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?

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

(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?

The College of Occupational Therapists welcomes the introduction of a care pathway and the introduction of key factors that need to be in place to support the pathway.

- Clear referral routes with accessible information are essential.
- Development of a standard set of expectations will be fundamental to ensure that local delivery is at an appropriate level.
- The College would welcome the inclusion of sensory impairment as part of a generic assessment.
- Best practice in relation to communicating with people with a sensory impairment needs to be established. In addition to best practice there is also a responsibility to ensure that the information has been understood.
- It will be important to ensure that all staff whatever their client group, have access to amplifiers and large text documents as standard to ensure **equality at the first point of contact with a client**. In older adults particularly, the first point of contact may have nothing to do with their sensory impairment e.g. referral to a falls team after a fall. This is considered to be a key factor.
- The College supports the commitment to maximise basic screening.
- The College supports a joined up approach and whilst a single point of access is certainly the optimum, there needs to be a responsibility and awareness on all those coming into contact with the person to ensure equality.
- The College fully supports the commitment to develop a set of local sensory impairment care pathways.
- Again the College supports a consistent approach throughout Scotland
- Training is fundamentally important to ensure that staff are:-
  - -Aware of communication aids and how to use them (and have easy access to them).
  - -Develop the skills to ensure that any communication is fully understood.
  - -Clear about the local care pathway and how to access further support.

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

Ensuring that the facilities are available to ensure equality at the first point of contact, has resource implications in terms of initial outlay, but there is good evidence that the cost without this is greater in terms of social, physical, mental health, equality and basic human rights.
As this US study shows
http://www.cardi.ie/news/hearinglossinolderadultstiedtomorehospitalizationsandpoorerphysicalandmentalhealth
Hearing Loss in Older Adults has been shown to be linked to More Hospitalisations and Poorer Physical and Mental Health

The latest NHANES findings, to be published in the Journal of the American Medical Association online June 11, are believed to be the first to show the broader, economic and long-term effects of hearing loss on general health.

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

Yes –Occupational Therapists work with people with complex sensory needs and would welcome a more explicit responsibility on service providers to ensure that all their generic services are accessible to people with a sensory impairment.
e.g. pharmacists ensuring that instructions for medication are easy read in a clear format or explained clearly.

Equipment provision needs to take into account sensory impairment e.g. standard rails are white and provide minimal contrast with a magnolia wall, instructions for equipment are rarely easily read. Those delivering equipment may not have an understanding of sensory impairment, therefore verbal instruction may not always be appropriate.

Procurement/provision of equipment/medication/treatment instructions/services etc need to take sensory impairment into account and not just unit cost.

This raises the need for a baseline standard and whilst this is referred to in 6.3 in regards to Equality Act compliance, what this actually looks like in terms of ensuring facilities and services take into account the needs of people with a sensory impairment needs to be explicitly defined to ensure compliance. The College of Occupational Therapists would be keen to be involved in the development of base line standards in terms of ensuring equality and would be happy to be contacted in this regard.
Occupational Therapists within services may well have the expertise to carry out equality audits of buildings, facilities and services and will be key during the audit phase.
Occupational Therapists can advise on inclusive design.

The College of Occupational Therapists would also like to highlight the need for preventative services to be an intrinsic part of the strategy. There is good evidence which establishes that input from an Occupational Therapist within the home setting for an older person with a visual impairment significantly reduces their risk of falling.

http://www.bmj.com/content/331/7520/817
Campbell et al (2005) Randomised controlled trial of prevention of falls in people aged > 75 with severe visual impairment: the VIP trial. The British Medical Journal, 331(7520),817.

There are many other examples of the benefits of Occupational Therapy for people with a sensory impairment such as improved mental wellbeing, reduced isolation and increased confidence which the College would be happy to share should further information be required.

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?

Recommendation 5 especially 7.13 and Recommendation 6

The Equality Act states that - public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegated.
The College of Occupational Therapists would recommend not only an audit based on spend, but one based on current generic facilities and how accessible they are for people with a sensory impairment.

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

Recommendation 3- Without educating the workforce to increase awareness implementation of the strategy would be impossible.

Recommendation 4- Having clear partnership service planning in regard to sensory impairment is essential and the development of local care pathways are also essential to drive change.

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

As above, an audit of all current services –this could be a self audit to establish whether they are compliant with the Equality Act, specifically in relation to sensory impairment.

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.

There are a few good practice examples of dedicated Sensory Services in Scotland an example being Falkirk Council Sensory Centre http://www.falkirk.gov.uk/services/social_work/children_and_family_services/support_for_children_affected_by_disabil/sensory_centre.aspx

This model certainly provides a central integrated service on a one stop basis. However there is still the wider context of generic services to ensure equality out with as well as within dedicated services.

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?

The College of Occupational Therapists believes that this Strategy will address some of the current health inequalities and is in line with Getting it Right for Every Child and the Doran Review. However, it needs to take a very Broad approach and include Education, Housing and Care Homes. Simple adjustments to lighting and contrast between walls, doors and floor surfaces within buildings can improve independence and reduce falls in those with a visual impairment. This once again leads to the recommendation of a generic audit of public services.

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?

The College of Occupational Therapists is the professional body for occupational therapists and represents over 29,000 occupational therapists, support workers and students from across the United Kingdom. There are about 3500 Occupational Therapists in Scotland.

Occupational therapists work in the NHS, Local Authority social care services, housing, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health Care Professions Council, and

work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

The philosophy of occupational therapy is founded on the concept that occupation and activity are essential to human existence and good health and wellbeing. Occupational therapists are familiar with the ideas of public health, health promotion and wellness. Occupation includes all the things that people do or participate in. For example, caring for themselves and others, working, learning, playing and interacting with others. Being deprived of, or having limited access to occupation can affect physical and psychological health.

Occupational therapists work holistically and are outcome focused.