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?

This response is being sent on behalf of Children's Services of The Highland Council. This response contains the views of Deaf/Vision and ASN Education Services.
It is very unclear and confusing whether we are to be part of the sensory project or sit outside it.

We are unclear as to whether what is proposed is a co-location of VI and HI services or if the same people will deliver support for both, ie, will support workers currently employed by Deaf Services be supporting people with a visual impairment?
If this is the case, extensive additional training will be required.

It is not made clear how Council/NHS services fit into this model. How are you going to avoid some people getting contradictory advice. How are you going to ensure that Families in geographically remote areas get equity of service. Are these 'integrated services' and 'one stop shop' going to include our education services (vision &hearing) or are they only applicable to health, social services and the voluntary sector?

The logistics of a one shop in an area such as Highland do not seem to be considered. Perhaps there needs to be better information/ joint working between organisations already doing an effective job in order for them to best meet a client's needs. What that will look like and where will surely have to depend on where a person lives.
We are concerned that Children's Services are an add on to this consultation. We realise that there is to be a Children's review, but if services are to be cradle to grave how can you do this with two different reviews. Parents and service users deserve continuity of care, clear pathways this does not happen when the discussions are disjointed.
A serious concern we have is that parallel vision and deaf services will be set up as part of the sensory project, but leaving us outside as a separate entity, with the parallel services duplicating what we are doing, without the mandatory qualifications, particularly as regards pre – school children, i.e. will there be 'pseudo vision and deaf services'?

(d) How will you make these changes?

Unclear where children fit in to any of it, therefore unclear what changes would have to be made.

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?

The 3 that I would select are :

1. It is important that referral routes into support services are clear
2. A commitment to the consideration of sensory impairment being included in generic assessments
3. A commitment to awareness raising training for front line staff

Complete lack of awareness of sensory issue is the route cause of many problems. If there was a general awareness raising coupled with the inclusion of sensory impairments in generic assessments and clear information and referral routes then we would be along way to getting it right.

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

Keeping sensory training up to date with ever changing staff and making sure information and referral routes are clear is challenging.

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

Children appear to have been added as an afterthought and are not included or really referred to in the Strategy. This lack of information makes informed comment

difficult.

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?

Screening for sensory impairment – devising an assessment that can be accurately done by many people across many sectors and ensuring that it is carried out to an acceptable standard.

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

Recommendation 3
There should be mandatory training in sensory awareness and assessing for non complex needs across staff in health and social care settings, targeted in the first instance on older people's services.

Reason:*If this was embedded into all practise then many issues would simply not arise.*

Recommendation 5
There should be robust systems for maintaining information locally, and sharing this between agencies, in relation to people who have received a diagnosis of a sensory impairment at any time from birth onwards.

Reason:*Currently (including this report) figures are best guesses on many occasions. If there was accurate information on numbers, funding would be easier to argue for and justify.*

Recommendation 6
Compliance with the Equality Act 2010 should be scrutinised in relation to sensory impairment, particularly in relation to communication, and consideration given as to what future action may be required.

Reason:*Currently, the lack of linguistic access is shocking. Deaf BSL*

users are denied access to many activities due to the use of English and the lack of BSL interpreters. The Scottish Govt may wish to look at a more holistic approach to BSL – a recognised language of Scotland and the UK. In order for there to be meaningful equality, the SQA should be directed to provide school exams in BSL which would raise the status of the language and the public's perception of it.

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

- Support for those caring for people with sensory needs.
- BSL – a Scottish exam structure in BSL – currently most people have to go South of the Border in order to gain qualifications at the more basic levels of BSL
- Access to free sign language classes (or reduced fees) for carers

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.

Transition to adult services is often problematic. Deaf pupils have a great deal of support in terms of technology and communication – this effectively disappears with the transition to adult services. Until there is a pot of money that follows the person, it is difficult to see how this will change.

Similarly, pupils who have a moderate hearing loss and have effectively used a radio aid in school have this removed when they leave school. They are unlikely to qualify for DLA/ PIP so it is left to them to fund such equipment if they feel it would be of use.

Clear info regarding Access to Work entitlements would be helpful. As an employer who has recently been involved with Access to Work for a new staff member, it is very difficult to navigate. Simplifying systems would remove employment barriers.

I feel a one stop shop for information is useful, but not necessarily for the delivery of services. Having easily accessible materials that can be sent/ emailed/ accessed on line that are clear and easy to understand is key to the success of services. Often there is good work going on, but people don't know about it.

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

Sharing of information, having computer systems that talk to each other and a clear mandate to share information would simplify things considerably. If there was a general awareness raising amongst the public that would help and embedding basic sensory assessments into generic assessments would help to identify need.

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?

The strategy is very much in line with current thinking.

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?

In reality the Sensory Impairment Strategy only deals with hearing and vision and not the other senses.

Whilst having laudable aims, the “wooliness” of the wording makes it doubtful anything meaningful will change.