

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.

I AM A SERVICE USER

Currently when you are assessed as being hearing impaired, you are provided with a hearing aid. You are told that “a hearing aid will not restore your hearing”. In other words **technology is not the complete answer**, yet a one-off consultation with a social worker for the hearing impaired may offer you nothing more than additional technological aids. There is a void.

Hopefully,

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

will fill the existing void.

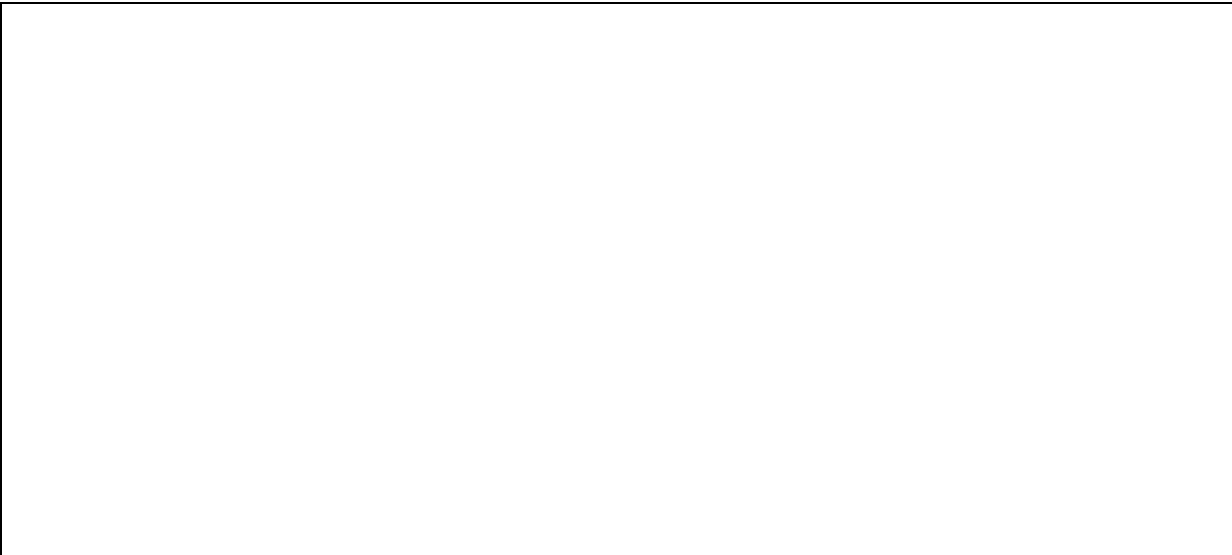
(b) How can we best ensure that services and support meet your needs?

By not lumping services for Hearing and Sight Loss together. Even for those who experience both, the impact of each of these losses on one’s life is quite different.

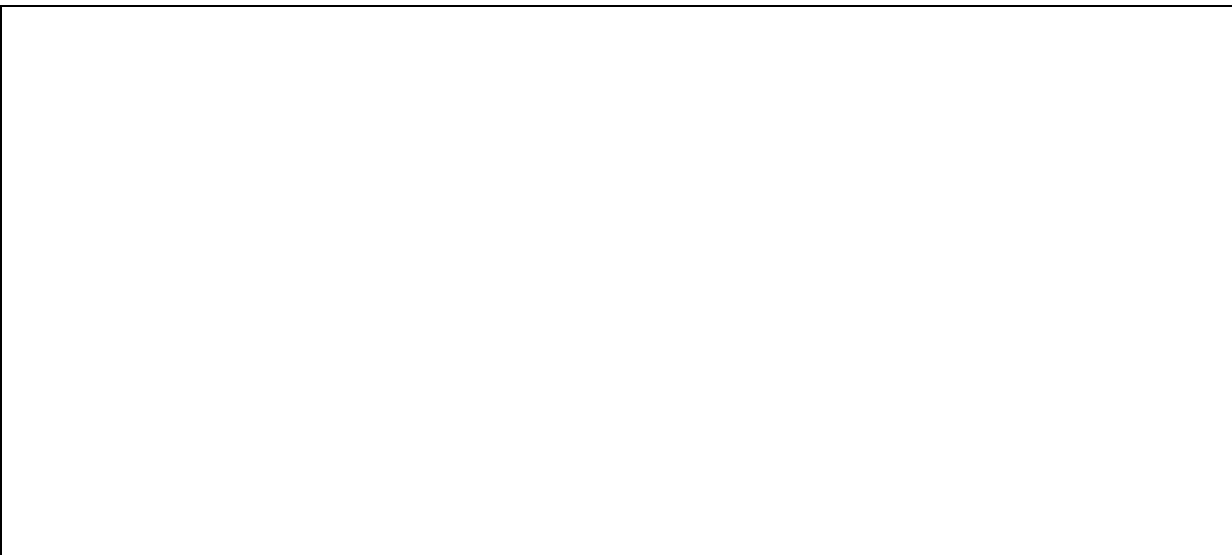
By asking for feedback from service users and carers of service users throughout the entire implementation period, to ensure that adjustments can be made before services are finally established.



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



(d) How will you make these changes?



2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

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

- *Maintaining information in relation to people with the various diagnoses of sensory impairment.*
- *Agencies and disciplines should have robust, coordinated arrangements for information sharing . . .*

The setting up and gathering of information on hearing impaired individuals to computer data banks to which all agencies, including the Third Sector, have access, has to be a first step. This should be done by Audiology Departments. Data protection legislation may require that Liaison Officers are employed to facilitate access to them.

In terms of *coordinated arrangements*, a first step would be to ensure that the areas covered by the local Audiology department and the local Social Work Department correspond. A first step to integrated services should be to transfer the local Social Worker for Sensory Impairment into the local Audiology Department team.

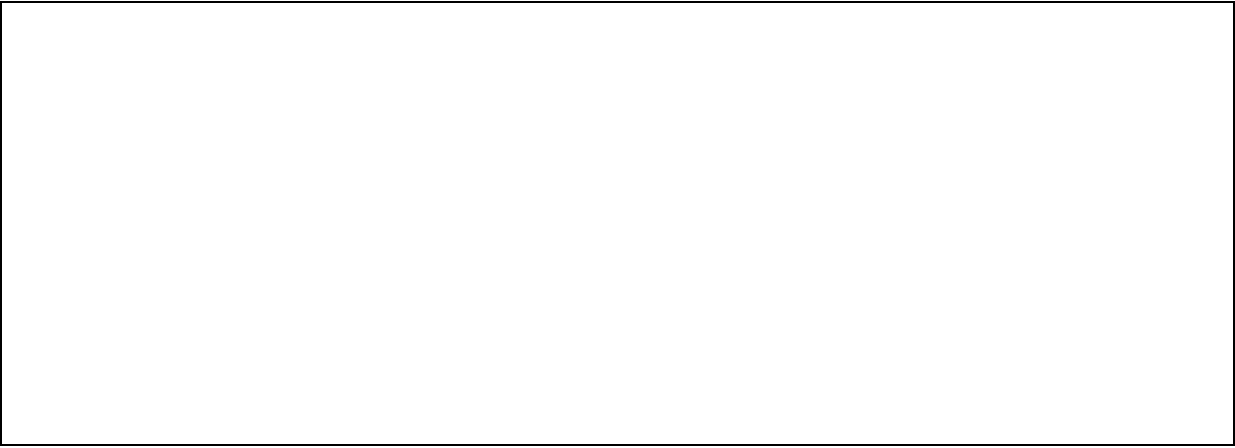
- *A commitment to awareness raising training for front line staff who may have to deal with people with sensory impairments.*

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

- *Awareness raising training must be mandatory.*

I have participated sensory impairment awareness raising sessions run for staff by the Third Sector in my local hospital, but only a handful of staff attended – none of them Senior Staff. Without knowledge of the issues involved in sensory impairment nor of the necessary communication strategies, staff dealing with the sensory impaired are not being respectful of their human rights.

Problems of shift work, agency workers, high staff turnovers, and even language difficulties [e.g. Eastern European employees] would have to be addressed before mandatory training could be introduced.



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

- **The stigma associated with hearing impairment has not be addressed**

In the ‘pecking order’ of disabilities, sight loss is at the top and hearing loss is at the bottom [alongside cognitive impairment]. No one laughs at you if you can’t see, but if you can’t hear/mishear people think you are stupid/ laugh at your mistakes. This is why the hearing impaired lose confidence. This is why hearing impairment is “hidden” and why hearing aid manufacturers go to such lengths to make hearing aids invisible. The manufacturers of spectacles do not have to do this. No adult feels ‘embarrassed’ about wearing spectacles – they can even be a fashion accessory.

Tackling this issue, using a multi-disciplinary approach through [subtitled] TV/media/poster campaigns, must be **a precursor to the strategy.**

- **Lipreading has not been mentioned**

Lip-reading is not a hobby. It is an essential communication tool for the hearing impaired and must be included in all service provision, ideally with a lipreading teacher in each local Audiology Department doing outreach/community work. Each area in Scotland should put forward a candidate to the course for Lipreading teachers running in Cumbernauld in September. [See attached Proposal]

- **Training in the use of T-loops has not been mentioned**

Training for the hearing impaired

When one is issued with a hearing aid one is not trained in the use of T-loops available for use of the hearing impaired in public buildings. Such training for the hearing impaired should be mandatory, but only after one has been accustomed to wearing a hearing aid, and should be incorporated into service provision.

Training for employees

Although T loops are widely available in public buildings, staff who know how to operate them rarely exist. Each building with a T-loop system should have more than one employee who knows how they work. This should be incorporated into the 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?

The most challenging area will undoubtedly be *mandatory training in sensory awareness*, which I have highlighted previously. A factor in this could well be an unwillingness to 'identify with a low status client group' because of the prevalent and, as yet, unchallenged stigma associated with hearing impairment.

Sensory screening for the – say – over 60s could be implemented with greater ease if an Alert! to their being hearing impaired flashed up on the computer screen in the GP surgery with their medical record.

The number of these alerts could indicate the numbers assessed/requiring assessment. This 'alert' could have an instant link to a brief list of communication strategies e.g.:

- ✓ Please face the person you are speaking to
- ✓ Speak clearly and do not shout
- ✓ Turn down background noise if possible
- ✓ Repeat what you have said if it has not been heard

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

Mandatory training in sensory awareness will make the biggest difference. The lack of this means that discrimination and inequality are experienced by the hearing impaired not only in everyday life, but in health and social care settings. This situation should not be allowed to continue, but one-off training days will not address it, ongoing training will be required.

Local information strategies are particularly hard to put in place in rural areas, particularly those which are geographically remote. A local interactive website, set up in conjunction with the Data Base of Information on the hearing impaired established in local Audiology Departments, would ensure that geographical isolation did not mean social isolation. Each website could produce its own newsletter, as well as offering hearing impaired contact with each other.

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

As mentioned above, interactive websites for the hearing impaired in local areas.

Self-help groups, established with the aid of the Third Sector, advertised on the above-mentioned website when established, which could develop into self-managed groups.

Lipreading Classes available to every hearing impaired person.

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.

See attached updated Proposal, supported in writing by Alan Reid, MP, Mike Russell, MSP, and David Stewart, MSP and sent to NHS Highland and the Health Minister's office in July 2012.

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

Support for hearing impairment which goes beyond technological support [hearing aids] is the only way to address the social isolation of the hearing impaired. Such support, which currently does not exist in rural areas like Argyll and Bute, could stem the inevitable withdrawal from social interaction which I am facing.

Awareness raising training which incorporates consciousness raising of the stigma of hearing loss and the necessity of using simple communication strategies could help to stem the loss of confidence I am experiencing

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?

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?

Under Recommendation 3 [Page 14] *Promoting effective local service provision*, I would again draw your attention to the part of my attached proposal which suggests that **the effectiveness of the Peripatetic Team operating from Oban Audiology Department would be an excellent model, if extended, for the provision of services for the Hearing Impaired in rural Scotland.**