops had been helpful and the large majority had gained some knowledge about the subjects covered.

We also asked the professional volunteers for feedback on their experience of being involved in the workshops and how it might make a difference to the way they provide services to D/deaf people e.g.:

Q. What was your understanding of the needs of D/deaf people before you became involved in this project?

" I had little or no understanding of their needs and was not aware of any provision made for them in my workplace".

" I was aware that we needed to put special processes in place to make sure that our organisation was accessible to D/deaf people but I wanted to know more fully from D/deaf people what the best things were, so that we could work with what we know they want, rather than what we thought they needed."

Q. How will what you have learned from this project be shared with your colleagues?

" I will raise this at my team meeting and discuss it with my Line Manager".

" I learnt a lot about the needs of D/deaf people and will be much more sympathetic to their needs in my work. I will try to influence my colleagues in simple ways e.g. using quiet areas for consultations."

Without exception, the professional volunteers who took part in the project commented that they had found it to be a very positive experience and that they would be willing to be involved further.

Feedback from DSN volunteers has been equally positive and one volunteer commented on how being involved has helped to increase her confidence.

The following article is featured in the Summer edition of our newsletter:



#### **Hats off to HAnD Project volunteer**

DSN and the Health and Social Care Volunteering Fund are working together to deliver the HAnD project, the aim of which is to improve access to health services for D/deaf people across Cheshire by effectively communicating health information.

Having a hearing loss herself, Doreen Ashley - Do to her friends - has experienced first hand a variety of access barriers and is therefore an advocate of HAnD. No one better understands why the project exists and what we hope to achieve through it.

Do has been volunteering for the HAnD Project since its launch. She has been involved from the very first workshop in April 2012 and continued to help with nearly every workshop since.

Speaking about the project, Do said: *"I love my work with DSN, it's extremely rewarding. The opportunities that DSN has opened up to me are fantastic - if I hadn't volunteered I wouldn't have had the chance to experience nearly as much. I have gained so much confidence, within myself and with others. It's given me the opportunity to do new and exciting things: taking leadership of projects, learning new skills, allowing me to express myself and become more outgoing. I've also made some wonderful friends."*

The dedication and time given by volunteers, like Do, is crucial to the success of the HAnD Project. Thank you Do.

We were very pleased with the feedback we received from both service users and professionals and we believe it helps demonstrates that this is a very worthwhile project.

However, when we came to evaluate the impacts the workshops have had, we realised that we needed to ask questions that would provide us with answers that could be measured.

Our previous experience of using formal questionnaires demonstrated to us that these are not suitable for the people we work with and that alternative methods of collating feedback would be needed.

With this in mind we decided that we would trial a more visual style of questionnaire, in order to try to gauge the impact these workshops have had on the service users and the professional volunteers who have attended.

*See Appendix 6*

	Issued	Returned	%
Service Users	30	18	60%
Professional Volunteers	10	2	20%

We were very pleased with the response rate from service users and it confirms to us that this style of questionnaire is more suitable than those we have used previously, containing questions with multiple choice answers.

We were also pleased to note that following the workshops the overall ratings had increased considerably, which demonstrates the value of the project and the positive impact it has had on the people who attended.

Unfortunately, the response from the professional volunteers we contacted was very low. Therefore, although we have included an analysis of the overall ratings we received, we do not feel there is sufficient information for us to be able to make a reasonable judgement about the impact the workshops have had on this group.

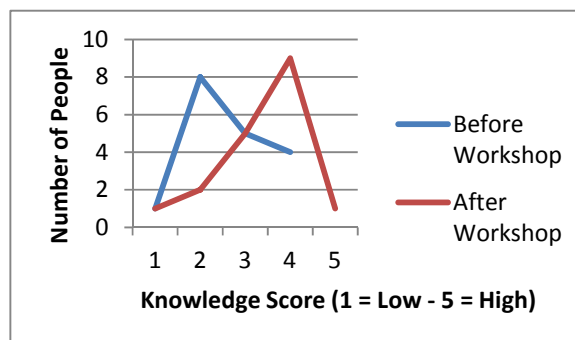
*See Appendix 7*

For each question we asked for a score of 1 to 5 and we then added all of the scores together to give an overall rating.

### Service User Scores and Ratings

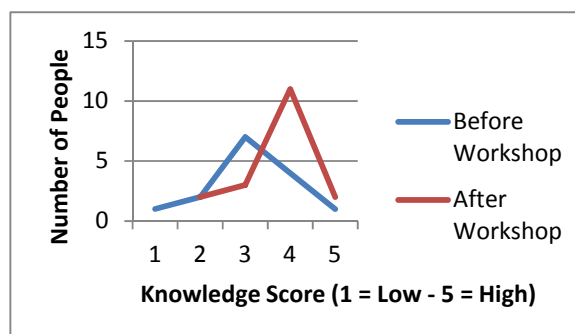
Q1. How much do you know about health conditions and services available to you?

	1	2	3	4	5	Rating
Before	1	8	5	4		48
After	1	2	5	9	1	61



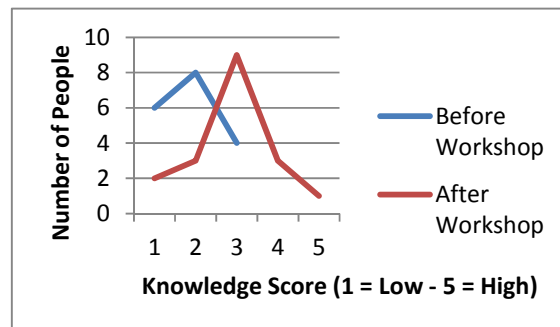
Q2. How confident are you to ask for information?

	1	2	3	4	5	Rating
Before	1	2	7	4	1	47
After		2	3	11	2	79

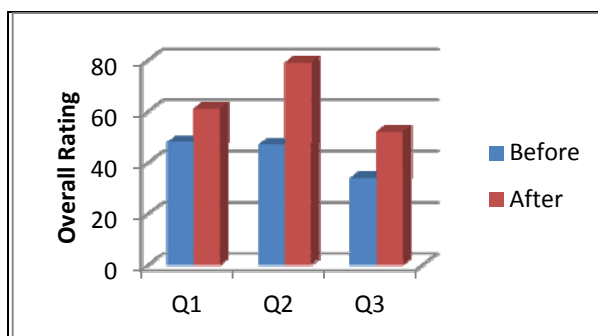


Q3. Do you think health professionals are aware of D/deaf issues?

	1	2	3	4	5	Rating
Before	6	8	4			34
After	2	3	9	3	1	52



Overall Ratings:



Example of Comments from service users who have attended:

" I am now a member of my GP's PPG (Patient Participation Group), this would never have happened without the HAnD project. I didn't know what a PPG was before, now I have a voice and can help to influence change".

"The HAnD project needs to continue so we can learn more about the signs and symptoms of different illness, spot the warning signs and get more advice."

"Before this project we didn't have access to the sort of information we get now. The number of different workshops we have had has given us an understanding of medical conditions we never had before. The impact of presentations from cancer survivors provided us with information we will never forget"

## Professional Volunteer Scores and Ratings

Q1. How much do you know about deafness and issues faced by D/deaf people?

Knowledge	1	2	3	4	5	Rating
Before		2				4
After			2			6

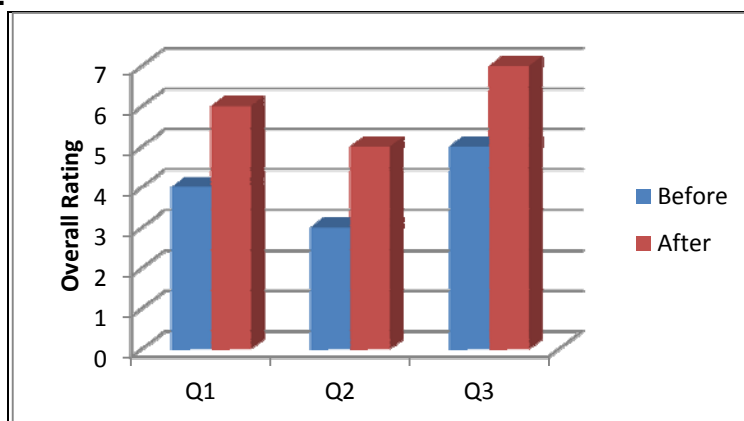
Q2. How confident are you in your ability to deal appropriately with D/deaf people?

Knowledge	1	2	3	4	5	Rating
Before	1	1				3
After		1	1			5

Q3. How well do you think your service caters for the needs of D/deaf people?

Knowledge	1	2	3	4	5	Rating
Before		1	1			5
After			1	1		7

### Overall Ratings:



### Example of Comments from Professional Volunteers:

" I knew from some earlier pieces of work I had done that engagement with the D/deaf community was quite difficult. I put this down to not having the material in the most appropriate format and the subject being quite sensitive i.e. Cancer. I have since learned that engagement with the D/deaf community is very difficult despite having the appropriate material. The experience has been a steep learning curve"

"You can read volumes about deafness, D/deaf Culture and D/deaf people but until you have met and consulted with them you have no idea what the issues are"

## Conclusions

The available data and the feedback about the HAnD project has been reviewed by the same panel of staff members, detailed on page 31:

Review Panel Members:

Toni Ives	Support Worker
Amy Lacamp	Administrator
Marion Murphy	Health Advocate & HAnD Project Co-ordinator
Gill Reeder	Executive of Operations
Debi Shackley	Quality Systems Officer

It was agreed that the information provides a comprehensive overview of the project and what it is hoping to achieve.

We were pleased to note that the attendance figures for the majority of workshops were within the targets set at the beginning of the project.

When we considered possible reasons for some of the workshops not being as well attended as others, we realised that the timing is crucial. Some people might have had difficulties attending workshops held during summer months, when they 'clashed' with annual holidays and/or meant people had problems finding childcare whilst their children were off school.

We discussed how and where the workshops are advertised and whether there are any further incentives we could offer, that might encourage a wider variety of people to attend. In addition to currently providing a free lunch and offering help with transport if needed, we found it difficult to suggest many alternatives that could be managed within the constraints of the budget.

There was some discussion about the type of feedback collected and why the feedback forms, completed at the end of each workshop, were not suitable to measure the impact of the workshops.

We discussed how these forms might be adapted, to incorporate questions that would give us the type of data that can be measured. This would avoid us having to ask people to complete a separate form at a later date, which would also help us to capture measurable feedback from the professionals involved.

It was acknowledged that this project has helped us to raise awareness of D/deaf issues amongst professionals and this is something we might be able to take forward e.g. providing Deaf Awareness Training to GP Surgery staff.

We also noted that service user involvement in their PPG could have wider implications as this enables a Deaf person to have input into the potential influencing of decision makers.

## Environmental Impact

We consider our Corporate Social Responsibility in all that we do and through the implementation of our Environmental Management System (EMS), we take a socially responsible approach to reducing our impact on the environment.

During the last year we have made a number of changes and introduced various environmental initiatives, to help us reduce our Carbon Footprint and operate in a more sustainable way, such as:

- Identifying a list of our 'preferred' suppliers who operate an EMS themselves and using these where practical.
- Wherever possible we use suppliers who operate within a set geographical radius of our offices, promoting local businesses and economy and reducing transportation.
- Maintaining good practices to reduce the risk of polluting our surrounding environment, directly or indirectly affecting our neighbours and the wider public.
- Actively educating and encouraging staff in good environmental practices and ways in which our environmental impact can be reduced, alongside cost saving methods.
- Following our waste management hierarchy, reallocating serviceable goods that we no longer need to local charities and/or individuals.
- Continuing to monitor and improve our EMS in a way that supports us to maintain economical stability, allowing us to continue to operate as an employer of local people.

We celebrate where we have had a positive social or environmental impact, to encourage others to take positive action and where we are responsible for a negative impact, we take steps to respond to this.

In October 2012 we were pleased to be awarded a 3 star logo following our assessment against the Acorn BS 8555 standard, which is a phased approach towards the international standard for environmental management ISO 140001.



The actions we have taken and the systems we have put in place in order to reduce our environmental impact, were checked by the Assessor over a two day period. We were able to demonstrate how we have made improvements in a number of areas including:

- Boilers replaced by more energy efficient models
- Energy supplies switched to 'green' energy providers
- PIR lighting fitted in communal areas
- Smart Drive / Fuel Efficiency training provided to staff
- Office printers set to duplex printing as default

We found the assessment process very useful as it confirmed that many of the initiatives we have taken are already having a positive impact. It also helped us to identify further actions we could take and how we could improve the systems we have in place.

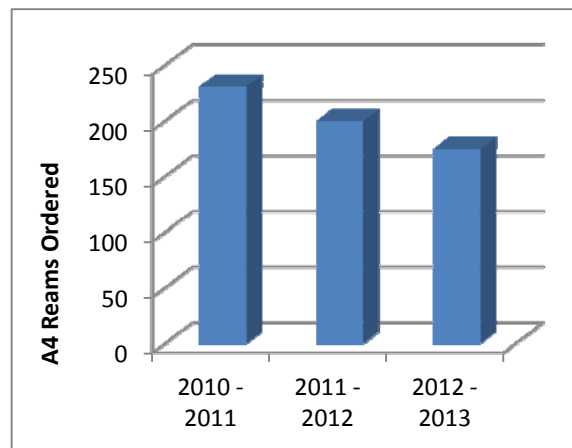
We have incorporated environmental responsibility into the Strategic Themes of our five year plan for 2012 - 2017 and in order to maintain awareness of our commitment, we continue to include an EMS update on the agenda at all of our Staff Development Days, which take place twice a year.

Increased use of our database by staff and a rise in the number of files we hold electronically, has helped us to continue reducing the amount of paper we use:

	A4 Reams	Annual Reduction
2010 - 2011	231	
2011 - 2012	200	13.4 %*
2012 - 2013	175	12.5 %

Overall reduction from April 2010 to March 2013 = 24.2%\*

\* approximate figure



All of our utility supplies have now been replaced and are being sourced from 'Green' energy providers. One of our EMS goals is to reduce the amount of energy we use.

We have installed Smart Meters that should allow us to obtain more accurate readings of our electricity usage and help us make comparisons in order to identify areas for potential improvement.

Unfortunately, there have been difficulties with some members of staff not remembering to obtain these readings on a regular basis and we have therefore been unable to collect sufficient data.

This has meant that many of the figures we have are estimated and/or worked out from the information in our utility bills. This hasn't enabled us to monitor our energy usage accurately and it is something that we will continue to address with staff, as they need to fully understand the implications of us not being able to do this.

On a more positive note, we continue to have fruit delivered to our offices by suppliers who are part of the Fruitful Office scheme. This means that in return for the number of fruit baskets delivered to us, the company commits to planting fruit trees in Africa. During 2012 – 2013 there have been 191 trees planted in Malawi on our behalf.



Our commitment to recycling continues and we have reallocated 64 items of furniture to members of staff for their own personal use, or to other charitable organisations and some have been given away through the Freecycle network.

*“ Dear Deafness Support Network, many thanks for the donation of some of your chairs, they have brightened up our outside teaching area (under a canopy). Prior to this, the chairs had dates on from the 1970's! These are much nicer. The children often do practical activities in this area and having appropriate chairs makes a big difference. The bigger chairs are scattered around school where needed and the blue colour fits in perfectly with the school colours. The deaf children working in the Deafbase at Thorn Grove Primary School will benefit from the chairs for many years to come, as will their hearing friends who work alongside them. Many thanks for your donation”.*

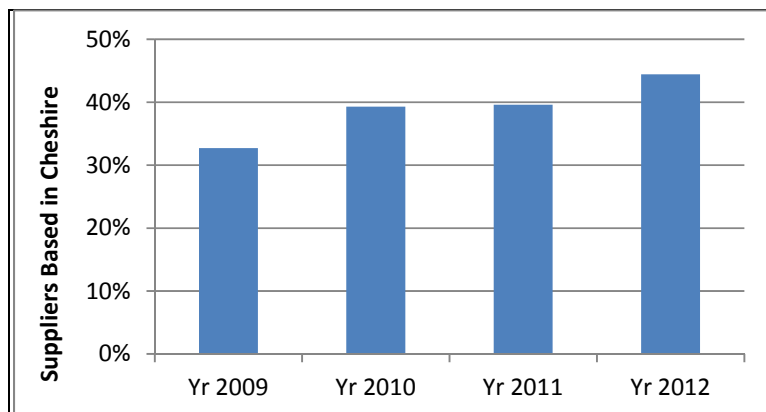
Unfortunately, we are unable to put a precise figure on the amount of our general waste that is recycled, as the report we receive from our Waste Management company only provides us with a % of the total amount of waste collected by them.

However, when comparing the figures against last year’s summary report we can see that in line with one of our EMS goals, we have managed to reduce the amount of waste collected from our organisation this year, whilst the Waste Management company has increased the average amount of waste being recycled.

	Waste collected from DSN; tonnes	Average Facility Recycling Rate	Non recyclable waste; tonnes
2011 – 2012	16.56	66.9%	5.48
2012 – 2013	13.34	76.4%	3.15

The total amount of waste we produced has reduced by approx. 19% from the previous year. The amount of non-recycled waste has reduced by approx 43%

We work within the guidelines of an Ethical Purchasing Policy and wherever possible, try to use local suppliers and contractors in order to reduce the distances required for deliveries. Approx 44% of our regular suppliers are now based in Cheshire, which is an improvement of 4% on the previous year.



## Economic Impact

The following information is based on figures available on 31<sup>st</sup> March 2013 and helps us to understand the economic impacts we have on our local community and beyond. Where possible we have made comparisons to the data we collected last year, to help us understand our performance and to identify if and/or where we have improved.

### GGHT Campaign

As previously explained on pages 33 and 34, the work we carried out on behalf of Golden Gates Housing Trust resulted in them benefitting from financial savings:

Total amount of financial efficiencies made through the campaign was £4,334.70

Total of potential annual savings made through the campaign could be up to £10,418 to £298,233

### Employment:

There are currently 74 employees at DSN, 45 Full Time and 29 Part Time.

Members of Staff	Number	Percentage
With some form of Hearing Loss	27	37%
Living in Cheshire East or Cheshire West & Chester	25	34%

Between 1<sup>st</sup> April 2012 and 31<sup>st</sup> March 2013 there were 4 part time positions created;

- Business Administration Apprentice
- Grant Monitoring Administrator
- Youth Worker (2 posts)

A total of £1,413,939 was paid in staff salaries, which is an increase of £29,500 on the amount paid last year, with add-on costs of approx £148,386.

We currently have 82 Volunteers registered and approx. £12,765 worth of Volunteer hours have been provided this year, based on the hourly rate (£7.50) we would normally pay for Agency staff. An addition value of £984 has been provided by the Professional Volunteers involved in our HAnD project.

A total of £60,144 worth of support to D/deaf members of DSN staff, has been provided by Personal Communication Assistants through Access to Work.

On behalf of Chester & District Society for Deaf People we have provided approx £1,800 worth of free administration support. This is based on the approx. number of hours provided, multiplied by the hourly rate of our staff who have been involved in support and attendance at meetings.

12 service users at our Supported Living Service have been involved in employment or voluntary work / work experience this year.

5 service users have been supported by our Outreach services to obtain employment.

### **Fund Raising:**

In addition to the total amount of £467,771 we received to provide services through Local Authority funding, applications to other potential funders has resulted in a further £64,548 being raised this year:

<b>Funder</b>	<b>Amount</b>
HSCVF	£19,027
Carers Break Fund	£12,268
Westminster Foundation	£2,500
Overton Trust	£500
Royal Masonic Trust	£14,958
Steven Gerrard foundation	£9,800
Coalfields Regeneration Trust	£2,800
Second Homes Tax Fund	£2,695

A variety of fund raising events have also taken place and in addition to the £12,260 raised at these events, an extra amount of £321.16 was received in Gift Aid.

### **Investment in Training:**

During the year DSN staff have attended a total of 27 charged training courses at a cost of £35,794 including:

- Chartered Institute of Management Accounts
- Chartered Institute of Personnel Development
- Equality & Diversity
- First Aid
- Health & Safety E-Learning
- Health & Social Care NVQ
- Management Training (e.g. Absence Management and Successful Recruitment)

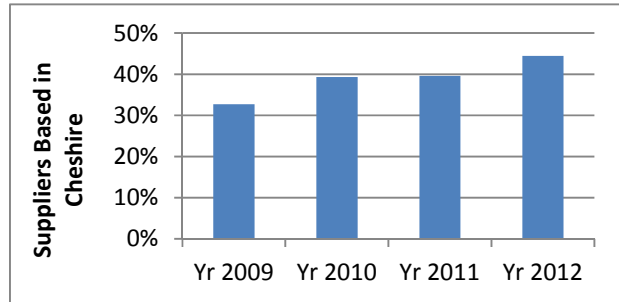
When dividing the total spent on training by the number of DSN employees, this shows that we have spent an approx. average of £483 per person

Staff have also attended further training provided free and/or in-house, including:

- Safeguarding (children & adults)
- Sign Language
- I.T. (DSN database and H.R. Net)

## Suppliers

As previously stated in the section titled *Environmental Impact* on page 49, we work within the guidelines of an Ethical Purchasing Policy and wherever possible, try to use local suppliers and contractors in order to reduce the distances required for deliveries. Approx 44% of our regular suppliers are now based in Cheshire, which is an improvement of 4% on the previous year.



Our policy of selecting goods and services from the local area whenever possible, has resulted in an approx. amount of £395,000 being spent with suppliers and contractors based within the Cheshire area.

## Travel

A saving of £95.00 was made as a result of staff car sharing to training and Staff Development Days this year.

This figure is lower than last year as we have held a number of training events at our own centres, where possible, which has reduced the amount of travelling to external venues.

A summary of our Financial Accounts is available showing the overall operating costs of the organisation and the amounts held in reserve.

*See Appendix 8*

**Recommended Actions:** (to be updated following Audit Panel)

Following a review of the data we have collected and the feedback we have received throughout the year, a summary has been forwarded to EMT and our Trustees with recommendation that the following actions be taken:

- Consider ways to involve Stakeholder groups that have not been included in previous feedback exercises; Regulatory Bodies and Suppliers.
- Look at how more Support Workers can make use of developments in technology, in order to improve efficiency, lower costs and reduce environmental impacts.
- Review the layout of reception areas to provide a private area for service users to discuss their queries.
- Revise the system for recording of visitors to ensure consistent data collection by all Front of House staff.
- Review feedback questions and try to ensure responses can be measured for useful evaluation
- Explore the potential to provide Deaf Awareness training to GP Surgery staff

Additional actions have been identified during our Social Accounting Audit:

- Develop longer term follow up for HAnD project
- Research where people get information on DSN activities from
- Expand stakeholder map to include analysis of key stakeholders and influencers
- Investigate possibility of benchmarking (some) services with similar providers
- Use more trend data – will have 3 years' data next year so trends will become interesting
- Try an analysis of suppliers on carbon footprint and LM3 basis

Any actions we take and/or changes we make as a result of the feedback we received, will be communicated to service users and other stakeholders and published on our website.

## **Appendices**

Appendix 1	Towards 2017
Appendix 2	Stakeholder List
Appendix 3	Equality & Diversity Booklet
Appendix 4	Team Activity Worksheet
Appendix 5	2011-2012 Service Data (for comparison)
Appendix 6	Evaluation Questionnaires
Appendix 7	Feedback Summaries
Appendix 8	Financial Summary



**SOCIAL AUDIT STATEMENT:** Deafness Support Network August 2013

The Social Audit Panel has examined the draft Social Accounts submitted to us and discussed them in detail with Debra Shackley and Bob Birchall of Deafness Support Network at the Social Audit Panel meeting held on 14 August 2013. I have examined the revised Social Accounts written at Basic level which were prepared following the Social Audit Panel meeting and which have taken into account various points identified in the notes\* of the Social Audit Panel Meeting. We also examined a sample of the data and the sources of information on which the Social Accounts have been based.

We believe that the process outlined above has given us sufficient information on which to base our opinion.

We are satisfied that, given the scope of the social accounting explained in the revised draft and given the limitations of time available to us, the Social Accounts are free from material mis-statement and present a fair and balanced view of the performance and impact of Deafness Support Network as measured against its stated values and objectives and the views of the stakeholders who were consulted.

In the notes of the Social Audit Panel meeting we identified a number of important issues to be taken into consideration during the next social audit cycle. In particular we would refer to those items in the 'Recommended Actions' section of the Social Accounts

The members of the Social Audit Panel were:

- a) Rebecca Patel (NHS Cheshire East Clinical Commissioning Group)
- b) Alex Grimshaw (Cheshire East Council Strategic Commissioning)
- c) Bill Taylor (Chair) Taylor Armit Consulting Ltd.

Signed:   
Chair of the Social Audit Panel

Dated: 27 August 2013

\* The notes of the Social Audit Panel meeting form part of the social accounting and auditing process and may, by arrangement, be inspected along with the full social accounts at the offices of (name of organisation) at (address of organisation). Members of the Social Audit Panel have acted in an individual capacity.