



## EVALUATION REPORT

Let's Connect Consultation Event  
Saturday 7<sup>th</sup> October



The event was facilitated by Gill Harrison and Andrew Henon on behalf of the Open Mental Health Community Engagement Team.

Report collated by Andy Henon, with editing by Val Keeble, Gill Harrison and Helen Fielden.



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## Introduction

The need for this workshop was identified through the Open Mental Health (OMH) Community Engagement Project, based at Spark Somerset. The Community Engagement Project aims to reduce barriers to good mental health in Somerset for the county's seldom heard communities.

This workshop was intended for participants who are Deaf, deaf and hard of hearing. This includes people whose first language is British Sign Language (BSL) rather than English \*.

## Aims

- To engage with the Deaf, and deaf community of Somerset to gain an understanding of how people feel about mental health support in Somerset.
- To raise awareness of services available in the area.

## Objectives

- To create a safe and engaging environment for participants to share their experiences of services in Somerset.
- To identify next steps for improving access to OMH and other services.
- To identify opportunities for Deaf and deaf participants to be involved in next steps.
- To identify ways of using £2000 development fund to test out solutions to problems identified.

### \*A note on language:

We understand that language around deafness and hearing loss can be highly emotive. We hope that the language that we have chosen to use won't cause upset or offence. We are using the terms deaf and Deaf in this report as set out on the Signhealth website:

*"The word deaf is used to describe anyone who does not hear very much. Sometimes it is used to refer to people who are severely hard of hearing too.....*

*We use Deaf with a capital D to refer to people who have been deaf all their lives, or since before they started to learn to talk. They are pre-lingually deaf. It is an important distinction, because Deaf people tend to communicate in sign language as their first language. For most Deaf people English is a second language".*

<https://signhealth.org.uk/resources/learn-about-deafness/deaf-or-deaf/>

## **Summary**

In total, there were eighteen participants who were either Deaf or deaf. The day began with a sign singing session and a presentation from a local psychologist about current services.

There were people present that had a range of BSL and total communication skills. These included:

- Two fully trained British Sign Language interpreters who are NRCPD registered. (National Registers of Communication Professionals working with Deaf and Deafblind People)
- One participant who was a qualified BSL teacher and
- One participant who was also BSL trained.

Discussion was facilitated around these questions:

- What services exist for deaf people in Somerset?
- What are your experiences of using Open Mental Health and NHS services? Good and Bad?
- What barriers have you faced in using other services? E.g. Council, Utility companies, other
- What do we need to do? Priorities are.....?

The facilitated session captured and gathered information in several ways. Post-it notes were used by participants to capture answers to specific questions. At the same time there were three independent scribes recording responses from participants, so each question has feedback from 'scribes' and 'Post-it notes'. Full transcriptions can be found in Appendices 4, 5 and 6.

There was a lot of energy in the room. The participants indicated a genuine willingness to work with service providers during the consultation and to follow up connections post event.

## **Outcomes**

Virtually all participants found the day to be of value. They found parts of the day to be enjoyable, energising, inspiring, informative and fun. The day provided an opportunity for networking and peer support. The event provided a basis for next steps to improve access to services.

Key learning:

- Where BSL is someone's first language, availability of BSL interpreters is vital to ensure fair access to services.
- In Somerset, there are not adequate resources to enable Deaf and deaf communities to access services both specifically for mental health and more widely.
- There were a range of examples of rudeness, ignorance, and general unhelpfulness from service providers e.g. GP surgeries, hospitals, help lines and others, leading to serious issues of exclusion.
- There is a perceived need for different support for BSL first language users and those who are deaf and don't use BSL as a first language. There was a tension in the room when recognising the different issues and challenges faced by those who have been Deaf most of their life and might use BSL, and those who suffered hearing loss later in life.
- Other than those specifically targeted for Deaf people, all services were found lacking in making alternative and reasonable adjustments for the Deaf and deaf communities.
- There were additional physical barriers relating to transport and geography that further exacerbate challenges accessing services.

## Challenges:

The day was challenging for participants, facilitators, interpreters and enablers alike. There was anger and anxiety with very high levels of frustration and trauma expressed. Individual accounts and stories were not easy to reconcile or easy to address on the day.

Due to the complexity of the issues discussed there wasn't much time to discuss next steps.

## Summarised information from facilitated sessions.

The facilitated session captured and gathered information in a number of ways. Post-it notes were used by participants themselves to capture answers to specific questions. At the same time there were three independent scribes recording responses from participants as they were given. Each question has feedback from 'scribes' and 'Post-it notes'.

### **Q1 What services exist for deaf people in Somerset?**

This question was challenged as being too broad and as a result the session began to focus on what may be better questions to ask. However, a list of services was identified:

- Signly - <https://signly.co/> & Sign line
- <https://signhealth.org.uk/resources/ais/>
- Deafinate Matters CIC
- Church of England Church Deaf group
- Taunton and Bridgwater Deaf Club

### **Q2 What are your experiences of using Open Mental Health and NHS services; good and bad?**

This question resulted in expression of frustration and anger. It is clear that services are not providing adequate accessibility. There is no access to BSL or adequate considerations of people who are Deaf.

*"Beyond frustration, anger, distress, trauma, becoming more ill, depression anxiety and traumatisation on top of existing trauma".*

*"Sometimes a service claims to provide an interpreter but they are not always helpful."*

*"When ideas are offered no-one acts on them."*

It was noted that NHS services often don't use information on file. For example, GP practices asking deaf patients to phone to make appointments.

### **Q3 What barriers have you faced in using other services? E.g. Council, utility companies, other**

Participants said that there is a misunderstanding of the needs of someone who is Deaf and needs a BSL interpreter. These needs may be different from someone who is deaf. A BSL interpreter is crucial for some people to communicate and understand information. Communication without an interpreter

causes pain, distress, anxiety and can lead to traumatising and triggered responses. People often have to fight to get their needs met and some give up which further isolates and excludes them.

There is disaffection among participants and anger that things do not and have not changed. Deaf people are excluded from access to services and getting their needs met. There is a perception that Deaf and disability equality of access and awareness has slipped backward and regressed. Overall access is an issue for example.

*"A barrier is people saying it doesn't matter when we can't hear or understand information. We do matter".*

*"People (Services) ringing D/deaf people when can't hear on the phone".*

*"Services are cancelled if BSL interpreter does not show up".*

*"Twenty years to get to this point, ten years of asking for a text line, attend events and nothing happens".*

*"GP surgeries not accessible no BSL available receptionists do not understand, impatient".*

#### **Q4 What do we need to do? Priorities are.....?**

It was hard to identify what priorities should be as there is so much that needs to be done. Main themes include:

- An opportunity to be heard and influence decision making:

*"People need to be heard, feel important."*

*"Have collaborative working."*

*"Deaf and disabled people need to be at the centre of decision making."*

There was an overwhelming response in favour of the involvement of Deaf people at all levels from support groups through to strategic decision making and staff recruitment.

- Change in how services engage with Deaf and deaf people: Staff in NHS services should refer to notes and support people according to their individual communication needs.

*"Why shouldn't records with services know I am Deaf?"*

- A focussed development programme for professionals and service providers to break down the barriers.
- Organisations should be held accountable for failing to comply to the Equalities Act.
- Previous consultations are perceived to have made no difference. Organisations need to be accountable for their failings and explain why changes / improvements never happen. Change needs to happen from the top, leadership.
- More resources need to be allocated.

- There need to be more opportunities for work and employment for deaf and hard of hearing people.
- Isolation needs to be addressed; rural, physical and psychological.

**Q5 How can we best share the information gathered at this event with the wider Deaf/Hard of hearing community?**

There was a general consensus all information gathered from the event should be made available in multiple forms, made available through Deafinate Matters CIC, email, cafes, groups, community hubs, and social media.

Participants also felt that another session should follow to consolidate learning.

A co-production session with GPs and other service providers was also requested.

*“Get info out in accessible ways for all D/deaf people e.g. in BSL, in written word, Signly etc”.*

*“Consolidate what was said here and do another session with health, council etc”.*

**Q6 We have £2000 to use for a follow up event. What do you think would be the best use of this money?**

People felt that should be more deaf clubs that might feed information into a D/deaf led forum. This would lead, guide, advise and support services to engage in ongoing process of training, professional development.

Money could also be spent facilitating and enabling deaf people with BSL interpreters to have a voice in decision making, through support of existing groups to enable increased capacity.

*“Set up a D/deaf led forum group in Somerset to lead/guide/advise/support services”.*

## **Recommendations**

There was a willingness from participants to become more involved and engaged in the future. It was felt that the existing good will, raised awareness and understanding could be used to engage further in a programme of sustained engagement.

There is a need for:

- increased levels of awareness, scrutiny and duty of care,
- increased accessibility
- informed decision making and ongoing quality improvement.

### **Key recommendations:**

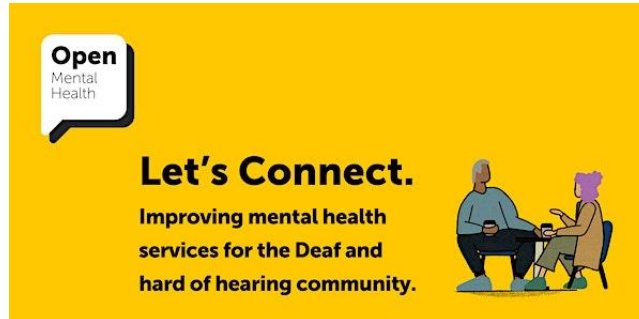
- Open Mental Health services need to make BSL interpreters available and be able to engage with people with acquired hearing loss.
- Open Mental Health professionals should work with Deaf BSL first language and deaf experts by experience to improve practice. This might be through OMH Champion or Expert by Experience Leader pathways.
- Share learning with colleagues in the NHS to encourage them to improve access.
- Explore a wider public and service provider campaign to raise Deaf awareness. Include OMH alliance partners such as Primary Care Networks and GP practices.



## Appendices

### APPENDIX 1: Promotional flyer

## *Let's Connect* Free Event for Deaf Adults in Somerset



***How do you feel about mental health support and services in Somerset for Deaf and Hard of Hearing people?***

***Do you think services are easy to access and meet your needs?***

***What could be improved?***

- We invite you to join us for an event where we will explore these questions.
- You will have the opportunity to learn about the existing services for Deaf and Hard of Hearing people in Somerset and let us know what you think is missing. We want your ideas!
- This is a chance for you share your views and help shape support in your area.
- British Sign Language interpreters will be present throughout the event and speakers, stall holders and the full agenda will be announced soon.

Free tickets are available for people who are Deaf, or Hard of Hearing, and those who care for them and include a complimentary lunch and refreshments.

We can also help with travel expenses if you need it.

Bookings close at 5pm on Friday 29 September. 30 spaces are available.

This event is being hosted by [Spark Somerset](#), in partnership with [Open Mental Health](#) and [deafPLUS](#).

**Date:** Saturday, 7<sup>th</sup> October 2023

**Time:** 11.00 – 3.00 p.m.

**Where?** Victoria Park Community Centre, Victoria Park Drive, Bridgwater TA6 7AS

**Parking:** Free parking onsite

Register on using link below:

[Let's Connect Tickets, Sat 7 Oct 2023 at 11:00 | Eventbrite](#)

Or to sign up for 'Lets Connect' and Scan the QR code here on the right.

If you have any questions, please contact Gill Harrison:

[gill.harrison@sparksomerset.org.uk](mailto:gill.harrison@sparksomerset.org.uk)



## APPENDIX 2 Agenda for the day

### AGENDA - *Let's Connect* – 7<sup>th</sup> October.



10.30 – 11.00 – Arrival – tea and coffee

11.00 – Welcome

11.10 – BSL fun activity led by Dianne Donohue

11.20 – Presentation OMH Services led by Lara Christiano

11.40 – Consultation in small groups – led by Andy Henon

12.30 – Browse stands and meet services

1.00 – Lunch

1.45 – Fun activity – led by Sammy Wright

2.05 - Presentation

2.20 – Plenary from morning consultation + discussion on next steps

2.45 – Closing session

## APPENDIX 3 Event feedback forms

Number of forms completed 16 out of 18.

**In answer to the question:** *Rate the day from 1-5 where 1 is poor and 5 is excellent?*

4 people did not score the event, yet provided favourable comments and each said they enjoyed the day, especially being able to meet other people, mentioned supportive, friendly and welcoming atmosphere. People may have missed the highlighted numbered boxes and moved on to the Q1 without realising the score bar in yellow.

1 person gave a score of 3.

This person was upset and angry that there needed to be so much work done by services to understand the access issues. Although being very involved they felt that little progress was being made in changes to services and opening up access

4 people gave a score of 4.

7 people gave a score of 5.

## APPENDIX 4 Responses on the feedback forms

### Q1 What did you enjoy most about the day?

*Very good, friendly people, very interesting to learn about mental health.*

*Listening to others feedback*

*Very good, help mental health people need go.*

*The opportunity to hear other people's views. To connect with other services to coordinate and mutually provide a service.*

*Representation of both BSL first language Deaf people and other D/deaf people coming together. It is important that all people who are D/deaf are heard.*

*Making connections, finding out more info.*

*The fitness activity and being with people who know what it is like to face everyday barriers.*

*Rusty Road is very interesting with a lot of information that I have never heard before.*

*The activities in the afternoon enjoyable.*

*Inclusive to all.*

*Really good more info*

*Yes enjoyed need help deaf.*

*Very good enjoy.*

*Very friendly people.*

*Lovely time.*

*Enjoy everybody's comments.*

### Q2 What was your key learning about open mental health services?

*Need more helpful and deaf awareness.*

*NHS need to awake of all different deafness services.*

*I want to learn keep fit.*

*RR2R. There are no services for mental health Deaf people in Somerset.*

*Their services need a lot of work to be accessible to all cohorts of D/deaf people.*

*That something is being done about it.*

*I like to keep fit SASP.*

*Making sure that we can access them and how do we do that.*

*That their funding is under review so not sustainable. No knowledge of services running if this was current it would have been useful.*

*I want more learning and improvement.*

*Yes of course learn full mental health.*

*Usefully to come today.*

*Need more deaf-awareness.*

**Q3 How could we have improved the event?**

*Hopeful things will improve.*

*Top management to listen to all feedback and make it work.*

*I have problem turn up to interpreter for hospital.*

*To have representation of main services in Somerset i.e. social care, health services, mental health etc.*

*Improved communication e.g. 1 person talking at a time, may be to ensure this happens have a ball (Like SASPS) Whoever wants to speak is given the ball and holds it until another person has it.*

*Being more deaf-aware so that it is not an issue. Brilliant today and I'm glad I came to find out more info.*

*Need more interpreters at GP and Hospital*

*I'm so glad that I went, it gave me a lot of positive benefits and more positive ~~vibe~~ vibes.*

*Have more time to get involved with the morning programme.*

*More research*

*Very good improved well.*

*About the time deaf what do need.*

*BSL interpreter everywhere I need.*

*Hope so will do it.*

*Don't know.*

**Q4 What would you like us to do next to help the deaf and hard of hearing community?**

*Need more interpreters to help BSL.*

*Same as questions 1, 2, 3,*

*Terrarium gardening*

*Get a signing social worker in post.*

*Set up a support group for mental health for Deaf people.*

*Ensure there is funding available to access interpreters at job centres, health services etc.*

*Their hands up to speak.*

*Collaborate with Bridgwater/Taunton Deaf Club and Deafinite Matters CIC Groups and other D/deaf people.*

*Keep supporting us until our voices are heard and that being deaf doesn't feel like it's a problem. Thank you for making today happen.*

*Time for some craft maker*

*More support – make more noise so that being deaf isn't a barrier to society and everyday living.*

*Arrange an annual Deaf Day and invite professionals to let us know how we can access their services.*

*Advocacy for all "Deaf" people not just BSL users*

*Good Community will.*

*Yes will help and support.*

*Need more BSL.*

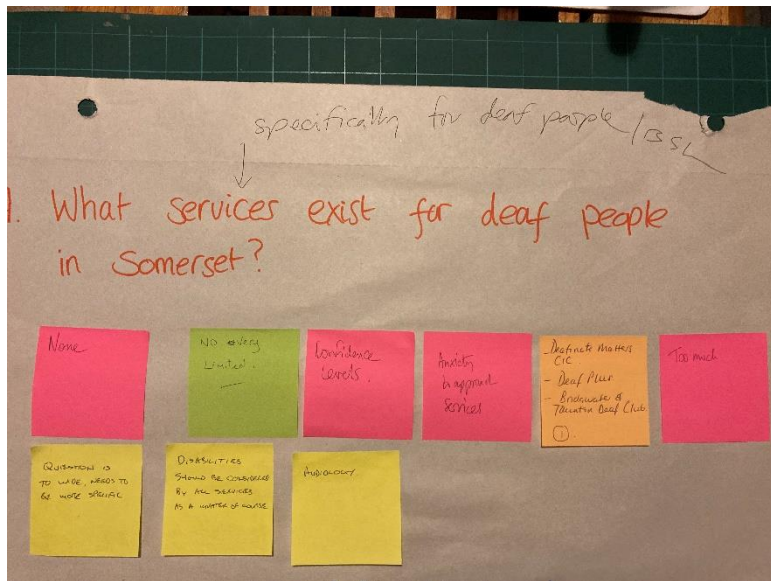
*Need more BSL please interpreter.*

*Break the barriers.*

*Deffo more BSL*

APPENDIX 5 Images of original post-it notes and responses to consultation questions.

Consultation Question 1

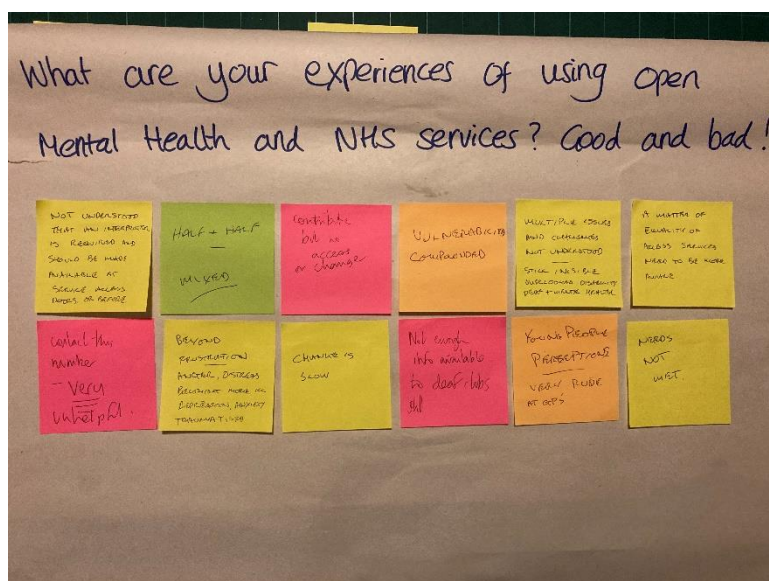


**What services exist for deaf people in Somerset?**

The question was challenged as being too wide open to interpretation answers ranged from none to too much.

- A need for more specific and focussed approach to service change.
- Disabilities should be considered by all services as a matter of course a given.
- Deafinite Matters CIC
- Deaf Plus
- Bridgwater & Taunton Deaf Club
- Audiology Taunton Musgrove

Consultation Question 2



**What are your experiences of using Open Mental Health and NHS services? Good and Bad?**

- Beyond frustration, anger, distress, trauma, becoming more ill, depression anxiety and traumatisation on top of existing trauma.
- Not understood that an interpreter is required and should be made available at service gateways or before.
- Half and half good and bad mixed.
- Contribute but no change or change is slow.
- Vulnerabilities are compounded and magnified.
- Multiple complex issues and challenges no understood.
- A matter of equality of access, services need to be made aware.
- Contact by telephone number provided not helpful.
- Not enough information is available to deaf clubs.
- Young people do not understand GP practice receptionists can be very rude.
- Needs are not being met.

### Consultation Question 3



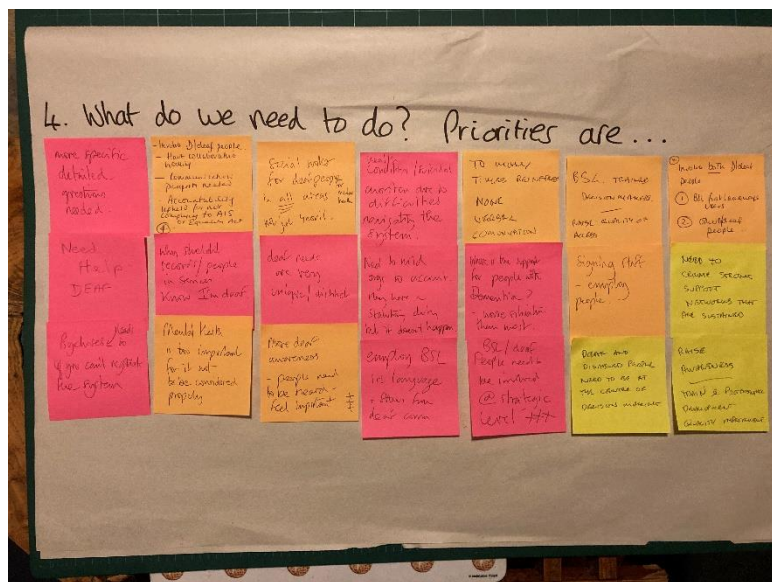
### **What barriers have you faced in using other services? E.g. Council, Utility companies, other**

- CAB annoyance re appointments, no BSL interpreters, no budget, the same for counselling services.
- Mental health nonverbal not just the deaf community.
- It is a crater, too big a question.
- More interpreters needed in the mingling session of today's event.
- A barrier is people saying it doesn't matter when we can't hear or understand information, we do matter.
- Young people in officer/council jobs not comprehending.
- People (Services) Ringing D/deaf people when can't hear on the phone.
- Not providing accessible info e.g. websites not in BSL, Leaflets not in BSL.
- Overall access is an issue.
- We do not have accessible services.
- People do not know about deaf club.
- Services are cancelled if BSL interpreter does not show up.
- Twenty years to get to this point.
- Ten years of asking for a text line.



- Do all these things, attend events and nothing happens.
- Telephone numbers for verbal conversations not appropriate.
- Younger people carry on through questions without stopping.
- GP surgeries not accessible no BSL available receptionists do not understand, impatient.
- STC is not BSL (schools).
- Deaf and disability equality of access and awareness has slipped backward.

#### Consultation Question 4

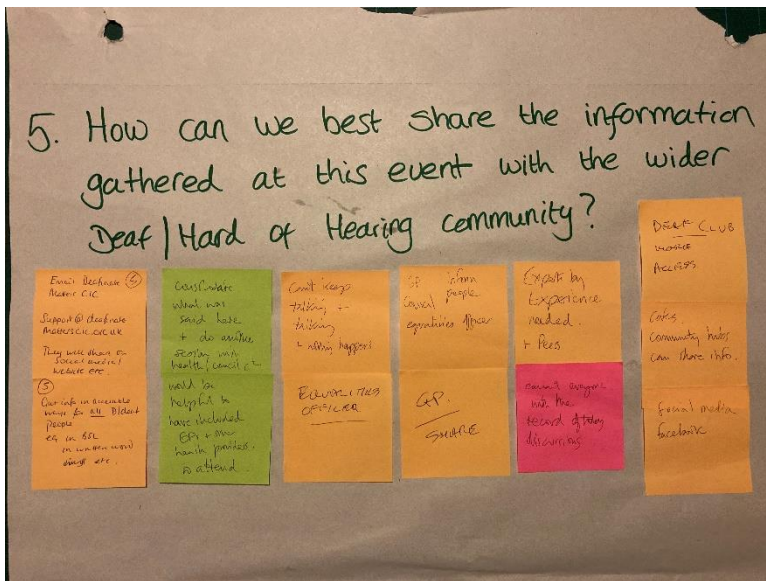


#### What do we need to do? Priorities are.....?

- More specific detailed questions needed.
- Need help deaf.
- If you can't negotiate the system it leads to psychosis.
- Involve D/Deaf people.
- Have collaborative working.
- Communication passports needed.
- Accountability required for not complying to AIS or equality act.
- Why shouldn't records with services know I am deaf.
- Mental health is too important not to be considered properly.
- Social worker for deaf people mental health in all areas not just Yeovil.
- Deaf needs are unique.
- More deaf awareness.
- People need to be heard, feel important.
- Health conditions suicidal, worsen due to difficulties navigating the system.
- Need to hold organisations to account, they have a statutory duty, but it does not happen.
- Employ BSL 1<sup>st</sup> language and others from deaf community.
- Too many times reinforces lack of non-verbal communication.
- Where is the support for people with dementia, more frustration than most.
- BSL/deaf people need to be involved at a strategic level.
- BSL trained decision makers.
- Raise the quality of access.
- Signing staff employ people.
- Deaf and disabled people need to be at the centre of decision making.
- Involve both D/deaf BSL first language and other deaf people.

- Need to create strong support networks that are sustained.
- Raise general awareness.
- Professional development as quality improvement.

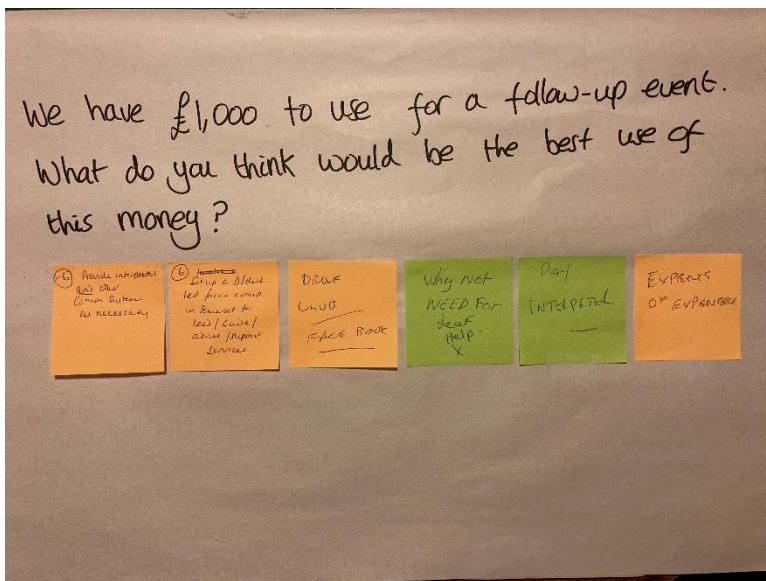
## Consultation Question 5



### **How can we best share the information gathered at this event with the wider Deaf/Hard of hearing community?**

- Email Deafinate Matters CIC.
- Support @ [deafinatematterscic.org.uk](https://deafinatematterscic.org.uk)
- Get info out in accessible ways for all D/deaf people e.g. in BSL, in written word, Signly etc.
- Consolidate what was said here and do another session with health, council etc.
- Would be helpful to include GPs and other health providers to attend.
- Can't keep talking and taking and nothing happens.
- Through an equalities officer.
- GP Council, inform people and equalities officer.
- Experts by experience needed and peer support groups.
- Email everyone with the record of today's discussions.
- Deaf club and more access.
- Cafes, community hubs can share information.
- Social media and Facebook.

## Consultation Question 6



**We have £1000 to use for a follow up event. What do you think would be the best use of this money?**

- Provide interpreters and other communication systems as necessary.
- Set up a D/deaf led forum group in Somerset to lead/guide/advise/support services.
- Deaf Club and Facebook
- Why not need for deaf help pay interpreters.
- Enable experts of experience

## APPENDIX 6

Scribed feedback Gill Harrison

*Let's Connect* – Plenary Session

Questions: What should we do next? What are the priorities?

- Up skilling workshops. I'm the only deaf person in my village and no-one can understand me. (N.B It was unclear if this participant wanted people to learn BSL or to learn new skills himself since his retirement)
- Everyone needs to get their act together and make something happen. There is a lack of knowledge, empathy and access.
- Break barriers
- There aren't enough resources.
- Job Centre needs to improve its access to supporting deaf people. There are no interpreters available.
- Get people from job centres here (to this meeting) and GPs too to listen to what they are failing at – in fact, all the services – the Council and CAB need to be here too.

Andy asked about advocacy with SWAN.

2 participants expressed an interest in taking on this role if interpreters could be provided.

Robyn Butler from Second Step asked if anyone would be interested in co-production of services.

## Scribed feedback: Val Keeble

### Original Facilitator Questions

1. What are your experiences of using OMH / NHS services?
2. What barriers have you faced in accessing OMH services?
3. What barriers have you faced in using other services NHS/Utilities providers/ council services?
4. What do we need to do? What are the priorities?
5. We have £1000 to use for a follow up event. What do you think would be the best use of this money?

1 What specific services exist? None / not enough.

2 & 3 Competence, confidence, anxiety & poor mental health can obstruct access to such services as do exist. There is too little information about available services. Sometimes a service claims to provide an interpreter but they are not always helpful. When ideas are offered no-one reviews them.

NHS – do not seem to act in accordance with the patient information on file – e.g. asking a deaf patient to phone the surgery. Local services e.g. CAB, councils, say that they have no budget for interpreters. Information is not shared about what might be available- e.g. Yeovil have social worker with responsibility for hard of hearing users, however they do not sign.

4 Change needs to happen from the top down. Organisations need to be accountable for their failings and explain why changes / improvements never happen. Where records exist, for example, that a deaf patient will not be able to use the phone, there should be a way to share that information across the services that they use. The deaf community need a voice that will be heard. People should be employed - first language BSL user and a non-verbal representative to gather and express views and opinions. There should be more deaf awareness.

5 Information gathered could be shared via the various social media outlets, GPs, councils. Is there an equalities officer? Routine rudeness and lack of respect towards service users should be addressed. Staff get quite put out about having to deal with a deaf user. Hard of hearing Dementia patients are further isolated when there is no-one available who can communicate with them.

Plenary conversation.

One delegate lives in an assisted living residence; he is the only deaf resident, no one in the community or nearby village uses BSL so he is very isolated. He feels up skilling workshops would be useful (either to encourage local people to use BSL or to provide activity / improved job prospects to residents??)

Various consultations in the past have established that barriers exist for the deaf community but nothing has come of those conversations.

As the barriers are known why not just deal with them?

Improve job opportunities for deaf people – interpreters in job centres etc would help. No budget always the excuse.

Consultations should include key people from hospitals, GPs, councils etc so they can understand the frustrations and issues experienced by the deaf community.

## Scribed Feedback: Joan Evans

Notes from Deaf Community Consultation Event 7/10/23

Morning

Participant: – no chaplain for the deaf in Somerset as a whole – some local ones in Taunton & Wellington.

Church to provide an interpreter?

Wellington has a group for prayer meets once a month – other ideas for the future.

After lunch.

Get PALS to visit the deaf clubs.

NHS – problems with doctors & appointments – texts get no response.

Suggested resources.....

BSL interpreter,

Signly <https://signly.co/>

& Sign line – couldn't find it ..... but did find this re: accessibility obligations. "....

"by law, all publicly funded health and social care providers must fully comply with the AIS. However, there's a growing body of evidence suggesting that this is not happening."

<https://signhealth.org.uk/resources/ais/>

Need to have deaf community (BSL 1<sup>st</sup> language user) at the higher-level meetings.

Need to get involved in service development.

In Exeter the deaf community are involved in the hospital – not so at Musgrove.

Simple statements are difficult for BSL users (?)

Deaf/BSL awareness session for Rusty Road please. Cost per day £65 but can drop-in anytime won't be turned away.

Repeated calls for more Deaf Awareness across the county.

Advocacy.

Deaf Clubs need information in accessible formats.

Do you know about Deaf Pubs & can anyone go – even non-signers or learner BSL signers?

Mention of Steve Hurd, Minehead sculptor, deaf, raises money for charity, works visible at Oak Manor Golf Club.

Need to know what funding streams are available to organisations for BSL interpreters.

Mentioned..... the free community bus service Minehead to Bridgwater, Mon-Friday, anyone can use it.

Bus: <https://www.bridgwaterwithout-pc.gov.uk/free-bus-service-between-bridgwater-and-minehead/>

Loneliness & work experience – really need an interpreter for that.

Would Access to Work cover the cost of a BSL translator?

Having a CSW for support would be cheaper than a translator. (Community Support Worker?)

Going to join groups.....what about bringing along a guide person – similar to sight support for blind people?

Wants to join local groups but would be alone – no one else in the group would be able to do signing so would not be understood / would not have similar experience & understanding of deaf experience.

How much does a BSL translator cost per hour?

Later that afternoon.....

Divisions between the Deaf BSL Community and non-BSL users discussed during a personal situation outside the main event.

Feeling ignored “Not deaf enough to be deaf” quote.

Event facilitators and BSL interpreters need of be aware of the division if the two groups and in the same room.

Acknowledging the difference between the community – so does that mean separate events & no connection? Or could there be a hybrid session where the two come together plus two separate sessions for each group.

## APPENDIX 7

Email received after the event.

Thank you .....

Following on from this event I was able to bring together ..... who is a deaf facilitator and clients who need our agent support with their social issues. From this week we are holding twice monthly facilitated sessions for the deaf at our regular Tuesday talking cafe venue at St Johns Church in wellington. This week a gent from Saturday came and we spent well over an hour helping him sort issues with housing and he was thrilled. We are just in the process of getting posters and media together to advertise this service.

If we hadn't attended on Saturday we would not now be able to reach the deaf in our area and support them.

Best Regards .....