



Mapping Sensory Loss Awareness Training Across Scotland

An ALLIANCE Research and
Considerations Paper

June 2023

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Executive Summary

See Hear: A Strategic Framework for Meeting the Needs of People with a Sensory Impairment in Scotland (2014) (See Hear Strategy)¹, intends to be a “lever for change, and should facilitate that change across agencies and services”. The See Hear Strategy notes that many people with sensory loss could be “dealt with through effective mainstream service provision” and that if “service staff have an awareness of the needs of people with sensory loss and appropriate skills/training to deal with these needs, then a wide range of these staff should be able to not only identify needs relating to sensory impairment, but also assess and provide simple solutions.” Sensory loss awareness training was identified as one of the potential levers for change. The Strategy makes recommendations regarding the delivery of sensory loss awareness training for frontline staff who may “have to deal with people with sensory impairments”.

The Health and Social Care Alliance Scotland (the ALLIANCE) Scottish Sensory Hub supports a network of 31 See Hear Sensory Lead Officers across 31 Local Authority areas in Scotland who are responsible for the implementation of the See Hear Strategy and associated recommendations. The network has contributed to key sensory loss awareness training initiatives and has discussed the possibility of establishing a national sensory loss awareness training group that would collectively develop high quality, consistent, tiered, Sensory Loss Awareness Programmes. The potential to collaborate with qualification bodies in order to develop and implement a National Qualification Framework around Sensory Loss Awareness has also been discussed for a considerable time.

Consequently, the Scottish Government Sensory Policy Team requested that the ALLIANCE Scottish Sensory Hub establish a Sensory Loss Awareness ‘Task and Finish’ Group to progress this work. Prior to setting up a group, the ALLIANCE Scottish Sensory Hub determined that a mapping exercise to ascertain the provision and delivery of sensory loss awareness training across Scotland should be conducted to inform and

influence the work of such a group, including considerations for the group to take forward.

An online survey aimed at organisations that provide sensory loss awareness training was live from 12 May to 7 June 2023. 23 complete responses were received.

Type of training provider

Type of Organisation	Number of Respondents	Percentage
Third Sector Organisation	13	57
Third Sector Interface	1	4
Health and Social Care Partnership	8	35
Freelance Trainer	0	0
Volunteer Trainer	1	4
Commercial training organisation	0	0
Disabled People’s Organisation	2	9
Other	3	13

Geographical coverage

Geographical Area	Number of Respondents	Percentage
National	14	67
Regional	9	43
Local Area Specific	10	48
International	5	24

The nature, size and reach of an organisation will have a bearing on the resource and capacity to develop and deliver Sensory Loss Awareness Programmes.

What constitutes sensory loss awareness training

There is no single agreed definition of sensory awareness training. Survey responses suggest that which training programmes constitute sensory loss awareness training is open to interpretation.

Frequency of delivery

The majority of respondents (15, 65.22%) are actively engaged in ongoing delivery of sensory loss awareness training. A further six (26.09%) have delivered training in the past three years and one (4.35%) organisation delivered training more than three years ago.

Accredited or non-accredited

The majority of respondents who answered this question (18, 85.71%) provide non-accredited training. Three (14.29%) indicated that they deliver accredited training. One of the UK-wide providers indicated that they are working towards accreditation.

Trainers

14 (66.67%) respondents indicated that in-house staff deliver training, one (4.76%) commissioned trainers and 6 (28.57%) described their delivery arrangements as 'other'. Those indicating 'other' provided further clarification. For example, one organisation where Peer Leaders co-deliver with staff are moving their delivery model towards Peer Trainers becoming paid rather than volunteers, with commissioned trainer status. Another two respondents clarified that members of the Sensory Impairment Service deliver training and an HSCP indicated that Rehabilitation Officers deliver training. Trainers appear to hold a range of skills, qualifications, and experiences.

Involvement of people with lived experience

There is inconsistent involvement of people with lived experience of sensory loss at all stages of training development and delivery. The majority of respondents (16, 84.21%) indicated that people with lived experience are involved in the development of training. Three (15.79%) respondents indicated that people with lived experience were not involved. However, one of these three respondents aimed to involve people with direct experience in the future development of training. While people with lived experience seem to be involved in the development of training, they may be less likely to be involved in the delivery of it. Therefore, a further question was asked to ascertain the number of providers who involved people with lived experience in the delivery of the training. 12 (63.16%) respondents indicated people with lived experience are involved in delivery. However, seven (36.84%) respondents indicated that they are not.

Training methods and duration

All respondents deliver face-to-face training. During the COVID-19 pandemic-related lockdown, training delivery moved from in-person to online. Six (28.57%) respondents indicate they offer hybrid sessions, and most have now returned to in-person sessions, with half a day being the preferred option.

Nature of training

Vision, Hearing and Deafblind or Dual Sensory Loss Awareness were most commonly provided.

Core components of training programmes

In many respects, vision, D/deaf and Deafblind awareness training programmes contain broadly similar core components: demographic information and prevalence in general population; concepts of sensory loss; implications of sensory loss; communication good practice; sighted

guiding; Deafblind Manual skills; sources of support and referral pathways; and aids and assistive equipment.

Evaluation

19 (95%) respondents indicated that their evaluation takes place post-course. Three (15%) respondents carried out evaluation during the training and four (20%) of respondents indicated they carry out a pre-course evaluation.

Three (15%) respondents selected 'other' and provided further information. One university sector respondent noted that their sensory-related courses are evaluated in the middle and at the end of the course. One HSCP/Local Authority indicated that evaluation does not currently take place, however there are plans to introduce it. Another organisation that signposts to training noted it is not involved in evaluation.

Training fee or free

Just over half of the training provided by respondents is delivered free of charge.

- No charge – 11 (52.38%).
- Fee – 3 (14.29%).
- Donation – 0.
- Other – 7 (33.33%).

A third sector organisation with Scotland-wide coverage that is an SQA/Signature-Accredited Training Centre provides accredited courses with associated fees. They also provide training for peers that is free of charge.

Funding

17 (80.95%) respondents do not receive funding to provide sensory loss awareness training. Just four (19.05%) indicated that they do receive funding, and of these, two are in receipt of See Hear funding. This is

allocated on a yearly basis and is used to fund See Hear priorities in local areas. One organisation noted that this funding covers some, but not all, costs associated with training delivery.

Considerations

The following considerations are shared by the ALLIANCE based on the survey findings and our other insights and experience in relation to sensory loss awareness training in Scotland.

National Task Group

A National Task Group could be created to explore and pursue the changes proposed by the considerations set out below. It could address the urgent requirement to determine what constitutes sensory loss awareness training and ensure people with lived experience are involved; and develop a National Awareness Training Quality Framework and tiered awareness training programmes – with consistent aims, objectives, core programme components and robust evaluation methods. A national, collaborative approach via a National Task Group would utilise resources more effectively, ensure quality assurance and bring accreditation to a non-accredited arena.

National training programmes

The aims, objectives, learning outcomes and core components of sensory awareness training are broadly similar regardless of whether focused on agency client group(s) or on Vision, Deaf or Deafblind people. However, there are nonetheless, differences that may lead to mixed messages. A national, tiered, awareness training menu of programmes would reduce any inconsistencies. It would also enable a consistent approach to review and refresh as approaches change and, for instance, language moves on. It would enable any training programmes to drive and keep pace with societal change.

Quality assurance and accreditation

The bulk of sensory loss awareness training currently delivered by respondents and reported on here is not accredited. The lack of a quality framework and quality assurance is of concern and requires attention. Resource and capacity constraints place accreditation beyond the reach of most third sector organisations, particularly those operating at a local level, who, are more likely to be engaged in awareness training development and delivery. However, as noted previously, a National Task Group, collaboratively involved in development of a quality framework and accreditation would support organisations to deliver accredited training.

Some national and local organisations have developed their own e-Learning resources. Such developments are resource and time intensive, particularly for organisations operating at a local level. Many training providers emphasised that they adapt awareness training to meet the needs and time constraints of organisations requesting training. These adaptations again create and add further diversity to the plethora of provision, with a lack of quality assurance. Furthermore, with no quality framework in place, the organisation-centred approach to training development introduces further diversity and potential for mixed messaging. Collaborative development of Awareness Training Programmes and materials at a national level, would support delivery of a consistent message.

See Hear Highland Education and Learning Service (SHHELS) accredited Vision, Deaf and Deafblind e-Learning modules are accredited and widely available on the Turas platform. They are well-used by a number of training providers, particularly HSCPs, as this provides a means of access to training for Home Care staff, potentially a transient workforce. The Vision and Deaf modules, developed in 2016, would benefit from refresh and update to reflect the social model of disability and a rights-based approach. Review and refresh of these modules could possibly be an initial task of a National Task Group.

Appropriate training informed by people with lived experience

It is crucial that development and delivery of sensory loss awareness training is informed and influenced by the voice of lived experience.

Currently, it seems that much of this involvement is tokenistic, inconsistent and reliant upon voluntary involvement. Given that 66% of people with sight loss of working age are not in paid employment, it is refreshing to observe that one third sector organisation that participated in the survey is moving from a volunteer development and co-delivery training model to one where people are paid for their time and given status as a commissioned trainer. In the main, non-disabled people would not be expected to develop materials and co-deliver training programmes on an ongoing basis, free of charge. The impetus to change things for the better and to challenge and change the status quo is often viewed as sufficient 'reward' to engage people with lived experience.

While it is vital that people with lived experience inform and influence the development and delivery of training, these individuals should have the background, skills and experience to contribute in an equitable manner.

Language and terminology used in association with sensory loss is in a state of flux: sight loss, vision impairment, visually impaired, hearing loss, D/deaf, dual sensory loss and Deafblind are commonly used but contested terms. A dialogue with people with lived experience needs to take place, to find a vocabulary, terminology, and ways of describing sensory loss that are grounded in, and informed by, those with lived experience. This requirement has been identified as part of the See Hear Strategy Refresh and may assist in this work.

A significant number of training providers referred to the use of simulation exercises as integral components of awareness training programmes. These involve participants conducting tasks while wearing a combination of simulation spectacles, sleepshades and ear-defenders. These are also considered to be effective. However, consideration should be given to such practices, which can be regarded as at odds with the social model of disability and a rights-based approach. Indeed,

some disability activists and researchers are opposed to the use of simulation exercises, considering them to provoke fear in some participants or hilarity, where sensory loss becomes the butt of the joke².

Evaluation

Only four respondents (20%) evaluated prospective participants' knowledge or understanding of sensory loss, prior to and following face-to-face sessions. 95% of this evaluation takes place post-course, either by hard copy or online survey, and is completed immediately following attendance.

These evaluation surveys, generally developed by individual organisations, often seek feedback on the delivery of training satisfaction levels, but rarely seek in what way the training has affected participants' understandings and behaviour/practice changes. A national, consistent, evaluation structure is required where the impact of attendance at sensory awareness training is evidenced at six and 12 months post-course. This will then generate an evidence-base to influence future training developments. Furthermore, it may create an evidence-base of any differential impact of online or face-to-face delivery. Currently, providers consider face-to-face to be a more effective mode of delivery. However, there is a lack of data to evidence this.

The majority of sensory loss awareness training is delivered free of charge, with See Hear funding cited as supporting free delivery. In some respects this is positive, as a number of organisations no longer have budgets for staff training. However, the Equality Act (2010) expects service providers to take an anticipatory approach, ensuring staff are trained and have, at least, basic sensory awareness. We suggest this requires training with a robust audit trail. However, only two respondents (9.52%) offered online assessment. Development of training at a national level, a refresh and update of e-Learning modules, and development of online assessment to provide employers with a robust audit trail, is potentially an untapped opportunity.

Introduction

See Hear: A Strategic Framework for Meeting the Needs of People with a Sensory Impairment in Scotland (2014) (See Hear Strategy)³, intends to be a “lever for change, and should facilitate that change across agencies and services”.

The See Hear Strategy notes that many people with sensory loss could be “dealt with through effective mainstream service provision” and that if “service staff have an awareness of the needs of people with sensory loss and appropriate skills/training to deal with these needs, then a wide range of these staff should be able to not only identify needs relating to sensory impairment, but also assess and provide simple solutions.” It makes two recommendations in relation to sensory loss awareness training:

- 9.2. At a national level, the Scottish Government should scope out the range of formal and informal training opportunities around Sensory Impairment Awareness and work with the relevant education, training and qualification bodies to explore opportunities to increase awareness and expertise in the area of Sensory Impairment Awareness, building appropriate content into the core training regimes of different professional groups.
- 9.3. Local partnerships should audit their skills base in relation to awareness of sensory impairment in the workforce and take steps to address any deficits identified. Targeted in the first instance at older people’s services.

See Hear Leads network

The Health and Social Care Alliance Scotland (the ALLIANCE) Scottish Sensory Hub provides support to a network of 31 See Hear Sensory Lead Officers across 31 Local Authority areas in Scotland, who are responsible for the implementation of the See Hear Strategy and associated recommendations.

Sensory loss awareness training initiatives

The See Hear Leads Network has contributed to key sensory loss awareness training initiatives. For example, in 2016 the See Hear Lead for Scottish Government at the time asked See Hear Highland Education & Learning Services (SHHELS), to develop and make available training resources for all of Scotland's health boards, local authorities, etc.

SHHELS have undertaken a considerable amount of work and have put together accredited sight/hearing loss awareness courses. In addition, three e-Learning modules have been developed. The first two – Deaf Awareness and Sight Loss Awareness – were developed using See Hear Funding totalling £10,600. The third e-module – Deafblind Awareness – was developed in partnership with Deafblind Scotland, former See Hear Coordinator and the former SHHELS Learning Facilitator, who provided the narrative. SHHELS also worked in partnership with North East Sensory Services (NESS) who provided the graphics and assisted in the upload of all three e-modules to TURAS to enable them to be made available across Scotland.

NHS Highland have included SHHELS e-modules in mandatory training for all social care staff and SHHELS' aim is to extend this to all health care staff. Furthermore, The BSL (Scotland) Act 2015 required to improve the level of BSL and Deaf Community awareness and Public Health Scotland developed a module for Turas. In addition, a module on inclusive communication was developed.

Evaluations have indicated that approximately 70% of staff who have accessed the SHHELS training have rated it at 5, with 1 being the lowest and 5 being the highest⁴.

Since January 2019, when SHHELS training became available across Scotland via the Turas platform, the following number of staff have completed e-modules:

- Deaf Awareness – 557.
- Sight Loss Awareness – 440.

- Deafblind Awareness – 254. (Note that this e-module was not uploaded until 2021).

A number of Health and Social Care Partnerships supplemented the adoption of the SHHELS Vision, Deaf and Deafblind Awareness online modules with face-to-face awareness training development. For instance, the North Lanarkshire See Hear Lead developed Sensory Awareness Training Programmes in collaboration with HSCP, NHS and third sector colleagues, including professionals with lived experience of sensory loss. A range of programmes were developed, including face-to-face full and half day options. In addition, 90-minute face-to-face sessions were devised to accommodate availability of NHS staff. Approximately 390 staff from across North Lanarkshire HSCP, third sector and NHS participated in sensory loss awareness training between March and December 2017.

The See Hear Leads Network also supported the pilot of a 'Sensory Champions' model of training, developed and delivered by the Royal National Institute of Blind People (RNIB Scotland). This awareness raising training, piloted in two Local Authority areas – Edinburgh and the Lothians, and Argyll and Bute – aimed to raise awareness of undetected sensory loss in relation to people with dementia, stroke, learning disability and complex support requirements.

This Awareness Training, attended by 103 health and social care professionals, anticipated that following training – and with support from RNIB Scotland – Sensory Champions would share awareness with colleagues within their workplace. This would foster inclusive practice, in turn creating enabling environments that are inclusive of the access requirements of individuals with vision and/or hearing loss.

The evaluation of this training⁵ indicated that it had raised professionals' awareness of sensory loss and had positively influenced practice. The See Hear Leads Network has discussed the possibility of establishing a National Sensory Loss Awareness Training Group to collectively develop high quality, consistent, tiered Sensory Loss Awareness Programmes. The potential to collaborate with qualification bodies to develop and

implement a National Qualification Framework around sensory loss awareness training has also been discussed for a considerable time. It may also make strategic sense to link this with BSL actions and plans, as well as inclusive communication developments.

Consequently, the Scottish Government requested that the ALLIANCE Scottish Sensory Hub establish a Sensory Loss Awareness 'Task and Finish' Group to progress this work. Prior to setting up a group, the ALLIANCE Scottish Sensory Hub determined that a mapping exercise to ascertain the provision and delivery of sensory loss awareness training across Scotland should be conducted to inform and influence the work of such a group.

Methodology and respondents

An online survey using SmartSurvey was created to capture insights from providers of sensory loss awareness training. The aim was to gain insight into the provision, delivery, modes of training, key learning outcomes, core components of training programmes and methods of evaluation.

An initial survey was designed and tested with four providers of sensory loss awareness training known to the Scottish Sensory Hub. Participants were requested to provide feedback on the accessibility of the survey – as some participants were known to use assistive technology to access the survey – comment on questions and suggest any gaps. Following constructive and helpful feedback from these contacts as well as a member of the Scottish Government Sensory Policy Team, some amendments were made.

The 36 question-set online survey was live from Friday 12 May 2023 to Wednesday 7 June 2023, which provided 3.5 weeks to capture responses. It was widely shared by the ALLIANCE via the website, ebulletins, and social media. It was disseminated to the See Hear Leads network, who further cascaded the survey across their own networks.

The online SmartSurvey was viewed by 81 participants and 23 responses were completed. The 23 completed responses include the four responses from the test phase of the survey. The survey findings are outlined in this report.

Type of training provider

A diverse range of organisations that provide training responded to the survey, as set out in the table below.

Type of Organisation	Number of Respondents	Percentage of Total Respondents
Third sector organisation	13	57
Third Sector Interface	1	4
Health and Social Care Partnership/Local Authority	8	35
Freelance trainer	0	0
Volunteer trainer	1	4
Commercial training organisation	0	0
Disability-led organisation	2	9
Other	3	13

Three educational organisations defined themselves as ‘other’. This included two universities and one educational Sensory Support Service.

Geographical coverage

National: 14 (66.67%)

Most respondents who indicated a national coverage meant Scotland-wide. However, larger third sector respondents training is UK-wide, and one organisation also included the Republic of Ireland.

Regional: 9 (42.86%)

Respondents indicated that they provide training in the following regional areas: Aberdeenshire, Moray, Angus, Dundee, Edinburgh and Lothians, Forth Valley, Perthshire, Tayside, Glasgow, Greater Glasgow and Clyde, Ayrshire, East Dunbartonshire, North and South Lanarkshire, Fife, Inverclyde, Argyll and Bute, and East Renfrewshire.

Local Area Specific: 10 (47.62%)

Respondents indicated that they provide training in the following local areas: Caithness and North East Sutherland, Dundee, Perth City, Pitlochry, Aberfeldy, Crieff, Blairgowrie and Kinross, Edinburgh, Falkirk, East, South and North Ayrshire.

International: 5 (23.81%)

One of the university respondents indicated they have international students who attend a Deaf Studies Post-Graduate Course. Two third sector organisations noted their international activity. One said:

“We actively participate as members of Deafblind International and the Nordic Coalitions.”

The nature, size and reach of an organisation will have a bearing on the resources and capacity available to develop and deliver Sensory Loss Awareness Training Programmes.

What constitutes sensory loss awareness training

There is no single agreed definition of sensory awareness training. Survey responses suggest that which training programmes constitute sensory loss awareness training is open to interpretation.

For example, accredited courses cited by survey respondents like Deafblind Guide Communicator and BSL Language and Culture – although related to sensory loss – demand a considerable time

commitment over a prolonged period and result in a formal qualification or, as in the case of the university sector respondents, form an integral part of a formal course.

Other respondents provided the following information:

“What we offer is not badged as sensory loss training but we deliver training on working with deaf people and sign language users within some of our undergraduate and postgraduate programmes.”

“Our training is specifically focused on preventing sight loss in those who have or are likely to have {Eye Condition}. It talks about what glaucoma is and raises awareness of the barriers people face in complying with medication. It goes on to work through solutions to those issues”.

Frequency of delivery

The majority of respondents (15, 65.22%) are actively engaged in ongoing delivery of sensory loss awareness training. A further six (26.09%) have delivered training in the past three years. One (4.35%) organisation delivered training more than three years ago and one (4.35%) organisation indicated it had never delivered training. This organisation currently signposts to training providers and has plans to develop and deliver training in the near future.

Accredited or non-accredited training

The majority of respondents who answered this question (18, 85.71%) provide non-accredited training. Just three (14.29%) indicated that they deliver accredited training. One of the UK-wide providers indicated that they are working towards accreditation.

A Scotland-wide third sector organisation indicated that it delivered Certificate and Diploma in Deafblind Studies courses as part of a consortium of four UK organisations, but that this course is now delivered

by an external university with advisory support from the four organisations.

Courses and accreditation

Although three respondents indicated their training is accredited, several providers who indicated their training was not accredited also provided further information for clarification.

Signature⁶ is a key accrediting body in relation to Deaf, Deafblindness and Deaf Culture Courses. Respondents listed the following courses they provide that are accredited by Signature:

- Deafblind Manual Level 3 and 6.
- Guide Communicator Level 1 and Full qualification.

In development, with Signature as anticipated accrediting body:

- Tactile BSL Level 3 and 6.

SQA Accredited:

- BSL Level 1-3.
- Deaf BSL Cultural Issues.
- Undergraduate BSL courses SCQF 7 by the Centre for Open Learning.
- Deaf Studies Course is accredited SCQF 11.
- SHHELS Vision, Deaf and Deafblind E-Learning modules.

One of the university respondents noted that their training is not externally accredited, however, it would be included in credit-bearing modules as part of a course.

The costs incurred to gain accreditation may be beyond many smaller third sector or disability-led organisations and Health and Social Care Partnerships (HSCPs). One respondent noted:

“We looked into accreditation, however the number of hours that people would have to evidence of learning to meet the accreditation standards, the limited demand for the training and the costs for delivering that meant there wasn't a viable business case for accreditation.”

One respondent reported that they had developed Sensory Awareness Training (online and in-person) options in collaboration with universities, third sector organisations and the local See Hear Strategy Group. They also deliver Sensory Champions Training, which is recognised by the Scottish Social Services Council (SSSC) for their open badges and count towards employee continuous professional learning as part of their registration requirements.

Trainers

Who delivers the training

14 (66.67%) respondents indicated that in-house staff deliver training, one (4.76%) commissioned trainers and 6 (28.57%) described their delivery arrangements as ‘other’. Those indicating ‘other’ provided further clarification. For example, one organisation where Peer Leaders co-deliver with staff are moving their delivery model towards Peer Trainers becoming paid rather than volunteers, with commissioned trainer status. Another two respondents clarified that members of the Sensory Impairment Service deliver training and an HSCP indicated that Rehabilitation Officers deliver training.

Number of trainers

23 respondents answered this question. The number of trainers per type of organisation is as follows:

- Third sector organisations (national): 58.
- Third sector organisations (local): 10.
- HSCPs/Local Authority: 32.
- University: 5.

- Educational Support Service: 12
- Total: 117.

The number of trainers each organisation can deploy varied greatly.

For example, one third sector organisation with a UK and Republic of Ireland presence has seven members of staff with a remit to deliver training programmes. Another sensory loss organisation with a Scotland-wide reach has 12 Peer Trainers, two Deaf/Deafblind Trainers and four Training Support staff.

In some Scotland-wide third sector organisations and HSCPs, Rehabilitation Officers – who are in some instances all the team members – are involved in delivering training. Similarly, within the educational Sensory Support Service who responded, all 12 current members of staff have a remit to deliver training when necessary.

Smaller third sector organisations with a local reach tend to have one staff member responsible for training delivery.

Trainer qualifications

In the main, almost all 117 trainers hold some form of qualification, although not necessarily associated with delivery of training.

For instance, where Rehabilitation Officers are involved in training delivery, their Vision Rehabilitation qualifications were cited. In one HSCP, half the Rehabilitation Team have ‘Training for Trainers’ qualifications. In another two HSCPs, Rehabilitation Officers had undertaken internal courses associated with training delivery skills.

One Scotland-wide third sector organisation offers in-house ‘Train the Trainer’ Programmes. Another Scotland-wide third sector organisation (an SVQ and Signature-accredited training centre) – where Peer Trainers are involved in training development and delivery – have gone through ‘Training for Trainers’ courses. Some of their trainers have

undergone Peer Leadership Training and Human Rights Training to equip Peer Trainers to deliver a range of Awareness Programmes.

Delivery of awareness training in relation to Deafblindness is an area where those delivering training hold specialist qualifications. For example, a PhD focused on Communication and Deafblindness; an M.Ed in Communication in Deafblindness; an M.Ed in Lifelong Learning; a Diploma in Deafblind Studies; RNIB Vision Champion courses; and a Tactile Working Memory Scale train the trainers course, supported from Nordic Welfare Centre.

Trainers associated with third sector organisations that have a local reach tend to hold Training for Trainers qualifications and/or Signature-accredited qualifications related to Deafblindness, British Sign Language (BSL), deaf culture and communication tactics.

Where Teachers of Deaf (ToD) or Qualified Teachers of Vision Impaired Pupils (QTVI) have a training remit, often associated with enhancing inclusion of pupils with sensory loss, their teaching and post-graduate qualifications were cited.

Similarly, university staff involved in educational programmes like BSL Language and Culture – including sensory awareness components – cited Post Graduate Teaching Qualifications, University ‘Training the Trainers’ programmes accessed and BSL level 6 qualifications. One Deaf member of staff at a university teaches a Post-Graduate Deaf Studies course. The inclusion of this level of course by one of the survey respondents does raise a question about perceptions around ‘Awareness Training’. University responses have been included in this report to provide an overview of the broad spectrum of sensory awareness programmes.

Only two of the 117 trainers did not hold any training qualifications. For one, training is planned, while the other has been involved in the sensory sector for a considerable time, having gained experience through delivery of programmes.

Number of trainers involved in single session delivery

In most cases, respondents indicated that two trainers deliver their sensory awareness training. However, this differed for educational settings. For example, one respondent indicated that a member of university staff delivered training alone, and the Educational Sensory Support staff also indicated solo delivery.

Involvement of people with lived experience

Questions about the involvement of people with lived experience of sensory loss in the development and delivery of training were added as a result of feedback from the survey test phase. As a result, the four test participants were not included in the 19 responses received.

The majority of respondents (16, 84.21%) indicated that people with lived experience are involved in the development of training. Three (15.79%) respondents indicated that people with lived experience were not involved. However, one of these three respondents aimed to involve people with direct experience in the future development of training.

The type of involvement varied, as demonstrated in the quotes below.

“We wrote a series of Inclusive Communication courses focused on meeting communication support needs arising from various single and dual sensory impairments (plus other long term conditions or disabilities also). People with lived experience helped develop the materials and also co-facilitated the sessions. Our current internal sensory awareness courses are not co-delivered with people with lived experience but that is primarily related to COVID restrictions and not yet fully back to full delivery of all these courses.”

“We have previously had people with living experience involved in the development of the training, however that was some time ago and the training has had a number of changes in that time.”

“The Training Manager in {Sensory Loss Organisation} is himself deafblind. BSL training is provided by a Deaf member of staff. All training programmes were reviewed and updated during the pandemic with support of the Training sub group of the {Sensory Loss Organisation} Development Committee (the Development Committee comprises Trustees (50% of whom are deafblind), Senior staff and ordinary {organisation} members who all have lived experience.”

Language used in relation to awareness training – particularly where people with lived experience are involved in development – emerged as a recurring theme, as demonstrated by this respondent.

“We do not use the term sensory loss. Some deaf young people have lost their hearing, but many have been born deaf so they haven't lost anything. Increasingly the profession of teachers of deaf children and young people has moved away from terms such as sensory loss, hearing impairment etc.”

While people with lived experience seem to be involved in the development of training, they may be less likely to be involved in the delivery of it. 12 (63.16%) respondents indicated people with lived experience are involved in delivery. However, seven (36.84%) respondents indicated that they are not.

“As pupils get older they contribute to the awareness sessions offered by teachers.”

“Not necessarily although some staff do have lived experience.”

“They contribute through video or may attend and take part in person when awareness is delivered to staff/peers, but it is voluntary and also dependent on their level of confidence.”

“All of our training is delivered by deafblind people with support of staff when needed. We use a peer leadership model to challenge

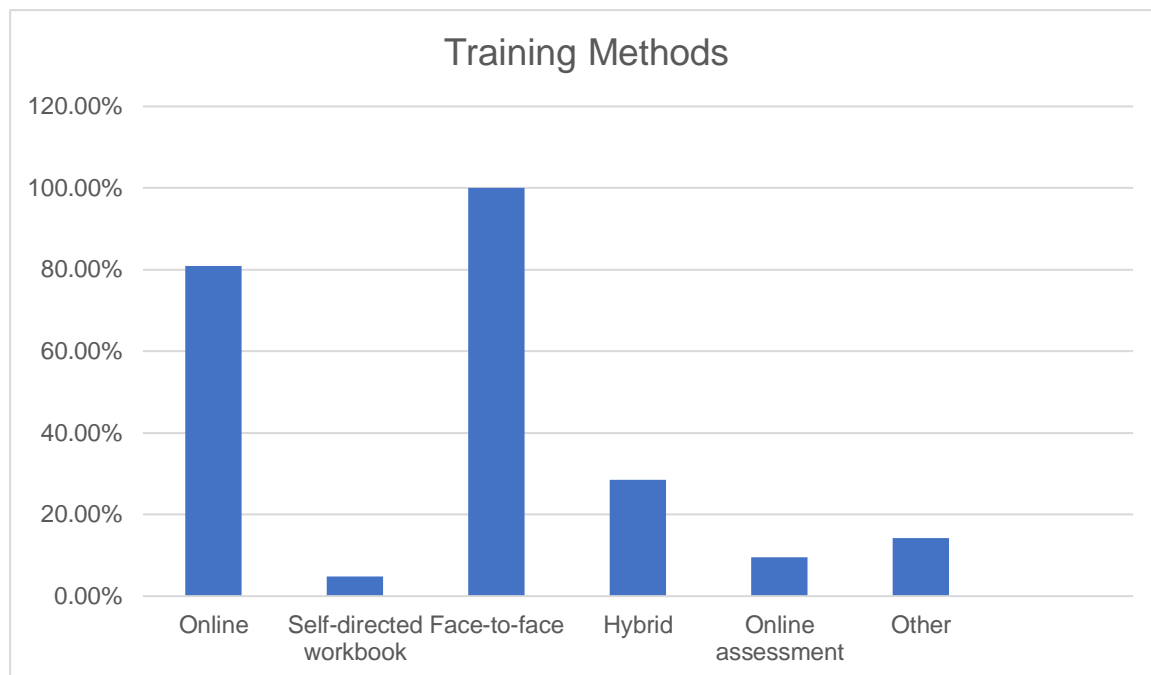
stereotypes and empower deafblind people alongside practical advantages of real life experience examples.”

“Stories of people with lived experience are included. I have had people with lived experience come and talk to groups and I constantly research the experiences of people with lived experience and get input from colleagues who have lived experience, as well as volunteers and service users. This is done in an informal way. We used to have a couple of volunteers with lived experience who helped to create and deliver the training which was really effective, however they moved on. I have also worked with deaf people to create tailored deaf awareness training. Over the years, a number of people with lived experience have attended the training and they regularly contribute their own experiences in the discussions - this is always done very naturally and not forced, so people can share what they feel comfortable sharing in a supportive environment.”

“The main training we offer has been developed over the years by our Rehab Team and there were visually impaired individuals involved with various Rehabs in training over the years. We have produced an "In the Work Place awareness training in collaboration with {Sight Loss Organisation} and one of their visually impaired employees.”

Training methods and session duration

Respondents were asked to provide information about the methods they used to deliver training and how long training sessions were for. Multiple answers could be provided.



As the chart indicates, all respondents deliver face-to-face training. During the COVID-19 pandemic-related lockdown, training delivery moved from in-person to online. Six (28.57%) respondents indicate they offer hybrid sessions, and most have now returned to in-person sessions.

One organisation noted they utilise a combination of e-Learning, and either face-to-face or online sessions. A university sector respondent noted that British Sign Language (BSL) is always taught in-person.

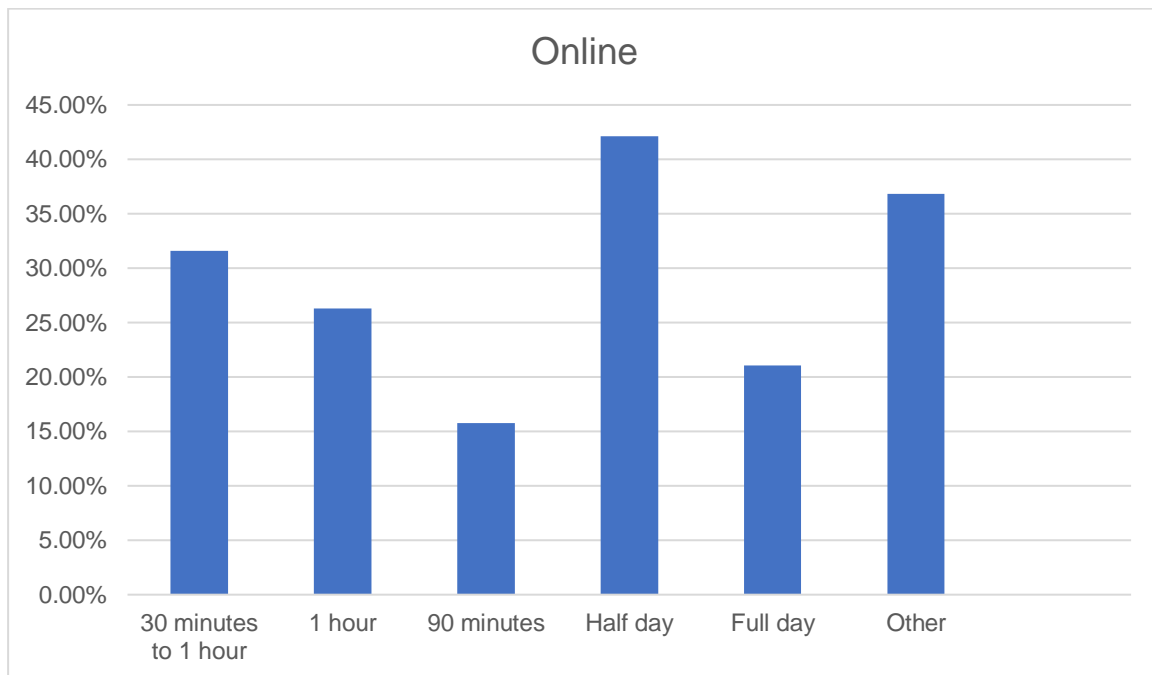
A number of respondents suggested that online training delivery potentially expands their reach from local to Scotland-wide and that online delivery enhances access and convenience for participants. However, there remains a strong sense that face-to-face delivery is more effective and has far greater impact than online, as demonstrated by this respondent:

“We have online training so that all care staff can have easy access to awareness sessions that will support their practice. By doing the training online it allows us to reach more participants. However, we also deliver face-to-face training as we find this method is more effective in raising staff awareness and in promoting inclusive practice. Participants have said that hearing

people’s {lived and living} experiences and narratives is really powerful and acts as a real catalyst for change.” (Test phase participant)

The survey also asked for more information about the duration of training sessions offered in relation to online, face-to-face and hybrid options.

Online



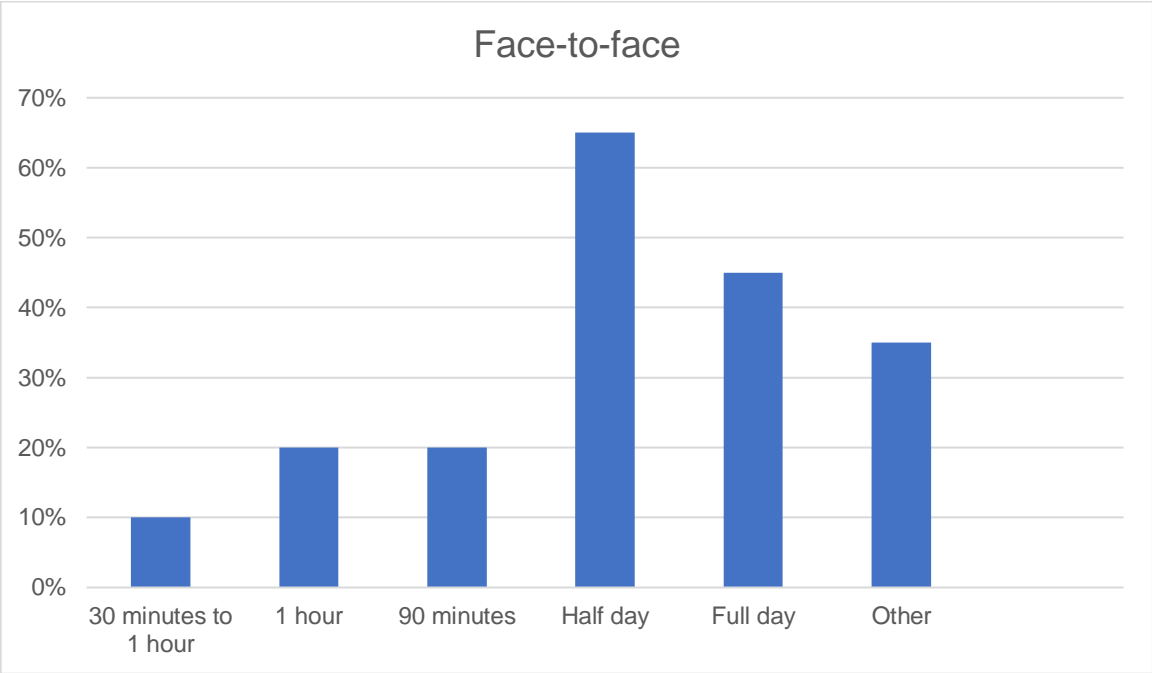
As the chart indicates, the duration of online training sessions vary and half day online sessions appears to be a preferred option.

Those who selected ‘other’ indicated that they often tailored sessions to suit the needs and time constraints of groups/organisations seeking the training. Furthermore, a number of respondents referred to the SHHELS Sensory Loss Awareness e-Learning modules available on Turas. SHHELS on Turas is well accessed, however it is somewhat dated and would benefit from a refresh to reflect the social model of disability and human rights.

One Scotland-wide third sector organisation noted that all new staff complete mandatory Sensory Awareness e-Learning, developed by the organisation. Another third sector organisation with local area reach has

also developed its own e-Learning options. A further Scotland-wide third sector organisation noted that they offer up to two-hour online Awareness Training sessions for friends and family members.

Face-to-face



As shown in this chart, half day duration also appears to be a preferred option for face-to-face sessions.

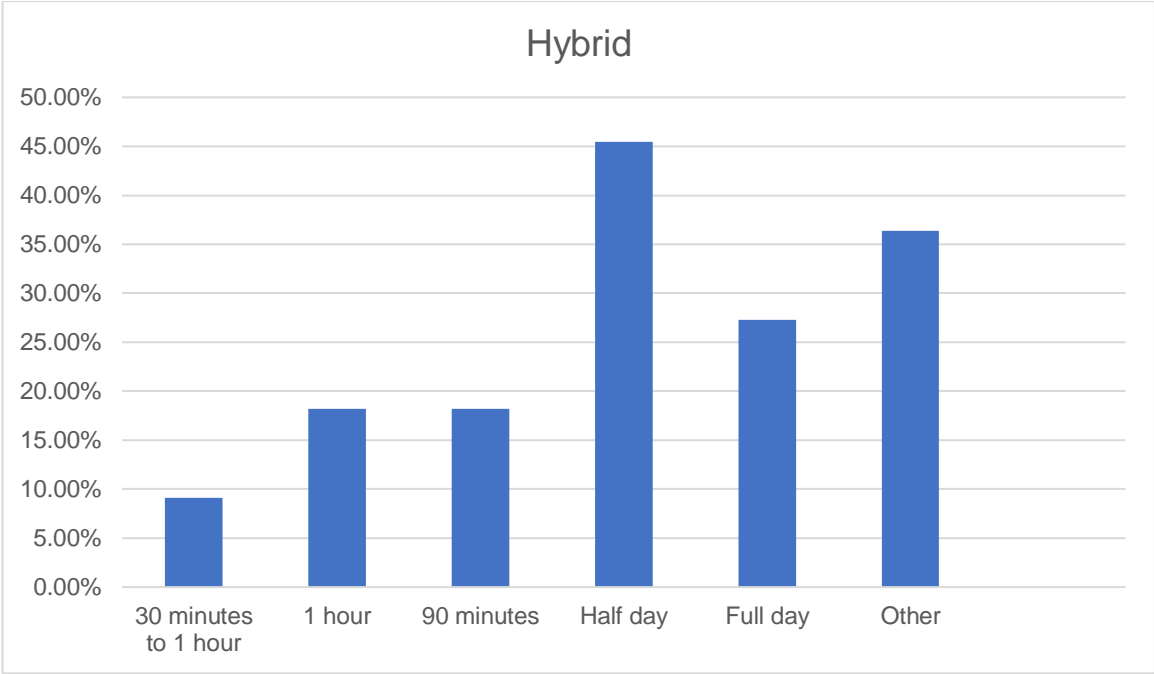
Those who selected ‘other’ provided additional detail regarding specific courses. For example, Guide Communicator level 1 is a four-day practical skills-based course. BSL, Deafblind Manual, Tactile and Visual Frame BSL are over 20-40 sessions, dependent on level.

The time commitment required to attend accredited courses relates to the issue of common understanding about what constitutes sensory awareness training.

Training providers noted that face-to-face training sessions could take from 90 minutes up to a full day, depending on the learning needs of the organisation seeking training.

A university sector respondent indicated that some programmes can be delivered as 2-3 hour sessions or a series of 1-hour sessions.

Hybrid



Hybrid options appear to be less commonly used across training delivery. One organisation used ‘other’ to indicate that they provide sessions via MS Teams, but noted that these are not, in fact, hybrid.

Pre-course preparation

Information was sought regarding any pre-course preparation that participants are expected to undertake prior to attending a sensory awareness training session.

Nine (47.37%) respondents indicated there were no pre-course tasks. However, 10 (52.63%) indicated that prospective participants are expected to undertake tasks prior to attendance.

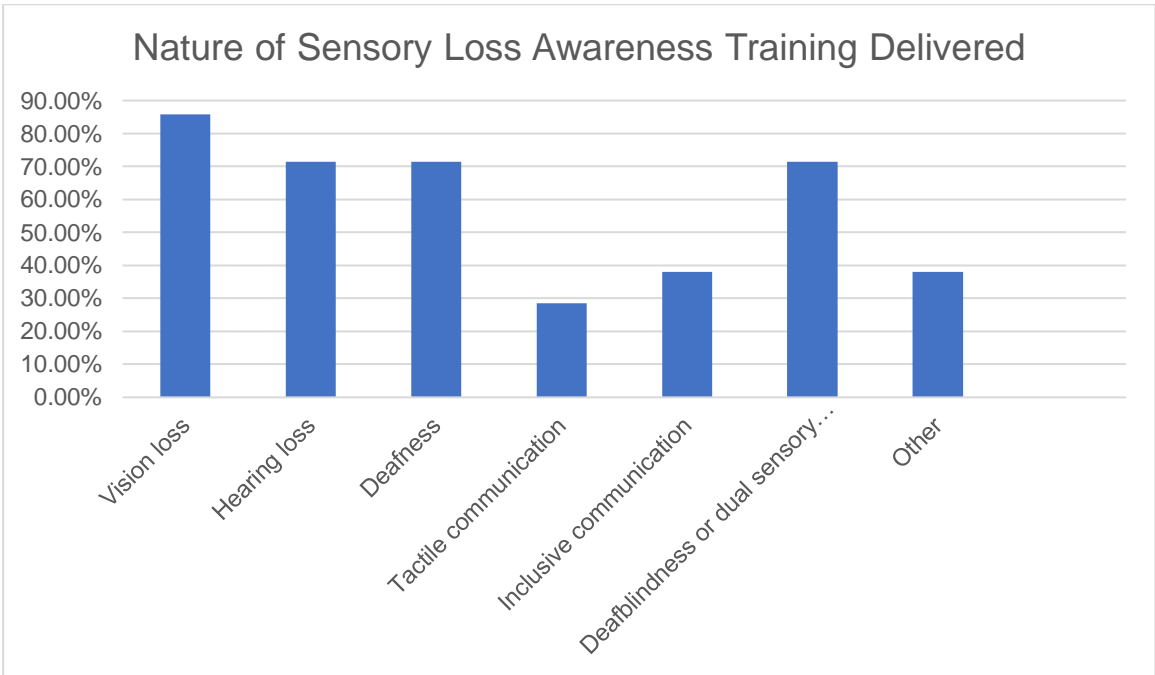
Tasks varied from reading online materials to completing a questionnaire about their knowledge and awareness of “people with sensory needs.”

This questionnaire is then repeated at the end of the course to ascertain if attendance has influenced awareness, knowledge or practice.

A number of respondents referred to the SHHELs Vision, Hearing and Deafblind e-Learning modules available on Turas, which are widely accessed by various organisations. A number of organisations have also developed their own e-Learning modules. One organisation indicated that training participants are expected to undertake this e-Learning, with an expected time commitment of 5 hours to complete. This is then followed up with a two-hour MS Teams or face-to-face session.

One HSCP respondent noted that their training participants are expected to access online materials prior to attendance, in addition to a questionnaire. These materials include simulations of sight loss, associated with common eye conditions.

Nature of training



The survey asked respondents to indicate the nature of sensory loss awareness training that they provide, and multiple answers could be given.

As the chart demonstrates, Vision, Hearing and Deafblind or Dual Sensory Loss Awareness were most commonly provided.

The eight (38.10%) respondents who also selected 'other' provided more detail about some of the training they provide. For example, Training on the Tactile Working Memory Scale, a specific approach to assessment alongside people primarily using the tactile modality as their principal communication approach. Also, British Sign Language (BSL) and Deaf Culture Awareness. As previously noted, due to the time commitment required – where training is usually delivered over a full or half-day, one-off session – these accredited courses may not constitute 'sensory loss awareness training' as commonly understood.

Tailored training was also mentioned in relation to information accessibility and inclusive communication practices, or focused on specific issues like employment or the diagnosis of dementia and the impact this condition can have on vision and hearing. One organisation with a focus on a specific eye condition provides training regarding the prevention of significant vision loss.

Training aims, objectives and learning outcomes

Reviewing the information provided by respondents about the aims, objectives and learning outcomes of the training programmes they provide shows that these are broadly similar, regardless of whether training relates to vision, hearing or Deafblind awareness.

The aims and objectives centre around: raising awareness of sensory loss impairment; key concepts of sensory loss impairment; everyday challenges encountered by people with sensory loss sensory impaired people; increasing understanding to inform integrated inclusive practice; good practice communication; identification of sensory loss in service users; understanding the emotional and practical impacts of sensory loss; and knowledge of local and specialist sensory loss supports and referral pathways featuring across programmes.

Only one respondent mentioned human rights in their awareness training. Currently available for peers, a course for professionals is in development. The aims and objectives of this course are included here separately, and the objectives of Sensory Champions Training are also listed separately.

The aims and outcomes of accredited BSL language and culture courses are listed. However, as previously noted, it is unclear if these constitute sensory loss awareness training. Given the time commitment to this and other accredited courses like Deafblind Guide Communicator, these may not constitute sensory awareness training, rather accredited sensory-related courses.

The current custom and practice is to deliver awareness training around vision, hearing and Deafblind/dual sensory loss. Therefore, the subsections below set out the aims, objectives and learning outcomes that respondents provided along these lines.

Vision

Aims

- Understand that there are a range of conditions and degrees of sight loss in the sight-impaired and severely sight-impaired population.
- To learn how to offer support to a person with sight loss effectively and to understand how a variety of factors might affect this.
- Making people aware of the risks of glaucoma particularly in older people, those with family history, BAME populations.

Objectives

- To learn how to offer support to a person with sight loss effectively and to understand how a variety of factors might affect this.
- Raise overall awareness of sight loss among the general public (local businesses and organisations).

- Initiating discussions about sight loss, opening a dialogue between the public and those affected.
- To encourage the public to be comfortable and welcoming around blind and partially sighted people in order to create a more inclusive society.
- Understanding of glaucoma and the effect it has and the potential it has for blindness.

Learning outcomes

- Understanding and awareness of how people living with sight loss get out and about independently.
- Greater knowledge of the problems faced and how to overcome these or seek help to do this.
- Knowledge on pathways to statutory and voluntary services.
- Understanding the many barriers to treatment compliance and solutions to these challenges.
- Signposting to assistance and support.

Hearing

Aims

- (University course) develop awareness of, and sensitivity to, the influences on an individual's choice of language and modality of language use.

Objectives

- (University course) To develop a contextualised awareness of the political and social challenges faced by sign language users and an understanding of what constitutes best practice when working with them.

Learning outcomes

- (University Course) student will be able to: Show a critical understanding of the different constructions of deafness, e.g. medical, social, and cultural. Show a critical understanding of the notions of d/Deaf Communities and Deaf Culture. Be familiar with the key aspects of d/Deaf history and heritage, especially in relation to deaf education Be familiar with and be able to use the resources of a range of d/Deaf organisations and Deaf media.

Deafblind/dual sensory loss

Aims

- To have a better awareness of the impacts of dual sensory loss/deafblindness.
- Explore some of the every-day issues experienced by Deafblind people.

Objectives

- Statistics about Deafblindness.
- The needs of Deafblind people.
- How Deafblind people communicate.
- Basic Deafblind Manual Skills.
- How barriers can be removed to make it easier for Deafblind people.
- Understand the definition of Deafblindness.
- Be aware of resources for Deafblind people.
- Be aware of assistive equipment for Deafblind people.

Learning outcomes

- Improved knowledge of the range of sensory loss and confidence in identifying sensory loss in service users.

- Greater understanding of the challenges people with sensory loss encounter and the practical support and resources available to address these.
- Greater confidence in being able to support people directly and in signposting and accessing referral pathways to specialist support organisations.
- Improved knowledge of the range of available local supports and initiatives.
- An understanding of the rights of people with sensory loss and the national and local strategies framing these.

Peer-to-Peer human rights awareness training

Aims

- To better understand your human rights and how they relate to your day-to-day life.
- To encourage discussions around when your rights have not been upheld.
- Provide tools for overcoming barriers in the future and practical tools to assist you in the future.

Sensory Champion and toolkit training

Objectives

Purpose of Role - As a Sensory Champion you will be working as part of the See Hear Joint Sensory Partnership Strategy to ensure that people on their sensory journey have:

- Their sight and hearing assessed, identified and supported.
- Up-to-date vision and hearing loss data incorporated into their individual health and/or social care plans.

Sensory Champions will be the key players in raising vision and auditory awareness across the various multi-disciplinary pathways involving a range of professionals.

Core components of training programmes

In many respects, vision, D/deaf and Deafblind Awareness Training programmes contain broadly similar core components: statistics and prevalence in general population; concepts of sensory loss; implications of sensory loss; communication good practice; sighted guiding; Deafblind Manual skills; sources of support and referral pathways; and aids and assistive equipment.

Set out below are the core components as indicated by survey respondents.

Vision

- Statistics and prevalence.
- Common eye conditions and their impact.
- Myths and misconceptions.
- How to start a conversation when you meet someone who is a blind or partially sighted to ask if they need assistance.
- Sighted Guide Skills.
- Awareness of access rights and barriers to independence.
- Social barriers and solutions exercise – small group discussion.
- Simulation exercises – tasks undertaken wearing simulation spectacles or sleepshades.
- Low Vision Aids and additional lighting made available. i.e. to read a newspaper or book.
- Daily living and mobility.
- Reading and accessing information.
- Personal experience.
- Emotional and practical impact of sight loss.
- Role of Vision Rehabilitation Officer.
- Aids and assistive technology.
- Registration/Certificate of Vision Impairment Process.
- Charles Bonnet Syndrome.
- Sources of support, criteria and pathways.

- Making Social Media accessible.

Hearing

- Statistics and prevalence.
- Language choices and differing cultures of deaf people.
- How common is Deafness.
- Myths and misconceptions.
- Overcoming barriers.
- Improving attitudes.
- What does Deafness mean and the correct terms to use.
- Tinnitus and help available.
- Barriers to Communication.
- Communication tactics.
- Types of hearing loss.
- Signs of hearing loss.
- Simulation exercises: lip speaking.
- Lipreading.
- Finger Spelling, basic signs, Sign-posting people to BSL courses.
- Hearing Aids.
- Cochlear Implants.
- Technology that can help i.e. Loop Systems.
- Professional Communication Support for Deaf people.
- Working with a BSL Interpreter.
- Making Social Media Accessible.
- Contact Scotland BSL.

Deafblind/dual sensory loss

- Statistics and prevalence.
- Myths and Misconceptions.
- Causes of dual sensory loss/Deafblind.
- Terminology.
- Simulation exercises: using ear defenders and simulation spectacles or sleepshades.
- Deafblind Manual Skills

- Hands on Signing.
- Visual Frame Signing.
- Canes, including white and red canes.
- How someone who is Deafblind gets out and about independently.

Target audiences

Respondents indicated a wide range of target audiences for the training they provide, as the list below demonstrates.

- Health and Social Care Professional.
- Care homes.
- Third sector.
- Academia.
- People with sensory loss (peers).
- Schools.
- Families/carers.
- Employers (in partnership with Scottish Union of Supported Employers).
- Organisation volunteers.
- Colleagues.
- Regional Equality Councils.
- Locality Equality Teams.
- Private businesses, including tourist attractions, art gallery, theatres and cinema.

Some providers will tailor training to suit the audience, as this respondent's quote demonstrates:

“For those groups who have a customer facing role, we focus the training on accessibility rather than supporting people, although the content is very similar. This is as important as training for health and social care staff as it should improve accessibility, and hopefully ensure the people with sensory loss can take part in all parts of society”.

One third sector organisation with Scotland-wide coverage indicated that they are focusing on internal training for the coming year and will resume external provision in 2024/25.

Promoting the training

All but two of the respondents who answered this question indicated that they promote their training in different ways.

The two respondents who do not promote their training are associated with educational Sensory Support Services, where training is provided on an ad hoc basis to enhance inclusion of pupils. However, Teacher of Deaf Children courses are promoted directly to Heads of Service within 32 Scottish Local Authority areas. The university sector respondents indicated that their courses related to sensory loss are advertised in the respective University prospectus.

Of the respondents who promote their training, one third sector organisation with Scotland-wide coverage does so using its own marketing team and Community Development Officer. Third sector organisations with local area coverage use newsletters and local networks. HSCPs and local authorities primarily promote internally, with some doing so externally via websites that are accessible to the general public.

All respondents who promote indicate that they use email and websites. Almost all third sector organisations use social media channels, while none of the HSCP/Local Authority respondents mentioned social media. There are different ways this could be explained. For example, it might be due to the HSCP/Local Authority communication protocols and that much of their training is targeted internally – with only a proportion of external delivery on request – and the drive the Third Sector has to share Sensory Awareness Training.

All survey findings from the third sector, TSI and HSCP/Local Authority respondents are summarised below. The type and geographical

coverage of training are important factors that can influence the ways in which training is promoted.

Third sector organisation: UK-wide

- Engagement and Training Officers.
- Word of Mouth.
- Sensory Loss Sector Network.

Third sector organisations: Scotland-wide

- Promotional email direct to stakeholders.
- Training Leaflet.
- Professional Newsletter.
- Social Media Channels.
- Marketing Teams.
- Community Development Officer.
- Online.
- Word of Mouth.
- Learning and Development Team.
- Networking.
- Proactive email and/or phone contact with local business, organisations and any appropriate audiences.

Third sector organisations: Local area coverage

- Existing networks.

Third Sector Interface (TSI)

- Word of Mouth.
- Networking at events.
- Social Media Channels.
- Website.
- Voluntary Partner Organisations.
- TSI Newsletter.

- Sight Loss Umbrella Organisation.
- Posters locally.
- Local Community Website.
- Local Newspapers.
- Local Talking Newspapers.
- Local Radio.

HSCPS/Local Authority

- Council's Learning Management Platform.
- Online Portal.
- Email – targeting groups of staff.
- Intranet.
- Learning and Development website, also available to general public.
- Employee website.
- SSC Open Badges website.
- Eventbrite.
- Internal Newsletters.

Number of people trained

The survey asked respondents to indicate how many people had been trained in the previous year.

The educational Sensory Support Services found this difficult to quantify, as their training is provided when required. It may involve delivering training to groups of pupils, or on a more individualised basis. Therefore, in terms of numbers of people trained over a year, this ranged from four to 50. Similarly, the university sector respondents could only provide an estimate of between 100 to 320 students per year.

One third sector organisation with Scotland-wide coverage that is also a SQA and Signature-Accredited Training Centre trained over 1000 people in the past year. Two other third sector organisations – one UK-wide and

the other Scotland-wide – both trained approximately 600 people in the previous year.

Third sector organisations with local area coverage trained between 60 and 400 people per year. One third sector organisation with local coverage in a remote and rural location trained nine people in the previous year.

HSCPs/Local Authorities indicated that they trained between 50 and 186 people per year.

Evaluation

We asked respondents several questions in relation to evaluating their training.

When evaluation takes place

19 (95%) respondents indicated that their evaluation takes place post-course. Three (15%) respondents carried out evaluation during the training and four (20%) of respondents indicated they carry out a pre-course evaluation.

Three (15%) respondents selected 'other' and provided further information. One university sector respondent noted that their sensory-related courses are evaluated in the middle and at the end of the course. One HSCP/Local Authority indicated that evaluation does not currently take place, however there are plans to introduce it. Another organisation that signposts to training noted it is not involved in evaluation.

Evaluation methods

Respondents were asked to indicate all the evaluation methods they use. More than one answer could be provided. As the list below demonstrates, online evaluation and hard copy survey are the two prominent methods.

- Online – 11 (57.89%).
- Hard Copy Survey – 10 (52.63%).
- Interview – 4 (21.05%).
- Group evaluation, utilising a scoring system or emojis – 3 (15.79%).
- Other – 5 (26.32%).

Respondents who selected ‘other’ provided further information. One university sector respondent reiterated that mid and end-course evaluation takes place with student/staff liaison, followed by an individual interview. One HSCP/Local Authority respondent noted that individual evaluation sheets provided to participants. Another HSCP/Local Authority noted that they provide forums and mechanisms to enable feedback to ascertain impact and effectiveness of training on staff practices i.e. feedback regarding Care Staff practices from individuals in receipt of such care.

Evaluation shared with participants

It appears from responses that evaluation findings are not routinely shared with training participants.

- Verbal update – 4 (21.05%).
- Presentation – 0.
- Report – 7 (36.84%).
- Evaluation feedback not provided to participants – 10 (52.63%)
- Other – 7 (36.84%).

The university sector respondents indicated that they share feedback via Student/Staff Consultative Committees, as well as on an internal website with comments for action by the BSL course organiser. One HSCP/Local Authority respondent indicated that feedback received from evaluation is shared verbally with the See Hear Strategy Group and is acted upon if required.

“Very rarely asked for information about evaluations but I have it if ever requested. Sometimes used as part of promotional material.”

“We are reviewing how we do evaluation in general and so all of our evaluation processes will change in this next year.”

Training free or fee

Just over half of the training provided by respondents is delivered free of charge.

- No charge – 11 (52.38%).
- Fee – 3 (14.29%).
- Donation – 0.
- Other – 7 (33.33%).

A third sector organisation with Scotland-wide coverage that is an SQA/Signature-Accredited Training Centre provides accredited courses with associated fees. They also provide training for peers that is free of charge.

Another Scotland-wide third sector organisation is currently only delivering internal sensory awareness workshops however they plan to deliver external courses next year and will issue a small charge for some of this.

Another third sector organisation with Scotland-wide coverage noted that it does not charge for any training provided however they do often receive donations.

One third sector organisation with local area coverage reported that See Hear funding enables free delivery of training within the local area. This organisation operates across two other geographical areas where they provide statutory services. These statutory contracts include the provision of an agreed number of training sessions. The organisation has also been commissioned by an HSCP to deliver awareness training to its staff. This respondent emphasised that only HSCP employees in the two contracted and one commissioned area would have access to training free of charge.

“... this {Sensory Loss Awareness Training} is only available for people employed by the Health and Social Care Partnership. People employed by other third sector or public organisations would have to pay, with people working in the private sector paying more”.

Funding

17 (80.95%) respondents do not receive funding to provide sensory loss awareness training. Just four (19.05%) indicated that they do receive funding, and of these, two are in receipt of See Hear funding. This is allocated on a yearly basis and is used to fund See Hear priorities in local areas. One organisation noted that this funding covers some, but not all, costs associated with training delivery.

A university sector respondent noted that they have a BSL Plan with associated ongoing budget commitment. The expectation is that BSL Awareness, Language and Culture – taught at the University – will grow. The fourth organisation that receives funding referred to fixed-term funding to deliver training in a geographically specific area.

Respondent training providers emphasised that funding significantly aids uptake of training as most organisations do not have training budgets.

“Sensory loss awareness is not seen as a priority against other competing interests. This has always been an uphill struggle, even with funding, and it is only by building relationships, a positive profile and reputation for good training that we continue to get participants, and this will be significantly affected without funding”.

Considerations

The following considerations are shared by the ALLIANCE based on the survey findings and our other insights and experience in relation to sensory loss awareness training in Scotland.

National Task Group

A National Task Group could be created to explore and pursue the changes proposed by the considerations set out below. It could address the urgent requirement to determine what constitutes sensory loss awareness training and ensure people with lived experience are involved; and develop a National Awareness Training Quality Framework and tiered awareness training programmes – with consistent aims, objectives, core programme components and robust evaluation methods. A national, collaborative approach via a National Task Group would utilise resources more effectively, ensure quality assurance and bring accreditation to a non-accredited arena.

National training programmes

The aims, objectives, learning outcomes and core components of sensory awareness training are broadly similar regardless of whether focused on agency client group(s) or on Vision, Deaf or Deafblind people. However, there are nonetheless, differences that may lead to mixed messages. A national, tiered, awareness training menu of programmes would reduce any inconsistencies. It would also enable a consistent approach to review and refresh as approaches change and, for instance, language moves on. It would enable any training programmes to drive and keep pace with societal change.

Quality assurance and accreditation

The bulk of sensory loss awareness training currently delivered by respondents and reported on here is not accredited. The lack of a quality framework and quality assurance is of concern and requires attention. Resource and capacity constraints place accreditation beyond

the reach of most third sector organisations, particularly those operating at a local level, who, are more likely to be engaged in awareness training development and delivery. However, as noted previously, a National Task Group, collaboratively involved in development of a quality framework and accreditation would support organisations to deliver accredited training.

Some national and local organisations have developed their own e-Learning resources. Such developments are resource and time intensive, particularly for organisations operating at a local level. Many training providers emphasised that they adapt awareness training to meet the needs and time constraints of organisations requesting training. These adaptations again create and add further diversity to the plethora of provision, with a lack of quality assurance. Furthermore, with no quality framework in place, the organisation-centred approach to training development introduces further diversity and potential for mixed messaging. Collaborative development of Awareness Training Programmes and materials at a national level, would support delivery of a consistent message.

See Hear Highland Education and Learning Service (SHHELS) accredited Vision, Deaf and Deafblind e-Learning modules are accredited and widely available on the Turas platform. They are well-used by a number of training providers, particularly HSCPs, as this provides a means of access to training for Home Care staff, potentially a transient workforce. The Vision and Deaf modules, developed in 2016, would benefit from refresh and update to reflect the social model of disability and a rights-based approach. Review and refresh of these modules could possibly be an initial task of a National Task Group.

Appropriate training informed by people with lived experience

It is crucial that development and delivery of sensory loss awareness training is informed and influenced by the voice of lived experience.

Currently, it seems that much of this involvement is tokenistic, inconsistent and reliant upon voluntary involvement. Given that 66% of

people with sight loss of working age are not in paid employment, it is refreshing to observe that one third sector organisation that participated in the survey is moving from a volunteer development and co-delivery training model to one where people are paid for their time and given status as a commissioned trainer. In the main, non-disabled people would not be expected to develop materials and co-deliver training programmes on an ongoing basis, free of charge. The impetus to change things for the better and to challenge and change the status quo is often viewed as sufficient 'reward' to engage people with lived experience.

While it is vital that people with lived experience inform and influence the development and delivery of training, these individuals should have the background, skills and experience to contribute in an equitable manner.

Language and terminology used in association with sensory loss is in a state of flux: sight loss, vision impairment, visually impaired, hearing loss, D/deaf, dual sensory loss and Deafblind are commonly used but contested terms. A dialogue with people with lived experience needs to take place, to find a vocabulary, terminology, and ways of describing sensory loss that are grounded in, and informed by, those with lived experience. This requirement has been identified as part of the See Hear Strategy Refresh and may assist in this work.

A significant number of training providers referred to the use of simulation exercises as integral components of awareness training programmes. These involve participants conducting tasks while wearing a combination of simulation spectacles, sleepshades and ear-defenders. These are also considered to be effective. However, consideration should be given to such practices, which can be regarded as at odds with the social model of disability and a rights-based approach. Indeed, some disability activists and researchers are opposed to the use of simulation exercises, considering them to provoke fear in some participants or hilarity, where sensory loss becomes the butt of the joke⁷.

Evaluation

Only four respondents (20%) evaluated prospective participants' knowledge or understanding of sensory loss, prior to and following face-to-face sessions. 95% of this evaluation takes place post-course, either by hard copy or online survey, and is completed immediately following attendance.

These evaluation surveys, generally developed by individual organisations, often seek feedback on the delivery of training satisfaction levels, but rarely seek in what way the training has affected participants' understandings and behaviour/practice changes. A national, consistent, evaluation structure is required where the impact of attendance at sensory awareness training is evidenced at six and 12 months post-course. This will then generate an evidence-base to influence future training developments. Furthermore, it may create an evidence-base of any differential impact of online or face-to-face delivery. Currently, providers consider face-to-face to be a more effective mode of delivery. However, there is a lack of data to evidence this.

The majority of sensory loss awareness training is delivered free of charge, with See Hear funding cited as supporting free delivery. In some respects this is positive, as a number of organisations no longer have budgets for staff training. However, the Equality Act (2010) expects service providers to take an anticipatory approach, ensuring staff are trained and have, at least, basic sensory awareness. We suggest this requires training with a robust audit trail. However, only two respondents (9.52%) offered online assessment. Development of training at a national level, a refresh and update of e-Learning modules, and development of online assessment to provide employers with a robust audit trail, is potentially an untapped opportunity.

End of Report – Appendix, About the ALLIANCE and References below.

Appendix: Survey

The Mapping Sensory Loss Awareness Training across Scotland survey included the following questions:

1. Before getting started, please click [HERE](#) to read the ALLIANCE Privacy Statement.
2. What is the name of your organisation?
3. Which geographical areas (local authority/ies does your organization cover?
4. What is the nature of your organization? (tick all that apply)
5. Have people with Lived Experience of Sensory Loss been involved in the development of the Sensory Loss Awareness Training that you deliver?
6. Are people with Lived Experience of Sensory Loss involved in the delivery of Sensory Loss Awareness Training?
7. Do you deliver regular Sensory Loss Awareness Training in your area?
8. How many trainers in total are involved in the delivery of Sensory Loss Awareness Training programmes?
9. How many trainers deliver a single Sensory Loss Awareness Training session? i.e. two trainers per session.
10. Please outline any formal or information qualifications held by trainers involved in delivery of Sensory Loss Awareness Training? i.e. SVQ, Training for Trainers.
11. Please share the geographic areas covered by your Sensory Loss Awareness Training courses and programmes.
12. Is the Sensory Loss Awareness Training you offer and deliver accredited? i.e. SQA
13. If accredited, please detail which courses and the accrediting body.
14. Who delivers your Sensory Loss Awareness Training?
15. Which modes of Sensory Loss Awareness Training do you provide? (tick all that apply)
16. Please indicate the nature of Sensory Loss Awareness Training you provide (tick all that apply)

17. Please indicate the course(s) or programme(s) duration and time commitment options available for Sensory Loss Awareness Training (tick all that apply)
18. Face-to-face options and time commitment (tick all that apply)
19. Hybrid options and time commitment (tick all that apply)
20. Are participants expected to undertake any preparation prior to attending a Sensory Loss Awareness Training session? i.e. completed an online basic course, questionnaire or training-related task/observation?
21. If the response to the previous question was yes, please outline the pre-attendance requirement e.g. Turas modules on sight loss awareness, deaf awareness, deafblind awareness.
22. Please outline and describe the aims, objectives and Key Learning Outcomes for the Sensory Loss Awareness Training Programmes you provide:
23. Please share any details of core components within Sensory Loss Awareness Training programmes or Session Plans:
24. Please indicate who your target audiences are for Sensory Loss Awareness Training e.g. professionals (NHS, Social Care), Independent Sector (Care Homes) or third sector, academia, volunteers, family members or carers:
25. How do you advertise your course / programmes?
26. How many people do you currently train per year? (or how many you trained in the year you last provided this training)
27. Have you evaluated your programme or courses either pre-course, during and / or post course? (tick all that apply)
28. Which modes of evaluation do you use? (tick all that apply)
29. How was this evaluation fed back to participants, planners and organisations? (tick all that apply)
30. Please advise if your Sensory Loss Awareness training is free of charge or if there a cost.
31. Do you receive funding to provide Sensory Loss Awareness Training?
32. If the response to the previous question was yes, was it See Hear funding?
33. If the response to Question 31 was yes, is this funding stream sustainable or fixed term?

34. If fixed term, when does the current funding come to an end?
35. If funding for delivery of Sensory Loss Awareness Training is coming to an end, what impact will this have on your ability or capacity to continue to develop and deliver such training?
36. Please add any other information which can support this baseline mapping of Sensory Loss Awareness Training across Scotland.

About the ALLIANCE

The ALLIANCE is the national third sector intermediary for health and social care, bringing together a diverse range of people and organisations who share our vision, which is a Scotland where everyone has a strong voice and enjoys their right to live well with dignity and respect.

We are a strategic partner of the Scottish Government and have close working relationships with many NHS Boards, academic institutions and key organisations spanning health, social care, housing and digital technology.

Our purpose is to improve the wellbeing of people and communities across Scotland. We bring together the expertise of people with lived experience, the third sector, and organisations across health and social care to inform policy, practice and service delivery. Together our voice is stronger and we use it to make meaningful change at the local and national level.

The ALLIANCE has a strong and diverse membership of over 3,300 organisations and individuals. Our broad range of programmes and activities deliver support, research and policy development, digital innovation and knowledge sharing. We manage funding and spotlight innovative projects; working with our members and partners to ensure lived experience and third sector expertise is listened to and acted upon by informing national policy and campaigns, and putting people at the centre of designing support and services.

We aim to:

- Ensure disabled people, people with long term conditions and unpaid carers voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change that works with individual and community assets, helping people to live well, supporting human rights, self management, co-production and independent living.

- Champion and support the third sector as a vital strategic and delivery partner, and foster cross-sector understanding and partnership.

Contact

Janis McDonald, Associate Director (Sensory)

E: janis.mcdonald@alliance-scotland.org.uk

Lucy Mulvagh, Director of Policy, Research and Impact

E: lucy.mulvagh@alliance-scotland.org.uk

T: 0141 404 0231

W: <http://www.alliance-scotland.org.uk/>

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⁴ Email communication between Amanda Wilson, Team Lead for Deaf Services and See Hear Highland Education & Learning Services (SHHELS) at NHS Highland and Hazel McFarlane, Senior Sensory Hub Officer at the ALLIANCE Scottish Sensory Hub, 8/6/2023.

⁵ Butchart, M., Kennedy, I. and Neil, J. (2019) 'Evaluation of the Sensory Champion Training, Sensory Impairment in people with learning disabilities and complex needs: a training programme for health professionals to raise awareness of sensory impairment in people with complex needs', Royal National Institute of Blind People (RNIB).

⁶ <https://www.signature.org.uk/>

⁷ See endnote 2.