

AN EVALUATION OF THE IMPACT OF SIGHT AND HEARING SUPPORT SERVICES: WESTERN ISLES SENSORY PROJECT

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The views expressed in this report are those of the researchers and do not necessarily reflect those of the Western Isles Sensory Centre.

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1. Executive Summary

This report presents an evaluation of the Western Isles Sensory Centre (WISC). The Centre provides advice, assessment, referrals and practical interventions to people with sensory impairments who live in the Western Isles. The report details the evaluation findings from a survey and in-depth interviews carried out with WISC clients and their carers. Client's views and experience of the service offered by the WISC was explored initially by the use of a postal survey (n=49). Following this, a number of in-depth interviews (n=12) were conducted with clients that further explored the impact that attending the Centre had on their impairment.

The views of WISC staff who support service provision for people with sensory impairments were also sought. Additionally, perspectives about the service were sought from health, social care and third sector professionals who are involved in the care and support of people with sensory impairments.

Summary of the key findings:

- The overall evaluation of the WISC by clients who accessed the service was very positive with 89% rating the service as either excellent or good.
- The service offered by the WISC helped to enhance aspects of people's lives including improving their ability to participate in social interactions, enhanced functional ability and an increased sense of personal safety.
- Suggestion for enhanced service delivery from the WISC included hearing aid checks and repairs.
- The level of community awareness about the local provision of service in the Western Isles was variable.
- The level of awareness amongst health and social care professionals about the WISC and the services it offers was inconsistent and ranged from good to limited awareness.
- Referral pathways for clients from the WISC to other services were effective.
- Referrals from other services for potential clients to the WISC were mainly informal where they occurred.
- The importance of providing a locally based service in the Western Isles for people with sensory impairments was stressed by most of the study participants.

2. Terms of Reference

2.1 Commissioning

This evaluation was commissioned and funded by the Western Isles Sensory Centre. However, the evaluation data and views expressed in this document is the work of the authors and does not necessarily represent the views of the service providers.

Throughout this report we use the term '*people with hearing impairment*' to refer to all levels of hearing impairment and '*people with visual impairment*' to refer to all levels of visual impairment.

2.2 Evaluation of the Western Isles Sensory Centre (WISC)

Access to information and local services has been recommended by the Scottish Government as one important aspect of service provision to support people with sensory impairments¹. The Scottish Government has funded a one stop pilot for sensory services in the Western Isles. Sight Action has worked alongside NHS Western Isles, Comhairle nan Eilean Siar and other partners to develop a service to support people with hearing and visual impairment in the Western Isles. The Western Isles Sensory Centre (WISC) opened its doors in 2011 and the Centre has provided a support service for people with visual and hearing impairment since then.

The purpose of the WISC is to offer advice and information covering a wide range of issues surrounding sensory impairment. Specifically the WISC aim to:

- Develop sustainable, effective, equitable and sensitive services to meet the needs of visually and/or hearing impaired people
- Ensure that there is equity of provision irrespective of where people live
- Ensure consistency and continuity of service quality and delivery

In order to achieve its core aims, the WISC strives to:

- Increase the number who access the resource Centre in the Western Isles
- Increase the number of individuals who receive visual and hearing assessment including those who have experienced a combination of sight and hearing impairment
- Increase the detection of problems, especially those impacting significantly on a person's life
- Increase the number of individuals who access supportive training and information
- Ensure appropriate and adequate follow-up for those people who have identified problems
- Provide individuals with the tools to enable self assessment, recognise warning signs and react effectively to problems

¹ Scottish Government (2004) Community Care Services for Adults with a Sensory Impairment: An Action Plan <http://www.scotland.gov.uk/Publications/2004/01/18720/31442>

- To maintain independent living as safely as possible

The purpose of this project was to evaluate the reach and accessibility of the service as well as the perception of service provision.

3. Evaluation methods

3.1 Process and outcome evaluation

Following a review of the Centre's aims and in discussion with the service provider, two complementary evaluations were undertaken within the first year of the service opening:

1. A process evaluation to assess level of service provision and access to the service
2. An outcome evaluation to assess whether the key aims of the service are being met

Both quantitative and qualitative methods were used to obtain data to meet the objectives of the evaluation. In order to maximise resources, data collection for both process and outcome evaluations were obtained concurrently. The main data collection methods were:

1. Routinely collected centre data
2. Postal survey of clients
3. Individual interviews with clients (n=12)
4. Focus group interview with WISC staff
5. Individual interviews with health, social and third sector professionals (N=7).

Interviews were conducted with:

*Hospital senior charge nurse (HSCN); Community senior charge nurse (CSCN)
Social care assessor(SCA); Community alarm provider
Occupational therapist (OT); Audiologist; General Practitioner*

3.2 The survey instrument

The survey used was developed by the research team and was presented in a format suitable for those with sensory impairment (appendix 1). Respondents who were visually impaired did sometimes get someone else to complete the survey for them.

The survey contained 13 questions, 10 of which had a response option (including 'other').

Data collected included:

- Demographics – age, gender, locality
- The main reason the client attended the centre – visual problems, hearing problems, visual and hearing problems
- Awareness and knowledge of the centre
- Who referred clients to the centre
- What impact (if any) was there for those attending the centre
- What was the clients assessment of the centre

The survey also contained space for respondents to enter free text.

The survey was disseminated by both the WISC Staff and research team to clients when they either attended the Centre in person or phoned the Centre for advice. Clients were asked to return the survey in a stamped addressed envelope provided. All clients were asked if they were willing to participate in face to face or telephone interviews to gain a deeper understanding of their experience of the service they had received from the Sensory Project.

All data was imported into SPSS™ for data analysis. Due to the number of respondents, descriptive statistics only were conducted.

3.3 Individual interviews with service users

The interviews expanded on the information from the survey and provided depth of context and clarification of issues as necessary. A purposeful sample of 12 respondents was selected from those who responded so that there was representation from across the Western Isles, and of people with, visual; hearing; or visual and hearing impairments. The interviews lasted between 20-35 minutes. Clients were asked about their experiences of sensory impairment and the impact of service input from the WISC (Appendix 2).

3.4 Focus group interviews

Focus group interviews with WISC staff were conducted to obtain perspectives on service provision and organisation (Appendix 3).

3.5 Individual interviews with health, social and third sector care staff

Individual interviews with health, social and third sector care professionals sought information on their awareness and use of the service (Appendix 4). Additionally suggestions were made for service enhancement. A representative sample was obtained for the interviews (n=7).

Informed consent was obtained either prior to all interviews, or verbally (and recorded) at the time of the interview. The in-depth telephone interviews were audio-recorded and transcribed and analysis facilitated by use of NVivo™. Analysis was guided by the aims of the Centre but open coding also allowed for new themes to emerge.

3.6 Ethical approval

The evaluation received ethical approval from the School of Nursing, Midwifery & Health (University of Stirling) Ethics Committee. All research is required to seek clearance from the School Ethics Committee, which complies with the requirements of the ESRC (Economic and Social Research Council) Research Ethics Framework. The Committee includes an independent Chair and lay representation. Details of the procedures are available at <http://www.dass.stir.ac.uk/research/ethics/>

3.7 Confidentiality and anonymity

Confidentiality and anonymity was maintained throughout the evaluation. For the survey, all data was anonymised. For the qualitative interviews, any quotes used in reports and publications are not attributable to any individual participant. Transcribers employed on the project were required to observe confidentiality.

3.8 Data Handling

We fully complied with the terms of the Data Protection Act 1998. All data was held on a secure, password protected University computer. The analysis took place on University of Stirling computers. Both the survey data and the qualitative data will be retained in a secure archive setting for 6 years to facilitate future analysis and publication of the study material.

4. Findings

4.1 Overview of survey participants

A total of 106 surveys were sent or given to clients who had used the Sensory Project Centre. Of these, 49 surveys were returned (46%) however two of these had no questions answered so were therefore excluded from any further analysis.

The age and gender of the participants is detailed in Table 1. There was a slightly higher proportion of women in the sample but the mean age of both groups was similar.

Table 1: Age and Gender of Sample

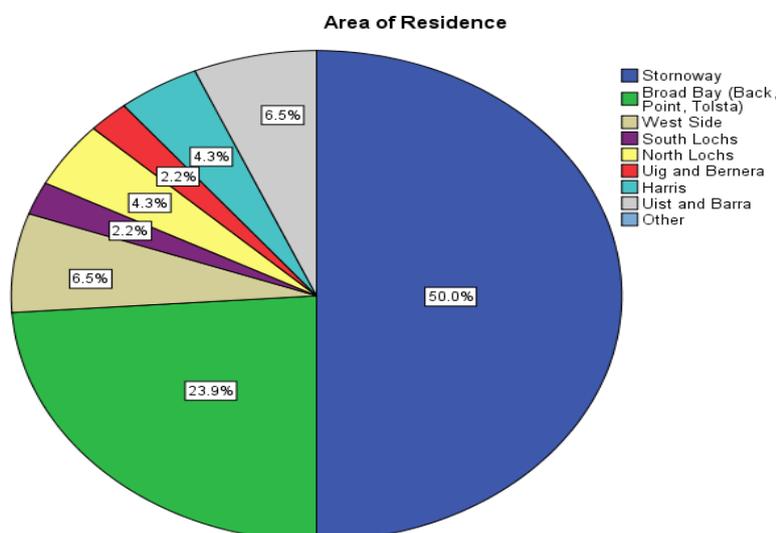
Gender	n (%)	Age (mean), SD (range)
No response	2 (4.3)	
Male	18 (38.3)	69.6, 13.9 (30-90)*
Female	27 (57.4)	71.4, 14.9 (37-90)
Total Sample	47 (100)	70.0, 14.4 (30-90)

* Note: 1 male participant did not provide his age

4.2 Locality of respondents

Half of the participants who responded to the survey resided in Stornoway. However, it is important to note that the service was accessed by clients from many of the surrounding areas (figure 1).

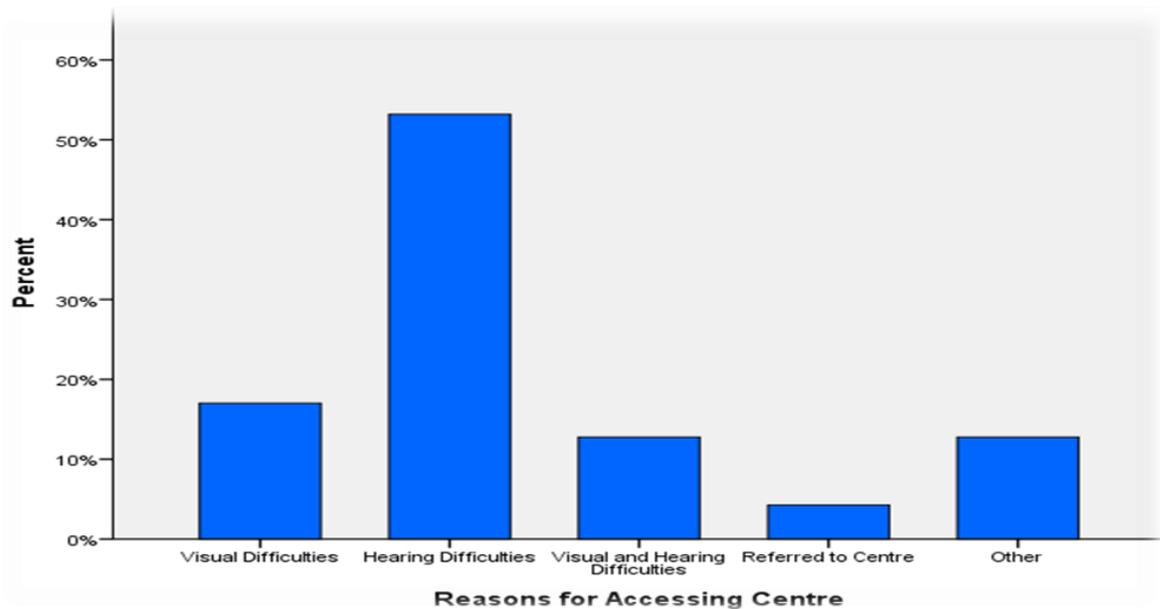
Figure 1: Place of Residence



4.3 Main reasons given for accessing the WISC

Clients were asked to provide the main reason for them attending the Centre. For the majority of clients surveyed this was due to hearing difficulties (n=25, 53.2%), followed by visual problems (n=8, 17%) or both hearing and visual problems (n=6, 12.8%) (Figure 2).

Figure 2: Main reason for attending WISC



4.4 The impact of sensory impairment

Interviewees provided a more in-depth explanation of the impact that sensory impairment had on their lives which led them to seek advice and help. Hearing impairment compromised people's ability to carry out their jobs when phone communication was an essential component of their work. Telephone conversations were problematic as sound could not be heard or was distorted. This meant that phone conversations were mis-heard or avoided completely. The frustration that this caused was evident,

"I can't hear the phone at work, I can't answer it when it rings and hear who is speaking"

"I can hear the voices but can't distinguish the words; I cannot understand and end up hanging up"

Difficulties hearing doorbells meant that people missed callers or restricted their movements in the home and garden when they did expect someone to call. The inability to hear alarm clocks led to concerns of being late for work and other appointments, while inability to hear smoke detectors caused significant anxiety with people about their personal safety in their own home.

Interviewees also spoke of the sense of isolation that could be experienced when others were unaware of their hearing impairment. They indicated how cumulative challenges of hearing impairment were having a negative effect on their general well-being.

"I am gregarious but with poor hearing, it isolates you and you beginning to get a bit tired of saying 'pardon, what did you say?'...I think most people close in on themselves, they don't relate"

"I suppose it is well recognised that deaf people get depressed and their deafness just gets on top of them"

Interviewees also spoke of both the concern and frustration that was experienced by their families as a result of their impairment. For example, concerns included the person's inability to hear the phone ringing and activated alarms, while frustration was expressed when televisions were listened to at high volume and hearing aids were ineffective or not worn at all.

All the health and social care professionals interviewed described regular encounters with people with sensory impairments, although this may not normally have been the primary reason for a consultation. There was consensus that professionals were mostly aware of people with hearing impairments, and estimates ranged from 50% (CSCN) to 70% (SCA) of patients or clients, estimates for visual impairments were lower (20%). There was considerable awareness amongst professionals of the life limiting effects of sensory impairments and examples were provided where patients or clients had significantly altered lives as a result.

4.5 Seeking support

One notable issue that emerged from the study concerned the perceptions of the interviewees regarding attitudes they had encountered from other people with sensory impairment but, they suggested seemed reluctant to access further help or support. For example, one participant described how they had tried to promote awareness of the WISC with a friend but had come up against a 'brick wall' as their friends' medical intervention had ended and the friend decided that 'nothing else could be done'. Another participant suggested that at times from other people he experienced of a sense of fatalism about sensory decline, and that people assumed that "deafness is one of those things and nothing can be done". WISC staff also described situations when people had hearing aids but had not bothered using them since they had been fitted. Interestingly, throughout the interviews there were a number of references to hearing aids that 'sat in drawers'.

WISC staff also highlighted problems they had encountered as individuals who were socially isolated were at times the people that were more unlikely to contact others for help, consequently exacerbating their degree of social isolation. Health and social care professionals also suggested that people they had cared for with sensory impairments could

also be reticent about seeking further support. One CSCN noted the difficulty in getting older people to work with outside agencies. There was also recognition that it was important to provide people with the information so they could make informed decisions about accessing the service, for example one professional noted,

“ It’s not about forcing a bit of equipment on people, but it is letting them know they are there, and that it should not be the isolating condition it once was”.

In summary, people who experienced sensory impairment provided some insight into the impact that hearing or vision impairment has on their lives. Different levels of functional ability could interfere with the execution of everyday tasks; the experience of isolation, compromised safety, impairment of confidence and self-esteem as well as the negative impact on work and social life was evident. Additionally both clients and professionals were aware of people with sensory impairments who were disinclined or reluctant to seek further assistance for their impairment.

4.6 Access and contact with WISC

4.6.1 Service awareness

Clients became aware of the WISC through a variety of sources which are detailed in Table 2.

Table 2: Awareness of WISC

Awareness of Centre	N (%)
Adverts in media	8 (24.2)
Friends and Family	7 (21.2)
HP's	7 (21.2)
Social Care Professionals	5 (15.2)
Referred	1 (3.0)
Other	5 (15.2)
Total	33 (100)

When service awareness was explored with interview participants there were varied responses about how the service was first accessed. Although four of the interviewees had noted articles in the Stornoway Gazette, the majority had not been aware of local publicity about the service, either in the newspaper or through other local sources. It is noteworthy that two of the respondents had not known about the service despite having accessed deaf services for a number of years. Initial contact with the Centre was mainly initiated by referral or by word of mouth, the latter proved to be an important means of raising awareness of the

Centre, and this was also confirmed by WISC staff. This is probably not surprising given the nature of the small community within which the Centre is situated.

“It was her sister that heard about it, she got a new door bell...so I went down to see what could be done for my mother”

“I can’t remember the exact date, but it was through a conversation with a friend who was hard of hearing and he mentioned the place on Point Street, which I had no idea of”

Importantly, there was a mixed level of awareness by the health and social care professionals interviewed about the WISC and the services it offers. Professionals who had direct contact with the service, such as the Community alarms co-ordinator, Occupational Therapy (OT) and audiology were most aware of the extent and range of services on offer. It is worth noting that both OT and audiology have started to run weekly clinics from the Centre. There was a much lower level of service awareness with healthcare professionals. For example, there was more limited knowledge about the WISC from nurse’s interviewed.

4.6.2 Referring to the WISC

Clients were referred or were made aware of WISC via a variety of sources, detailed in Table 3.

Table 3: Referral Sources

Referral Sources	N (%)
Family	3 (6.4)
Employer	1 (2.1)
Rehabilitation Officer	1 (2.1)
Social Worker	2 (4.3)
Doctor	2 (4.3)
Occupational Health	4 (8.5)
Optician	1 (2.1)
Audiology Dept	1 (2.1)

In addition to sources identified by service users listed in Table 3, WISC staff also identified further referral sources that included the fire safety officer and FAIRE (community alarm service). WISC staff confirmed that referrals were important for initiating the initial contact with clients.

Consistent with survey responses, there were only a few examples of referrals from health or social care professionals, however as no formal processes existed for referrals this was not surprising. Examples were provided from health and social care where patients and clients were verbally informed about the Centre or were provided with leaflets about the services offered. However, information was not consistently provided and at times no information was passed on about the service. Reasons cited for this mainly related to lack of knowledge about the service the WISC provided locally in the Western Isles. Additionally, although

there was some awareness of the Centre offering support for people with hearing impairments, there was more limited awareness of the support available for visual impairment. People who were registered with low vision continued to be referred to Sight Action based in Inverness, either as an outcome of their consultant appointment or were made aware of that service through Sight Action literature available in Out Patient waiting rooms at the Western Isles Hospital. No information was available about the WISC was available in the Out Patient Department.

4.6.3 Centre Access

The majority of clients accessed the Centre in person (n=35, 74.5%) however, a small number received advice over the phone (n=7, 14.9%).

Clients were asked if they had experienced any difficulties accessing the Centre and approximately 10% indicated that they had. Reasons included lack of visible signage around the Centre, having to cross a busy road to access the Centre and the Centre being situated in an area in town where there was more limited pedestrian traffic. Lack of Centre visibility was also highlighted by health and social care professionals as a constraint.

However, despite some access difficulties there was recognition by clients and professionals that having a Centre separate from the hospital and other healthcare services was beneficial as it provided a less formal environment to access services and also de-medicalises the impact of impairment. People could 'drop in' to the Centre for advice and did not require appointments to do so.

WISC staff do carry out assessments in peoples' homes and will follow through with support with equipment use as required. This aspect of service use was particularly valued by people who were housebound or who found it difficult to travel in to Stornoway. Furthermore, there was recognition that home assessments provided a more realistic picture of the clients' impairment and the environmental aids that they may then require.

4.7 Service provision

4.7.1 Satisfaction with service

WISC staff were highly regarded by all interviewees who commented on the welcoming atmosphere in the Centre and the helpful responses and support that they received. Importantly, they valued the expert knowledge and advice available which they suggested had not always been provided by health professionals.

"It is difficult to explain but it is a joy to go in...one automatically thinks you are talking to empathetic people who understand where you are coming from...it was a good place to go and that is something that I have found ever since"

"I have tunnel vision – was seeing my doctor and although helpful and sympathetic were not the experts...they really understood the implications of my sight problem"

The WISC was accessed for a range of reasons including information, equipment support, and advice regarding other services. Clients were asked specifically to rate from ‘very well’ to ‘very poorly’ the service they received from the Centre on three areas and these are shown in Table 4.

Table 4: Satisfaction with area of service delivery

	Very Well N (%)	Well N (%)	Poor N (%)	Very poorly N (%)	Did not have this need N (%)
Need for Information/Advice	41 (87.2)	6 (12.8)	-	-	-
Need for equipment	35 (74.5)	5 (10.6)	1 (2.1)	1 (2.1)	3 (6.4)
Need for referral to other services	23 (48.9)	2 (4.3)	1 (2.1)	1 (2.1)	17 (36.2)

Some of the interviewees accessed the Centre on repeated occasions, particularly to acquire hearing aid batteries and used the opportunities these visits provided to update themselves on equipment and services. WISC staff also noted that following initial visits clients often returned to the Centre for additional support and advice,

“My eyesight is getting worse...it is nice to know that there is somewhere I can go to get advice”

4.7.2 Assessment

Repsondents and interviewees reported that Centre staff carried out a detailed assessment and thorough review of their needs. Additionally, advice, information and training in independent living skills, getting around safely and strategies to support communication were identified.

“I recognised that I had other living requirements but did not know where to go”

“They carried out a detailed review of my case and referred me on to the hearing specialist for equipment one week after the appointment”

4.7.3 Equipment and adaptations

Interviewees identified a range of practical interventions offered by WISC staff that enhanced their functional ability and gave them the confidence to carry out daily living activities with increased safety and independence. Examples included provision of a range of

environmental aids, such as equipment for safely boiling water, using cookers and washing machines. Interviewees also discussed how equipment such as, magnifying glasses, talking clocks and improved lighting options had made a positive impact on their lives. Training was also provided in the use of all the equipment. Both the clients who accessed the service and the care professionals who had the most regular contact with it described a holistic approach to care whereby clients were not only provided with equipment but consideration was also given to their ability to use it.

Some interviewees were impressed at the range of services on offer and the extent of the support available for sensory and other functional problems that they had not previously been aware of. They were positive about the range of equipment on display and the opportunity provided to test the equipment on site or at home.

"I saw equipment that I did not know existed and I do intend to go back to see what they have"

"Checking phones and settings was important to see which one would work best"

Clients who had adapted smoke and heat alarms fitted in their homes were particularly appreciative of the improved degree of safety this provided for them and their families.

4.7.4 Referral to other services

Interviewees found that referral to other service providers was helpful, notably those which supplied specialised equipment, such as phone suppliers. This type of referral was particularly valued because people stated that they were given access to reputable companies who could provide objective advice and offer equipment for testing. This referral was viewed as an important aspect of the service provision particularly as examples were provided where people had independently sought advice from commercial organisations at significant expense to themselves and equipment sourced had not always been helpful. One of the professionals noted,

'the commanding advantage of the assessments carried out through WISC, not for commercial gain but because the equipment is suitable for the client'

Following assessment, interviewees were referred to a number of different services for more detailed assessment and specialist input. Referrals included audiology, Sight Action and to the fire safety officer. Interviewees indicated that they did not have to wait long for service referral.

4.7.5 Mobility training

One interviewee with visual impairment had received mobility training that helped them to

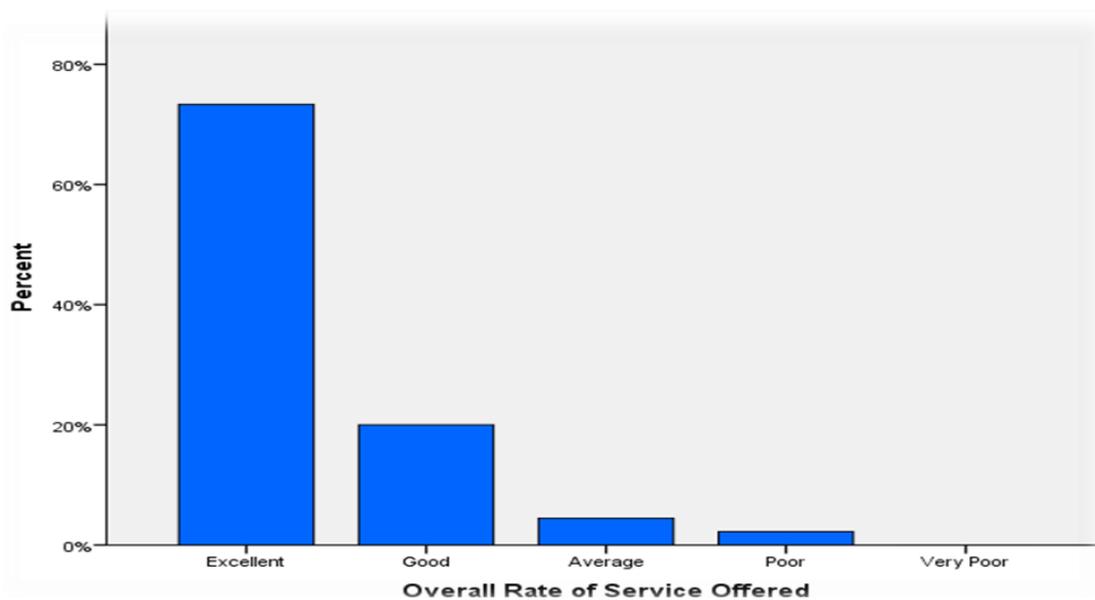
move about safely and independently indoors and out. WISC staff described how they work with the rehabilitation worker from Sight Action to carry out mobility assessments with individuals to assess training requirements and then provide the local support to deliver that training.

In summary, respondents received the help they originally sought from the Centre and in many cases accessed additional help and advice that they had not initially anticipated or known about.

4.7.6 Client satisfaction with service

The overall evaluation of the Centre was very positive with 89% of clients rating the service as either excellent or good, 4% as average and 2% as poor (Figure 3).

Figure 3: Satisfaction with Service



4.8 Impact of service provision on daily living activities

When survey participants were asked how input from the Centre had affected their ability to participate in activities, 51.1% (n=24) indicated that input allowed them to take part in activities that previously they were not able to. Approximately a third of participants (n=18, 38.3%) responded that input from the Centre had no impact on their activities and a further five participants (10.6%) did not answer.

Participants were able to relate the impact of the intervention from the Centre to aspects of their lives; these impacts were significantly expanded on by the interviewees. Importantly there was evidence that people were able to participate more fully in activities than they had previously been able to do and as a result experienced a greater sense of independence and safety.

4.8.1 Improved ability to participate in social interaction

When people were provided with hearing aids and given advice on how to use and maintain the aids they described how this had positively impacted on their social interaction.

“Before I got the hearing aid I was closing myself off an awful lot. I was missing out on conversations. Years ago there was an advert and it showed people laughing at a comedian, that is what I felt like when wasn’t able to hear”.

It was also notable that interviewees made frequent mention of the valuable service provided by the recently appointed NHS audiologist.

4.8.2 Improved functional ability and sense of well being

Assistive technology had increased the potential for people to safely stay in their own homes. In some instances, installation of simple equipment had made all the difference to a person’s comfort, independence and security.

“I am absolutely delighted with it [alarm clock] because if I do manage to get a full time job the last thing I want to do is sleep in”

“I can make my own tea”

“I can now bake and cook with talking scales and measuring cups”

Interviewees described how installation of door alarms provided a greater sense of independence in the home. The implementation of simple solutions, such as a magnifying glass for reading had the potential to help individuals fulfil important needs such as spiritual.

“I can now hear the doorbell, I can take the bell to the bottom of the garden or to my shed...I won’t be so cut of and can spend time there and I hope I will be able to stay longer doing something useful! I am very pleased about this”.

“I can read my bible now and that makes such a big difference”

4.8.3 Increased sense of safety

Interviewees described how advice from WISC staff had improved their ability to look after

themselves and had increased their awareness of how to remain safe. For example, mobility training had helped one person to avoid injury whereas previously there had been considerable anxiety experienced.

“Before this I had black eyes from bumping into things, and knocking into people or knocking over display stands. I was burning myself...”

“I am able to go out without fear of being knocked down”.

Installation of alarms that alerted individuals to fire/ smoke were particularly valued, and resulted in reduced agitation of people in their own at home and confidence that individuals will be alerted to danger.

“Before not able to hear the smoke detector...now confident when I am alone, especially in bed that the alarm can be recognised”

As a direct result of contact and subsequent assessment provided through the WISC Centre, individuals were able to identify a range of ways in which the interventions provided had reduced their sense of social isolation, had impacted positively on individuals self confidence and sense of self-esteem and safety. Importantly, interventions had supported greater functional independence in their own homes. Furthermore some of the interviewees noted how family members experienced positive benefits through improved communication and increased confidence about the safety of the person with the impairment.

4.9 Suggestions for service enhancement

4.9.1 Improve Service awareness in the Western Isles

When survey respondents were asked for ways in which the WISC could enhance current service provision, the most frequent occurring response related to improving public awareness of the service. Additionally, it was felt that health and social care professionals could do more to promote the service. Similarly, WISC staff confirmed that promotion of the services available to people with sensory impairments, their families and carers, as well as other health and social care professionals could improve service access and use. Interviews with healthcare providers revealed limited awareness of the level of service provision and they indicated difficulty in promoting a service they had limited information about. Even although the Centre had generated some local media publicity, particularly in the Stornoway Gazette, this publicity had not always been noticed.

Suggestions for raising awareness of the WISC were provided by many of the study participants and included:

- Use of business cards and leaflets

- Easy to read posters with Centre contact information
- Key distribution points used to promote WISC information, e.g. GP surgeries, Out patient clinics, supermarkets
- Set up information stall in hospital foyer to inform patients, passing public and healthcare staff
- Provide targeted information for healthcare staff to raise Centre awareness and promote services to patients
- Regular referral / information provision from Out Patient Clinics
- A regular sensory column in Gazette
- Promotion of service, using current service users at local groups, e.g. Rotary, Porbus, Women's groups, WRI, Church groups
- Improved Website presence, e.g. 'Facebook', 'Buy Swap or Sell Western Isles'.

One interviewee noted,

"You have got a lot of people like me who have time on their hands and most of the people who have hearing aids are middle aged to old and its amazing how many of us are silver surfers"

4.9.2 Improve level of information about service use

Once clients accessed the WISC, there was some uncertainty about the level of service provision and in particular any costs associated with the service. For example, a health professional was unsure about the level of cost incurred for equipment and suggested that potential clients may be hesitant to use the service if they thought they would be expected to purchase something from the Centre.

4.9.3 Hearing aid advice

A number of respondents stated that they would like to have a drop-in service at the WISC to provide general support for hearing aids, such as supply of batteries and advice for tubing and repairs.

4.9.4 Early intervention

There was acknowledgement that people with impairments are often at risk of the condition worsening and that as people get older dual sensory impairment becomes more prevalent. For example, reference was made to the '*creeping nature*' of deafness or the accumulative loss of central vision as a result of macular degeneration, or the inevitability of complete sight loss in some instances. The importance of early intervention for people with sensory impairments was highlighted by clients, professionals and WISC staff. There was recognition that early interventions by WISC can help to maintain safety and independence as well as potentially helping minimise the emotional impact of sensory loss.

"Even the fact that they have someone to talk to, when people are going to loose their central vision, then someone from the Centre can talk to them, understands the condition, tells them what is going to happen, the aids...vision loss is gradual and they need the support from the beginning"

In summary a range of suggestions were offered to further enhance the service offered by the WISC. Most significantly was the need to raise awareness about the service within the local Western Isles community and with health and social care, and third sector professionals. People with sensory loss are significant users of health and social care services and it is therefore important that their needs arising from impairments are recognised and they are provided with opportunities to seek expert advice such as that provided by the WISC.

5. Conclusions

It is evident that people with sensory impairments often face wide ranging barriers and that supporting people to overcome these barriers leads them to experience a greater degree of safety, independence and life satisfaction. The WISC has provided a range of services which encompasses advice, assessment, referrals and practical interventions, which have helped to support both the practical and emotional difficulties experienced by people with a sensory impairment. This service has been positively reviewed by service users and importantly, has helped many to enhance aspects of their lives. It was evident that the service is delivered in an empathetic and considerate way and respondents valued the sensitive way in which their needs were addressed.

The aims of the WISC to develop effective, equitable and sensitive services to meet the needs of visually and/or hearing impaired people were evidenced in this evaluation. Furthermore, the aim to provide a range of interventions that help to support independent living as safely as possible were also realised. The evidence further confirmed that minor adaptations to homes increased people degree of independence. Importantly, it emerged how a sense of wellbeing and good quality of life was directly related to safety and security at home and in the community.

The WISC aims to increase detection of people with sensory impairment and subsequently to increase the advice and support provided. When this study was undertaken the service was relatively new and while there had been a number of initiatives undertaken to raise awareness these appeared to have somewhat limited impact. Lack of service awareness was one key area noted by all participants that required improvement and wide ranging suggestions were provided to further promote the WISC and to increase the number of people who access the service. Additionally, enhanced coordination of activity between health and social care and the WISC could further improve service use. While this coordination was evident with OT and audiology services and the WISC, there was more limited evidence with other health and social care professionals. The importance of early intervention to support people with sensory impairment was highlighted, and arguably this aspect of care provision can only be developed through enhanced service co-ordination.

The service delivery model evolving from the WISC pilot demonstrates the potential for effective integrated working between health, social and third sector agencies that positively supports care delivery for people with sensory impairment.

Importantly data from the evaluation indicates that establishing a service such as the WISC does not automatically result in service access and use, despite the prevalence of sensory impairment in the community. Many reasons exist why people do not access a service and therefore active promotion of service benefits to potential clients, their carers and the wider community is essential. Finally, the existing benefits of the local service and the future service potential for people with hearing and visual impairments in the Western Isles has been clearly acknowledged by the participants in this study.

6. Recommendations

1. Increase the level of service awareness within the community in the Western Isles, including information about the advice and range of interventions available to support people with sensory impairments.
2. Consider promotion of known benefits and positive impact to clients as a result of consultation with WISC.
3. Increased awareness of the WISC and the range of services provided to local health, social and third sector agencies can help to increase service access.
4. Consider strategies to further enhance service co-ordination and referral pathways with health, social and third sector agencies.
5. Consider provision of enhanced services from the WISC such as hearing aid checks and repairs.



Appendix 1 Survey

EVALUATION OF THE WESTERN ISLES SENSORY CENTRE (Located at: Esplanade Court, Stornoway)

Please tick the appropriate boxes

We would like to hear about your experience with the Western Isles Sensory Centre.

1. Which of the following best describes the reasons for you accessing the centre?

I have visual difficulties	
I have hearing difficulties	
I have both visual and hearing difficulties	
I have referred a family member / friend / client	

Other (please specify) _____

2. Was your initial contact with the centre?

In person	
By telephone	
By E-mail	

Other (please specify) _____

3. How did you find out about the centre?

Adverts in the local press/radio	
Searching the web	
Friends and family	
Carers	
Health professional e.g. GP/optometrist/nurse	
Social care professional e.g. social worker	
FAIRE	
I was referred	

Other (please specify) _____

4. If you were referred to the centre, who referred you?

5. Did you have problems accessing or making contact with the centre?

Yes	
No	

If yes, please specify _____

6. On a scale of 1-5 (with 1 being very well and 5 being very poorly), how did the centre meet your needs in the following areas?

	1 Very well	2	3	4	5 Very poorly	Did not have this need
Your need for information/advice						
Your need for equipment						
Your need for referral to other services						

7. Has input from the centre, allowed you to participate in activities that previously you wouldn't have been able to do?

Yes	
No	

If yes, please specify _____

8. Is there anything about the service that the centre provides that could be improved?

Yes	
No	

If yes, please specify _____

9. Overall, how would you rate the service you received?

Excellent	
Good	
Average	
Poor	
Very poor	

10. Are there any other comments about the centre you would like to add?

Some information about you will help us to evaluate the service you have accessed.

11. Are you:

Male	
Female	

12. How old are you? _____ years

13. Which area do you live in?

Stornoway	
Broad Bay (Back, Point, Tolsta)	
West Side	
South Lochs	
North Lochs	
Uig and Bernera	
Harris	
Uist and Barra	

Other (please specify) _____

Thank you for taking the time to complete this survey. Please post this back to us in the stamped addressed envelope provided.

If you would like to receive a summary of the study results when they are available please include your contact details.

Appendix 2 – Interview guide: WISC Clients

1. Who referred you to the WISC?
2. Did you know this service was available to you before being referred?
3. How long did you have to wait from referral to the service to be actually being seen?
4. What advice/equipment did you receive from the service?
5. How has this advice/ equipment impacted on your daily life?
6. How well was the use of the equipment explained to you?
7. Did you feel that your needs were met or is there anything else you wanted from the service but didn't get?
8. Did the Sight Action staff refer you on to someone else? / Who was this? / How long did you wait to see them? / Did you find this worthwhile?
9. Overall, how do you rate the service you received?
10. Is there anything else you would like to add?

Thank- you

Appendix 3 – Interview guide: WISC focus group interview

- 1 Can you describe your role in the WISC Service?
- 2 What are the main issues/problems that clients present with?
- 3 Do you see clients from all areas of the Western Isles?
- 4 By what mechanisms are these clients referred on to you?
- 5 How long after referral do you see clients?
- 6 Which services do you refer clients to and do you receive feedback on when clients were seen and advice/treatment given?
- 7 Do you routinely have follow-up visits with clients?
- 8 To what extent is the service restricted by resources and is there any impact on that?
- 9 Is there anything else you would like to add?

Thank-you

Appendix 4 – Interview guide: Health, Social and Third sector professionals

1. What can you tell me about the services offered by the WISC?
2. Do you know what type of support the Centre offers?
3. Do you or your staff refer or advise any patients / clients to the WISC?
4. Do you or your staff currently refer or advise patients / clients about other sensory or support services?
5. In what way do you think patients / clients have / may benefit from access to the Centre?
6. Do you think it would be useful to promote Centre awareness with patients /clients?
7. If so, can you identify ways to promote service awareness from your practice area?
8. Is there anything else you would like to add?

Thank –you