ssia

Social Services Improvement Agency

Making a Difference

Realistic options for improving services to people with a sensory loss

April 2014

WCB

Wales Council of the Blind

Acknowledgement

This report was written by Barbara Dwyer, Project Worker for Vision in Wales (now Wales Council of the Blind) and Steve Vaughan (seconded to SSIA).

The authors would like to extend their gratitude to those who completed the regional scoping questionnaire, attended the workshops and to the project steering group.

For all enquiries and further information on the report contact:

Owen Williams (Director)
Wales Council of the Blind
2nd Floor
Hallinans House
22 Newport Road
Cardiff
CF24 0DB

Tel: 029 2047 3954
Email: owen@wcb-ccd.org.uk

This document is available in Audio, Braille, large print and digital formats. Contact Wales Council of the Blind for copies.

WLGA • CLILC

ADSS CYMRU
Leading Social Services in Wales
Yn arwain Gwasanaethau Cymdeithasol yng Nghymru

Llywodraeth Cymru
Welsh Government

Contents

Executive Summary

The model of care and support promoted by the **Social Services and Well-being (Wales) Bill**[1] is very much about helping people to address problems early to prevent them escalating and threatening the individual's well-being and independence.

Specialist sensory impairment services are focused on helping people to develop, retain or regain their independence, promote their well-being and to help manage or mitigate risk. Many people can benefit from support from these services without having to be pulled into formal care management arrangements. Specialist sensory impairment services should be positioned alongside reablement, Telecare and 'family first' services as part of the targeted prevention services for children and adults.

Early intervention will promote the individual's well-being and independence and will help to avoid the need for more intensive and expensive service interventions. The alternative to providing good specialist support is the inappropriate and wasteful allocation of long term care services which are costly and may promote dependence.

In the case of children and young people with a sensory impairment, good specialist support is important for both the individual and their parents to help them promote the child's development. Families with a severely sensory disabled parent, such as with profound deafness, will also need specialist support to help the parent fulfil their parental responsibilities.

Colleagues in the field of sensory impairment will quite rightly argue that they have been working to this model for years and the time has now arrived to overcome their image as a 'Cinderella' service and highlight their contribution towards promoting the independence and quality of life of so many people with a sensory impairment. In some parts of Wales we are in danger of losing staff with specialist skills and not being able to replace them. We are in danger of having models of service provision decided by default and neglect rather than by conscious decision making based on evidence. We need to decide what models of service we want to develop to support people with a sensory impairment and work together collaboratively to provide effective support.

Given the rising demand for services due to demographic pressures we will be faced with more complex cases where people are likely to experience more than one illness or disability. We need therefore to ensure that we have the appropriate expertise in place to respond to these challenges.

The personalisation agenda and model of care and support underpinning the **Social Services and Well-being (Wales) Bill** depends on having staff with the appropriate knowledge and expertise to work with the individual and their family to help them identify their needs and strengths together with the outcomes which they want to achieve.

We can only improve outcomes through solutions tailored to meet the needs of people and this includes people with a sensory loss.

Elected members and senior managers may wish to reflect on the following questions before considering the recommendations.

Do we have access to professional staff and services with appropriate expertise who understand the needs and support required for -

- a child born deafblind together with those of the child's parents?
- the individual who becomes deafblind following a serious trauma, as in the case of an injured soldier returning from Afghanistan, together with the needs of his family?
- a hearing child with profoundly deaf parents?
- hearing parents with a profoundly deaf child?
- a child born blind together with those of their parents?
- an individual who becomes deaf or blind in later life?
- people who become hard of hearing?
- people who develop sight impairment?
- people with multiple disabilities e.g. learning disabilities and sensory impairment or dementia and hearing impairment?

Remember that a social worker without special knowledge of sensory impairment may be able to communicate with a deaf person through an interpreter using BSL

but they will probably have little or no understanding of deafness or its implications. What advice can they therefore provide for hearing parents of a deaf child to promote the child's development? The reader will also note the attention given to the family and carers of the individual concerned.

This does not mean that every local authority needs to employ specialist sensory impairment staff or directly provide specialist services but it does mean that local authorities should be collaborating with each other or with the Third Sector to secure specialist support when required.

This report is written as the first stage of the commitment to explore 'opportunities for collaboration in the provision of sensory impairment services' in Wales. The commitment is included in the local government implementation plan in responding to **'Sustainable Social Services: A Framework for Action'**[2].

Although the commitment is primarily a local government, social services commitment, we have been very pleased with the commitment demonstrated by Third Sector partners operating throughout Wales. We are particularly grateful to Wales Council of the Blind for contributing funding to support this project. This is very much the first stage of this project and includes recommendations which involve improving the quality of collaboration between local authorities, the NHS and the Third Sector.

The report contains a range of realistic, achievable outcomes which should enable specialist sensory services to provide direct support to people with a sensory impairment, as well as support to other service providers to make their services more effective for people with a sensory impairment.

This work has been largely based around the findings from questionnaires completed by local authorities and specialist Third Sector sensory impairment organisations together with material obtained from discussions at three regional workshops held in Wales (December 2012 to March 2013) where we had contributions from local authority and Third Sector partners from across the range of specialist sensory services. We have also drawn on recent research.

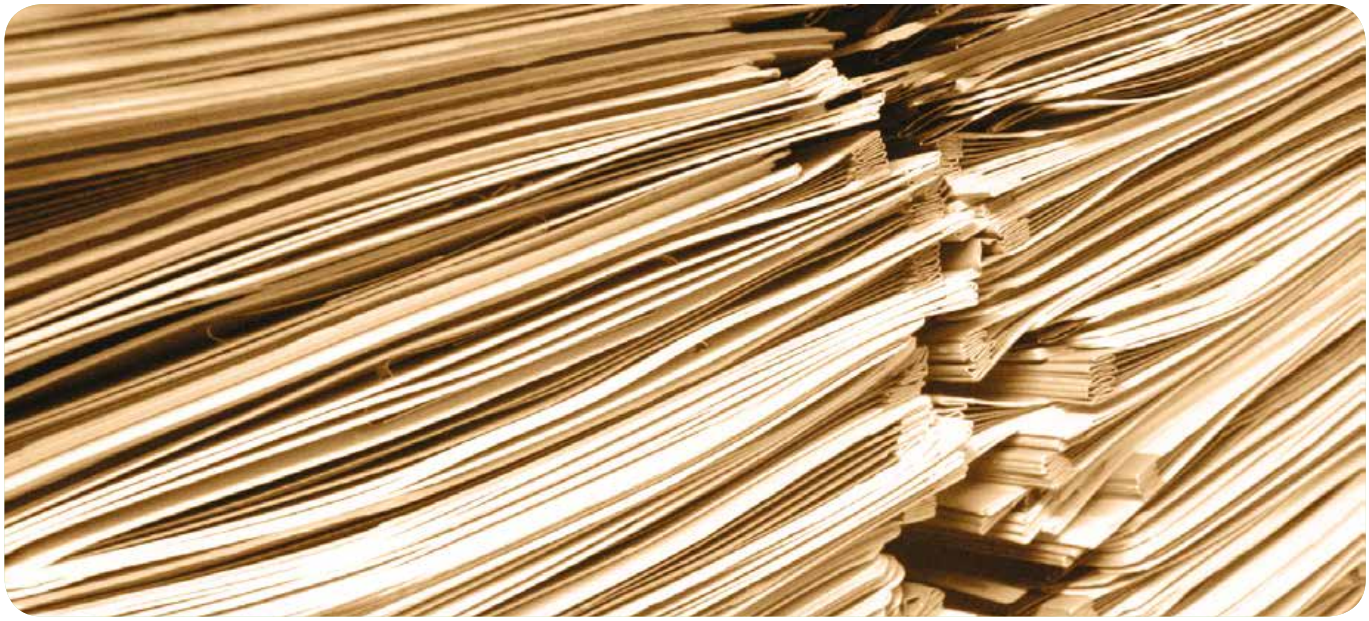
This report examines the options for working more collaboratively. The recommendations complement

many of the recommendations in the **Together for Health: Eye Health Care Delivery Plan for Wales** [3].

Recommendations.
We would like each of the bodies listed to consider the following recommendations. All recommendations applying equally to children and adults. It is recognised that progress has been made in some areas and staffing levels have changed since the questionnaires had been completed.

1. To establish an advisory board with representatives from local authorities, local health boards and the Third Sector to help to implement the following recommendations. The Advisory Board will either provide direct support or co-ordinate appropriate working groups to deliver specific objectives. The Third Sector working with the Welsh Government is willing to facilitate the delivery of the Advisory Board.

2. Local authorities work to ensure that professionals with the appropriate knowledge, skills and qualifications are available to work with people (adults & children) with a sensory impairment to help them identify their needs, strengths and the outcomes they want to achieve. Local authorities need to evaluate their existing capacity in relation to specialist sensory staff with a view to identifying opportunities for collaboration in providing these services. This may be taken forward through enhancement of existing staff skills assessments.



3. Local authorities work together with the Third Sector, the Care Council and SSIA to develop appropriate post-qualification training opportunities for specialist staff on an all-Wales basis. Providers of such training need enough people involved to make the provision of training financially viable. This needs to be planned and commissioned on an all-Wales basis. The Advisory Board to discuss with stakeholders who will lead this work.

4. Local authorities should also work with specialist Third Sector organisations to develop models of professional supervision to supplement support offered by non-specialist line managers.

5. Local authorities, SSIA, local health boards and the Third Sector to work with the Care Council to design training packages for non-specialist workers.

At present many specialist workers provide training to other staff working in residential care or home care settings and others circumstances. This takes time to design and deliver. It would be more effective to design programmes centrally to work towards achieving more consistent standards and towards developing more professional materials targeted at specific services, reception staff, elected members, and non-specialist managers of sensory impairment services. The Advisory Board to discuss with stakeholders who will lead this work.

6. Local authorities to map the needs of people with a sensory impairment against current provision to plan for the future.

This should include supported housing. Joint commissioning between authorities could, for example, secure specialist residential beds for BSL users on a regional basis. This mapping should help to identify areas for collaboration. The Advisory Board can provide a template.

7. Registers: The Advisory Board to form a task and finish group to assist the Welsh Government and the work associated with the Eye Health Care Delivery Plan for Wales to inform the effective use and maintenance of registers.

The **Social Services and Well-being (Wales) Bill** builds on the existing requirements for local authorities to maintain registers but the Bill provides

an opportunity to make these more effective. Effective registers matched against the current use of services will assist with the mapping of need required to inform commissioning. Effective registers can be used more directly to benefit individuals. They can be used, for example, to flag warnings both in emergencies and when people make routine appointments to indicate a need for communication support.

8. Local authorities identify opportunities for the joint commissioning of services.

This may include specialist residential placements as described above, habilitation services for children with sight loss, eye care liaison services, or services from specialist Third Sector organisations which could include personal care and rehabilitation.

Commissioners also need to be sensitive to the needs of providers to help them plan and develop their services. Sense Cymru, for example, offer communicator guides providing one to one support for deafblind people on behalf of many local authorities on a spot contract basis. This makes it difficult to plan services and train staff. It may be more appropriate to consider regional or national contracts with each authority making a contribution based on estimated activity.

9. Information: The Advisory Board to form a standing group consisting of local authorities, Local Health Boards, Third Sector and Welsh Government to aid local authorities and local health boards to assist the statutory sector with the development of their 'information, advice and assistance' services required by the Social Services and Well-being (Wales) Bill to ensure that they meet the needs of people with a sensory impairment.

10. The Advisory Board to develop model professional/specialist assessments in relation to sensory impairment.

Some work has been undertaken on describing good assessment practice in relation to people who are deafblind and people with a hearing impairment. This needs to be updated and embedded consistently across Wales and include vision impairment. This will assist local authorities with the implementation of the **Social Services and Well-being (Wales) Bill.**

11. Care Pathways: representatives of local health boards to work with their partners in local authorities and the Third Sector to further develop effective care pathways.

This will help to map how and when services are delivered, clarify roles and responsibilities and reduce duplication in the system. **Together for Health: Eye Health Care Delivery Plan for Wales** includes the requirement for health boards to ensure effective referrals to social services from the hospital eye service where the individual would benefit from an assessment by a rehabilitation officer and, where appropriate, a rehabilitation programme. The same considerations apply to deafness and deafblind. Social services and the Third Sector will also need to be able to make effective referrals to health.

12. Equipment: Local authorities, local health boards (LHBs) and the Third Sector should examine and develop best practice guidelines in relation to the provision of specialist sensory equipment including an examination of the role and contribution of community equipment services.

13. Technology: Local authorities, LHBs and Third Sector partners to establish mechanisms (e.g. meetings of existing professional groups) to share and exploit advances in technology.

An example may include sharing information about 'relay systems', for example, which enable Deaf citizens to access a range of services directly without recourse to external translation or advocacy services.

14. Develop good practice standards in relation to transition between services for children and young people and adult services.

Transition was highlighted as an area of concern in several of the workshops. Even where transition protocols exist they do not appear to be working as intended.

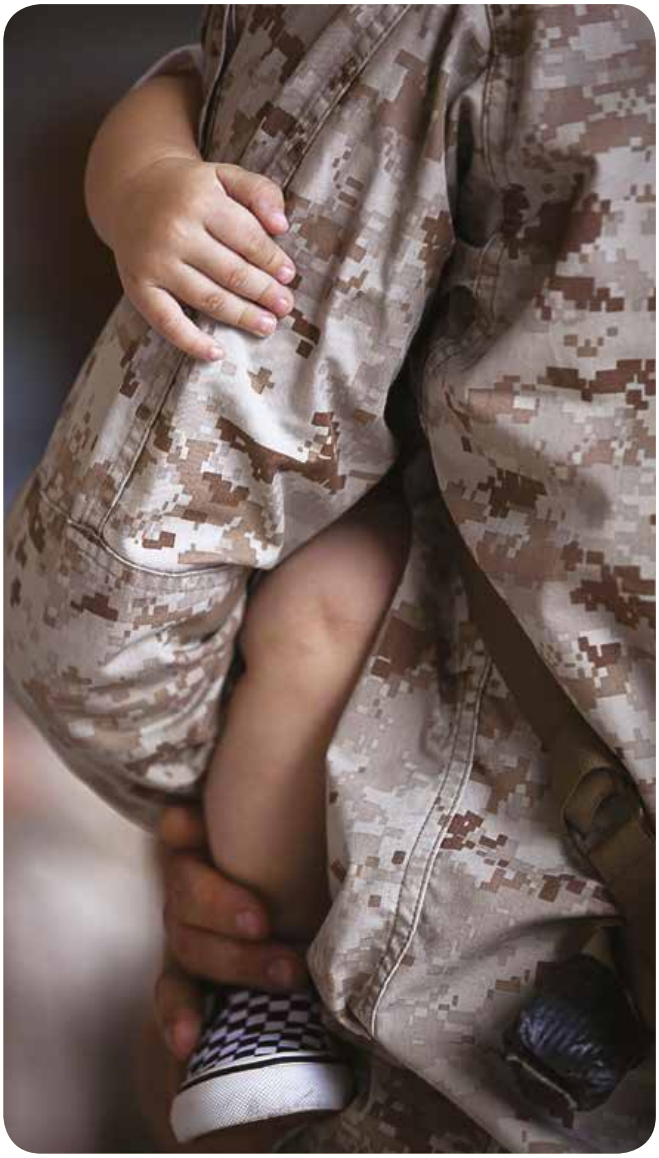
15. The Advisory Board to advise on the development of good practice standards across the field of sensory impairment services.

Introduction

1.1 This report is written as the first stage of the commitment to explore 'opportunities for collaboration in the provision of sensory impairment services' in Wales. The commitment is included in the local government implementation plan in responding to **'Sustainable Social Services: A Framework for Action'.**

Although this is primarily a local government social services commitment we have been very pleased with the commitment demonstrated by Third Sector partners operating throughout Wales. We are particularly grateful to Wales Council of the Blind for contributing funding to support this project. This is very much the first stage of this project and includes recommendations which involve improving the quality of collaboration between local authorities and with the NHS and Third Sector. Further work also needs to be pursued to improve collaboration between education and social services departments within local government.

1.2 The report contains a range of realistic, achievable outcomes which should enable specialist sensory services to provide direct support to people with a sensory impairment, as well as support to



other service providers to make their services more effective for people with a sensory impairment.

1.3 The model of care and support promoted by the **Social Services and Well-being (Wales) Bill** provides a platform to demonstrate the contribution of specialist sensory impairment services to the health and

well-being of the people of Wales. This model is very much about helping people to address problems early to prevent them escalating and threatening the individual's well-being and independence. Early intervention will help to avoid the need for more intensive and expensive service interventions. This also involves the requirement for health and social services to work together to identify people with a sensory impairment. The alternative to providing good specialist support is the inappropriate and wasteful allocation of long term care services which are costly and may promote dependence. People with a sensory impairment want to protect their independence.

1.4 Specialist sensory impairment services are focused on helping people to retain or regain their independence and manage risk. Many people can benefit from support from these services without having to be pulled into formal care management arrangements.

The sections on the workshops later in this report provide examples of cases which can be supported prior to any test of eligibility criteria together with examples of cases which will require a formal care and support plan. In cases where the individual is receiving long term support, either from domiciliary care services or residential care, these specialist sensory services can still help individuals to maximise their independence and enhance their well-being and quality of life.

1.5 The commitment to the development of a Welsh model of 'citizen directed support' in **'Sustainable Social Services'** which underpins the **Social Services and Well-being (Wales) Bill** makes the provision of specialist sensory impairment services essential if we want to promote independence and well-being and avoid people being forced into expensive and inappropriate services. We can only improve outcomes through solutions tailored to meet the needs of individuals. This depends on having staff with the appropriate knowledge and expertise to work with individuals and their family to help them identify their needs and strengths together with the outcomes they want to achieve.

1.6 Colleagues in the field of sensory impairment will quite rightly argue that they have been working to this model for years and the time has now arrived to overcome their image as a 'Cinderella' service and

highlight their profile and contribution towards promoting the well-being and independence of people with a sensory impairment and working towards mitigating the negative impact of sensory impairment in terms of risk and barriers to the achievement of outcomes. In Wales we can rightly take pride in the advancement of reablement services largely, but not exclusively, for older people. Yet one could argue that this model has already been operating in specialist sensory services for years but requires additional support to maximise their positive impact. **It is time that the contribution of specialist sensory support services was recognised and supported across Wales.**

1.7 Given the rising demand for services due to demographic pressures we will be faced with more complex cases where people are likely to experience more than one illness or disability. We need therefore to ensure that we have the appropriate expertise in place to respond to these challenges.

Elected members and senior managers may wish to reflect on the following question before considering the recommendations.

Do we have access to professional staff and services with appropriate expertise who understand the needs and support required for -

- a child born deafblind together with those of the child's parents?
- the individual who becomes deafblind following a serious trauma as in the case of an injured soldier returning from Afghanistan together with the needs of his family?
- a hearing child with profoundly deaf parents?
- profoundly deaf parents with a hearing child?
- hearing parents with a profoundly deaf child?
- a child born blind together with those of their parents?
- an individual who becomes deaf or blind in later life?
- people who become hard of hearing?
- people who develop sight impairment?
- people with multiple disabilities e.g. learning disabilities and sensory impairment or dementia and hearing impairment?

The reader will note the attention given to the family and carers of the individual concerned.

1.8 In addition to understanding the needs and support requirements of individuals we also have the challenge of language and communication. Deaf people who use British Sign Language (BSL) often prefer to communicate directly with professionals. This is, of course, not always possible in relation to doctors or lawyers but we do have a dwindling number of specialist social workers who work with deaf people. These cannot be replaced by social workers with no specialist knowledge of sensory impairment working through interpreters because they lack the understanding of the needs and requirements of the individual concerned.

This does not mean that every local authority needs to employ specialist sensory impairment services but it does mean that local authorities should be collaborating to secure this service when required. People with a significant sight loss will similarly appreciate information which is accessible – braille, audio, large print, electronic.

1.9 We are in danger of losing staff with specialist skills and not being able to replace them. We are in danger of having models of service provision decided by default and neglect rather than by conscious decision making based on evidence.

1.10 We have some deficits to address in terms of people having access to specialist sensory services. Some children, for example, may not have access to habilitation/ rehabilitation services for vision impaired people or to a specialist social worker for the deaf. Most specialist sensory impairment services are based in adult services.

1.11 This work has been largely based around the findings from questionnaires completed by local authorities and specialist Third Sector sensory organisations together with material obtained from discussions at three regional workshops held in Wales (December 2012 to March 2013) where we had contributions from local authority and Third Sector partners from across the range of specialist sensory services. We have also drawn on recent research.

1.12 This report examines the options for working more collaboratively. These include authorities working with formal partnerships and pooled budgets, joint commissioning of specialist services, collaboration in relation to training, information provision and sharing posts. Most participants at the workshops opted for collaboration short of formal partnerships at this stage. Many expressed the view that what may be gained by having larger specialist sensory teams may be lost through the loosening of relationships with their colleagues working locally. Many staff who attended the workshops to develop this report were already engaged in service restructures, were unclear about their immediate future and felt that formal partnerships were one step too many at this stage. Clearly many feel that that their contributions are not always recognised or valued. Some feared that formal partnerships would lead to job losses.

1.13 The report acknowledges the challenging financial climate all organisations are working within together with a demanding policy environment and contains a range of sensible, achievable recommendations to improve the outcomes of people with a sensory impairment by having the right models of service delivery enhanced by effective collaboration.

1.14 In developing the final version of this report we are mindful of the forthcoming publication and discussions concerning the 'William's Commission' report **'Commission on Public Service Governance and Delivery'**[4] on the future of public services in Wales. The recommendations outlined in this report are still relevant. They allow us to start to make immediate progress. Any recommendations concerning the number of local authorities in Wales will need to be considered at the next stage of this project.

Recommendations

We would like each of the bodies listed to consider the following recommendations. All recommendations applying equally to children and adults. It is recognised that progress has been made in some areas and staffing levels have changed since the questionnaires had been completed.

2.1 To establish an advisory board with representatives from local authorities, local health boards, the Third Sector, the Care Council and Welsh Government to help to implement the following recommendations. The Advisory Board will either provide direct support or co-ordinate appropriate working groups to deliver specific objectives. The WLGA to discuss with ADSS Cymru to decide lead responsibility and co-ordinate invitations to participate. The Third Sector, working with the Welsh Government, is willing to facilitate the delivery of the Advisory Board.

2.2 Local authorities to work to ensure that professionals with the appropriate knowledge, skills and qualifications are available to work with people (adults and children) with a sensory impairment to help them to identify their needs, strengths and the outcomes they want to achieve.

Local authorities need to evaluate their existing capacity in relation to specialist sensory staff with a view to identifying opportunities for collaboration in providing these services. This may be taken forward through enhancement of existing staff skills assessments. The questions in 1.7 provide a steer to some of the issues to be addressed.

Local authorities should ensure that staff working with people with a sensory impairment should have appropriate knowledge, skills and qualifications. This applies to working with both adults and children with a sensory impairment. This does not mean that every local authority, for example, has to employ a specialist social worker for deaf people. It may mean local authorities collaborate to provide this service or to purchase the service from a specialist provider such as a Third Sector organisation. In relation to deaf children, for example, the social worker needs to understand the potential complexity of deaf children's linguistic and social developmental challenges (and differences) including the

considerable risk of mental ill health in childhood. Social workers need to understand deafness and deaf culture. The risk of not doing so is that problems may be inappropriately attributed to deafness and other problems caused by deafness may go unrecognised. Having the appropriate knowledge and expertise is essential to working in a proactive and preventative manner and is entirely consistent with an understanding of safeguarding in the broadest sense of the promotion of well-being.

The same considerations apply to other professionals. Only rehabilitation officers for the vision impaired are qualified to assess and help blind people with mobility, communication and life skills. Knowledge and expertise in relation to the needs of deafblind people are more scarce and it is important that people with the appropriate knowledge, skills and qualifications are available to support deafblind people.

Some authorities employ social workers with a specialism in working with blind people. They consider the broader needs of blind people. Their skills and knowledge have generally been built up through experience but consideration also has to be given to their continuing professional development.

One authority employs specialist advocates for deaf people. Advocates

have a valuable contribution to make. Specialist social workers often find it difficult when they find themselves in an advocacy role which may be in conflict with the local authority. The hearing impairment benchmarking group developed a protocol describing the contributions of advocates and specialist social workers[5].

2.3 Local authorities could collaborate to provide a specialist advocacy service for deaf people.

One other important requirement of the skills of specialist sensory impairment workers concerns language skills. This applies to specialist workers for the deaf, and in some cases, workers for deafblind people. When discussing intimate concerns regarding their social care needs, many deaf people would prefer to communicate directly with professionals fluent in BSL without the need for interpreters. This also mirrors the requirements of the Welsh Language requirements – **Strategic Framework for Welsh Language Services In Health, Social Services and Social Care**[6] which states that public services in Wales are committed to providing citizen centered services. Many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. Users and carers will be empowered if they are able to speak with staff in their first language. The framework recognises that it is important to recognise the concept of language need to improve the quality of care and that organisations have a responsibility to recognise and accept responsibility to respond to language need as an integral part of care. This applies equally to people who use BSL. Public services in Wales have received best practice guidance on how to deliver services through BSL, which should be referenced through this work – **Delivering in British Sign Language: Advice for Public Services**[7]. The Advisory Board would support local authorities with this work.

The role and contribution of specialist social workers for the deaf is outlined in research, some of which was commissioned by the Welsh Government:

The role, contribution and training requirements of specialist social workers with d/Deaf people: Alys Young & Ros Hunt, University of Manchester, Social Research in Deafness Group[8];

Older People who use BSL – preferences for residential care provision in Wales: Ros Hunt, Rosemary Oram and Alys

Young, Manchester University[9];

Specialist Assessment Involving Deaf Children and Adults: a discussion document: Alys Young & Ros Hunt, Manchester University[10].

The above reports were commissioned by the Welsh Government.

The Impact of Integrated Children's Services on the scope, delivery and quality of social care services for deaf children and families: Alys Young, Ros Hunt & Carole Smith University of Manchester (commissioned by National Deaf Children's Society (NDCS)[11].

2.4 Local authorities work together with the Third Sector to collaborate to develop appropriate post-qualification training opportunities for specialist staff on an all-Wales basis. The Care Council, SSIA and Local Health Boards should also be invited to contribute.
Specialist sensory professionals have access to a wide range of training opportunities in adult or child protection, for example, but at present there are limited opportunities for specialist staff to access training for continuing professional development within their specialist field of sensory impairment. Providers of such training need enough people involved to make the provision of training financially viable. This needs to be planned and commissioned on an all-Wales basis.

We have set some good precedents in this area. The Welsh Government funded 4 days' training from Manchester University and 4 days' training from Birmingham University in 2011/12 for all the specialist social workers for the deaf in Wales. The latter course focused on the needs of deaf people with mental health problems. The training was provided in 2 day blocks in Cardiff and to make the training accessible to all, the accommodation costs of staff living too far away to travel each day were also met. It would have been pointless to have provided the training opportunity only for some staff to miss out.

Funding was also provided for 3 staff to undertake the Diploma in Deafblind Studies. It is becoming apparent that as staff have undertaken these qualifications there has been a significant increase in the identification of deafblind people. Sixteen people have also undertaken training in Signature Level 2.

Other training was also provided on an all-Wales basis for rehabilitation officers for the vision impaired (ROVI) and deafblind specialist workers. This included:

- Anatomy, Physiology, and Anatomy of the Eye refresher course presented by Dr Alison Hood;
- Down's Syndrome and the incorporated vision impairment course presented by Dr Maggie Woodhouse;
- Specialist Lighting Assessment refresher course presented by Mark Grey following research from the Thomas Pocklington Trust;
- Low Vision refresher course presented by Optima.

Sense Cymru have worked with Carmarthenshire County Council to develop an e-learning package that meets the mandatory QCF knowledge units relating to sensory loss at Level 2. This work is available across Wales to Local Authorities and Health Boards and can be accessed through Sense Cymru. This will reduce costs as well as help local authorities to meet their mandatory requirements and Health Boards to meet their responsibilities under the Accessible Health Care initiative.

These developments have been undertaken as one off initiatives led by funding opportunities. They need to be developed as a long term initiative offering specialist workers a specific number of days' training in sensory impairment per year.

Local authorities should also work with specialist Third Sector organisations to develop models of professional supervision to supplement support offered by non-specialist line managers. In North Wales ROVIs are employed by the Third Sector, but work in social services, and are managed by a social services manager, but receive professional supervision from its Third Sector employer.

2.5 Local authorities, Local Health Boards and the Third Sector to work to design training packages for non-specialist workers.
The Care Council and SSIA to be invited to contribute.
At present many specialist workers provide training to other staff working in residential care or home care settings and others circumstances. This takes time to design and deliver. It would be

more effective to design programmes centrally to work towards achieving more consistent standards and towards developing more professional materials targeted at specific services. Such training would help residential care staff in all sectors to identify sensory loss in residents. Undetected sensory impairment in residential care is a significant problem.

Awareness training also needs to be provided to large groups of staff including reception staff up to local elected members. Specialist staff could continue to deliver this training locally or it could be purchased from a specialist Third Sector organisation.

This work should include the development of appropriate training for non-specialist managers of sensory impairment services.

2.6 Local authorities to map the needs of people with a sensory impairment against current provision to plan for the future. This should include supported housing. This should help to identify areas for collaboration. The Advisory Board could support the development of a consistent approach to mapping needs.

The needs of BSL users can be used to illustrate the importance of mapping need to plan services. As deaf people get older their needs for social care are likely to increase as, is the case with the rest of the population. Some time ago Welsh Government commissioned research (Older People who use BSL – preferences for residential care provision in Wales: Ros Hunt, Rosemary Oram and Alys Young Manchester University) which highlighted the difficulties of BSL users whose needs were such that residential care was an option. For BSL users the average residential home would have the same attraction as a home for the hearing population where everyone – residents and staff – spoke a foreign language.

Where residential care offers the most effective means of addressing the needs of BSL users this may be an area for regional collaboration for local authorities and their partners. Depending on the level of demand, it may be that local authorities could collaborate to purchase a group of beds in a wing of a residential home with BSL trained staff. Alternatively, local authorities could collaborate to train peripatetic staff in BSL to serve

in a range of settings. This service could also be purchased from a specialist Third Sector provider.

As with the Welsh language it will be important to record the language requirements of all service users so that subsequent care is linguistically sensitive. The same considerations apply to the provision of reablement and domiciliary care services.

This also means recording the skills of staff who can communicate using BSL or other specialist form of communication (Moon, Makaton, etc).

If we map needs more accurately, then we can identify opportunities for collaboration.

2.7 Registers: the Advisory Board with representatives from local authorities, local health boards, the Third Sector to support Welsh Government with the development of regulations concerning registration. The Social Services and Well-being (Wales) Bill builds on the existing requirements for local authorities to maintain registers but the Bill provides an opportunity to make these more effective. The Bill requires that local authorities must establish and maintain a register of the people who are ordinarily resident in the authority's area who are:

a. blind

b. deaf, or

c. deafblind – the individual does not have to be both deaf and blind but experiences the combined impact of a vision and hearing impairment.

The Hearing Impairment Benchmarking Group made recommendations concerning improvements to the registers for deaf and hard of hearing people in terms of improving their accuracy, updating the language used to describe people, and more importantly, to make them of benefit to people with a hearing impairment. The register for sight impaired (partially sighted) and severely sight impaired (blind) people works more effectively but there is still room for improvement. Circular No.10/01 12 requires local authorities to identify deafblind people and to keep a record of them but did not make specific reference to a register. It would be helpful to have a standard and consistent approach to registration for both adults and children. Effective registers matched against the current use of services

will assist with the mapping of need required to inform commissioning.

Registers can be used more directly to benefit individuals. They can be used, for example, to flag warnings both in emergencies and when people make routine appointments to indicate a need for communication support. Professionals need to develop a better understanding of the benefits of registration.

Further work is required to improve the registration process for the benefit of people with a sensory impairment. This should allay any fears on their part concerning registration. The relationship between registers concerning sensory impairment and registers for disabled children should also be explored.

The effectiveness of registration is clearly linked to an effective CVI process for blind and partially sighted people.

2.8 Local authorities to identify opportunities for the joint-commissioning of services.
This may include specialist residential placements as described above, habilitation services for children with sight loss, eye care liaison services, or services from specialist Third Sector organisations which could include personal care and rehabilitation.

Commissioners also need to be sensitive to the needs of providers to help them plan and develop their services. Sense Cymru for example, provide communicator guides providing one-to-one support for deafblind people on behalf of many local authorities on a spot contract basis.

This makes it difficult to plan services and train staff. It may be more appropriate to consider regional or national contracts with each authority making a contribution based on estimated activity.

The provision of habilitation for children with sight loss may be another area for joint-commissioning between local authorities and between education and social services.

The four regional social services groups may be able to contribute to this objective.

2.9 Information: the Advisory Board to form a standing group consisting of local authorities, Local Health Boards, Third Sector and Welsh Government to assist local authorities and Local Health Boards with the development of their

'information, advice and assistance' services required by the Social Services and Well-being (Wales) Bill to ensure that they meet the needs of people with a sensory impairment.

The availability of good quality information is vital to enable all people to make informed decisions. Such an advisory board would provide consistent advice on the development of accessible information and information services to people with a sensory impairment. This would include information both in relation to general health and well-being services as well information on sensory impairment. This work needs to draw upon **'The All Wales Standards for Accessible Communication and Information for People with a Sensory Loss'**[13]. The Advisory Board will focus on the requirements of people with a sensory impairment.

2.10 The Advisory Board to develop model professional/ specialist assessments in relation to sensory impairment. Some work has been undertaken on describing good assessment practice in relation to people who are deafblind and people with a hearing impairment. This needs to be updated and embedded consistently across Wales and include vision impairment. This will assist local authorities with the implementation of the **Social Services and Well-being (Wales) Bill.**

2.11 Care Pathways: Local Health Boards to work with their partners in local authorities and the Third Sector to further develop effective care pathways with support from the Advisory Board. This will help to map how and when services are delivered, clarify roles and responsibilities and reduce duplication in the system. **Together for Health: Eye Health Care Delivery Plan for Wales** includes the requirement for health boards to ensure effective referrals to social services from the hospital eye service where the individual would benefit from an assessment by a ROVI and, where appropriate, a rehabilitation programme.

The same considerations apply to deaf and deafblind people. Social services and the Third Sector will also need to be able to make effective referrals to health. There also to have to be effective care pathways within health between audiology and

ophthalmology/optometry in cases involving dual-sensory impairment.

2.12 Equipment: the Advisory Board with representatives from local authorities, local health boards and the Third Sector to develop best practice guidance in relation to the provision of specialist sensory equipment including an examination of the role and contribution of community equipment services. The integration of community equipment services has proved successful but did not encompass sensory impairment services. The contribution of community equipment services varies across Wales. Colleagues in specialist Third Sector organisations have in the past expressed concern about the provision of equipment whilst local authorities have not reported the same experience. It would be helpful to review existing practice and develop good practice guidance.

2.13 Technology: Local authorities, LHBs and Third Sector partners to establish mechanisms (e.g. meetings of existing professional groups) to share and exploit advances in technology. An example may include sharing information about 'relay systems', for example, which enable Deaf citizens to access a range of services directly without recourse to external translation or advocacy services.

2.14 Develop good practice standards in relation to transition between services for children and young people and adult services. Transition was highlighted as an area of concern in several of the workshops. Even where transition protocols exist they do not appear to be working as intended.

2.15 The Advisory Board with representatives from local government, local health boards, the Third Sector to work with Welsh Government to develop good practice standards for the commissioning and provision of sensory impairment services to ensure consistent practice throughout Wales. The development and implementation of standards will aim to ensure the application of good practice consistently throughout Wales.

Findings of the workshops & Questionnaires

3.1 Aims of the Project

- To explore opportunities for improving the effectiveness of models of service delivery for people with sensory impairment
- To explore opportunities and options for improving outcomes for people with sensory impairment through collaborative approaches to commissioning and provision of services

3.2 In her foreword to **Sustainable Social Services for Wales: a Framework for Action,** the Deputy Minister for Social Services, Gwenda Thomas, makes clear that "the days in which public services could act separately are past. Where appropriate we expect public services to work together to deliver integrated services". Further, the document makes clear that, "we expect more efficient and effective delivery through greater collaboration and integration of services" (Section 1.15).

"We will expect to see commissioning organised on a regional basis. We see merit in specialist services… and services for people with sensory impairment being delivered regionally" (section 3.6) and;

"significant parts of the infrastructure to support service delivery, such as staff development and training, will need to be organised more collaboratively" (section 3.7).

Together for Health: Eye Health Care Delivery Plan for Wales (draft December 2012) clearly states that the priorities set out in the Plan will only be achieved through "working with all partners to provide world class, patient-focused services and support including physical and emotional support" and;

"Continued efforts are needed between Health, Social Services and the Voluntary Sector to ensure seamless support and rehabilitation for those people with a visual impairment in Wales". This will include both physical and emotional support.

The Local Government Implementation Plan includes the commitment to support collaborative work on the development of sensory impairment services (Integrated Services section page 25 of the Implementation plan).

The Social Services & Well-being (Wales) Bill requires local authorities to provide or arrange for the provision of a range and level of services which it considers will achieve purposes which include:

- Minimising the effect on disabled people of their disabilities
- Contributing towards preventing or delaying the development of people's needs for care and support;
- Reducing the needs for care and support of people who have such needs
- Enabling people to live their lives as independently as possible.

Specialist sensory impairment services have an important contribution towards the delivery of this important preventative agenda as well as maximising the independence of individuals with very complex needs.

3.3 Funding and outcomes

Wales Council of the Blind has contributed funding to support this project and has also appointed a former social services manager to provide an options paper on opportunities for collaboration across the sensory sector.

This options paper seeks to support two broad outcomes sought in the integrated services section of the **Sustainable Social Services for Wales - Local Government Implementation Plan**[14]**,** namely:

- "the transformation over time of existing service arrangements into new integrated models of care which are focused on improving outcomes, embrace a reablement approach and promote independence and control"

and developing

- "a skilled and competent workforce able to meet the challenges of delivering modernised and integrated services" (page 14 **Sustainable Social Services for Wales – Local Government Implementation Plan).**

3.4 National and Local Guidance in relation to sensory loss

No single policy framework exists which provides a context for the planning and provision of services for people with sensory impairment. Instead there are a number of key drivers for change which inform a range of legislative initiatives and guidance.

These include citizen-directed support, client-focused and quality services for all, delivered by a competent workforce. The best practice guidance for services for deaf people, which were developed by a partnership of ADSS, WLGA and voluntary sector in 1999, is in need of review and update. Key documents which inform the work of this project can be found at Appendix 1 – Bibliography.

We also have some guidance around specific sensory groups. This includes:

- **National Assembly for Wales Circular No 10/01 Social Care for Deafblind children and adults.**
- **Moving Forward: Services to Deafblind People - Practice Guidance,** Welsh Assembly Government (October 2008)[15].
- **Best Practice Standards: Social Services for Deaf and Hard of Hearing People**[16].

3.5 Definition of Partnership

Numerous documents make reference to the need and indeed expectation that local authorities, together with their various partners, will undertake to develop and deliver services in partnership.

Partnerships can broadly be defined as formal (such as a partnership with a pooled budget, answerable to a partnership board) or informal (such as shared pathways or professional networks). Formal partnerships can be developed in relation to **Section 33 of the NHS (Wales) Act 2006**[17]**.**

Under the **Local Government Act 1972**[18] local authorities have powers under Section 101 to make arrangements for the discharge of functions by another local authority or for two or more local authorities to discharge any of their functions jointly. Under Section 102, arrangements can be made for joint committees. Section 113 enables local authorities to enter into agreements for the placing of staff at the disposal of other authorities.

The advantages of formal partnerships and pooled budgets include:

- transparency of objectives and values;
- focus on the individual;
- transparency in terms of budget and financial contributions;
- clear governance and accountability arrangements;
- shared-reporting arrangements.

A range of mechanisms exist and partners will need to consider which options best meet their needs and are likely to reduce duplication and bureaucracy and offer a more timely and effective experience for service users.

Some mechanisms available:

- aligning staff and resources separately from each other;
- co-locating staff to cooperate more closely with each other;
- integrating management and, perhaps, staff delivery roles;
- making grants;

- delegating budgets;
- pooling resources.

Details are obtainable from the SSIA website

www.ssiacymru.org.uk - section on **formal partnerships – and collaboration between local authorities**[19].

3.6 Vision, Values and Principles Underpinning Services

The vision and values underpinning the approach to the development of services explored in this report reflect those outlined in **Sustainable Social Services for Wales,** namely:

- services will make a positive difference to people's lives;
- give citizens real control and a stronger voice;
- help service users and carers maintain their independence by focusing on preventative services which provide recovery and restoration and reduce the need for ongoing care;
- build on people's strengths and the strengths of those around them, particularly in relation to safeguarding and personal responsibility.

Core principles include:

- putting the citizen at the centre of service design and delivery and ensuring that, at the outset, users and carers are engaged in identifying their needs and working out how best to address them;
- identifying strategic outcomes for social care and well-being services, against which delivery can be monitored and which reflect strategic objectives;
- placing an emphasis on preventative services which assist recovery and restoration and reduce the need for ongoing care;
- developing integrated service models across Councils with the NHS and other partners which deliver improved outcomes and efficiency and reflect geographical boundaries that make financial and business sense;
- ensuring we [Social Services] achieve continuous renewal across our services and act to avoid retrenchment;
- developing a consistent and compelling narrative about the need for change, ensuring that political and professional leaders communicate this and use it as a basis for explaining specific changes to service provision.

(From **Sustainable Social Services for Wales - Local Government Implementation Plan** - Introduction)

The Wales Vision Strategy Implementation Plan (2010 -2014)[20] translates the aspirations contained within the **UK Vision Strategy – Vision 2020 The Right to Sight**[21] and incorporates the following principles which are in line with the above:

- fair and equitable access for all members of society to eye health, eye care and sight loss services;
- person-centred delivery of excellent services and support in the most appropriate way for each individual;
- evidence-based policies and services to guide resource allocation and effective services;
- awareness of, and respect for, people with sight loss and full compliance with equality legislation.

The requirements of the Equality Act 2010[22] should also underpin policies and practices to ensure that people with sensory loss are able to access services on an equal basis with others in society.

The Act applies to all organizations providing services to the public and to anyone who sells goods or provides facilities. Disability is a “protected characteristic” and as such it is unlawful to discriminate against people with sensory loss.

We need to ensure that universal services remain accessible to people with a sensory impairment. People who are profoundly deaf, for example, frequently complain of difficulties with access to health services.

The Public Sector Equality Duty[23] which came into force in April 2011 is highly relevant to people with sensory loss. The Duty requires all public bodies to consider all individuals when carrying out their daily duties, including when shaping policy and delivering services.

Approach to Project

In October 2012 a questionnaire was sent to each local authority in Wales seeking some basic information about current service provision and staffing arrangements. A second questionnaire was sent to a number of key Third Sector organisations seeking similar information. (See appendix 4 for an example of each questionnaire).

19 of the 22 local authorities responded and key themes and issues raised are included in this report in the relevant sections.

9 Third Sector organisations responded and again, key points are included in this document.

Between December 2012 and March 2013, three workshops were held in Cardiff, Carmarthen and Llandudno, hosted and funded by SSIA and coordinated by Vision in Wales (now Wales Council of the Blind). The purpose of the workshops was to enable practitioners, managers and service providers to explore opportunities for improving outcomes for people with sensory loss and explore opportunities for collaboration in the provision of sensory impairment services.

A framework was provided by posing a series of questions which attendees addressed in 2 workshops, each led by a member of a Project Board that was established to lead and support the project worker engaged to deliver the options paper.

Attendees were asked to address the following:

4.1 Workshop 1

- How can we improve upon current models of service delivery covering the whole continuum of care? This will also examine questions around eligibility and assessment.
- What outcomes can we broadly identify for people with sensory impairment?
- Describe current models of access to services and service delivery from information provision along the pathway to assessment and service provision. How can these be improved?

- Which services can be allocated without, or prior to, a formal assessment?
- Describe the characteristics of service users who require a formal assessment and active case management to achieve the outcomes required.

4.2 Workshop 2

- What areas of service provision lend themselves to collaboration? (This applies to direct service provision, such as specialist social workers, and to commissioning services, such as specialist provision of home care or residential care through the medium of BSL, as well as training and technology).
- Identify barriers to positive areas of collaboration and how they can be overcome.
- Identify the measures we need to have in place to understand if services are effective.

71 people attended the workshop events across Wales. Each event was chaired by Owen Williams, Vision in Wales (now Wales Council of the Blind), and colleagues from the SSIA, local government and the Third Sector facilitated various work groups. A list of attendees is provided at Appendix 2 together with the names of the facilitators and Project Board members. A copy of the programme, including questions, is provided at Appendix 3.

Prevalence of Sensory Loss in Wales

Numerous documents, including many of those referred to in Appendix 1 - Bibliography, make reference to the growing numbers of people experiencing a sensory loss. Increasing age is the single most significant factor which results in some degree of sensory loss and Wales, as with the rest of the UK, has an increasingly elderly population with some areas having a higher ratio than others, as many older people retire to parts of North and West Wales from other countries in the UK.

Some of the statistics and references below were cited in the document **Sensory Loss in the Adult Population in Wales,** May 2012 (WLGA in partnership with RNIB, Action on Hearing Loss and Sense)[24]. This document draws together a broad range of research and statistics across vision, hearing and dual-sensory loss. Its purpose is to ensure that the needs of people with sensory loss are recognised across the spectrum of public services and, hopefully, to ensure that as services are reconfigured the needs of people with sensory loss are addressed.

5.1 Vision impairment

- 115,000 [although 100,000 is believed to be more accurate currently] people in Wales are estimated to be living with sight loss that significantly impacts on their daily lives. A further 200,000 aged over 65 have a refractive error that could be corrected with glasses. The above figures are based on prevalence statistics and applied to population estimates **(Office for National Statistics (ONS) (2007) Population data for mid 2006)**[25];
- An 11.5% increase in the prevalence of sight loss is predicted in the next 10 years. This correlates with an ageing population and a growth in the underlying causes of sight loss such as obesity and diabetes.

5.2 Hearing impairment

The figures below are based on prevalence rates **(Davis, 1995)** applied to most recent population estimates **(ONS, 2010)**.

- 534,000 [given as 500,000 in Sensory Loss in the Adult Population in Wales] people in Wales, (1 in 6) are estimated to be affected by hearing loss; 45,000 are profoundly or severely deaf;
- 300,000 plus of those with hearing loss would benefit from hearing aids (10% of the population);
- the Medical Research Council suggests that there will be a 14% increase every 10 years correlating to an ageing population.

5.3 Deafblindness

National Assembly for Wales Circular No.10/01 has recognised the following definition:

“Persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to

information and mobility."

The figures below are cited from **Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK** (The Centre for Disability Research), Robertson J and Emerson E (2010)[26].

- whilst deafblindness can be found in all age groups it is most prevalent in older adults;
- it is estimated that 18,850 people in Wales currently have a dual sensory loss;
- the number of people who are both deaf and blind is estimated to grow by 60% by 2030 largely driven by general demographic change.

5.4 Learning Disability and Sensory Loss

The statistics below are cited from **Estimated Prevalence of visual impairment among people with learning disabilities in the UK. Improving Health and Lives: Learning Disabilities Observatory report for RNIB and SeeAbility,** Emerson E and Robertson J (2011)[27].

- People with learning disabilities are 10 times more likely to have serious sight problems than other people. People with severe or profound learning disabilities are most likely to have sight problems.
- The estimated number of adults, aged 20 plus with a learning disability in Wales is 49,600 (2011 statistics).
- It has been suggested that almost 40% of adults with a learning disability will have a hearing loss but the loss will not be diagnosed because audiology services are not accessible to them. Where it is identified, the support to maintain use of a hearing aid is often inadequate.

  The consequences can be a double disadvantage; their learning disability precludes them from receiving adequate support for their hearing loss and the failure to address their hearing loss can in turn exacerbate the effects of their learning disability. Further research in this field is required to ensure adequate service provision.
- There are no statistics available for people with a learning disability and dual-sensory loss because most people do not distinguish between people with a learning disability and people who have a dual-sensory loss. Presentation can be similar. This lack of statistical data will impact on the development and delivery of appropriate services.

5.5 Hearing Loss and Dementia

The references below are taken from **Hearing loss and incident dementia,** Archives of Neurology 68(2), Lin, Metter, O'Brien, Resnick, Zonderman and Ferruci (2011)[28].

- People with mild hearing loss have nearly twice the chance of developing dementia compared

to people with normal hearing. The risk increases threefold for those with moderate, and fivefold for severe, hearing loss.

- Currently there are no validated assessment tools in British Sign Language (BSL) for diagnosis of dementia amongst Deaf people and using assessment tools designed for English speakers with an interpreter can lead to misunderstandings; some terms do not mean the same thing to people from different cultures (see **Deaf with Dementia (DwD)**[29] research project led by Manchester University and the first of its kind in the world. The project commenced in 2010. It aimed to improve early diagnosis and management of Deaf people with dementia who are BSL users).

5.6 Registers of People with Sensory Disabilities

- At 31st March, 2012, 16,500 people were registered with a vision impairment of whom half were registered as severely sight impaired and half as sight impaired.
- On the same date there were 12,600 people registered with hearing impairment only of which 81% were hard of hearing and 19% were d/Deaf.
- 7% (631) of people with sight impairment also had a hearing impairment.
- 74% of people on the register with sight impairment were aged 65 or over.
- For the 21 authorities who were able to provide data for both 2011 and 2012, the number of people registered with sight impairment increased by 2% (164) from 8,360 in March 2011 to 8,524 in March 2012.
- The total number of people on these registers decreased by 1% between 2011 and 2012, a similar fall to the previous year (registers include a separate category of physical disability, not included here). Registration is voluntary and therefore the figures are likely to underestimate the numbers of people with sensory disabilities.

The Daffodil website, www.daffodilcymru.org.uk, provides more detailed information indicating the projected rise in numbers of people with sensory loss who may require services over the next 20 years.

The **Social Services and Well-being (Wales) Bill** includes reference to the requirement for local authorities to establish and maintain a register of the people who are ordinarily resident in the authority's area who are:-

(a) blind

(b) deaf, or

(c) both blind and deaf.

This commitment provides us with an opportunity to improve the effectiveness of registration processes where appropriate.

Questionnaire returns

6.1 Local Authority returns

Nineteen local authorities returned their questionnaires indicating that the following staff are either directly employed or contracted via a Third Sector agency, to assess and deliver services to people with sensory loss. Where staff work with both children and adults this is indicated.

6.2 Staffing resources

Table 1 – local authority

Note: Not all returns indicate the number of hours undertaken by part-time staff nor whether all staff work with both adults and children. Some staff work across the sensory spectrum whilst others work with a dedicated client group. The table does however give an indication of the number and range of staff who work with people with sensory loss. Staff under the heading Community Support Officer (CSO)/Community Care Worker (CCW)/Disability Officer appear to undertake similar roles. Not all titles are included for the sake of brevity.

Note: Three Local Authorities indicated they have developed sensory resource rooms/equipment centres to demonstrate equipment and provide advice on a range of assistive technologies. In one example given, this is in a building occupied by Health and Social Services staff.

Very few staff sit within dedicated sensory services teams; three were identified in the returns. Increasingly staff are located within rehabilitation or generic locality teams. A small number of local authorities do not employ or commission specialist social work staff for d/Deaf people or social work staff for vision impairment. This raises questions about how these authorities carry out assessments for these client groups. Very few dual-sensory specialist posts exist. Where a dual-sensory loss assessment is indicated, staff with specialist knowledge in either vision or hearing loss will jointly undertake the assessment or commission a suitably-trained assessor from the Third Sector.

All local authorities either directly employ or commission ROVIs from the Third Sector but only twelve work with both adults and children. (For a detailed account of service provision for children and young people with vision impairment in Wales, see document **Growing Up and Moving On – Service Provision for Children and Young People in Wales with Visual Impairment,** by Elaine Kelleher, sponsored by Sight Support (2012)[30]. The report includes a separate service directory).

A number of staff do not carry an exclusively sensory-related workload and some staff reported that they did not feel able to spend as much

time with this client group as required due to the pressures of managing a diverse caseload. A number of staff felt that their managers, many of whom did not have a sensory background themselves, did not always appreciate the needs of people with sensory loss and the timescales required to work with many service users.
(This issue of professional supervision and competence is examined in more detail under training and awareness-raising section).

A number of experienced social work staff reported undertaking low level assessments for equipment due to a lack of appropriately-trained non-specialist staff or the lack of staff to undertake this work which resulted in their specialist skills being under-utilised. Social workers with d/Deaf people were called upon to undertake work which is more appropriate to an advocate. Access to a text-to-voice relay service, for example, and knowledgeable Contact Centre staff could enable a Deaf person independently to access local authority services without recourse to social work intervention, which is otherwise not indicated.

Circular No 10/01 in relation to deafblind people requires local authorities to ensure that 'when an assessment is required or requested, it is carried out by a specifically trained

Key			
SWDP	Social Worker with D/deaf and Hard of Hearing people	**CCW**	Community Care Worker
SWVI	Social Worker with vision impaired people	**SO (DHoH)**	Specialist Officer for Deaf/Hard of Hearing people
ROVI	Rehabilitation Officer for Visual Impairment	**PT**	Part Time
TECH.	Technical Officer	**FTE**	Full Time Equivalent
CSO	Community Support Officer	**SLA**	Service Level Agreement

Table 1. Local Authority (As of summer 2013)				
Role/ Job title	**Full time/Part time**	**Adults**	**Children**	**Comments**
SWDP	4 FTE senior practitioners 1 PT senior practitioner 6 FTE social workers 6 PT social workers PLUS 1 FTE specialist officer DHoH 1 FTE Asst SW 1 PT Asst Assessor	Yes	Yes	Some social work staff work across the whole spectrum of sensory loss i.e. individuals with a hearing impairment, visual impairment and dual sensory impairment
CSO/ CCW/ Disability Officer, etc.	13 FTE 8 PT	Mostly Adults	One indicated	A number of staff work with both D/deaf and dual-sensory loss service users
SWVI	7 FTE 4 PT (4 days where noted) 1 SW works as both a SW and ROVI on a PT basis (Many VI service users are care managed via Intake and Assessment/Locality Teams)	Yes	Yes	Some staff carry a physical disability as well as sensory loss caseload
ROVI	3.5 FTE senior ROVI posts plus 2 qualified ROVIs in other positions as a manager/senior sensory officer 18 FTE 17 PT (varies 1-4 days) 1 PT Mobility Officer VI 1 PT ROVI Asst.	Yes	Yes	Work with dual sensory loss ROVI Assistant undertakes technical assessment/ support role

Table 1. Local Authority (continued)				
Role/ Job title	**Full time/Part time**	**Adults**	**Children**	**Comments**
TECH	2 FTE 5 PT (18.5 hours, 16 hours, other not indicated) Some technical services delivered via an SLA with Third Sector organisations One indicated that technical officer also undertook some care management duties 1 PT VI Equipment Officer	Yes	Not indicated	A broad range of other staff e.g. SW, CCW/CSO staff assess for and provide equipment, in addition to dedicated staff
OTHER	2 PT Communicator Guides (41 hours in total via a SLA)	Yes	No	Work with Deafblind people on a one-to-one basis
	3 Project Worker posts (24 hours in total, joint funded with Third Sector organisation)	Not indicated	Not indicated	
	PT Home Care staff with BSL skills	Yes	Yes	Personal care and domiciliary support
	BSL Communication Support Worker (Level 2)			HI and VI client group
	1 FTE Flexi-care Worker (dual sensory loss/ Assistant Assessor (sensory loss)	Yes	No	
	1 PT Instructor for Independent Living Skills	Yes	No	
	1 PT IT Instructor	Yes	No	
	1 PT Arts & Crafts Instructor	Yes	No	

person/team, equipped to assess need for one-to-one human contact, assistive technology and rehabilitation. The same principle applies to all people with a sensory impairment'.

An individual who is profoundly deaf and communicates through BSL should be assessed whenever possible by a social worker fluent in BSL and who understands deafness and deaf culture. In emergencies a social worker without BSL may use an interpreter but this is second best.

6.3 Third Sector returns

Nine organisations returned the questionnaire representing the spectrum of sensory loss. As with the local authority questionnaire returns, the following information has a note of caution attached! Not all sections were answered fully but Table 2 – Third Sector provides an overview of the main services available. Services are provided via a contract or service level agreement with local authorities and Local Health Boards or provided directly to the public.

The latter is provided by product champions, who attend people in their own homes, via drop-in centres, regional centres or online, to give some examples. Very few services are purchased from the independent sector, apart from specialist residential care – one example was given.

6.4 Services Provided by the Third Sector.

A broad range of services are offered by the Third Sector, some directly to the public, while others are commissioned by public bodies, LHBs and local authorities. All organisations provide a range of information via leaflets, audio CDs, Braille, BSL videos, online portals, mobile information unit, etc. Many offer training which includes awareness raising, preparation for QCF qualifications and post-qualification training. Some training is available free to some professional groups such as the Rehabilitation Officers for Vision Impairment.

Some of the services listed below are available across the whole of Wales, others are found predominantly in the South (e.g. the Employment Advisor Service) whilst others are dependent on specific contracts with local authorities, housing associations or LHBs. Many services are provided via a combination of core funding from Welsh Government, other grants, Lottery Funding and European Communities 2.0 funding.

Cardiff Institute for the Blind, for example, has recently been awarded 3 years' Lottery funding, which commenced April 2013, to sustain its South Wales locality model and develop a similar model across the 6 North Wales Local Authorities. The

Table 2 – Third Sector (As of Summer 2013)			
Role/Job Title	**Full time/Part time**	**Services provided**	**Comments**
Head of services/ CEO/Director/ Regional Manager	7 FTE 1 PT Deputy Manager		2 organisations did not indicate staff structure. 1 did not provide information on staff resources
ROVI	1 PT Senior 9 FTE 3 FTE Blind veterans 5 PT 3 PT Rehab Assistant	Assessment and habilitation/ rehabilitation service for children and adults	Some management staff also undertake rehab work – ad hoc basis
Supporting People Assessors VI	5 PT		
Welfare Benefits advisors/ welfare support officers	2 FTE 3 PT		
Community Support workers (D/ deaf) Outreach workers (Deafblind) Child and Family support worker (Deafblind)	2 FTE Senior Support Workers 8 FTE 7 PT 6 Relief Workers 2 FTE 1 PT	Direct support work with individuals on 1 to 1 basis and outreach to communities Advice on education, welfare benefits, communication	

Table 2 – Third Sector (Continued)			
Role/Job Title	**Full time/Part time**	**Services provided**	**Comments**
Family Officers (Deaf children)	Numbers not indicated		
Service Managers/ Managers (D/ deaf) Management and Training Executive (VI) Resource centre management and support/ reception/ administration	2 (FT/PT not given) Deputy Managers 1x FTE and 1x PT 1 FTE 5 PT		
OTHER	1 FTE Staff Development and Training officer (Deafblind) 1 FTE Multi sensory impairment consultant (children) 1 PT Low Vision Practitioner 1 FT Audio Technician (VI) 1 PT IT Instructor (VI) 1 PT Fundraiser (VI)	Training and development	

project will be delivered in partnership with RNIB Cymru, Vision Support and North Wales Society for the Blind. A range of services will be developed including information, product demonstration, supporting individuals to manage money, shop and travel independently, peer support and digital technology support.

6.5 Vision Impairment Services

- Rehabilitation services;
- Access to equipment/equipment demonstration events;
- Telephone befriending/Help-lines;
- Digital Inclusion, IT/digital skills training;
- Welfare Benefits advice, information, signposting;
- Social/activity groups such as book, gardening and lunch clubs;
- Low Vision Service;
- Resource centres;
- Loan of tandems;
- Use of specially adapted shooting gallery;
- Community newspapers and weekly bilingual magazine;
- Audio books;
- Large print transcription;
- Supporting People services;
- Counselling service;
- Transitions service;
- Volunteering;
- Eye Clinic Liaison Officer Service (ECLO);
- Employment Advisor Service (mainly South Wales);
- Children and Family Services – all Wales;
- Delivery of specific training programmes
  e.g. 'Finding Your Feet'.

6.6 Deafblind Services

- One-to-one support service – communicator guides, intervenors;
- Outreach support/visiting;
- Specialist assessments;
- Specialist training;
- Identification exercises;
- Access to legal support;
- Library services;
- Support groups.

6.7 d/Deaf Services

- Care, support and community outreach services;
- Communication support services;
- Hear to Meet – social befriending support for older people;
- Hear to Help – volunteer-led support for hearing aid users;

- Volunteer group development;
- Volunteer group support;
- Information and signposting;
- Advice and support – assistive equipment.

6.8 Key themes from research

A number of themes emerged both from the questionnaire returns and the workshops:

- Good information at the first point of contact and improved access to services;
- Appropriate communication support;
- Appropriately trained and knowledgeable staff who can undertake required roles such as communicator guide, support worker etc;
- The need to develop clear pathways between hospital-based services and Public and Third Sector organisations in the community;
- Improved transition arrangements for young people moving into adult services;
- Awareness raising and training for a broad range of staff; local authority-wide for key personnel, including elected Members and preferably on a multi-agency basis, to ensure shared understanding and improved referrals;
- An appropriate range of services which enable service users to live independently, some of which are not time-limited. Many service users with a dual sensory loss, for example, will need one-to-one support on an ongoing basis;
- Use of environmental equipment and its maintenance;
- Sufficient habilitation staff to support children with skills for life;
- The public should be able to expect consistent standards of service regardless of where they live and how their local services are delivered.

Most of the documents referred to in this paper echo these themes; in fact most of the literature referred to at Appendix 1 – Bibliography demonstrates consistency in identifying what matters most to people with sensory loss! There is nothing new here, rather a reiteration of what is required to meet the needs of people with sensory loss across the spectrum of public services. For example, the following is taken from Sensory Loss in the Adult Population in Wales (May 2012, pages 35-36)[31], to illustrate the recurring concerns.

Communication

Poor communication is one of the key concerns raised by people with sensory loss. Ineffective communication can have a very significant adverse

impact upon individuals' lives, their ability to access public services, and consequently can pose significant risks to individuals.

The report recommends that all local authorities should have an accessible information policy outlining how individuals' communication needs, including the needs of people with sensory loss, will be met.

Access to information

Information should be made available in a variety of formats and communication support should be available, where necessary.

Awareness raising

Sensory loss awareness training should be part of initial and regular staff training.

Environment

Environments in which services are delivered should be accessible, safe and appropriate to the needs of people with sensory loss…loop systems and fire strobes need to be in communal areas, kept in good working order and how to maintain them included in training.

Engagement of people with sensory loss in service planning

A robust mechanism should be in place to ensure that the needs of people with sensory loss underpin service planning. This should include the setting up of a sensory loss expert panel.

Workshop Questions

This section addresses the workshop questions, which were first noted in section 4 of this paper. The nature of some of the questions requires further discussion and exploration. The responses here should be seen as a contribution to the proposed approach to assessment and eligibility for access to services, outlined in a recently published report **Access to Care and Well-being in Wales Report (March 2013)**[32].

7.1 Workshop 1

How can we improve upon current models of service delivery covering the whole continuum of care? This will also examine questions around eligibility and assessment (what services could make a difference).

- Good information about service availability across all agencies which is up-to-date and accessible. Staff reported that many staff providing information at first contact points are unaware of what is available for people with sensory loss. Some people are deemed ineligible for services at this point and are not directed to other potential areas of support. 77% of people passing through audiology departments in Wales say they do not receive any information about equipment other than hearing aids that may be useful to them. (Information on equipment is provided at audiology departments, as measured by quality standards).

  Processes are also in place to provide information but patient perception is that they have not received any. However, there is no standardised approach in presentation and something is being lost here. (See paper produced by the Assistive Equipment Working Group presented to Cross Party Working Group on **Hearing Matters**[33] **Wales All Party Group on Deaf Issues – working Group giving people who are deaf and hard of hearing access to Assistive Equipment, October 2012)**[34].

  How receptive people are to receiving and assimilating information will depend largely on the timing and context in which that information is being provided. A person who has just been told that there is nothing more that can be done to save their sight or hearing is unlikely to remember what information they have been given, particularly if it is provided without the opportunity to discuss the support that could mitigate their diagnosis. The Eye Clinic Liaison Officer (ECLO) service provides the opportunity for people to talk

to a knowledgeable person who can provide both written and verbal information at a time when the person is best able to receive it.

The service is not available at all Eye Clinics but evidence clearly indicates that where such a service exists, it is highly valued by both clinicians and patients alike. People can be appropriately signposted to services and the quality of information for registration purposes is much improved when ECLOs are involved in completion of CVI certificates (see **Summary of Certificate of Vision Impairment Survey**, The Royal College of Ophthalmologists (December 2012)[35] and RNIB Research Briefing: **The Certification and Registration Processes: Stages, Barriers and Delays**, T Boyce, September 2012)[36].

There is no equivalent service for people with hearing loss attending audiology departments and any referrals are done by the audiologist. However in Wales 77% of patients say they were unaware of any additional services such as assistive equipment (which is available through social services), lipreading classes, hard of hearing groups and voluntary sector support services.

- Raise the profile of sensory services through awareness and training activities. Awareness sessions should be mandatory for a range of staff including senior managers and elected Members. Develop the skills of existing staff to ensure that children and adults can gain access to appropriately skilled staff (Newport University is developing a module for Rehabilitation Officers to enable those who work mainly with adults to develop their skills in working with children).
- Timely access to rehabilitation services for vision impaired people. Staffing levels vary hugely across Wales and waiting times for a rehabilitation programme can be lengthy. This can lead to loss of confidence, depression and social exclusion which then makes engagement with a rehabilitation programme difficult to achieve. It can also lead to unnecessary dependence on services.

  In January 2006 **The Visual Impairment Benchmarking Study**[37] final report made recommendations on staffing ratios for rehabilitation. A minimum of 1 FTE per 70,000 of the population was suggested with Best Practice Guidelines suggesting 1 FTE per 50,000 of the population. Currently most

local authorities do not meet the minimum standard recommended.

In some parts of Wales children do not have access to a habilitation service (see **Growing Up and Moving On – Service Provision for Children and Young People in Wales with Visual Impairment**).

- Development of Pathways which would include clear standards and best practice, along with a consistent approach. Good relations already exist with many audiology and optometry departments. A vision impairment pathway is currently being piloted for children in Carmarthenshire which sets out to provide access to services that enable blind and partially sighted children and young people to achieve their potential in academic, social, emotional and independence competencies. It provides a model which could be replicated across Wales (see **The Visual Impairment Pathway – setting the standard for education provision in Wales**, RNIB 2012)[38].
- Transition remains an area of concern and staff reported that despite transition protocols being in place, these do not always work effectively. Some children known to Third Sector agencies are not always known to Adult Services and may not present for support until a time of crisis. Good data to aid future planning for these young people appears to be inconsistent and staff do not always have the time to plan appropriately.

  A care pathway approach was seen as a positive way of improving outcomes for these young people.
- Advances in technology need to be addressed as a matter of priority. Relay systems, for example, which enable Deaf citizens to access a range of services directly without inappropriate recourse to expensive translation or advocacy services (or inappropriate use of specialist social work time!) could make a real difference to the lives of Deaf people. Services should consider use of mainstream technology such as email and text for communication with service users but also specialist technology such as Text Relay, My Friend and SignVideo. Bridgend CBC has recently introduced SignVideo which allows d/Deaf or hard of hearing people to contact the council via its website. The person contacting the Council can make a video contact from their home or place of work. The service connects them directly to the telephone contact centre via a SignVideo interpreter. Through a headset, the Customer

Services Advisor at the Council also connects to the SignVideo service and in turn to an interpreter who will then sign directly to the caller.

- A consistent approach across Wales to the provision of equipment which would enable people to remain independent and which could be accessed by all. This should be underpinned with best practice and guidance.
- Development of current Joint Equipment Services to include an agreed list of suitable equipment for people with sensory loss. This could also include the capacity of staff employed by equipment services to deliver and install a given range of simple/ straightforward equipment and thus make best use of assessors' time.

(Information gathered from staff involved with d/Deaf and Hard of Hearing people, as part of the Deaf Benchmarking work, suggests access is not fair and considerable differences exist in what is provided by individual authorities, partly explained by eligibility thresholds but possibly due to varying levels of knowledge and expertise amongst practitioners).

What outcomes can we broadly identify for people with sensory impairment?

Seeing it my Way[39], a UK-wide initiative which brought together a group of organisations delivering services to blind and partially sighted people, has developed a range of outcomes based on what blind and partially people have said is most important to them.

Ten outcomes were identified:

- that I have someone to talk to;
- that I understand my eye condition and the registration process;
- that I can access information;
- that I have help to move around the house and to travel outside;
- that I can look after myself, my health, my home and my family;
- that I can make the best use of the sight I have;
- that I am able to communicate and to develop skills for reading and writing;
- that I have equal access to education and lifelong learning;
- that I can work and volunteer;
- that I can access and receive support when I need it.

Following consultation on this document, a further document was published – **Providing Excellent Services for Blind and Partially Sighted People – a guide for local authorities** (RNIB and Action for Blind People 2012)[40]. This guide develops the outcomes framework identified in the previous document and builds on the **Good Practice in Sight Guide** (2008)[41]. Although it is a document produced for England, the Guide is equally applicable to Wales.

Action on Hearing Loss has also developed an outcomes model with service users through a series of workshops and consultation. The model was developed in Northern Ireland but again is equally applicable in Wales:

- I understand/acknowledge my hearing loss and I will know what to expect after I am diagnosed;
- I have someone to talk to;
- I can learn to improve my quality of my life;
- I can look after myself, my health, my home and my family;
- I receive statutory benefits and the information and support I need;
- I can access information making the most of the advantages that technology brings;
- I can get out and about;
- I have the tools, skills and confidence to communicate;
- I have equal access to education and lifelong learning;
- I can work and volunteer.

In addition to this Action on Hearing Loss has developed a person-centred outcomes tool for care and support service users.

The models correlate well with what staff identified as important areas for development to ensure quality services can be delivered

on an equitable basis. Many of the outcomes identified reiterate the key concerns and areas for improvement identified by research and staff across a range of agencies involved in this project. These framework models will also inform the Welsh Government's approach to developing a National Outcomes Framework for Social Services in Wales.

Describe current models of access to services and service delivery from information provision along the pathway to assessment and service provision. How can these be improved?

Nearly all local authorities provide information and access to assessment and services via a dedicated duty system. Generally duty staff sit within wider Corporate Customer Services or are placed within Initial Assessment and Intake Teams. In a small number of authorities, the Third Sector will take the initial referral and refer on to Social Services as required.

Increasingly local authorities are developing on-line referral systems. Information about a range of services is also available on line although it is not all accessible. Few local authorities have information about services available in BSL. Individuals have to request information in Braille.

The Unified Assessment approach is utilised in most authorities. A Contact Assessment is undertaken and forwarded either to a dedicated sensory team or to a generic adult team/disability team. Depending on the nature of the referral, the assessment could be undertaken by a qualified

social worker or rehabilitation officer, technical Officer or assistant social worker/community care officer. Where a social worker (VI) is employed, for example, they will usually undertake the assessment and refer on to a Rehabilitation Officer (ROVI) to undertake a rehabilitation programme or refer on to other services as appropriate, e.g. Low Vision Services. In the absence of a dedicated social worker (VI), the assessment will be undertaken by a ROVI who will also provide the rehabilitation/ other services as required. Where indicated, joint work with a social worker is undertaken. The latter managing the case with the ROVI as specialist assessor/service provider.

In North Wales a number of local authorities have service level agreements with Third Sector agencies to take referrals, provide information and assess for, and install, simple equipment to give some examples. The equipment is provided via Social Services. Those referrals requiring a social work assessment are referred to Social Services. The Third Sector also provides individual support and training in BSL, lip-reading, etc.

Some local authorities have developed their rehabilitation service model to include sensory services (Part of short term intervention services which also include occupational therapy services). Specialist staff will work closely with rehabilitation staff on a dedicated short term intervention programme e.g. supporting a client to improve their activities of daily living skills (VI) to enable them to take part safely in a rehabilitation programme following an episode in hospital.

Service users requiring a longer-term rehabilitation programme, such as mobility training, will be able to access this service at the appropriate time.

Staff indicated that where equipment only is provided following an assessment, a review is rarely undertaken, other than a telephone call to ensure that the equipment has been installed (if undertaken other than by the assessor) and is working. This is mainly due to capacity issues but also the lack of best practice guidance. ROVIs do not always develop rehabilitation plans for short term interventions and therefore a review is not undertaken.

Reviews are sometimes carried out where a longer term plan, such as a mobility programme, is implemented. This is not always a formal review. Achievement of the plan or programme is monitored at each visit and adjusted in line with the service user's achievement of his/her goals. Case recordings indicate progress and the case is closed on successful achievement of the programme. Where a case requires ongoing intervention and is care-managed by an individual specialist social worker, a formal review of a care plan is undertaken.

7.1.1 Options for Improvement

- Improvement in referral taking and service provision is dependent on a number of variables: staff capacity, geography; co-location of staff in house, i.e. generic teams but where specialist role is maintained; multi-disciplinary teams with Health. However in the latter case, many staff felt that unless data and recording systems are aligned and sharing of electronic information is positively embraced, then truly multi-disciplinary adult teams remain aspirational. The picture appears more optimistic where children's services are concerned. See **Growing Up and Moving On – Service Directory** for details. The South West Wales Multi Sensory Impairment (MSI) Service covers 5 local education authorities and provides an outreach service for MSI children between the ages of 0-9. The Gwent Visual Impairment Service (GVIS) is a unique service offering specialist support across 5 local authority areas. Hosted by Caerphilly County Borough Council (CBC), it provides both an outreach service and purpose-built resource centre, located in the borough of Torfaen.
- Certificates of Visual Impairment (CVIs) are managed very differently across Wales. It would be helpful if a standardised approach was adopted. Some local authorities will not offer an assessment unless a

person has been certified as having a vision impairment whilst others will assess prior to certification. One authority automatically registers people on receipt of a CVI with the option to be deregistered while many authorities will contact a person directly and offer to register the person over the phone. A home visit is also offered.

- The development of Care Pathways could significantly improve how and when services are delivered, clarify roles and responsibilities and reduce duplication in the system. Geography and the limited number of specialist staff both play a significant part in service users' inability to access the right skills in a timely manner. Service mapping across Wales showing staff locations could enable cross border assessments to be undertaken, for example, which would reduce staff travelling time. Two North Wales authorities have shared staff, albeit on an ad hoc basis, but there is mileage for further exploration here.
- Access to specialist services such as communicator guides is limited and not available to all who require this one-to-one support. Sense Cymru provides services to 17 Local Authorities in Wales, Action on Hearing Loss provide services to 12 but on a spot purchased basis. A single contract and review process would save considerable time in managing such a service and enable the organisation to recruit and train a larger number of suitable staff.
- Best practice guidance to be updated and implemented to support service delivery.

Which services can be allocated without, or prior to, a formal assessment?

- Assessment needs to be proportionate! Too often a full UA assessment is undertaken with all the paperwork that it entails, as well as updating databases.
- Advice and signposting.
- Need to be very specific about what can be provided prior to assessment. Clear guidance is required to ensure equity and best use of resources. Some Local Authorities will provide simple equipment following a Contact Assessment via the telephone whilst others will allocate the case and make a home visit where a more in-depth assessment is undertaken but is not necessarily required.
- It is not always necessary or desirable to conduct social work assessment prior to ROVI involvement. ROVIs can

offer an assessment following receipt of a Certificate of Visual Impairment (CVI) directly from Ophthalmology clinics.

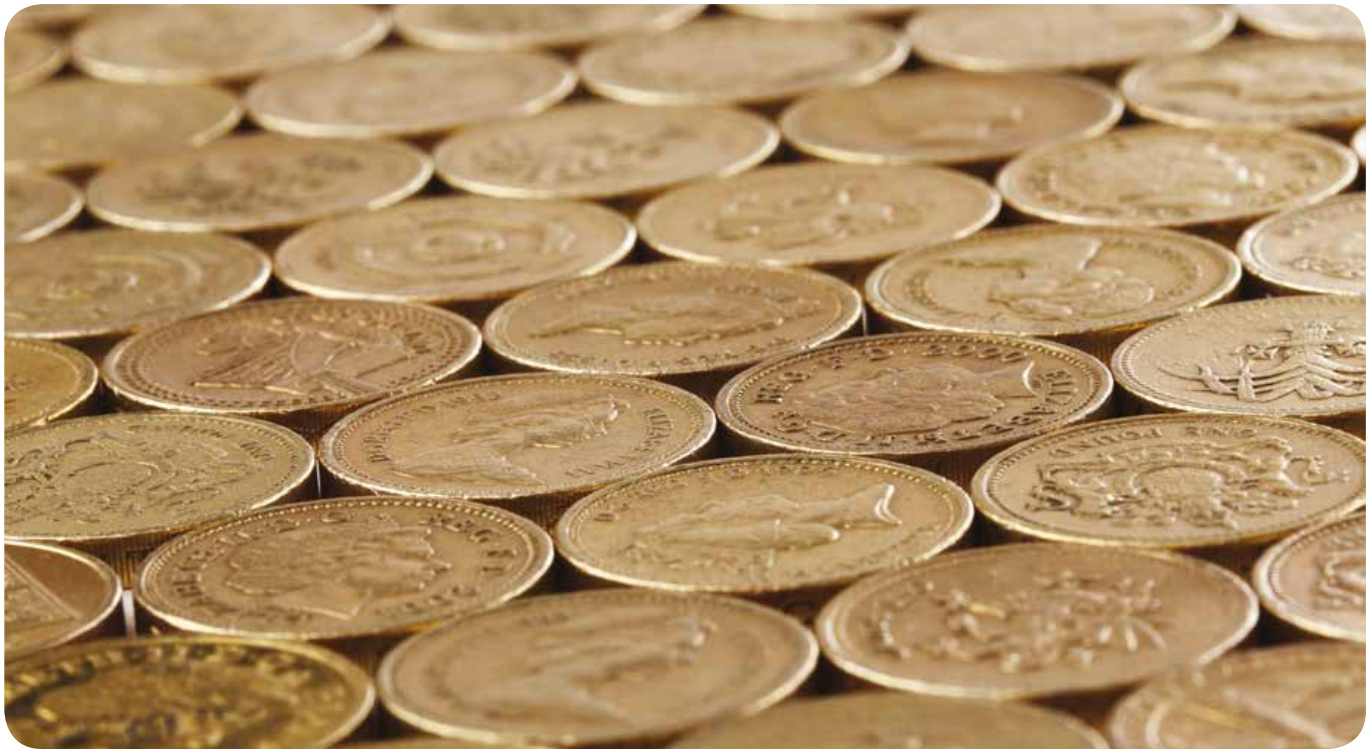
- Advocacy.
- Benefits checks.
- Translation services.

Describe the characteristics of service users who require a formal assessment and active case management to achieve the outcomes required.

This section requires further discussion and case examples. Workshop attendees acknowledged that not all people/situations identified overleaf would necessarily require ongoing case management.

Some situations might need active case management until the care package is established and working in a satisfactory way. If the service user is confident s/he might be able to monitor their own care plan and regular reviews might be sufficient to ensure service compliance.

- Service users whose situation is unstable and/or where they are dependent on informal carers whose own health is not robust;
- Service users who experience sensory loss and dementia without a support network in place;
- Children and adults with multi-sensory impairment;
- Trauma – sudden loss of senses;
- People experiencing dual-sensory loss (DSL) where other significant factors co-exist – stress/breakdown of informal support system. DSL with additional physical impairments/dementia;
- People with DSL might need a low level formal assessment to ensure that their needs are not overlooked but may not require on-going case management;
- Young people in transition need involvement prior to transition;
- Family situations which are unstable and require active involvement;
- Service users with mental health problems which require active intervention;
- Culturally Deaf people who may also have a learning difficulty or severe physical disabilities;
- Vulnerable adults or children in need of protection.



7.2 Workshop 2

What areas of service provision lend themselves to collaboration? (This applies to direct service provision, such as specialist social workers and to commissioning services such as specialist provision of home care or residential care through the medium of BSL, as well as training and technology)

7.2.1 Training and Raising Awareness.

This was a theme that came up on a number of occasions. It was evident from the questionnaire returns as well as workshop discussions that this is an area with huge potential for collaborative development and commissioning with delivery at national, regional and local levels. It would also make best use of scarce staff time and resources.

There is already a structure in place for Local Authorities; the Social Care Workforce Development Partnership model which could take this forward. Over £8,000,000 is available annually on a Wales-wide basis to provide training and development opportunities for the public, private and Third Sectors.

Many Third Sector organisations have a history of providing training to public and private sector organisations ranging from induction training for direct care staff through to post-qualifying training for specialist

rehabilitation and social work staff. Some of these organisations are accredited training providers.

The development of a national training strategy by bringing together representatives from the public, private and voluntary sectors could make a real difference to the lives of people with sensory loss as well as making best use of current staff time and resources.

Sustainable Social Services - a framework for action makes clear that a confident and competent workforce is critical to achieving citizen-centred and sustainable services – "It is the way in which frontline staff deliver the day-to-day work with citizens that ultimately makes the difference" (paragraph 3.56).

The current picture is very mixed and there does not appear to be a clear strategy or professional training pathway for specialist social workers, rehabilitation staff or other staff who work within the sensory sector. This is not helped by the existence of a wide range of workers working within this sector. Many different titles abound which present a significant challenge when trying to develop a coherent set of qualifications and learning programmes.

In 2008 Skills for Care published **National Occupational Standards (NOS) for sensory loss work**[42]. These standards provide a baseline for competent practice and are applicable to all staff likely to be involved in working in this field. Competent practice can be defined as the application of skills and knowledge which are informed by values and ethics. Underpinning all these standards is the need for clear communication. Staff must have the appropriate skills and abilities to communicate effectively with service users who may use a variety of communication techniques, tools or methods.

The Qualification and Credit Framework (QCF) and the development of a suite of sensory units at various levels based on the NOS is welcome. For the first time there is national recognition of the requirement to demonstrate competence in this field. However, underpinning training is still required to develop the specific technical skills and knowledge which enables competent practice. There is a wide variety of training available but it is not always clear whether the organisations or individuals providing the training are accredited. This is an area where a national approach could promote standardised practice backed up by a system to monitor and review workforce knowledge, skills and competencies.

As noted above, poor communication is a major concern for people with sensory loss. Many questionnaire returns indicate varying levels of competence in BSL and staff report that they do not always feel supported in maintaining or developing their language skills - an essential requirement if staff are to work effectively with individuals and families over time. This may be related to the lack of professional competence of those who manage sensory staff. Again, staff reported their concerns at the workshops about struggling to help their managers understand the context in which they worked and the needs of their particular clients.

Alys Young and Ros Hunt in their paper '**The role, contribution and training requirements of specialist social workers with d/Deaf people**', 2009, make the following points:

"It is very common for specialist social workers with d/Deaf people to be managed by senior colleagues who have no specialist knowledge or background in d/Deafness whatsoever. This can create difficulties.

"Social workers find they have an extra role in educating their own manager; it may be difficult to receive supervision of the quality needed in complex practice situations; managers with responsibility for d/Deafness related services may inappropriately pass to the specialist social worker tasks that are management tasks but they cannot fulfill because of a lack of knowledge.

"These circumstances all work to extend further the role and remit of the Social Worker and may be experienced as added pressure. That said, there are examples of non-specialist managers being clearly supportive of the different circumstances of the specialist social worker's role. However such flexible support does not solve the problem of high quality specialist supervision of practice that is a normative expectation of a line manager."

Some of these comments could equally apply to staff working with vision impaired service users, particularly staff who have a rehabilitation remit.

Staff have their own training and development needs but they also act as "trainers" for other workers within their authorities such as those within Contact Centres, social work teams and in-house services e.g. Home Care staff.

Many specialist staff provide "in house" awareness and training sessions, on an apparently ad hoc basis. There is benefit in such an approach, such as detailed knowledge of locally available services and support groups, but where specialist expertise is limited and where demand is high, it is

questionable whether this is a cost-effective way of delivering training.

However, where staff have invested time in briefing Contact Centre staff, for example, and provided detailed guidance as well as specific training for this group of front line staff, managers report improved referral-taking which allows them to prioritise work loads appropriately.

Similarly, inter-team referrals have improved and, most importantly, service users have sought more appropriate channels for initial support with their difficulties such as a GP referral to audiology or ophthalmology, or a visit to an optician, where indicated, rather than having their names placed on a waiting list.

What is unclear is which standards are applied to these internally developed training sessions and whether a more coordinated approach, based on existing good practice standards and delivered by staff who have received the appropriate training themselves, could enable a more robust evaluation of their impact and, hence, use of staff time.

7.2.2 Information Provision

A number of Local Authorities are developing Communication Hubs in response to Welsh Government key policy documents including **Setting the Direction: Primary and Community Services Strategic Development Programme**, (February 2010)[43].

Powys Teaching Health Board together with partners from the Third Sector, Corporate Customer Services and Ceredigion County Council have recently reviewed their pilot Communications Hub in Mid Wales and found that this approach has led to improved signposting to Third Sector and other organisations and resolved many issues for service users at the first point of contact for both Health and Social Care.

The importance of good information, provided by competent staff in a timely way and in accessible formats, cannot be overemphasised. The development of Communication Hubs across Wales provides the opportunity and structure to make significant improvements for people with sensory loss.

All local authorities and Third Sector organisations provide information and advice. Many are developing on-line portals, some of which enable people to access information about local services based on postcode searches. A number of organisations provide

regular updates on developments via newsletters and magazines. An approach which shares the best of these approaches and identifies those most favoured by service users could reduce duplication and the reinvention of the proverbial wheel!

Where interpretation services are required, many public sector bodies already have agreements in place with providers including Wales Interpretation and Translation Service (WITS) and Third Sector organisations such as Action on Hearing Loss, North Wales Deaf Association and Wales Council for Deaf People. This service is essential in meetings involving more than two or three people or in consultations of a sensitive nature.

There are, however, many occasions when technological approaches such as “My Friend” (which enables the use of a remote interpreter by video) may be more suitable to enable a Deaf person to access broader Council services directly or access their GP for a straightforward consultation. This would obviate the need for use of a relatively expensive translation service or inappropriate use of specialist social work time. Most importantly, use of appropriate technology and accessible information enables independence and dignity to be maintained. These are options which could be made available on a collaborative basis.

7.2.3 Development of Care Pathways

In its final report, the Deaf Benchmarking Study for D/deaf people made a recommendation that “greater efforts need to be made to build formal working relationships between local authorities, other statutory agencies and relevant voluntary organisations to ensure clarity of roles and effective referral practices thus enabling service users to access all appropriate services”.

A number of referral approaches already exist which could inform comprehensive and formal pathway developments, thus enabling greater consistency in providing appropriate support. The Visual Impairment Pathway, referred to earlier in this paper, provides a useful model for further exploration.

Current service reconfiguration across many Public and Third Sector organisations provides an ideal opportunity to further explore this approach.

RCT has developed a referral pathway between Audiology and the Sensory Team. This was created through joint training and the creation of a specific referral form to complement the UA approach.

The Gwent Hospitals group, together with the ECLO service, have developed a referral pathway to Sight Cymru

which ensures timely referral to Social Services where indicated.

7.2.4 Regional Commissioning

- A number of workshop attendees and others who responded to the questionnaire felt that there was potential merit in developing regional commissioning for low incidence groups. Such groups could include children with severe vision impairment, younger people with dual sensory loss, older people requiring residential care who are Deaf BSL users and people with dual sensory loss who require ongoing one-to-one support. Further work is required to establish numbers and locations.

- A rehabilitation/habilitation service for children and young people is one such service which could be developed on a regional basis. Only 12 of the 22 Local Authorities currently have access to such provision (see **Growing Up and Moving on**).

  The recommendation in that report suggests the creation of one post, possibly joint funded by Education and Social Services which should be based in Children's Services to improve the awareness of the particular needs of children and young people and to promote joint working across services. The needs of young people of transition age 14 -25 are deemed to be greatest as current provision varies considerably across authorities.

- Transition was highlighted as an area of concern in several of the workshops, attendees noting that even where Transition Protocols exist, they do not appear to be working as intended. RNIB Cymru has recently expanded its Transitions Service to cover the whole of Wales. Whilst this is a welcome development, the service has limited capacity and can only expect to make a contribution to improving the experiences of young, partially sighted people at this critical stage in their development.

- Sense Cymru has received a grant to help young deafblind people in South East Wales to move into adulthood. The project will work with deafblind/MSI young people and single sensory-impaired young people with additional needs.

Identify barriers to positive areas of collaboration and how they can be overcome.

Staff who attended the three workshops across Wales did not demonstrate any great appetite for collaborative approaches to commissioning and delivering services, other than what they were already

engaged in! This is in part explained by the fact that many staff were already engaged in service restructures, were unclear about their immediate future and this felt like one change too many at a time of upheaval. They were concerned that a reduction in staffing levels would be the most likely outcome of regional collaboration and that already over-stretched staff would spend more time travelling rather than working with service users. That said, workshop attendees agreed that the key areas identified at 7.2 merit further exploration.

Other concerns included:

- Regional variations in terms of culture, geography, staff ratios, population profiles and concerns that a one-size-fits-all approach would be adopted;
- Lack of specialist staff across Wales. Concerns that as staff retire, they are not always replaced and services are reconfigured to embrace a more generic approach, staff skills and expertise become diluted and service users receive an inferior service;
- Increasing isolation of specialist staff – linked to point above;
- Loss of local knowledge and expertise;
- Budgets. Concerns that the smaller authorities would lose out if budgets were pooled leading to reduced and overstretched services in some areas.
- Eligibility criteria - need to be consistent across all authorities. There was general consensus that people with sensory loss should be included within current thresholds. It is the lack of understanding of the needs of people with sensory loss that leads to many being excluded from receiving services. Trained and competent Duty and Contact Centre staff are seen as essential to the delivery of equitable services;
- Engagement with key partners such as Health varied considerably across the country. In some areas staff queried whether service users had received better services or improved outcomes where joint work with Health had been undertaken. At the same time it was acknowledged that improved working relationships with health services were critical to meeting service users' needs;
- The perceived lack of willingness of many Local Authority departments to work together and recognise their responsibilities in relation to people with sensory services such as enabling Deaf citizens to access wider Council

services without recourse to a specialist Social Worker with BSL skills. If we can't manage it internally, how do we collaborate successfully across agencies and geographical boundaries?

- The general lack of knowledge and understanding about the needs of people with sensory loss across a broad range of staff and therefore the low profile of this group of service users. This was a recurring theme;
- The absence of large Third Sector societies in some areas in Wales;
- Concerns that Third Sector contracts could be curtailed, leading to an inability to offer a broad range of services and reducing the ability of some organisations to develop innovative projects;
- Concerns re quality vs. quantity. How would quality be monitored?
- Lack of a champion or clear ADSS lead;
- Need local champions for sensory services, as with Older People's Champions, to help overcome the barriers;
- The incompatibility of information and recording systems was seen as a huge barrier. As a result there is a lack of good baseline information and robust evidence to support arguments for better services. To argue confidently for services it is essential that this is addressed;
- VI Benchmarking has shown that where local authorities have made returns they cannot all capture the information required and there is variation in interpretation/ counting methods. It's those apples and pears again!
- When Action on Hearing Loss gathered information from local authorities in relation to how much they spent on equipment for d/Deaf people in 2010/11 they found the following:

  a. 7 out of 22 local authorities could not identify how much they spent on equipment;

  b. Only 5 authorities were able to provide a breakdown of the equipment they had provided over a 5 year period;

  c. Just 60% had a sensory strategy in place.

(From **Assistive Equipment Working Group** – findings presented to the All Party Group on Deaf Issues 2012.

Identify the measures we need to have in place to understand if services are effective

Ask people! The development of a new National Outcomes Framework provides the opportunity to develop the framework to reflect the key outcomes sought by people with sensory loss and those already noted in this paper. A range of best practice standards, such as those developed as part of the VI Benchmarking work, need to inform and support the development of this framework for people with sensory loss.

Measures that would help to deliver these outcomes:

- The number of staff holding a relevant QCF qualification in sensory loss.
- The number of Contact Centre/ Duty staff who have received training in sensory loss awareness.
- A baseline survey of people with sensory loss to identify what specific services would most make a difference to help maintain/enhance their independence and well-being. Use this to inform service planning and monitor the results on a regular basis. Subsequent survey questions could include. “What can you do now, that you couldn’t do before you received a service?”
- Map existing services across all agencies, identify locations and accessibility. Monitor improvements over a 3/5 year period to establish whether a broader spectrum of resources becomes available.
- Number of Home Carers who can communicate with BSL service users (Cardiff has developed part of its Home Care service to meet the needs of people who use BSL).
- The number of Residential Care establishments where staff can demonstrate a range of communication skills and provide appropriate activities for residents with sensory loss.

Conclusion

This paper set out to:

- explore opportunities for improving the effectiveness of models of service delivery and;
- explore opportunities and options for improving outcomes for people with sensory loss through collaborative approaches.

Good information in accessible formats provided by competent staff was clearly indicated by all workshop participants. This is borne out by research and what people who experience sensory loss are consistently saying. The importance of effective and appropriate communication with service users is critical and best practice should be followed to ensure that service users are able to access services in the most effective way.

The development of clear Care Pathways would be welcome as a mechanism to clarify roles and responsibilities of all those involved in the care and well-being of people with sensory loss. Such an approach could reduce duplication of effort and identify service gaps. Critical to the success of this approach is the willingness and ability to share information across agencies and between professions.

Proportionate assessment would be welcomed by all! Growing demand and a limited number of specialist staff require a lighter touch approach to capturing assessment information without compromising the assessment itself. A greater emphasis on staff skills and knowledge, rather than bureaucratic processes, is the only way to meet growing demand and deliver in line with national policy directives.

A consistent approach to the application of eligibility criteria. Workshop participants gave many examples of people being excluded from services at their first point of contact with local authorities. This was due in part to a lack of knowledge and understanding on the part of duty staff about the needs of people with sensory loss, as well as varying interpretations of the four levels of eligibility and local authorities operating different eligibility thresholds across Wales.

Raising the profile of people with sensory loss through an awareness raising programme aimed at key managers and staff across agencies is indicated. A national training strategy which could ensure that all staff providing direct services to the public have a level of competence to confidently signpost people to the appropriate services and identify when specialist input is required. Such a strategy would also enable specialist staff skills to be developed and maintained.

It is essential that specialist skills and knowledge are developed and maintained regardless of whether staff sit within sensory teams or are part of a generic locality team. A national training strategy could support this intention and be delivered nationally, regionally or locally as required. The training needs of specialist social workers for Deaf people have been met in the past through the delivery of a national programme, delivered by staff from Manchester University. This world class training could not have been delivered on a local or regional basis, due to the small numbers and diverse training needs along with the associated costs. The only way to provide this is on a national level.

Further exploration of services to support low incidence groups is highlighted. For example, children and young people across Wales who experience vision impairment are unable to access habilitation services on an equitable basis. 12 of the 22 local authorities in Wales offer a full habilitation service for children and young people. In the remaining 10 authorities, the service is provided for adults only. A regional approach could address the gaps in service. (See map 2 in **Growing Up and Moving On**, which clearly identifies two possible regions)

Transition remains an area of concern. Improvements in the provision of information, developments in the willingness and ability to share data electronically and Care Pathway developments could all improve transition experiences for young people. The ability to capture and share information in a timely way (to aid future planning) is critical here. Most children and young people are known to Public or Third Sector organisations. There should be no surprises!

The report contains some pragmatic recommendations but they need to be underpinned by a review and refresh of the best practice guidance that support social service delivery for people with sensory loss. This would be welcomed by social workers, Third Sector organisations and service users, creating a more consistent service, supported by a standardised approach and helping the public get a clearer picture of the support available to them in their time of need.

Appendix 1 - Bibliography

Some of the documents noted below are available on the SSIA website. www.ssiacymru.org. The documents relating specifically to sensory loss can be accessed via the Sensory Loss Resource Section.

1. **Social Services and Well-being (Wales) Bill**, Welsh Government (2013)

2. **Sustainable Social Services: A Framework for Action**, Welsh Assembly Government (February 2011)

3. **Together for Health: Eye Health Care Delivery Plan for Wales**, Welsh Government (September 2013)

4. **Commission on Public Service Governance and Delivery**, Sir Paul Williams (January 2014)

5. **Specialist Social Workers & Advocacy Workers, Working Protocol, Procedure & Practice** (December 2010) www.ssiacymru.org.uk/resource/p_k_Working_Protocol_-_Procedure__Practice.doc

6. **Strategic Framework for Welsh Language Services in Health, Social Services and Social Care**, Welsh Government (2012)

7. **Delivering in British Sign Language: Advice for Public Services**

8. **The role, contribution and training requirements of specialist social workers with d/Deaf people**: Alys Young & Ros Hunt, University of Manchester, Social Research in Deafness Group (2009)

9. **Older People who use BSL – preferences for residential care provision in Wales**: Ros Hunt, Rosemary Oram and Alys Young Manchester University (March 2010)

10. **Specialist Assessment Involving Deaf Children and Adults: a discussion document**: Alys Young & Ros Hunt, Manchester University

11. **The Impact of Integrated Children's Services on the scope, delivery and quality of social care services for deaf children and families**: Alys Young, Ros Hunt & Carole Smith University of Manchester was commissioned by National Deaf Children's Society (NDCS), Phase 2 Report (February 2010)

12. **National Assembly for Wales Circular No. 10/01, Social Care for Deafblind children and adults** (2010)

13. **The All-Wales Standards for Accessible Communication and information for people with sensory loss**, NHS Wales (July 2013)

14. **Sustainable Social Services for Wales – Local Government Implementation Plan** (October 2012)

15. **Moving Forward: Services to Deafblind People – Practice**

Guidance, Welsh Assembly Government (October 2008)

16. **Best Practice Standards: Social Services for Deaf and Hard of Hearing People**

17. **Section 33 of the National Health Service (Wales) ACT 2006**

18. **Local Government Act 1972** – legislation.gov.uk

19. **SSIA**, www.ssiacymru.org.uk

20. **Wales Vision Strategy Implementation Plan 2010-2014**

21. **UK Vision Strategy – Vision 2020 The Right to Sight** (RNIB April 2008)

22. **Equality Act 2010** – legislation.gov.uk

23. **The Public Sector Equality Duty** (April 2011)

24. **Sensory Loss in the Adult Population in Wales**, Welsh Government (May 2012)

25. **Office for National Statistics** www.statistics.gov.uk/

26. **Estimating the Number of People with Co-Occurring Vision and Hearing impairment in the UK** (The Centre for Disability Research), Robertson J and Emerson E (2010)

27. **Estimated Prevalence of visual impairment among people with learning disabilities in the UK. Improving Health and Lives: Learning Disabilities Observatory report for RNIB and SeeAbility**, Emerson E and Robertson J (2011)

28. **Hearing loss and incident dementia**, Archives of Neurology 68(2), Lin, Metter, O'Brien, Resnick, Zonderman and Ferruci (2011)

29. **Deaf People with Dementia Research Project**, led by Manchester University

30. **Growing Up and Moving On – Service Provision for Children and Young People with Visual Impairment in Wales**, Elaine Kelleher, sponsored by Sight Support (September 2012) [additional Service Directory to this report]

31. **Sensory Loss in the Adult Population in Wales**, Welsh Local Government Association (May 2012)

32. **Access to Care and Well-being in Wales Report**, Social Services Improvement agency for Wales (March 2013)

33. **Hearing Matters** – taking action on hearing loss in the 21st century, Action on Hearing Loss

34. **Wales All Party Group on Deaf Issues (APGD)**

35. **Summary of Certificate of Vision Impairment Survey**, The Royal College of Ophthalmologists (December 2012)

36. **The Certification and Registration Process: Stages, Barriers and Delays**, T Boyce (September 2012)

37. **The Visual Impairment Benchmarking Study Summary Report**, Welsh Local Government Association (January 2006)

38. **The Visual Impairment Pathway – setting the standard for education provision in Wales**, RNIB (2012)

39. **Seeing it my Way** – a universal quality and outcomes framework for blind and partially sighted people, RNIB (2012)

40. **Providing Excellent Services for Blind and Partially Sighted People – a guide for local authorities**, RNIB and Action for Blind People (2012)

41. **Good practice in sight** – How excellent services for blind and partially sighted adults can boost the overall performance of local authorities, RNIB (2008)

42. **National Occupational Standards (NOS) for Sensory Loss**, Skills for Care (2008)

43. **Setting the Direction** – Primary & Community Services Strategic Delivery Programme, Welsh Assembly Government (February 2010)

44. **Fulfilled Lives, Supportive Communities: A Strategy for Social services over the next decade**, Welsh Assembly Government (February 2007)

45. **Better Support at Lower Cost: Improving Efficiency and Effectiveness in Services for Older people in Wales**, John Bolton (2012)

46. **Open to All? Barriers Facing People who are Deaf or Hard of Hearing in Wales**, RNID (2009)

Appendix 2 – List of Workshop attendees

Future Inn, Cardiff
13th December 2012

Nirmala Pisavadia,
Rehabilitation Worker, Sight Cymru

Diana Evans,
Rehabilitation Worker, Sight Cymru

Gwenda Lewis,
Team Manager, Sensory Services, RCT

Lynda Dixon,
Rehabilitation Officer for Visual Impairment (ROVI), RCT

Tamara Roberts,
Senior ROVI, Caerphilly

Becky Griffiths,
Team Manager, Caerphilly (afternoon only)

Joanne Thomas,
Team Manager Occupational Therapy, Vale of Glamorgan

Nadia Joshua,
Social Worker for Children and Young people services, Vale of Glamorgan

Angela Edmunds,
ROVI and Mobility Officer, Vale of Glamorgan

Kath Greenwood,
ROVI, Bridgend

Deborah Thomas,
Policy and Campaigns Officer, National Deaf Children's Society

Sue Wooding,
Team Manager, Monmouthshire

David McEwan,
Practitioner, Sensory Impairment, Monmouthshire

Pauline Mabbs,
Specialist Social Worker, Sensory Services, Swansea

Isabel Bull,
Service Lead Manager, Disability and Sensory Services, Cardiff

Helen Newton,
Senior Social Worker for Deaf people and people with hearing impairments, Cardiff

Sonia Lloyd-Williams,
Independent Living and Review Manager, Merthyr Tydfil

Nicola Davison,
ROVI and Social Worker, Merthyr Tydfil

Nicola Crews,
RNIB Cymru (afternoon only)

Facilitators:

Steve Vaughan,
Improvement Manager, SSIA

Wayne Lewis,
Head of Services, Sense Cymru

Owen Williams,
General Manager, Vision in Wales (now Wales Council of the Blind)

Richard Williams,
Director, Action on Hearing Loss Cymru

Nigel Bone,
All-Wales Coordinator, Specialist Social Workers with Deaf people

Barbara Dwyer,
Project Worker, Vision in Wales (now Wales Council of the Blind)

Halliwell Centre, Carmarthen 11th January 2013

Pat Evans,
Rehabilitation Assistant for Visual Impairment, Carmarthenshire

Linda Jones,
Rehabilitation Officer for Visual Impairment (ROVI), Carmarthenshire

Kirsty Bryan,
Trainee Rehabilitation Officer for Visual Impairment (ROVI), Carmarthenshire

Karen Davies,
Rehabilitation Officer for Visual Impairment (ROVI), Carmarthenshire

Anthony Troy,
Team Manager Sensory Services, Neath Port Talbot

Cerys Barwick Morgans,
Interpreter

Samantha Hopkins,
Interpreter

Hazel Dance,
Social Worker for Deaf People, Neath Port Talbot

Carol Benson,
Social Worker for Visual Impairment, Neath Port Talbot

Jane Baynham,
Acting Team Manager, Community OT and Sensory Support Services, Ceredigion

Evelyn Wigley,
Rehabilitation Officer for Visual Impairment (ROVI), Ceredigion

Tracy Martin-Smith,
Rehabilitation Officer for Visual Impairment (ROVI), Pembrokeshire

Janet Price,
Customer Service Manager, Pembrokeshire

Alun Roberts,
Team Manager, Sensory Services, Powys

Jenny Steger,
Policy and Development Manager(Physical Disability and Sensory Impairment), Powys

Nicola Crews,
RNIB Cymru (afternoon only)

Norman Moore,
Director, Wales Council for Deaf people

Meryl Roberts,
Management and Training Executive,
Wales Council for Deaf People

Andrea Gordon,
Engagement Manager,
Guide Dogs Cymru

Andrew Gordon,
Guide Dogs Cymru

Cath Booth,
Head of Services (Care) Wales,
Action on Hearing Loss

Philip Lewis,
Senior Practitioner with Deaf People,
Social Care and Housing Department,
Carmarthenshire

Sue Evans,
Assistants with Hearing Impaired People,
Carmarthenshire

Liz Gully,
Assistants with Hearing Impaired People,
Carmarthenshire

Gemma Jones,
Rehabilitation Officer for Visual Impairment (ROVI), Swansea

Russell Rainford,
Hearing Impairment Officer,
Pembrokeshire

Facilitators

Steve Vaughan,
Improvement Manager, SSIA

Wayne Lewis,
Head of Services, Sense Cymru

Owen Williams,
General Manager, Vision in Wales (now Wales Council of the Blind)

Richard Williams,
Director, Action on Hearing Loss Cymru

Barbara Dwyer,
Project Worker, Vision in Wales (now Wales Council of the Blind)

Ansley Workman,
Head of Independent Living, RNIB Cymru/Sensory loss Partnership Manager, WLGA

Nigel Bone,
All-Wales Coordinator, Specialist Social Workers with Deaf people

Venue Cymru, Llandudno on 27th March 2013

Miriam Wright,
CEO, Vision Support

Joy Smith,
North Wales Regional Manager,
Vision Support

Richard Jones,
Research and Development Officer, Deaf Access Cymru

Jane Priestley,
Manager, North Wales Deaf Association

Jackie Claydon,
Technical Officer and Deaf Awareness Trainer, North Wales Deaf Association

Ffranses Wharton-Faraut,
Interpreter

Jo Mennah,
Interpreter

Glenda Lloyd Evans,
Service Manager (Adults),
Social Services Department,
Gwynedd Council

Bethan Wyn Evans,
Commissioning Officer,
Gwynedd Council

Eleri Hugheston-Roberts,
Independent Consultant,
Gwynedd Council

Tesni Hadwin,
Operational Manger PDSI Team,
Conwy County Borough Council

Jane McDonald,
Principal Practitioner PDSI,
Conwy County Borough Council

Johnny O'Hagan,
Team Manager, Denbighshire County Council

Judith Bradwen,
Disability Officer, Denbighshire County Council

Gethin Davies,
Assessing & Reviewing Officer VI Team, Conwy Social Services,
Conwy County Borough Council

Margaret Ready,
Senior Practitioner, Conwy County Borough Council

Dafydd Eckley,
Senior Rehabilitation Officer,
North Wales Society for the Blind

Sharon Beckett,
CEO, Sight Cymru

Cheryl Edwards,
Hear to Help Coordinator,
Action on Hearing Loss Cymru

Facilitators

Steve Vaughan,
Improvement Manager, SSIA

Wayne Lewis,
Head of Services, Sense Cymru

Owen Williams,
General Manager, Vision in Wales (now Wales Council of the Blind)

Barbara Dwyer,
Project Worker, Vision in Wales (now Wales Council of the Blind)

Nigel Bone,
All-Wales Coordinator, Specialist Social Workers with Deaf people

Project Board Members

Owen Williams,
General Manager, Vision in Wales (now Wales Council of the Blind)

Steve Vaughan,
Improvement Manager, SSIA

Wayne Lewis,
Head of Services, Sense Cymru

Richard Williams,
Director, Action on Hearing Loss Cymru

Ansley Workman,
Head of Independent Living, RNIB Cymru/Sensory loss Partnership Manager, WLGA

Tracy Martin-Smith,
Rehabilitation Officer for Visual Impairment (ROVI), Pembrokeshire

Contributions were received from

Sharon Beckett,
CEO, Sight Cymru
and
Miriam Wright,
CEO, Vision Support.

Appendix 3 – Programme of the Day

09:30 **Registration and refreshments**

10:00 **Introduction & background**
Owen Williams, General Manager, Vision in Wales (now Wales Council of the Blind)
Steve Vaughan, Improvement Manager, SSIA

10:15 **Key themes emerging from research**
Barbara Dwyer, Project worker, Vision in Wales (now Wales Council of the Blind)

10:45 **Introducing Workshop 1 – 'models of service delivery'**
Steve Vaughan, Improvement Manager, SSIA

11:00 **Workshop 1**
How can we improve upon current models of service delivery covering the whole continuum of care? This will also examine questions around eligibility and assessment.

12:15 **LUNCH**

13:00 **Introducing Workshop 2 - 'identifying opportunities for collaboration'**
Steve Vaughan, Improvement Manager, SSIA

13:15 **Workshop 2**
Identify opportunities where collaboration between local authorities in relation to commissioning and service provision can improve outcomes for service users and implications for current services.

14:30 **REFRESHMENT BREAK**

14:45 **An example of a pathway to Services**
Nicola Crews, Head of Education and Employment Services, RNIB Cymru

15:15 **Plenary – discussion with whole group**

15:30 **CLOSE**

Appendix 4 – Questionnaire

Local Authority

A questionnaire and covering letter was sent out to all 22 local authorities to be completed by 23rd November 2012. A second copy was sent out to those authorities who were unable to complete and return the questionnaire by the specified date. The name of the authority and person completing the questionnaire was recorded and the following questions were asked:

1. Can you identify the sources of referrals for the following groups over the past 12 months?
   a. Deaf and Hard of Hearing
   b. Deafblind
   c. Sight impaired/Severely sight impaired

Deaf and hard of hearing

2a. What specialist sensory impairment services does your local authority directly provide to deaf and hard of hearing people?

2b. If you employ specialist staff, please list them and include their employment status and role.

2c. What specialist sensory impairment services does your authority purchase from the Third Sector (contract, SLA or grant) for people who are deaf and hard of hearing?

2d. What specialist sensory impairment services does your authority purchase off the private sector?

Visual impairment

3a. What specialist sensory impairment services does your local authority directly provide to visually impaired people?

3b. If you employ specialist staff, please list them and include their employment status and role.

3c. What specialist sensory impairment services does your authority purchase from the Third Sector (contract, SLA or grant) for people who are visually impaired?

3d. What specialist sensory impairment services does your authority purchase off the private sector?

Deafblind

4a. What specialist sensory impairment services does your local authority directly provide to Deafblind people?

4b. If you employ specialist staff, please list them and include their employment status and role.

4c. What specialist sensory impairment services does your authority purchase from the Third Sector (contract, SLA or grant) for people who are Deafblind?

4d. What specialist sensory impairment services does your authority purchase off the private sector?

5. Please describe the management structure for your sensory impairment services.

6. Do you have any plans to reconfigure your current sensory provision, e.g. as part of a rehabilitative model of service delivery?

Third Sector

A questionnaire and covering letter was sent out to 17 Third Sector organisations, across Wales, to be completed by 23rd November 2012. A second copy was sent out to those organisations that were unable to complete and return the questionnaire by the specified date. The following questions were asked:

1. Name of organisation

2. Service users group(s) represented

3. Can you identify the source of referrals to your organisation over the past 12 months? If more than one local authority, please indicate how many and which authorities?

4. What specific services do you provide to:

   a. Local authorities;

   b. Individuals who have not been referred via their local authority;

   c. Other organisations?

5. If you employ specialist staff, please list them and include their employment status and role.

6a. Which local authorities/local health boards do you have contracts with or receive grants from? – please include contract or grant.

6b. What services are funded by local authorities?

6c. What services are funded by Local Health Board(s) (LHB)?

6d. What other services do you provide and how are these funded?

7a. We are keen to hear your views about the potential/possible drawbacks of regional service delivery of sensory services.

7b. Please provide any other information which you think could help the project achieve its aims.