

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.

I work for an organisation that provides a range of residential, supported accommodation and day support services for deaf people who have additional, multiple, complex needs (eg learning difficulties, mental health problems, autism, challenging behaviour, minimal communication skills, and a range of physical disabilities and conditions). All our services are based in Glasgow, but we operate as a UK-wide resource, and presently work with deaf people from 16 different local authorities, from Shetland Island to Essex. So we feel that we have a broad understanding of the particular needs and demands presented by the people who we work with.

While we were encouraged to know that the Scottish Government was undertaking the development of this strategic framework, we are a bit disappointed that people with sensory impairments appear to be categorised in neat, standardised units, which give little or no scope for individualised needs or abilities.

This means that within the section 6 ('The development of care pathways') there is only a passing reference in point 6.3 – "it is recognised, however, that there will be some people whose sensory loss or complexity of need is such that specialist provision will always be required". However, this point is never revisited and there is no information or recommendation as to how this 'specialist provision' will be provided or funded.

As an organisation that is unique in Scotland in its work and commitment to deaf people with additional needs, and which is already coming under pressure because of actual and potential funding cuts, we are concerned that the strategy offered gives us little or no support for developing or even maintaining services. If specialist services such as ours were to go we are concerned that there are NO accessible alternative providers, and that many of the people who we work with would end up in hospital care, which would be equally inappropriate but which could provide 'warehousing' levels of care.

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

All of the deaf people with whom Hayfield works have little or no literacy skills, and many also have limited communication skills, even in sign language. They have therefore not been able to read the strategy document, and most have not been able to follow a signed briefing on it. When asked directly what services they may require, a few have indicated that they are satisfied with the support and care that they already have. None seem to understand the concept of a 'care pathway'. It has therefore been impossible for them to indicate how services and supports can meet their needs, outwith their own personal experiences which they are now living.

As an organisation, Hayfield has consistently achieved good reviews for all its

services, through Care Inspectorate reports, and we regard ourselves as an example of 'best practice' in this field in the UK. We try to pursue consistent development and Expansion of services, even through periods of reduced funding, but we feel hampered by Local Authority lack of interest or understanding.

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

Bearing in mind that Hayfield works exclusively with deaf people with additional. Multiple, complex needs. The following points can be made –

Hayfield Support Services have been at the forefront of deaf services developments for many years – both as an individual organisation and through joint working with other local and national organisations.

Hayfield has already gone beyond the recommendations for implementing the described pathway, including the dissemination of information and advice in a range of media formats (including BSL, non-formal manual display, such as mime, use of individual, idiosyncratic signing, pictorial material, etc); working with mainstream medical services to assist with accessible diagnostic assessments; assisting in referral to and support with other services, including social work, benefit agencies, other service providers (eg Adult Autism Services, Adult Learning Disability Teams, etc); assisting deaf people with the concept of supported self assessment where available; promoting individual independence; providing communication and support to allow individuals to access an increasing range of mainstream local non-statutory services, such as basic, non-academic college courses, vocational or voluntary work opportunities, leisure activities, etc.

Hayfield provides detailed and comprehensive individual assessments for local authorities to assist with future care planning for each individual service users.

(d) How will you make these changes?

Hayfield, while not necessarily making any changes relating to the pathway indicated in the See Hear Strategy document, will continue look to look at way of developing and improving existing services.

However, as exemplars of 'best practice', Hayfield would be willing to look at the possibility of providing information, support or even training to other agencies or providers, working specifically with deaf people with multiple, complex needs to improve services nationally.

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?

Looking specifically at the situation of profoundly deaf people (especially BSL users) which are not dealt with any degree of differentiation from other categories of impairment, which means that issues of communication exclusion are largely disregarded.

1. Sensory impairment being included in generic assessments (especially with regards to the provision of services linked to Health & Social Care)
2. Single points of access, so that services and agencies need to work together effectively.
3. Setting standards for the maintaining information about the prevalence of different types of impairment. (This has been a long standing problem with issues relating to deaf and hearing impaired people, because there has never been a recognised process for recording incidence of prevalence – unlike visual impairment services, where Local Authorities are legal require to maintain voluntary registers of blind and partially sighted people).
4. Commitment to awareness training for front line staff who may have to deal with people with sensory impairments.

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

Unfortunately the key factors in para.6.7 tends to read like a 'wish list' of good intentions, but which do not seem to be underwritten by any sort of mandatory requirements.

While we acknowledge that the Strategy Document must take an overall general view of development service delivery, covering the bulk of each sensory impairment grouping, we feel that that this approach ignores the specific needs of people who have additional needs.

Basically we feel that all the identified issues present substantial challenges for profoundly deaf, BSL users, and especially to those people with additional needs.

Has it been registered that most Scottish local authorities no longer have a recognised, specific service for deaf people in their area, or that they have NO staff who can communicate directly with BSL users? (under the previous Regional Council structure, every council had a specialist service with trained, communicative staff).

Over the years there have been numerous attempts to provide awareness training to staff at various levels, but feedback suggest that if (a) this is done as a brief, non-recognised form of training, no beneficial learning is retained, and (b) there are limited benefits to sensory impaired people. Therefore, awareness training must be presented as a complete and possibly extensive piece of training, with CPD recognition, and possible reaccreditation, in order to become viable.

The suggestion that services and agencies must work together to develop local

pathways and provisions seems to ignore the fact that in many instances specialist, voluntary agencies now have to operate as service providers who are having to compete for ever-reducing funding. There must therefore be concern about to what extent these services and agencies will feel free to co-ordinate jointly.

While the idea of sensory impairment assessments being part of generic assessments is appealing, it has to be considered in the light of a general lack of understanding of the needs or implications of different types of sensory impairment by the staff who would be undertaking such assessments (who would presumably be mainly from social care or health services). This can also be seen as a problem area when considered in conjunction with the needs of awareness training for staff (see above).

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

Again, we feel that the main loss is due to the fact that the whole exercise has such a wide and general approach, that does not take account of the range of potential individual needs or circumstances.

We also feel that there is a general lack of recognition or mention of deafness and perhaps an over-emphasis on the circumstances of visually impaired people, older people and children.

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?

We feel that all 6 recommendations present a challenge, mainly because they seem to be based on an idea that there will be some a basis for developing local partnerships, with a lead from health ad social care services. While this may be attractive as a general approach, there is concern that this does not take account of the fact that in most of Scotland neither Health or Social Care services have skills or experience of working with or providing appropriate and accessible services to deaf people (especially BSL users). The addition of Recommendation 6, about Compliance with the Equality Act 2010 in relation to communication, unfortunately appears like a bit of a fig-leaf to cover the fact that this Act has had had little or no beneficial effect to date. Only legislation that imposes statutory rights AND penalties for non-delivery will have any real effect.

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

Again, without some degree of enforcement (as mentioned above) it is difficult to envisage how any of the recommendations will necessarily lead to much of a difference in service delivery for profoundly deaf people in Scotland.

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

Hayfield would welcome the opportunity to be involved in any future discussions or planning related to future service developments for the benefit of profoundly deaf people in Scotland – especially those people who have additional complex needs, which are not at all covered in this strategy document.

Other than this we would feel that the mere suggestion of ‘other areas for action’ would be extensive but unfocused.

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.

As an organisation which provides a range of residential, supported accommodation and day support services for deaf people with multiple, complex needs, and which has extensive links with many local authorities and other local and national organisations and agencies, we feel that we have a fairly good understanding of the highs and lows of specialist services for deaf people in Scotland. Much of this has already been touched on in the responses above.

However, to give a brief overview of current sensory impairment provision (from the particular focus of profoundly deaf people, especially BSL users), we would make the following points –

Within social care services there has been a great reduction in the number, skills and experience of staff working with deaf people over the past 20+ years (in 1990 there were over 60 specialist staff with BSL skills working in Scotland – now there are little more than a dozen). Most local authorities have no specialist services for deaf people and have no staff who can communicate with BSL users. Older deaf, BSL users having to go into residential care homes end up having little or no communication from one week to another. Deaf people with mental health problems who have to be hospitalised, also have no access to ‘talking therapies’ and since there are no MHOs with deaf awareness or communication skills they are denied access to information about their right. Provision of BSL interpreters is seen as a way around these problems, but this is not always appropriate and not readily available (in a recent publicised case, an elderly deaf BSL user was in a Scottish hospital for 12 weeks with access to an interpreter or other communication support).

We could go on this vein for some time – but the bottom line is that the present strategy document does not in any meaningful way address the needs of this section of the sensory impaired society. Hopefully, at some later stage it might be possible to have a separate report to specifically address the situation and needs of profoundly deaf people (especially BSL users)?

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

Working for an organisation which has been providing a range of very skilled, specialist services for deaf people with additional multiple, complex needs, across a range of settings and circumstances (in which we have consistently received high regard from the Care Inspectorate, and in which we see ourselves as an example of 'best practice' in this field), we do not presently envisage the implementation of the presented strategy as making any significant difference to the existing life circumstances of any of the deaf people with whom we work.

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?

Sorry we do not feel able to comment on this section since we do not work with children and are not acquainted with the documents mentioned.

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?

We feel that we have made most of our views known, and would only reiterate that we would welcome any opportunity for further, detailed discussion on any of the issues raised, or to take part in any future planning forums (we would happily have been willing to contribute to the exercise to produce the present draft strategy, if invited)