

INTRODUCTION

Guide Dogs Scotland welcomes the opportunity to comment on the Scottish Government's See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland.

We are experts in the area of mobility for blind and partially sighted people and our work has been transforming the lives of many thousands of sight impaired people on a daily basis for over 80 years. Our core activity is the guide dog service which essentially involves the training and provision of assistance dogs to blind and partially sighted people. We also have history of providing other mobility and independence services to adults and children and young people, either directly or under contract from local authorities. For example, our staff have been contracted to provide habilitation services under CVISTA (Children's Visual Impairment services Tayside) and they were instrumental in aiding the drawing up of habilitation process and pathways. More recent developments has seen the National Blind Children's Society become a subsidiary of Guide Dogs and from which further services to children and young people will be developed. We also carry out and commission research, including social research into the everyday experiences of blind and partially sighted people. We have previously been members of the Scottish Executive's working groups for the Review of Eye Care Services in Scotland, including groups on registration, and children and young people services. In 2008 we produced our report, on behalf of the sight loss sector, 'Independence and well-being in sight: investing in the potential of blind and partially sighted adults in Scotland', which highlighted needs, for emotional and well-being services, provision of mobility and independence training, and in having a trained and qualified workforce to provide services.

We have drawn upon this experience and knowledge to shape our response.

Some initial comments

Guide Dogs Scotland, as well as groups in the other UK countries, has been working for the last five years under the banner of the UK Vision Strategy. This strategy was launched following the World Health

Assembly Resolution (2003) that countries should develop plans to deal with sight loss (Vision 2020). The resolution was itself informed by other World Health Organisation initiatives and policies and sits within the Human Rights policy framework.

Following the 2008 launch of the UK Vision Strategy, the four UK nations, launched their own tailored plans which took on board their national policies and priorities. In Scotland, this took the form of the Scottish Vision Strategy which is now in its second refresh stage, and has, and continues to have, Government support by the Health Minister, and Parliamentary support from the cross party group on visual impairment.

The Scottish Vision Strategy has three key objectives

- to improve eye health of the people of Scotland;
- to eliminate avoidable sight loss and deliver support services;
- to enhance inclusion, participations and independence of blind and partially sighted people.

The Scottish Vision Strategy draws its membership from across statutory, third sector, and health services, and it is worth noting that includes those who have developed and provide joint sensory services.

It is surprising therefore that this international, UK, and National work is not reflected and linked into the proposed See Hear strategy for the people of Scotland. We would like to see this evidenced in the final strategy and a working relationship developed going forward.

CONSULTATION QUESTIONS

1. The strategy outlines a care pathway.

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

No one service provider can implement all the aspects of this pathway. If all relevant service providers are to be part of this pathway then the local partnerships firstly need to have the ability to identify what services could be required and who is there to provide them. If this is not robustly done then again service provision will continue to be patchy and inconsistent. We acknowledge there is a practical requirement of flexibility in how services are provided. We acknowledge however the services themselves will not vary; therefore, perhaps the pathway should include and outline what are the services that people can expect.

2. The strategy identifies key factors that need to be in place to ensure the pathway is successful

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

Quick and easy identification of sensory loss and referral of people into timely and appropriate services that enable independence are key factors. For sensory impaired people to understand their medical condition and or make choices of services they need to know what is available, this is not, as the paper intimates, solely about information and communication in accessible formats, but about having an understanding of what they should expect from services.

We agree that there are opportunities for basic screening which can be carried out and embedded in existing activities, such as, health checks.

Has consideration been given to adopting a tone and style of the pathway for adult eye care as laid out in the UK Vision Strategy?
<http://www.vision2020uk.org.uk/ukvisionstrategy/page.asp?section=299§ionTitle=Adult+UK+sight+loss+pathway>

We believe there is a children's pathway currently in development.

Assessment remains at the heart of being able to provide effective interventions. For comprehensive assessments to be carried out the workforce need to obtain and demonstrate appropriate levels of specialist knowledge and skills.

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

Sharing of information across agencies could pose some difficulties both with systems and processes in addition to requiring strong interagency bonds.

Out of the limited list of key factors identified in the strategy the one concerning statutory agencies seeking to agree the maximum possible consistency of approach and access to services stands out as challenging to implement. We are unclear how consistency in services can be achieved when what is outlined in the strategy appears to be more around managing a gateway into services and not around the services themselves. This poses further questions of who is responsible overall for ensuring that consistency is achieved, that the correct decisions have been made.

Until this year (2013) the Scottish Government published a Statistics release on the registration of blind and partially sighted people. We

believe that Scottish Government department has decided they will no longer compile and publish this report. The statistic release was useful to the sector in tracking trends, and helped inform what levels of service would be required in the future. The second key factor in the consultation document (page11) mentions the usefulness of such information. We suggest that the Sensory Strategy recommends the retention of this annual Statistical publication.

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

There are other factors that we think are missing from the Strategy, however, we will cover some of these later in our response. Within the key factors the most significant omission, in our viewpoint, and of which we have heard service users mention, is that although the pathway and strategy makes mention of sensory services being outcome focussed it does not then define what those outcomes could be.

The words from a blind service user at the Aberdeen event states this clearly

...having a framework and outcomes of what a service could be, informs an agency of what it should be doing, informs users of services of what they can expect to receive and to what level, and provides a measurement to both agency and users and others of if that service is good, better, or needing improvement...

Seeing it my way outcomes (SIMW) is a short list of ten outcomes that blind and partially sighted people stated were important to them. The outcomes emerged from the participation of just over 1100 blind and partially sighted people from across the UK. The outcomes aims to ensure that every blind and partially sighted person, regardless of age, ethnicity, extent of sight loss, other disabilities, or location, has access to the same range of information and support.

Seeing it my way outcomes (summary)

- That I understand my eye condition and the registration process
- That I have someone to talk to
- That I can look after myself, my health, my home and my family
- That I receive statutory benefits and information and support that I need
- That I can make the best use of the sight I have
- That I can access information making the most of the advantages that technology brings
- That I can get out and about

- That I have the tools, skills and confidence to communicate
- That I have equal access to education and life-long learning
- That I can work and volunteer.

One of the aims of the Strategy is to bring about consistency of approach and access, and that sensory services are person-centred and outcomes focussed. We suggest that the SIMW outcomes framework should be incorporated into the Sensory Strategy.

www.vision2020uk.org.uk/ukvisionstrategy/seeing-it-my-way

The role of integrating eye care services seems not to feature highly in the See Hear Strategy. Community based optometrists have played a major role in screening, early identification of sight loss, appropriate and timely on going referrals to both clinical care and social care services. Current initiatives are around electronic referral systems from community based optometrists directly to hospital eye clinics. This is backed and funded by the Scottish Government. The Electronic referral system aims to reduce time from identification to treatment; quick referral to most appropriate hospital clinic, and reduce amount of unscheduled hospital attendances. We would recommend that the See Hear Strategy incorporate this initiative and acknowledges the important role community based optometrists play in eye care services. We should be justifiably proud of these initiatives and so they deserve prominence in the See Hear strategy.

See Hear makes brief mention of loss of confidence by people at diagnosis. It has long been acknowledged that sight loss impacts negatively on the emotional wellbeing of individuals. This is reflected in the Seeing It My Way outcomes. It was also recognised in the Scottish Executive's Report on the Review of Community Eye Care Services which was published in 2006. The Review referenced the need for 'emotional and psychological skills' to be taught alongside mobility and other practical training (recommendation 5). The same document in paragraph 3.4.3 acknowledged the possible need for emotional support at or around the time of diagnosis. We would recommend that the See Hear Strategy take this on board and provides a higher profile for this important need within the pathway. In addition, we urge that these needs are not forgotten within children and young people services.

Focus on providing awareness training for front line staff. We are disappointed that the strategy does not make mention of other important workforce issues, such as, the scarcity of staff to provide rehabilitation services. Rehabilitation services comprise of orientation, mobility, and independence skills training. This is becoming more commonly known as habilitation when it relates to children and young people's services

and would include developmental aspects. These skills feature in the SIMW outcomes. Scotland has currently no training facility to produce this type of workforce for adult services. Recent Scottish Government funded support has been provided to run a few modular courses at Caledonian University, which covers some mobility and independence aspects, but we are led to believe that outdoor mobility skills is not covered. We have outlined the current situation above, however, page 3 of the consultation states that “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.” What is the workforce planning to recruit, train, and deploy a workforce to meet the inevitable increased demand on rehabilitation services? We would recommend that these workforce issues are incorporated into the See Hear Strategy.

3. The strategy identifies areas for action that should be addressed going forward. We have chosen to comment on some of the recommendations and will incorporate answer to both (a) and (b)

Recommendation 1

Identification of all spend on sensory impairment across health, social care, and third sector. In light of the findings, consideration should be given to options for realignment of spend as appropriate. To audit something you first have to know what you are auditing, similarly to realign something you need to have identified what is it that needs realignment. We would reiterate that using the Seeing It My Way outcomes as a framework for service design and commissioning would help target where the spend should be realigned to. In addition, what are the specific services that are being audited from the third sector? Third sector organisations have gone beyond statutory provision of services, for example, providing befriending and peer support groups, activity groups for children and young people, to name a few. Will those be included or not in an audit? If children and young people’s services are to be included in the Strategy then Education and children services, including third sector need incorporated.

Recommendation 3

There should be mandatory training in sensory awareness and assessing for non-complex needs across staff in health and social care, targeted in the first instance on older people’s services. We agree that staff should be trained and hope that the Scottish Government find a way of ensuring the mandatory aspect as well as consistent quality of training programmes. We are however slightly confused as to what level the training programmes will be set at.

Recommendation 4

This recommendation pertains to setting up local partnerships, evidencing local needs, planning local care pathways, and finding a means of assessing performance and effectiveness. We have made previous comments around consistency and effectiveness of designing services and care pathways around people's outcomes (SIMW) which have been already developed and endorsed. We feel that to ensure equality of services across Scotland then care pathway should be measuring their effectiveness against SIMW, amongst other factors. We agree that accessible local information strategies should be developed. If children and young people's services are to be included in the Strategy then Education and children services, including third sector need included in local partnership arrangements. Again, CVISTA's components offer a quality model which could be adapted to local circumstances.

Recommendation 5

We agree there should be local systems for capturing and sharing information. However, we have made comments elsewhere in this response that the national data and statistics should be maintained as well. The Scottish Government has ceased publication of annual statistics of registered blind and partially sighted people.

Recommendation 6

Compliance with the Equality Act 2010 should be scrutinised in relation to sensory impairment, particularity in relation to communication, and considerations given as to what future action may be required. We would seek clarification as to how this is to be undertaken.

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

Carers although initially mentioned in the consultation, seem not to be included in the pathway or recommendations, which is adrift from current Scottish Government policy (Carers Strategy Scotland (2010-2015)).

Considerations should be given to cross referencing the sensory strategy with Article 23 of the UN Convention on the Rights of the Child.

4. Please comment on the current provision of sensory impairment services as either a service provider or service user.

We have made substantive comments above on what people tell us is important to them and would reiterate that services, including

rehabilitation and habilitation should be designed and delivered according to the Seeing It My Way outcomes framework, and that services need to include early intervention measures to tackle the emotional and psychological impact of sight loss. In respect of 'one-stop shops' the consultation document does not describe what it meant by one-stop shops or one-stop services. We know and have worked with organisations that provide sensory services to blind and partially sighted people and deaf and hard of hearing people. Models can vary slightly but in the main they are thought to be able to work effectively as many clients are users of both types of services.

6. Does the strategy properly reflect the current climate and developments in policy and practise for children and young people particularly in relation to Getting it Right for Every Child (GIRFEC) approach and the Doran Review?

We welcome the See Hear Strategy incorporating services to children and young people and their families. We note much more work will be needed in scoping this out within the final Strategy. Guide Dogs Scotland has a history of being involved in providing mobility and independence (habilitation) training to children and young people. It continues to concern us that focus is often on educational attainment however the life skills required to become independent, to gain employment, and be a participating citizen, are often not even offered.

At a recent Scottish Parliament cross party group on visual impairment this was clearly made when a 16 year old blind young person said that using her long cane she can go into Glasgow city centre to meet her friends, and often travels to and from school by train, bus and walking. That she would like more mobility training but her trainer was currently on maternity leave. However, she felt grateful for all the work that had been done so far, as her parents had privately paid for the mobility trainer and after 2 years of being on the waiting list for training by her council she was still on the list and waiting.

GIRFEC has been useful as an objective setting, review and monitoring, tool for us when providing habilitation services through our contracts with Angus Council under the CVISTA (Children's Visual Impairment Services Tayside) model of services. These types of emerging good practice need to be reflected and shared via the Strategy going forward.

CVISTA is a multi-agency, coordinated service delivery model of children's services. It involves health, social care, education, parents, and third sector organisations. Information is not duplicated, and there

are means of sharing between organisations. It is person-centred and outcome focussed. CVISTA has achieved much that is laid out in the See Hear Strategy, and this needs to be captured and lessons learned and shared with other partners and across services.

Funding has just been provided to develop a Managed Clinical Network for visual impaired children and young people. This will set out process, systems, and standards for service provision. It will include developmental, orientation, mobility, and independence training.

Apart from children and young people's services not being reflected overly well yet, in the Strategy, we are hopeful that, the final document will reflect the issues and policies above.

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?

We are unclear who is in charge of ensuring that the See Hear Strategy is delivering or not. Nor is it clear in the Strategy what the reporting and accountability structures are and what timeframes will be applied.

Conclusion

We thank the Scottish Government for the opportunity to respond to this important consultation on Scotland's strategic framework for meeting the needs of people with a sensory impairment. With an ageing population it is important that sensory loss remains one of the government's priorities. However, Guide Dogs Scotland believes strongly that more work is required to the Strategy to make it fit for purpose. We look forward to seeing how our comments have been incorporated into the Strategy, and would be very happy to contribute further to its development out with formal consultation processes.