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.

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?

N/A

(d) How will you make these changes?

N/A

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?

N/A

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

N/A

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

N/A

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?

N/A

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

N/A

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

N/A

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.

N/A

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

N/A

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?

N/A

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?

BEMIS Scotland is a strategic umbrella organisation for the ethnic minorities' third sector and the diverse communities this sector represents. BEMIS aims to help address inequalities and empower diverse communities by stimulating and advancing active citizenship within three overarching objectives:

(a) Empower and build the capacity of minority formal and informal community organisations;

(b) Be a key player and proactive stakeholder in leading on influencing policy development at all levels in relation to ethnic minorities and the race equality agenda in Scotland; including a strategic partnership role to The Scottish Government and other key institutions; and

(c) Help, develop, and promote and progress an inclusive society and democratic active citizenship for all at Scottish, UK and European levels, by promoting Democracy and Human Rights Education.

We consider the draft framework to cover many of the key factors that need to be there to establish the **foundations** of a national sensory impairment policy in Scotland.

Therefore, we welcome this first principles approach, regarding it as essential and appropriate and reflective of Scotland's innovation in trying to do something comparatively 'cutting edge' in terms of embedding a holistic sensory perspective.

If successful, this marks a welcome move beyond often false, unhelpful distinctions between some experiences of sensory loss that could, inter alia, **prevent**:

(a) Helpful identifications of the **considerable similarities** in the nature of the perceptions towards and public service responses to persons with **various** forms of sensory loss; with such perceptions reflecting low awareness and empathy can lead

to responses that are tainted by low empathy, stigma, and overly bureaucratic. At their worst such responses disempower individuals.

(b) Necessary **cross-fertilisation** of learning from effective policy approaches that have identified, challenged, and overcame the custom and practice and physical and attitudinal inaccessibility of many public services in relation to, critically, **different** sensory loss communities.

(c) Recognition of the **significant associations**, in the lived experience of sensory impairments, between (i) those at greater risk of or with various sensory loss; with (ii) the different communities on this spectrum; and (iii) those at risk of correlative conditions to sensory impairment, such as is acknowledged: age, learning disabilities; and hidden impairments.

However, whilst we welcome the inclusion in the draft strategic framework of The Equality 2010 through its recommendation 6, we think this treatment needs revisiting, particularly in terms of:

(a) Pinpointing what provisions of the Act may apply to sensory impairment;

(b) Considering how the Act, esp., its Public Sector Equality Duty (the PSED) may influence the formulation and development of this draft strategic framework; and

(c) Exploring how the PSED should affect how the strategic framework is apply to partners, inc., assisting them to meet the PSED in their sensory-related activities.

The present draft states, in the context of addressing barriers to everyday life:

'It would be a helpful exercise to consider the extent to which the provisions of the Act have application to people with a sensory loss. This will result in a potential range of issues, both legal and practical, that require to be addressed, and that will then require consideration for further action.'

We recommend that the PSED is the starting point of and the framework for, any consideration by The Scottish Government of how this proposed policy potentially and / or actually affects persons and groups at risk of or experiencing different forms of sensory loss.

Reconceptualising the PSED in this manner would not only fit with its Parliamentary intention, its legal interpretation (esp., the leading case law on 'due regard'), but it would also move the PSED from its place as a discrete recommendation to where we think it should be e.g. as that which underscores the formulation, finalisation, and implementation and monitoring of the strategy going forward.

As The Scottish Government (the SG) will know well there can be little more pure equality issues than sensory impairment. Persons with sensory impairments experience varying levels of inaccessibility, disadvantage, and attitudinal prejudice and discrimination; which stem principally from low social understandings of what sensory impairments are and, more precisely, how they affect day to day living.

In other words the disadvantages are not only wide and, as the draft conveys, implicitly growing, they may be quite severe and in the worst instances e.g. for Deafblind communities, socially debilitating. Therefore the equalities issues are not only about communication, although that is clearly important, they also concern

fundamental, structural issues, including:

(a) Social attitudes reflecting stereotypical perceptions of the needs and the capabilities of sensory impaired communities; such attitudes at their worst can disempower and lead persons to internalise such perceptions; therefore, the draft strategic framework's emphasis to optimise the independence and self-direction of individuals at risk of and / or as recognised as having sensory loss, is welcome; and

(b) Discriminatory design of so much Scotland's public and private spaces creates physical barriers towards any, some, or full participation in social life; therefore any strategic framework on sensory impairment should identify policy levers such as planning or housing, and the PSED enables this critically, radical approach.

That said, we welcome the priority given in the draft to five foundational issues of spending, screening, assessment, information sharing, and partnership. One challenge now is to develop these in the framework of the PSED through systematic assessment of, inter alia, potential and actual equality characteristics including race.

Boosting the equality evidence base is, for us, not only required in this case by the PSED 'due regard' threshold (see below) established by the courts, it should also greatly enhance the quality and nuanced precision of the final framework and, most importantly, how it frames its delivery across partners in, mainly, the statutory sector, who are unequivocally subject to the PSED. We recommend an assessment is done.

As a predominantly race equality organisation, which in empowering communities, works across the PSED's protected characteristics, including of most relevance here, those with disabilities as well as older members of ethnic minority communities, we would be delighted to consider how we can assist you in the immediate future to boost the ethnicity evidence base including how it intersects in lived experience terms with disabilities and older age, so to help inform the final strategic framework.

In this vein, we have recently facilitated an Ethnicity Sensory Impairment Group (the Group). This initiative stems from a shared grassroots concern that there is particularly low awareness and understanding of the relationship between ethnicities, sensory loss, and other aspects of identity e.g. disabilities and age especially. The Group regard these challenges as real and pressing both for practitioners and within ethnic minority communities.

Accordingly, the Group - which comprises policy specialists / outreach professionals from leading sensory NGOs - is now keen to work collaboratively with the SG towards boosting awareness of and understandings around ethnicity and sensory loss towards boosting the ethnicity evidence base for the finalisation of the strategic framework as well as potentially establishing longer term relationships with the SG and other relevant NGOs on sensory impairment.

The Group is in the process of formulating a proposal to share with the SG at the earliest opportunity and, ideally, by the end of July 2013, to progress these perceived challenges of awareness and understanding, as outlined above. It would be premature to say anything other than the idea is for a funded conference that would target key policy specialists and practitioners from across Scotland, drawn from relevant NGOs and statutory bodies, to have a specific conversation on (a) ethnicity and sensory loss; (b) the key knowledge and evidence we have; and (c) the research and service issues that should be prioritised.

We should, however, conclude by commending the SG's funding of excellent initiatives such as the Edinburgh and Lothians Joint Sensory Partnership (the ELJSP) as well as longer established projects Ishara through Deaf Connections in Glasgow. We anticipate the holistic sensory approach, applied proactively in local partnership settings (drawing on the ELJSP and Ishara models), and in compliance with national requirements and guidance as both a sensible and, indeed, exciting way forward for starting to ensure all persons and groups at risk of or experiencing sensory loss are empowered to live as independent and fulfilling life possible.

Appendix - Comments on Key Factors in Effective Care Pathways

We should say we are not a service provider so are limited on what we can say. However, we have reasonable experiences of developing and assisting others to formulate policy in relation to vulnerable and / or under-acknowledged groups, particularly from Scotland's diverse ethnic minority communities.

We perceive that those on Scotland's sensory impairment continuum also have varying degrees of vulnerability as well as being a conventionally under-acknowledged and diverse group. Accordingly, we draw upon this experience to share thoughts on an appropriate prioritisation of the said 'key factors'.

We regard all the factors as relevant. However, we think it is useful to distinguish between what we term, architectural matters followed by more practical issues. Of course, there is considerable overlap between the two groups, but for clarity we think, broadly speaking, the **sequential** preconditions for any effective approach are:

Architectural

(a) Coordinated **scoping** at the national and local levels of the key statutory, third sector, and community bodies on who is and who should be part of a local sensory impairment care pathway;

(b) Agreement, both nationally and locally, to the **process** - with accompanying guidance - to be followed nationally and locally for formulating, establishing, and reviewing the performance of local sensory impairment care pathways;

(c) Agreement to the elements of **monitoring** required to understand the extent and the risks of and actual sensory impairment, followed by commitments to develop the requisite information-gathering, analytical, and applications of such monitoring intelligence both locally and nationally;

(d) Agreement to the principle that a '**single point of access**' or 'key worker' is integral to any local sensory impairment care pathway; followed by reflecting this principle in national guidance as a requirement for all local arrangements; with this requirement then observed in all such care pathways.

(e) Nationally-led e.g. by The Scottish Government, discussion and agreement with the statutory organisations responsible for the relevant public functions integral to any local care pathways, to maintain a high-quality and **consistent** floor below which no local pathways, anywhere in Scotland, must fall.

(f) Clarity on the **referral routes** and ancillary information for the key constituencies in sensory impairment, namely (a) front-line practitioners likely to be make diagnoses e.g. mainly but not only NHS professionals; (b) single

points of access / key workers; and (c) those just or previously diagnosed.

Practical

(o) National requirements, not merely requests, that sensory impairment is included in (i) **generic assessments** in social care and health and other relevant settings; as well as (ii) that **basic screening** for sensory impairment is optimised, can be undertaken by appropriate non-specialist staff where needed at key opportunity points, with efficient referral-on when applicable.