

## **Consultation on**

### ***See Hear***

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

### **Scottish Government**

## **A response by the National Deaf Children's Society Scotland**

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## Response by the National Deaf Children's Society

**About us:** NDCS is the national charity dedicated to creating a world without barriers for deaf children and young people. We represent the interests and campaign for the rights of all deaf children and young people from birth until they reach independence.

NDCS believes that the family is the most important influence on a deaf child's development. NDCS supports the deaf child through the family as well as directly supporting deaf children and young people themselves.

NDCS estimates that there are around 3,500 deaf children in Scotland. 90 per cent of deaf children are born to hearing parents with little or no prior experience of deafness.

We use the term 'deaf' to refer to all levels of childhood deafness, including deafness in one ear only and temporary forms of hearing loss such as glue ear, and to include all communication methods, including British Sign Language.

This response has been informed by a survey of NDCS membership in May 2013 on the proposed Strategy, which resulted in NDCS generating the views of 26 parents of deaf children and young deaf people in Scotland. In partnership with other organisations, NDCS Scotland also contributed to three consultation events which engaged with over 200 professionals and service users.

### Summary:

We welcome the opportunity to comment on the See Hear strategy and we welcome the Scottish Government's commitment and intention to set out a specific strategic framework for supporting the needs of people with a sensory impairment. We recognise that a strategy of this kind is a first for the UK.

The key themes in this response are the following:

- **The place of children and young people within the strategy needs to be strengthened.** NDCS Scotland welcomes the strategy's intention to provide a framework for cradle to grave service provision. While we are pleased to see the inclusion of children within the strategy, we feel that the strategy is currently fundamentally underpinned by the adult experience of sensory impairment and service use. The experience and support needs required by children are unique and should be more thoroughly considered and reflected in the strategy as a whole.
- **The full range of services and organisations that support people with a sensory impairment need to be better reflected within the strategy.** The strategy is heavily focused on the health service experience and as such it does not provide a framework for the range of services and organisations that are required to work together to meet the needs of people with a sensory impairment. These include statutory education and social care services, public bodies, as well as third sector and other organisations. In particular the role of the third sector in implementing the strategy should also be more clearly outlined in the strategy. The strategy is an opportunity to highlight how the voluntary and statutory sectors should work together more effectively.

- **The strategy should have a stronger focus on practical implementation.** NDCS Scotland recommends that more detailed guidance is needed to highlight how implementation of the strategy will be measured. An evaluation framework is needed to outline the strategy's key priorities and objectives, timescales within which to achieve these as well as key targets, outputs and outcomes. A ten-year strategy, such as See Hear needs to clearly set out what is expected to be achieved in the first year, first three years, first five years and so on, to ensure those tasked with its implementation have a clear action plan to work towards.

Within this, the Scottish Government should address the practical barriers that may inhibit the implementation of the strategy including finance, ongoing challenges within sensory services' workforce including capacity. The difficulties around data-sharing and communication between services is also a serious practical barrier which often acts as a blocker to joint working, this should also be addressed within the strategy.

## 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.

As a membership organisation supporting both service users (and their parents'/carers) and service providers, NDCS Scotland welcomes the opportunity to comment on the impact of the implementation of the care pathway.

NDCS Scotland broadly welcomes the proposed care pathway and its focus on the individual service user and their sensory and developmental needs. We agree that the pathway identifies important elements that should be at the heart of an effective care pathway such as taking account of sensory impairment in assessments, simple referral routes and integrated systems.

We note that the pathway does not reflect how children frequently require more varied and in-depth support from statutory services. NDCS Scotland sees the care pathway model as being largely underpinned by the experience of adults. It is not clear therefore whether the care pathway intends to be a model for all service providers supporting people with a sensory impairment, including children. NDCS Scotland recommends that the Scottish Government consider making the remit of the pathway explicitly broader by including how education and social care services are expected to fit into the proposed care pathway.

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

Our survey of 25 parents of deaf children and young people highlighted what they perceived to be the most important factors for them in ensuring services met their, and their children's needs.

Unsurprisingly the survey found that 87% of those surveyed strongly agreed that "having their child's issue properly addressed" was the most important part of a service. A number of other factors were also identified as being important in contributing to the achievement of this aim. "Having deaf aware staff", children being "offered communication support" and "staff being friendly and approachable" were other highly rated factors identified by parents.

Nearly 40% of parents also agreed that the location, convenience and accessibility of a service is a significant factor to how the service meets their needs. 52% of parents agreed that it was important to be given information about other statutory or voluntary organisations that would be helpful in supporting their child.

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

As the care pathway has a heavy focus on the statutory bodies within health and social care, the intended role of third sector organisations, like NDCS Scotland, in implementing the pathway is unclear.

At every step of the care pathway third sector organisations play a key role in supporting people with a sensory impairment. In particular, their contribution to providing information and advice, providing post-diagnostic support, signposting families to appropriate services and highlighting self-help and peer support is invaluable. NDCS Scotland recommends that the position of third sector organisations is made more clear within the strategy as a whole, but particularly within the care pathway. The See Hear strategy opportunity to highlight how the statutory and voluntary sector should work together and the benefits this can bring to service delivery.

(d) How will you make these changes?

Please refer to above answer

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?

NDCS Scotland notes that all of the factors proposed within the care pathway are important for the overall successful delivery of services and meeting the needs of people with a sensory impairment.

From our consultation with parents and professionals, NDCS Scotland recommends that the second step is of particular importance. It is vital that deaf children, young people and their families have access to effective and accessible assessments and diagnosis by clinicians, health visitors and GPs. For this to happen consistently professionals need to have strong deaf awareness skills and families should have appropriate access to communication support.

The post-diagnostic support and referrals are also of crucial importance to service-users and their families and this process should be made as smooth and efficient as possible. Again, for this to happen successfully joined up working between statutory and non statutory organisations is essential. As are clear, consistent and well-communicated referral pathways in local areas.

The fifth step was also highlighted by parents as significant in terms of the practical delivery of support, service and treatment and the focus on this care being integrated across clinical social and community based support. NDCS Scotland highlights the importance of the Scottish Government making clear how the impact of this step should be measured. NDCS Scotland welcomes the use of indicators based on personal outcomes in order to evaluate the impact of service delivery.

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

Our consultation with parents and professionals highlighted a number of concerns about putting care pathways into practice.

It is clear that while in many ways the proposed model illustrates best practice, translating this into implementation will be challenging. This is especially the case when we consider how different services are across Scotland in terms of size, demand and geography.

In particular, we found that while step five was identified as being one of the most important parts of the pathway it was also identified as one which is challenging to put into place. The challenges around sharing information across services, deaf awareness and availability of the right information at the right time for supported people and their families are well known. It is crucial that the Scottish Government faces these challenges directly within the strategy with specific guidance on how to overcome these issues.

Step six has also been highlighted as a challenging one to put into practice. This is particularly important for children with additional and complex support needs as it is

essential that planning to meet these needs involves all appropriate statutory organisations including education, health and social care. We are aware of the serious challenges in multiagency work and the many barriers that often inhibit agencies from working together. Parents who took part in our survey commented on the frustration that this can cause for supported people and their families.

The final step of the pathway, has also been highlighted as one which may be challenging to put into place. How audiology services are provided can differ significantly between adult and paediatric services and ensuring that families have the right information they need to make the best decisions for their child is essential. Having strong communication sharing and maintaining relevant data about children across these agencies is vital. There are challenges here in that families often do not have access to the information they need or there may be difficulties sign posting families to the correct services. This can result in delays or gaps in service provision with negative consequences for young people. NDCS Scotland, alongside the Audiology Services Advisory group has established a set of Quality Standards for Transitions in Audiology<sup>i</sup> and we recommend these are considered by agencies involved in transitional planning.

This is similarly the case for transition points within education between primary, secondary and further education. NDCS Scotland recommends that the strategy addresses these and highlights the need for strong communication and timely activity between all stakeholders. NDCS Scotland has worked with Skills Development Scotland and Donaldson's School to develop a Template for Success<sup>ii</sup> resource. This sets out best practice for professionals working with young deaf people and with the aim of securing more positive destinations for young people in further education, training and work. This is a good example of where organisations have collaborated to provide resources for statutory services and NDCS recommends that the strategy highlights the importance of this continued best practice.

Where care pathways are challenging to put into place there is risk of services being delivered inconsistently across local authorities and health boards. It is key that care pathways are underpinned by a clear understanding of intended service outcomes and quality standards for service delivery. NDCS has produced a number of Quality Standards<sup>iii</sup> documents across health, education and social care sectors as well as multi-disciplinary resources. This kind of guidance is valuable in both the Scottish Government's design of care pathways as well as in local-level implementation.

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

NDCS Scotland has already commented how some important factors may have been missed in the care pathway in relation to the child's experience.

More broadly, however NDCS Scotland also notes despite best practice, in reality the journey through care pathways for supported people is rarely simple nor completely linear. We would recommend that within the proposed care pathway model the Scottish Government make more provision for flexible and open journeys. This should be underpinned by understanding of the different stages at which individuals will join and exit the care pathway.

This more flexible route may also then be able to reflect the process of outreach to families or individuals who are isolated, who are or have become, for whatever reason, disengaged with services. The pathway should also reflect possible methods of early intervention to avoid families disengaging with services. The strategy is an opportunity to set out stronger guidance on how services should maintain ongoing contact with individuals and the role the third sector can play in this.

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?

Area one: An audit of current spend

NDCS Scotland welcomes this activity, within the context of decreases in available funding it is crucial to take stock of current spend in sensory services. While this activity presents significant opportunities to consider current funding arrangements, in practice, realigning spend may be very challenging.

NDCS Scotland notes that this activity may be an opportunity to assess historical imbalances in funding between hearing impairment and visual impairment services. However the practicalities of making recommendations to withdraw funding from any service, particularly within a context of services which may already feel pressured, may be very damaging to service users. NDCS would welcome further clarity on the policy intentions behind its objective of realigning spend.

Area two: Screening for sensory loss

NDCS welcomes the proposal in the strategy regarding effective assessment and diagnosis and timeous screening for sensory loss. NDCS Scotland welcomes proposals to introduce screening for older people and recognises the importance in advancing this practice in order to identify those who may have a hidden sensory loss.

Universal Newborn Hearing Screening has led to improvements in how children are identified and treated for hearing impairments in Scotland. There are still many children in Scotland who are not identified in this screening process or who develop

hearing loss at a slightly older age. School-entry screening can identify children who may be experiencing hearing loss at a particularly significant time in their development, as they enter their journey into schooling. NDCS Scotland would recommend that within a ten year strategy such as See Hear, the Scottish Government set out plans to review school-entry screening and evaluate the merit in re-establishing a programme of school-entry screening in Scotland.

62% of surveyed parents of deaf children and young people strongly agreed that there should be another screening point for children other than at birth. A number also highlighted their own experiences where their children were not diagnosed at birth, but later on in their lives. An additional screening age for children around school entry age would be beneficial in order to improve the assessment and diagnosis of children in Scotland.

While it is positive that the Strategy considers expanding sensory screening in Scotland, NDCS Scotland notes the importance of the Scottish Government simultaneously considering how screening can be evaluated and the kind of guidance required by services in the aftermath of screening. There are, for example, improvements to be made in terms of how the Scottish Government captures and maintains UNHS data centrally. Similarly, despite significant investment into UNHS, there is no national early years guidance on how to meet the needs of hearing impaired children and there is no explicit mention of early years in the draft See Hear strategy. The early years is a crucial stage in influencing language development as well as social and educational outcomes for deaf children. A strong focus on the early years from the Scottish Government would be very much welcomed by NDCS Scotland.

#### Area 6: compliance with the Equality Act 2010

NDCS Scotland welcomes the proposed area of action for the Scottish Government to undertake an exercise in considering how the Equality Act 2010 should apply to those with a sensory loss. NDCS Scotland agrees that the Equality legislation should be more readily applied in order to ensure people with a sensory impairment are achieving the access to services they require.

NDCS Scotland also notes that while this exercise will be mostly a desk-bound exercise, to be a valuable piece of work it must maintain a strong practical focus and provide recommendations on how both mainstream and specialised services can meet the needs of people with a sensory impairment. The work should also focus on the challenging task of changing attitudes and ways of working within services in order that compliance with the Equality Act occurs as a matter of course within service delivery. NDCS Scotland would welcome further details on the timescales and content of this project.

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

### Area 3: awareness of issues relating to sensory loss

NDCS Scotland welcomes the proposal to address the lack of sensory awareness among staff across a range of services. 81% of our surveyed parents strongly agree that there should be mandatory training for professionals in health and social care to make them aware of the needs of deaf children and young people.

NDCS Scotland agrees that this issue should feature prominently in the strategy and it is vital this work targets a wide variety of staff in mainstream services and even those working within more specialised capacities with deaf children and young people. NDCS Scotland notes that the impact of good sensory awareness of service user experience is significant, creating positive experiences where it exists and serious challenges where it does not.

Before embarking on a programme of sensory awareness training, NDCS Scotland recommends that the Scottish Government establishes what should be considered as acceptable standards of sensory awareness and include these within the Strategy. This will enable local authorities to better meet these minimum standards and will avoid inconsistency across different areas or services.

NDCS Scotland recommends that sensory awareness training or standards are produced in collaboration with supported people including children, young people and their parents. Last year, the NDCS Youth Advisory Board launched the “Look, Smile, Chat”<sup>iv</sup> campaign which aimed to develop understanding and awareness of how to improve communication between deaf children and young people, their hearing peers and adults working with them. This is an example of good practice in the area of deaf awareness and we believe that using models like these will support the Scottish Government to meet their objectives in this area.

Overall, NDCS Scotland would also welcome a bigger focus on rolling out this training in children’s services. NDCS Scotland notes the current focus on older people’s services in the first instance but would also urge the Scottish Government to consider the importance of the early years and early intervention and assess the merit of identifying children’s services as a key target audience as well.

In delivering this training, the target audience, content, and means of delivery are key. While there are many examples of best practice in sensory awareness training, often training can become a tick-box exercise and does not engage with the difficult task of changing attitudes and cultures of working. Similarly, it is important that training is delivered on an ongoing basis, with staff being given the opportunity to refresh and top up their knowledge. Accessibility should also be prioritised in order to reach as many types of staff as possible, for example through inclusion in existing professional training, e-learning and in-service training. NDCS Scotland would welcome the opportunity to discuss ways of supporting the Scottish Government to deliver this throughout children and young people’s services.

### Area 4: promoting effective local provision

NDCS Scotland welcomes proposals around promoting effective local provision of services to meet the needs of people with a sensory impairment. With regards to

service planning and evidencing need, NDCS Scotland agrees that this is vital to ensure efficient service delivery. However NDCS Scotland would highlight the inconsistent and patchy data collection across Scotland which makes this kind of service planning challenging. Local authority data often greatly contrasts with Pupil Census data, and this combined with the gaps in NHS data mean that there is often not consensus within local areas of accurate numbers of deaf children and young people with a hearing impairment. This is particularly the case for certain age groups of young people such as the post 16 transition group, where knowledge of numbers and destinations of these individuals becomes even more confused.

NDCS Scotland has consistently campaigned since 2008 to address this issue. As such we welcome the Local Record of Deaf Children pilot schemes in NHS Lothian and NHS Tayside. Both projects have met their objectives and both pilot areas are now readily able to identify the number of deaf children diagnosed and/or managed by their service. NDCS Scotland urges the Scottish Government to follow recommendations from its steering group to roll this out nationally to all Health Boards.

#### Area 5: data collection

NDCS Scotland welcomes the strategy's proposals around systems to maintain and share information locally anytime from birth onwards. However we must stress that throughout our consultation process there was significant debate around the practicalities and current barriers in place which prevents this from happening. The difficulties around data-sharing and the extent to which this acts as a blocker to multi-agency working should not be under-estimated.

NDCS Scotland notes that there are pockets of good practice across Scotland where information is readily communicated and shared across services in some local areas. For example, the 'Ayrshare' model was highlighted to NDCS Scotland during our consultation process as a potential example of best practice in terms of the development of a secure electronic way of sharing information. The model used in Angus and Tayside was also highlighted as one that works well. This involves professionals from across all relevant services and service users regularly coming together to discuss holistic planning for support.

It is identified that these kinds of models should be rolled out across Scotland however it is also clear that there are challenges in replicating across other local authorities and stronger guidance is needed to facilitate the process. The strategy should give stronger guidance on how practical (IT work systems compatibility, confidentiality and data protection legislation) and cultural barriers (attitudes and ways of working among services) can be overcome with regards to sharing information. When working together to share data, services must have a clear idea of what information should and can be shared, with whom, when and how. Staff in some services may also require further training in confidentiality and data protection to ensure these processes comply with law and best practice in this area.

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

NDCS Scotland welcomes the Strategy's proposed area of action around services

being able to evidence their service planning reflecting need in that local area. NDCS Scotland recommends that alongside this, services are encouraged to consider succession planning. NDCS Scotland has become increasingly concerned about the age and retirement profile of professionals who support deaf children and young people and the significance of local authorities considering the impact of this within their service planning.

Currently, NDCS Scotland does not believe that succession planning is happening consistently across Scotland. NDCS Scotland warns that this leaves services vulnerable to challenging recruitment exercises and potential gaps in provision in the future. NDCS Scotland recommends that as an area for action, the Scottish Government ask that local authorities review their succession planning process alongside the service planning proposed in the strategy.

NDCS Scotland also notes that the Scottish Government has not fully addressed the issue of technology. The Strategy is a significant opportunity to consider how best technology can be employed by services supporting those with a sensory impairment and for the Scottish Government to provide national guidance on this issue. While the range and availability of modern, effective technology is vital, so too is the rolling out of training to the staff responsible for administering the equipment. Within the See Hear strategy, NDCS Scotland recommends that the Scottish Government highlights the importance of this issue by including an area for action which sets out their intention to establish guidance for local authorities on this matter and review the benefits of establishing a national procurement strategy in Scotland for the purchasing of modern effective technology to meet the needs of people with a 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.

NDCS Scotland has a number of comments to make regarding the current provision of sensory impairment services, particularly with regards to the current workforce within the services supporting deaf children and young people.

NDCS Scotland is aware of concerns within education that services are gradually being “diluted” as a result staff taking on increasingly broad and generic remits. In these cases there are concerns that services lose their specialist role within sensory impairment. This, coupled with the increasing work capacity and pressure on these services as they are restructured and reduced, ultimately affects the outcomes of a service and how the educational needs of deaf children and young people in Scotland are being met. Where services feel they have been “diluted” there should be a priority on services to work more collaboratively together to pull together knowledge and experience.

Throughout our consultation process, another key professional issue discussed was the current situation in education services in terms of the lack of promoted posts and career development opportunities for teachers to specialise in sensory impairment. Becoming a specialist teacher has gradually become a less attractive prospect for young teachers which has diminished the pool of staff capable of working in these services. Similarly, due to the relatively small numbers of teachers with specialisms in HI and VI, there has been an increase in the responsibilities falling on to these teachers.

All of these issues have both short and long term consequences for assuring the quality of service outcomes. In relation to the See Hear strategy these concerns are particularly relevant in terms of who will be expected to lead on its implementation. It is crucial that the implementation of the strategy is led by individuals who are proactive, have specialist knowledge and who are also able to see the “big picture” with regards to meeting the needs of people with a sensory impairment. However within the context of services which already feel budgetary pressures, identifying individuals who can assume this role without it being detrimental to their primary role, may be challenging.

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

The parents we surveyed on this question had mixed responses. Some agreed that if fully implemented it would indeed have a positive impact on their and their child’s lives. However a number also found it difficult to presuppose the impact the strategy may have on them in the future. This is particularly given that the impact of the strategy will be heavily reliant on individuals’ personal circumstances, the nature of support they require and the extent to which the services they currently access are meeting their needs. Much of the impact of the strategy on supported people’s lives will also depend on how well it is implemented by the local authority in which they live. Like current sensory service provision, this is likely to be patchy and inconsistent across Scotland.

NDCS Scotland would also like to comment that the strategy should much more explicitly include children and young people and consider their unique needs and requirements for the strategy to ultimately make any difference to their lives.

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?

It is important to note that while the See Hear strategy gives a broad overview within the introductory sections of the document regarding the inclusion of children within the strategy, further mention and specific reference to children consistently throughout the strategy, is absent. Broadly, NDCS Scotland has also noted the comparative lack of mention about education services within the See Hear Strategy. Therefore the framework's capacity to fully engage with content and recommendations of the Doran Review, and other policy and practice with regards to children and young people in any detail, is relatively limited. It is essential that the Strategy clarifies its position among these.

With specific regards to GIRFEC and the Children and Young People's Bill, the strategy does reflect the intended multi-agency way of working as outlined in these policies. In particular, a fully implemented See Hear strategy would facilitate the information sharing and partnership working across agencies which will be necessary to develop and maintain Single Child's Plans.

However, the See Hear strategy is an opportunity to provide further guidance to service providers in terms of how best to deliver the GIRFEC model for children and young people with a sensory impairment. This view is also reflected in the Doran Review in terms of its fourth recommendation which highlights the need to consider, within the GIRFEC framework, how the additional supports required by children with a sensory impairment can be met.

NDCS Scotland notes how the implementation of GIRFEC is at very different stages across the country, with some local authorities having not implemented this at all as yet. Given the proposals within the current Children and Young People's Bill it is clear that GIRFEC will soon be legislated for that there will be a duty on local authorities to implement this approach to service delivery. For most local authorities this will be an area of work that requires a significant amount of resource and staff time. There is the real concern that the See Hear strategy will be "lost" while local authorities concentrate their efforts on GIRFEC unless it is explicitly clear how GIRFEC and See Hear are to be considered complementary frameworks.

NDCS Scotland notes that in some areas, such the importance of interagency working, planning and review, the See Hear strategy complements the policy priorities within the Doran Review. In other areas however such as workforce review, the Strategy has made some omissions. A significant section of the Doran Review highlights a number of concerns around professional expertise and condition of the workforce. While the strategy does consider the awareness training needs of staff in mainstream and specialist services there is little other mention of workforce planning. The Strategy is underpinned by the assumption that services will be able to deliver the areas for action effectively. However there are a number of ongoing challenges in the workforce, as discussed in previous questions that may well limit the delivery of the See Hear framework.

In addition, the Doran Review also focuses on the importance of quality assurance, and the need for national leadership around this. Currently this crucial element is missing from the See Hear Strategy. The Doran Review recommended that the Scottish Government, Education Scotland and the Care Inspectorate should work with local authorities and other relevant quality assurance agencies to develop a performance management framework to quality assure the implementation of GIRFEC and Additional Support Legislation. The Review called for this to include the introduction of meaningful performance data complemented by relevant quality indicators specifically related to children and young people with complex additional support needs. It is crucial the Strategy outlines how it intends to quality assure its action areas and highlights where it will be quality assured by statutory agencies.

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?

While acknowledging that the Strategy does not intend to be overly prescriptive to service providers, NDCS Scotland recommends that the Strategy be accompanied by further Guidance in order to avoid interpretation of the Strategy across areas and therefore promote a consistency of services across Scotland. This Guidance should also seek to contain a clear action plan for implementing the strategy over the given 10 year period. This should include key priorities against a realistic timeframe and key outcomes to evaluate progress.

NDCS Scotland would also like to raise the issue of social work services for deaf children and young people. Underpinning the See Hear framework is the notion of multi-agency working and close partnership between key statutory organisations working with people with a sensory impairment. Anecdotal evidence from across Scotland also highlights the current lack of social workers who are trained to meet the needs of deaf children, young people and their families and the lack of deaf awareness training throughout mainstream services. It is important that the strategy takes into account the specific challenges within services.

At the moment the strategy does not address issues around good practice within Equality and Diversity and the importance of this within services supporting people with a sensory impairment. NDCS Scotland believes it is important that the Scottish Government address the unique circumstances and support needs of people with protected characteristics and in particular black and minority ethnic people with a sensory impairment. This is an area of work with increasing demand for NDCS. Our BME work in Scotland currently meets the needs of over 70 children and young people in the Glasgow and Greater Clyde, and provides support and resources in up to ten community languages, most commonly Punjabi, Urdu, Polish and Arabic. Considering the demand for this type of support across Scotland, NDCS is currently considering how to roll this work out beyond Glasgow.

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<sup>i</sup> Audiology Services Advisory Group, Forthcoming 2013, contact NDCS for further information

<sup>ii</sup> NDCS, Donaldson's School, Skills Development Scotland, June 2013,

[http://www.ndcs.org.uk/about\\_us/campaign\\_with\\_us/scotland/campaign\\_news/a\\_template\\_for.html](http://www.ndcs.org.uk/about_us/campaign_with_us/scotland/campaign_news/a_template_for.html)

<sup>iii</sup> NDCS, multiple, see [http://www.ndcs.org.uk/professional\\_support/our\\_resources/index.html](http://www.ndcs.org.uk/professional_support/our_resources/index.html) or contact NDCS for further information

<sup>iv</sup> NDCS, 2012, <http://youngpeople.ndcsbuzz.org.uk/looksmilechat>