

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?

1. There must be clear identification of children and notification to education providers.
2. There is a significant issue with availability of services: need more TVI's to deliver inservice training to school staff; make VI awareness part of initial teacher training.
3. CVISTA type model of joint functional assessment and planning.
4. Effective service delivery is crucial, need for local authorities to be explicit in service provision.
5. Effective liaison between agencies and authorities
6. Pre-school family support/advice
7. Developmental needs of children, specifically, need to be pushed

(d) How will you make these changes?

Use SAVIE as a forum to influence and support the changes. To encourage networking across the VI staff in Scotland highlighting and sharing good practice/problems nationally. Ultimately feeding responses and concerns back to government via Cross Party Committee representation. Ensuring that the voices of those practitioners involved with children on a daily basis are heard.

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. Information sharing and collaborative working across agencies
2. Pathway that is clear and easily available
3. Clear understanding of partnership roles and responsibilities
4. Training and competency to an agreed and monitored standard for teachers of VI (not to be dictated by money saving eg. 3 module certificate/6 module diploma)

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

As it stands, this strategy is too generic in its content and as a result will be less effective in what it seeks to achieve.

Problems:

Variation in service provision across authorities

Updates from health to education and vice versa

On going funding issues for maintaining projects once they have started

Lack of 'face to face' time with other professionals to ensure consistency of support

Data protection- who has access to what information

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

1. National database for assessment/s reports
2. Child VI and Adult VI needs are very different and this must be recognised
3. Education is not specifically highlighted
4. Habilitation skills development provision is essential
5. Planning for employment skills (currently 70% of VI adults are unemployed)
6. Screening programmes in childhood

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?

1. Creating a single point of contact to manage care pathways and information: a centralised electronic information system where different agencies could share information quickly and effectively would lead to a better and more consistent quality of service.
2. Planning for the very distinct needs of children with a visual impairment/loss verses visual loss in the elderly
3. Ensuring that quality service provision continues when funding is reduced or withdrawn
4. Ensuring that provision is equal across authorities with no 'postcode lottery'. This will be difficult without central monitoring.

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

Standardisation of approach and provision across authorities. The huge variation in current support means that some authorities have no trained VI support in pre-school provision, responsibility is given to teachers with no training and there is a total absence of any habilitation assessment or training.

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

Recognition of importance of early intervention for VI children and habilitation training.
Clear transition planning , especially the move from child to adult services.
Address the VI needs of those children with learning difficulties, this will have an impact on long term prognosis for education, quality of life, employment and ultimately future support needs.

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.

1. Problems with an ageing workforce and complete lack of succession planning/ opportunities for career development within VI education
2. Teachers not being replaced as they retire so numbers of children being supported by a reduced staffing level leads to a dilution of support.
3. Managers of VI services increasingly being replaced by non-VI specialists. This creates a lack of understanding surrounding support issues of VI children
4. Presumption of mainstream/ inclusion is now increasingly driven by the economy – time with pupil vs. time to make adaptations.
5. SQA restricting specialist requests for exams
6. Financial climate dictating services are 'money driven' not 'needs led'
7. Mandatory VI qualifications not always being endorsed by authorities due to cost of courses, supply cover.
8. Budget reductions being considered where peripatetic support is essential
9. Reduced or absence of mobility and habilitation services
10. Issues with the reduced purchase of essential VI technology, return to a reliance on support staff in the absence of equipment- impacts on equality of curricular access and independent learning skills.
11. Problem with arbitrary allocation of ASNA's. Spend time training support staff and they are then moved on with little warning. It would be better to have formal CPD and a choice to accept the job with conditions and relevant pay.

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

n/a

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?

1. GIRFEC is at different stages of implementation across the country
2. There is concern that the Sensory Strategy will be lost while local authorities focus on implementing GIRFEC.
3. The Strategy does not reflect the ethos of GIRFEC in the sense that explicit provision has not been made for the needs of VI children, it is trying to address different needs with the same strategy
4. The need for early intervention, educational support and habilitation training is not present in the strategy but these are core to the GIRFEC ethos of supporting the whole child.
5. Both GIRFEC and Doran advocate high levels of partnership working. The structures for enhanced partnership working are in place time is required to make those partnerships beneficial.
6. Doran advocates that there is more training of mainstream staff by qualified practitioners with less need for direct contact of VI teaching professionals to children. If more trained specialist staff are tied to special school provision then who sees the children with VI in mainstream settings? The Strategy needs to make sure the plan for children and young people is clearly defined so that it fits with GIRFEC and provision is consistent no matter where the child lives.

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?

Separation of funding for children and adult VI services.

Visual loss is not the usual situation for children as they are most often born with a visual impairment and this is not noted in the strategy.

VI children need to acquire habilitation skills but the Strategy places most emphasis on maintenance and re-learning of skills relevant to the older population.

There is no reference to the assistive technology needed by VI children.

More effective interagency working would be enhanced by shadowing of other professionals. Having a greater understanding of the practicalities of each others roles would possibly lead to less duplication of /absence of support and facilitate smoother transitions and targeting of resources.