CONSULTATION QUESTIONS

1. The strategy outlines a care pathway (page 10).

(a) If you are a service user and/or carer, please tell us what difference you believe the implementation of the pathway will make to the services you experience.

(b) How can we best ensure that services and support meet your needs?

(c) If you are a care provider, what changes will you need to make to implement the pathway?

Ensure high quality teachers of HI and VI. In adequately and appropriately addressing the needs of young people, we prepare them for adult life. I have concerns that we do not always have qualified staff for this group and at the open consultation it was clear that may adults had poorer experiences than we would want.

(d) How will you make these changes?

Staff need to be matched to the school and sector they are working in and not just ‘supplied’ by the authorities. Robust measures to ensure there is always a cohort of teachers training within HI or VI needs to be addressed.
The lack of mobility staff being utilised when qualified is unacceptable. Our school has a recently qualified with merit member who has not been offered a position yet. No point in developing courses with no job prospect at the end of it. Quality mobility input prepares young people for their future independence.

2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

(a) Which of the key factors are most important for a successful pathway?

Robust arrangements for transition between education and adult services. Integrated systems are ideal if they work, but my experience has seen responsibility shifting between agencies at the cost of a reduced service to young people.

(b) Which are the most challenging to put in place?

4-Local partnerships. Clear direction needs to be given to authorities to ensure evidence of progress in their work. Currently in Glasgow the HI VI sensory social work department has depleted staff with no one realising the impact of this on the population they serve-or currently don't serve!

(c) Do you think that any key factors have been missed?

Lack of realistic expectation of waiting lists within NHS. Lack of qualified social workers and teachers. Lack of quality training for both. All of this impacts negatively on the young people we should serve. If we get it right at the start then we have empowered and developed those with a sensory impairment to survive in their respective communities. We also need to share information better and develop ways of doing this successfully.

3. The strategy identifies areas for action that should be addressed going forward (Page 13-16)

(a) Which of the areas for action will be the most challenging to implement?

2 Screening-if a baby is identified at birth as having a sensory impairment it is passed from NHS to education for the most part. For those not identified or screened, it is not until school age that an impairment is picked up losing valuable years where learning takes place. We don't currently screen at nursery and we should to give children the best possible start in life.
We currently have pupils misplaced in the generic ASL population when they should have been identified as having an initial barrier to learning of HI or VI.

(b) Which of the areas for action will make the biggest difference and why?

Rec 4- all agencies need to provide evidence of how they address and meet the needs of young people and those who are sensory impaired. This is not the case. More accountability please.

(c) Are there any other areas for action that you would like to see included within the strategy?

Yes mobility/Habilitation access and training. The demand for this is very high and within Glasgow Education only 2 out of the 3 qualified staff members are employed to serve all school age children in Glasgow. This is unacceptable and all HI/VI should have the opportunity to have mobility training

4. Please comment on the current provision of sensory impairment services as either a service provider or service user. If you have any experience of sensory impairment services, please let us know what you think of them: this should include any experience of one-stop shops.

Provider-HI/VI social work services within Glasgow are depleted adding to the already long waiting list of adult sand young people for assessment. Could this be addressed please?
Mobility needs to be offered as part of education and from nursery age. Again a shortage of staff or budget to use existing staff.
Earlier screening for both HI and VI.
Training for teachers.

5. What difference will the implementation of the strategy make to your life?

Hopefully I will see the needs of young people and adults being met within this group. Upskilling and staff training has to be addressed or they are ill equipped to deal with any HI/VI issues. An underlying understanding of the needs of this group cannot simply be acquired by osmosis, so more training and education pelase.

6. Does this strategy properly reflect the current climate and developments in policy and practice for children and young people particularly in relation to the Getting it Right for Every Child approach and the Doran Review?

Yes if it implemented and quality assured. Currently a post code lottery about what service you will receive and government should address this inequity.

7. Do you have anything you wish to add to the Sensory Impairment Strategy or any other general comments that have not been covered by the questions?

Different and better course and training is required through social work, education and mobility to meet the needs of our young people. A more functional visual impairment and hearing impairment course should be offered to all who require it, but in line with Sept 2005 regs, teachers within this group cannot teach without it. This is not currently the case and 40% of teachers in Scotland are working in the

sector with no qualification.