See Hear:

A strategic framework for meeting the needs of people with a sensory impairment in Scotland

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1. Overview

1.1. The World Health Organisation has recognised that people with disabilities, including those with a sensory impairment, have poorer health outcomes, lower educational achievements, less economic participation and higher rates of poverty than people without a disability. It confirms that the prevalence of disability will rise due to ageing populations and the higher risk of disability in older people. It highlights the different barriers that people with a disability face and acknowledges that they do not have equal access to a range of services, to the extent that disability is now increasingly understood as a human rights issue[1].

1.2. People with a disability are entitled to have their human rights respected, but still confront barriers to health care, rehabilitation, education, employment, and support services. This is largely due to difficulties in accessing the services available to them and the obstacles they face in their everyday lives, but it is also in large part due to the level of awareness and understanding that society (including many statutory agencies) has in relation to people with a sensory impairment. These difficulties are compounded by the fact that people with a sensory impairment will frequently have experienced a loss of confidence, and will also require assistance and support in how they experience and communicate with the world around them to make their needs and wishes known to others.

1.3. The Scottish Government's National Outcomes outline the top level priorities across all aspects of life in Scotland. These include living longer, healthier lives; having strong and supportive communities; giving children the best start in life; having young people who are successful learners; and having good employment opportunities. These are all in the context of tackling inequalities within Scottish society.[2]

1.4. For those people who need support, the personal outcomes approach[3] identifies those outcomes that are important to people. In terms of quality of life, people say they want to feel safe; to have things to do; to be able to see people; to stay as well as they can; to live where they would like; and not to have to deal with discrimination. To help them achieve these

[1] World Report on Disability. World Health Organisation, 2011. http://www.who.int/disabilities/world_report/2011/report/en/

[2] http://www.scotland.gov.uk/About/Performance/scotPerforms/outcomes

[3] Talking Points, Personal outcomes approach, Joint Improvement Team 2012

outcomes, people say that they need to feel listened to and to have a say in the support they receive; to be treated with respect, and to have supports and services that respond to their needs and wishes. When this happens, then people expect to see improvements in their confidence, skills and mobility.

1.5. The Scottish Government's Getting It Right For Every Child approach (GIRFEC) defines wellbeing for children and young people in terms of eight indicators; safe, healthy, active, nurtured, achieving, respected, responsible and included, each one of these indicators is underpinned by a number of outcomes. All children and young people in Scotland, including those with a sensory impairment should be supported by society including Government, health, education and social work, to pro-actively address their wellbeing needs throughout their lives.

1.6. Implementation of the GIRFEC approach throughout Scotland is intended to ensure that all services and agencies working with children, young people and their families take a co-ordinated approach to holistic assessment, planning and service delivery that is appropriate, proportionate and timely, and that children and their families are fully involved in any decisions that affect them. This is irrespective of age, impairment, condition or circumstances and therefore will include all children and young people with a sensory impairment. It is expected that all adult services working with parents and carers take this approach into account.

1.7. The Scottish Government is committed to ensuring that all children and young people with additional support needs, including those with sensory impairments, are provided with the support they need to reach their full potential. Under the Education (Additional Support for Learning) (Scotland) Act 2004, as amended, education authorities are required to identify, meet and keep under review the additional support needs of all pupils for whose education they are responsible and to tailor provision according to their individual circumstances.

1.8. People who develop a sensory loss need to understand what this loss will mean for them, and must be able to access information and be supported to take the maximum possible control over how they are able to live as independently as possible, while also getting direct assistance when they need it, including in communicating with others.

2. Definitions

2.1. Sensory Impairment covers people living with a range of impairments. It includes people with varying degrees of hearing loss, sight loss and also with loss of both senses. Both hearing and sight loss can be present from birth, but for the majority of people a sensory loss will occur later in life, and the longer a person lives the more likely they are to develop either or both losses.

2.2. There are three main groupings that should be considered. Firstly people with a recognised sensory impairment, secondly people at risk of sensory loss due to a range of factors, and thirdly those people who are likely to be living with a 'hidden and untreated' sensory loss, e.g. people who have had a stroke, have a learning disability or dementia.

3. Prevalence

Hearing Loss

3.1. There are estimated to be around 850,000 people with hearing loss in Scotland, 1 in 6 of the population, and of those, 70% are over 70. It is projected that this figure will increase by 50% in the next 20 years. There can be delays of up to 10 years in people addressing their hearing loss, and evidence suggests that GPs do not refer 45% of people reporting hearing problems for any intervention, such as a referral for a hearing test or hearing aids. More than 300,000 people would benefit from hearing aids, or 10% of the population[4].

Sight Loss

3.2. Significant sight loss affects over 180,000 people in Scotland, 1 in 30 of the population, and it is predicted that this figure will double by 2031. The vast majority are older people, with more than 1 in 2 people aged over 90 having a significant sight loss. Evidence suggests that over 50% of sight loss is due to preventable or treatable causes[5]. It has been shown that 78% of people living with sight loss have at least one other condition for which they receive medical care[6].

Deafblind

3.3. People who are deafblind have a substantial visual and hearing loss such that the combination of the two causes extreme difficulty in pursuit of educational, vocational, or social goals. Some people are deafblind from birth, others may be born deaf or hard-of-hearing and become blind or visually impaired later in life, or the reverse may be the case.

3.4. Deafblind Scotland estimate[7] that there are some 5,000 people who have significant hearing and sight loss, again with most of those people being over 60 and having become dual sensory impaired as part of the ageing process[8].

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[4] Data taken from - Hearing Matters:Taking action on hearing loss in the 21st century, Action on Hearing Loss, 2011

[5] Data taken from – Success in Sight?, Scottish Vision Strategy Advisory Group, 2012

[6] Brody et al, 2001

[7] http://www.deafblindscotland.org.uk/deafblindness/facts/

[8] http://www.deafblindscotland.org.uk/deafblindness/facts/

3.5. People who are deafblind must somehow make sense of the world using the limited information available to them, and experience the most challenging difficulties in engaging with the world around them.

Dual Sensory Loss

3.6. A person with dual sensory loss has a degree of both hearing and sight loss but may not identify as being deafblind. They view their condition as age-related and employ a variety of coping strategies to deal with their dual sensory loss and require help with both of their impairments. To meet the needs of someone with a dual sensory loss, care and support needs to be tailored to address both their hearing and sight loss. Large percentages of the over-50s age group have a dual sensory loss. For example, a third of people living with sight loss who are over the age of 65 have a hearing impairment.

In summary, the above headline trends in relation to prevalence rates for sensory impairment also reflect the demographic changes taking place across Scotland, with significantly more people living to an older age than has ever been the case before. This has a direct impact on prevalence rates given the much increased incidence of sensory loss in older people.

4. The Strategic Framework

4.1. This strategic framework covers cradle to grave sensory impairment and is set against a background of increasing demand, the requirement for greater efficiency and effectiveness with available resources and Health and Social Care Integration. It has been developed in the context of a number of wider policy and practice expectations, and has been directly informed by the views of a wide range of stakeholders who have contributed their views on current service provision and made suggestions for future developments.

4.2. It should be a lever for change, promoting the seamless provision of assessment, care and support to people with a sensory impairment. In so doing it:

- recognises that different types of sensory impairment will require different responses;
- recognises that the responsibility for systems of care lies with the statutory agencies, but can be delivered across a wide range of agencies and settings. It therefore requires a partnership approach, and the active engagement of a wide range of statutory and third sector agencies in the health and social care sectors, as well as in the wider range of public service provision, and including people with a sensory impairment themselves and, where applicable, their carers and young carers too;
- identifies practical steps that can be taken to address the above issues across all types of sensory impairment to ensure that needs are recognised and responded to in an outcomes focussed way.

4.3. The issues identified will be addressed over a ten year period, and progress will be subject to regular review. Appendix 1 outlines the timescales in which issues will be addressed.

4.4. With regard to children who have a sensory impairment, whilst the intended outcomes for this younger age group are the same as those outlined for sensory impaired adults, the wider context, and the nature of the support requirements, are significantly different. At the time of writing this Strategy, the Doran review has recently been published, and sets out the strategic vision for children and young people with complex additional support needs in Scotland. Additionally, the Children and Young People Bill is currently moving through the Parliamentary process. Children who are born with, or who acquire hearing or sight loss in early childhood, have very different developmental needs to those of adults who lose their hearing and/or sight later in life, and require very specialist input from a variety of agencies.

4.5. It is recognised therefore that a Sensory Impairment Strategy cannot, and should not, be the sole driver for developments across the full range of health, education and social care services for children with a visual and/or hearing impairment, nor the local and national policies, and indeed legislation, which direct these. However, it is proposed that the inclusion of children within the scope of this Strategy will serve to a) bring all relevant agencies together to share information about current and best practice to avoid duplication of effort and ensure a cohesive approach; b) evaluate the impact and/or possibilities of joint sensory service delivery for children with visual and/or hearing impairment, and their families; and c) support the development of a strategic approach to securing positive outcomes for sensory impaired children which is appropriate and relevant to the wider policy and practice context, and which supports a smooth transition to adult life.

4.6. At the time of writing, the proposed British Sign Language (Scotland) Bill is also going through the development process. This is being dealt with through the Equalities Third Sector and Communities Directorate within the Scottish Government.

5. National policies and practice expectations

5.1. The Scottish Human Rights Commission has identified Human Dignity and Care, and Human Rights in Healthcare as being amongst its key priorities, and a wide range of Scottish Government policies and guidelines have emerged over the last few years that have addressed a variety of issues across the health and social care agenda. These have all sought to focus on changing outcomes for service users. The forthcoming integration of social and health care services for adult care is similarly focused on improving outcomes. This integration agenda and the Reshaping Care agenda recognise that increased need in the context of diminishing resources can only be met through the introduction of different ways of responding to need and delivering support. While none of these policies

and initiatives specifically relates to sensory impairment, they all have relevance to people with a sensory impairment.

5.2. The emerging themes include:

- A strong emphasis on an outcome focused approach that understands that the active engagement of the service user and their carers is the best means of ensuring effective outcomes in the planning and delivery of care;

- An acceptance of the importance of a redirection of resource towards more targeted preventative strategies that promote healthy lifestyles and the provision of information and advice to assist with this, both in general terms and also in relation to specific conditions;

- Early diagnosis and intervention (assisted by screening programmes) and the provision of information and signposting to people and their carers around the time of diagnosis;

- The need to facilitate greater flexibility in the support provided to people. This should be underpinned by greater choice and control for individuals, coupled with an emphasis on facilitating informed choice through good quality information and advice;

- The promotion of greater support to people, including the provision of appropriate community equipment, to assist them to manage their own lives, particularly with regard to long term conditions, in a way that maximizes independence and self care, with appropriate support and guidance as required, and the development of community capacity to support local responses to identified needs;

- Clear care pathways across a range of conditions that encourage and guide the individual through their engagement with assessment processes and service provision, and support them in managing their own conditions, including targeted support to people at time of transitions;

- The need to ensure effective and efficient joined up working across the public, third and independent sectors, with a drive to minimize duplication and encourage the sharing of information across and within agencies and effective partnership approaches with service users and carers;

- A skilled and well trained and supported workforce;

- A robust but proportionate means of measuring performance that concentrates on beneficial outcomes for service users and carers.

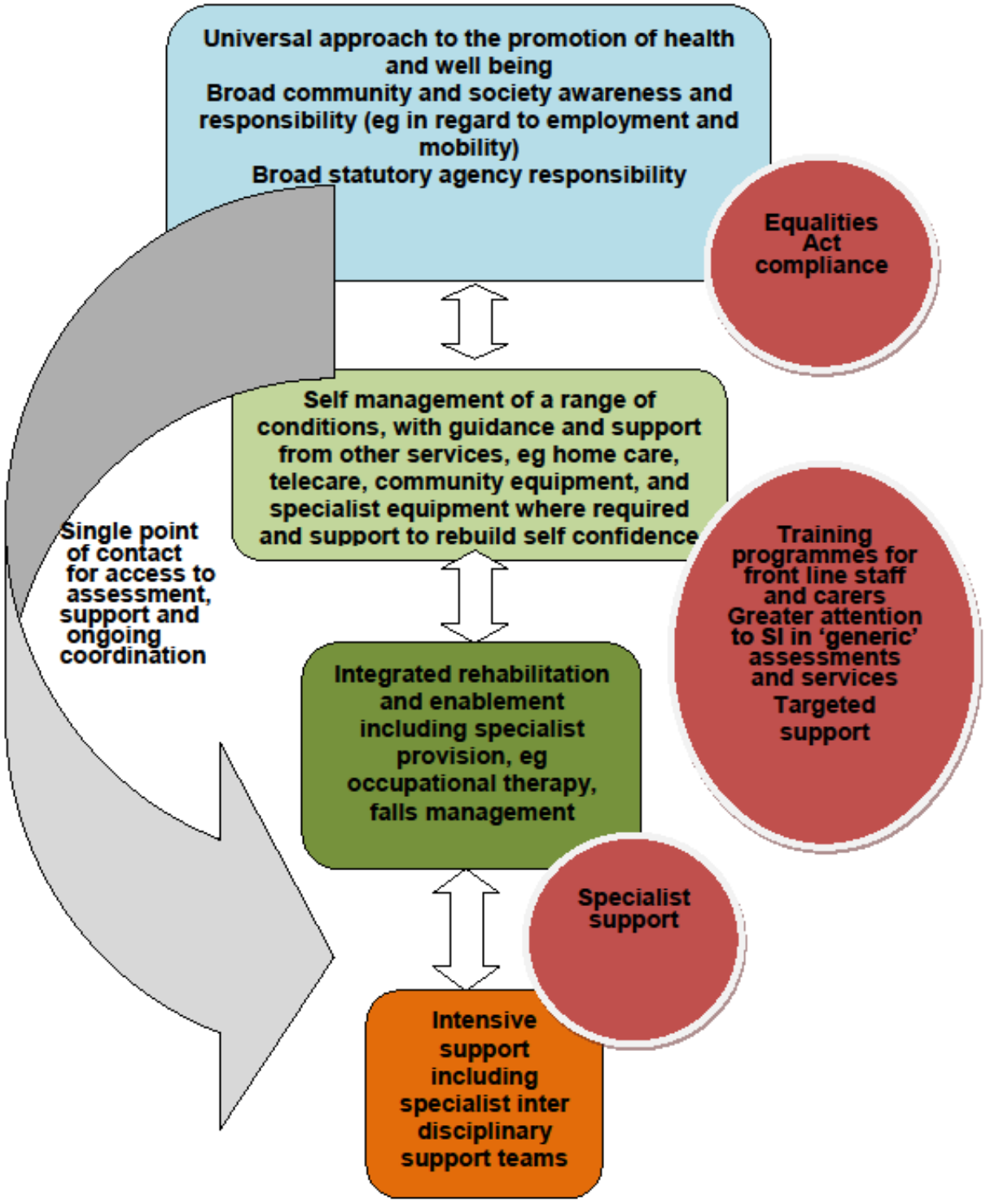
5.3. The above issues all apply to people with a sensory impairment and represent the essential principles that should guide the development of services.

5.4. A number of national developments help to support these themes, and have implications for people with a sensory impairment. These include Self Directed Support, Reshaping Care for Older people (with funding from the Change Fund), the revision of the National Care Standards, and the implementation of the Carers and Young Carers Strategy.

5.5. Linked to these policies and expectations is the recognition that there is a hierarchy of need that requires a different type of response depending on the level of need. This is reflected in relation to sensory impairment in the diagram below[9].

5.6. An individual will move between these levels over time, and it is the task of services to ensure that an appropriate response is available, in the context that at all times the emphasis should be on supporting the individual to retain maximum independence consistent with their safety and well being. This can be enhanced by the effective strategic procurement and provision of appropriate community equipment that promotes independence and can link to the developing use of telecare.

[9] Adapted from Reshaping Care/Change Fund materials


Universal approach to the promotion of health and well being
Broad community and society awareness and responsibility (eg in regard to employment and mobility)
Broad statutory agency responsibility
Equalities Act compliance
Self management of a range of conditions, with guidance and support from other services, eg home care, telecare, community equipment, and specialist equipment where required and support to rebuild self confidence
Single point of contact for access to assessment, support and ongoing coordination
Training programmes for front line staff and carers
Greater attention to SI in 'generic' assessments and services
Targeted support
Integrated rehabilitation and enablement including specialist provision, eg occupational therapy, falls management
Specialist support
Intensive support including specialist inter disciplinary support teams

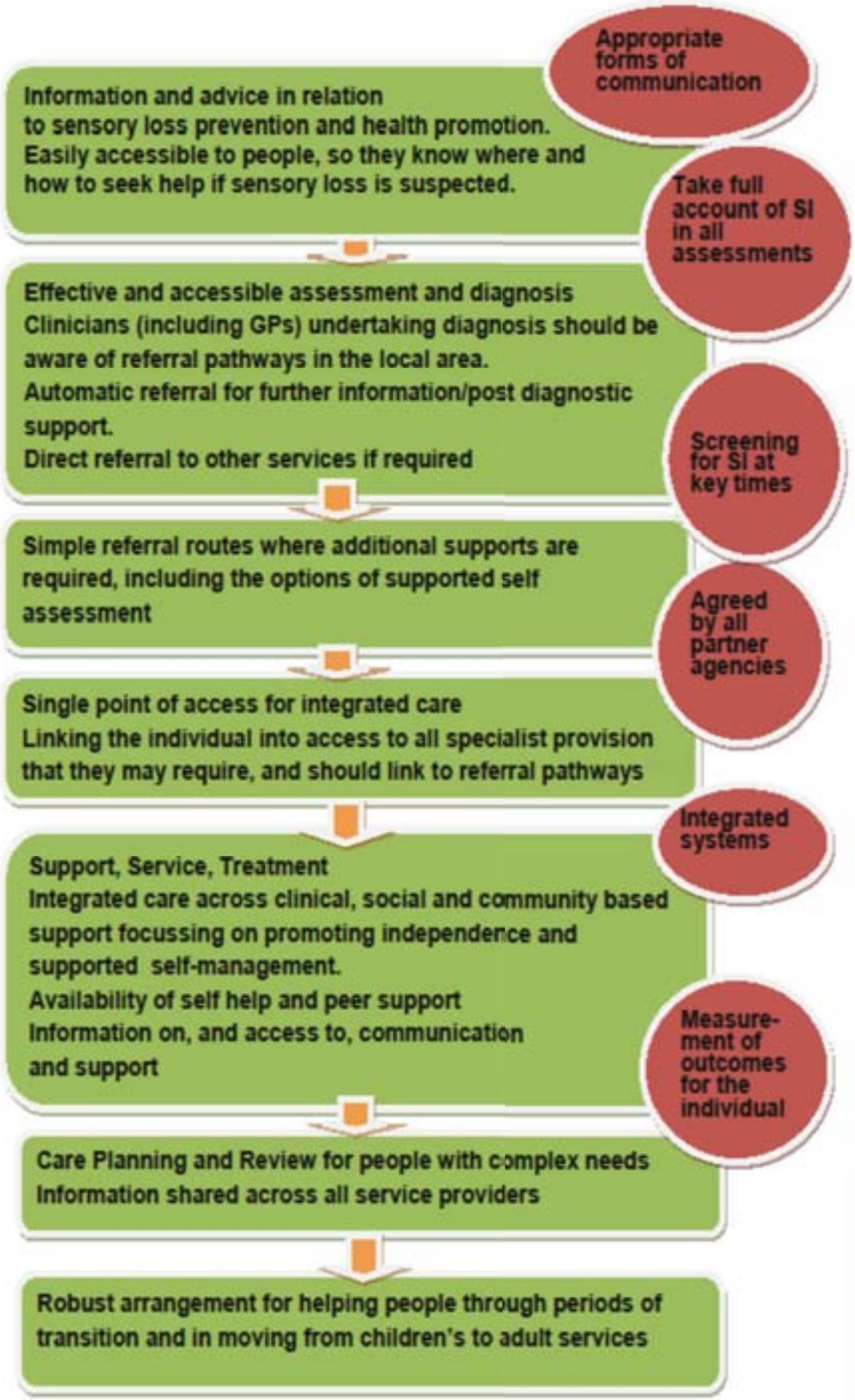
6. The development of care pathways

6.1. Another way of considering the response that should be made to sensory loss is to consider the ways in which an individual person's journey, or care pathway, will require well considered interventions from statutory agencies and service providers.

6.2. Care pathways are increasingly seen as a means of ensuring that local partnerships and services have clearly identified and agreed ways of assisting the individual to move through and across services for particular conditions. Not only does this provide a more integrated and positive experience for the individual, but it is also a way of optimizing resources and systems for agencies to provide the most efficient service patterns.

6.3. Every person's needs are different and there can be no typical journey, but the diagram below has been designed to show the main component parts of most people's journey in relation to sensory impairment. Again people may enter at different stages, particularly in relation to the nature of the onset of a sensory impairment. This journey recognises that many people can be dealt with through mainstream service provision. If these services, and staff within them, have an awareness of the needs of people with sensory loss then a wide range of these staff should be able to not only identify needs relating to sensory impairment, but also assess and provide simple solutions. It also recognises, however, that there will be some people whose sensory loss or complexity of need is such that specialist provision will always be required.

6.4. Carers and other family members can often be the first to recognise a sensory loss in a family member. As such they are a valuable source of knowledge and expertise. Recognising the challenges of sensory loss, carers can also be assisted to support people with a sensory loss if they are aware of the implications of that loss and, where appropriate, are provided with information that can assist them in their role as carers. In many instances the person themselves will be able to relay this information, but in other instances it would be helpful if this could be done either directly with the carer, or with both the person themselves and their carer.


Appropriate forms of communication
Information and advice in relation to sensory loss prevention and health promotion. Easily accessible to people, so they know where and how to seek help if sensory loss is suspected.
Take full account of SI in all assessments
Effective and accessible assessment and diagnosis
Clinicians (including GPs) undertaking diagnosis should be aware of referral pathways in the local area.
Automatic referral for further information/post diagnostic support.
Direct referral to other services if required
Screening for SI at key times
Simple referral routes where additional supports are required, including the options of supported self assessment
Agreed by all partner agencies
Single point of access for integrated care
Linking the individual into access to all specialist provision that they may require, and should link to referral pathways
Integrated systems
Support, Service, Treatment
Integrated care across clinical, social and community based support focussing on promoting independence and supported self-management.
Availability of self help and peer support
Information on, and access to, communication and support
Measure-ment of outcomes for the individual
Care Planning and Review for people with complex needs
Information shared across all service providers
Robust arrangement for helping people through periods of transition and in moving from children's to adult services

6.5. Meeting the communication needs of people with a sensory impairment is fundamental to ensuring that they can engage with the care pathway, and is an essential element in their everyday lives as part of the care pathway.

6.6. Care pathways provide a framework around which services can be coordinated in response to changing need. They provide a structure to guide interventions and to prompt actions and communication between and within agencies and services. Pathways will, however, require to be confirmed at a local level to take account of local circumstances, while reflecting the main elements outlined in the diagram.

6.7. To ensure that pathways work as effectively as possible for people with a sensory impairment there are a number of key factors that must be in place at a local level.

- It is important that referral routes into support services are clear to those undertaking diagnoses, and that information is available in appropriate formats to the individuals themselves. For the majority of people, the point of diagnosis will be undertaken primarily through NHS Audiologists, ophthalmologists, optometrists or independent optometry practitioners. Others will first become engaged through their GP;
- It remains a cause for some concern that there is no standard set of expectations in relation to maintaining information in relation to people with the various diagnoses of sensory impairment. Such information is basic to understanding the prevalence of impairment and then being able to monitor the reach of services, engage with service users and carers, identify and learn from best practice, and identify gaps and opportunities for service improvement;
- 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: in some areas, this could build on recent One Stop Services activity. 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. This could be done at GP surgeries when the person reaches an agreed age, or at key times of engagement, e.g. assessment for other community care services or admission to a care home;

- A commitment to a single point of access wherever possible, including for ongoing contact. This places a responsibility on services and agencies to work together effectively and reduce duplication and confusion for the individual;
- A clearly developed set of local sensory impairment care pathways that are agreed by key stakeholders and understood by all clinicians, assessors, service providers and, most importantly, the person themselves. This should address the needs of people with an identified sensory impairment, people at risk of sensory loss, and people who may be living with a hidden sensory loss, and should reflect the importance of prompting the outcomes based approach outlined earlier;
- 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;
- A commitment to awareness raising training for front line staff who may have to deal with people with sensory impairments.

6.8. It is important to acknowledge that there are some groups within the world of sensory loss for whom that loss provides additional challenges both to them and to services who are seeking to provide integrated care pathways:

People with a learning disability

6.9. People with a learning disability are more likely to have a hearing loss, and are 10 times more likely to have a sight loss than people in the wider community. This can have a profound impact on how they are understood and are able to interact with others, and people with challenging behaviour will be more likely to challenge if there is a limited understanding of any sensory loss that they may have.

Older people

6.10. It is now well understood that people are living longer, and consequently there is an increasing incidence of those illnesses and disabilities that increase with age. This strongly applies to hearing and sight loss (see figures earlier). The impact on an older person who may already be finding it less easy to continue with previous lifestyles can be very significant. Yet it is still the case that hearing or sight loss is often not recognised or responded to by caring agencies, including home carers, hospital or care home staff.

Hidden and untreated sensory loss

6.11. Hidden and/or untreated sensory loss leads to a withdrawal from social interaction. Sensory impairment is a major contributory factor in falls, and subsequent admission to hospital, which is the major contributory factor to admission to a care home. To a person with dementia, failure to recognise and respond to a sensory loss will result in greater isolation, will generate behaviours that can be misinterpreted as symptoms of advancing

dementia, and will lead to a consequent failure to respond appropriately to basic physical needs.

6.12. Included within the groups above, there will be people who are seeking work or are engaged in work. For these people the impact of a sensory loss can have significant implications for entering work, retraining, and being supported to stay in work.

7. Areas for Action

7.1. As outlined earlier, it is intended that this strategic framework should be a lever for change, and should facilitate that change across agencies and services.

7.2. In the context of the above overview, summary of national policy and practice directions and expectations, and comments on the requirements for an effective care pathway, a number of key issues and areas for action can be identified that lead to a range of broad recommendations.

7.3. These areas for action and recommendations are outlined below. It is intended that the consultation process will allow for comment to be made on these matters, and further work will be done to produce more refined recommendations and action points.

Spending patterns

7.4. As outlined in the overview section of the strategy there is a broad context of increasing demand sitting alongside a decrease in available funding. It is therefore important to understand what the current expenditure is against services for people with a sensory impairment, and the extent to which this is reflected in other workstreams, e.g. the Reshaping Care for Older People and Self Directed Support, in order to inform options for future spending patterns.

Recommendation 1

An audit should be undertaken of all current spend on sensory impairment, including that relating to carers, across statutory Health and Social Care and third sector agencies, in relation to specialist provision and also to those elements of other service provision that impact on people with a sensory impairment. In the light of the findings, consideration should be given to options for realignment of spend as appropriate.

Screening for sensory loss

7.5. Stakeholders repeatedly stressed the centrality of effective assessment and diagnosis. This is the initial point of identification of sensory loss. Timeous diagnosis leads to speedier, and often more helpful, treatment and support, the introduction of Universal Newborn Hearing Screening being a good example of this, whereby screening for hearing loss at birth can lead to earlier intervention. Sensory loss, however, can often have a slow onset and individuals may not be aware that their loss is increasing, or may feel reluctant to ask for assistance. As outlined earlier there is also the important group of people who have, or may have, 'hidden' sensory loss. In addition to specific assessment for sensory loss, as outlined in the Care Pathway diagram earlier, there is also the need to take full account of potential sensory impairment issues in mainstream assessments.

7.6. Simple screening can be undertaken by a range of staff that could identify potential sensory loss and lead to appropriate onward referral. Such screening could be undertaken when the person reaches an agreed age, or at key times of engagement, e.g. as a routine part of health or social care assessments.

Recommendation 2

Local partnerships should consider options for the introduction of basic sensory screening, for example, for people of a certain age, and at agreed times in their care pathway.

Awareness of issues relating to sensory loss

7.7. Discussion with stakeholders revealed a clear view that there is a lack of awareness of sensory impairment issues in staff across a range of services that can have a direct impact on the appropriateness of care plans for some people, and the ability of some staff to provide simple solutions. Local initiatives in care settings (such as the provision of sensory impairment awareness training and the introduction of tools to assist in care planning) have provided positive results in staff awareness and on the impact this has on the quality of care planning that takes into account the impact of sensory loss for people. The view was strongly expressed that this is particularly important for staff who work with older people, e.g. community nursing staff, home carers, care home staff, occupational therapists and community based health professionals.

Recommendation 3

There should be mandatory training in sensory awareness and assessing for non complex needs across staff in health and social care settings, targeted in the first instance on older people's services.

Promoting effective local service provision

7.8. The role of care pathways is now recognised in relation to the provision of a more integrated and positive experience for the individual, but also as a way of optimizing resources and systems for agencies that assist in the

provision of the most efficient service patterns. They are in place across Scotland for a number of long term conditions, but not so far in relation to sensory loss.

7.9. Local services are organised in different ways to reflect local circumstances, but all local areas should be able to demonstrate that they have planned for services that reflect local need, that promote partnership working, that provide clear integrated care pathways for individuals, and that also promote prevention, self help and self management of sensory loss wherever possible.

7.10. Current policies across across community health and social care services reflect the increasing emphasis on providing greater support to people to manage their own conditions, and to have greater choice and control over their support in a way that maximizes independence and self care, with appropriate support and guidance as required. This requires there to be good information available about sensory loss, its impact across a number of areas for individuals, and ways in which people can be assisted to manage their sensory loss.

Recommendation 4

Local partnerships (in this instance local statutory social and health care agencies, and third sector agencies) should be able to evidence that their service planning reflects the need in their area.

They should develop care pathways for people with a sensory impairment, which confirm the component parts of the individual's journey. In so doing they should assess performance against the care pathway and the key factors for effective pathways outlined earlier, and use this as the basis for service improvement, and identify the relevant responsibilities across agencies for the delivery of this.

Accessible local information strategies should be developed to include preventative measures and good self care in retaining sensory health, but also providing information on how to access services.

The above matters should be subject to regular reporting and review by local partnerships. The Scottish Government will provide funding to local partnerships for 2013/14 and 2014/15 to assist with the work that will be required to implement this group of recommendations. Partnerships should ensure that attention be given to ensuring maximum sustainability once this funding ceases.

Data collection

7.11. As highlighted in the section on the development of care pathways, reliable information is basic to understanding the prevalence of sensory impairment and then being able to monitor the reach of services, engage with service users and carers, identify and learn from best practice, and identify gaps and opportunities for service improvement. Currently there are no standard expectations in this regard.

Recommendation 5

There should be robust systems for maintaining information locally, and sharing this between agencies, in relation to people who have received a diagnosis of a sensory impairment at any time from birth onwards.

Barriers to everyday life

7.12. As outlined in the overview section of the strategy, people with a sensory impairment face a number of barriers to participation in everyday life, particularly in relation to how they are able to communicate with the world around them. The Equality Act 2010 brings together a number of pieces of legislation into one single Act to help tackle discrimination and inequality. The view was expressed from stakeholders that people with sensory loss may not have benefitted from the provisions of the Act to the same extent as others.

7.13. It would be a helpful exercise to consider the extent to which the provisions of the Act have application to people with a sensory loss. This will result in a potential range of issues, both legal and practical, that require to be addressed, and that will then require consideration for further action.

Recommendation 6

Compliance with the Equality Act 2010 should be scrutinised in relation to sensory impairment, particularly in relation to communication, and consideration given as to what future action may be required.

8. Summary of recommendations

8.1. An audit should be undertaken of all current spend on sensory impairment, including that relating to carers, across statutory Health and Social Care and third sector agencies, in relation to specialist provision and also to those elements of other service provision that impact on people with a sensory impairment. In the light of the findings, consideration should be given to options for realignment of spend as appropriate.

8.2. Local partnerships should consider options for the introduction of basic sensory screening for people at an agreed age, and at agreed times in their care pathway.

8.3. There should be mandatory training in sensory awareness and assessing for non complex needs across staff in health and social care settings, targeted in the first instance on older people's services.

8.4. Local partnerships (in this instance local statutory social and health care agencies, and key third sector agencies) should

- be able to evidence that their service planning reflects the need in their area
- develop care pathways for people with a sensory impairment, which confirm the component parts of the individual's journey. In so doing they should assess performance against the care

pathway, and the key factors for effective pathways outlined earlier, use this as the basis for service improvement, and identify the relevant responsibilities across agencies for the delivery of this

- develop accessible local information strategies to include preventative measures and good self care in retaining sensory health, but also providing information on how to access services.

8.5. There should be robust systems for maintaining information locally, and sharing this between agencies, in relation to people who have received a diagnosis of a sensory impairment at any time from birth onwards.

8.6. Compliance with the Equality Act 2010 should be scrutinised in relation to sensory impairment, particularly in relation to communication, and consideration given as to whether any future action may be required.

Appendix 1

Timescales for implementation of Recommendations

		Foundation 0-2 years	Consolidation 2-5 years	Integration 5-10 years
1	Audit of spend	Undertake audit and initial analysis	Planning, consultation and implementation of any agreed changes in allocation of spend	Amendments as required
2	Basic sensory screening	Undertake analysis and draft proposals	Agree and implement	Monitor and amend as required
3	Sensory awareness training	Scope the need and scale of training and agree target groups, delivery methods and materials. Commence delivery	Ongoing	Ongoing
4	Local partnership work	Allocation of funding Review of spend and efficacy Review of locally developed care pathways Review of sustainability plans	Continued review of activity, and further areas for action	Continued review of activity, and further areas for action
5	Local information	Agree requirements Agree protocols for sharing across agencies	Implement, monitor, review and update as required	Monitor, review and update
6	Equality Act	Scoping of current situation and recommendations	Future actions as agreed	

All recommendations will have initial work undertaken over the first 2 years, and there is Scottish Government funding available to local partnerships for the first 2 years, and this will be used to assist in the work locally around Recommendation 4.

In subsequent years progress should be monitored and reviewed both at national and local level. It is expected that amendments will be made to actions agreed in the light of experience. The consolidation and integration phases will be undertaken in the context of available resource, but it is anticipated that areas will have been identified where any additional resource availability can be used to directly further the consolidation and integration phases.

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Responding to this consultation.

We are inviting responses to this consultation by 28 June 2013. Please send your response on the Respondent Information Form (see "Handling your Response" below) to:

The Sensory Impairment Consultation mailbox
SensoryImpairmentConsultation@scotland.gsi.gov.uk

or by mail to:

Paul Reilly
Adult Care and Support Division
Area 2ER
St Andrew's House
Regent Road
Edinburgh
EH1 3DG

If you have any queries please contact Peter Kelly on 0131 244 2249.

We would be grateful if you would use the consultation questionnaire provided as part of the Respondent Information Form, as this will aid our analysis of the responses received.

This consultation, and all other Scottish Government consultation exercises, can be viewed online at the consultation web pages of the Scottish Government website at http://www.scotland.gov.uk/consultations.

The Scottish Government has an email alert system for consultations, http://register.scotland.gov.uk. This system allows stakeholders, individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links).

It complements but in no way replaces Scottish Government distribution lists. It is designed to allow people to keep up to date with all
Scottish Government consultation activity and therefore be alerted at the earliest opportunity to those of most interest.

We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public.

Please ensure that you complete and return the Respondent Information Form as this will ensure that we treat your response appropriately.

If you ask for your response not to be published we will regard it as confidential and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore need to consider any requests made to it under the Act for information relating to this consultation exercise.

Next steps in the process

Where respondents have given permission for their response to be made public and after we have checked that they contain no politically defamatory material, responses will be made available to the public in the Scottish Government Library.

These will be made available to the public by 26 July 2013.

You can make arrangements to view responses by contacting
the SG Library on 0131 244 4552. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted then
please send them to:

Peter Kelly
Adult Care and Support Division
Area 2ER
St Andrew's House
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Edinburgh
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The Scottish Government Consultation Process

Consultation is an essential and important aspect of Scottish Government working methods.

Given the wide-ranging areas of work of the Scottish Government, there are many varied types of consultation. However, in general, Scottish Government consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

The Scottish Government encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience.

Consultation exercises take account of a wide range of factors, and no two exercises are likely to be the same.

Typically Scottish Government consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Government web site enabling a wider audience to access the paper and submit their responses.

Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises. Copies of all the written responses received to a consultation exercise (except those where the individual or organisation requested confidentiality) are placed in the:

Scottish Government library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD, telephone 0131 244 4565).

All Scottish Government consultation papers and related publications (e.g. analysis of response reports) can be accessed at: Scottish Government consultations (http://www.scotland.gov.uk/consultations).

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.

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.

(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?

We welcome this strategy and the direction of travel. This will require us to build on our work with the third and Independent sectors to develop a Strategic Commissioning approach.

It will also build on our shift to an outcome focussed approach developed through wider integration recognising the cultural issues and the need for all staff to make changes whilst ensuring staff do not feel de-skilled. We will need to deal with protectionism around specialisms which will be a natural resistor and the protection of budgets, historic practice etc. which again may be a sign of resistance. These need to be addressed if successful integration is to be achieved.
We will also need to be clear about the needs of service delivery in terms of access- appointment letters, GP practices, consultation rooms etc to ensure that practical issues do not get in the way of a new way of working.

(d) How will you make these changes?

Build on one-stop-shop approach initiated across the area. Extend project management approach and engagement with users and carers to ensure robustness and transparency. Ensure evaluation and review built in to allow timely feedback from all stakeholders on effectiveness. Build awareness, training and screening into the development of integrated teams. Establish appropriate KPIs into performance framework to measure improvements but require clarity on how outcomes are to be measured. Training should include front line office staff to ensure that sign posting to appropriate services is undertaken. In addition families can be offered training which will assist in the ongoing two way communication s to how we are delivering our services and if we are meeting the needs / expectations of service users. ~We will endeavour to establish a strong evidence base of what works well and what does not in order to make the necessary improvements in service delivery.

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?

Outcome based approach delivered by an integrated service and with clearly defined access and referral route is essential for a clear pathway to be effective. This will build on the onestopshop approach and should ensure that there is no inequity of outcomes or process.
Early Intervention - such as screening, will always remain a priority as the evidence shows a real benefit in outcomes.
Awareness across agencies - public, independent and third sector is essential to ensure that those affected by sensory loss can access services and support etc and are not disadvantaged, but also in relation to early intervention, difficulties can be detected early and individuals and families can be alerted to available support and intervention. With this in mind, data sharing between agencies will be essential in order that services can be targeted in the right areas and with the right individuals.

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

Outcomes approach is most challenging as it is so different from previous focus and the way that many of us have been trained. Focus to date has been on resources and activities and we require a change from all who deliver services, all in receipt of services and especially those who scrutinise and regulate services. There is also a need to ensure training schools for all acknowledge this approach. All of the above and most importantly front line staff must embrace this challenge and work to evidence the benefits of the services they deliver in terms of outcomes. This should be evidenced by appropriate use of personal plan of service users which adopts a task centred / outcomes approach. This must involve feedback from users and carers and the use of user and carer experience to plan improvements. This should become standard practice.
There are challenges also in relation to self help and peer support within some of the more isolated rural communities. Consideration requires to be given as to how this will be achieved and links back to the need for effective data sharing between agencies in order to assist with the co-ordination of effective responses and service users input.

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

There is a need to stress continuous quality improvement and how to demonstrate that a pathway is effective - the so what? question. Again this will reinforce the focus on outcomes processes that don't necessarily make a difference. It would be good to see something about evaluation/evidencing of continuous quality improvement.
Education and training linked to Care Standards, SSSC etc.
Clarity in relation to transition from children's services to adult services. Differing legislation frameworks and differing service provision tends to mean a drop off in supports as service users move from service to another. Education do not appear to be included as a key partner in the delivery of this. Supported employment should link into strategy.

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 1 - an audit, could be challenging unless made more explicit as each area may choose different aspects of their services e.g. GPs and render comparisons across Scotland invalid. Identifying specific spend on sensory at this stage may be more helpful as this combined pot can then be flexed more effectively and efficiently as the wider outcome approach is developed.
Recommendation 5 - always a challenge with the poor IT infrastructure across the Public Sector and specifically the impact on developing shared databases. The integration agenda should and must sort this.

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

Recommendations 3 and 4 will be significant in raising the profile of this client group and ensuring equity in achieving outcomes. There will need to be some clear KPIs however to demonstrate the positive impact of training, pathways and information and much of this should be built on the experience of the public.

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

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.

Highland has a mix of services provided across the Public and voluntary sector. Some work closely together but within their specific sensory impaired group. The onestopshop approach is developing, building on current local practice and in line with what is feasible and workable across our disparate geography. Initial baselines of satisfaction with the current configuration of services have been gathered from users and carers against which we can assess improvements that we anticipate from the the onestopshop approach. This will also enable us to check that any difficulties identified within the current provision or access are addressed.

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

It will support the development of the onestopshop approach and enable communities to build appropriate support. The strategy will raise the profile but work needs to continue Nationally to keep that profile high and to evidence improvements in quality outcomes going forward.
This strategy will assist us in promoting independence for those with a sensory loss and improving communication and access.

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?

Yes it does build on GIRFEC and current policy and by setting specific outcomes and focussing on this it assists with transitions which remain a major area of stress for young people with a sensory impairment. There are more likely to be a higher number of children and young people with a single sensory loss and so it may be a challenge for some colleagues to see the added value of a sensory approach but in terms of planning for future requirements in adult care it will be of great value.

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?