

How should we communicate with people?

March 2019

Disclaimer

This report is based on conversations or responses freely given by members of the public. Where possible quotations are used to illustrate individual or collectively important experiences.

Engagement officers collect responses verbatim and we also present these in our final report as an appendix. This is important in showing the accuracy of our analysis, and so that further work can be done by anyone wishing to do so.

A full explanation of the guiding principles and framework for how we do engagement and analysis can be found online on our website www.healthwatchbolton.co.uk.

Please note that this report relates to findings observed and contributed by members of the public in relation to the specific project as set out in the methodology section of the report.

Our report is not a representative portrayal of the experiences of all service users and staff, only an analysis of what was contributed by members of the public, service users, patients and staff within the project context as described.

Background

- Communication was voted as a priority for our 2018/2019 work plan. We want to find out how people with specific communication access needs would like public information presented. The project will inform us about how specific groups in the community wish to receive information from Healthwatch and from the wider health and care system, how they prefer to relay information to us, and what their preferred formats are for accessing different types of published information.
- The project will inform Healthwatch Bolton's Communication Strategy as well as the Communications Strategies of our colleagues in Health and Social Care.

Key findings

- There was a lot of crossover between groups when looking at the different ways they like to communicate. Specific groups were also making use of particular technologies or aids which supported their particular access needs. Many people commented that the technology really helped them but some also found it too expensive.
- All groups indicated 'written' to be a common preferred form of receiving information, but there is clearly differentiation in the format. Large print (pt. 16 and above) and Sans Seraph fonts are generally preferred. Short sentences and simple words are preferred.
- Young people were most likely to use the internet or digital platforms, but other groups sometimes find this a challenge. In order for websites to be accessible for all groups, attention should be paid to audio content, appropriate subtitling, and translation.
- Many people rely on friends and family to help interpret, so easily shareable information (such as posts on Facebook) can make this easier.
- Easy Read was an option for some, but others found it patronising or felt it made them feel more disabled. Several people commented that Easy Read versions don't always make sense.
- Audio and video content, especially video content with signing or subtitles both have merits though a number of people commented that subtitles can run too fast.
- There were a number of comments about booking interpreters for health appointments with people having to ring, have other people ring, visit the surgery or make return visits due to poor booking system. People would like to be able to book an interpreter at online booking and have their appointment reminder confirm this.

Methodology/Who we spoke to

We held seven focus groups, each with a small number of participants; between 5-10 people per group.

Some groups needed facilitation and/or interpretation to make their views clear to us. Therefore at times whilst we met with a relatively large number of people, we recorded a relatively small number of comment that were widely agreed.

Method of selecting groups was by direct approach to various groups who are known to have specific information access needs.

Engagement site	Number of people spoken to
Zac's Youth Bar	15
Henshaws*	18
Individual	13
Bolton Deaf Society*	16
Bolton Care 4	13
New Openings	6
Asian Elders	12
TOTAL	93

** These groups have been combined under the title 'sensory impairment groups' in the main part of the report.*

Methodology/Questions Asked

What did we ask people?

What formats or methods of communication do people prefer?

What communication aids/technologies do people use? What works best for different groups?

What information do people want from Healthwatch and how would they like to receive it?

What information do people want about wider changes in health and social care and how would they like to receive it?

How do people want to communicate with Healthwatch e.g. to send in comments, requests for information etc.?

1. What methods of communication do you currently use?
2. How do you like to receive information? For example from the LA, GP, Hospital.
3. Do you use websites that have any of the following?
4. We have the technology to produce easy read information using symbols, would you find this useful for the following: Leaflets, information sheets, Newsletters, Other (please specify)?
5. What information would you like to receive from Healthwatch? How would you like to receive it and in what format?
6. How would you prefer to contact us?
7. What could we do to improve our communication and information? Are there any barriers that prevent you from contacting us? If yes please state.

Currently used communication

Young people (Zac's)





- Social media
- Phone
- Text
- Email
- Websites
- Printed material
- Facebook
- Face to face
- Snapchat

Learning Disability Group (New openings)

- Face to face
- Telephone

Sensory Impairment groups

Bolton Deaf Society and Henshaws

- Large font letters 
- Talk to others/have others read out to me 
- Letters
- Short sentences
- Audio description
- No capitalised words
- Phone
- Use magnifying glass
- My mobile as I have synoptic on it
- A reader
- Talking books
- Newstalk
- Audio

Carers (Care 4)

- Email
- Telephone
- Text
- Social media

People with other languages (Asian Elders)

- Telephone (mainly land line)
- Sometimes mobile phone
- Printed material
- Minimal email

How do you like to receive information?

Written



Young People

Sensory
Impairment
groups

Carers

Learning
Disability Groups

People with
other languages

Electronic



Young People

Sensory
Impairment
groups

Easy Read



Young People

Audio/Video



Sensory
Impairment
groups

Alternate
Language



Sensory
Impairment
groups (BSL)

People with
other languages

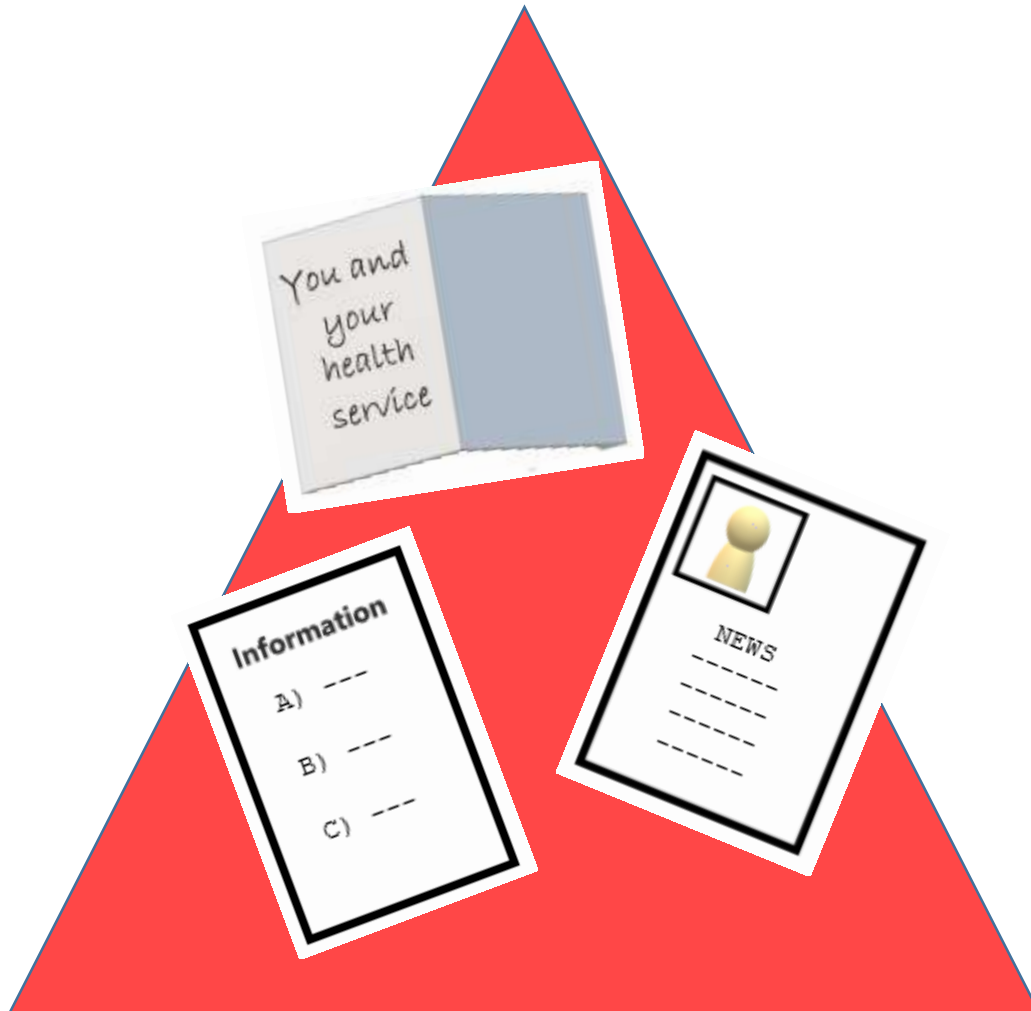
Do you use websites that have any of the following?
Audio description, British Sign Language, can translate into other languages.

Young People – Many people did not need these three, but one or two examples of using apps for translation, or are already able to do some translation.

Sensory Impairment groups – No, instead using audio or TV subtitles. Deaf respondents did often use sign language websites, but there are issues with subtitles if too quick or the words too long.

Carers, New openings, Asian Elders – people from these groups did not show preference for these three.

We have the technology to produce easy read information using symbols, would you find this useful for the following: leaflets, information sheets, newsletters.



Leaflet, information sheet, newsletter.

Young people and disability group, – interested in all three options.

New openings and Asian elders – interested in leaflets and information sheets.

What information would you like to receive from Healthwatch?
How would you like to receive it and in what format?

Information about upcoming events/forums



- Young People
- Sensory Impairment Groups
- Carers
- Learning Disability Groups

Information about current initiatives in health and social care - transformation information





- Young People
- Sensory Impairment Groups
- Carers
- Learning Disability Groups
- People with other languages

How would you prefer to contact us?

Young people (Zac's)

- Phone 
- Facebook 
- Electronic
- Social media
- Snapchat
- Face to face
- Text

Sensory Impairment Groups

- Email 
- Text 
- Interpreter
- Potentially tell the group and they could share.
- Anything visual
- NGT relay services
- Through a 3rd party
- Use daughter as an interpreter.
- Facebook message
- Sign video
- 1 to 1
- Facebook
- Website

Carers (care 4)

- Post

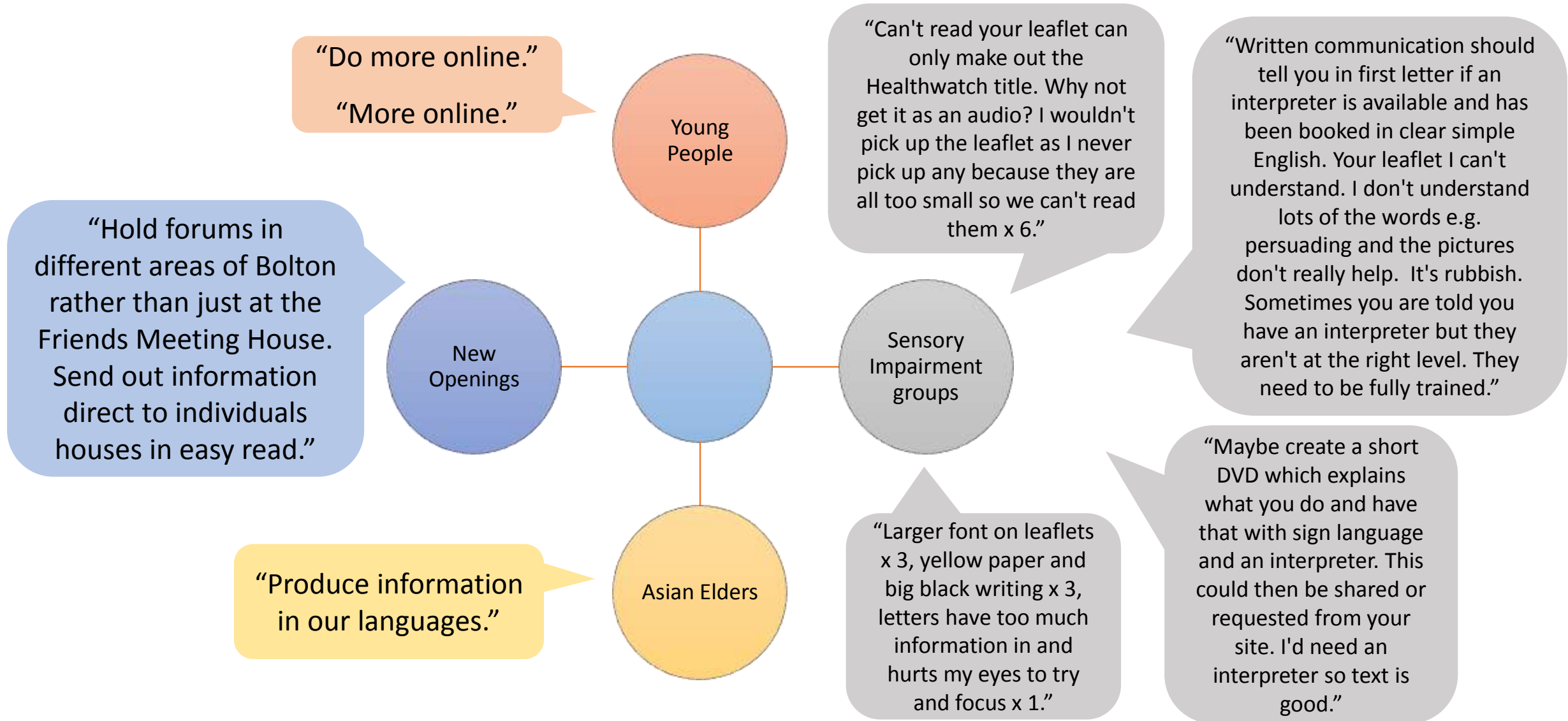
Learning Disability Groups (New Openings)

- Post
- Email
- Telephone

Other languages (Asian Elders)

- Want Healthwatch leaflet that is easy to understand and in languages as mentioned above

What could we do to improve our communication and information? Are there any barriers that prevent you from contacting us?



Key issues raised by various groups

Sensory Impairment groups

Format – People wanted to find information in a format relevant to their needs. There were for example some happy with Easy Read, while others would find this inappropriate.

“Use either yellow paper and purple text or purple paper and yellow text, don't use capital letters reduce the amount of text and make the font size bigger, CD's are great and they help me keep my independence. You could send a CD and a paper copy, text needs to be at least 1inch big. Make doctors and hospital letters come on a CD. We get texts by voice and that's good.”

“Written communication should tell you in first letter if an interpreter is available and has been booked in clear simple English. I don't understand lots of the words e.g. persuading and the pictures don't really help.”

“(Easy Read is) insulting and doesn't really make sense”

“Audio text - some GP, hospitals and dentists use. Easy Read makes me feel more disabled, I'd rather just have it in larger print x 5”

“Don't use braille (too hard), need large font, I might still have to use my magnifying glass”

“Videos with people signing or subtitles (if simple)”

“Symbols and pics easier to read and more info goes in quickly. Those with no pictures are hard to understand”

Places

“Posters to put up at Deaf Club to share with other deaf people.”

“ Facebook page to share with family and friends.”

Issues – Some of the deaf people we spoke to hoped for more awareness of their needs in general.

“Deaf awareness, sign language classes available in schools.”

“Information about accessible events e.g. those with interpreters there. How to contact GP/Hospital without using phone (currently impossible)”

Key issues raised by various groups

Sensory Impairment Groups

There was a wish for things to be clear and also take into account different abilities in terms of reading, vision, and understanding.

“Easy Read is connected to learning disabilities and I'm just deaf. So I just want things in simple English. Written words are hard. I can recognise dates and times/we were only taught basic English at school. I struggle to understand most things myself so rely on family. I'm not tech savvy.”

“Websites no good as not BSL and too much complicated written English. Most use full English and I don't understand as deaf. Text is better and I like pictures.”

“Preferably Sans Serif fonts on cream paper”

People with other languages

Providing information in the appropriate language was most important. People were also open to co-production.

“Want Healthwatch leaflet that is easy to understand and in languages as mentioned above.”

“Would like simple understandable information that is easy to read in different languages – printed.”

“Would like information about transformation agenda in particular new roles in primary care and other initiatives to ease with access to seeing health practitioners and GPs. Very interested in this and happy to co-produce a leaflet”.

Learning Disability Group

More variety in where we hold forums. Option to send information by post.

“Hold forums in different areas of Bolton rather than just at the Friends Meeting House. Send out information direct to individuals houses in easy read.”

“Would like information posted to home address, would like a forum to be held in Farnworth. Would like health and care info printed in easy read!”

Conclusions/Recommendations

This study has looked at a variety of different communication formats and also how detailed our messages and information should be.

It is clear that there is a need for specific consultation if we want to meet the needs of the deaf and partially sighted.

More could be done with regard to easy read, different formats, audio and alternative languages.

Healthwatch Bolton would like to thank all those that took part in this research or facilitated it to take place.