



Guide Dogs

A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005 - 2025

Any enquiry concerning this document should be made to
Mr Andrew Murdock, Vision Support Services Development Worker

Guide Dogs
Lanesborough House
15 Sandown Park South
Knock, Belfast
BT5 6HE

Tel: 02890 471453

Fax: 02890 655097

Email: andrew.murdock@guidedogs.org.uk

**A HEALTHIER FUTURE
Consultation Response
07/04/05**

1 Introduction

- 1.1 Guide Dogs as an organisation are committed to assisting those with sight loss achieve maximum independence and quality of life through the provision of mobility and other rehabilitation services. We are committed to the social inclusion of those who are blind or partially sighted as equal citizens of our society, enjoying the same rights, opportunities and responsibilities as everyone else by enhancing the political, cultural and physical environment in which they live.
- 1.2 We agree with the comments made by the Permanent Secretary in the preface that "A Healthier Future places a special emphasis on promoting equality of access for all groups in our society", and support the recognition that "it must have due regard for the changing attitudes and expectations of those who will use the services and acknowledge the wider legal, moral and ethical framework within which services must be delivered".
- 1.3 Guide Dogs welcomes the opportunity to respond to A Healthier Future and does so positively to ensure that people who are blind or partially sighted receive equal access to services delivered by professional well trained staff and that these services meet their expressed needs.
- 1.4 We have responded to the document in the following way. After the introduction we have responded to Consultation Question 1 Our Vision. We have then combined Consultation Questions 2, 3 & 4 to answer each of the 5 identified themes as they appear in the document; Investing for Health and Wellbeing; Involving People: Caring Communities, Responsive Integrated Services; Teams Which Deliver; and Improving Quality. We have then responded to Consultation Question 6 incorporating the strategic theme Making It Happen, followed by our response to Consultation Question 5. Lastly we have responded to Consultation Question 7, regarding the Equality issues.
- 1.5 All our comments relate specifically to the needs and aspirations of people who are blind and partially sighted unless otherwise stated. As well as answering the consultation questions we have outlined how the work of Guide Dogs and it's long term vision for the development of training, standards and services to people who are blind and partially sighted, compliments many of the aspirations, key actions and outcomes contained within A Healthier Future. Many of the issues overlap across the five themes and are therefore repeated under each of the respective themes as appropriate.

- 1.6 We commend the strategy team on making A Healthier Future available in a range of formats, the time period allowed for the consultation and for accepting responses in preferred language or correspondence format

2 Consultation Question 1

- 2.1 Guide Dogs believe that the over-arching vision stated in 3.1, 3.2 & 3.3 (pg 38) does adequately reflect the priorities required within health and social services that will go a long way to meeting the future needs and aspirations of our society.
- 2.2 The last words of 3.2 (pg 38) 'or any other form of potential barrier to living a full life' will require challenging and changing many personal, social, political and cultural attitudes to sight loss and the capabilities of blind and partially sighted people. This will be best achieved by voluntary and statutory organisations working in close co-operation. We welcome the opportunity of working with other statutory and voluntary organisations in doing so.
- 2.2.1 We believe that 'the vision' should not only state a commitment to tackle social and economic disadvantage but should include a clear commitment to challenging such attitudes. Reducing discrimination and social disadvantage is a priority for people who are blind and partially sighted to enable them to more actively participate and contribute to society, directly improving their social wellbeing, mental health and quality of life.
- 2.3 We fully support the commitment of the Department to work with professionals and communities to develop services which genuinely respond to expressed need as outlined within 3.3 (pg 38). 3.3 refers to 'our people'. We assume that this refers to both statutory and voluntary service providers and their staff.
- 2.4 We very much welcome and support the commitment that anyone should not have to 'wait more than 3 months for any form of treatment or care'. (see comments 3.4.1).

3 Consultation Question 2 & 3 & 4

- 3.1 We believe that the 5 themes identified are those needed to improve the physical and mental health and social well being of the people of Northern Ireland. We also believe that the 16 Policy Directions and the key actions and outcomes will help achieve many aspects of the outlined vision.

3.2 Investing for Health and Well Being

- 3.2.1 3.5 (pg 38) states that 'people from all backgrounds will view a healthy diet and physical activity as normal.' In order to achieve this personal, social and cultural attitudes will need to change. Many of the visually impaired community need to be encouraged to take more exercise, which may involve independent mobility in the form of a guide dog, long cane or other mobility aid, and have access to leisure facilities with appropriately trained staff to assist them. There will need to be greater emphasis on people who are blind and partially sighted having the skills and confidence to prepare their own meals and being more aware of the nutritional value of such meals (see comments 3.2.5)
- 3.2.2 3.6 (pg 38) identifies the criteria on which future investment on services will be pursued. One of the criteria is 'information guided by a sound evidence base of what works and what doesn't'. This will require research over a wide range of areas (see comments 3.4.8).
- 3.2.3 Guide Dogs support Policy Direction 1 (pg 8) and wish to relate the aspects of health and well being to sight loss. There is a need to look at the physical health, employment, education, leisure and recreational opportunities available to people with a visual impairment. There is an urgent need to look at the emotional support offered to someone during the often traumatic experience of losing their sight, and the subsequent training, practical assistance and longer term intervention provided.
- 3.2.4 We support 1.6 (pg 10) and commend recent initiatives to extend peripheral low vision clinics across the province, including those for people with a learning disability. This has facilitated significant numbers of people who previously may not have attended more centralised services. We believe that eye-test screening should be made routinely available for children at all pre-school settings. Any delay in the identification of treatable eye conditions at this stage is critical to the future development of the child. Essential programmes for the learning and development of future skills can be implemented at this stage if sight loss can be accurately identified.
- 3.2.5 1.7 (pg 10) and 1.10 (page 11) refer to obesity and the lack of exercise. It is essential that educational programmes regarding diet and exercise are developed and made routinely available for people with a disability or who are blind and partially sighted. The benefits of independent mobility to encourage exercise need to be highlighted, and access to leisure facilities with appropriately trained staff need to be developed as a priority. (It is disappointing that in the current Health Promotion Agency campaign shown on the television that none of the images for taking greater exercise shows a disabled person actively participating in looking after their health).
- 3.2.6 1.11 (pg 11) refers to children being sedentary. Children with a visual impairment will only have the confidence and ability to be active if they have the motivation, confidence, skills and access to facilities to do so.

Greater independent mobility and other life skills including social interaction will encourage blind and partially sighted children to become less sedentary and help achieve the levels of childhood obesity outlined in page 13. Children and young people with a visual impairment require instant access to such training and opportunities which are currently only provided within adult services

- 3.2.7 We concur with the sentiments within 1.12 (pg 11) and believe that there is an urgent need to improve health information which will influence personal lifestyles, as a preventative intervention to reduce future incidence of sight loss due to the current rise in diabetes.
- 3.2.8 We concur with 1.13 (pg 11) but would reflect on the economic status and employment opportunities of those who are blind or partially sighted. Social, cultural and political attitudes need to change to allow people who are blind or partially sighted the opportunities to improve their social status and life opportunities. (see comments 2.2 & 2.2.1)
- 3.2.9 Many of the factors listed in Deprivation and Health (pg 12) apply to people with a disability and a visual impairment eg. Disadvantage and social exclusion, unemployment, low educational achievement, poverty, housing and living conditions etc. Personal expectations, social and cultural attitudes, improved services, and physical access all need to be challenged to rectify and improve this situation (see comments 2.2 & 2.2.1 & 3.2.9)
- 3.2.10 We support the sentiments in 1.16 & 1.17 (pg 12) outlining the collective responsibility of users and providers in changing the social, economic and environmental inequalities. This will only be possible if people who are blind and partially sighted feel empowered and have the information, skills and opportunities to do so and will require the close collaboration between all voluntary and statutory organisations (see comments 2.2, 3.2.9 & 3.2.10).
- 3.2.11 Guide Dogs supports Policy Direction 2 (pg 14)
- 3.2.12 Guide Dogs supports Policy Direction 3 (pg 14)
- 3.2.13 Guide Dogs very much welcomes and supports the Key Population Health Outcomes, particularly those relating to preventable visual impairment (pg 16). The development of peripheral low vision clinics, early screening for children, educational programmes regarding health and diet, better trained and informed front line staff in acute, community and residential settings, and greater funding for ophthalmic research could make a significant contribution to helping achieve this objective. Guide dogs as an organisation continue to support ophthalmic research, and currently support projects in Northern Ireland undertaken by the Royal Victoria Hospital.

- 3.2.14 We support the statements in 1.32 & 1.33 (pg 17). Physical activity needs to be promoted and developed amongst the disabled and visually impaired community. Individuals need to have the confidence to use the facilities. Guide Dogs commits itself to work with District Councils and voluntary sports clubs to enable greater access to facilities, and to work with the Community Sports programme.
- 3.2.15 We support the sentiments contained in 1.34 (pg 17) as the use of arts and crafts as a therapeutic intervention in the rehabilitation process improving mental health and wellbeing.
- 3.2.16 We support 1.35 & 1.36 (pg 18) to improve opportunities for people who are blind and partially sighted to improve their skills, learning and employability by accessing new technology and having a broader choice of career opportunities. Life long learning and career opportunities are central to full citizenship and having individual contributions to society valued, thereby improving quality of life and mental wellbeing.
- 3.2.17 Guide dogs view transport and transport chains as an essential part of social integration and inclusion, enabling opportunities in education, employment and participation in public society. Guide dogs with the Transport Advisory Committee (TAC) are looking to research Audio/Visual information on buses and to ensure that the National Walking Plan is effectively implemented thus maximising independence and choice of mobility options which includes the use of guide dog, long cane, public transport and walkways etc.
- 3.2.18 Guide Dogs supports the comments made under Education (pg 19) & Special Education (pg 20). We support the changes to the statutory curriculum to inform choice. Mobility, Independence and Life Skill Education are essential for all children during their educational life. The foundations of a confident independent adult with adequate social and mobility skills for successful integration in society should commence in pre-school and be developed through primary and post primary education. Guide Dogs have commissioned research with Stranmillis College on the Mobility, Independence and Lifeskill Education (MILE) within Northern Ireland, to help identify good practice and service gaps. Guide Dogs believe that MILE must be incorporated in future statements of educational need and be incorporated into the standard curriculum, with appropriately trained staff to implement the required interventions.
- 3.2.19 Guide Dogs welcome the key Equality & Human rights strategies for children & young people, carers and older people as highlighted in 1.48 (pg 20).
- 3.2.20 Guide Dogs very much support and identify with the observations and comments made in 1.53 & 1.54 (pg21). We would like to bring to the

Departments attention the ' Enhancing Care Provision for Blind and Partially Sighted People in GP Surgeries - Guide lines for Best Practice', which were recently launched by Guide Dogs at Westminster and the Scottish Parliament. (Copies available on request or from the Guide Dog website)

3.3 Involving People – Building Caring Attitudes

- 3.3.1 Guide Dogs very much support the statements contained within 3.7. (pg 38). The concept of caring communities and fully engaged communities will necessitate accessibility to services, transport chains and other facilities if users are to manage and design their own services.
- 3.3.2 Guide Dogs endorse Policy Direction 4, and view the promotion and provision of the rehabilitation and mobility services that Guide Dogs offer as an essential component in the promotion of health and well-being to people who are blind and partially sighted. The use of a guide dog, long cane or other mobility aid enables individuals to travel independently, encouraging greater exercise, a positive feeling of independence, with greater social integration and inclusion within society. Guide dogs also actively campaign for greater access to pubs, restaurants, public amenities/facilities, transport and promote safer and clutter free streets.
- 3.3.3 Policy Direction 4 also refers to 'partners in the design and management of our health and social services'. Guide dogs alongside our colleagues from the RNIB and Blind Centre will be establishing a NI Committee for the Delivery of Rehabilitation and Social Care to people who are Blind or Partially Sighted in Northern Ireland. We will be working closely with the Department on this, but would welcome the opportunity to further discuss any aspect of this initiative.
- 3.3.4 Guide Dogs wholeheartedly support the comments in 4.3 and in the 'Advantages of Engagement' (pg 42) which states that there are 'real benefits to entering into a partnership with people who use services and their communities'.
- 3.3.5 We also support statement 4.8 (pg 43) and 'Engaging with Potentially Excluded People'. There are noticeable differences between the levels of consultation between the various disabled groups. Effective dialogue with the visually impaired community would appear to be less well developed (there are some very good examples eg SHSSB Vision Forum) and we ask this be given greater priority.
- 3.3.6 Guide Dogs welcome the comments in 4.11 (pg 44) and would welcome the opportunity to discuss with the Board opportunities for increasing the number and type of services that are delivered through the community and voluntary sector.

- 3.3.7 We welcome the establishment of a regional 'Public Involvement Steering Group' 4.13 (pg45) to assist in the development of a programme of engagement and strong citizenship advocacy.
- 3.3.8 We very much welcome and support the comments made in the Key Action: Citizens Rather than Patients (pg 45).
- 3.3.9 We welcome the comments made in 4.16 &4.17 (pg 45) and would welcome the opportunity to discuss this further with the Board as the work of the Northern Ireland Committee on the Delivery of Rehabilitation and Social Care in Northern Ireland develops.

3.4 **Responsive Integrated Services**

- 3.4.1 Guide Dogs welcome the comments in 3.8 (pg 39) which indicates that people who are blind or partially sighted will 'never wait more than three months for any form of treatment or care'. This 3 months must be effective intervention and not just an acknowledgement of future intention for intervention and services. It must be the start of an immediate effective ongoing agreed programme of intervention.
- 3.4.2 We welcome the statements and commitments contained in 3.12 (pg 39). This must not be limited to the menu of services currently on offer but reflect services that best meets the needs of the service user. For people who are blind and partially sighted this must include options for short intense programmes of training, short focused group work and the opportunity for residential group work or training which may also involve families or carers etc. Currently these options are rarely if ever made available. The Department clearly recognises the contribution such interventions can make as highlighted Challenging Arthritis (pg 51). We believe such a model specifically designed for those experiencing sight loss needs to be made routinely available as part of the rehabilitation menu on offer.
- 3.4.3 Guide dogs supports Policy Direction 5, and the comments made in 5.2 (pg 48) and firmly believes in making the services and professional responsibilities more responsive to the needs of people who are blind and partially sighted. This will mean reviewing existing training courses and qualifications for a range of professions (including rehabilitation workers), including Continued Professional Development and may mean the realignment of existing services to maximise service delivery
- 3.4.3.1 Currently rehabilitation services for people who are blind or partially sighted are located within adult services within the Physical Disability programme of care. The cross referral and working between other departments and programmes of care varies between Health Boards and Trusts. As a result we do not believe that children and young people, those in residential settings, individuals with a learning

disability, a dual sensory loss, MDVI, or brain injury always receive the quality of service they require. We believe that rehabilitation as a service needs to be more responsive to the needs of a wider range of service users in a variety of settings. Rehabilitation services therefore need to be more accessible. Guide Dogs would welcome the opportunity to discuss where best rehabilitation services can be located to maximise service delivery.

3.4.4 Guide Dogs support Policy Direction 6

3.4.5 Guide Dogs support Policy Direction 7

3.4.6 Guide dogs are in agreement with the Department 5.12 (pg 50) that living with a long term condition such as sight loss can bring many associated and complex issues throughout the lifetime of the condition, particularly if from childhood. We would welcome the opportunity to discuss the approach taken in 5.13 (pg 50) ie. 'a single professional taking a proactive case management approach to those with a chronic condition' to see if it may also be extended to long term conditions such as sight loss.

3.4.6.1 Guide Dogs very much support the view of a single professional case management approach and strongly believe that there is a need to further discuss which professionals are the most appropriate to carry out this function

3.4.7 Guide dogs wholeheartedly support Policy Direction 8 (pg 52). Rehabilitation services for blind and partially sighted people need to be more flexible and far reaching than they currently are (see 2.4.3.1). The training provided by rehabilitation workers is of a therapeutic nature with strong links between hospital and community based interventions and should reach across a wide range of services and programmes of care.

3.4.8 We believe that research and development (5.31 pg 57) is essential if we are to base future services on evidenced based information. Guide dogs in Northern Ireland this year have committed themselves to carrying out research into the Mobility, Independence and Life Skill Training for Children and Young people in Northern Ireland. We will also be undertaking extensive research into the social care and rehabilitation needs of blind and partially sighted people in Northern Ireland, and are looking to research the impact of Audio/Visual information displays on buses to make transport more accessible. We are also drafting a proposal to look at the impact that different rehabilitation interventions may have on the mental health and quality of life of individuals at the time of registration. We would welcome the opportunity to discuss any of these initiatives, or to identify other potential areas for research.

- 3.4.9 We endorse the statement 5.35 (pg 58), and would like to draw the departments attention to up and coming research to be carried out by the RVH and the Blind Centre for Northern Ireland to enable people who are blind and partially sighted to monitor their own medications and therefore welcome appropriate medicine management services.
- 3.4.10 Guide Dogs support 5.39 (pg 59) and believe that if the training for rehabilitation workers can be mainstreamed alongside other university courses that this would help the understanding of the work that rehabilitation workers carry out, and offer greater opportunities for cross referral and collaborative working to improve services
- 3.4.11 Guide Dogs support the Key Outcomes: Hospitals (pg 60) and believe that this will have a positive and significant impact on current waiting times for ophthalmic clinics and day surgery such as that for cataract.
- 3.4.12 We concur with the opinions expressed in 5.51 (pg 62) and are concerned at the existing lack of resources for sight loss amongst those with more complex needs. Screening can make a significant difference to the identification of undiagnosed sight loss, which can often have a significant impact on the intervention implemented for the overall condition.
- 3.4.13 Guide Dogs support Policy Direction 10, (pg 65) and would see sight loss as a key group regardless of age or gender or any other equality category. We support 5.64 (pg 65) which acknowledges the need to meet the specific needs of such key groups and would highlight that Rehabilitation workers are able to use their training across all categories and settings.
- 3.4.14 We welcome and support the Department intention to develop a carers strategy (5.68 pg 66 – Valuing Carers) and support the Key Action & Outcomes (pg 67 – Carers Wellbeing). We believe and support the need to improve mental health of carers, which is largely under recognised.
- 3.4.15 Guide Dogs welcome the identification of an advocate/champion for older people as contained in the key outcome Health and Well being of Older People (pg 70). We believe that this is a positive step forward as sight loss is often accepted as part of the aging process, and is therefore less likely to be acted upon, when its effects can be devastating to both the mental health and wellbeing of the individual and their family or carers.
- 3.4.16 Children & Young People
The Key Outcomes: Positive Outcomes for Children & Young People (pg 71) highlights one outcome as being the improved mental health and well being of young people aged 16-24 years. There is evidence that many young people with a visual impairment lack confidence,

describing frustration and expressing low self-esteem (One Life Live It – Blind Centre 2002).

- 3.4.16.1 Guide Dogs believe the Department should have targeted initiative for all children and young people with a disability to determine the extent of depression or other mental health issues. We believe that the incidence of depression or mental health issues amongst children and young people with a disability or visual impairment will potentially be greater than that for other young people. We believe the Department needs more accurate information regarding depression of young people with a disability as currently we believe it is under identified and is a significant barrier to greater social inclusion.
- 3.4.17 Guide Dogs strongly support the sentiments in 5.92 (pg 72) which highlights the need that rehabilitation services should be reviewed and be made more accessible to children and young people. The needs of children and young people with a visual impairment are different from the needs of adults and services need to reflect this.
- 3.4.17. 1 Those working with children should have highest standard of training possible. There is a broad consensus that staff in pre-school and other educational settings need additional support and training, and that there needs to greater interaction and understanding between education and social services. All staff should have greater access to training and we recommend that all rehabilitation workers working with children have an accredited children's module. Currently Guide Dogs is the only provider of such a course and have the only rehabilitation worker in the province with such training.
- 3.4.18 5.90 (pg 72) highlights the concern over obesity and we believe that this is as likely, or more likely, to effect someone with a disability or a visual impairment than their sighted peers. Children with a disability or visual impairment are more disadvantaged as they are often not able to participate in the same range of leisure activities or sports, nor have access to the same range of facilities. (See our previous comments regarding health promotion agency and the future inclusion of disability in such promotions).
- 3.4.18.1 For those with a visual impairment the use of guide dog, long cane or other mobility aid offer some degree of exercise through independent travel. Effective rehabilitation training to develop confident skills and independent mobility, with access to transport, public walkways and other facilities is essential.
- 3.4.19 Guide Dogs welcomes the commitment for DE and DEL to improve the education and vocational training and the HPSS as outlined in the Key Actions. New Strategy for Children & Young People (pg 73) with the subsequent need for greater mobility and rehabilitation training.

- 3.4.20 Guide Dogs support the Key Action: A Family and Planning Strategy (pg 73). The involvement of parents is essential to the development of child with a visual impairment. Access to information, support and appropriate services in a wide range of settings is essential. Guide dogs advocate better training for a wide range of staff in order to effectively deliver such support.
- 3.4.21 Guide Dogs support all initiatives to support families and would like to commend the excellent work undertaken in the Wraparound project (pg 74)
- 3.4.22 Children & Young People's Health Services
Guide Dogs support the sentiments in 5.99 (pg 75). We agree that services are delivered and designed around the individual, and welcome the suggested allocation of a key worker
- 3.4.23 Guide Dogs strongly supports the Key Action: Developing Specialist Services for Children and Young People (pg 76) and the comments made in 5.101(pg 75). Guide Dogs believe that rehabilitation workers are central to the future integrated workforce plans.
- 3.4.24 People With Physical and Sensory Disability
Guide Dogs endorse the sentiments contained in 5.102 (pg 76). There is much work to be done to change social, political and cultural attitudes.(see comments 2.2,2.2.1,3.2.8)
- 3.4.25 Guide Dogs support many of the Key Outcomes outlined in page 76/77 which looks to improve the mental health and wellbeing for people with a disability. We reiterate our comments that the mental health needs of those with a disability or visual impairment need to accurately identified (see comments 3.4.16, 3.4.16.1, 3.4.34, 3.4.35).
- 3.4.26 Guide Dogs support the sentiments contained in Key Outcomes pg 76/77 to encourage and support anyone with a disability to live independently. Guide Dogs believe that more young people and adults should be given the opportunity and experience of developing and learning the skills to live independently within a supported environment and that such opportunities should become routinely available as part of the rehab menu on offer. Guide Dogs welcome the opportunity to discuss how such options can best be provided.
- 3.4.27 Guide Dogs supports the Key Outcome pg 77 to reduce the percentage of people aged 16-74 with a limiting long term illness who are economically inactive and the sentiments expressed in 5.105 (pg 77). This will require additional rehabilitation and employment training, alongside challenging existing personal, social, and cultural attitudes towards the capabilities and career opportunities of blind and partially sighted people. Career advice and support needs to start from within schools and be developed with colleges, universities and employers. (see comments 3.2.9, 3.4.19).

- 3.4.28 We also support the Key Action: DHSSPS Disability Task Force (pg 77) which encourages effective vocational rehabilitation.
- 3.4.29 Guide Dogs welcome the sentiments in the Key Action: DHSSPS Disability Task Force (pg 77) which looks to balance service provision between statutory, voluntary and independent providers. Guide Dogs welcome the opportunity with our other voluntary colleagues to discuss potential opportunities with the Department as they arise.
- 3.4.30 We welcome the sentiments in 5.106 (pg 77) which challenges services to adapt to disabled people's expressed needs. We look to highlight the research currently being carried out by the RVH and the Blind Centre regarding appropriate labelling on medications allowing people the independence to monitor their own medications.
- 3.4.31 Guide Dogs supports the Key Action: Acquired Brain Injury (pg 78). Guide Dogs believe there is an urgent need to provide specialist provision and expertise to develop effective intervention strategies associated with sight loss and brain injury, including stroke. There is currently a lack of expertise in this area and it is an ideal area with which to develop training for staff providing opportunities for individual CPD.
- 3.4.32 We support the sentiments expressed in 5.107 (pg 78) and wish to refer to 'Enhancing Care Provision for Blind and Partially Sighted People in GP Surgeries – Guidelines for Best Practice' recently launched by Guide Dogs at Westminster and the Scottish Assembly. (see comments 3.2.20)
- 3.4.33 We welcome the sentiments in 5.108 & 5.109 (pg 78) and would welcome involvement in any such discussions.
- 3.4.34 **People With Mental Health Problems**
5.111 (pg 78) states that 'unemployed people are almost twice as likely to show signs of a possible mental health problem (30%) as those in employment (16%). Given the low incidence of employment for people with a disability and a visual impairment, potentially we would expect higher rates of mental health problems to be identified than within the overall population. Guide Dogs believe that the true extent of mental health problems for people with a disability need to be accurately identified.
- 3.4.35 Guide Dogs believe that the mental health of people with a disability should be a distinct category to be included within any review of Mental Health.
- 3.4.36 Guide Dogs welcome the sentiments in 'Equal Lives' Values for Addressing Learning Disability (pg 81). In helping achieve these objectives Guide Dogs acknowledge and support recent developments

in the EHSSB of localised low vision clinics for people with a learning disability. We believe such clinics need to be further developed and followed up in home, day centre or hospital settings with specialist training.

4 TEAMS WHICH DELIVER

- 4.1 Guide dogs Support Policy Direction 11 (pg 84) and would welcome the opportunity to discuss and work with the Department in ways to enhance rehabilitation as a profession, encouraging recruitment and retention. We would welcome the opportunity to discuss the provision of rehabilitation training within Northern Ireland as we have opened discussions with the University of Ulster to do so. We would welcome the opportunity to discuss CPD for rehabilitation workers, and the provision of rehabilitation across sectors providing enhanced employment opportunities within the profession.
- 4.2 Although we acknowledge the constraints outlined in 6.3 (pg 84) regarding future staffing levels and limited resources to meet increased demand we must not let this excuse inadequate levels of service provision and we must think of ways to meet this.
- 4.3 We welcome the sentiments expressed in 6.4 (pg 84) for people to train together and work in different sectors. (see comments 3.4.3,5.1).
- 4.4 We welcome Policy Direction 12 (pg 84) with shared learning and common competencies throughout the Health and Social Services. We support the desire that staff are educated and trained to the highest standards. With the development of Occupational Standards for rehabilitation imminent, Guide Dogs would like to see a professional body established to regulate rehabilitation as a profession, and a degree course for rehabilitation established to deliver the new standards devised (see comments 3.4.3, 5.1)
- 4.5 Guide Dogs strongly supports the Key Action: An integrated Common Learning Framework (see Comments 3.4.3, 5.1)
- 4.6 Guide Dogs also support the sentiments expressed in 6.11, 6.12 (pg 85) and believe that rehabilitation training needs to become a degree orientated profession to integrate with other professions, and enable shared learning and common competencies, improving services. (See comments 3.4.3, 5.1)
- 4.7 Guide Dogs support the Key Action: Health and Social Services As Employer (pg 87) and acknowledge that voluntary agencies must also improve opportunities for employing those with a disability or sight loss

- 4.8 **Planning an Integrated Workforce**
We support Policy Direction 13 (pg 88). Rehabilitation needs to be more accessible across professional, organisational and sectoral boundaries, achieved through shared training, improved status, accountability and regulation of the profession (see comments 3.4.3, 3.4.7, 5.1)
- 4.9 Guide Dogs supports the Key Action: Integrated Workforce Planning (page 90) and would welcome the opportunity to discuss with the department regarding how this would apply to rehabilitation as a profession.

5 Improving Quality

- 5.1 Guide Dogs support Policy Direction 14 (pg 94) and welcome the imminent introduction of the Occupational Standards being developed for Rehabilitation. We support improved training and CPD for rehabilitation workers. Guide dogs are also supporting the establishment of a professional body for rehabilitation with the introduction of regulation for the profession. The combination of all of these initiatives should provide more professionally trained staff able to adapt to the changing demands in the workforce, improving service delivery.
- 5.2 Guide Dogs therefore support the sentiments expressed in 7.4 & 7.5 (page 94)
- 5.3 Guide Dogs believe that Quality of Life indicators should form an essential aspect of measuring performance and the range of services needing to be delivered, as indicated in 7.8 & 7.9 (pg 95). We would welcome the opportunity to discuss the development of Quality of Life Indicators.

6 Consultation Question 6

- 6.1 Guide Dogs support Policy Direction 15 (pg 98) and endorse many of the objectives outlined to implement the desired changes required to meet the future health and wellbeing of our population.
- 6.2 Guide dogs believe that the rehabilitation and social care services currently provided to people who are blind and partially sighted are of a high quality and are highly valued by those who receive these services. However we believe that rehabilitation within a health and social care context is undervalued and under-resourced. As outlined in our response we believe there are many more people experiencing sight loss, in a wide range of settings across sectors, who could benefit from accessing rehabilitation and other social care services.

6.3 Guide Dogs wish to see rehabilitation and social care services for people who are blind or partially sighted readily available to anyone who requires them at the time of need. We want to see these services stretching across existing professional and sectoral boundaries, and being more able to support families and carers.

6.4 We recognise that in order to do so, rehabilitation and other social care services need to modernise and integrate with the other services and professions around them. This is why we are committed to the professional development and regulation of rehabilitation as a profession, the integration of training and CPD alongside other professions in a mainstream educational/university setting, and the greater professional understanding, recognition and status of rehabilitation staff.

6.5 We believe that there are greater opportunities for the rehabilitation and social care services to people who are blind and partially sighted to be developed if some services and resources are streamlined and centralised eg short term training opportunities to develop skills and independence, whereas others need to be developed and provided in more community settings eg rehabilitation services for those with a learning disability. Rehabilitation services need to ensure they are flexible enough to meet the needs of those who require them.

6.6 We believe that access to health and social services for individuals needs to be more accessible and although we welcome the commitment within the Investment Strategy on page 108 'that suitable infrastructure improvements are included and that as far as possible facilities are sited and designed for easy public transport and pedestrian access', believe that this should be a requirement for the future spending of public money in health and social services facilities.

6.7 Guide Dogs endorses Policy Direction 16 (pg 110) and welcome the opportunity to engage with service users, and our voluntary, statutory and private sector colleagues in order to achieve the highest standards of service delivery to those who need them, when they need them.

7 Consultation Question 5

7.1 Guide Dogs as an organisation wish to promote that people who are blind and partially sighted have the same rights and responsibilities as everyone else in society, which includes the choice to smoke, and the right to work and socialise in a smoke free environment. Guide Dog owners have an additional responsibility to the care and welfare of their dog. We advise guide dog owners to carefully consider the environments into which they are taking their dogs and where environments are not suitable to consider other methods of mobility such as the use of a sighted guide

- 7.2 Given the wider social and health implications of society we believe that option 3 should be adopted. This option will maximise the comfort and welfare of the guide dog as well as the health of the guide dog owner and wider society. In doing so the rights of people who are blind and partially sighted people, including guide dog owners, will be no different from anyone else in society, and therefore not be discriminated against. (The individual rights and civil liberties of individuals to smoke are a different issue).

8 Consultation Question 7

- 8.1 Guide Dogs have no concerns regarding the conclusions of the Integrated Impact Assessment and believe that the equality issues have been adequately addressed.