

A Single Strategy for Sensory Needs



# Talking SENSE In The Highlands





“It is essential that future services cover the range of needs from the simple to the most complex and to the highest standards. Underlying all our recommendations is the belief that people who use services should be at the heart of developments in those services. Their active participation... will ensure that opportunities are made available for them to lead ordinary lives as valued members of society.”

**Sensing Progress, 1998<sup>1</sup>**



# Partners







# Contents

	Page
Foreword	2
Summary	3
Notes on Terminology	6
Background	7
Legislative Context	9
Policy Context	11
How Many People?	17
Agency Links and Structural Issues	21
Bibliography	24
Appendices	
Appendix 1 Membership of Working Group	25
Appendix 2 Summary Overview of Sub-Groups	26
Appendix 3 Consultation Undertaken	32
Appendix 4 Overview of Current Services	38

**A detailed action plan will accompany this document and will be published in October 2005. The action plan will be regularly updated.**





# Foreword

Hearing and vision become poorer with age, and there is a marked rise in those over 60 years. This, taken with the current predictions about population age changes in Highland over the next 20 years, points to future challenges in meeting the needs of people arising from loss of hearing, of vision, or a combination of both – deafblindness.

Partnership working in Highland is well established, shown by the work of the Co-ordinating Sub-committee on Services for Deaf and Hard of Hearing People. In 2002 this body formed the working group charged with preparing this strategy. The Sub-Committee was replaced with a new Strategic Working Group on Sensory Issues in April 2005.

This document can be seen as a response to the initiatives of the Scottish Executive in advancing the planning of services for those with sensory needs, as highlighted in the Policy Context Section of this document.

As the Working Group has progressed it has become clear that there is a considerable challenge in preparing a single strategy to cover a scattered population with diverse needs, covering the large landmass of the Highlands. Nevertheless, this challenge has been recognised and has helped shape the recommendations on service provision, how these are to be implemented and by whom. It has been acknowledged that the lessons emerging from the work of the Group may not be easily applied in other areas of Scotland. However the suggested methods of service provision can serve as a model to be considered and modified by other service providers elsewhere.

But plans are one thing, and actions another. It can be seen from the report that the first action of the Group was to find out what was available in Highland and what needed to change. This led to a statement of aims, methods of achieving these and the likely benefits for people with sensory needs. People have very individual needs across the sensory spectrum and the major challenges are in addressing communication, mobility and information needs. The extent of these challenges require a united front on the part of service providers in Highland which will make the best use possible of resources and bring about change. This is our main focus within the action plan.

There will be no overnight changes but, with the will and the best policies in place, progress can be made.



Dr Pat Robertson OBE  
Chairman of the Working Group

# Summary

## Introduction and Overview

This document has been prepared by a working group formed in 2002 by the Co-ordinating Sub Committee on Services for Deaf and Hard of Hearing People. The remit was to develop a single strategy for people in Highland with sensory needs resulting from deafness, loss of vision or a combination of both.

The first steps of the Working Group were to map services already available, to consult with various relevant agencies, including national organisations, and then to prepare a strategy for service provision. The focus has been on improving communication, mobility, social inclusion and accessing information and services.

The report can be seen as a response to recent policy initiatives of the Scottish Executive and one framed in awareness of relevant legislation, including full implementation of the Disability Discrimination Act.

It can be seen from the full document that the proposed strategy is comprehensive and ambitious. It would be unrealistic to expect early or major changes. It is more realistic to plan implementation in stages, using the strategy as a framework and reference.

Membership of the working group covered a range of relevant agencies and organisations, including NHS (Audiology), Social Work (Deaf Services), Visual Impairment Services, Deaf Education, Educational Psychology, Communication Support and voluntary organisations (appendix 1).

A key part of the document will be the accompanying Action Plan which sets out improvements, timescales, lead workers and how this will be achieved.

## Legislative Context

Short account of the Disability Discrimination Act (1995), Human Rights Act (1998), The Children (Scotland) Act 1995, Special Educational Needs Disability Act (2001), and reference to the Education (Additional Support for Learning)(Scotland) Act 2004.





## Policy Context

The strategy follows on from the Highland Joint Community Care Plan 2001-2004<sup>2</sup>, and is based on key policy documents and frameworks including “Scottish Best Practice Standards (2001<sup>3</sup>)”, “Sensing Progress (1998)” and the “Needs Assessment Report on the NHS Audiology Services in Scotland (2003)<sup>4</sup>”.

## How Many People?

This section gives information on the numbers of people in Highland with hearing loss, visual impairment and those who have varying degrees of combined deafness and blindness. Hearing impairment is the commonest condition and increases with age.

## Agency Links and Structural Issues

These are considered in the light of national surveys that have described poor joint working, staff shortages, varying assessment and service provision, shortage of resources and failure to meet the needs of people with sensory impairment.

The Action Plan, which accompanies this report, sets out key areas where change is needed and the steps necessary to achieve change.

## Appendices 1-4

### APPENDIX 1

Lists the membership of the Working Group.

### APPENDIX 2

Overview of the Sub Groups that provided a range of informed comments on the topics included in the strategy.

These were:

- **Deaf Blindness**  
Identification and Services.
- **Social inclusion of deaf children and young people**  
Past Achievements/Future Planning.

- **Social inclusion of visually impaired children and young people**  
Awareness/Early Recognition/Intervention.
- **Access to communication, mobility and information support**  
Which includes physical access to buildings.

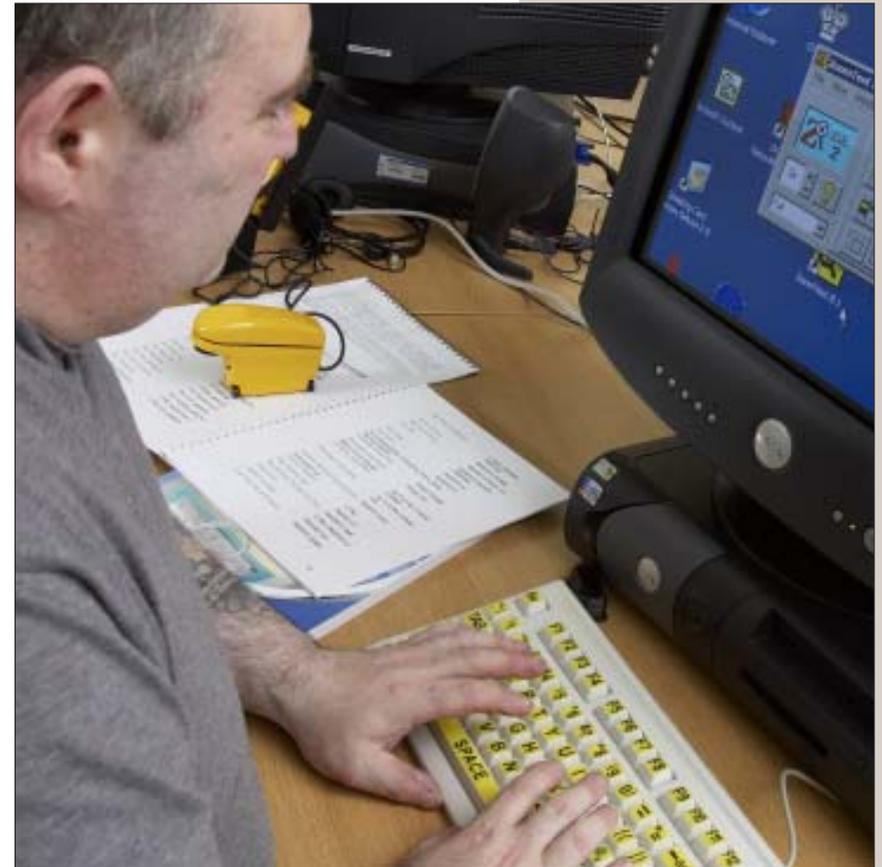
### APPENDIX 3

Consultation undertaken with a wide range of individuals and groups with needs across the sensory spectrum.

### APPENDIX 4

Overview of current services:

- **Deaf Education Services**  
Listing important progress.
- **Vision Support Services**  
Comprehensive and structured.
- **Social Work Deaf Service Hearing and Support Team**  
Offering a range of service throughout Highland.
- **Deaf Communication Project**  
Training tutors and students in sign language and deaf awareness.  
Training tutors of lip-reading and other deafness related courses.
- **Deaf Action (Highland)**  
Communication Support Service.
- **Deaf Blind Scotland**  
Service provision/identification project.
- **Highland Society for Blind People**  
Services for children and adults.
- **Voluntary Organisations**  
Describes work of Caithness Deaf Care and Lochaber Deaf Care at community level.





# Notes on Terminology

The following definitions have been used by the Scottish Executive in their document 'Sensing Progress - Social Work Services for People with a Sensory Impairment' published in 1998.

## Sensory Impairment

This is the broad term used to cover visual impairment, deafness, being hard of hearing and deafblindness. Although the term 'impairment' is in common usage, we acknowledge that many people with sensory needs, and particularly those from the British Sign Language (BSL) using community, do not see themselves as being 'impaired' from within a medical model. They see themselves more as being disadvantaged by society, and operating from within a linguistic and cultural minority.

## Visual Impairment

This is a term used to cover the spectrum of those who have some residual vision to those who have no sight at all. The terms blind and partially sighted are also frequently used in the report. Blind in the context of a person being registrable has a specific meaning, being so blind as to be unable to perform any work for which eyesight is essential. It does not necessarily mean that the person concerned will have no vision at all.

## Deaf People and those who are deafened or hard of hearing

The term 'Deaf Community' is generally used to describe those Deaf people who use BSL and who feel they share a culture with other Deaf people. There are a larger number of people who are also profoundly deaf, many of whom will have become deaf during the course of their lives and who will acquire a variety of new communication skills. The largest group are those who are hard of hearing, many of whom acquire hearing loss as they become older.

## Deafblindness

Deafblindness, or dual sensory loss, refers to people with a combination of sight and hearing losses, which can cause difficulties with communication, access to information and mobility.

# Background

## Introduction

It has been acknowledged and welcomed that many agencies have contributed to the development of services for people with sensory needs. These developments have led to improved access, equality, and opportunity for individuals. In this respect, Highland has been recognised for its established and effective track record in joint working.

However many services struggle to provide support due to a shortage of resources, the lack of flexibility in organisational arrangements, poor inter-agency communication, a shortage of specialist staff and sometimes lack of awareness.

It is increasingly recognised that agencies require to develop, adapt, and manage diverse services that meet a wide range of needs. The challenge of creating appropriate and effective services that empower people with a wide range of sensory needs is a challenge and one that will be embraced in the Highlands.

The recently formed Strategic Working Group on Sensory Issues has endorsed the view that there is a need for a single, coherent strategy for sensory services. This Working Group, includes Elected Members of Highland Council, Officials from various agencies including Health, Social Work and the Voluntary Sector and service users. The Group believes that the development of such a strategy will secure a number of potential benefits including:

- The opportunity for a more holistic, inclusive and integrated approach to reflect the complexity of the range of support needs within the community;
- A framework which co-ordinates needs assessment and service delivery to maximise the skills across sectors and agencies;
- Co-operation between organisations at all levels to avoid duplication, provide joint working arrangements and promote a greater appreciation and sharing of best practice;
- Simplifying access (communication, mobility and information) to services for the public and a reduction in the number of steps in service pathways.





## Taking Forward the Strategy

A multi-disciplinary and cross-sectoral working group was established with a remit to:

- Consult with all key stakeholders including people who use services and carers in the development of this strategy to ensure users, commissioners and providers shape and inform evolving service developments;
- Research and distil key issues in relation to legislation, policy and research;
- Identify demographic and geographic factors which influence service demands;
- Map current services provided across sectors and identify common aims and objectives to strengthen collaborative working;
- Assess any resource shortfall or duplication of provision as well as identifying opportunities to pool or target resources in ways which more effectively and innovatively support the needs of individuals;
- Draft a single strategy for sensory services and an action plan which identified primary tasks and responsibilities, commitments and deadlines as a means of achieving and measuring progress over the next three years;
- Review the role and function of the Co-ordinating Sub-Committee and its relationship with the Joint Committees in line with the recommendations contained in Sensing Progress with a view of establishing a multi-agency strategy and resource group.

**Membership of the working group is outlined in appendix one.**

A number of short life sub-groups were formed to progress the development of the strategy. The focus of the sub-groups was on:

- Deafblindness;
- Social inclusion of deaf children and young people;
- Social inclusion of visually impaired children and young people;
- Access (Communication, Information and mobility);
- Complex needs (adults and children).

**A summary from each of the working groups is attached in appendix two.**

# The Legislative Context

Those with sensory needs are often viewed as belonging to distinct, separate groups and as a result have traditionally been marginalised and removed from mainstream services. The broad legislative base of this country affects everyone including those with sensory needs and the challenge is to develop practical and appropriate services that are accessible to all members of our society.

Legislation is now showing signs of evolving in increasingly responsive ways to the needs of people with a wide range of disabilities. The growing emphasis on inclusion has provided a renewed impetus for agencies to develop and deliver more accessible support to promote independence and an equality of opportunity.

Agencies however require to examine the ways in which they identify, assess and provide services for people with sensory needs to ensure they are consistent with particular legislative requirements. These include:

**The Disability Discrimination Act (1995)**, which specifies key requirements that have implications for service providers and employers. These include taking reasonable steps to change practices, policies or procedures which make it impossible or unreasonably difficult for disabled people to use a service; to provide auxiliary aids or services which would enable disabled people to use a service; and to overcome physical barriers by providing a service by a reasonable alternative method. Section 19 for example makes it unlawful for a provider of services to discriminate against the disabled person in relation to access e.g. 19.3(b) access to and use of means of communication; and 19.3(c) access to and use of information services.

From December 2006, a new public duty will be introduced to promote disability equality.

**The Human Rights Act (1998)** will impact upon assessments of need under Community Care and the provision of support and care services, both domiciliary and residential, for individuals with sensory needs. The standards reflect the principles of the European Convention on Human Rights, incorporated into UK law by the Human Rights Act 1998, in particular articles 3, 8 and 14 (the prohibition on inhuman and degrading treatment, the right to respect for private and family life and the right to non-discrimination in enjoying Convention Rights respectively).

**The Children (Scotland) Act (1995)** introduces a new legal framework for assessment, services and support to children with disabilities, children affected by disability and their families (section 23). An underlying





principle is that services are designed to minimise the adverse effect of the child's disability and to enhance the child's opportunity to lead as normal a life as possible. Section 4 states that in carrying out an assessment to determine the needs of a disabled child, the local authority is required to assess a carer's ability to provide and to continue to provide, care for the child.

**Special Education Needs Disability Act (2001)** makes it unlawful for educators to discriminate against a disabled child by:

- Treating a disabled child or young person less favourably, on the grounds of their disability, than a non-disabled child without justification in the arrangements made for the provision of education;
- Failing to take reasonable steps to change any policies, practices or procedures which place a disabled child/ person at a substantial disadvantage compared to a non-disabled child/person;
- Failing to take reasonable steps to provide education using a reasonable alternative method where a physical feature places a disabled child/person at a substantial disadvantage compared to a non-disabled child/ person.

**The Education (Additional Support Learning)(Scotland) Act 2004** is likely to become law around Autumn 2005. The Act will remove the Record of Needs system, including the formal Future Needs Assessment. **However, until the changes become law the current system will remain in place.**

Further relevant legislation includes:

- Social Work (Scotland) Act (1968) – Sections 12, 12A and 14;
- Chronically Sick and Disabled Person (Scotland) Act (1972) which extends section 1 and 2 (1) of the Chronically Sick and Disabled Person (Scotland) Act (1970);
- Education (Scotland) Act 1980 including sections 1, 60 (2) 65(B);
- Disabled Persons (Services, Consultation and Representation) Act (1986) including sections 4, 8(1) and 13;
- National Health Service and Community Care Act 1990 sections 47(2) and 55;
- Carers (Recognition in Services) Act (1995) section 21.

# The Policy Context

There are a number of key policy documents and frameworks, at both local and national level, which set out to determine how services should be planned and delivered. These are aimed at promoting equal opportunities and social inclusion, modernising public services, improving the quality of services, and the outcomes for those who use them. These include:

## Sensing Progress

During 1997/98, the Social Work Services Inspectorate conducted an inspection of Social Work Services for people with sensory needs in order to:

- Examine the planning, delivery, commissioning and management of Social Work Services for people with sensory needs;
- Clarify how Social Work Services for people with sensory needs link with a wider range of services provided by Health, Education and the Voluntary Sector;
- Understand the separate concerns of people with a wide range of sensory needs;
- Identify the training needs of staff.

A number of recommendations followed on from this piece of work including that local authorities should:

- Take the lead in establishing multi-agency strategy and resource groups for people with sensory needs;
- In conjunction with their partners in children's services planning, to review existing arrangements for futures needs assessment;
- Review their assessment arrangements for people with sensory needs to ensure that assessments are carried out speedily and that wider needs are considered whenever necessary;
- Increase the number of their staff trained to BSL Stage 3, provide sensory awareness training for all levels of staff and increase the number of guide/communicators.

## Scottish Best Practice Standards

These standards build on published sources including the Scottish Draft National Care Standards<sup>5</sup>, "Sensing Progress (1998)" and the "English Best Practice Standards (1999)"<sup>6</sup>. A multi-agency task force which included representation from RNID Scotland, the British Deaf Association Scotland, the Scottish Council on Deafness, the National Deaf Children's Society, SENSE Scotland, Strathclyde Centre for Disability Research,





Deafblind Scotland and the Association for the Directors of Social Work, developed the report which sets out standards in relation to the following:

- **CHOICE**  
Deaf people have the right to independence and to make choices about the things that affect their lives;
- **DIGNITY**  
Deaf people have the right to have their privacy and dignity respected in the home and in the community;
- **INFORMATION**  
Deaf people have the right to be well informed;
- **PARTICIPATION**  
Deaf people have the right to access all Social Work Services;
- **DIVERSITY**  
Deaf people are entitled to the same rights and opportunities as hearing people, free from discrimination;
- **SAFETY**  
Deaf people have the right to be safe, healthy and protected from abuse, bullying or neglect;
- **EQUALITY**  
Deaf people have the right to a standard of living and quality of life equal to that enjoyed by Hearing people.

## Scottish Executive - Partnership Agreement<sup>7</sup>

The Government in March 2003 officially recognised BSL as a language and the First Minister made a commitment at the close of the last Parliament to double the number of BSL interpreters.

The Partnership Agreement has made a high level commitment to develop a new focus for Scotland's languages recognising both our heritage and our diversity. As part of this, the Scottish Parliament will introduce a national language strategy to guide the development and support of Scotland's languages, including British Sign Language. Local Authorities and other public bodies will be required to draw up a languages plan which reflects the communities they serve.

## NHS Audiology Services in Scotland

The report found that services in Scotland had fallen behind those elsewhere in the UK, regarding facilities, service quality and staffing with poor inter-agency working and failure to follow accepted standards of good practice.

Following the report new funding was made available by the Scottish Executive, aimed at modernising Audiology services. Working groups were formed in each health area with the task of advising health authorities on what was needed, and to bid for funding.

In 2004 Highland received £107,000 in the first allocation of funds; this is being used to update premises, to buy new equipment, digital hearing aids and the computers used in programming them.

Funds are also to be used for an initiative likely to benefit many of those with hearing impairment – a patient publication that will promote awareness of services available, as well as information on the range of hearing aids available and how to cope with hearing loss.

## **Community Care Services for People with a Sensory Impairment - An Action Plan<sup>8</sup>**

This Scottish Executive document identifies common community care priorities that people with a sensory impairment have. It is a response to the lack of progress following the document Sensing Progress referred to above. The recommendations focus on how basic common needs can be addressed in a more consistent way so as to benefit the majority and a number of implementation groups have been formed to take matters forward. Guidance will be issued in due course.

## **Review of Community Care and Mental Health Services for People with a Sensory Impairment in Scotland**

This Scottish Executive research has recently been commissioned and will for the first time, provide a national picture of service provision for the sensory impaired population. The study will help identify gaps as well as areas of good practice which will help inform future service provision.

## **DDA 1995 Compliance: Access to Mainstream and Specialist Services for those with Sensory Loss and a Mental Health Problem<sup>9</sup>**

This Scottish Executive Health Department document provides a clear benchmark for Agencies to use in designing access. It offers a planning and audit tool for designing services. The focus is improving access to





communications training and better understanding of the particular needs and considerations for those with a sensory loss.

NHS Boards will be invited to submit joint local progress reports showing the combined Agency position on progress made and action still required.

## Fair For All - Disability

Fair for All – Disability is a strategic partnership initiative developed by the Scottish Executive Health Department (SEHD), NHS Scotland and the Disability Rights Commission (DRC). The project is part of the Scottish Executive Health Department’s wider Equality and Diversity strategy. The project aims to enable NHS Scotland personnel at all levels to develop and provide services that do not discriminate against disabled people as service users – a key requirement of the Disability Discrimination Act 1995.

## Highland Joint Community Care Plan, 2001-2004

This plan sets out to achieve a number of key aims for those with sensory needs namely:

- To provide a range of services which will enable people with sensory needs to reach their potential and enhance their quality of life;
- To provide services based on an accurate assessment of need;
- To minimise the effects of disability on the lives of people with sensory needs and their families;
- To ensure earlier identification and assessment;
- To empower people and to promote their rights to social inclusion and quality of opportunity;
- To encourage the development of co-operative working between agencies and sectors to produce comprehensive integrated services;
- To monitor, review and evaluate services to inform the planning process.

## Joint Health Improvement Plan 2004 - 2007<sup>10</sup>

The Joint Health Improvement Plan produced by the Highland Wellbeing Alliance sets out a strategic framework for a co-ordinated long term approach to improving health in the Highlands. The Single Sensory

Strategy is linked particularly to two of the priority areas of the Joint Health Improvement Plan: the health of older people and inequalities within communities of interest.

## For Highland's Children (Children's Service Plan)<sup>11</sup>

For Highland's Children is the 'integrated Children's Services Plan' for all children and families in Highland. The plan is a living document: updated, monitored and reviewed regularly – and linked with all related local planning arrangements.

The second plan, For Highland's Children 2 (FHC2), encompasses the vision and the strategy of Highland's Joint Committee on Children and Young People. For Highland's Children 2 focuses on planning and development over the period 2005-2008, and takes forward the intent of the first Children's plan, to achieve better services, better integrated provision, and better outcomes for children and families. This document has a section which specifically addresses sensory needs.

## How Good is our School (HGIOS)<sup>12</sup>

HGIOS (produced by HM Inspectorate of Education and revised in 2002) is a guide to self-evaluation used by all schools in Scotland to monitor and improve the services that they provide to children, parents and the wider community.

In 2004, HMIE produced a key guidance document "Evaluating education for pupils with additional support needs in mainstream schools" that focuses on how to evaluate the quality of experiences and achievements of pupils with additional support needs in order to identify strengths which might be shared more widely and actions which are required for improvement.

The document is designed to be used by head Teachers and staff in mainstream and special schools and units who have responsibility for meeting the educational, social and care needs of pupils with additional support needs in their schools; and officers in Highland Council with responsibility for the strategic and operational direction of provision for pupils with additional support needs. Central to the whole process are parents/carers and the pupils themselves.

Detailed quality indicators for Local Authority Peripatetic Sensory Services are set out in the document "Self Evaluation by Peripatetic Sensory Services" produced in 2001 by a small specialist group funded by the Scottish Executive Education Department. This document offers a framework for self-evaluation.





## Support for Learners policy Framework

This Framework sets out the Highland Council's policies in relation to supporting children's learning. It links together a range of different policies and the personnel who have lead responsibility. The Framework and its associated policies will appear on Highland Council's Intranet with links to ensure access to the various policies and guidance.

The budget for Special Education Needs provision is subject to significant pressures on an ongoing basis. The recent 'Best Value Review of Support for Learning' will, in the medium to longer term, take forward the planning and allocation of revised budgets to areas and to individual schools where appropriate.

## Highland Council's Equal Opportunities Policies

The Council's Equal Opportunities Policies set out its commitment to promote equal opportunities, oppose unlawful discrimination in any form and meet legal requirements covering gender, race, disability, sexual orientation, religion or belief and, from 2006, age. The Council is striving towards an environment in which all members of the public and employees enjoy equal opportunities in both employment and the delivery of services. The associated action plans link directly to this strategy and to meeting the requirements of the DDA.



# How many People?

## Introduction

In recent years there has been a growing awareness, both in terms of the number of people who have a sensory need and the importance of ensuring that people are able to access services which are appropriate. It was acknowledged in the Scottish Executive's document 'Community Care Services for People with a Sensory Impairment – An Action Plan' that accurately estimating the numbers of people who have sensory needs and who may need support is not straightforward. Agencies will therefore require to use a mixture of registration (where this exists), prevalence data, local records and active contact to give a clear indication of the nature, quality and location of need for service planning and delivery purposes.

## Hearing Support Needs

In every part of Scottish Society, irrespective of age, social background or other personal characteristics, there is a wide range of individual needs relating to hearing loss, tinnitus and additional disabilities.

It has been suggested that 48% of people with a learning disability also have a hearing loss which goes undetected and that deaf people are more likely to experience mental health problems at some time in their lives (48% vs 25%).

There are  
around 758,000  
adults with  
some degree  
of hearing loss  
in Scotland.

RNID

**Table 1: Estimated Prevalence of Need in General/Local Population**

Circumstances	% of population	Estimated Highland Figure
Some form of hearing loss	14.00	29260
A profound hearing loss	0.50	1045
Use British Sign Language	0.10	209
Need access to telephone not using voice	0.76	1588
Use a hearing aid	10.48	21902



**Three out of four people who experience a hearing loss are over 60 and 84% of people over 85 have a significant hearing loss.**

**RNID**

Recent RNIB figures suggest the following breakdown:

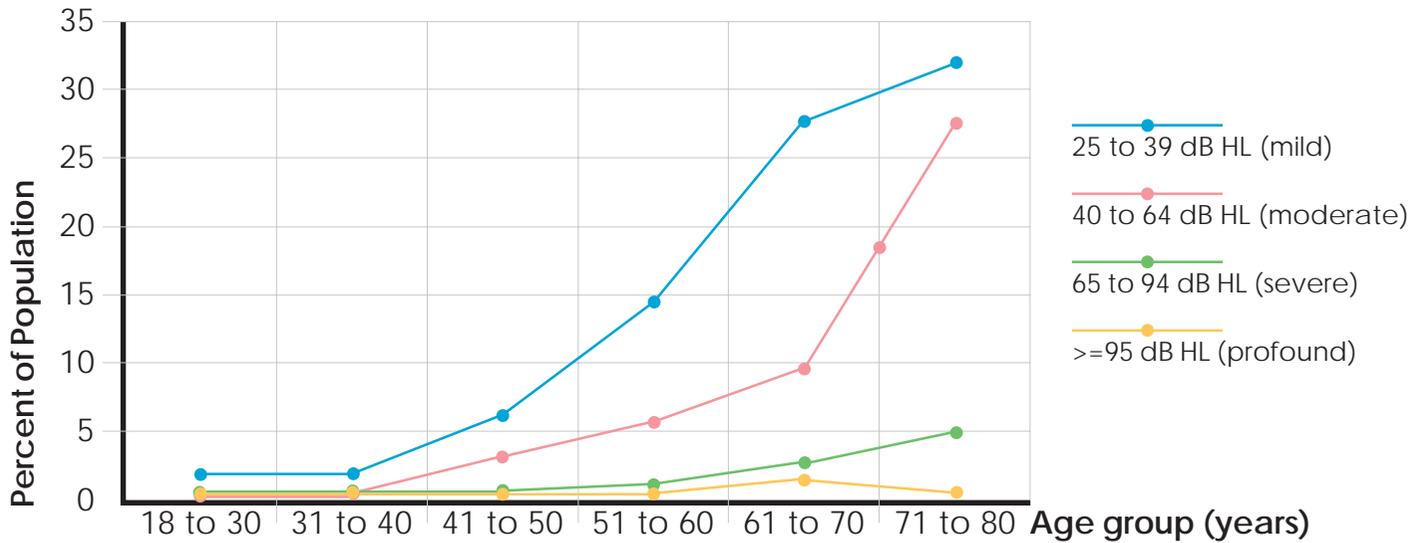
**Table 2: Number of Deaf People in Scotland**

(Source: Hearing In Adults by A. Davis)

Level of deafness	16-60 years	Over 60 years	Total
Mild/moderate deafness	203,000	498,000	701,000
Severe/profound deafness	9,000	48,000	57,000
All deagrees of deafness	212,000	546,000	758,000

There around 758,000 adults with some degree of hearing loss in Scotland. The recent NHS Audiology Review suggests that the epidemiology of hearing loss can be usefully categorised separately for children and adults. The report highlights for example, that although the population prevalence of permanent childhood hearing impairment is low at 13 per 10,000 live births, the consequence on language acquisition, all aspects of communication and pervasive aspects of child development are very severe. The report further highlights that hearing impairments are common in adulthood with almost 1 in 5 affected with difficulties in understanding speech, particularly in noisy backgrounds.

Figure 1 below shows a population prevalence of hearing impairment as a function of age and shows significant increase with increasing age.



**71% of deaf and hard of hearing people feel isolated by their deafness.**

**SCOD**

## Visual Impairment

Two million people in the UK are affected by uncorrectable sight loss. Two thirds of these have another disability or serious health problem such as deafness, arthritis or diabetes.

Currently 90% of blind and partially sighted people are aged 60 and over; one in five people over 75 has a sight problem. Within the next 30 years about 40% of the UK population will be aged 60 and over, which means that 2.5 million people will be living with a visual impairment.

According to the Scottish Executive National Statistics for 2001 the number of people estimated to be registered as blind or partially sighted is 38,447. Registering is voluntary and many people seeking help are not registered. Children are seldom registered.

There are currently 874 adults and children who are registered blind and 611 registered partially sighted in Highland.

### Table 3: Prevalence of Need in General/Local Population

Circumstances	% of population per 1000	Estimated Highland Figure per 1000
Registered Blind	4.8	4.1
Registered Partially Sighted	2.7	2.6

### Table 4: Number of Visually Impaired People in Scotland

Type	Under 65	Over 65	Total
Registered Blind	4854	19917	24771
Registered Partially Sighted	2981	10695	13676

Accurate numbers of children are not available as they are very seldom registered. Of all children born with a visual impairment, approximately 50% of them will have additional disabilities which includes deafness, physical and learning difficulties.

It is important to recognise that children are surviving longer and visual impairment is being recognised earlier.

On average 100 new people are registered as blind or partially sighted every day.

RNIB

In Scotland: 80% of those registered are over 65; 20% of those registered have additional disabilities. Of those 36% were deaf.

Scot Exec



**Table 5: Prevalence of Need in General/Local Population (under 16)**

Type	Under 5	5-15	Total
Registered Blind	28	20	48
Registered Partially Sighted	17	56	73

**In Highland the number of children recognised with visual impairment has risen over the last 2 years from 40 to 120.**

**Around 75% of blind and partially sighted people of working age are unemployed.**

**RNIB**

## Deafblindness

Persons are regarded as deafblind if they have a severe degree of combined visual and auditory impairment resulting in problems of communication, information and mobility. The group includes people with visual and hearing needs from birth or early childhood and those who develop dual sensory needs in adult life.

Deafblind people are a minority group with high needs. Older people form the majority of this group. Precise figures for the incidence of deafblindness in Highland are not easy to obtain but a total of 200 has been indicated – this is probably an underestimate. The provision of services is challenged by small numbers scattered over a wide geographical area.



# Agency Links and Structural Issues

## Introduction

Everyday a wide range of agencies make a real and positive difference to people's lives across the Highlands. The Services these agencies provide are outlined in Appendix 4. Despite the progress that is being made, social exclusion and limited opportunities continue to prevent individuals from reaching their full potential.

New legislation and policies challenge all services to re-think their approach to arranging and providing care. These challenges are intended to produce a better planned and better integrated range of services, which are more responsive to individual need. The success of this rests not only on the development of more effective working relationships between professions and across sectors, but also agencies more proactively engaging with some users to shape future developments.

## Emerging Issues - Nationally

Surveys completed as part of the NHS Audiology review and inspections undertaken by the Scottish Executive, have identified a number of general themes in relation to the ways in which services are organised, communicate with one another and deliver support.

These include:

- There are poor or non-functioning inter-agency links with poor strategic working in existence;
- The quality of individual assessment and service provision varies;
- There are inadequate facilities at base hospitals, peripheral clinics and community sites;
- The arrangements for collaboration between specialists and other staff is not always clear, particularly in complex cases;
- Shortages in qualified and/or specialist staff lead to compromised service access and quality;
- The information needs of people with sensory needs are poorly addressed;





- Financial pressures compromise service quality with an undue emphasis on activity at the expense of outcome;
- Assessment of the needs of deafblind people can be ad hoc and the requisite skills and knowledge are not normally available.

Within the specialist sensory sectors in Highland however, it is recognised nationally that Highland has established excellent inter agency links and innovative practice despite limited resources.

## Highland Priorities for Action

The key messages from these surveys include:

- Consultation with Service users and carers;
- The establishment of stronger strategic links across agencies and sectors in relation to sensory needs;
- The development of liaison, advisory and monitoring functions with wide input at local and national level to inform policy and service developments;
- The development of inter-agency arrangements between health, education, social work and the voluntary sector;
- Consideration given to appropriate advocacy services

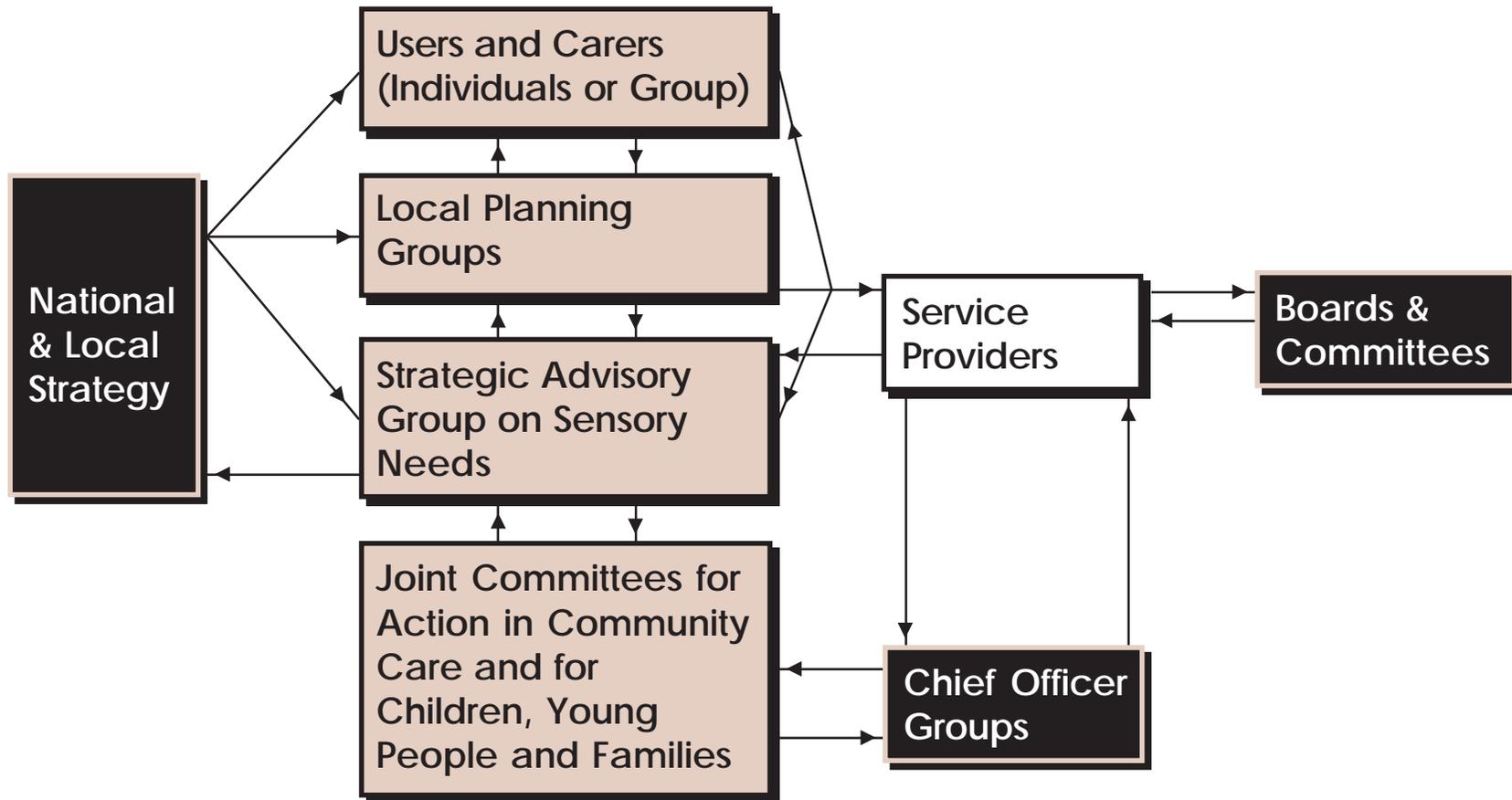
## The Way Forward

To underpin and build on existing good practice the Working Group recommended that a new multi agency/multi disciplinary Strategic Advisory Group on Sensory Needs is established to take the agenda forward. This was achieved in April 2005 and includes representation from the Highland Council, NHS Highland, the Voluntary/Independent Sectors and Users. In line with current national policy, a broader and more comprehensive approach to sensory needs is required and the new Strategic Group will report directly to relevant Council Committees.

The envisaged structure is reflected in the diagram below and the remit of the group includes:

- Providing a policy proofing and advisory remit to Committees on any issues that have implications in relation to the Sensory Agenda.

- Monitoring and Reporting functions in relation to this strategy and action plans which emanate from national policy directives.
- Informing responses to formal consultation documents.



# Bibliography



<sup>1</sup> Sensing Progress – Social Work Services for People with a Sensory Impairment, Social Work Services Inspectorate, 1998

<sup>2</sup> Highland Council and NHS Highland: Highland Joint Community Care Plan, 2001 - 2004

<sup>3</sup> Scottish Best Practice Standards. Social Work Services for Deaf, deafened, hard of hearing and deafblind people, October 2001, Multi-agency Taskforce.

<sup>4</sup> Needs Assessment Report on NHS Audiology Services in Scotland, Public Health Institute of Scotland, January 2003.

<sup>5</sup> Scottish Executive, Draft National Care Standards: First Tranche: A Consultation Paper: Modernising Social Work Services in Scotland 0-June 2000

<sup>6</sup> Best Practice Standards: Social Services for Deaf and Hard of Hearing People (ADSS/BDA/LGA/RNID, 1999).

<sup>7</sup> Scottish Executive: A Partnership for a Better Scotland: Partnership Agreement 2003

<sup>8</sup> Scottish Executive – Consultation Document, Community Care Services for People with a Sensory Impairment - An Action Plan, November 2003.

<sup>9</sup> Scottish Executive Health Department: HDL Access to Mainstream and Specialist Services for those with Sensory loss and a mental health problem, NHS HDL (2005)27.

<sup>10</sup> Highland Wellbeing Alliance: Joint Health Improvement Plan, 2004 - 2007

<sup>11</sup> Highland Wellbeing Alliance: Integrated Childrens Services Plan: For Highlands Children 2005 -2008 (draft)

<sup>12</sup> Scottish Executive: How Good is our School, 2002

# Appendix 1 Working Group Membership

NAME	TITLE & ORGANISATION
■ Dr Pat Robertson	Chair of Sensory Working Group Caithness Deaf Care
■ Sandy Riddell	Former Head of Operations (Criminal Justice & Central Services) Vice Chair of Working Group Highland Council Social Work Service
■ Liz Scott Gibson	Director Deaf Action
■ Ken Hallsworth	Development Manager Deafblind Scotland
■ John Whitfield	Regional Development Officer Deafblind Scotland
■ Sheila Lundberg	Co-ordinator Highland Council Deaf Education Service
■ John Gill	Team Manager Highland Council Deaf Services and Hearing Support Team
■ Jane English	Senior Educational Psychologist Highland Council Education Centre Dingwall
■ Evelyn Johnston	Policy Officer Highland Council Education, Culture & Sport Services
■ Ann Tait	Co-ordinator (since retired) Highland Council Highland Education Vision Support Services
■ Sheona Keen	Co-ordinator Highland Council Highland Education Vision Support Services
■ Lorna Forward	Administrative Assistant Highland Council Social Work Service
■ Margaret Hynd	Chief Executive Highland Society for Blind People
■ Pam Nicoll	Professional Leader with Speech and Language Therapy NHS Highland
■ Karen Williamson	Head of Audiology Services NHS Highland
■ Sally Amor	Children's Commissioner NHS Highland
■ Jenny McIntosh	Social Worker Children & Family Services (since retired) Vision Impairment Services Highland



# Appendix 2

## Summary Overview of Sub-Groups



### Deafblindness

It has long been recognised by Deafblind Scotland and Sense Scotland that we need the implementation of a Scottish equivalent to The Local Authority Social Services Act 1970 Circular LAC (2001) 8 Section 7 guidance (England and Wales) if this uniquely disadvantaged group are to be included. The guidance requires local authorities to recognise deafblindness as a unique disability and to:

- Identify, make contact with and keep a record of deafblind children and adults in their catchment area.
- Ensure that when an assessment is desired or requested it is carried out by a specifically trained person, equipped to assess the needs of a deafblind person.
- Ensure services provided to deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services.
- Ensure they are able to access specifically trained staff.

The major consideration in providing services for deafblind people are: communication, information, mobility and access to services.

### Suggested Measures

- Increased provision of guide communicator services. Training can be provided by Deafblind Scotland. Service provision would be determined after identification and assessment in target areas. The development of befriending schemes by voluntary groups would be a step towards the desirable one-to-one support;
- Provision of assistive devices for both visual and auditory impairment for Social Work;
- Enhanced Social Work support for the families of deafblind children;
- Reduction of barriers for access to services; this would be linked to deafblind awareness training for service providers;

- Access to transport where links are poor, particularly in rural areas. Community Transport schemes exist in some areas.

Although one-to-one guide communicator support is the ideal, this may not be easy to achieve throughout the Highlands.

## Social Inclusion of Deaf Children and Young People

It has to be acknowledged that the position now for deaf Highland youngsters is very much better than it was twenty five years ago, and has been rapidly improving since 1995. Before about 1980 deaf children were removed from home at a very early age to be educated in specialist schools for the deaf. This resulted in poor relationships with parents and siblings, frustration and difficult behaviour due to impoverished communication and language deprivation, family guilt and ultimately community and family exclusion.

In 1995 The Highland Deaf Education Service was created following extended interagency consultation. This meant the beginning of systematic early teaching for deaf children by qualified teachers of the deaf from diagnosis, as well as widespread introduction to sign language for the children and their families. Since that time there have been a number of positive developments:

- new Head of Audiology appointed
- new Social Work Team for Deaf Services and Hearing support created
- new post of specialist Speech and Language Therapist for the Hearing Impaired created
- Highland Co-ordinating Committee (Deaf Services)
- Highland Paediatric Audiology Group set up
- Deaf Communication Project
- Universal neo-natal screening of hearing

Although Highland is seen as a model authority in many respects there is still a long way to go and, outwith school hours (and school years), our children and young people remain very socially isolated. Our group recognised the need for much development in the three undernoted areas if deaf children and young people are to begin to feel socially included.

- Communication
- Deaf awareness
- Praise and recognition of good practice

Because deafness is an “old” disability, it lacks the glamour of the “newer” developmental disorders, which gain so much media attention. It is recognised that the general public has a limit in terms of ability to respond to demands for sympathy and understanding – especially towards deafness, which people are likely to think they do understand. Hence the emphasis is placed upon positive ways forward which view deafness more as a culture than a disability.

These include:

- Recognition and promotion of good practice wherever it is found;
- Establishment of a dedicated budget to allow deaf children and young people to access mainstream and deaf specific activities now;
- The launch of a BSL week throughout Highland as a way of raising the profile of BSL as a fun language to learn and simultaneously raising Deaf Awareness;
- Targeting communities with a deaf child as locations for the setting up of “Baby Signs” toddler and playgroups in order to create a circle of signing peers for the deaf child to grow up with inside the local community.

The deaf children and young people of today are the deaf adults of tomorrow and we can begin now to develop the climate of social inclusion which must lead to better communication skills, improved emotional wellbeing, greater independence and enhanced social responsibility in adulthood.

## Social Inclusion of Visually Impaired Children and Young People

The working group brought together the main providers of services to visually impaired children. Health, social work, education, parents and an adult user of the service all participated. It was seen as a positive challenge to identify together the main barriers to social inclusion of this group of special needs children and young people and to prioritise the three main issues that created barriers to their social inclusion. The agreed shared goal of all service providers is the well being and independence of these children.

The group felt that the following three areas should be prioritised and addressed in order that visually impaired children and young people would feel socially included.

1. Public awareness of visual impairment
2. Multi-agency working
3. Resources

The group felt that the general public has limited knowledge of visual impairment issues and that there was a lack of awareness of visual impairment. Five ways of addressing this issue were prioritised by the group:

- Using media outlets to raise awareness of visual impairment;
- Producing shared visual awareness packages suitable for children, health professionals, social work staff and other Highland Council staff;
- Training on visual impairment for schools, Health professionals, Highland Council staff and relevant others;
- Preparation of a leaflet on services and how to make contact for surgeries;
- An Information pack for families of newly diagnosed children.

It was felt that in terms of multi-agency working that there was a lack of clarity of roles and in some cases overlap of roles. The way forward was seen in:

- A better understanding of the key worker and the care manager roles;
- The forming and development of a functional vision assessment team, which had reviewing and monitoring roles;
- The prioritising of early intervention so that parents are supported as soon as they discover their baby is visually impaired;
- Partnership working between Education, Health and Visual Impairment Services Highland with shared assessments at all the child's' milestones. A shared acceptance of the importance of mobility for these children, accessing their curriculum, and developing their personal and social skills.

In terms of the limited resources available to visually impaired services it was felt that:

- There should be a rethinking of the way the voluntary sector, Social Work, Education and Health deliver services to these young people.
- To share, catalogue and pool resources already owned by Education, Health and Social Work.
- To have staffing levels appropriate to meet the needs of the population of visually impaired children for their education and for their independence.
- Financing to renew and replace resources.

There is much to accomplish. This attempt to address the issues surrounding the social exclusion of visually impaired children and young people was an excellent way of bringing together the different facets of the service both those who give provision and those who receive it. May the initiatives lead to the formation of future strategies that move ever closer to a seamless service.

## Access

Barriers to "Access" are in many ways "invisible" and "unheard" for people with sensory needs. Lack of understanding and awareness of needs are preventing progress towards equality and inclusion that otherwise remains largely aspirational.

Despite a wealth of documents about equalities and access, user consultation and Best Practice Standards, legislation and Government Commissions, there remains a widespread impression that people, particularly at strategic levels, who can "hear" and "see", fail to grasp what is required in the context of sensory services. Consequently services are often left to the small batch of "specialists" who may consequently contribute to services remaining out of "mainstream."

This lack of awareness (whether arrogance, ignorance or a combination of both) seems to be the fundamental reason (and therefore challenge) why sensory services have struggled to receive sufficient priority recognition.

The DDA and other initiatives are creating momentum towards the attitudinal and cultural shift that is necessary if meaningful improvements are to take place. When people do become “aware,” the shock realisation that often occurs can be a positive force for change.

In many ways sensory services are only beginning to appear on the horizon. The main barriers to “Access” identified in this working group included:

### **Access to Communication, Mobility and Information (CMI) support and services appropriate to the individual needs of people on the “Sensory Continuum”**

It was felt that these services are still at fairly fledgling levels, and that there is significant lack of infrastructure and resources locally and nationally to develop necessary improvements to make even “specialist” sensory services adequately accessible to people.

It was felt that developing Best Practice Standards/Models within sensory services initially might be a useful way to lead the example to mainstream services.

The aspiration is for individual CMI needs to be provided for in an “Equalities” context within all services and opportunities.

### **Access to equitable services across Highland Council**

Fundamentally it was felt that specialist services are not adequately resourced, though there is good joint working and there is a commitment to making best use of existing resources. However this commitment is significantly hampered by the thin spread of scarce resources.

There is a clear desire for specialist services to be easily accessible (irrespective of location), and models need to be developed to achieve appropriate balance.

There needs to be raised sensory awareness and provision within local communities, (raising of mainstream standards), whilst knowing when and where to access the specialists.

Access to buildings in the sensory context is principally about a combination of people skills and the use of modern technology.

### **Complex Needs (Adults and Children)**

The term complex needs mean different things to different people at different stages of their lives. It is therefore very important to be clear as to who we are referring to within this strategy document when we describe someone as having complex support needs.

This term relates to people who have complex support needs because of deafblindness or sensory impairment, learning disability or physical disability. People described as having deafblindness are rarely totally deaf and totally blind, indeed many will have some useful vision and hearing.

Disproportionate numbers of people, who are profoundly or severely deaf, experience mental health problems. Many have emotional difficulties, behaviours or anxieties that do not readily fall into mental health services criteria. They may also have difficulties in accessing services and social opportunities, both specialist and mainstream.

The majority of people with complex needs will need support and help with communication, accessing information, learning and mobility. One of the most challenging areas of everyday life facing people with complex support needs is in accessing ordinary leisure, cultural and social opportunities.

Many people with complex needs will require support or advice from a range of different services and professionals. It was therefore important to ensure that the membership of the working group looking at complex needs was reflective of this broad range of needs. The working group included members from the local authority, health, social work, education, voluntary sector and service users.

The initial task of the working group was to collate information on the key challenges facing people with complex needs in the Highlands under three broad aims:

- Inclusion
- Communication
- Multi-agency working

Each key area was then examined to establish priority and the action plan was then devised using this information. The action plan provides a detailed description of objectives within each area and is intended to provide a multi-agency framework upon which we can build joined-up and improved services.

# Appendix 3

## Consultation Undertaken



As part of the development of the strategy, an extensive consultation process was undertaken. In addition to targeting professionals across a wide range of sectors and agencies, focused consultation exercises also took place with service users.

Summarised below is a cross section of some of the views obtained. Furthermore the consultation highlighted to the authors of the document, the need to develop an appropriate consultation and communication strategy, as evidenced in some of the discussion below.

### **General Comments on Individual Consultations with Deafblind Service Users based on interviews by Lynne Hawcroft, Independent Consultant.**

The four Deafblind people who were interviewed were mostly unaware of the existence of the Single Strategy for Sensory Services and they were unused to being asked their views. Before being able to begin to address the idea of consultation, communication had to be established during the interviews, Deaf etiquette observed (are you Deaf, experience and pedigree etc) and in some cases this took an hour. It was vitally important to establish this trust especially as some of those interviewed were vulnerable adults and they needed to be sure who they were communicating with. All the individuals were given notification of the visit and the name of the interviewer, either by letter, text or through their support workers.

The idea of the consultation was approached by explaining to them that Highland Council wanted to know their views on services. For some people they could only fully understand this by using the name of the Team Leader to enable them to understand ('John Gill wants to know'). One person who had become deafblind in later life did ask for a copy of the strategy document in large print but once he received it he felt he could not really access it because of the length. They were mostly not aware of judgements about service gaps.

### **Impressions of Services**

The services as described by the individuals who were interviewed were impressive, particularly the service

workers. This seemed at a reasonably high input level (although all the Deafblind people would ideally like more frequent contact) and of high quality, especially the communication skills. There were clear systems in place for social workers and interpreters to be involved as necessary and good network of volunteers with BSL skills in some areas. All the Deafblind people knew how to summons help in an emergency and this had worked well when required. They only gap in services that I could spot was the lack of independent advocates. Undoubtedly the workers from Highland were acting very effectively as advocates on behalf of the individuals, however, if a situation ever arose in which there was a dispute or concern with any aspect of the service (which is a monopoly) there is nobody to provide an independent element in supporting these people.

### **Reflections on Consultation**

- It was beyond my competence to describe the strategic framework to some of the individual Deafblind people (3 of 4), but by focussing on service they know they were all able to express an opinion.
- There is a tendency to be grateful for assistance given (this is common to social work users in general) and for some people there will be the fear that services maybe withdrawn if criticisms are made – often not made explicit. However, the directness of BSL users means that eventually during an in interview their true opinions often emerge.
- As one of the major disabling aspects of Deafness and Deafblindness is the limited information people receive ('teletext is too quick for me' said one of the interviewees) and consequently they are unaware of potential alternatives to their current life and support. Exploring these alternatives is an important part of providing support to such people.
- Each person was delighted to be consulted and to be able to communicate with a new person. All would wish to be asked their views again and all would need an individual approach.

### **Comments from Visual Impairment Services – Highland**

Over 60 blind and visually impaired people were consulted but only two responded. One service user was very positive about this document but the other was quite critical in that this may merely represent more committees and more meetings with little being done. Highland Visual Impairment Services have heard many people expressing the view that they were concerned at the document linking hearing and visual impairment with the fear that by uniting the two one service will suffer – their view is that this will be the blind and visually impaired.

### **Comments from R.N.I.B.**

Their comments are as follows:

- They found the document of interest and were pleased to note that services for blind and partially sighted people were contained within one single strategy and planning document, hopefully leading to greater ownership across local authority departments and other agencies.
- In pursuit of the strategy, and to allow flexibility for external factors impacting both in Highland and nationally, they wondered if some cross-referencing would be appropriate to some Scottish Executive initiatives that are currently

planned/ongoing, e.g. the report on the work of the Certification and Registration Working group, the recently published Sensory Impairment Action Plan and the recently announced Eye health Care Review which will run over the next 12-18 months.

- Another policy and planning area that R.N.I.B. Scotland has recently been working with a number of local authorities and societies on is the implementation plans 'Partnership in Practice' (PIPs), following the 'Same as You' publication regarding learning disability; they believe the current plans for services for people with multiple disability and visual impairment (MDVI) are perhaps needing some reinforcement.

### **Reflections on meeting the Deaf community in Inverness**

**Brief Description:** A meeting between a senior manager in Highland Social Work Department and more than 20 members of the Deaf community took place at the local Deaf Centre 11/03/04. The meeting was facilitated by an independent chair and two BSL/English interpreters.

- The potential for a successful meeting was limited by the physical environment. The rooms available were small, dark, cluttered and too narrow to accommodate the numbers attending.
- The attendance of Deaf people was higher than had been predicted and this suggests a back up plan should probably have been in place to accommodate this.
- The meeting was halted in its track during the introduction about the Highland Strategy as Deaf people were unfamiliar with the background, with the language and with a sensory wide perspective. A BSL video was available but could not be played as the recorder could not be operated – remember to check all audio-visual equipment (the recorder in the original room worked but once the room was changed there was a different recorder
- It was agreed that as the meeting had stopped rearranging the seating would be a good idea – this was changed from rows to a circle. Both layouts were far too cramped especially as some extra people arrived late.
- Once the meeting restarted it focused on the services Deaf people receive and frank views were exchanged about these.
- The group were pleased to have been asked their views and indicated they were willing to contribute again in the future.

### **Comments from Caithness Deaf Care**

Directors were consulted and posed questions regarding the likelihood of funding being made available in order to implement the Action Plan. However the view was expressed that the Strategy was comprehensive and deserved support.

## **Comments from Lochaber Deaf Care**

The Strategy was well received and is thought to be a good step towards improving services aimed at people with sensory needs. Questions were posed however in relation to timescales associated with the proposed actions and whether or not there would be the resources available to implement change.

## **Ideas on how the Social Work Service may consult with members of the Deaf Community**

**- Lynne Hawcroft – independent Consultant**

### **A Consultation Strategy**

Ad hoc meetings may be sufficient for one-off issues but they do not ensure you are reaching all your service users, nor does it do anything to assist you to identify those who are not in receipt of services. A strategic planning document needs to be developed for consultation which records targets and experiences – too many attempts at involving service users are ‘lost’ once the meeting is over. The document should ensure that the ‘how’ of consultation is recorded as well as the content. The strategy will be part of a broader Sensory Strategy for Consultation encompassing all sensory groups. The deaf element of the strategy should aim to capture input from as many of the different deaf groups as possible.

There are a number of key elements:

- Collect as much information as possible on the constituent groups (Planning Officers may have useful data, there may be local and national needs assessments, publications about consulting with deaf people will prevent you re-inventing the wheel).
- Audit any consultation already in place.
- Record the known D/deaf groups and check if they would be willing to be involved.
- Take measures to begin to identify those not already known.
- Opportunities for consultation arise on a daily basis and these should be built into service delivery (e.g. building in requirement for contractors to provide feedback on their services) but there is also a need to attempt more independent consultation on an occasional basis (e.g. purchaser asking service user of contracted services their views).

Nurturing local Deaf advocacy and user groups needs capacity investment and long term support to enable them to act as a consultation route. This could be advanced more quickly by having a Community Development post, preferably a deaf person to provide ongoing support. This could also assist in making the groups themselves more democratic if required.

## Meetings

- The importance of forward planning cannot be overestimated. Provision of BSL/English interpreters is essential but not sufficient to ensure active participation of Deaf people. The suitability of the venue must be assessed – more space than usual is needed to accommodate extra people (interpreters, note takers etc) and to cater for a meeting done in the 'Deaf Way' and to ensure any audio visual aids used are clearly visible to all the audience. Each group should be consulted on their preferences but you can anticipate they will wish either to sit in a circle (everybody can see everybody) or if seated in rows that those asking questions from the audience will have space to walk to the front of the audience to sign their question (everybody can see the question). This enables Deaf people have the best chance of understanding the issues. Small, dark visually 'busy' rooms will disadvantage Deaf people and portray lack of appreciation of their needs.
- Consider using an independent Deaf person (or if not possible an independent hearing person with BSL fluency) to lead the consultation and ask them to be prepared with examples of good practice from elsewhere. Decide what the consultation is for – is it to meet internal deadlines, is it because Deaf people have complained about services, is it to elicit views on a particular aspect of service. The more you are able to focus on the things Deaf people know the more likely you are to be able to consult. Ask Deaf people what they prefer in terms of approach, some may prefer to work in small groups rather than one large gathering.
- Be prepared to rearrange your agenda if it is not suitable e.g. if a presentation is not being understood. Equip yourself with at least a cursory knowledge of the impact of lifelong Deafness and the barriers in society which prevent Deaf people from acquiring information. This may mean that your audience is not familiar with how SWS are funded, managed, any political influences and the overall shape of services. They will know and probably will have strong views on the services they receive. If in doubt, start discussions with these known subjects.
- Consultation will have a cost – you may need to cover childcare, adult carer cover, transport costs etc if you want a broad range of users to be able to be involved. Training and development work will all have a cost.
- Know your history – it may influence the choice of venue, the people who are willing to attend, it may hijack your agenda.

## Consulting with Deafblind people

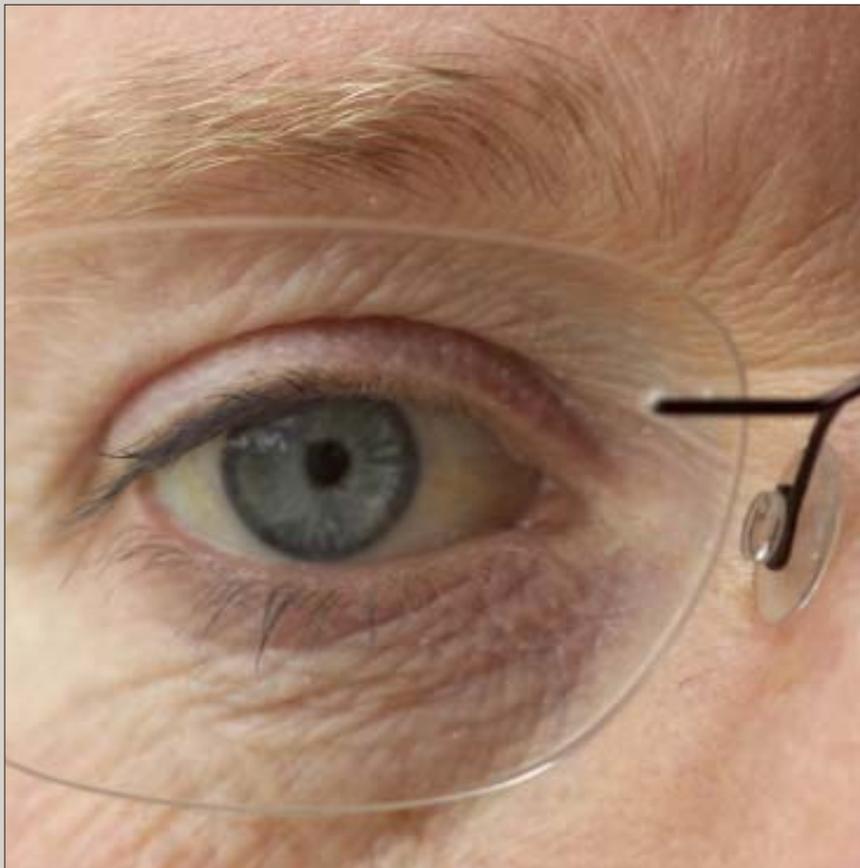
- Deafblind people cannot be effectively incorporated into wider service user groups but they may be able to come together with other deafblind people in small groups. It is more likely they will need individual interviews. It is even more important that the purpose of any consultation is explained to them (their information deficit may well be greater than Deaf people's) in ways which relate it to their experience.
- If a group meeting is considered transport, guiding and individual interpreter/communicators for each individual will need to be accommodated. More space is required for these meetings than for those with Deaf people as there will be 1:1 workers and possibly guide/hearing dogs too.

- Workers are in the right place and agree breaks etc. the meeting itself will need to be taken at a slower pace; everybody present will need to be identified; a competent chair who understands the needs of deafblind people is essential; breaks take longer; ensuring every deafblind person participates will take longer, interpreters/communicators and deafblind people themselves require breaks from the intense concentration.
- Individual interviews may take place in the deafblind person's home or other venue agreeable to them. They are vulnerable in that they have less opportunity to identify people entering their homes, therefore, they must be informed prior to the visit of who is coming (especially if they are unknown to them) and which organisation they represent. All the usual social work checks on staff dealing with vulnerable adults need to be undertaken on those interviewing deafblind people.



# Appendix 4

## Overview of Current Services



There is a wide range of services currently operating across the Highlands. The following gives an overview of what these services deliver to the public.

### Highland Education Vision Support Service (H.E.V.S.S)

HEVSS is a peripatetic, teaching and advisory, educational support service for children with a visual impairment (VI) and their families throughout the Highland area. In its present form it started in August 1999 and has been developed since.

HEVSS is typically dealing with 120-140 children at any time and delivering its service to wherever it is required: at home, in local playgroups or nurseries, in primary, secondary and special schools. It has a legal obligation to work with children from 2 years of age to school leaving age but can be involved with younger children if requested. The service required a staffing ratio of one teacher to 40 pupils.

Referrals are made to HEVSS from a wide variety of sources including, parents, schools and paediatricians. The natural starting point for referrals is from the Paediatric Ophthalmologist (Raigmore Hospital) soon after birth and then from Highland Society for Blind People after the child reaches 2 years of age. The general procedure after any new referral would be to contact parents and school if appropriate, to assess the child's functional

vision for learning in the home and at school (after having received a clinical assessment from the hospital) and to draw up and support any education programme required.

The nature of the service offered varies however, depending on the age of the child.

**0 – 2 years** These young children are initially supported by visual Impairment Services Highland (VISH) who are a division of Highland Society for Blind People. Their Children's Officer refers any new VI child to HEVSS (Education) so that it is aware of them from an early age.

**2 – 5 years** This is the stage at which formal educational needs are brought under consideration. If these needs are pronounced, specific or complex, and require continuing review, the child's special educational needs may be set out in a Record of Needs document. At this stage regular home visits may be introduced for the child or local education placement looked at. HEVSS will be responsible for raising awareness of VI amongst staff before the child is enrolled in any education establishment and supporting the transition from home to playgroup, playgroup to nursery and nursery to primary school, including introductory visits and environmental awareness.

**5 – 12 years** The responsibility now rests with the child's school. The role of HEVSS is to ensure the VI child can access the curriculum and participate fully as a class member. Each child has individual needs and these have to be assessed and reviewed at regular intervals. The support from HEVSS will vary according to these needs (the Service has an established Criteria for Intervention Policy which clearly sets out the different priorities of support depending on eye condition, school area, access to auxiliary help and additional impairments).

Support may include one or more of the following: direct teaching, learning materials reformatted into Braille, large print or audio tape, joint planning of an IEP (Individual Education Programme) with class teachers and support for learning teachers, liaison with school, parents and outside agencies, attendance at regular review meetings, environmental audit of educational buildings and grounds, running of VI peer group annual outings, the establishment and annual update of visual profile record for each VI pupil to travel with them through their education, participation in multi-disciplinary team assessments and reporting, mobility and orientation training, preparatory work for transition to secondary education and advice on specialist aids and technology.

**12 – 18 years** At this stage general educational support will be continued and, in addition, HEVSS will become involved in: health and safety issues involving practical subjects, practical arrangements for moving VI pupils and equipment between classrooms, re-assessment and advice on technological aids, liaison with Support for Learning department about special arrangements for exams and liaison with careers advisors.

## Highland Council Deaf Education Service

The Highland Deaf Education Service was formed in 1995 in an effort to provide equity of provision for hearing impaired pupils throughout the Highlands. Their role is to support hearing impaired pupils, their parents and mainstream teachers. That support can be as little as offering advice or sending a leaflet, to as much as specialist teaching in an additionally resourced school on a full or part time basis. The main focus of the Highland Deaf Education Service is on severe and profoundly deaf pupils. Their role with mild and moderately hearing impaired pupils is usually of an advisory nature. The Highland Deaf Education team is as follows:

- 1 Co-ordinator
- 3 Peripatetic Teachers of the Deaf

- 5.6 Full time equivalent (FTE) Teachers of the deaf
- 5.2 FTE Auxiliaries
- 0.5 FTE Sign Language Tutor
- 0.5 FTE Clerical support

Dingwall Primary and Dingwall Academy have additional resources for hearing impaired pupils and there are currently 12 profoundly deaf pupils attending these schools – all of whom use sign language. There are also a number of signing pupils who attend Dingwall Primary on a regular basis. This varies from one day a week to twice each term and can be for intensive tuition or merely social interaction with signing peers. Apart from the 12 signing pupils attending the 2 schools in Dingwall, there are another 17 signing pupils spread across the Highlands from Caithness and Sutherland to Fort William. The geographical spread involves staff in a great deal of travel in order to provide an equitable service.

Outwith Dingwall, the Peripatetic Service caseload currently stands at 196. These vary from occasional visits to pupils with a mild hearing loss due to glue ear to profoundly Deaf signing pupils who have 2 mornings of input a week. In addition to those who are seen regularly, there is a large caseload of monitoring visits.

Highland Deaf Education Service is involved from the point of diagnosis to school leaving age. As Highland has Scotland's first Universal Neo-Natal Screening Programme, their involvement can begin from as early as 2 days of age. Currently, their pre-school caseload has a significant number of pupils who have complex needs in addition to their Deafness and therefore require considerable resources.

Sign Language Tuition is an area which is significantly under – resourced within Highland at the moment. It is of paramount importance that parents acquire the necessary sign language skills in order to foster good communication with their children from an early age.

## Highland Council Social Work Service Deaf Services And Hearing Support Team

The Team provides a range of services across the Highlands for people who are Deaf, deafened, hard of hearing or Deafblind and their families/carers. The title reflects the two main aspects of the service provided.

**Deaf Services** refers to the generic social work service provided to people who are profoundly deaf, families of children who have a significant hearing loss, and others for whom deafness is a significant factor, where mainstream services would not have the knowledge or skills to assist.

The Social Work Service includes care management provision, combining the use of mainstream resources with provision of specialist support work directly from the team, and support to deaf children and their families, including organising activities in school holidays. In addition to on-going consultation with service users and their carers, a significant amount of work is undertaken with colleagues in mainstream Social Work teams, in the Education Service and with NHS Highland.

The **Hearing Support Service** is available to all for whom any degree of hearing loss is impacting on their daily living. Assessments from trained support workers are completed and services provided to promote and maintain a safe and independent lifestyle. This includes alerts for smoke alarms, carbon monoxide, doorbells, phones and listening devices for phone, T.V. and audio equipment. Information, advice and on-going support are provided as necessary with referrals being made to other services if required.

## Roles and Responsibilities

**The Team Manager:** currently has an active caseload, in addition to managing the Team and providing input at the strategic level both locally and nationally.

**2 Specialist Social Workers:** manage active caseloads, supervise support workers, help organise children's summer outings, provide training opportunities to new staff and promote user consultation. Priorities are promoting the social inclusion of Deaf Children and supporting adults with complex needs.

**Hearing Support Co-ordinator:** oversees the operation of the Hearing Support Service and contributes to the development of equitable service provision across Highland. She is responsible for supervising and training support workers, prioritising and allocating work and resources and liaising with suppliers, contractors and other service providers.

**Sign Language Tutor:** helps the acquisition of sign language skills by deaf children, their families and carers, and significant others. Training may also be given to hearing staff working with deaf adults.

**Support Workers:** currently 16 support workers provide 1:1 support to deaf children, and their families and vulnerable deaf adults. Some are able to offer guide communication services to deaf adults with additional sensory needs. They also undertake assessments; follow up visits and reviews as part of the Hearing Support Service.

**Part-time Clerical Assistant:** one part-time clerical employee supports the above 21 members of staff. An expansion of these hours is under consideration, to maximise the appropriate use of scarce specialist skills currently constrained with clerical / administrative duties.

### Service Aims and Priorities:

- Supporting and promoting the social inclusion of deaf children.
- Supporting adults with complex needs.
- Providing a quality Hearing Support Service.

## The Deaf Communication Project

The Deaf Communication Project was established in 1997 with funding from the Highland Council, Highland Health Board and the European Social Fund.

Its broad aim is to 'improve the social and economic integration of deaf people in the Highlands', an aim closely aligned to the Single Strategy.

It has established a **Sign Language Tuition Service** which teaches adults to nationally accredited standards (Council for the Advancement of Communication with Deaf People). Initially employing Deaf Tutors from outwith the Highlands, the Project has, over the years, developed the skills and capacity of local Deaf people to teach their own language. British Sign Language (BSL) classes are currently available in Wick, Dingwall and Inverness.

The training infrastructure is becoming increasingly robust, with new potential BSL tutors being identified and trained during 2005. A resource library, for both students and tutors, has been developed. Through these developments, the Project will gradually increase its capacity to deliver high quality training courses in more places within Highland, and to more people.

The Deaf Communication Project plays a vital role in the maintenance of the Communication Support Service for the Highlands. The Project supports and funds its most promising BSL students to undertake a two year part time training course "Interpreting Skills and Studies". This course, offered by Heriot Watt University, is an essential stepping stone in becoming a BSL/English Interpreter. The local BSL/English Interpreters used by the Service have almost all been the product of the Deaf Communication Project.

Similarly, hard of hearing people can access Project funding to train as **Lip-reading** Tutors. These popular classes are currently available in Wick, Thurso and Inverness. The Project is actively pursuing potential tutors in Lochaber to help address the geographic imbalance in class provision.

**Deaf Awareness Courses** have traditionally been 'bought in' from a national provider. However, the Project is now building the capacity of local people to become tutors of Deaf Awareness and Deaf Equality. Deaf Awareness/Equality Courses, customised to the needs of various sectors, are being created to meet the demand for awareness training outlined in this strategy and as a consequence of the Disability Discrimination Act. Again, courses are/will be accredited by the Council for the Advancement of Communication with Deaf People. Discussions are underway to roll out targeted Deaf Awareness training for Highland Council home/social care staff.

## Deaf Action- Highland

NHS Highland and Highland Council have jointly commissioned Deaf Action to develop a vital Communication Support Service in Highland. This service enables deaf and hearing people to communicate effectively by allowing equal access to Council and Health appointments.

The office base is in Inverness, but Deaf Action provides communication support throughout Highland – working in Lochaber, Inverness and Caithness as required. The office is accessible in person, by telephone, text-phone, fax, e-mail SMS message, by letter and soon by videophone.

Deaf Action aims to improve accessibility and participation by promoting social inclusion and independence through development of effective and integrated services.

Deaf Action can provide British Sign Language/English Interpreters, Lip-speakers, Note-takers and Deafblind Interpreters throughout Highland working with deaf and hearing people in a wide variety of settings – at work and college; at medical appointments; in legal environments; in social situations.

Deaf Action currently employs a full time British Sign Language/English Interpreter and Admin Support Worker as well as pool of locally and nationally available freelance workers (interpreters, lip-speakers and note-takers). Building on the work already carried out within the area to train people in British Sign Language and other communication skills, Deaf Action have also worked closely with a small group of people who are not yet qualified interpreters to provide training and mentoring to consolidate their skills.

Deaf Action has also trained a small group of people from Highland to be Lip-speakers, enabling them to provide communication support to lip-readers throughout Highland. We will continue to develop the number of personnel providing communication support in Highland by developing additional training courses in Note-taking for deaf people and Deafblind Interpreting/Communication Skills.

Deaf Action have seen the demand for communication support increase from around 4/5 assignments per month to around 40/50 assignments – and we expect the demand will continue to rise as more people become aware of the service. Deaf Action continue to work to promote the service and introduce new clients to using communication support.

Deaf Action's Communication Support Service in Highland has an independent Advisory Group made up from a cross section of people using the service – deaf and hearing – either to access services, as someone booking the service or someone benefiting from the service. The group collects feedback from others using the service and suggests improvements that can be made as well as new services that may be required.

Deaf Action have developed a one-year Videophone Research Project to be based in Highland looking at the use of new technologies, such as videophones, for use in interpreting and social situations in remote areas. Deaf Action will, throughout the year, develop a network of around 20 videophones throughout Highland in people's homes, Council offices and Health settings as well as in our own office to allow access. The findings of this research project will be shared across Scotland with the hope of setting up a dedicated videophone interpreting service.

Deaf Action has an established track record in this area of work and is committed to providing Communication Support Services to the Deaf community throughout Highland. Deaf Action have delivered a variety of seminars and presentations throughout Highland to inform people about our service, and we would be keen to continue this in the future with any groups or organisations. Contact Deaf Action for further details. Deaf Action is enthusiastic about the opportunity to continue to support the development of communication services in Highland, and welcomes working in partnership to meet these aims.

## Deafblind Scotland

Deafblind Scotland is committed to working in partnership with local authorities, including the Highland Council, to ensure that deafblind people in Scotland enjoy similar services as those in England and Wales. In this respect, Deafblind Scotland has provided a service across the Highlands, funded by Highland Health Board, during the past 2 years.

Whilst many needs of people with dual sensory impairments can be met by single sensory impairment services, not all deafblind people can automatically access these services.

Deafblind Scotland would wish to work with local agencies to implement a professional, discrete and dedicated guide/communicator service for deafblind people in the Highlands. In this way the specific needs of deafblind people may be more fully met. The good work already being undertaken by local agencies and services across Highland is acknowledged and Deafblind Scotland would wish to augment this work. It is also recognised that there are a number of routes to deafblindness and it is crucial that appropriate arrangements are put in place in order to facilitate the early identification and intervention required.

It is however acknowledged that the policy of pro-actively closing relevant community care cases in Highland may militate against the identification of dual sensory impaired individuals, as many do not become significantly dually impaired until later in life.

Deafblind Scotland believe that there is a pressing need to accurately identify the number of deafblind people in Highland and suggest that an Identification Project, in keeping with those undertaken in other parts of Scotland, would be worth while and provide vital information for strategic planning purposes. The prospect of an office-based presence in the Highlands would be welcomed by Deafblind Scotland as would be the opportunity to be involved in co-operative working in order that deafblind people can access the resources and expertise required.

## Highland Society For Blind People

### Children's Service

This service seeks to meet the needs of children and young people with a significant visual impairment with in Highland Council area. There are two teachers on Deafblind training. This and other sensory training will be funded in future to meet needs. The criteria regarding referral to the service, is that the children's visual impairment affects their striving for independence and their development. The majority of referrals come from the paediatric ophthalmologist and children are now being identified at a very early stage. The population of visually impaired children is 120 and is sparsely spread throughout the whole of the Highland Region. 50% of the population of visually impaired children have other special needs like cerebral palsy, or learning difficulties. It is tremendously important therefore that good liaising and co-ordinated, shared assessments and reviews are structured into the system between professionals and parents.

The geographical spread of the population of families with visually impaired children creates its own difficulties in provision of the service and leads to isolating factors for the families at home and in their rural communities.

A most important element of the service is to meet the needs of parents for support, advice and information at home. They also need to understand how their blind child learns about his/her body and the environment, how do they learn to play, how they learn social and personal skills so there is a lot of shared "hands on" work with babies, the children and young people.

The priority within the service is to address the independence needs of the children developing their self worth and self esteem and their ability to be able to travel safely and independently. The independence needs will vary with each child, from one child learning that the feel of the towel means bath-time to another child learning the concepts and skills to walk safely to the post office. In order to meet these needs it is essential that the staff of the children's service work in partnership with Highland Education Vision Support Service and with the medical team whose primary concern is the diagnosis and treatment of the child's visual difficulty.

It has been difficult to access enough resources to allow the service to be adequately staffed. At present it has been necessary to be innovative about obtaining staff. One dual qualified member of staff is employed – social work and rehabilitation trained. A mobility officer has been seconded to the service from Guide Dogs but this is on a short term contract.

Application was made to the Scottish Executive Innovation Grant Funding and the bid for a youth development officer was accepted but again is a short term project to listen to the views of the young people and help them articulate their needs to those that can effect change.

In summary, the children's service works in partnership with the Specialist Education Service and the medical team to meet the changing needs of visually impaired children and their families as they strive for their independence.

### **Service For Adults**

The service seeks to address the needs of adults whose independence and quality of life is impaired due to poor vision. They will include:

- People who are formally registered as blind or partially sighted or who meet the criteria for registration
- People who have sight problems that are outside the legal criteria for formal registration but which nonetheless cause them difficulties; these will include those for whom prescriptive lenses are no longer beneficial and for whom medical intervention is no longer an option
- People whose eye condition is not permanent, e.g. people awaiting cataract surgery who may need support in the interim
- People who are regarded as having a dual sensory impairment, combining a severe degree of visual and auditory loss

The Rehabilitation Service offers assessment in the following areas – a comprehensive assessment for social care and health services, a low vision functional assessment, a specialist visual impairment assessment looking at all needs for rehabilitation input and an assessment for technology service.

We offer counselling, information and support to visually impaired people, their carers and families.

The rehabilitation programme will provide training in the following areas:

- Orientation and mobility, to include basic and advanced orientation, indoor and outdoor mobility (including the use of aids and long cane training), use of public transport, instruction in safe guiding techniques for carers
- Independent living skills, to include general household skills, clothes care, grooming and personal hygiene, eating, kitchen skills, shopping and handling money, looking after dependents and personal safety
- Communication skills, to include reading using low vision and electronic reading aids, handwriting and signing, use of embossed media, communication techniques for deaf blind people
- Low vision enhancement training, to include training in the use of optical and non-optical low vision aids, advice on lighting, colour, contrast, learning visual skills,
- Financial benefits advice
- Technology training and support for employment
- Provision of aids and equipment
- Information service

The pressure points relate mainly to inadequate resources to allow immediate follow up of people who are newly registered/diagnosed which is vital; the volume of clients and limited number of rehabilitation officers prevents the introduction of the extensive training programmes which are required without building up lengthy waiting lists; the delay in information being passed from the health services to the rehabilitation/social care service; reduction in training of rehabilitation workers.

## Caithness Deaf Care and Lochaber Deaf Care

The two voluntary organisations, Caithness Deaf Care (CDC) and Lochaber Deaf Care (LDC), provide services and support for deaf people who live at a considerable distance from the major service providers, Audiology and Social Work. Both organisations were formed in response to pressure from deaf people, they complement the work of Audiology and Social Work and, in turn, receive funding from them as well as from charitable trusts.

When CDC began in 1994 it had 60 deaf people registered for services; it now has 740.

The basic services provided are; maintenance/minor repairs of hearing aids in two deaf centres and for those in hospital, residential care and for the housebound. Rural clinics are held in areas of poor transport, communication skills are taught –

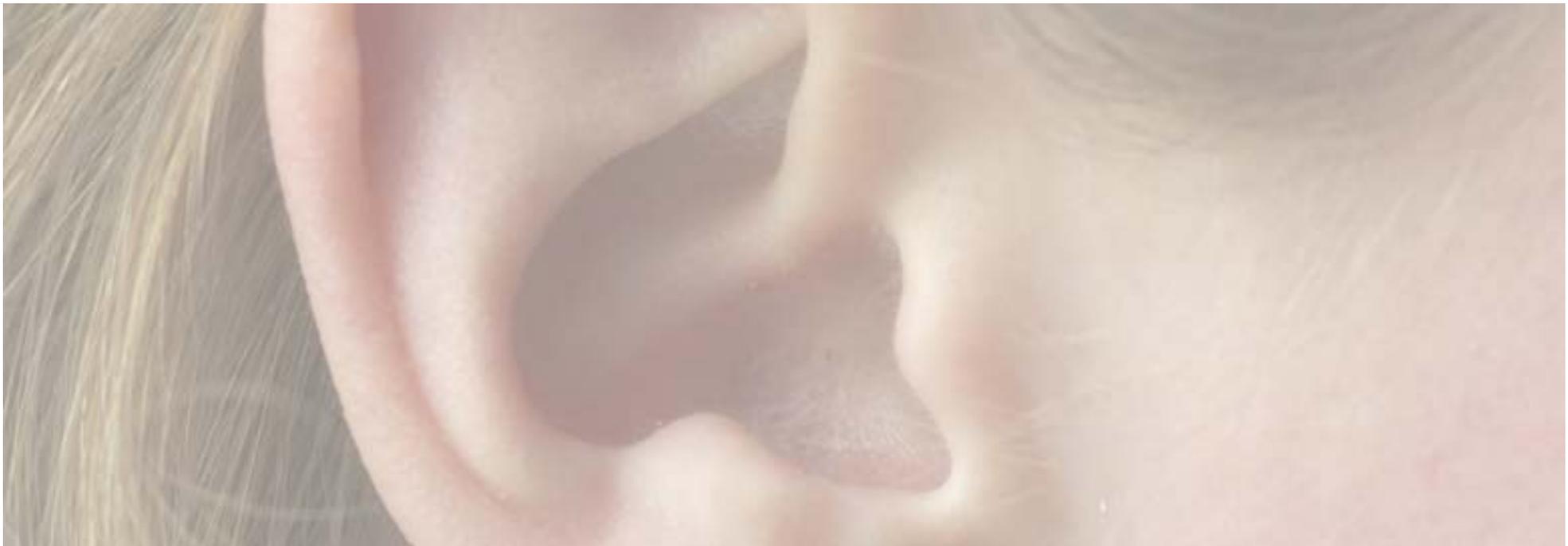
including lip-reading, people are given advice and support on how best to live with hearing impairment. In an attempt to reduce social exclusion, basic sign language training is given to the hearing classmates of deaf children in mainstream schooling.

Recently, CDC has entered a partnership with Visual Impairment Services Highland to provide support and training for people with visual impairment, using the two existing deaf centres as sensory centres.

CDC also works on behalf of Social Work Services, undertaking home visits for assessment for, and provision of, specialised devices to improve the quality and safety of life of those who live with deafness.

Lochaber Deaf Care has also provided many of the above services for some years, working from a base in Fort William to support deaf people as far to the north as Fort Augustus, and for scattered communities as far to the west as Mallaig. 504 people are registered for services, most of them elderly. LDC has one staff member and depends on volunteers for management and for providing services.

There are also 8 volunteers providing hearing aid maintenance in small communities in north and west Sutherland, under the management of the Audiology Service. It can be appreciated that voluntary organisations provide a small but important contribution to the quality of life in those who live with a sensory impairment in Highland, and they start with the advantage of having their roots in their communities.





# Contacts

## *For further information about this strategy:*

- **CJS & CENTRAL SERVICES** Social Work Services Highland Council, Glenurquhart Road, INVERNESS IV3 5NX  
Tel: 01463 702861 Fax: 01463 702855 Email: [fiona.palin@highland.gov.uk](mailto:fiona.palin@highland.gov.uk)

## *Partners and other relevant contacts:*

- **HIGHLAND DEAF EDUCATION SERVICE & HEARING SUPPORT SERVICE** Dingwall Primary School, Ross Avenue, DINGWALL IV15 9UU  
Tel/Text/Fax: 01349 862882 Email: [sheila.lundberg@highland.gov.uk](mailto:sheila.lundberg@highland.gov.uk)
- **HIGHLAND EDUCATION VISION SUPPORT SERVICE** 38 Ardconnel Street, INVERNESS IV2 3EX  
Tel: 01463 226062
- **NHS HIGHLAND AUDIOLOGY DEPARTMENT** Raigmore Hospital, Old Perth Road, INVERNESS IV2 3JH  
Tel: 01463 704406 Fax: 01463 706355 Text: 01463 704039
- **DEAF SERVICES AND HEARING SUPPORT TEAM** Social Work Service, Highland Council, 'Slioch', Castle Street, DINGWALL IV15 9HU  
Tel: 01349 868711 Fax: 01349 864438 Text: 08457 023398 Email: [john.gill@highland.gov.uk](mailto:john.gill@highland.gov.uk)
- **THE DEAF COMMUNICATION PROJECT** 'Slioch', Castle Street, DINGWALL IV15 9HU  
Tel: 01349 865418 Fax: 01349 864438 Text: 08457 023763 Email: [jenny.liddell@highland.gov.uk](mailto:jenny.liddell@highland.gov.uk)  
SMS: 07765 898689
- **DEAFBLIND SCOTLAND** 21 Alexandra Avenue, Lenzie, GLASGOW G66 5BG  
Tel/Text: 0141 777 6111 Fax: 0141 775 3311  
E-mail: [info@deafblindscotland.org.uk](mailto:info@deafblindscotland.org.uk)  
Website: [www.deafblindscotland.org.uk](http://www.deafblindscotland.org.uk)
- **VISUAL IMPAIRMENT SERVICES HIGHLAND** Highland Society for Blind People, 38 Ardconnel Street, INVERNESS IV2 3EX  
Tel: 01463 233663 Email: [highlandvision@hotmail.com](mailto:highlandvision@hotmail.com)
- **CAITHNESS DEAF CARE** The Sensory Centre, 23 Telford Street, Wick, CAITHNESS KW1 5EQ  
Tel/Fax: 01955 606170 Text: 01955 606171 E-mail: [deaf-care-wick@ukf.net](mailto:deaf-care-wick@ukf.net)
- **LOCHABER DEAF CARE** The Shopping Centre, Caol, FORT WILLIAM PH33 7DR  
Tel/Fax: 01397 704889 E-mail: [manager@ldc.demon.co.uk](mailto:manager@ldc.demon.co.uk)
- **HIGHLAND VISIBLE VOICES** c/o 118 Old Town Road, INVERNESS IV2 4PZ  
Tel/Fax: 01463 710002 E-mail: [juneannehv@tiscali.co.uk](mailto:juneannehv@tiscali.co.uk)
- **DEAF ACTION** Highland Office, Communication Support Unit, Volunteering Highland, The Gateway, 1a Millburn Road INVERNESS  
Voice/Text: 01463 250204 Fax: 01463 250749 SMS: 07717 228345 Email: [highland@deafaction.org](mailto:highland@deafaction.org)
- **BDA SCOTLAND** Suite 222, The Pentagon, Washington Street, GLASGOW G3 8AZ  
Tel: 0141 248 5554 Fax: 0141 248 5565 Text: 0141 248 5567 Email: [scotland@signcommunity.org.uk](mailto:scotland@signcommunity.org.uk)
- **RNID SCOTLAND** Crown Gate Business Centre, Brook Street, GLASGOW G40 3AP  
Tel: 0141 554 0053 Text: 0141 550 5750 Fax: 0141 554 5837 Email: [rnidscotland@rnid.org.uk](mailto:rnidscotland@rnid.org.uk)





To request this information in an alternative format e.g., large print, Braille, computer disk, audio tape, or suitable language, please contact:

**Customer Care & Consultation Officer  
Social Work Services  
The Highland Council  
Telephone: 01463 703575**

---

For Deaf or Hard of Hearing customers  
contact The Highland Council by  
**TEXTPHONE: 01349 886606**