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.

SITE is a disabled persons organisation. The charity committee consists of blind and partially sighted people from Scotland. http://www.sitescotland.org/
We are also service users from West of Scotland and use services within a range of LA's.
We give expert care, advice and training to anyone affected by sight loss, right where it's needed most.
1, It is essential that the individuals sensory impairment is acknowledged and taken into account when assessing and providing a care service. Any lack of training and support that they would benefit from and had not been receiving should also be highlighted.
SITE is concerned that the current lack of fully trained staff within Social work Visual impairment teams – in Glasgow alone this has been cut by almost 75% despite it having the highest number of people registered with sight loss in Scotland – that there is little likelihood of consistency in provision across Scotland.
2, SITE agrees to raising awareness of sensory impairment for front line staff, however this is unlikely to be enough to enable them to meet the often complex and unmet needs of individuals with severe sight loss.
3, in 5.2 it states redirection of resources towards targeted preventative strategies. While we all acknowledge that improving understanding of preventative measures, where is the money coming from to support those whose sensory impairment cannot be prevented?
Screening for sensory loss should only be carried out by qualified practitioners. A diagnosis or suspected diagnosis may result in service users having a considerable period of worry. Who will monitor referrals, the referral process and time it may take to arrange appointments to establish whether the individual is indeed affected by a sensory impairment?
3a, If the individual is housebound, how long will they have to wait for qualified NHS staff to see them? Who will support them and manage their fears as a result of being told by someone that they may have sight or hearing loss? SITE has concerns that this type of monitoring is done sensitively by trained staff and patients are given a diagnosis timeously with followup provision. At present in Glasgow if you are registered blind or partially sighted it can take almost a year to receive social work support from the visual impairment team.
4, Data collection, SITE sees it as essential that all registers of blind and partially sighted people are updated annually and published, this was happening up until a few years ago, but has not done so in recent years.
5, Access to information. SITE and the majority of our several hundred members had not heard about this strategy until very recently. The consultation meetings were not accessible. There were no staff arranged to meet and greet and ensure that everyone who required a document in their preferred format was able to receive it. At the Glasgow event all documents and audio versions were left on a table with no signage as to what they were, thus they were picked up by individuals who may not have needed an audio or large print version of the document. The PDF consultation and this particular response form is not accessible to screen readers. If as this strategy states in page 2, 1.4 'people say they need to feel listened to and to have a say in the support they receive….', why was this document and reply not produced in an accessible online format?

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

Ensuring organisations such as SITE which consists of blind and partially sighted people should be involved.
There are several organisations and charities which provide support to BPS community but very few that are run by them.
When engaging with BPS people, use the range of Scottish Talking Newspapers as a means to getting the message across. Playback Magazine charity is over 35 years old. http://www.play-back.com/ It provides a free monthly magazine to BPS people throughout Scotland and is funded by Glasgow City council. The magazine reaches over 2000 people per month and similar number online yet the Playback team were not advised of this consultation or any events for it.

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

n/a

(d) How will you make these changes?

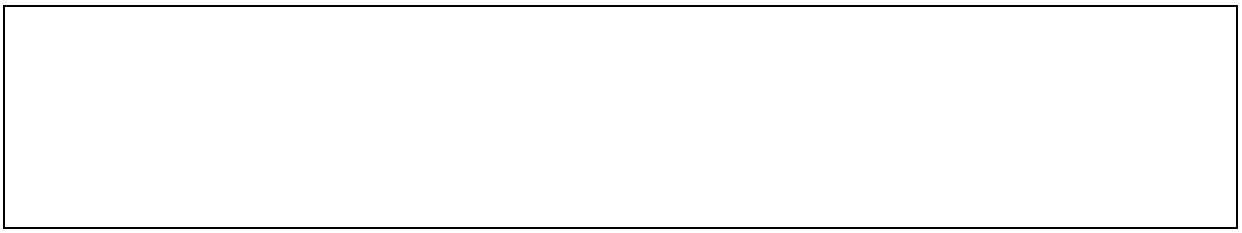
2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

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

1, Fully trained and adequate number of staff within Visual impairment social work team.
2, Increase in number of qualified Rehabilitation officers able to provide bespoke support and training to enable BPS people to lead independent lives.
3, Training to frontline staff by people who live with sight loss.
4, Access to self management training to everyone who needs it delivered by people living and working successfully with sight loss.
5, Including all talking newspaper providers in the provision of accessible information throughout Scotland. http://www.astn.org.uk/
6, Using a trained transcription service such as RNIB Scotlands to create accessible online as well as printed documents which should including response forms such as this for use on PC's.
7, Taking account of SAIF Scotlands resources in procuring clear print guidelines.
8, All organisations should adhere to a set standard for communication – guidelines should be agreed for information - leaflets, posters, signage to and within buildings and websites. RNIB and SAIF Scotland provides useful information on clear print and accessibility information for all.

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

The most challenging will be keeping up the process, as staff change will there be ongoing VA training for them?
If inadequate number of social work staff to deliver the current service, how will they deliver a new one?
Currently BPS on the register allows Scottish Government to establish figures for this group. If detecting sight loss which does not reach the PS register level, will someone collate these numbers for the future too?
Will there be a survey for service users to have their say on services to establish if they are achieving their aims?



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

1, Including visually impaired people in the creation and dissemination of this strategy.
2, Considering running a pilot and producing the results of it to establish any weaknesses in the planned system.

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?

There should be a standard within all public sector organisations such as NHS, Government and local authority to use clear print guidelines in every document, poster, website and signage they produce.
Local service provision varies widely as does information produced. If BPS cannot access accessible information, despite the DDA and now the Equality Act 2010, how can we ensure that the services as a whole will offer us any better or consistent provision of service?

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

Including BPS people in the planning for the future. Ensuring they are at the heart of the changes.

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

Specialist Social work teams should be kept and budgeted for according to number on register. There is inconsistency throughout Scotland.

1. There should be a minimum provision of training for BPS people to enable them to access information – teaching Braille, access to electronic magnifiers if required and training on computers and mobile devices such as phones.
2. There is currently no Braille teaching other than from a few volunteers.
3. There is no consistent training specifically for people on the use of specialist access technology provided by fully trained access technology teachers.
4. There is no provision or advice on mobile devices such as phones – in the 21st century a BPS person cannot walk into a shop and try out a phone and be sure that it is accessible to their needs. (SITE provided visual awareness training to Apple staff in Glasgow and has been holding workshops and working with Apple to raise awareness and provide hands on experience of the products).
5. There is a need for full rehabilitation training by Qualified Rehabilitation officers – use of symbol and long cane, cooking or access to cooker, information on range of equipment and good lighting in the home.
6. There is no counselling specifically for anyone affected by sight loss.
7. There is no self management courses for those living with sight loss.
8. There is little push from the government to ensure all transport has audible announcements to improve BPS people's confidence in using public transport.

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.

SITE consists of BPS of working age – either in work, training or looking to return to work. Our experience of the current range of services highlight;
The current provision is haphazard. Depending on which organisation has funding and whether you fit into target group –

- working age on Work Choice you will get basic employment support. Outwith this you have no support.
- Training and confidence building to return or stay in work is non existent.
- There is a lack of social work staff and training on getting around independently. In Glasgow specifically the service has been decimated with no thought for the current service users and those who will become BPS in the future.
- There are no employment opportunities other than short term placements.
- No targeted training to employers or FE providers to improve accessibility of the workplace and learning environment.
- There is only one welfare rights service delivered by phone for BPS.
- The low vision service which should provide access to hand held magnifiers and glasses has a considerable waiting time.
- Access to computers are outwith many BPS individual due to the additional cost of specialist software which can double the cost of the equipment.

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

Given the current provision it could stretch the little service that BPS people already receive unless funding is put into it.
Having frontline staff trained will go a long way to ensuring people with a sensory improvement can feel confident using and requesting services.

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?

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?

Details of what groups/organisations participated in the creation of this strategy would have been useful.