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.

N/A

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

N/A

(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?

N/A

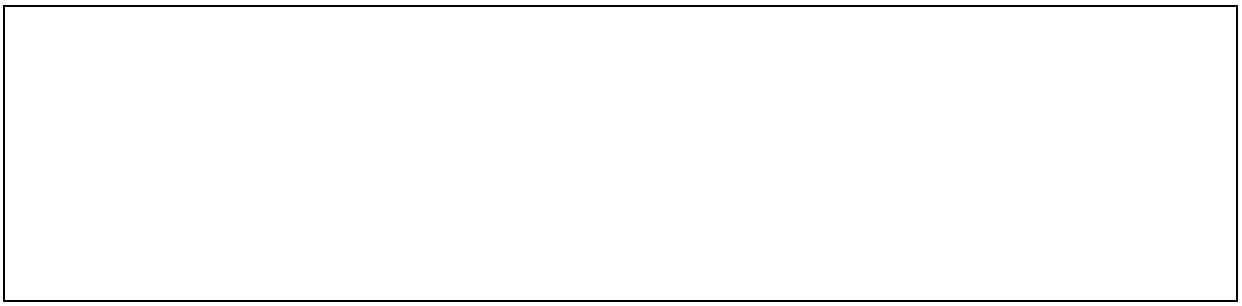
2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

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

A commitment from statutory agencies to seek to agree the maximum possible consistency of approach across Scotland, and ensure similar access to services across Scotland.
Clear guidance is required to ensure that provision of services and support is not dependent upon where a person lives in Scotland. Further guidance should be available alongside the strategy to ensure there is no room for interpretation between local authorities – we need consistent services across Scotland.

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

A clear action plan that outlines what the key priorities are is required, with a timescale of when these will be addressed.
As well as the priorities mentioned in (a) above there is an expectation of a commitment to the consideration of sensory impairment being included in generic assessments, and development of integrated service provision that actively promotes opportunities for assessment and service provision across both the different types of sensory loss and also the agencies involved….Agencies and disciplines should have robust, coordinated arrangements for information sharing and a commitment to local care pathways to best meet the needs of local service users. They should be aware of the opportunities offered by their distinct legal and practice frameworks, and to take advantage of any such opportunities to provide person centred solutions for individuals;
A commitment to maximise basic screening for sensory impairment, which can readily be undertaken by non specialist staff, with onward referral where there is an indication of sensory loss……
Clear leadership is fundamental to ensure the strategy is implemented. Who will take the lead on this, health? Education? Leadership on the strategy seen to be a significant task. Should there be a national agency tasked with this? It is necessary that those leading on the implementation understand the whole picture.
A commitment to awareness raising training for frontline staff: How will this be developed?



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

There is very little mention of children within the strategy, particularly those with further additional complex support needs and their requirements.
The needs of children are very different to the needs of adults suffering from sensory loss who may previously have had sight or been able to hear within the recognized normal range of hearing. This needs to be given more prominence within the strategy to highlight the different levels of intervention that may be required to allow these children to develop into independent citizens.

A planning framework for 0 – 3 years, the early years appears to be missing from the sensory strategy at the moment.

Additional basic training required for mainstream staff, should be embedded into teacher education

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?

Key issues regarding the workforce in sensory services were discussed at a recent event organized by the Scottish Sensory Centre (SSC) and NDCS. The lack of career opportunities and promoted posts to make specialising in the area of sensory impairment an attractive prospect for young teachers was highlighted: These teachers are expected to obtain a postgraduate qualification in sensory impairment within 5 years of taking up post. Significant responsibilities fall on HI and VI teachers as a result of their specialism but no remuneration in place. It was reported by the group that there are too many barriers for young teachers to train – not given time off to train, budgets often at heart of barriers.
In addition the issue of independence was raised. It was felt that – even when the academic needs of our children and young people are successfully met -the broader

needs of ensuring young people are able to move into positive destinations when they leave school was discussed. There is an urgent need to consider the training requirements of those working with children with visual impairment to deliver an ongoing habilitation programme and not to simply consider, mobility orientation and daily living skills at major transition periods of schooling or when a young person moves into early adult life. This provision of specialists trained to work specifically with children is very patchy across Scotland. A recent report conducted by the SSC and others at the university of Edinburgh provides more detail (http://www.ssc.education.ed.ac.uk/library/publications/report12.pdf)

Further discussion at the joint event considered the huge variation in service provision across local authorities but practically difficult to deliver same service in each area:

- Also variation in local authorities having specialist workers for children and young people – some rely on unqualified workers

- Concerning to see more classroom assistants being given more responsibility in support without having appropriate qualifications
- Working in partnership across services can be effective, motivating and bring positive outcomes for families – service level agreements important to promote this

There is an urgent requirement to revisit ASL Act and evaluate how support for pupils with sensory impairment is being delivered.

In general it was felt that there is a lack of sensory awareness across sectors. The impact of awareness can be significant, where staff are aware service can be excellent, and where staff are not extremely challenging situations can arise.

- Often not enough to say Equality Act needs to be complied with, people need to *understand* to become sensory aware – requires more investment in time and training
- Training should be delivered in the first instance to all staff, but this needs to be continued on an ongoing basis in partnership with parents and families
- A minimum level of awareness should be established for specific settings
- Should be delivered through a range of resources such as part of professional training, online modules, in-service training and partnership with parents and families.

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

Robust systems for maintaining information locally and sharing this between agencies, in relation to people who have received a diagnosis of sensory impairment at any time from birth onwards.
The mandatory requirement for sensory awareness training for all staff working with people of all ages who have a sensory impairment; however, training and the requirement for mandatory qualifications at more in-depth levels is required for staff specialising in this area of work.

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

There are positive models in practice already for HI and VI children, for example the CVISTA Model in Angus & Tayside - professionals come together with child and family to discuss holistic plan for support. These could be replicated:

- But there are challenges in replicating and guidance needed, who should be the key person to lead?
- Other challenges in place are practical – technology, and cultural – attitudes/habit

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.

One stop shop development – not consistent understanding of what a one stop is, or what service objectives are

- There is good practice happening across country that is not always termed as one stop shops
- One stop shops are a particular challenge for rural areas
- One stop shops need strong leadership to be defined and create strong partnerships, and those leading need the right experience and qualifications behind them

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

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?

GIRFEC is at different stages across the country

- Concern that the sensory strategy will be lost while local authorities focus on trying to implement GIRFEC
- The variety of quality standards across sectors pulls services in different directions
- What is the role of the 3rd sector in children's development and how to quality assure their work?
- Funding going to special schools – we need the specialist staff in these schools, how can we use those ring fenced resources to target mainstream schools where majority of children with a sensory impairment are? NB. The group attending the event attending the joint SSC/ NDCS event expressed this last point. However, the impact of the Doran Review report and its recommendations must be considered within the joint sensory strategy.

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?

It is essential that people with sensory impairment are provided with support from staff who are able to communicate effectively with them e.g. deaf sign language users, Braille etc.
At a recent cross-parliamentary group meeting it was brought to my attention that there is some concern about accessibility issues as it is not available to all e.g. BSL web link.