**Falls and Fracture Prevention Strategy for Scotland, 2019-2024: Consultation**

Note: This consultation document was compiled in 2019 when the charity was called Royal Blind.

**Do you agree the Strategy will improve services for those who experience Falls? If not, what improvements do you suggest?**

Any improvements and support to prevent falls are very welcome. We are particularly encouraged by the focus placed in the strategy on supporting the needs of people with vision impairment as sight loss is a leading cause of falls. This is important given the growing prevalence of people – especially older people - living with sight loss. There are already an estimated 171,000 people in Scotland living with a vision impairment and this is set to double in the next few decades. One in five people over the age of 75 and one in two people over the age of 90 are estimated to have sight loss. People with vision impairment are at a higher risk of falls and even more so if they have dementia.

The strategy’s focus on rehabilitation is encouraging but it is crucial this is backed with investment. We are aware that there are waiting lists for specialist vision impairment rehabilitation for people with sight loss in a number of areas of Scotland. If people with vision impairment do not receive the timely support they need to develop independent living skills and manage the impact of their sight loss on their safety, within and out with their home environment and mobility needs assessed and appropriate advice and support provided by a qualified workforce, this could also increase their risk of experiencing a fall.

We welcome the commitment to collaboratively review the National Transport Strategy and to include recommendations on accessible safe transport schemes for frailer, vision impaired and disabled passengers. The recognition of the importance of gritting pavements in the winter, maintenance and lighting of pavements and paths, handrails and accessible facilities and amenities, are also welcome. More broadly the good maintenance of community infrastructure is essential, as people with sight loss supported by our services have highlighted their concern over the poor state of pavements in their area, presenting a barrier to their mobility in their community and increasing the risk of falls.

Falls assessments, especially of older people, should include screening for visual impairment and those identified as being visually impaired should be given a full eye examination by an optometrist. The unique circumstances of people with sight loss in relation to falls need to be highlighted among falls prevention teams, care homes and Health Boards, including the rehabilitation programmes that aim to improve physical activity.

We also share the concerns expressed by other sight loss charities over “shared spaces” policies which have been developed by a number local authorities. While shared spaces are intended to reduce the speed of traffic and the number of accidents through vehicles and pedestrians sharing the same surface, their design can involve the removal of kerbs, pedestrian crossings and tactile pavement markings. For people with vision impairment this makes it more difficult to negotiate and navigate such surroundings, reducing inclusion and increasing the risks of accidents and falls. The UK Government has advised local authorities in England to pause their development while guidance is reviewed, and we would welcome a similar approach by the Scottish Government with regard to plans for shared spaces in Scotland. Falls prevention would also be aided by action to address street clutter. The decision by Edinburgh City Council to ban ‘A’ boards from streets in the city is a positive step which we would like to see other local authorities follow.

We are pleased that the strategy recognises the importance of a familiar and accessible home environment. It is vital that adaptations, equipment and technology are vision impaired-friendly for those in residential care homes as well as in their own homes.

For recording falls, the Care Inspectorate has produced good resources but they are very time-consuming to complete after each incident. We have a lot of falls in both our care homes and we would welcome shorter versions of the current paperwork. Materials and resources should be provided in braille and in a number of formats including plain text, plain English, graphics and Easy Read.

**Do you agree with the outcomes in the Strategy? If not, why not?**

The twelve outcomes are very positive and comprehensive. In our experience, lack of joined-up care and collaboration is a major issue. There are some welcome initiatives which have the potential to contribute to a reduction in falls, but a lack of sharing and a universal approach is still missing, with variation across the country.

**Do you have any comments or additions on topics which are not covered in the Strategy? Please be specific in your reasons and include any resources or references we should consider.**

A significant challenge for Royal Blind is family understanding and education, particularly around risk taking. Developing resources for families would be invaluable. Our staff are frequently challenged by families who demand they prevent falls completely or request that we restrain their relative to stop them falling. Third sector partners and disability organisations should be involved in the development of learning resources by NHS Education Scotland, to ensure people with lived experience can directly contribute.

Investment in staff training is also important. Specific vision impairment awareness training needs to be available to all health and social care staff so that they can understand the distinct support required, which could also help prevent falls.

We also believe there should be a clearer focus on human rights in the strategy, given the growing indications that a rights-based approach will be adopted across a range of national policy and practice areas, including in health and social care.

**Please comment your thought on how best to support the implementation of the Strategy.**

We support the intention to create a culture of partnership and collaboration in which collective action is taken to reduce harm from falls. We agree with the “essential enablers” of strategy implementation. It is also essential that there is full and meaningful consultation with people with lived experience at all stages of the process.