

Sensory Impairment Consultation Response from Sight Action

See Hear response

1. The strategy outlines a care pathway (page 10).
 - (a) If you are a service user and/or carer, please tell us what difference you believe the implementation of the pathway will make to the services you experience. **N/A**
 - (b) How can we best ensure that services and support meet your needs? **N/A**
 - (c) If you are a care provider, what changes will you need to make to implement the pathway?

Answer:

Sight Action is one of numerous sensory service providers in Highland. We are currently developing a Partnership with Highland Council, NHS Highland, Third Sector organisations in Lochaber and Caithness and service User groups; with the benefit of Scottish Government “One Stop Shop” funding.

We have also been involved in developing a Single Sensory approach in the Western Isles since 2010, where the sensory service baseline has been very low. We are working together with NHS Western Isles and Comhairle nan Eilean Siar, the Western Isles Community Care Forum, service users and others. This project has also been a “One Stop Shop” funded pilot; there are numerous synergies between the Projects which can add value and strengthen both areas.

The Care Pathway is a key priority, significant piece of work and one of 6 dedicated workstreams of the Highland Project. There will be local variations in the Western Isles, however with various sensory services provided from Highland; there are obvious links that will help progress. The Care Pathway links to the full range of action points in the framework.

The framework must ensure that the statutory services, who are responsible for the systems of care, recognise that Sight and Hearing is an issue for increasing numbers of people in universal and mainstream services. This will be fundamental to the development of service pathways.

We need to;

- **Further develop the Pathways workstream.**
- **Raise awareness to improve “holistic” professional training, assessment and practice across Health and Social Care sectors.**
- **Ensure that training targets the current workforce.**

- (d) How will you make these changes?

Answer:

- We will achieve this by jointly working as described above.
- We are keen to learn from others and to share our practice.
- The See Hear framework may lever progress where previous processes have had little impact (Sensing Progress, Best Practice Standards, and Statutory Guidance (HDL 2007 (20)).

Hopefully the framework can heighten compliance and improvements by e.g.; highlighting the implications of poor practice, whilst promoting the significance for effective practice and better outcomes.

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?

Answer:

All of the key factors are important for a successful pathway.

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

Answer:

They are all challenging; however, the list is comprehensive and fundamental. It may take 10 years to achieve, but it sets out the essential direction of travel to make the transformational difference that is needed.

There is however nothing that should be too difficult to achieve and manageable steps should focus on how easy it can be, and the safer and more effective practice and improvements in outcomes that will emerge.

- **How to adapt existing systems may be an issue if “costly”. However highlighting the cost of not making changes could be more expensive, if the potential risks are considered; in respect of the Equality Act, Human Rights legislation, Patients’ Rights etc.**
- **The case for the essential introduction of mandatory awareness training is irrefutable and will result in the biggest improvement in respect of capturing need and improving practice and outcomes. The key is perhaps to encourage appropriate inclusion in Health and Social Care training. It is fundamental to Person-centred and holistic assessment and practice.**
- **Focusing on the “duties” of statutory authorities and of professional nursing and care staff and Managers may help concentrate the mind; however experience suggests that we are likely to be pushing at an “open” door.**
- **It should also become part of induction and re-induction training.**
- **It will be important to consider the development and delivery of training where there are already specialist service constraints and weaknesses; there may a risk of raising expectations that cannot be delivered.**
- **Need to amplify the need for robust transition arrangements for children alluded to in the document.**

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

Answer:

Possibly, however, a 10 year strategy should ensure a period of continuous improvement.

It would be excellent if a process can be established for the sharing of good practice and new initiatives across the sector. This may not be straightforward and there can be sensitivities; however it is unfortunate that many great ideas could have much wider application and duplication of effort may be avoided. There seems to be an approach in Learning disability services where there is a Learning disability “collaborative”. There may be some lessons to learn from such an approach.

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?

Answer:

All of them may be challenging in the current context of change, austerity and drive for continuous performance improvement.

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

Answer:

They are all important and inter-related and build on the Pathways work and Local Level Requirements.

An audit of spending patterns; will inform scope for realignment of resources. This must also include the added value from volunteer and include spending on Education.

Improved capture of data and need and spend will be very illuminating and help prepare for the projected increase in numbers.

It may help shape a national approach to assist consistency.

It will help inform future service planning and measure improvements and may contribute to the development of more robust services.

Screening; will identify needs earlier and help inform people in taking responsibility for their own health; avoiding missed milestones and assisting at the right time. This should be part of wider Health and well-being programmes.

Awareness of issues relating to sensory loss; mandatory training is fundamental as previously described. Tiered and targeted training will be required. It must be well planned and monitored towards embedding improvements in practice.

Promoting effective local service provision; this is vital given the extent to which Sight and Hearing has become a mainstream event. Over the period of the strategy/framework, success of partnership planning will need to be evaluated and demonstrate equity and quality and evidence that planning reflects local need. Given the increasing numbers and emphasis on living independently for as long as possible will demand excellent partnership

working across all sectors. Best value, effective and safe practice can be developed by sharing responsibilities, increased awareness and improvements across sectors; with better outcomes for all. Information, self-care, early intervention and prevention are some of the keys.

This is very much the approach the Partnership in Highland is developing.

Robust systems for maintaining information; this links very much to the above and where the service covers such a large and mixed remote and rural area the importance of information and communication cannot be underestimated and is vital to optimising available resources.

Quality and up to date information is required from diagnosis at any age or stage.

Compliance with Equality Act 2010; account must also be taken of the Human Rights Act, with lessons from elsewhere. We are living in a time where it will no longer be acceptable to use “lack of sensory awareness” in the Health and Social care and wider context.

Hard questions may need to commence in respect of duties and responsibilities if aspirations are to be achieved,

Many of the benefits of raising awareness will have wider benefits to us all and there is the potential to develop alongside other agendas e.g. the development of integrated communication strategies for all.

Barriers to everyday life for people with sensory needs are not grasped in the wider community.

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

Answer;

The matter about technology for inclusion will become an increasing issue in this digital communication, social media and information age.

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.

Answer;

Services have tended to be Third sector led and not understood in statutory organisations by those commissioning services.

Demand/need for services has been ever increasing and the projections give cause for concern.

Specialist services have been overwhelmed with referrals that need to be addressed at an intermediate rather than specialist level; within mainstream and in localities.

Specialist training and needs elsewhere on the training matrix require addressing.

Specialist provision must be robust and fit for purpose; however there are widespread concerns within the specialist field about the state of the workforce and the paucity of specialist training.

Enhanced training must be available and prioritised in e.g. Allied Health Professions, Residential and Nursing care, Nursing, Social Care, Dementia/ Learning disability/ mental health etc.

Mainstream awareness, assessment and practice must be improved to address the high numbers of people with intermediate sensory needs projected and currently being poorly provided for.

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

Answer:

Hopefully it will result in better awareness and attitudes; earlier diagnosis and prevention; greater respect and dignity for individuals; safer and more effective practices; confident and safer independent living for longer; improved services and information.

Hopefully Sense (in Sight and Hearing) will become COMMON.

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?

Answer:

- Much has been said and written over the years with children with sight and hearing needs still missing out. Indeed our organisation archives highlight various recommendations made to the (then) Secretary of the Scotch Education Department, (Henry Craik, Esq., C.B. on Monday, 9th December 1889, including; “The time has now arrived when the Education of the Blind should be put on, at least, an equal footing with the seeing; and that the provisions of the Education Acts and Codes be therefore extended to them, with such modifications and further assistance as the conditions require”.
- The recent Cross Party Group on Visual Impairment on 23rd May 2013 heard of the poor state of affairs in the workforce requirements in VI education in Scotland, and in mobility training provision in our largest City.
- There appears to be a fundamental issue about translating very good policies and aspirations for children to fit those with sensory needs. Sensory proofing or translation of the new initiatives is essential and must be embraced and understood by statutory authorities. This is perhaps a “key” issue that needs to be reflected in the strategy and to be robustly reviewed and monitored throughout.
- There are already numerous drivers and levers for change where the relevance for sensory matters is just not grasped.
- The development of a Managed Clinical Network for VI children and Young People in Scotland from April 2014 should be highlighted and welcomed. This could be a real “lever for change” with the development of consistency across Scotland with the opportunity to promote standards and best practice.
- There may be a need for a similar process in respect of Children

with Deafness and hearing loss too?

- It is important that direction is translated into consistency of standards and integrated approaches in all areas of Scotland.
- It is important that the Doran review and the Children and Young People Bill is scrutinised from the Sight and Hearing perspective and guidance incorporating sensory proofing would be a very constructive outcome to assist the embedding of improvements into practice.
- Transitional arrangements for Children and young people at all key stages of development must be addressed in pathways too.

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?

Answer:

It is clear that lack of awareness and failure to understand the significance of Sight and Hearing issues has been a barrier to progress.

Much has been written and then re-written over the years with often little change or improvement taking place.

The projections and the economy are additional drivers to this Framework and it is important that transformational change comes about; it must be robust enough to act as the lever for change it promises.

Much of what is required can be provided for little cost through additional training and protocols and practice that will improve outcomes for individuals in multiple settings as patients or service users. These issues are clearly now mainstream events and there must be sensory awareness provision in mainstream training in Health and Social Care; and for those in the current workforce who are likely to embrace professional development that will improve their effectiveness and outcomes.

It should perhaps be considered as Health and Safety given the potential risks to staff, statutory agencies and clients/patients.

There may be merit in providing training to Inspection and regulatory bodies?

There is a need to help statutory organisations understand their obligations and the implications of getting things wrong; also that they are already dealing with many individuals with Sight and Hearing needs and may be putting patients, themselves and their organisations in potential difficulty of poor outcomes and liability.

Perhaps questions should be raised with professional bodies and educational institutions?

There may be lessons to learn from Northern Ireland with its longer history of integrated Health and Social Care; its development of Sensory Standards in 2007 and comprehensive review in 2011 (based on Human Rights legislation).

In summary, this framework has huge potential to make a real difference where it is very much needed.

This is the best opportunity to date in Scotland. Let's make it happen!