**Children with Sensory Impairments:**

**Review of the services of the Allied Health Professions**

Opened: 28th January 2020

Closes: 14th February 2020

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**Overview**

We would be grateful to hear from you if you are:

* a young person with a hearing and/or visual impairment

living in Northern Ireland (up to 18 years old)\*

* **the parent or carer of a young person with a hearing and/or visual impairment living in Northern Ireland**
* a professional working with children and young people with hearing and/or visual impairment in Northern Ireland

Please complete the following survey to tell us what you think of the support currently being provided by the Allied Health Professions. There are 13 questions in this survey, and it should take around 20 minutes to complete.

The Public Health Agency (PHA) is carrying out a review of the services of the [Allied Health Professions](https://www.health-ni.gov.uk/articles/allied-health-professional-groups) (AHPs) for children and young people up to 18 years old with visual, hearing or multisensory impairments. There are 13 Allied Health Professions in total, but those most directly involved in supporting children and young people with sensory impairment are Occupational Therapists, Orthoptists, Physiotherapists and Speech and Language Therapists.

**Why we are consulting**

The survey aims to ensure that the needs of children and young people who have a hearing or visual impairment are taken into consideration in this review of services provided to them.

The results of this survey will be incorporated anonymously into the review report which will be shared with the Department of Health and colleagues in the Health and Social Care Trusts with a view to improving services.

Completion of the survey is not compulsory and by completing it you consent to the information you provide being included in the review. Your information will only be held for as long as necessary to complete the review and will then be disposed of in accordance with our policy on records management and disposal (Good Management Good Records).

\*We are using the term ‘hearing impairment’ to refer to all types of hearing loss and deafness from mild to profound. We are using the term ‘visual impairment’ to refer to people who are partially sighted and who are blind.

**Who you are**

1. Are you...?

(Required – mark the appropriate box with an X)

|  |  |
| --- | --- |
|  | Child or young person with hearing, visual or multisensory impairment. |
|  | Parent or carer of a child or young person with hearing, visual or multisensory impairment. |
|  | Professional working with a child or young person with hearing, visual or multisensory impairment. |

**A bit more about your child...**

2. Personal information – This survey is anonymous, but the information below will help us to identify needs in different age groups and areas.

(Required)

|  |  |
| --- | --- |
| Age of child |  |
| First part of postcode, eg BT20 |  |

3. What type of sensory impairment does your child have?

(Required – mark the appropriate box with an X)

|  |  |
| --- | --- |
|  | Hearing impairment |
|  | Visual impairment |
|  | Both hearing and visual /multisensory impairment |

4. Does your child have any other additional needs?

Please briefly state what these are, and provide any other information about their needs that you think it is important for us to know.

|  |
| --- |
|  |

*Please continue to next page.*

**Your feedback on the services of Allied Health Professions**

First, tell us which Allied Health Professional services your child received.

Then let us know if you were satisfied with the services or not. In the comments boxes, please tell us what was good or beneficial, and what could be improved about each service. Please also tell us if there was a service you did not receive but feel you may have benefitted from.

5. Mark the [Allied Health Professional](https://www.health-ni.gov.uk/articles/allied-health-professional-groups) services your child has received. There will be space to add comments in the next question.

(Required – mark the appropriate box with an X)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Service used | Service not used | Don't know |
| Occupational Therapy |  |  |  |
| Orthoptics |  |  |  |
| Physiotherapy |  |  |  |
| Speech and Language Therapy |  |  |  |
| Art Therapy |  |  |  |
| Dramatherapy |  |  |  |
| Music Therapy |  |  |  |

6. Please tell us how satisfied you were with the services of the [Allied Health Professions](https://www.health-ni.gov.uk/articles/allied-health-professional-groups) in relation to your child’s hearing and/or visual impairment and add any comments about that service.

(Required – mark the appropriate box with an X)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very satisfied** | **Somewhat satisfied** | **Somewhat dissatisfied** | **Very dissatisfied** | **Service not received** |
| Occupational Therapy |  |  |  |  |  |
| *Comments* | | | | | |
| Orthoptics |  |  |  |  |  |
| *Comments* | | | | | |
| Physiotherapy |  |  |  |  |  |
| *Comments* | | | | | |
| Speech and Language Therapy |  |  |  |  |  |
| *Comments* | | | | | |
| Art Therapy |  |  |  |  |  |
| *Comments* | | | | | |
| Dramatherapy |  |  |  |  |  |
| *Comments* | | | | | |
| Music Therapy |  |  |  |  |  |
| *Comments* | | | | | |

7. If your child has received services from any of the other [Allied Health Professions](https://www.health-ni.gov.uk/articles/allied-health-professional-groups) - Dietitians, Orthotists, Paramedics, Podiatrists, Prosthetists, Radiographers – even if unrelated to their visual or hearing impairment, please list them and comment.

|  |
| --- |
|  |

8. Do you have any comments on other health services your child has received in relation to their hearing and/or visual impairment? For example, children's disability, sensory support teams, external organisations, etc.

|  |
| --- |
|  |

9. Have you any concerns currently regarding your child’s needs? If yes, what would help address these?

|  |
| --- |
|  |

10. Do you have any other comments on services your child has received, or didn't receive but would have benefitted from?

|  |
| --- |
|  |

**Conclusion**

11. Is there anything else you would like to tell us about in relation to your child’s hearing and/or visual impairment?

|  |
| --- |
|  |

12. Would you like to attend a small focus group to discuss these services in person? If yes, please provide your name, contact email address and phone number below.

|  |  |
| --- | --- |
| Name |  |
| Email address |  |
| Phone number |  |

13. Would you like to discuss these services in person one-to-one? If yes, please provide your name and contact email address below.

|  |  |
| --- | --- |
| Name |  |
| Email address |  |
| Phone number |  |

By completing this survey you give us permission to analyse and include your response in our results anonymously. Information provided by respondents to this survey will be held and used for the purposes of the administration of this current exercise and subsequently disposed of in accordance with the provisions of the Data Protection Act 2018 and General Data Protection Regulation.