OLDER PEOPLE WITH DUAL SENSORY LOSS AWARENESS RAISING PROJECT PROJECT BASELINE REPORT 2014

Introduction

Sense is currently running a project funded by the Department of Health's Innovation, Excellence and Strategic Development (IESD) fund, which seeks to share Sense's knowledge about age-related sight and hearing loss with health and social care professionals. The main project outcomes are:

- Older people with hearing and sight problems will be able to choose the care and support that's right for them using information and advice produced by Sense.
- Families and professional care providers will be able to spot the signs of hearing and sight problems in older people and identify ways to help them to make the most of their senses.
- Health and social care providers, commissioners and regulators are better informed about the benefits of early recognition of hearing and sight loss in older people.

As part of the early stages of this project Sense sought to increase their understanding about the current knowledge and provision in local authorities, clinical commissioning groups (CCGs), Health and Wellbeing boards (HWB) and Care providers across England through project baseline questionnaires.

Method

Questionnaires were sent out to all CCGs, Local Authorities and HWB in England. In approximately 20 cases no contact details could be found, or emails were returned due to contact details being incorrect. Questionnaires were also sent out to 13,000 care homes in the UK to the following larger care providers; Anchor, Barchester, Four Seasons, Care UK, MCH, and BUPA.

Different questionnaires were sent out to the different audiences, however each contained similar questions, which asked for predominantly yes/no/don't know responses to questions about the awareness and knowledge of local staff as to the needs of older people with dual sensory loss in their area. Questionnaires were focused on individuals responsible for the commissioning or support of generic older people's services not specialist sensory loss workers, and care service managers or regional managers in the case of care setting.

The same questionnaires will then be used at the end of the project (July 2015 approx) to establish whether there is an increase in knowledge and good practice.

It is important to note the findings of these questionnaires will only be used as a project baseline, as there are clear limitations to the method including the fact that respondents are more likely to be those who already have a knowledge and interest in the area of sensory loss, as opposed to those who

have little or no knowledge. Where localised interventions are made, or training is delivered further monitoring will be undertaken to look at journeys taken from start to finish.

Results

Local Authorities

114 responses were received from Local Authorities in England, 96 of which indicated which local authority they were from. 93.8% of respondents said their roles related directly to the commissioning of older peoples services, and so from this we can assume that the majority of respondents were from the questionnaire's intended audience. 98.5% of respondents said they were already aware of the terminology 'deafblind' or 'dual sensory loss', with a slightly lower percentage (89.4%) aware of the legal responsibilities under the deafblind guidance[1] to ensure deafblind people receive the services and support they require from the local authority.

However, when questions moved on to ask whether all staff working with older people (either employed by the local authority or employed by providers commissioned by the local authority) were working to identify and act upon early signs of dual sensory loss in the older people they support, the percentages were much lower with only 45.5% saying yes, 21.2% saying no and the remainder not knowing. Furthermore, when asked if frontline staff were suitably trained to meet the needs of older people with dual sensory loss only 39.4% said yes, 16.7% said no, with the remainder not knowing. The high number of 'don't know' answers would suggest that commissioners do not make either of these things a requirement of services working with older people.

86.4% of respondents said that individuals with dual sensory loss would be able to access consultation and engagement activities.

The high percentage of positive responses in the more general questions such as awareness of terminology and legal responsibilities, in comparison to lower levels of knowledge in specifics, could indicate that although commissioners may be aware of deafblind older people they are not necessarily monitoring whether they are supported on the ground. Although as this is just a project baseline study with limitations, more research would need to be done to explore this idea further.

The positive responses from local authorities were welcomed; although possibly indicating that those who responded to the questionnaire are those who already have some knowledge or interest in this field. An increase in respondents at the end of the project itself could indicate an increased awareness level, as well as a change in patterns of knowledge around the specifics of practice in this area.

[1] Social Care for Deafblind Children and Adults LAC(DH) 2009(6), more information available at http://www.sense.org.uk/content/deafblind-guidance

CCGs
30 responses were received from CCGs in England; however only 13 of respondents actually completed the questionnaire, the remainder skipped all questions. Of the 13 who answered 100% said they were aware of the term 'dual sensory loss' or 'deafblind', strongly indicating that all those completing the questionnaire already have a knowledge and/or interest in this area. Following on from this 84.6% said older people in their area had dual sensory loss, but only 7.7% said this was included in Joint Strategic Needs Assessments (JSNA). Again much lower numbers felt that services were working to identify and act upon early signs of hearing and vision loss in their patients (46.2%), 38.5% didn't know, and over 50% didn't know if staff received training to equip them to do this.

It is not unexpected that we received a low number of responses from CCGs as they are still in the early stages of their lives, and in understanding their roles (as are we in our understanding of them). An indicator of improved knowledge and understanding across the project, would be an increased number of responses as well as an increased number of them including sensory loss and dual sensory loss in particular in JSNAs.

Health and Wellbeing Boards
Only 11 responses were received from Health and Wellbeing boards in England, and again overall responses were positive with 81.8% percent of respondents stating they were aware of terminology and acknowledging that older people in their area have dual sensory loss. However, less than half of respondents said that this was acknowledged in their local area JSNAs and only 36.4% of respondents saying that their needs were represented on the health and wellbeing boards.

The low level of responses could indicate a lack of understanding of this area, but also reflects the early stage they are in, in imbedding themselves in to local practice. Again we would be looking for an increase in respondents, and also the inclusion of dual sensory loss in JSNAs and the needs of people with dual sensory loss being better represented on health and wellbeing boards.

Care Providers
261 responses were received from care providers; some from individual home managers and others from regional offices. 77.6% of respondents provided residential care, which was the focus of this questionnaire. 95.8% of respondents said they were aware of the term dual sensory loss, however only 39.8% thought that anyone in their services had dual sensory loss. This indicates that although they may be aware of the term they may well not be aware of the signs and different presentations of this condition, these findings are reflected by research carried out by Sense into care homes in Birmingham[2]. In spite of just over 60% saying no one in their services has a

[2] The Identification and Assessment of the Needs of Older People with Combined Hearing and Sight Loss in Residential Homes, Pavey *et al,* 2012.
http://www.sense.org.uk/sites/default/files/BUPA%20_final_report_March_2012.doc

dual sensory loss, 95.4% of respondents did say they work to identify and act upon early signs of hearing and vision loss in the people they support, and 98.5% saying this information would be recorded in care plans. However, 57.5% of respondents admit that staff are not adequately trained to support individuals with sight and hearing loss.

Conclusion

Overall those who responded to the questionnaire seemed to be aware that older people can experience combined difficulties with hearing and vision loss. However, across the board there was less knowledge about what training and support staff have in working to identify and support older people with dual sensory loss affectively. It would also be great to see more inclusion of dual sensory loss in JSNAs.

When we repeat questionnaires in July 2015 to measure the success of the project, we will be looking for an increased number of respondents which would indicate an increased level of awareness of dual sensory loss in older people generally. However in those who responded to the initial questionnaire we would be looking for an increase in positive responses around the inclusion of the needs of older people with dual sensory loss in JSNAs and also an increase in adequate training and support for front line staff working with older people directly.

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