



**Emotional Health and Wellbeing Services for People with Sensory
and Physical Impairments**

John Perry

December 2010

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1.0 Executive Summary

1.1 Introduction

This report into emotional health and wellbeing services for people with sensory and physical impairments, like other LINK reports, is not designed to be a piece of academic research. It was produced by volunteer members of Liverpool LINK, supported by members of Liverpool Charity and Voluntary Services LINK Support Team, with the cooperation of the public. The report is an evidence based exploration of what local people have to say about emotional health and wellbeing services for people with sensory and physical impairments in the City. The specific focus of the report is on counselling services and whether or not various other services are linking together to offer a joined up service to local Disabled people, which promotes their emotional health and wellbeing. The main components of this report are: the results of LINK discussion groups, a LINK questionnaires commentary, LINK desk based research comments and a conclusion with LINK recommendations for commissioners.

1.2 How LINK produced this report

The Emotional Health and Wellbeing Services Task and Finish Group (TFG) met 4 times in June and July 2010. The TFG had an active core of 8 LINK members who participated in the meetings. 3 of the group were Core Group Members. To gather qualitative evidence, TFG members also conducted an Open Space discussion with the public at a LINK event on Thursday 27th May, at LACE Conference Centre Liverpool. To gather further evidence, the TFG also held a discussion group at LCVS Offices Liverpool on 5th October 2010 and a further discussion group was held at the Gateway Centre Liverpool on 18 November. LINK enlisted the help of Liverpool PCT for a discussion group on the 8th December at Merseyside Society for Deaf People. These discussion groups form the bulk of the evidence for this LINK report.

1.3 Where this report is to be submitted

Task and Finish Group, asks Liverpool PCT to accept this report in the spirit in which it is intended: as a contribution from the local community to support the continuous improvement of local Health Services in Liverpool. Liverpool LINK expects commissioners to respond to each of the recommendations contained in this report so that Liverpool LINK can feedback to the public and LINK members who participated in producing the report.

1.4 LINK Conclusion

Liverpool LINK found that local people generally see the need for and value the counselling and other emotional wellbeing services that are available to them. However, despite there appearing to be a large variety of appropriate services readily available via online sources, those questioned often said they needed to know more about what services are available. So, more may have to be done to get the message across to people who do not access the internet.

1.5 Recommendations

1.5.1 Liverpool LINK recommends that a review is carried out regarding the levels of information provided to the public via non-internet sources regarding the counselling services that are available to Liverpool residents.

1.5.2 Liverpool LINK recommends that steps are taken to reassure the public that front-line health and social care staff are well informed about what emotional wellbeing services (such as counselling services) are available for them to signpost or refer patients to.

1.5.3 LINK recommends that relevant health and social care commissioners take note of the comments made by the public and contained in this report.

2.0 Introduction to Liverpool LINK

Liverpool Local Involvement Network (LINK) is an independent network of local residents and organisations established as part of a National Government initiative across England. LINKs have been established in each Local Authority area and have been set up to make sure that health and social care services are planned and delivered to meet the needs of the people that use them.

2.1 A LINK provides local people with an opportunity to: -

- say what they think about local health and social care services. What's working well and what is not so good.
- influence how services are planned, run and reviewed
- give feedback to commissioners and services providers about what local people have said collectively about services so that things can change for the better.

2.2 A LINK also has powers to: -

- ask health and social care commissioners for information about services and expect a response within 20 days
- make recommendations and expect a response from commissioners within 20 days
- refer matters to the Overview and Scrutiny Committee of the Local Authority

2.3 Liverpool LINK has been officially operational since January 2009 and now has a membership of over 2551.

2.4 The structure of LINK is operated through an elected Core Group of 15, plus many active members with key roles and responsibilities who enable it to operate both strategically across the City as well as on local issues within the 5 neighbourhood management areas that the Local Strategic Partnership operate in.

2.5 Liverpool LINK receives issues from a variety of sources and prioritises the issues it works on via the application of a fair and transparent process, in the form of an adopted scoring system. On completion of priority scoring the Core Group nominate one of its members to lead and chair a Task and Finish group to action plan and work through that issue. Task and Finish groups are

open to members, statutory officers and anyone who can assist the group in reaching informed and evidenced based recommendations.

2.6 In 2009 the network prioritised the following themes; Alcohol related hospital admissions, Healthy weight and Personalisation. These in depth, evidenced based reports with clear recommendations have been published and sent to the appropriate commissioners, responses have been received and actions have been taken regarding some of the recommendations. Further information can be found on the Liverpool LINK website. www.liverpoolink.org.uk.

3.0 Why Liverpool LINK reported on this topic

The topic of Emotional Health and Wellbeing Services for people with Sensory and Physical Impairments in Liverpool is among the three major issues that Liverpool LINK has chosen to work on in 2010, others are: The Healthy Cities Initiative and Sexual Health Services. These issues were submitted for initial scoring to the LINK Strategic Group meeting on 7th December 2009. The Liverpool LINK Core Group agreed to include these issues in the 2010 LINK Work Plan at their meeting held on 14th January 2010.

4.0 Definition of the Social Model of Disability

This is the model that individuals and organisations should be working to. The social model concentrates on the person first and the disability second. It recognises disabled people as an individual first, who has the right to the same access to health, education, housing, transport and other facilities as any other person. It also recognises that disabled people have self pride in their identity. The social model is a positive model as it concentrates on the person as a human being first.

4.1 Definition of the Medical Model of Disability

This means that a disability is seen as a "case", "condition", or "illness" and therefore "treatment" is the answer? This is a negative model, as it tends to generalise the disability when we know that every person is a unique individual with different experiences.

4.2 Definition of Counselling and Psychotherapy

Counselling and Psychotherapy are umbrella terms that cover a range of talking therapies. They are delivered by trained practitioners who work with people over a short or long term period to help them bring about effective change or enhance their wellbeing.

5.0 Membership of the Task and Finish Group:

First Name	Surname	Organisation
John	Perry	(Task & Finish Chair) L,pool LINK Core Group
Tom	Reck	Action For Blind People
Stella	Cairns	L,pool LINK Core Group
Alma	Lunt	L,pool LINK
Anna	Manning	Advocacy Rights Hub.
Lynn	Beckett	L,pool LINK
John	Bruce	L,pool LINK Core Group
Brian	Simpson	Neurosupport

Others in attendance

First Name	Surname	
Andrew	Lynch	LCVS LINK Support Team
Bob	Deus	P.A. to John Perry

6.0 Aims of the Liverpool LINK Emotional Health and Wellbeing of People with Sensory and Physical Impairments Task and Finish Group

6.1 The aim is to examine whether there is a need to provide a specific holistic integrated service and how it may be implemented.

- How you feel about your Physical Health may impact on your emotional well-being

- Should people with Physical/Sensory Impairments and mental health issues be treated holistically?
- More effective services are needed to promote well-being among disabled people

6.2 Specific outcomes to consider for the LINK report

Some questions to consider

1. Do disabled people and their families need counselling? If so why?
2. Why is there a need? What is causing the need?
3. What does counselling mean to those mentioned above?
4. What are the needs perceived by those concerned and by the professionals?

7.0 The services that this LINK report is relevant to

This report is relevant to all counselling services in Liverpool supported by statutory sector funding and health and social care services that could potentially inform or refer service users to counselling services.

8.0 What local people said to LINK about Services in Liverpool in the LINK Discussion Groups

Open Space event – Thursday 27th May at LACE

Public Comments to feed into Task and Finish Reports

8.1 The comments collected here are views expressed by individual community members. Liverpool LINK presents these as evidence of what local people have to say. Liverpool LINK neither endorses nor challenges any individual comment made here.

8.2 Approximately 15 local people took part in this discussion.

8.3 Emotional Health and Wellbeing of people with sensory and physical impairments

Feedback from the discussion:

- How you feel about your physical Health may impact on your emotional well-being
- Should people with physical disability and mental health issues be treated holistically?
- More effective services are needed to promote well-being among disabled people
- Tackle poverty among disabled people which can lead to mental health issues
- Does society disable us? Medical-v-social model of disability
- Look at issues raised further
- Will it be possible to have an integrated service for people with dual disabilities i.e. Mental Health problem and a physical or sensory impairment?
- Don't presuppose that physical disability will lead to depression or mental health problems – but acknowledge that it can exacerbate these and that disabled parents sometimes do get frustrated

8.4 LINK Comment:

The above discussion clearly indicated that people saw a LINK between their emotional health and wider physical and social factors affecting their sense of wellbeing. Having access to joined-up services was indicated as being of importance.

8.5 What local people said to LINK about relevant services in a Liverpool LINK Discussion Group on 5th October 2010 at Liverpool Charity and Voluntary Services.

8.6 The comments collected here are views expressed by individual LINK members. Liverpool LINK presents these as evidence of what local people have to say. Liverpool LINK neither endorses nor challenges any individual comment made here.

8.7 Liverpool LINK wellbeing services for people with physical or sensory impairments, Discussion Group Notes.

8.8 Present: 4 LINK Members 1 Support Worker
Also in attendance: Andrew Lynch, LINK Network Development Officer.

8.9 This LINK discussion group comprised people with various physical and sensory impairments.

8.10 Questions to consider in Group Discussions:

Q1. Do disabled people and their families need counselling services?

Answers to Q1:

- Yes, there is a great need.
- Lack of adequate service provision in general leads to greater need for counselling services.
- Services need to be better in general to reduce need for counselling.
- Both formal and informal counselling are needed.
- The type of problems people have should influence the type of counselling they can get
- Sometimes people need counselling but not all of the time.
- Families need support too e.g. some could benefit from disability awareness training to help them support other family members with disabilities.

Q2. If so why is there a need? What is causing the need?

Answers to Q2:

This was answered above.

Q3. What does counselling mean to those mentioned above?

Answers to Q3:

- People need a confidential service from trained professionals.
- No one size fits all approach.
- It means that people are looking for trained professional.

Q4. What are the needs perceived by those concerned and by the professionals?

Answers to Q4:

- There is no joined up service.
- There is a huge issues about services not sharing notes, they don't coordinate and communicate properly.
- Staff need to be more disability aware, they should not presume to know our needs without asking.
- Staff should not talk over me.
- Services get a lot of things right but they don't talk to each other enough.
- Don't talk to each other.
- Lack of communication between different hospitals/consultants e.g. regarding medication.
- Re: Dementia. Healthcare professionals don't know how to treat (in the non-medical sense of the word) people with Dementia.
- Health professional don't know how to speak to people properly.
- People don't care about dementia enough.
- Awareness of Dementia needs to be raised, also about young onset.
- More training needs to be given to staff.
- For inpatients there is a distinction made between patients who 'self care' and those who don't. There is no in-between provision.
- Staff still push people in wheelchairs without asking.
- Need choices between counselling and emotional support.
- No such service is available at present.
- Counselling can be offered but at present it is an add on to other services.

Q5. What are the presenting issues for people? (Social and Medical models, employment/unemployment, psychological implications of barriers as opposed to actual disability, etc).

Answers to Q5:

- Health stress and fear that people with spina bifida are not looked after very well, and preventative health provision.
- Physical Health is the core.
- Psychological barriers and stigma act as a barrier regarding mental health issues.
- They treat medical conditions but not the psychological affects of it.
Regarding benefits; people are worried about possible cuts to benefits and people being forced into work prematurely.
- Fear about health condition, referral, etc.
- Nobody to talk to other than GP and that takes weeks.
- Nobody speaks to you when you are newly diagnosed with cancer.
- Also need to talk to carers and families

Q6 Are service users consulted adequately and listened to by service providers?

Answers to Q6:

- NO
- Too few people are consulted with.
- Don't feel listened to.

Q7 What key things are needed to improve your health and wellbeing?

Answers to Q7:

- A safety net.
- Joined up services that that treat you as a whole physical and emotional.
- Staircase approach?
- Circle Approach
- Don't intervene on a one off basis

- GPs mentioning how much a treatment is costing affects people's health.
- Waiting times e.g. 40 week wait for a GPs appointment.
- Healthy eating advice for full and active life, need more specific advice for disabled people.

Q8 Is the practical support for people adequate e.g. transport, care, information services.

Answers to Q8:

- No to all.
- A lot of transport needs to be accessible and on time.
- Some people need door to door, others don't. Ambulances are not appropriate for all disabled people going to hospital, but they don't pay for taxis, sometimes it can take all day to waiting for an ambulance.
- Car parking fees are too much at hospitals.
- Car park charges are important because they make people not want to visit people in hospital.
- A case by case assessment is needed.
- Not just regarding hospitals but other services too e.g. Transport.

Q9 What might an adequate service provide e.g. diagnosis, mobility, home help, access to information about service, clear referral routes?

Answers to Q9:

- A GP, Nurse Specialists, Physiotherapist, Occupational Therapists, Psychiatric Nurse, speech Therapist etc.

Q10 Is the provision in place for you to manage your support needs?

Answers to 10

- Hours for travel are not given for support.
- Need more flexible support packages.
- Need to know where to go to get the right support equipment
- Volunteers could be used to people (Buddy service).

Q11 What are the quality issues associated with support needs assessments e.g. how long do people wait for assessments?

Answers to Q11:

- Quicker assessment and an open mind.
- Advocacy for people who don't have knowledge of what they can ask for.

Q12 Are services joined up so that it is easy to transfer between services?

Answers to Q12

- No.

Q13 Do services communicate with each other so as to offer you a joined up service?

Answers to Q12

- A lot of people end up in hospital because they are not supported very well. GPs need to be informed on your needs.

8.11 LINK Comment:

The evidence from this discussion group indicates that LINK participants value counselling services and are keen to ensure that services are delivered in a joined-up way.

9.0 What local people said to LINK about relevant services in a Liverpool LINK Discussion Group at Gateway Centre Liverpool on 18th November 2010.

9.1 The comments collected here are views expressed by local individuals. Liverpool LINK presents these as evidence of what local people have to say. Liverpool LINK neither endorses nor challenges any individual comment made here.

9.2 In Attendance: - 1 LINK Member, 2 Members of the Public, 2 Support Workers

9.3 Three of the participants in this discussion had visual impairments.

9.4 Also Present:-

Andrew Lynch - Network Development Officer for Liverpool LINK

9.5 Welcome and Introductions

The Chair explains the purpose of the meeting, which is to answer a questionnaire.

Q1 + Q2 + Q3. Do Disabled people and their families need counselling service? If so why is there a need? What does counselling mean to the above mentioned?

Discussion

When you are first diagnosed with a Disability it comes as a shock and you need help and guidance. So yes there is a need for a counselling service.

If you are born Disabled it is easier to come to terms with the situation. If you become Disabled part way through life it becomes harder to accept and deal with; therefore counselling is needed for all Disabled groups.

Q4. What are the needs perceived by those concerned and the Professionals?

Discussion

Once a person has been diagnosed with a Disability the Consultant should refer them on to organisations that can give them help and guidance. What they don't need is the fear of having their benefits taken off them or being forced back into work when they are not ready.

Why do some people seem to get a better service than others – shouldn't it be the same across the board? Also G.P.'s are very busy and do not have the time or expertise to consult with you. They also use the Medical Model of Disability as opposed to the Social Model. They are only interested in treating the condition and not the PERSON. There should be another mechanism in place where patients can go and receive advice and information.

Q5. What are the presenting issues for people?

Discussion

Everybody is different so a tailor made approach is needed. Also, we must concentrate on the emotional impact that Disability can cause and not just the physical barriers that Disabled people face.

Many people find it hard to come to terms with Disability and don't know where to turn to for the best or how to cope with Lifestyle changes. Also added to this are the financial difficulties that Disabled people may face due to loss of Employment. This then adds to the emotional strain already faced by a newly diagnosed Disabled person, making them feel overwhelmed.

Q6. Are service users consulted adequately and listened to by service providers?

Discussion

There needs to be a directory of Disability Organisations as a lot of people do not know where to go to for help. This should be given to the person on diagnosis of their condition. There is a perceived notion that this is already happening but evidence shows that some Disabled people do not know who to go to for help or advice, or if they do know where to go that the advice can be patchy, depending on who you speak to.

Question 7 was not asked!

Q8. Is the practical support for people adequate e.g. Transport, Care and Information services?

Discussion

The general answer was NO. Many people do not know about the escort service that British Rail offer to Disabled people. Again, more evidence proving that a Booklet should be produced. Also, this booklet should be regularly monitored and audited to make sure that all the organisations concerned are compliant and working to the same aim.

Q9. What might an adequate service provide e.g. Diagnosis, Mobility, home help, access to information about service, clear referral routes?

Discussion

Again it comes down to information. This should be freely available to everyone across the board. Also it seems that the service you receive varies depending on the Local Authority; some authorities are good and some are bad when dealing with care issues. Shouldn't there be a standard that all Local Authorities strive to?

Q10. Is the provision in place for you to manage your support needs?

Discussion

Everyone should be able to manage their own support needs, if they can or want to. They can apply for a Direct Payment, Individual Budget or they can use the Local Authority care services. There will be people who cannot do this so Advocates/Mentors/ Carers will be needed to represent people who cannot represent themselves. Also some people may not want the burden of managing their own care package and in effect becoming an Employer, so they can ask the Local Authority to do it for them. It's all about CHOICE and INDEPENDENCE.

Q11. What are the quality issues associated with support needs assessments e.g. How long do people wait for assessments?

Discussion

At the moment Disabled people are reporting that they are having to wait for long periods of time for an assessment. However, the Local Authority feel that people are not waiting long and that the process is running smoothly. Why is there a contradiction?

Also people report differences in the assessment service. Some feel they are listened to and given adequate time to talk about their care needs. Others don't get this and are even told what they need by the Social Worker as opposed to what the person feels he/she needs!

Q12. Are services joined up so that it is easy to transfer between services?

Discussion

Some are and some aren't. It comes down to Information again and how it is distributed. If people don't know about the services on offer who do they go to for help? There are still people out there who need care and do not know how to go about it so they leave it and suffer in silence; especially older people.

Q13. Do services communicate with each other so as to offer you a joined up service?

Discussion

It seems that services do not communicate with each other as the assessment process begins. However, when the services get to know of each other they do try and join up and work together for the Disabled person. What can be done to bridge this gap? People are signposted to the CAB but unfortunately they are not experts in Disability or Care packages and cannot help. They then have to signpost the person to another organisation who may or may not be able to help.

9.6 LINK Comment:

The evidence from this discussion indicates that services need to communicate and join-up services in a way that allows for an individual's needs to be efficiently identified and met, and information about such services should be promoted effectively

10.0 What local people said to LINK about relevant services in a Liverpool LINK Discussion Group with Deaf and Hard of Hearing services users at the Elderly Persons Club ((EPC) at MSDP Liverpool on 8th December 2010.

10.1 Eight service users participated. They were between 55 – 85 years old. A further 2 Deaf youth workers were also consulted on 13th December at MSDP, they are 18 years old.

10.2 These discussions were conducted by Shelagh Wishart, Health Link Worker, Liverpool PCT, on behalf of Liverpool LINK.

10.3 The following is a summary of the responses given in the discussions which were prompted by the LINK questionnaire (Appendix).

1. Yes Deaf people and their families need specialist counselling services because they need to have an interpreter in order to access a counsellor.
2. The young Deaf youth workers do not feel that they need to use a counsellor at the moment.
3. The young Deaf said that if they needed to speak to someone about a problem they usually ask in the Deaf centre which is their place of work or go to see a social worker based at MSDP or talk to their supervisor.
4. When they need to access health and wellbeing services they would like to choose how to receive information whether written, fax or in BSL.
5. They also pointed out that being Deaf has caused them all kinds of problems with communication, for example: when attending an appointment with a G.P or Hospital, there has been occasions when an interpreter has cancelled their services this happened to one Deaf member 5 times and her hospital appointment had to be rescheduled which put her health at risk, another example is, when

- an interpreter has arrived for a clinic appointment and the clinic has over run and the interpreter has had to leave to go to another job, does the Deaf person then cancel the appointment at short notice or persevere with the appointment knowing that they will struggle to understand the consultation with the clinical staff and admin staff.
6. One woman told said that she normally went to hospital appointments with a family member and had recently attended a hospital appointment on her own and she informed them that she was Deaf but the doctor treating her at clinic came right up to her face and spoke loudly in order to communicate which she found humiliating and this lowered her confidence, the lady didn't feel that she could tell the doctor that he didn't need to go so close up to her face to communicate This highlights the need for training in Deaf Awareness.
 7. The Deaf community would like the choice over having a family member interpret for them if they feel more comfortable but that depends on the situation, and sometimes they may not want an interpreter that they may know or have met through the Deaf community who may be a child of a Deaf adult (CODA). This is because they may know their parent/s and would feel embarrassed disclosing sensitive information about themselves.
 8. The main point that the elderly group made was that they would like to see Deaf people consulted rather than informed about decision making on the services provided, as this breaks down barriers to communication and highlights gaps in services, and it empowers them by including them in the decisions made to improve services to those with sensory impairments.
 9. All staff should be Deaf Awareness trained.
 10. At least one person from each team in the health service should be able to communicate using BSL.
 11. Ideally the elderly persons club said that they would like to see GP's using sign language.
 12. Two of the older participants said they had used counselling service and they were referred to Sign Health based in Warrington by their social workers.

10.4 LINK Comment:

The evidence given here indicates the value of counselling services which are accessible to Deaf service users. The discussion indicated some concerns about the availability of sign interpreters.

11.0 What local people said to LINK about Services in the Liverpool

LINK Questionnaire November/December 2010.

The TFG distributed over 500 questionnaires to the public as part of the research however only 7 to these were returned, thus making any statistical analysis redundant.

12.0 LINK Comment

The returned questionnaires reflected very much the evidence gained by discussion groups, with respondents valuing counselling services but expressing the desire for more information on what is available and training for front line staff in all services to signpost and join-up services better.

13.0 What Liverpool LINK found out by the desk based research

The TFG found that there is a wealth of relevant services and information easily available online about the relevant services provided by Liverpool PCT and Liverpool City Council e.g. Directory of Advocacy Services, March 2010. This offers comprehensive information on relevant services and Liverpool City Council's, Family Services Directory offers information on an even wider selection of services. And not least the Advocacy Rights Hub.

14.0 Equality Diversity and Quality

In view of the relatively limited scope and small sample size covered in this LINK investigation the TFG decided to focus primarily on engaging with people who have physical and sensory impairments. To that end, the TGF specifically engaged with people who have various physical impairments, Deaf people and people with visual impairments.

As and when Liverpool LINK deems it desirable it may carry out supplementary work to update or improve its reports.

15.0 LINK Conclusion

Liverpool LINK found that local people generally see the need for and value the counselling and other emotional wellbeing services that are available to them. However, despite there appearing to be a large variety of appropriate services readily available via online sources, those questioned often said they needed to know more about what services are available. So, more may have to be done to get the message across to people who do not access the internet.

16.0 Recommendations

16.1 Liverpool LINK recommends that a review is carried out regarding the levels of information provided to the public via non-internet sources regarding the counselling services that are available to Liverpool residents.

16.2 Liverpool LINK recommends that steps are taken to reassure the public that front-line health and social care staff are well informed about what emotional wellbeing services (such as counselling services) are available for them to signpost or refer patients to.

16.3 LINK recommends that relevant health and social care commissioners take note of the comments made by the public and contained in this report.

17.0 Next Steps

- **This report will be submitted to the appropriate Liverpool Health and Social Care commissioners and published on the Liverpool LINK Website in December 2010.**
- **Liverpool LINK will monitor any changes to services that may result from the report and publish details of any changes that are made.**

18.0 Acknowledgements

The TFG would like to thank all of the people who have taken time out to contribute to this report. We would also like to thank for Tom Reck of Action Blind People and Shelagh Wishart, of Liverpool PCT for their help with the discussion groups.

19.0 Contact Information

If you would like further information or if you would like to make any comments about this report please contact:-

Liverpool LINK
Support Team
151 Dale Street
Liverpool
L2 2AH
Tel: 0151 227 5177
E-Mail: andrew.lynch@lcvs.org.uk



Stronger Local Voices for Health and Social Care

Emotional Health and Wellbeing Services Questionnaire 2010

WHO WE ARE: Liverpool LINK is an independent network of local residents and service users with an interest in how Liverpool's health and social care services are run.

WHAT WE ARE DOING: We are currently looking at people's views about services that work to maintain or improve the emotional health and wellbeing of people with physical and sensory impairments. Some examples of these services are: counselling, advocacy, medical services, social care services.

We'd be really interested in your opinions on the questions overleaf.

These forms are completely anonymous but it will help to inform the report and recommendations which we'll produce later this year. Thanks for your time and your input. Our report will be available on our website later this year (www.liverpoollink.org.uk) and we will also post any responses we get to our recommendations - from the PCT, Liverpool City Council etc. - so that you can see how the information we've collected from people such as yourselves has made a difference.

Emotional Health for people with physical impairments

Liverpool Charity and Voluntary Services
Helping you make a difference



Questionnaire 2010

To be completed by service users and carers
Please tick or circle where appropriate

1. Do people with physical and sensory impairments and their families need specialised counselling services?

(Yes)

(No)

1a. If yes, please tell us why there is a need and what help should be provided by counselling services?

2. If you have used counselling services, please tell us why?

(Not Applicable) (Stress/anxiety) (Employment) (Other)

2a. If (Other), please tell us why you have used counselling services:

3. If you have not used counselling services, why not?

(Not Applicable) (I don't need them) (I don't know what they do)

(I don't know how to access them) (Other)

3a. If **(Other)** please tell us why you have not used counselling services:

4. Are emotional wellbeing services that you have used, "joined up" with other services so that it is easy to transfer between services?

(Yes)

(No)

4a. If you answered no to question 4 please give details of any failings here:

5. What might an adequate holistic wellbeing service provide for physically/sensory impaired people?

(Diagnosis) (Mobility) (Home help) (Clear referral routes)

(Access to information about service) (Other)

Any comments:

6. What key services are needed to maintain or improve your emotional health and wellbeing?

(Not Applicable) (Services to manage stress/anxiety) (Social services)

(Employment services)

(Medical services)

(Other)

Any comments:

7. How satisfied are you with Emotional Health and Wellbeing Services in Liverpool?

(Very satisfied) (Satisfied) (Don't know) (Unsatisfied) (Very unsatisfied)

8. Please tell us anything you would like us to know (good or bad) about Wellbeing services or if you have suggestions for improving these services.

Please return completed forms by Friday 19th November 2010 to:
info@liverpoollink.org.uk

Or by post (no stamp needed) to:

Freepost RRZK-UHLY-KGJT
Liverpool Link
151 Dale Street
Liverpool
L2 2AH

Or hand your form to a member of LINK staff

Please don't forget to fill in the anonymous Equality and Diversity Form. Thank you!