

## 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.

- IF Inclusive?
- The care pathway should also recognise all agnosias and the full sensory spectrum that can be hidden in ASC/Alzheimers/and artist agnosics.
  - These affect all senses and perceptions and learning and life negotiations.
  - add more than sight  sound  other  please explain  
blind  deaf

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

let people discuss their sensory differences  
let people be aware there is a sensory spectrum  
brain professionals not just in sight/sound but etc whole spectrum of pain loss/gain  
dark/light/object/part object loss  
+ inner sensory loss — those people find it hard to learn they have, or why cope, why different  
and it does affect health, treatments, getting help

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

Care providers are already supposed to be autism aware yet few put many sensory interventions/environment changes in place.  
If sensory spectrum considered to be natural + not just per condition then all patients who need will be identified + become part of good practice

(d) How will you make these changes?

Pronate Sacks'0  
Baranckhen, S 2010  
Mindick, N 2013  
Aitken, K 2011  
Lissaur 1888  
more than written about. ~~But there is much~~  
a sensory spectrum is ~~existing~~  
existing in population  
many suffering in quiet  
not knowing why they have  
to cope.

- = equality
- = inclusion instead of avoidance
- = helping hidden others especially in schools
- = helping severe by aged / complex other conditions who cannot "tell"

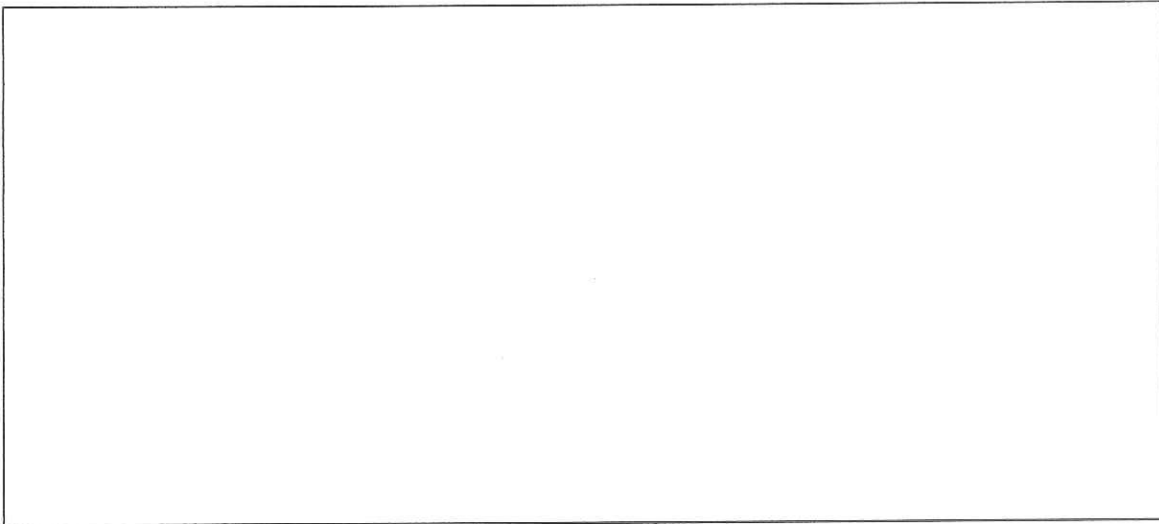
2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

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

As before don't make individuals fit  
a pathway - help them identify which  
bits are relevant i.e. sight blind   
sound deaf   
whom daylight hurts or is object blind in light  
= affects inclusion, glasses, building types.  
i.e. no help for face blind  
i.e. no help in safety techniques

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

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



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 2 — not just by age but  
young in school — professionals need good  
sensory awareness  
(i.e. agnosia, ASC as  
a partial sensory need)

— not just by age or  
condition but open to all  
patients who are not coping but identified as  
behaving or not quite fitting others.

— not just age but also  
vulnerable people who need to 'tell' via  
different methods.

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

equity - Sensory issues are looked for in Alzheimers so it seems - Sensory issues though known of in ASC are not necessarily looked for - Some people have no other condition but have trouble coping in life as only other sensory issues need help i.e. glasses  
access to advocacy.

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

> world wide to see people able to access advocacy on behalf of other sensory issues as can be as equally vulnerable as MHA LD CYP protected advocacy groups.

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.

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

• my family are only learning through life about sensory difference.

• I have had cause to look it up and am amazed these studies are available + for a long time yet still not helped.

- People with ASC will be helped to access their place on a sensory spectrum
- People without other recognisable conditions will be helped thus children (this would have helped my d/yp be included better into school and their sensory disabilities not ignored thus freeing pain from sound, heat and light and help them stay in school)

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 needs to be inclusive, every policy opens a door to recognition, so less criteria help > those dual/triple diagnosed or undiagnosed or partial needs — not everyone needs or wants a full service but just a prod to get along and up = no prod leads to a fall, mH, DWP, poor outcomes.

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?

• Promote this well or it will sit on professionals shelves only.  
• Scope the full spectrum possible  
= So for Hypo<sup>(loss)</sup>/Hyper<sup>(overcompensated)</sup> sense seems only targeted to sight and sound (all senses can be Hypo/Hyper)

• Tie in to ASC strategy too, to get push + reward going to aid those who are not old, not conditioned yet.