

Integrated Community Equipment Service (ICES)



**Exploring levels of awareness and barriers to
accessibility across different ethnic groups**

July 2024

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Executive Summary

The purpose of this project is to find out the awareness levels of the Integrated Community Equipment Service (ICES) among various ethnic groups and to explore the barriers they may face in accessing this service.

It targeted three cohorts: White British, Black and Nepalese communities. In 2022, a survey led by NHS Kent and Medway Clinical Commissioning Group found that 91% of survey respondents identified as White British, with no participants from Black/African/Caribbean/Black British communities. We worked with Kent County Council (KCC) and NHS Kent and Medway to investigate this notable demographic gap and to explore disparities in service utilisation among different demographic groups.

56 people took part in this project, from 3 targeted ethnic groups:

- White British,
- Black/African/Caribbean/Black British
- Nepalese

Participants contributed insights and experiences with equipment sourcing and the ICES. The project utilised a mixed-method approach, combining face to face engagement, focus group discussions, digital questionnaires, and telephone interviews. Data collection occurred in two phases, with the first in March 2023, and the second between December 2023 and February 2024.

The project found that:

- Walking sticks and Frames were the most frequently reported items (48%) of equipment. Other items of equipment reported were 11% crutches, 9% shower and seat supports, 8% commodes and wheelchairs.
- 44% of participants 'self sourced' equipment. 75% of Nepalese participants 'self sourced' equipment from local shops, 33% of Black/African/Caribbean/Black British and 6% of White British cohort also sourced from local shops.

- 42% of participants 'System sourced' their equipment. When looking at 'system sourcing' equipment from NHS, the levels of cohort activity reversed with 35% of the White British cohort, 20% of the Black/African/Caribbean/Black British and 13% of the Nepalese cohort 'system sourcing'.
- 68% of the Nepalese cohort said they were aware of ICES, but all of these said that they did not know how to access the provision. In contrast 33% of the Black/African/Caribbean/Black British cohort reported being aware of ICES and within this 80% knew how to access the service.

People highlighted 4 key challenges in sourcing equipment:

- Affordability and funding (10 mentions)
- Suitability of equipment sizes and installation (7 mentions)
- Waiting times (7 mentions)
- Availability and lack of information (4 mentions)

The benefits of the ICES were considered to be:

- Independence and Safety (11 mentions)
- Increased activity levels and daily living (9 mentions)
- Help and financial relief (7 mentions).
- Social and emotional wellbeing (6 mentions)

In conclusion, this report sheds light on the different awareness levels to accessing the ICES among different ethnic groups in Kent.

Recommendations:

1. Ongoing monitoring

- The Integrated Community Equipment Service should monitor the levels of uptake across different types of equipment by ethnic group as an indicator to inform targeted marketing within target cohorts.

2. Employ culturally sensitive approaches and targeted marketing / awareness raising

- Develop informational materials in 3-4 languages most commonly spoken within minority ethnic communities to improve accessibility. This should include expectation setting around 'self sourcing' options and 'system sourcing'.
- Collaborate with community leaders and organisations to host information sessions or workshops tailored to the specific cultural needs and preferences of these communities. This should include mixed method engagement and not rely on digital cascade methods.



Introduction

We worked with Kent County Council and the NHS Kent and Medway to investigate the awareness of, and access levels to the Integrated Community Equipment Service (ICES) across targeted ethnic groups and to explore the barriers in accessing the service.

In a report by the NHS Kent and Medway Clinical Commissioning Group in 2022, Patient Experience Survey report: Integrated Community Equipment Service (Kent), 91% of survey respondents identified as White British, with Indian as the next largest category (3%), followed by mixed ethnic backgrounds (2%), White Irish (1%) and other ethnicities (3%), identified as English and Greek. There was no representation from Black/African/Caribbean/Black British ethnic background or a Nepalese cohort.

This revealed a significant demographic gap, which suggested that ethnic communities were not accessing the service.

This framed the project to assess their levels of awareness and accessibility of the ICES provision. By understanding these differences, we aim to identify and highlight potential areas efforts should be directed at to ensure the service serves its full purpose.

Methodology

The target group of people for this project were people or their loved ones who used equipment to help themselves with moving around. This project employed a mixed-method approach to collect data from people.

- **Focus groups: (22 participants – all from Nepalese community)**
We visited the Nepalese community in Folkstone and conducted focus group discussions to gather insights using a semi-structured conversation framework.
- **Face to face engagement: (8 participants – all from Black /African /Caribbean /Black British communities)**
Targeted engagements were carried out in churches in Ashford and Maidstone's mobility rooms.
- **Digital questionnaires (19 participants – all from White British communities)**

- Telephone interviews (2 participants - all from Black/African/Caribbean/Black British communities)
Telephone interviews via a semi-structured questionnaire (Appendix 1).
- Whatsapp (5 participants - all from Black/African/Caribbean/Black British communities)
Recruitment efforts for people extended to an online WhatsApp Nigerian community.

Participants

56 participants took part in the project. The project targeted participants from three different ethnic backgrounds.

Ethnicity

17 people identified as having White English/Welsh/Scottish/Northern Irish/British ethnicity.

15 people identified as having Black/African/Caribbean/Black British ethnicity.

22 people identified as having Asian/Asian British, Nepalese ethnicity
2 people identified as having Other White / Irish ethnicity.

Age

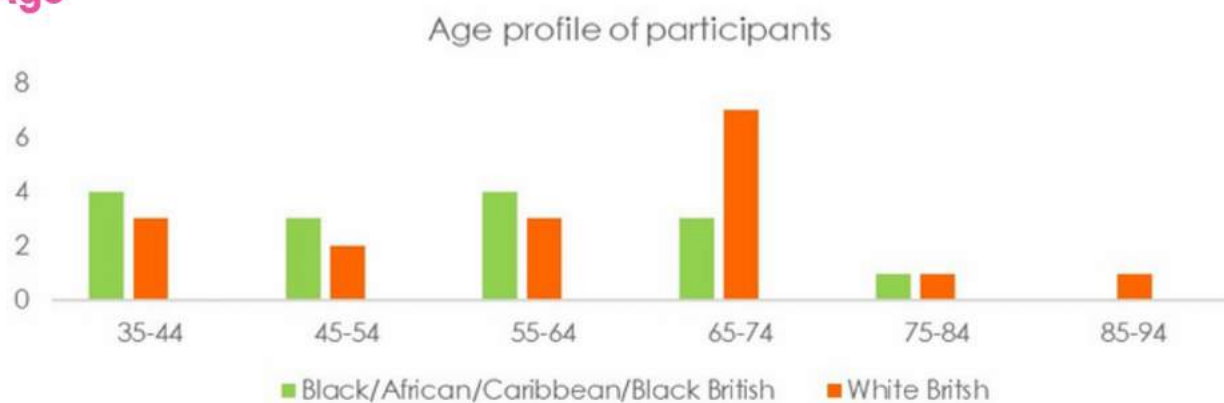


Figure 1. Chart representation of the ages per cohort.

Gender

Of the 56 participants, 64% (36) identified as female. The Nepalese community were the only cohort to have an equal number of male and female participants, other cohorts had more female and male participants. No one identified as transgender.

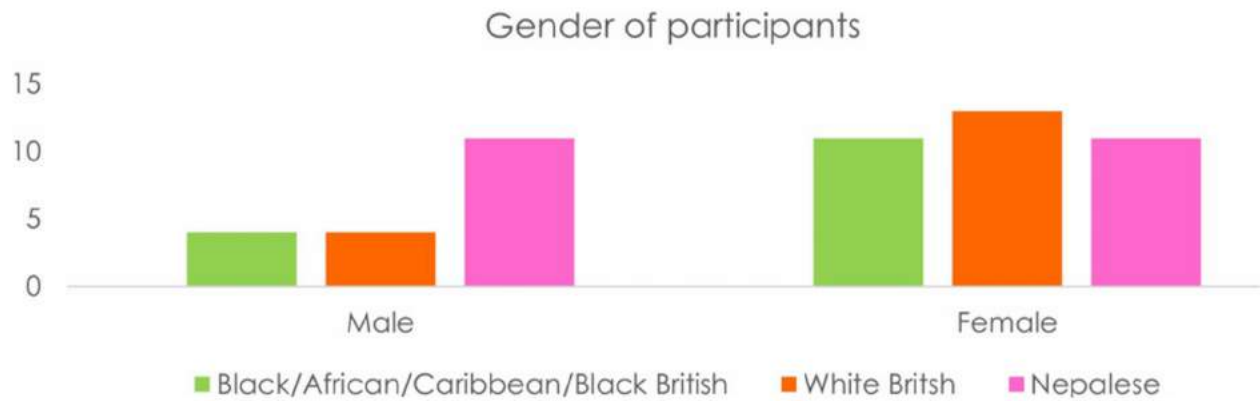


Figure 2. Chart representation of the gender of people we spoke to.

Case Studies: All case studies have been anonymised.



Paul, a White British man said:

“[I needed a] pressure relief mattress for 2 ft 6 in. bed. They only supplied 3 ft mattress, which was dangerous as it caused till off bed. I bought one that was 2 ft 6 in. Service told me they wasn’t available. Had to supply own [incontinence] pads for 18 months before we was supplied them.”



Lola, a Black Nigerian woman said:

“I have three children and all of them lived with me before. Later, they had to travel more often requiring them to stay away for weeks. But because of my condition and the kind of support I need, they sometimes find it really hard to go to places they would like to go or get involved in some activities as much as they would have loved to do. This is what conditions like this do to families. It restricts and sometimes affect families if support is not adequate, unavailable or lack of adequate information on where to go to seek the help that you need.”



Findings

Current usage of equipment

100% (56) of participants confirmed the use of equipment either by themselves or their loved ones to help with mobility.

- 71% (40) of participants reported using such equipment personally.
- 29% (16) stated that their loved ones were the ones utilising equipment for moving around.

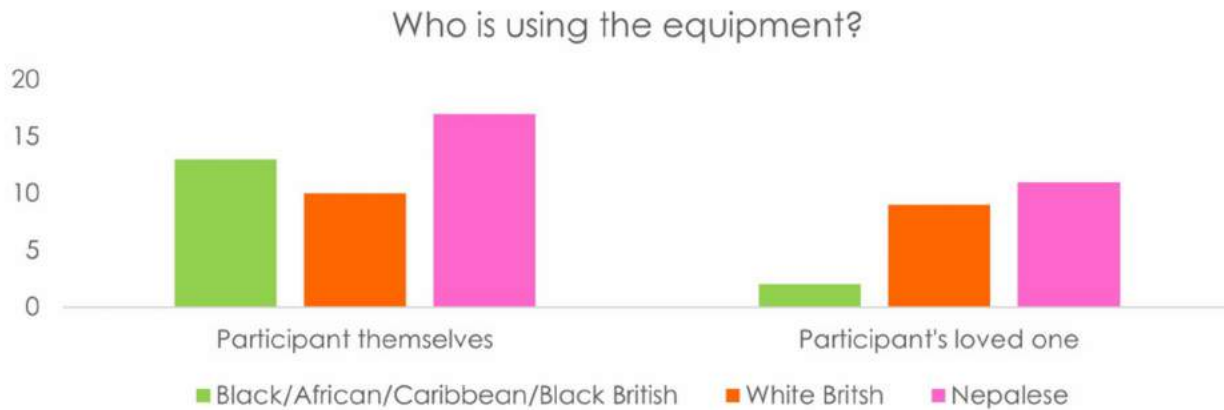


Figure 3. Usage of equipment per cohort.

What type of equipment

Participants identified that a total of 76 pieces of equipment were used by people across the three target ethnic groups. The White British cohort reported using 36 items, the Black/African/Caribbean/Black British cohort reported using 26 items and Nepalese cohort reported using 16 items. The pieces of equipment were divided into categories and usage varied by cohorts.

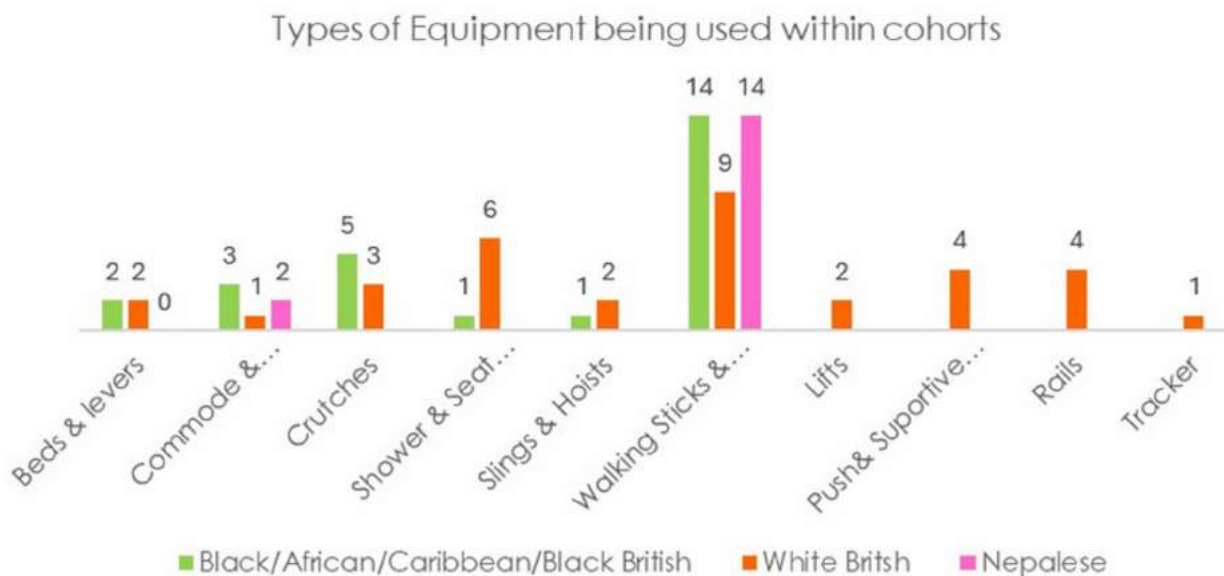


Figure 4. Types of equipment by cohort.

Equipment sourcing

Of the 56 participants, 49 responded to the question 'where did you or your loved ones get the equipment from?'

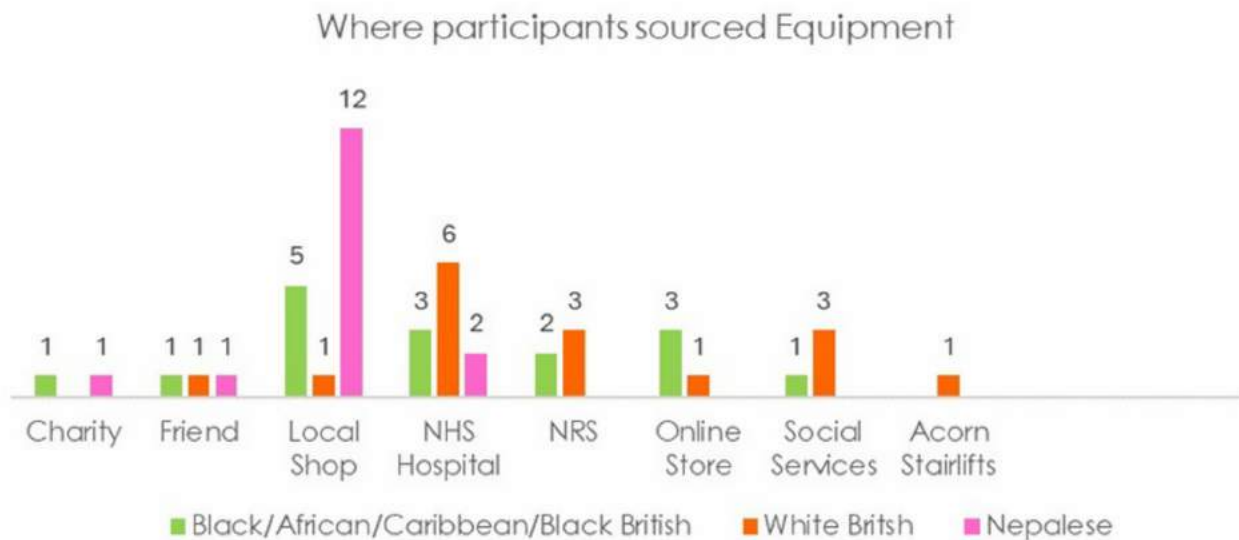


Figure 5. Where equipment was obtained per cohort

Local shops were the most frequently mentioned source for obtaining Equipment

- 75% (12 of 16) of the Nepalese cohort sourced their equipment from local shops
- 33% (5 of 15) from the Black / African/ Caribbean and Black British cohort two people
- 6% (1 of 17) from the White British Cohort Sourced from local shops.

NHS Hospitals were the second most frequently mentioned source of equipment.

- 35% (6 of 17) from White English/Welsh/Scottish/Northern Irish/British participants
- 20% (3 of 15) Black/African/Caribbean/Black British ethnicity 13% (2 of 16) of the Nepalese cohort

NRS was the third most frequently mentioned source of equipment

- 18% (3 of 17) from White English/Welsh/Scottish/Northern Irish/British participants
- 13% (2 of 15) Black/African/Caribbean/Black British ethnicity

Online stores and Social Services were jointly mentioned as the fourth most frequently mentioned source of equipment

- 33% (5 of 15) from the Black / African/ Caribbean and Black British cohort
- 23% (4 of 17) from the White British Cohort Sourced from local shops.

The sources of equipment were divided between 'self sourced' including local shops and friends, and 'system sourced' including Hospitals, Social Services and NRS.

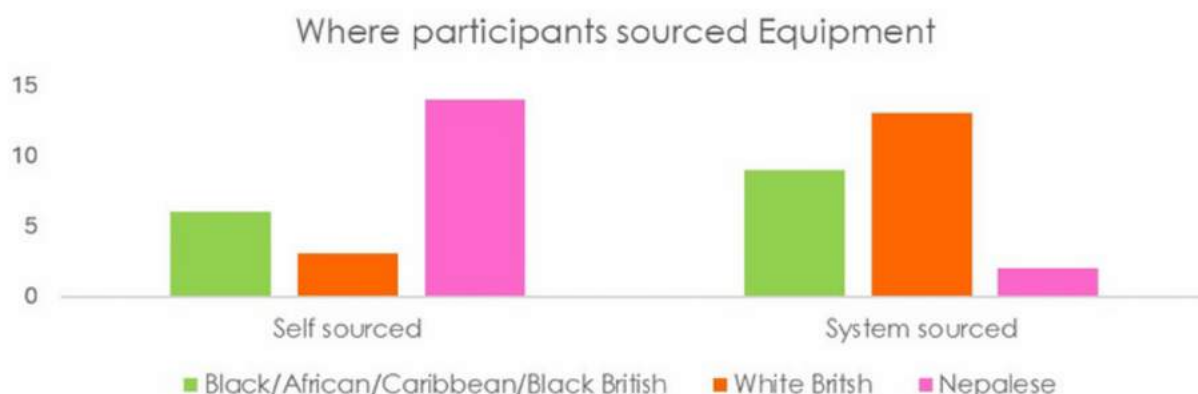


Figure 6. 'Self sourced' and 'System Sourced' equipment per cohort.

44% (23) participants reported that they had 'self sourced' equipment

- 88% (14 of 16) of the Nepalese cohort
- 40% (6 of 15) of the Black/African/Caribbean/Black British cohort
- 18% (3 of 17) of the White English/Welsh/Scottish/Northern Irish/British cohort

42% (24) participants reported that their equipment was 'system sourced'

- 76% (13 of 17) of the White English/Welsh/Scottish/Northern Irish/British cohort
- 60% (9 of 15) of the Black/African/Caribbean/Black British cohort
- 12% (2 of 16) of the Nepalese cohort

Awareness of the ICES provision

- 68% (15 of 22) participants of Nepalese ethnicity were aware of ICES provision
- 47% (8 of 17) participants of White English/Welsh/Scottish/Northern Irish/British ethnicity reported awareness of ICES
- 33% (5 of 15) people of Black/African/Caribbean/Black British ethnicity reported awareness of ICES.

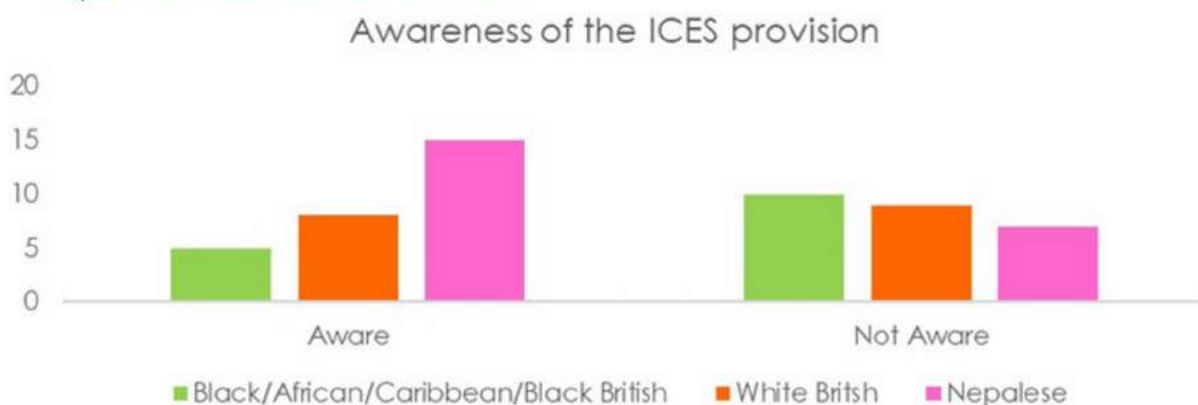


Figure 7. Awareness of the ICES by ethnicity.

Accessibility of the ICES provision

Participants who indicated awareness of the ICES provision were asked if they knew how to access it.

- 100% (8 of 8) people of White English/Welsh/Scottish/Northern Irish/British ethnicity confirmed they knew how to access the provision
- 80% (4 of 5) people from Black/African/Caribbean/Black British ethnicity knew how to access the provision
- 0% of people from Nepalese ethnicity felt they knew how to access the ICES provision.

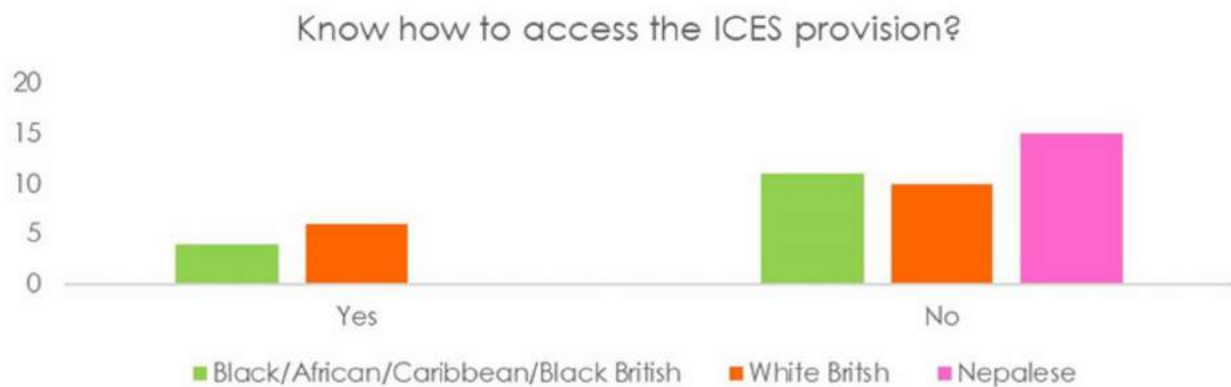
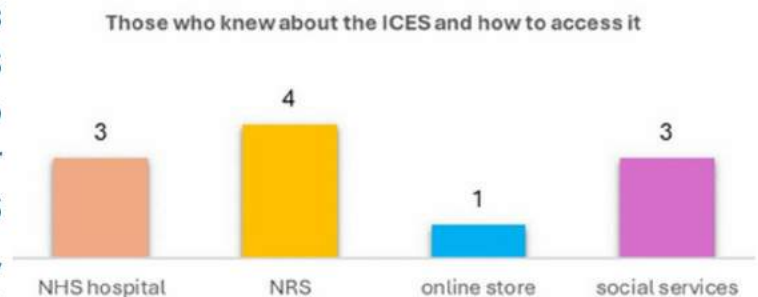


Figure 8. Accessibility of the ICES by ethnicity.

- 32% (11 of 34) of participants that were aware of the ICES provision and knew how to access it, sourced their equipment from NRS Healthcare, social services, and NHS hospitals, and an online store.



Those that did not know how to access the ICES provision, sourced their equipment from local shops, hospitals, online store and friends.

Case Studies: All case studies have been anonymised.



Julia, a White British woman said:

"I personally have not had equipment, but I would like to share with you the difference having a handrail on my stairs has made to me. I suffer from arthritis in my knees and hands, every morning I was feeling anxious about going downstairs, it is distressing realising that you are no longer as fit as you'd like to be. I didn't realise how anxious I was until the handrail was fitted and the relief of being able to walk up and downstairs properly without dread has been immense and I am very grateful as it has made a massive difference to me."



Dinesh and Biraj, are Nepalese father and son, who had another community member speak on their behalf.

The son is disabled from polio, and uses a wheelchair donated by a charity organisation. They have lived in the UK for five years. The son used to have visits from the NHS for a few years, but 2 years ago they stopped coming to visit him. He is looked after by his mother (75) and father (80) as he is not capable of looking after himself. They have had no equipment provided. The son cannot use the donated wheelchair as he does not have the use of his hands to be able to move it himself. He needs one with a joystick or switch controls. His mother and father have to push him around, though his father is not mobile enough to push him around. He was brought to the community centre today by his mother and father pushing him. He is stuck at home because he cannot use the wheelchair himself.

He has received treatment from the NHS, and goes to the hospital 2/3 times a month, but still has not been issued any equipment. He struggles with these hospital visits because it is hard for him to travel to William Harvey Hospital. He does not have a bus pass and has to pay for the bus to get to Ashford. He has been given the top floor in a council house, but he cannot get up and down the stairs. He currently has his bedroom in the dining room, and his family have to come down the stairs and take him to the toilet during the night. They are struggling financially, and the son does not receive full disability allowance, despite being told he can have it. They do not get housing benefits either.



Challenges of accessing equipment

Participants were asked what challenges they faced in accessing and obtaining equipment to support themselves or loved ones. These responses were analysed, and five themes were identified. These are presented in order of frequency of mention.

Affordability and funding (10 mentions)

People expressed frustration with the costs associated with getting equipment. These people were those who had sourced equipment from other sources excluding NRS and social services.

- *"I was helped by our Alzheimer and Dementia Support Services (ADSS) nurse because where would I have gotten money to sort myself out?"*
- *"We were told we had to buy it but can't afford it."*
- *"The only challenge is money. we've spent a lot to support her, but always expensive."*
- *"It's about getting it free. I spend quite a lot to support myself. So, the challenge is being unable to afford everything I need right now."*
- *"Many a time, this equipment is expensive. So, it requires a lot of money to put together especially for someone who has disability."*
- *"Some of the equipment is not really a perfect fit for what you need, but yet, thank God for NHS, still, I won't be able to afford buying that equipment myself."*
- *"I had to buy a second-hand wheelchair because it costs a lot for me to get a brand new[one]. So, I'll say my challenge is affordability."*
- *"Because I do not work, and rely on the income from my daughter, I feel it is more ok to concentrate on using my money on other stuff than getting a shower chair. There is no other way to get it for free, I have also asked friends."*

Suitability of equipment sizes and installation (7 mentions)

People reported physical limitations and special needs as challenges they encountered accessing the equipment they needed.

- *"The crutches he uses are via a firm that were from France. We cannot get these anymore and there is not an alternative we can use as they are elbow crutches."*
- *"Often had to buy as [social services] say it's not available in that size. This wasn't the case as I bought it myself for my husband. Items should be patient-related, not provider's choice."*

- *“Although I could get and afford the equipment I need, fixing it in the home for me is a concern.” “When I tried getting my equipment [from*
- *NRS Healthcare], I recall I had difficulty with the service, they couldn't provide equipment that could perfectly support me, rather they told me what they had. So, I think my challenge was that there were issues with bespoke equipment.”*

Waiting times (7 mentions)

Three people spoke about delays in receiving replacements for broken or condemned equipment, as well as difficulties in obtaining new equipment due to prolonged waiting periods.

- *“Long waiting time [for support from social services].”*
- *“Long waits [for support from NRS Healthcare]. When equipment breaks as it is a special order it takes many months for replacements. Currently waiting on agreement for another piece of equipment that is still in use despite OT condemning it months ago as funding not agreed for a replacement, and something is needed in the meantime. Severely disabled people with the greatest equipment needs are left for long periods just waiting. Also, equipment services assume we are available to wait in from 8am to 6pm. We are often flexible, but especially if we have other children, we are not available before 9am or 3-3.30pm as we have to do school runs. So, if for a child / young adult please give 9am to 3pm or another timeslot within school hours. For parents who work, they may need a later timeslot.”*
- *“I waited for so long just to get a walking frame which should not be. It got to a point that I could not wait anymore because I could not cope with nothing for long. I had to eventually purchase from the store.”*
- *“Nothing specifically, but it's just that, you have to go through a lot of processes and wait for a while before they get you the equipment. I had to chase this up before I was able to get it.”*
- *“It was really challenging to get this equipment from NRS [Healthcare]. The social service occupational therapist who arranged this for me had to start chasing this up, because it was taking too long to arrange me a delivery. I got it anyway, but the delay was my only challenge.”*

Case Studies: All case studies have been anonymised.



Abhay, a Nepalese man, has a problem with his eyes, his knee, and his hearing. He arrived in the UK 6 years ago and lives alone at home. He uses an issued hearing aid and a walking stick that he purchased himself. He says his hearing aid is not great, it has a problem with the battery, and he doesn't know when it will work and when it won't! He has diagnosed arthritis in his knee and was told there was no cure. This put him off looking for treatment/support.



Gopal, a Nepalese man, has an injury from when he was in the forces. It was a long time ago. He has been left in a condition where he has back pain and it is hard to walk. He has been to the hospital and GP a few times and they just prescribe him with painkillers. He says he just has to live with it. He also has problems with a contorted hand. Physiotherapy was involved here but it ultimately had minimal usefulness. He hasn't been issued any equipment. He was given a walking frame from a friend who bought it from a charity shop. One time his frame slipped on a public bathroom floor, and he fell over. He struggles with getting in and out of buildings. His wife is 75 and he is 81. She helps take care of him



Maya, A Nepalese woman, had a problem with her legs. She had a very painful tingling sensation and was prescribed painkillers. She hasn't been given any equipment by services. She has a 26-year-old son who lives with her and helps her. He bought her a walking stick from somewhere in Folkestone. He works, so when she is alone, she has to wait until he comes home. She can use the toilet but for cooking she has to wait for her son.



Case Studies: All case studies have been anonymised.



Aastha, a Nepalese woman's husband had mouth cancer. They took a skin graft from his leg, and ever since having chemotherapy he has been very weak and cannot walk without a stick. She looks after him when he is at home. He doesn't need a wheelchair, but he uses a stick that he bought from a mobility shop.



Suresh, A Nepalese man said:

"He has had a back problem for quite a while. He has been to hospital and was given an ointment 4/5 years ago to treat his pain. He didn't want to go back to that hospital, so went to a different place to get further treatment. He bought his own walking stick in the UK at a mobility shop. His wife had stroke in 2018, and whilst she has no problems with mobility, she lost sight in her right eye, and is being treated. He is the sole carer of his wife"



Perceived benefits of the ICES

People were asked if the ICES provision would benefit them, should they or their loved ones ever need it. Responses have been themed into four categories.

- **Independence and Safety** (11 mentions: 7 from Black, African, Caribbean, Black British cohort and 4 from White British cohort)
- **Increased activity levels and daily living** (9 mentions: from Black, African, Caribbean, Black British cohort)
- **Help and financial relief** (7 mentions: 6 White British / Other White cohort and 1 from Black, African, Caribbean, Black British cohort).
- **Social and emotional wellbeing** (6 mentions: 3 from Black, African, Caribbean, Black British cohort and 3 from White British cohort)

Independence and safety (11 mentions)

- "It would help my loved one to be more independent."
- "Helps me stay fit and active because I get to move from one part of the house to another, including being able to go out to my bank."
- "It would really help to improve her mobility."
- "Having access to this service for my grandma will help her support herself."
- "I can also do some regular chores and live independently."
- "I can do things on my own more and more if I get more of the equipment that are useful to me, which I see this service provides."
- "Equipment saves you from loads of fall. My grandpa feels safe using his frame, else he won't get up from the bed."
- "It would help her do things herself rather than sitting/lying down always."
- "Being able to be supported by them keeps me happy. I wake up less worried about how to go about my routines. It helps me to be self-reliant on some parts of my daily life."
- "I didn't know of this service until now, but it will really help me to gain my strength and keep fit. I won't need to rely on someone to help me stand for long."
- "It helps me stay truly supported and independent."

Increased activity and management of daily tasks (9 mentions)

- *"It will help me stay in control of my daily activities and provide me with the ability to stay active."*
- *"It would increase my being able to do usual tasks before I got injured. I can then stay more active."*
- *"It gives me the comfort that I need to resume daily tasks. Instead of just wasting away glued to my bed. It helps me get busy and involved with many daily activities."*
- *"You don't move, you feel sore overtime. Service as this will help to manage daily routine as you can move about."*
- *"No one should refuse a service as this. I can say I get to leave my bed every morning for a brief walk because of the equipment."*
- *"It will definitely help me regain my strength and improve me being able to move properly."*
- *"It will help me live an active, and independent life."*
- *"Having a free equipment is great. For my mum, it will help her get moving if she can access it whenever. I have always wanted her to keep doing stuffs rather than just sitting because she can't move on her."*

Help and financial relief (7 mentions)

- *"[ICES] will provide advice and help to access what we need."*
- *"Of course, equipment would help. Being guided to what would be useful, most useful, and safest would be great."*
- *"If I needed [equipment, ICES] would be good to know. Maybe I could have gotten a walking stick earlier."*
- *"[Equipment] would be free, and useful for temporary need."*
- *"[ICES] already helps me very much with the bath lift and I have had zimmer and mobility push trolley in the past, which was a great help."*
- *"Of course, [ICES] will help me. Sometimes, I still think if I ever need to get any other thing to support me, I might not have the money for this. So, a service such as this can help me in that situation to get the equipment that I need without having to borrow. I can support myself with them."*
- *"A service like this will bring huge relief for me in terms of money. I can use that for something else, save it up to get any equipment the ICES cannot provide."*

Social and emotional wellbeing (6 mentions)

- *"It will offer me belongingness just like the one I [am] use to."*
- *"The use of the equipment should be normalised so that it is used without people feeling uncomfortable or embarrassed."*
- *"It is going to help me socialise more with people. I am always at home because of my state. It will definitely lighten up my spirit because I'll get to move around."*
- *"It will give me a peace of mind that I can support myself wherever and whenever. It will help me to live my life as close to full as possible."*
- *"Not only will this help me regain some peace of mind every morning with daily tasks, but it will also boost my self-esteem."*
- *"Basically, it will help me to stay connected to people as it helps me move from one place to another."*



Recommendations

1. Ongoing monitoring

- The Integrated Community Equipment Service should monitor the levels of uptake across different types of equipment by ethnic group as an indicator to inform targeted marketing within target cohorts.

2. Employ culturally sensitive approaches and targeted marketing/ awareness raising

- Develop informational materials in 3-4 languages most spoken within minority ethnic communities to improve accessibility. This should include expectation setting around 'self-sourcing' options and 'system sourcing'.
- Collaborate with community leaders and organisations to host information sessions or workshops tailored to the specific cultural needs and preferences of these communities. This should include mixed method engagement and not rely on digital cascade methods.



Outcomes

1. Ongoing monitoring

- Commissioners have told us there is an ongoing monitoring of uptake level and that there is an upward trend. They gave further commitment to do more to increase this such that ethnic cohorts underrepresented can be continuously engaged to support them to get access to the right support needed.

2. Employ culturally sensitive approaches and targeted marketing/ awareness raising

- We have been told that there is an ongoing drive to increase communications with underrepresented ethnic cohorts. Commissioners confirmed that there will be a plan to create more posters with pictures to help people understand what ICES does, where and how to get the support whenever needed. GP bulletins will also be targeted for communications to help people understand the processes required to access the service.

We also heard feedback relating to:

Waiting times for equipment

- Commissioners have confirmed that current processes are being monitored continuously and are not aware of any exceptionally long waiting times except for some bespoke or special equipment requests which may sometimes be delayed due to procurement challenges or delivery options. As a result, they confirmed an ongoing development of an application called MYNRS in collaboration with the designed ICES provider [NRS healthcare] which will help them engage more with service users and reduce uncertainty around the delivery of equipment being requested.

People asking for more flexibility of appointments

- Commissioners have indicated that the drop-off drivers can be flexible when someone claims to have an emergency or serious issues that require them to be unavailable.

Appendix I: Survey questionnaire.



INTEGRATED COMMUNITY EQUIPMENT SERVICE (ICES)

Improving and maintaining health and wellbeing for the Kent population, maximising independence, and providing choice in terms of support.

INTRODUCTION: The Integrated Community Equipment Service (ICES) is a service that caters for the provision of community equipment such as profiling beds, mattresses, pressure care, hoists, ceiling track hoists, walking frames, crutches, chairs, grab rails and temporary ramps to children, older people, and people with disabilities. The equipment can be key in helping people be independent, safe, part of society, and to keep their quality of life. It helps to give people control over their own lives, allowing them to live at home for as long as they wish. It makes a difference to everyday lives, supporting carers and families to stay together.

CONSENT: We would like to include your responses in our research. Do we have your permission to use the information you will be providing us below? YES NO

EQUIPMENT AND ACCESSIBILITY NEED:

1. Do you or any of your loved ones use any equipment to help with moving around? (e.g., show the pictures of the equipment at the back page) YES NO

If YES, who uses the equipment? MYSELF MY LOVED ONES

If YES, FOLLOW UP: what equipment is it?

FOLLOW UP: where did you (...) or your loved one(s) (...) get it from?

2. Do you or any of your loved ones currently need any other equipment to help with moving around?
(equipment such as stair and bath lifts, remote control beds, mattresses that offer extra support, walking aids such as walking sticks and frames)

ACCESSING HELP:

3. What challenges have you faced, if any, in getting the equipment you need?
Rationale: Trying to find out challenges in getting equipment

SERVICES:

4. Do you know about the Integrated Community Equipment Service?
 YES NO

The Integrated Community Equipment Service (ICES) is for people with disabilities to help them live on their own for as long as they wish. It supports them to stay together with their carers and families and makes a difference to their everyday lives.

If YES, FOLLOW UP: Do you know how to access it? YES NO

5. Do you know of anywhere else where you could get free community equipment if you needed it? *Rationale: Trying to find out if there are other support services known to people*
 YES NO

If YES, FOLLOW UP: What service is it?

PERSPECTIVES:

6. Would you or your loved one(s) use the Integrated Community Equipment Service if you needed it?

Rationale: Trying to find out the perceived level of acceptance

YES NO

7. Do you think this service would help you or your loved one(s)?

Rationale: Trying to find out if there are benefits of this service

YES NO

If YES, FOLLOW UP: How would this service help you or your loved one(s)?

Rationale: Trying to find out the benefits of using the service

Any story you would like to share?

Case study/story capture:

WOMEN'S HEALTH:

8. Do you identify as a woman? YES NO

9. If YES, FOLLOW UP: Did you generally feel listened to and understood by everyone you meet, when using health and or mental health services?

10. Do you feel you experience any barriers accessing the care you need? YES NO

If YES, what are those barriers?

Thank you for your responses.

If you would like to chat with us about the report, you can reach us through the following routes:



Online:
www.healthwatchkent.co.uk



By Telephone:
Healthwatch Kent Freephone
0808 801 01 02



By Email:
info@healthwatchkent.co.uk



By Text:
Text us on 07525 861 639. By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face-to-face

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