Visual Impairment Benchmarking Study Data Analysis

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Llywodraeth Cynulliad Cymru
Welsh Assembly Government

CONTENTS

INTRODUCTION

One of the first steps undertaken during the benchmarking study was to design a detailed questionnaire which was distributed to all Welsh authorities, requesting details of their arrangements for the planning, delivery and management of services for people with visual impairment. The questionnaires focused on the following areas:

- Authority profile: service planning arrangements, performance indicators and targets in place, staffing levels, financial information, partnerships, public image
- Referral and assessment processes
- Communication and provision of information
- Service user involvement and consultation
- Children and young people

All 22 authorities responded to the questionnaire, either completely or partially.

The findings were collated, and the information used to inform much of the subsequent work of the benchmarking group.

This second part of the study report contains detailed data obtained from authorities. Whilst the data is at least 2 years old, and there have been changes in arrangements in a number of authorities, it still provides a useful picture of current demand for visual impairment services and the shape and structure of those services.

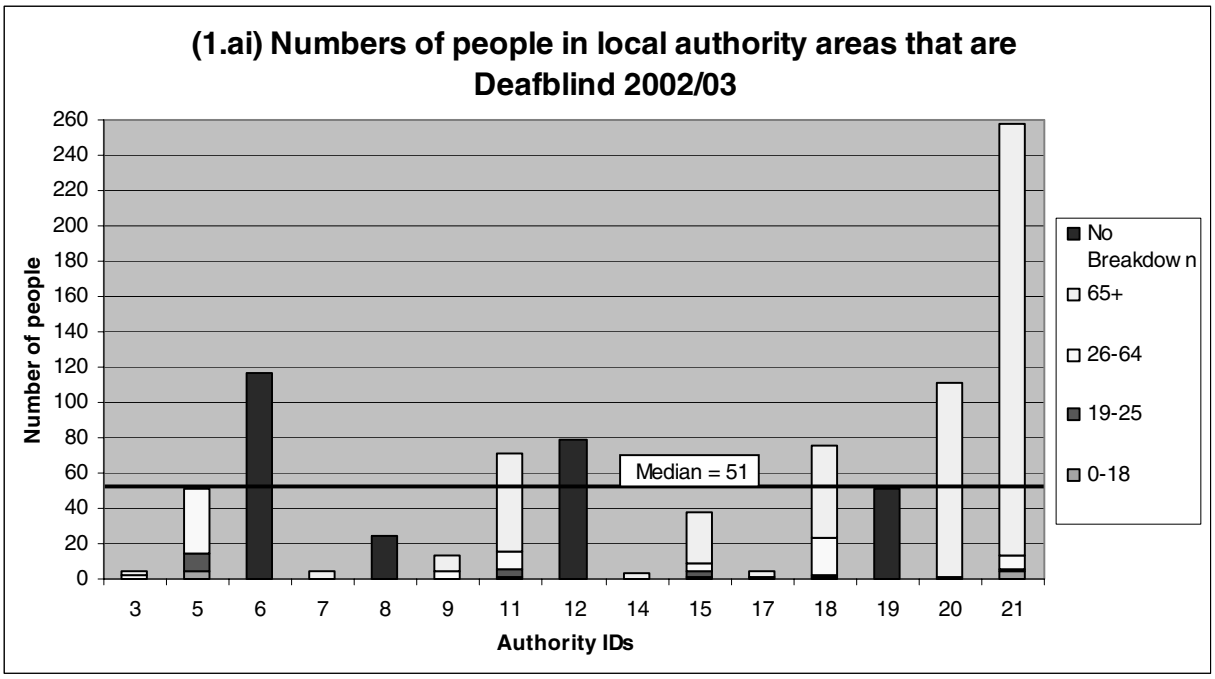
Electronic copies of this data analysis are available from the Welsh Local Government Association, www.wlga.gov.uk Tel: 029 2046 8600.

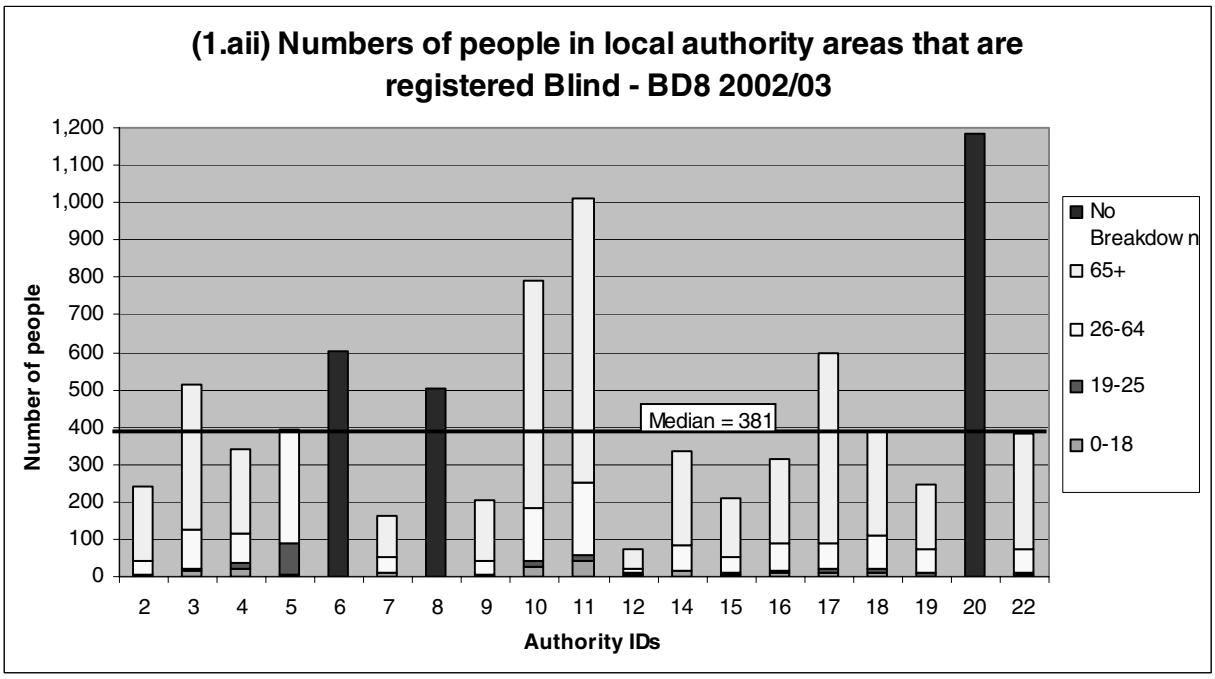
DATA ANALYSIS

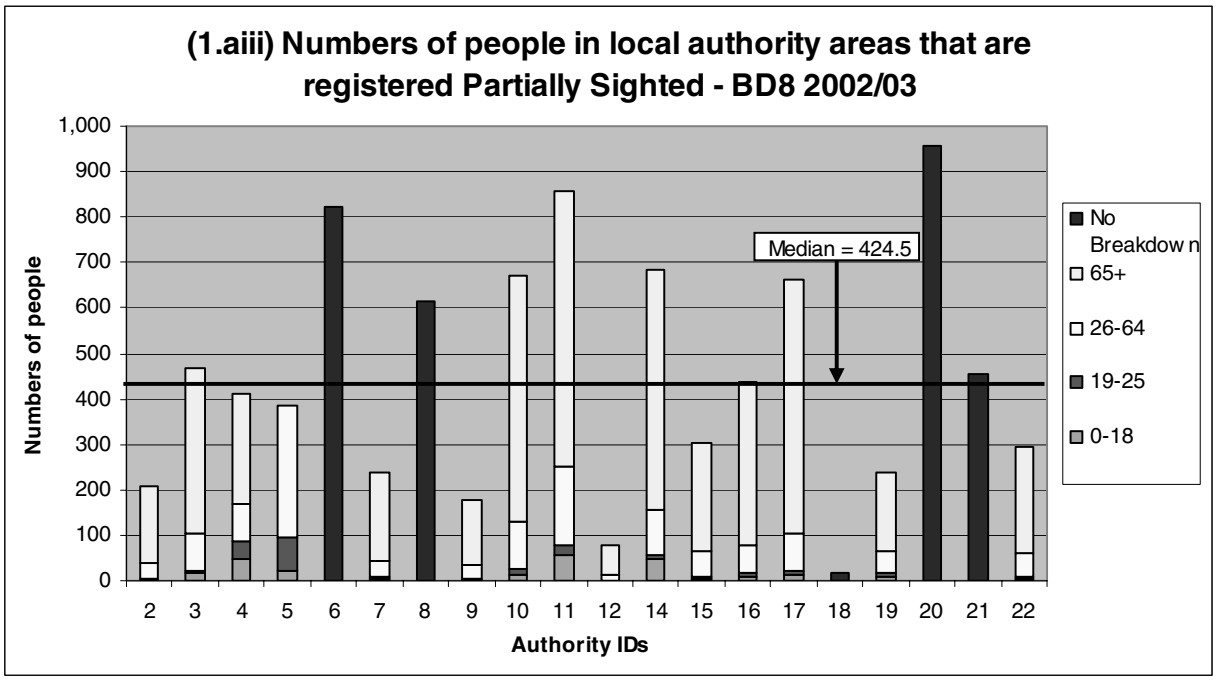
AUTHORITY PROFILE

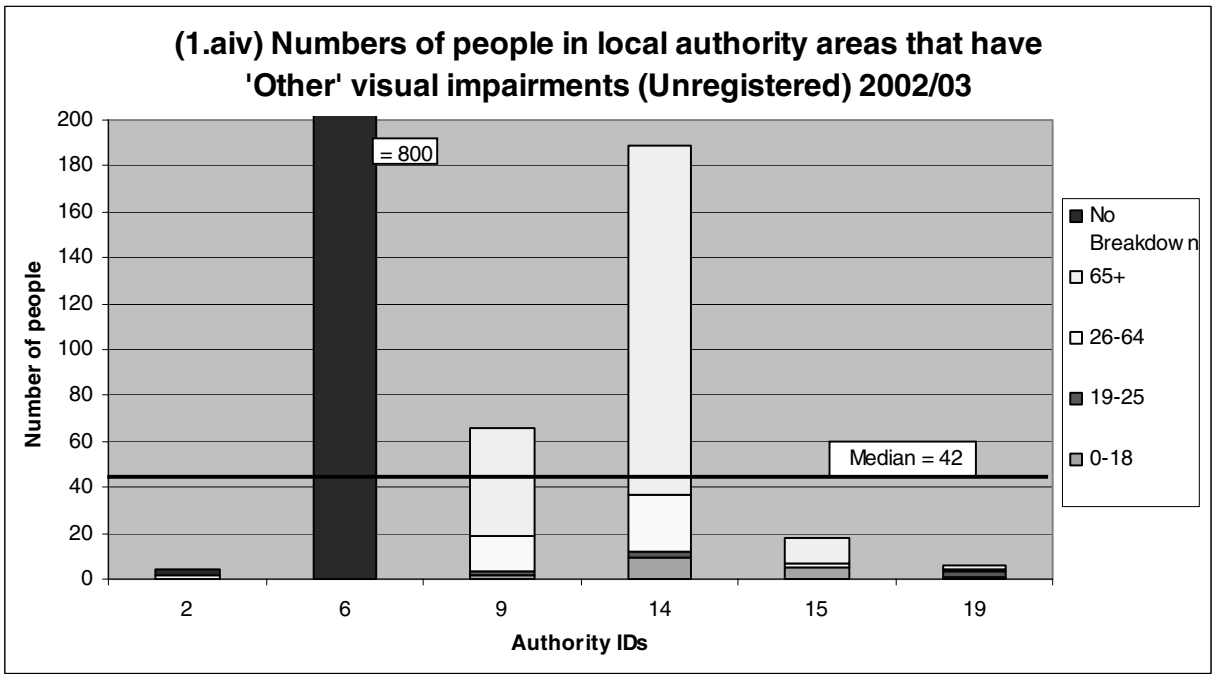
Service Planning

The following charts (1.ai) to (1.av) show the numbers of people in the local authority areas that fall into the defined client groupings:

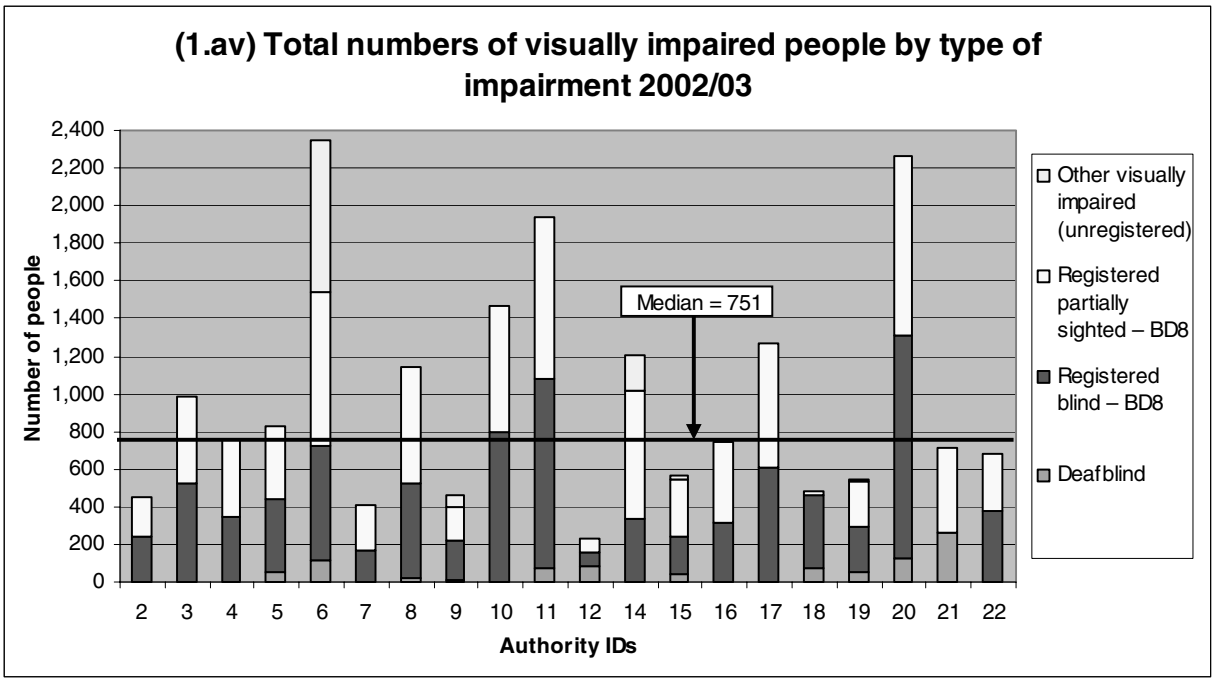




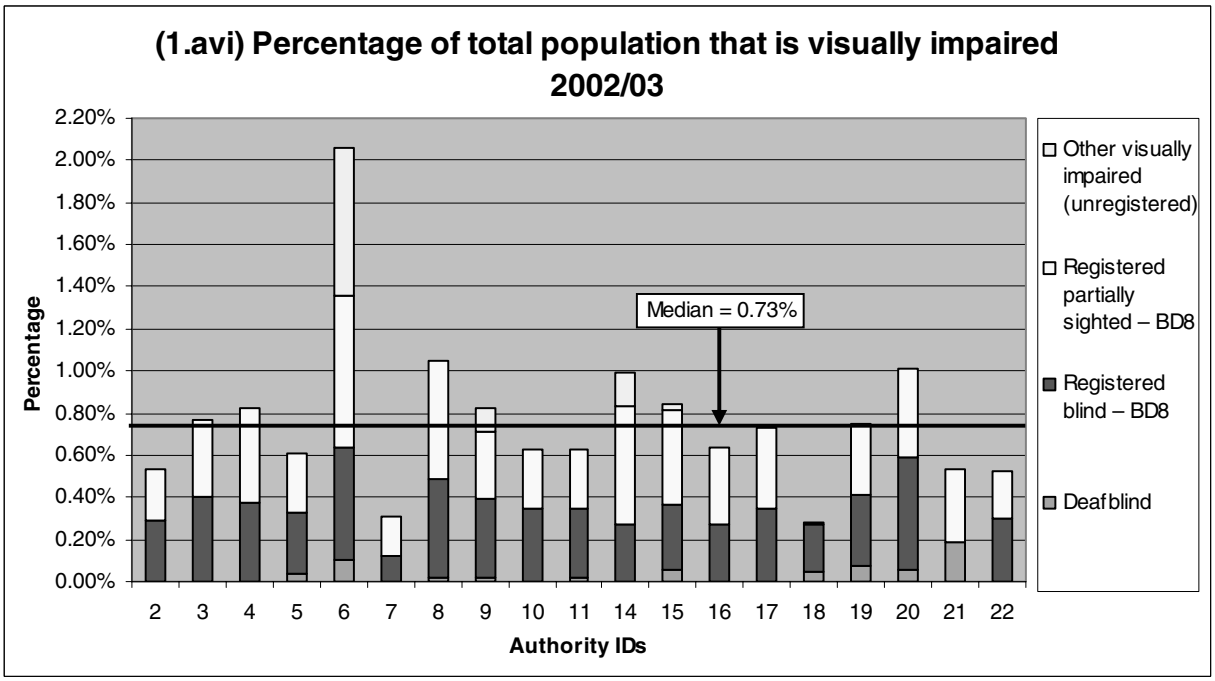




As would be expected, it can be seen that, in all groupings, people aged 65 years or over make up the largest proportion of visually impaired people. The following chart (1.av) bring together the information from the above charts and shows the total numbers of visually impaired people in the local authority areas broken down by category:



The following chart (1.vi) shows the total numbers of people in local authority areas as a percentage of the total population:



As can be seen, people with visual impairments make up a small percentage of the population, between 0.27% and 2.06%, however this should not lessen the importance of the service and the preceding charts show that this does still represent large numbers of people. This chart is slightly more even than the previous chart but is still not level, indicating that other factors than the size of the population determine the numbers of people that are visually impaired.

Descriptions that have been given by authorities of the "Other visually impaired (unregistered)" people include the following:

- "Customers who are registerable but who no longer attend the eye clinic. Also, people with a learning disability who may not have been assessed for any other physical and/or sensory disability. Younger children who have visited the clinic but are not registered. Older people who are unable to attend the clinic";
- "We do not have any figures for the latter group; however, discussion is ongoing with our management information team to capture this information. Such data would reflect our ongoing work with visually impaired regardless of their registration status. The RNIB Needs Survey 1991 indicated that the registers represent only 23% of visually impaired people in the community who receive services. We have recently started collecting manual records of deafblind people. This work will inform our management information needs and discussions with the IT team".

In just over half of the responding authorities (11/21) there is a Sensory Services team [i.e. a self-contained specialist team] or specialist service [i.e. a defined service that may be spread widely due to large administration area]. In 8 of the 10 authorities that do not have such a team, the service is provided by a group of specialist officers within a larger team with wider responsibilities.

Just under half (9/20) of the responding authorities state that their Social Service Directorate's [SSD] Social Care Plans [SCP] include a section specific to the Visual Impairment function and 8 of these 9 state that the SCP sets out Visual Impairment service aims, objectives and targets. 8 of the 9 authorities that have VI specific sections in their SCPs state that these include a service budget specifically for VI.

6 out of 12 responding SSDs state that their service has data [demographic, epidemiological, ethnicity, care management records, complaints, certification and registration records and other performance data] to measure achievement against the aims, objectives and targets contained in the Social Care Plan.

Systems / practices have been developed in 5 of 13 responding SSDs to make an assessment of "unmet need" for people with Visual Impairment [this means an assessment of visual impairment need over and above that which is presented and known to the local authority]; descriptions that have been given of these include the following:

- "Where unmet need has been identified as requiring an VI IT assessment, or a Dual Sensory Assessment we then contact the relevant agencies to request the service";
- "All unmet need fed into Disability Planning Framework. Unmet need recorded on Care Plans. Specialist assessments brought in from: RNIB, SENSE, WCB";
- "Local household survey implemented by Local Disability forum. Consultation exercises with service users organised by [Region] Society for the Blind Organised voluntary organisation";
- "Consultation exercise with service users organised by [Region] Society for the Blind";
- "The VI team has an assessment form which has a section to record unmet need".

The Social Care Plan is made available in a range of different formats in 14 of the 16 responding SSDs, 2 of these state that this is "on request".

4 out of 22 responding authorities have a multi-agency Service Plan that sets out the approach to VI service planning by working in partnership, this has been adopted by other partner organisations in 3 of these and published and publicised in 2.

The department has taken part in a planning committee of service users and representatives from a range of local agencies to co-ordinate low vision services in only 8 of 21 responding authorities.

Performance Indicators and Targets

Less than half of the responding SSDs (9/22) have set performance indicators and targets for the VI service, lists that have been provided of these include the following:

Performance Indicator / Target	Extent of Achievement
The VI service is picked up as part of NAWPI 3.14 – The number of clients with Physical or sensory disabilities helped to live at home. However this figure is not reported down to the level of visual impairment	Target is not set at this level
Monthly statistics – sent to WAG, and PCC Charter information	We aim to but not always able to meet them due to the numbers of referrals coming in for services
Respond to referrals within 10 working days. Provide a care plan within 5 working days of completed assessment	Prior to November 2003 we did not have measurable targets. Hope to review in November 2004
Assessment & Care Management team – all referrals / everyone will have a community care assessment. Where there is a request for specialist assessment (on BD8) 100% will have a specialist assessment. 100% of referrals assessed for equipment	100%
This work is being developed currently and will be actively progressed on a Development Day for the Sensory Services team at the end of February 2004	Part of the exercise on developing the targets will consider monitoring

Performance Indicator / Target	Extent of Achievement
Short term Social Care Plan objectives for 2002/3 for Sensory Impairment Service as follows:-1. Develop a sensory impairment integrated service 2. Develop user consultation groups for people with hearing and visual impairments, in partnership with organisations representing service users. 3. Improve current level and accuracy of data in respect of people with a hearing and visual impairment	Update 2002/3 on above objectives:- 1. Training sessions running since September 2002. All the staff in the visually impaired team have had lessons in the basic signing skills Training is planned for some staff to undertake specific training as Interveners to enhance their skills on a course run by SENSE (A National Charity that supports and campaigns for children and adults who are deaf blind) 2.Team is working on the integration of services e.g. record keeping 3. Preliminary work is ongoing with the Adult Disability Advisory Planning Group 4. Some problem areas in data collection are now being identified and rectified 5. The system is recording an overall increase in the number of people registered as deaf blind by 18% in the last 18 months 6.The new Care First system to provide even better information
Generic Performance Indicators inc: – Eligibility Criteria - Allocation – Waiting List	Approximately 80% of clients are seen within target dates. All receive Contact Assessment within 2 days target
There is a general target to raise awareness of the needs of people with a Visual Impairment	
Response time to first contact on receipt of BD8 – 10 working days. Percentage of Care Plans reviewed annually	Approximately 80% of service users receive a home visit following receipt of BD8 Remainder contacted by phone or mail. Clients deemed urgent at the eye clinic are seen within approximately 1 – 5 days
Response time to first contact on receipt of BD8 – 10 working days	All clients contacted within 10 working days. Approximately 80% also receive a

Performance Indicator / Target	Extent of Achievement
	home visit in this period. Clients deemed urgent at the Eye Clinic seen within approximately 1-5 days
This matter is currently being addressed through Low Vision Steering Group	N/A

The above targets are disseminated to interested parties as follows:

- Staff – 8 authorities;
- Voluntary organisations – 6 authorities;
- Clients – 4 authorities;
- Carers – 4 authorities;
- Other stakeholders – 5 authorities.

It can be seen that, of the 9 SSDs that have performance indicators and targets, less than half share this information with clients and carers, perhaps because their interest would only be in their own specific case.

The methods by which the targets are disseminated to the above parties have been described as follows:

- "Organised formal meetings" – 2 authorities;
- "Exchange of information" – 2 authorities;
- "Meetings";
- "Council Intranet/website facilities. Feedback during the Joint Implementation Groups";
- "Planning day with staff to look at current services and future developments";
- "In Team Meetings, individual supervision & professional discussions. This will be achieved through the Disability Strategy, Contact magazine and SCP";
- "It is envisaged that performance against targets will be considered by the multi agency Sensory Impairment group.
- Quality Assurance is one of the key priority points in the Sensory Impairment Strategy. Monitoring performance is integral to this function";
- "Via E-Mail to staff. Publication and circulation of the Social Care Plan 2002 – 2007 and Review of Social Care Plan 2002/3 (review in draft format at present; circulation imminent)";
- "Information leaflets to clients. Management performance information for staff";
- "Business plan".

Performance against VI policies, plans, etc. are reported in 7 authorities, 4 of these publish the performance report and only 1 then publicises this; descriptions of how VI performance in reported published and publicised are as follows:

- "Reported within organised meetings" – 2 authorities;
- "In Social Care Plan";

- "Via the Welsh Assembly Government public information system";
- "Published and reported in service delivery plan OP/PDSI";
- "When targets are agreed, performance will be fed back to Senior Management";
- "Reported at Business Improvement Meetings, in Portfolio reports for members and in ad hoc reports for the Senior Management Team. Published - Social Care Plan 2002 –2007 and Review of Social Care Plan 2002/3 (review in draft format at present; circulation imminent) Published on both the internet and intranet sites";
- "Through the Council's Health Social Care and well being strategy".

The methods by which the responding SSDs measure the impact / outcome of service interventions include the following:

- "Service Plan";
- "Evaluations. Reviews";
- "Through reviews of Care Plans A number of social and leisure activities take place which are funded by the authority – Eton Road V.I Club (holds its own AGM), Snooker Club & Ladies Group These are a way of obtaining users views on services";
- "Compliments & Complaints Process. Customer surveys. Focus Groups";
- "The outcomes are measured within the confines of the overall care management process";
- "Auditing of care plan. Service user questionnaires. PDSI, MAP – Multi agency statutory voluntary meetings where VI issues are discussed";
- "As part of the review, unplanned review, customer surveys, self review forms, comment cards";
- "Staff endeavour to engage the views of users, carers and other professionals on an individual basis to measure the effectiveness of their intervention";
- "Less dependency of service users so less Community Care support Lessen need for residential care. Means by which self care support can reduce referrals to GPs (i.e. Depression). Less state benefit dependency due to sign - posting to job centre and equipment provision. Acknowledge these are crude measures";
- "Comparison of aims identified with client to the outcome after service provision/rehabilitation";
- "Noted on closure form";
- "Noted on closure form as 'aim achieved', 'client withdrew'";
- "Reviews. We intend to consult service users through a consultation exercise to ascertain our impact and whether we have achieved the outcomes set in the Care Plan. This exercise will be conducted through the Low Vision Steering Group";
- "Regular monitoring and evaluation via care management process and review mechanisms";
- "Case closure, monitor and review cases. Team discussion";
- "Individual feedback from service users. No countywide policy in place".

Staffing

Detailed descriptions of the arrangements for Visual Impairment (VI) staff reporting to Line Managers can be found in the data set.

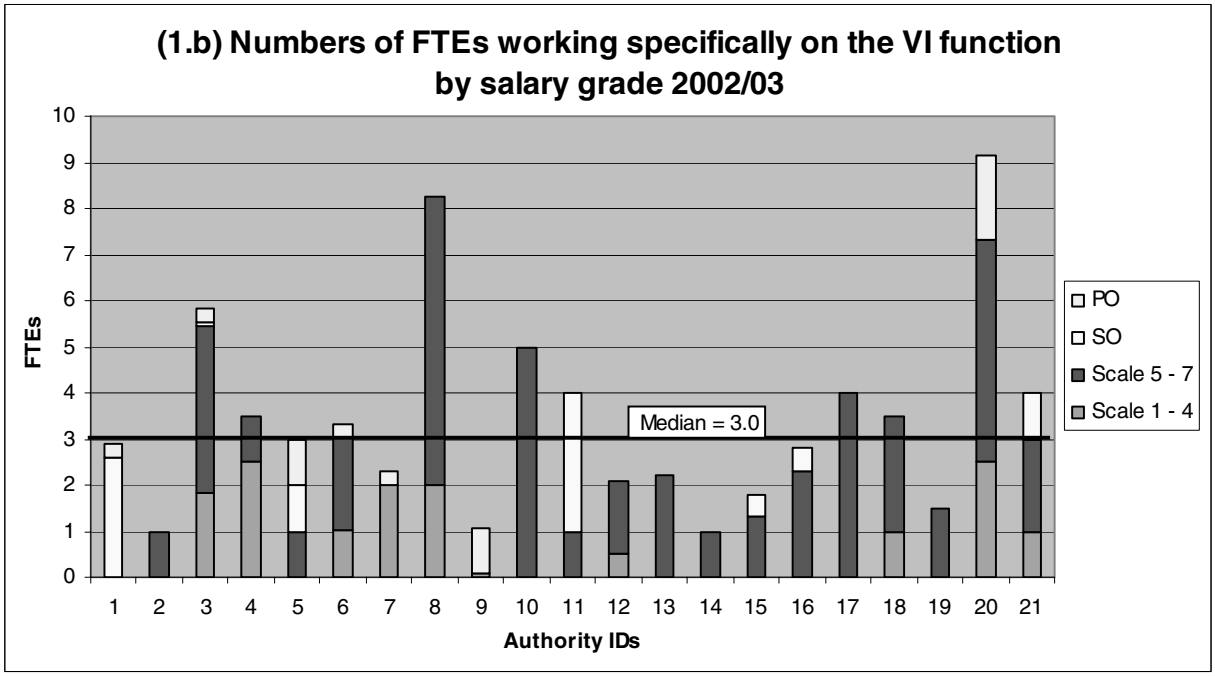
Only 1 of the 21 responding SSDs operates a time recording mechanism to monitor the activity for staff working on the VI function; this is a manual system that is used to monitor rehabilitation waiting times and to define capacity. This is something that could perhaps be looked at for the future as it may be helpful in measuring and planning capacity.

Where staffing is 'contracted out' by the SSD, descriptions of the arrangements for this have been given as follows:

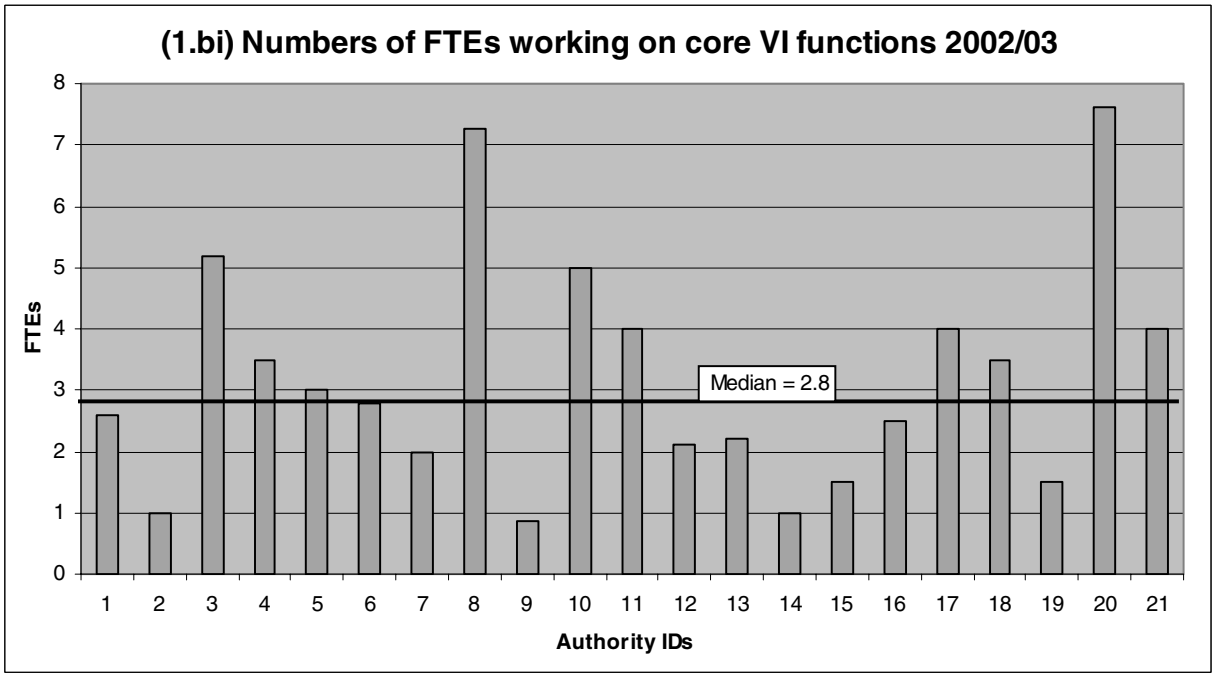
- "Contracted to Vision Support (Vol Org) to provide rehabilitation and Project Worker Support";
- "There is a Contract between the authority and an Association for the Blind which provides Rehabilitation, Welfare Benefits Advice, a Ring-a-Round Service & Talking Books";
- "Project Worker post funded via Local Blind Society & 2nd potential Project Worker";
- "The only contracted out arrangement is the provision of one day's rehabilitation to a voluntary agency";
- "Rehab Workers and Assistant contracted through Local Voluntary sector – [Regional] Society for the Blind. Support Workers (2) contracted through local voluntary organisation – Vision Support. Welfare Benefits Officer and Assistant contracted through national organisation – RNIB";
- "Only for specialist assessment and rehab programmes";
- "Rehabilitation services are contracted out to Guide Dogs for the Blind Association. The annual contract price includes the provision of 2 Rehabilitation Officers, supervision and specialist training";
- "Staffing is contracted from Vision Support but line managed within SSD team structures";
- "Rehab worker via an Institute for the Blind";
- "Service Level Agreements with [Regional] Society for the Blind, monitored by joint management team and reviewed annually";
- "There is a Service Agreement between the Council and [Region] Society for the Blind in respect of employing Rehabilitation Officers. The [Region] Society for the Blind is the employer, but is jointly funded by us. All the Rehabilitation Officers have office base at each of our three area Offices across the county";
- "Deaf Blind – SENSE Communicator Guide Scheme & Intervener Scheme WCB / Supporting a student during a course at University";
- "A part-time rehabilitation officer is employed via a Service Contract with an Association for the Blind".

There are between 1 and 9.1 Full Time Equivalent [FTE] members of staff working specifically on the VI function across the 20 responding authorities with a median

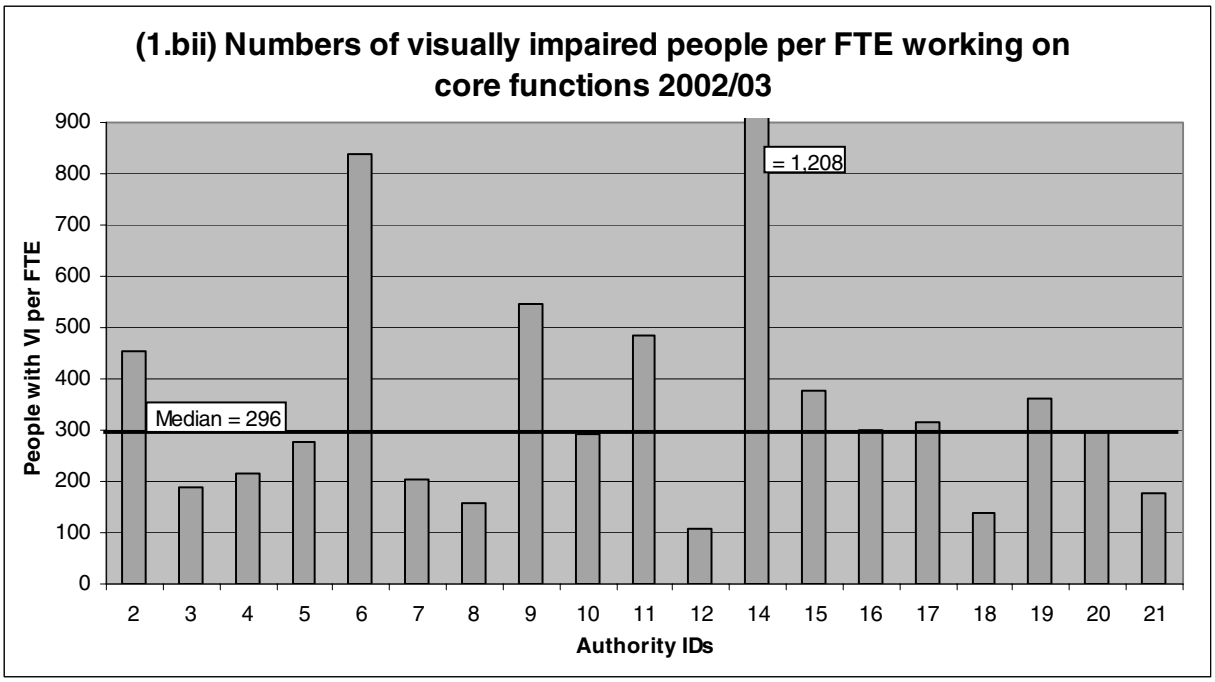
number of 3 FTE. The following chart (1.b) shows the numbers of FTEs broken by salary grades:



The following chart (1.bi) shows the numbers of FTEs working on the core functions of the VI service; this has been achieved by removing all members of staff that work purely on administration or management functions.

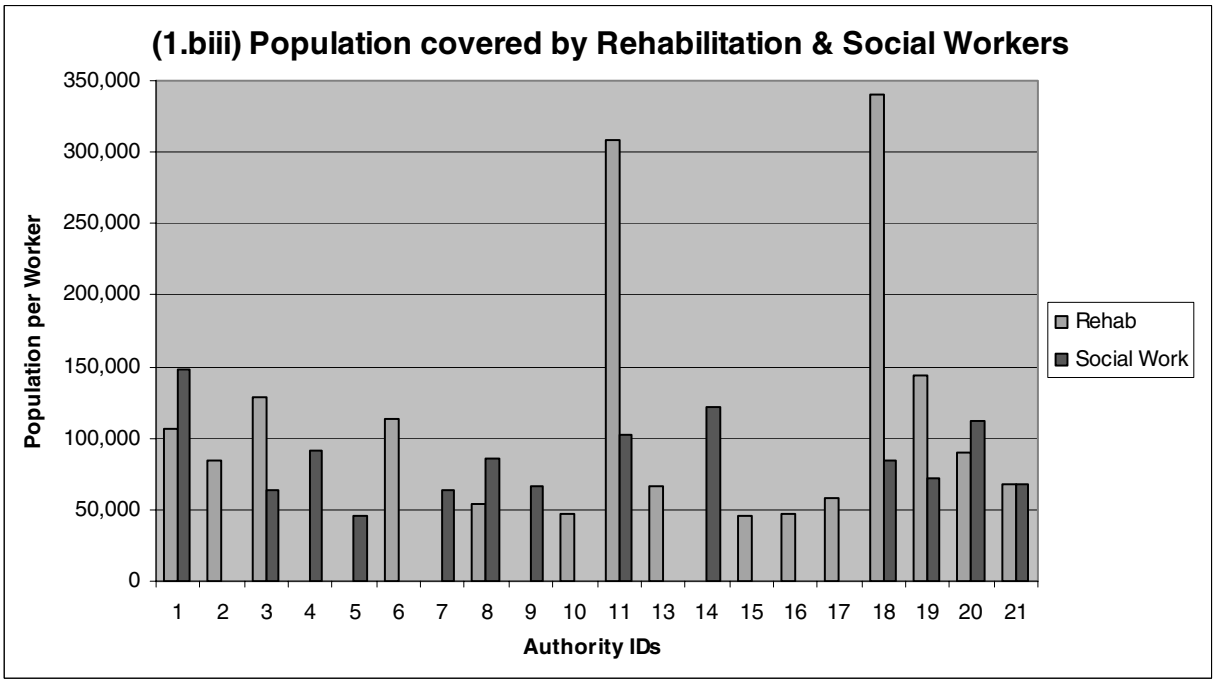


The above charts show that there is a wide variation in the numbers of FTE staff that provide the service; many factors could influence this such as resource limitations and the numbers of people with visual impairments in the local authority areas. The following chart (1.bii) attempts to take into account the latter point above by showing the average numbers of visually impaired people that each FTE has responsibility for:

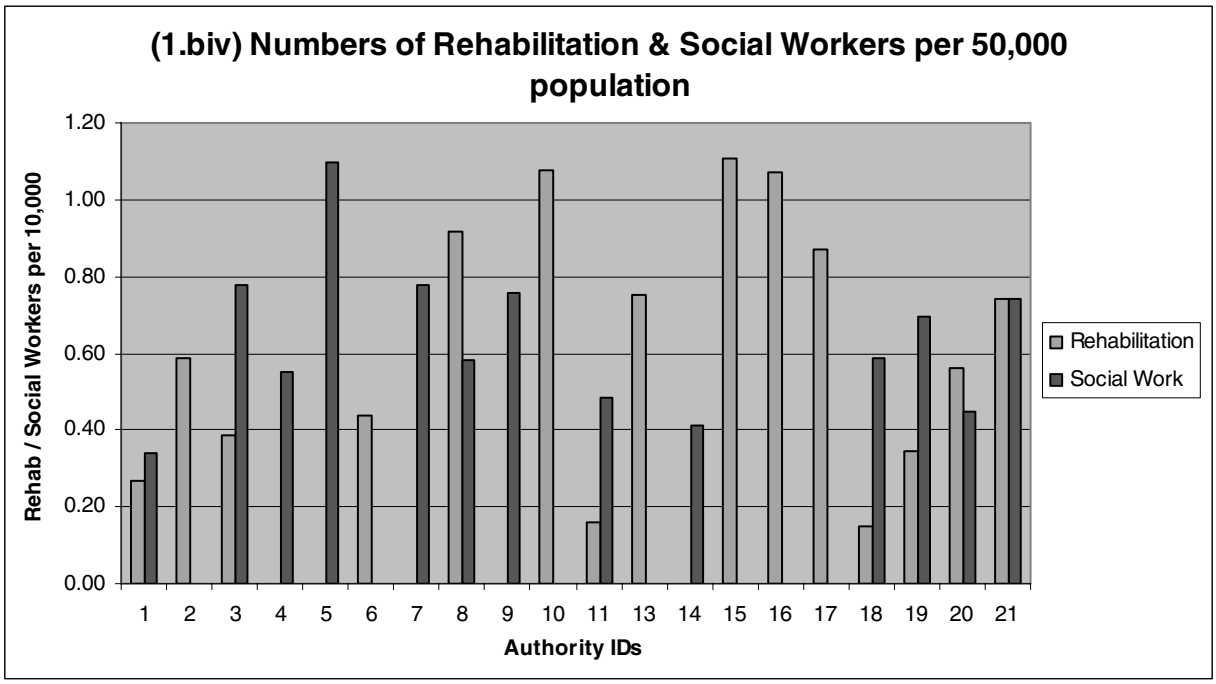


This chart also shows a significant variation, indicating that the number of people in the local authority area that are visually impaired does not directly influence the number of staff employed to assist them.

The following chart (1.biii) shows the total population that is served by the rehabilitation officers / workers and social workers / assistants:



As can be seen, there is a great deal of inconsistency in the size of population that is served by each rehabilitation or social worker across the authorities. The following chart (1.biv) shows the numbers of rehabilitation and social workers per 50,000 population:



A full list of the relevant qualification that are held by staff members delivering the core VI functions can be found in the data set, the most commonly used are listed as follows:

- "Diploma in Social Work" – 9 authorities;
- "Diploma Higher Education and Rehabilitation Studies" – 6 authorities;
- "CQSW" – 4 authorities;
- "NVQ Level 3 Care" – 3 authorities
- "NVQ II Care" – 2 authorities;
- "NVQ Level 4 Care" – 2 authorities;
- "Certificate in Counselling" – 3 authorities;
- "Diploma / certificate in Welfare Studies" – 3 authorities;
- "Certificate of qualification for the Social Welfare Officer for the Blind" – 2 authorities;
- "R.S.A. 'clait' + E.C.D.L." – 2 authorities;
- "Diploma in working with people with a visual impairment" – 2 authorities;
- "Certificate in working with visually impaired people" – 2 authorities.

As can be seen the most commonly held qualifications within the VI service are the diplomas in social work and rehabilitation, CQSW **[Certificate of Qualification as Social Worker?]**, certificate in counselling and the various levels of the Care NVQ.

Officers conduct visits to clients' homes unaccompanied in all 22 responding SSDs and all have a 'Lone Working' policy. 14 of the 22 SSDs undertake a risk assessment prior to an initial home visit, 2 of these state that this is not always the case.

Descriptions of the mechanisms that are in place in the SSDs to ensure the safety of staff can be found in the data set, the most common include the following:

- "Mobile phones" – 9 authorities;

- "Signing in / out book / diary at office with details of whereabouts and expected return times to office" – 9 authorities;
- "Personal / panic alarms" – 5 authorities;
- "Lone Worker System, If risks identified – worker would be accompanied by a colleague" – 4 authorities;
- "Hazard warning on SWIFT" – 3 authorities;
- "Referral information highlights risks associated with client being visited" – 3 authorities;
- "Staff should call phone into Centre at end of day" – 3 authorities;
- "Warning Indicators on known clients" – 2 authorities;
- "Active clients files include records of any risk possible Risk assessment form is made available" – 2 authorities;
- "Lone working policy" – 2 authorities.

Staff Competency

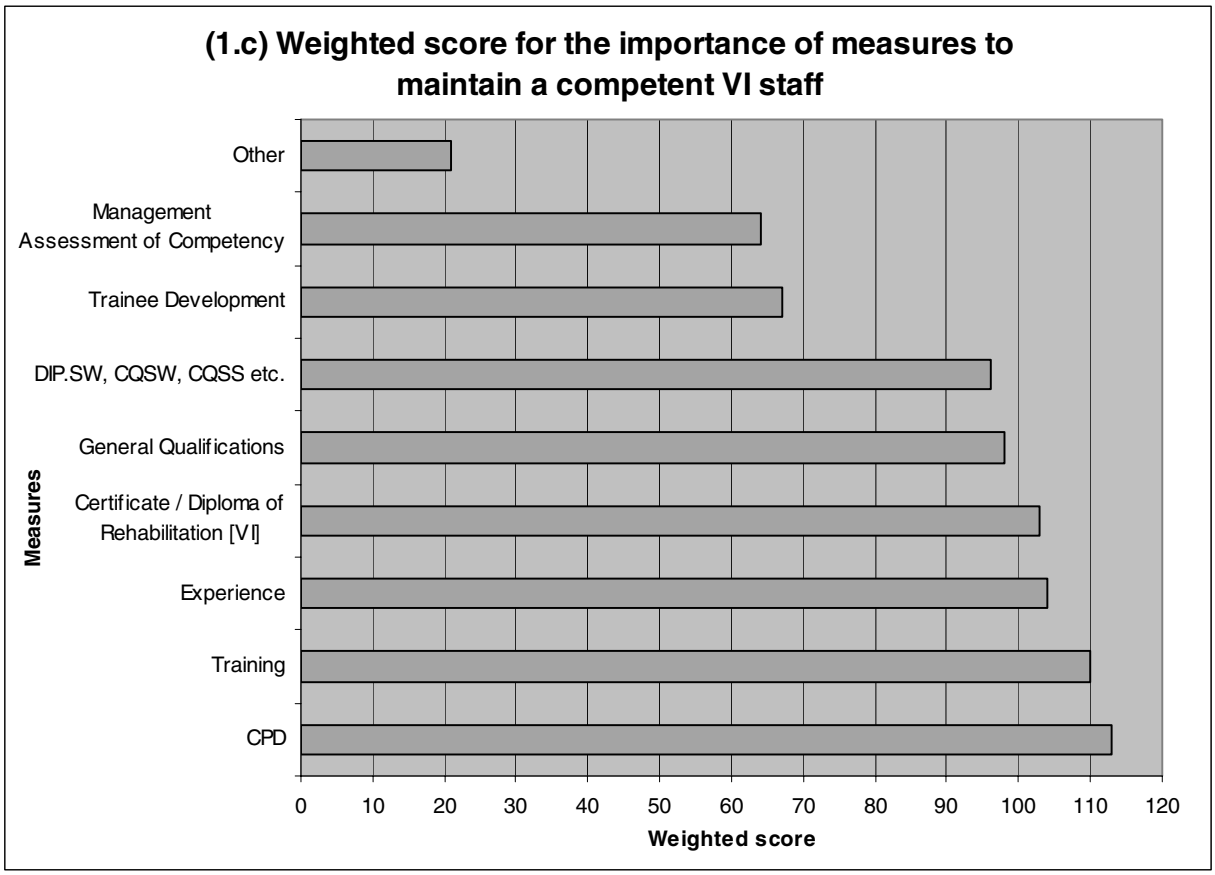
The measures that are in place to establish and maintain the provision of a trained and competent staff for VI services are summarised as follows:

- Experience – 21 authorities;
- Continuing Professional Development [CPD] – 18 authorities;
- Training – 17 authorities;
- General Qualifications [e.g. NVQ etc.] – 17 authorities;
- DIP.SW [Diploma in Social Work], CQSW, CQSS or equivalent – 16 authorities;
- Certificate / Diploma of Rehabilitation [VI] – 14 authorities;
- Trainee Development – 10 authorities;
- Management Assessment of Competency – 9 authorities;
- Other – 6 authorities.

The following are descriptions of the 6 'Others' above:

- "Individual Staff Supervision";
- "External Short Courses";
- "Encouraging staff to network with peers from other agencies/local authorities";
- "All staff have or will undertake qualifications appropriate to the position they hold";
- "The full time Rehabilitation Officer is currently spending a week long temporary placement at the eye hospital , participating at clinics, and observing surgery and ward rounds";
- "Certificate in orientation and mobility with credit. T.O. top-up course".

The following chart (1.c) shows the importance scores that the respondents have given to each of the above measures [1 = low to 7 = high], totalled up to give each measure an overall score.



It can be seen that the measures for ensuring staff competence that are considered the most important are Continuing Professional Development [CPD], Training and experience.

The methods that are used to assess and ensure the competency of staff are listed in the data set, the most common include the following:

- "Periodic Individual Staff Supervision" – 21 authorities;
- "Personal Development Plan / Review" – 13 authorities;
- "Case files are inspected / audited / signed off periodically" – 12 authorities;
- "Appraisal scheme" – 6 authorities;
- "Case load statistics monitored regularly" – 4 authorities;
- "Informal supervision / monitoring as required" – 2 authorities;
- "Training" – 2 authorities.

20 of the 22 responding SSDs allocate assessments, counselling and working with clients with visual impairment to staff members in accordance with competency, descriptions of how this is achieved have been provide as follows:

- "More experienced workers take more complex referrals. Assessed by duty officers and Social Workers";
- "Only 1 person";
- "Manager's knowledge of individuals experience, background and competencies";
- "Social worker assesses cases and works with community care worker as to availability/needs";

- "All cases with Visual Impairment as the main component are allocated to the specialist social workers";
- "Referrals allocated to staff according to skills, experience, qualifications and other relevant training";
- "The Social Workers for Visual Impairment are experienced and competent workers and allocation is done on the basis of their individual competencies";
- "Social Workers deal with BD8 referrals and new referrals which require S/W involvement
- S/W refer on to other members of the team after assessments, other referrals not requiring S/W will be allocated directly to other members of the team";
- "Only one member of staff with responsibility for Visual Impairment";
- "Skills are matched to the level required. Specialist skills e.g. Braille; Low Vision; Deafblindness are matched. Development opportunities are considered when staff are confident to pursue them";
- "Two Social Workers very experienced in 2002/3 one less experienced so as appropriate difficult cases thoroughly discussed before contact and as appropriate Social Worker visited with another Social Worker to develop own practice and broaden experience";
- "Prior knowledge of client and needs and assessment/intervention is in accordance with identified need and capability and grade of staff. New clients are always seen by most senior staff for full assessment";
- "Assessments allocated to rehabilitation workers, work with clients allocated to either rehab worker or support worker as considered appropriate by team manager. Counselling service provided by Vision Support";
- "Through allocation meetings";
- "Rehabilitation Officer. Appropriate Allocation";
- "Evidence based, i.e. qualifications training feedback observed competence";
- "In allocation meeting with relevant staff";
- "Clear understanding of roles – levels of responsibilities";
- "BD8 workers/Care Managers attend to BD8 registration visit and refer onto Rehabilitation Officers. All other referrals from other sources come direct to Rehabilitation Officers through the 'Duty' worker".

It is the view of all 20 respondents that the qualifications and skills of the VI staff are sufficient to carry out their tasks, although, the following comments have been made:

- "Also recognise for more rehabilitation work";
- "However, there is little emphasis placed on specialisms within the authority and therefore one is not always aware of ways in which these skills could be improved";
- "We acknowledge that there is a gap in service provision to the very specialist area of deaf blind needs".

19 of 21 responding SSDs feel that all staff employees meet the competency requirements set by the relevant Training Organisation and follow the requirements of the Care Council for Wales' code of conduct and practice.

Details of the dedicated training budgets that are held for the VI services are summarised as follows:

- Supports the Continuing Professional Development of staff – 13 authorities;
- Meets the training needs of specialist staff – 12 authorities;
- Enable staff to gain SSIW / SCWDP* competency levels – 7 authorities.

* Social Care Workforce Development Programme

All new staff, who are likely to come into contact with visually impaired people, undergo induction training that includes SSIW / SCWDP Induction Standards in just over half (12 / 22) of responding SSDs.

Staff have access to internet sites to enable them to keep abreast of VI issues, news and good practice in 17 of 20 responding SSDs, elaborations on this have been given as follows:

- "All staff have access to internet/intranet facilities at any time" – 2 authorities;
- "Via Team Manager /co-ordinator" – 2 authorities;
- "Access at each area office and the Regional Society of the Blind Resource Centre" – 2 authorities;
- "Visually impaired officer has responsibility for this. Staff encouraged to read material";
- "Not directly but can request info from central office";
- "Access to the www is made available to all staff who can evidence need for such access";
- "All staff have access to PCs";
- "Cardinet (internal internet service)";
- "RNIB, WCB, OPTIMA and Morefields Website";
- "Staff have general access to relevant internet sites";
- "Internet sites in five area offices across the county".

13 of 21 responding SSDs have found it difficult to recruit trained and qualified visual impairment staff for their VI services [including contracted out service] and 5 of these have also found it difficult to retain such staff.

Where difficulties have been encountered, the following descriptions have been given:

- "Following the departure of a VI experienced social worker to another Authority it was not possible to fill the post";
- "Difficult to attract applications, but working to encourage more student placements";
- "I would anticipate that it may be difficult to recruit – the authority does not pay Essential Car Users Allowances";
- "Recruitment of rehabilitation workers can be difficult";
- "Difficult to recruit worker with VI specialist, but able recruit and train in-house";

- "It took 2.5 years to recruit a suitable Rehabilitation Officer when the former post holder left. We had unsuitable candidates or no response to advertisements to vacancies";
- "No specialist V.I Social Work course available. However, there is now a combined Social Work & Rehab qualification and this may have positive impact for future recruitment";
- "Difficult to recruit part time social worker";
- "Difficult to recruit bilingual and qualified Rehabilitation Officers" – 2 authorities;
- "Since L.G.R. [Local Government Reorganisation] retention has become a consistent issue perhaps more so than recruitment speculation too soon considered a negative";
- "Due to SW Asst VI post being "Frozen" due to current financial climate";
- "Shortage of qualified social workers generally. Shortage of qualified rehabilitation workers";
- "Low number of suitable applicants for qualified posts".

11 of 13 responding SSDs have developed policies and or practices to address the difficulties in recruiting and retaining trained and qualified VI staff, these have been described as follows:

- "Retainer package for new starters. Authority scheme for care workers to train to be social workers in Department";
- "The Authority has been undertaking a job evaluation/staff retention review";
- "Specialist workers have access to training/policies that are available to all care managers in order to encourage them to stay";
- "Recruitment working group";
- "Current staff receive regular supervision during which their training and development needs are identified
- "Annual training needs analysis exercises are completed";
- "Training staff are included in Development Days for the Sensory Impairment Team";
- "Training in post. The Department is working on a new recruitment and retention drive";
- "Training strategy in place for all of Disability Team";
- "All current staff have been sponsored by the Regional Society for the Blind for training to acquire the necessary qualifications";
- "Development of a supportive focused and managed working environment that promotes career development opportunity";
- "Sponsorship on Social Work training";
- "New dual sensory loss post reduced from social worker to co-ordinator unable to fill post at higher level".

The numbers of VI staff have changed since March the 31st 2003 in 7 of the 22 responding SSDs, the reasons given for these changes are as follows:

- "Increase in rehab officer contract";

- "One vacancy due to re-location";
- "One member of staff on secondment to Adult Services 18 ½ hrs V.I. Assistant Assessor";
- "Rehab Officer – New post. Social Work Assistant – New post";
- "Retirement vacancies. Poor recruitment";
- "Dedicated social work assistant (VI) promoted, post unfilled".

As of the 31st of March 2003, 6 of 20 responding SSDs had posts that had been vacant for 6 months or more in their VI service, descriptions of these include the following:

- "A second social worker (VI) post vacant";
- "Rehabilitation worker as above. GDBA are trying to recruit to the post";
- "One member on secondment December, 2002 – new member of staff employed September, 2003 – December, 2004";
- "Social Worker";
- "Rehabilitation Officer post vacant since April 2003".

Secondments / exchanges / joint working with the health and / or voluntary sector are encouraged by the VI service in 17 of 21 responding SSDs to broaden skills and understanding of different models of service delivery, these have actually occurred in 12 SSDs. Descriptions of how well the secondments / exchanges / joint work experiences worked include the following:

- "Rehab officer trainee students on placement";
- "Joint working with the health and voluntary sector have worked satisfactorily, with the sharing of knowledge, skills and abilities for the common ground of networking and provision of better service";
- "Very well. Officers seconded from RNIB and Welsh Council for the Blind for 1 day per week each. We benefit in the way that they bring the national perspective to our service delivery";
- "Joint working with Health & Voluntary sector on going. Secondment opportunities advertised to all staff";
- "Social Worker present in the Eye Clinic at the local hospital. Rehab workers joint working with Low Vision Technician within Health Service. Partnership agreement with four of the voluntary organisations";
- "Joint working: District Nurses, Low Vision clinic, take student nurses";
- "RNIB staff are based within the Sensory Impairment Team on a three year joint funded project comprising a part time Welfare Benefits Officer and part time Community Development Officer";
- "Awareness training with Health Authority staff i.e. Eye Clinic Nurses. Joint working with an Institute for the Blind/GDBA Very successful for all concerned";
- "The full time Rehabilitation Officer is currently spending a week long temporary placement at the eye hospital , participating at clinics, and observing surgery and ward rounds – this has worked very well";

- "Each Rehabilitation Officer has spent approximately 2 days at the local eye clinic. The local Hospital Eye Clinic staff (13 in total) have each received [Region] Society for the Blind awareness training";
- "Voluntary Sector. Health Working";
- "There are good joint working arrangements with the local Association for the Blind and with colleagues in Health";
- "Improving with health and education, but again time limitations – heavy workload restricts developments".

Where secondments / exchanges / joint work experiences have not taken place, the reasons for this are as follows:

- "Small service means that we lack the capacity to undertake secondments and exchanges of staff";
- "Limited numbers of staff preclude exchanges, but there is good regular contact on issues";
- "The Authority is keen to engage with partners, however workloads and accommodation are hindering progress";
- "Absence of appropriate and available staff";
- "Not currently encouraged due to present climate";
- "Changes in SSD structures and Trust/LHB reconfiguration has meant that this has not been possible";
- "We only have two Rehabilitation Officers to cover the County. They do their best to network but their time is limited".

In all SSDs where VI services do not currently encourage secondments / exchanges / joint working, a programme of exchange would be considered in the future.

17 of 21 responding SSDs state that their VI services provide placements and supervision for trainees / students.

Out of Hours Coverage

Only 6 of 20 respondents state that their authorities and/or directorates provide Out of Hours staff with training on VI needs, where this does occur, it has been described as follows:

- "Vl overview as part of induction";
- "There is training available to all staff on visual impairment issues, including out of hours staff";
- "Out of hours service commissioned from other L.A.";
- "The Out of Hours Team has attended VI courses and have access to training";
- "Out of hours staff invited to attend all departmental training sessions including awareness training – Visual Impairment. Two members of the Out of hours team have extensive experience of working with visually impaired people";
- "Visually Impairment training available for all staff".

Departmental Resources

Only 6 of the 22 responding SSDs have conducted a workforce planning exercise to ensure that the VI service is properly resourced, all of these took into account both local epidemiological data and demographic trends and legislation, social care policies and good practice guidance. Descriptions that have been given of these exercises have been given as follows:

- "A self-developed model was used to undertake planning across all social Care posts – not specifically those in the VI service. It was based on need Data incorporated into existing plans";
- "Best Value Service Review additional Comparison Work by external consultant";
- "Research done on workloads, registration and demography of the county with Sector voluntary partners to help predict increase in work in an area of high elderly population, also, looked at legislation an new polices e.g. progress in sight";
- "Part of the Health Social Care and Well-Being Strategy";
- "Workforce. Cabinet. Additional posts of Rehab Officer &Social Work Assistant secured";
- "Presently constructing an assessment/care management service for physical/sensory disability needs supported by evidence based analyses of demand and supply".

Where no such exercise was conducted, descriptions of what approaches were taken are as follows:

- "General workforce planning then specific Vl as part of Vl Services Review";
- "Recently undertook major consultation exercise to develop the Disability Strategy. Working with Evolve (local Charity) and Communities First";
- "The Authority is in the process of acting upon an inspection of physical disability and sensory impairment services";
- "As part of the re-structuring, current post holders with a sensory impairment speciality were brought together. This includes a total of 5 dedicated workers for visual impairment";
- "The SSD is currently developing a workforce strategy which will consider all aspects of staff development and recruitment and retention";
- "Referral data and Caseload data reviewed by the Joint Management Team on a regional basis. Joint "Good Practice Group" consisting of Local Authority (Social Services & Education), Voluntary Organisation, Employment Services and Health Trust members meet Bi-annually to discuss practice issues and policy issues";
- "This matter is to be addressed through the Low Vision Steering Group";
- "Workforce planning exercise across the board not restricted to VI service".

Only 4 of 19 respondents state that the ratio of VI staff to service users is sufficient to provide a quality service, explanations that have been provided of this sufficiency / insufficiency are as follows:

- "Additional rehab officer time required and requested";
- "Waiting list at present awaiting Rehab: Officer assessment";

- "Partial – recognise advantages or a dedicated VI service with clear budget, but do provide clear approach";
- "Over the past few years, the numbers of staff employed to work with V.I. People has decreased. To give an example, one worker retired within the last year. As a result she was not replaced – because one team possessed 2 workers and another was without – the team with 2 workers had to surrender 1 member who was allocated to the other team";
- "The need to provide increased rehabilitation time is recognised";
- "Have requested S/W assistant to assist in carrying out assessment relating to BD8 referrals. Require more hours to cover work with Deaf/Blind clients and children";
- "1 part time (30 hour) Social Worker. The department purchases specialist services for rehabilitation and specialist assessments";
- "There are 3 qualified Rehabilitation Officers in the Sensory Services team, which offers scope to develop specialisms and ensure an equitable workload. Their work is supported by 2 Rehabilitation Assistants who are continuously developing their knowledge, skills and expertise";
- "Unable to cover all aspects of the needs of Visually Impaired people i.e. ILS Classes, communication, support groups, Deaf/Blind work. Not enough time to undertake in depth work. We are only able to meet immediate needs and not offer ongoing support to newly Visually Impaired except where it is critical or family in crisis";
- "One full time Rehabilitation Officer. 1 part time 20 hrs Mobility Officer. 1 part time 18 ½ hrs Assistant Assessor. Increasing elderly population and consequential demand for VI services will mean that to continue to provide a quality service an increase in staff will be needed";
- "Appointment of Rehab Officer and Social Work Assistant has Addressed this situation";
- "Current ratio compares favourably with some other authorities and need to be kept under close review in light of recent changes in referral processes";
- "This matter is regularly reviewed by the Management Group. Statistical information is exchanged on a quarterly basis";
- "More specialist / qualified staff needed with extra resources";
- "Significant recruitment and retention issues constantly";
- "Half Rehab W. Post lost. SW Asst Post currently filled";
- "We have no information on which to provide a meaningful answer";
- "Demand is too high – VI team generally deal with specialist work. More general queries/ assessments for VI service users undertaken by elderly and disabled team";
- "We currently have a waiting list of approximately 75 for the Rehab. Officer, which will mean for service users a wait of approximately six to eight months (in non-urgent cases)".

The following table represents the ratio of VI staff to visually impaired people for each authority:

Authority ID	Ratio of VI Staff to VI People	Authority ID	Ratio of VI Staff to VI People
LA 2	1:453	**LA 3**	1:189.8
LA 4	1:215.1	**LA 5**	1:277.3
LA 6	1:837.5	**LA 7**	1:203
LA 8	1:157.5	**LA 9**	1:544.7
LA 10	1:292.6	**LA 11**	1:484.8
LA12	1:108.6	**LA 14**	1:1,208
LA 15	1:378.7	**LA 16**	1:299.6
LA 17	1:316.3	**LA 18**	1:137.1
LA 19	1:360.7	**LA 20**	1:296.4
LA 21	1:178.3		

Those authorities highlighted in yellow above are those that feel that the ratio of VI staff to service users is sufficient to provide a quality service; these do not necessarily have lowest ratios.

Supplementary funding that the local authorities or voluntary VI services have attracted to provide integrated services are summarised as follows:

Funding	Numbers of Respondents Attracting Funding	
	Local Authority	**Voluntary Service**
Joint Flexibility grants	2	0
Supporting People funding	5	2
Supported housing grants [s31 of the Health Act 1999]	3	0
Other	0	4

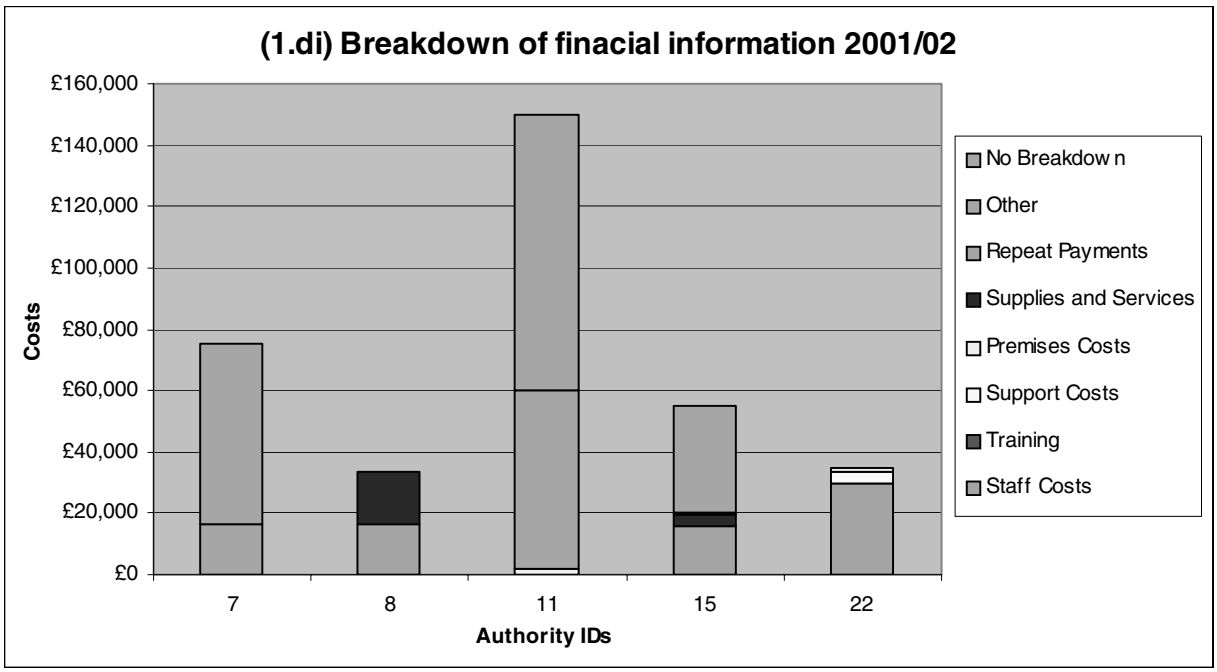
Descriptions of the funding that has been attracted have been given as follows:

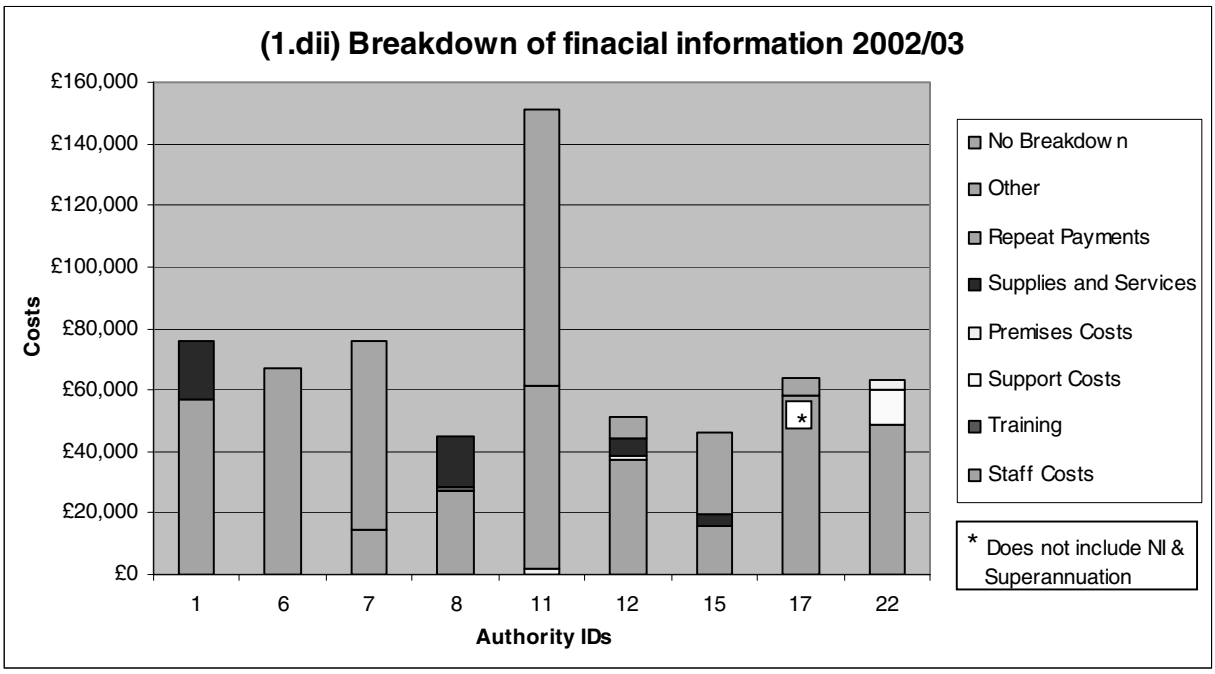
- "Lottery funding for mobile resource centre";
- "There are negotiations underway at present with the Communities First and Voluntary Sector";
- "A Blind Society funds a VI Project Worker post, plus an equipment budget";
- "Supporting People grants used to expand team to meet increasing needs i.e. Another Support Worker, Benefits Office and Rehab Assistant in partnership with local voluntary agencies";
- "Carers Strategy Grant";
- "Joint funded 3 year project with the RNIB focussing on Welfare Rights and Community Development";
- "GDBA contribute 50% to the two Rehab workers";

- "Bid under consideration for Supporting People Funding";
- "Application for supporting people funding not successful".

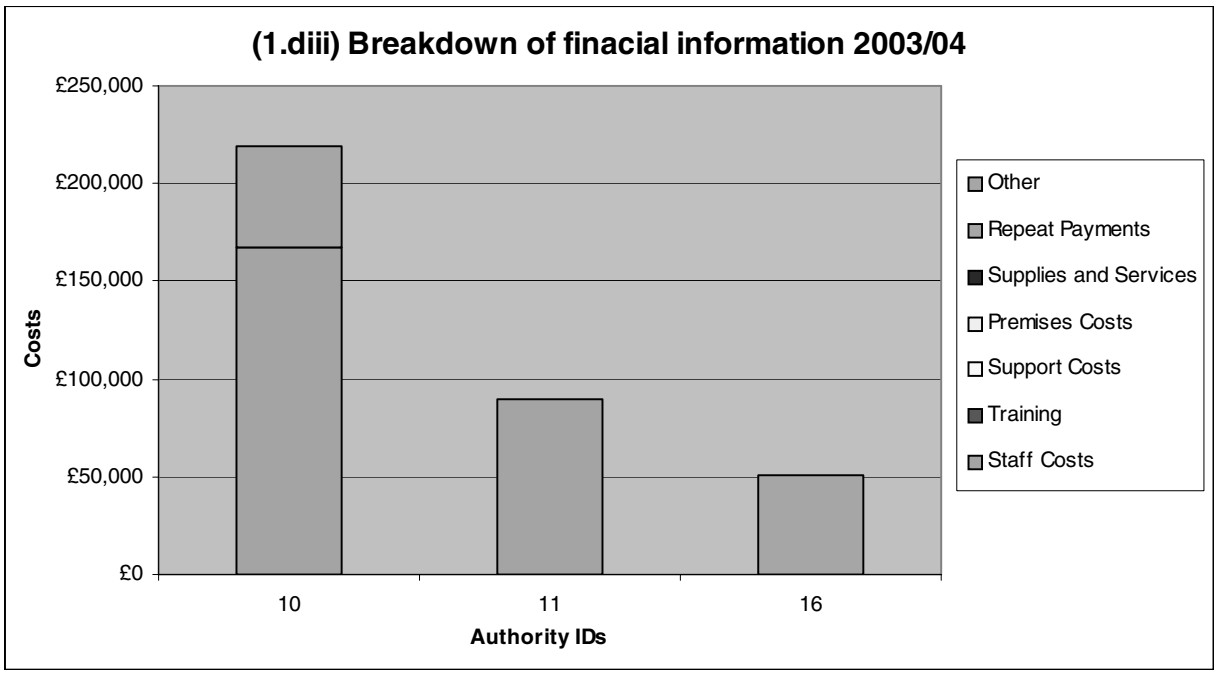
Financial Information

10 responding SSDs have stated that the requested financial information is either not available at all or not available for the financial years in question and, where the annual costs are available; there are many gaps in this information. The following charts (1.di) and (1.dii) show the financial information that is available for the years 2001/02 and 2002/03 respectively:





As the data that is in these charts is incomplete, it is difficult to draw any conclusions from them. Some authorities that were unable to provide complete information for the study years of 2001/02 and 2002/03 have submitted partial information for the year 2003/04, a summary of this information can be seen in the following chart (1.diii):



Descriptions of the local authorities' charging policies for aids and equipment that have been provided include the following:

- "We do not charge at present" – 6 authorities;
- "No charge for daily living equipment";
- "There is no charge as long as people are registered";
- "Following assessment – standard aids are issued on loan – there is no charge. Some specialist equipment i.e. C.C.T.V. readers is applied for by Charitable Grants";
- "Not charging at present – proposal to charge for equipment under £35 from April 2004 – Decision yet to be made";
- "There is no charging policy for equipment currently in force V.I. Equipment is available to purchase from an Association for the Blind";
- "Service does not provide users with equipment costing under £25.00";
- "No such policy at this time";
- "On grounds of Health and Safety and promoting independence we provide minor aides free of charge. This is because they don't meet the charging policy as the equipment costs less than £20 each. N.B. Fairer Charging Policy due to be implemented April 04";
- "A contribution towards the cost of equipment is worked out, exemptions apply to those on ILF, to those whose weekly income is below the basic Income Support rate and to those in our 'supported living' schemes Items costing less than £12.50 are not usually supplied. For items over £12.50, there is a charge of £10.60 per item up to a maximum of £31.80.A refund of £5.30 per recyclable item is payable up to £15.90";

- "Maximum value of approximately £25 – at officers discretion and perceived need/danger is considered for equipment over £25 - Equipment is often given on a loan period understanding, or other funding sources are applied for";
- "Where need is assessed – items are given from a selection of aids to a maximum value of approximately (£25) officers discretion and perceived need/danger is considered for equipment over £25 - equipment is often given on a loan period understanding, or other funding sources are applied for";
- "From assessment by the Rehab Officer. We do not charge for canes, liquid level indicators and bumps. We do charge for CCTV Readers, clocks/watches, Task lamps, big button telephones and other small items".

Clients are assessed financially for aids and equipment in only 1 of 20 responding SSDs.

The SSDs do charge for the following:

- Respite – 19 authorities;
- Day-care – 17 authorities;
- Other – 7 authorities.

Descriptions of the charges have been given as follows:

- "Domiciliary care" – 3 authorities;
- "Meals on Wheels" – 2 authorities;
- "Home Care services" – 2 authorities;
- "Transport";
- "There is an assessed charge policy in relation to all community care services";
- "Charges in line with the Charging Policy";
- "Community Care Services";
- "Fairer Charging";
- "We operate a charging policy for care – contributions depend upon Outcome of financial assessment";
- "Charging policy for all clients group";
- "Aids and Equipment";
- "Care Home".

When asked for explanations of what they thought the impact of the new 'Fairer Charging' policies would be, the SSDs have provided the following answers:

- "No obvious change";
- "No evidence of cancellations at present";
- "This is difficult to predict";
- "Should assist by re-allocating resources to the most vulnerable people";
- "Hopefully this will mean more uniformity in access to care both for different client groups and geographically across the authority";
- "Based on research undertaken by the Directorate it is envisaged that a significant number of people will pay less under the new system";

- "The Fairer Charging report will be presented to Cabinet this month. Our Interim arrangements will ensure that clients will not be charged more than they currently are for services from April 2004 In fact, following a financial assessment, the many clients will pay less if indeed anything";
- "As Visually Impaired service users receiving Community Care were already subject to a charging policy, the impact has not been significant for this user group. However, some users may have had an increase in their charge and very occasionally this has resulted in users cancelling their care but again this has not been significant";
- "A fairer and more equitable provision";
- "Unlikely to have significant effect";
- "As long as we ensure that people with sight impairment does not fall below the poverty line when applying charges. This Council is very much aware of this concern when applying charging policies";
- "Greater numbers will receive services at no cost to themselves";
- "Some anomalies will be removed";
- "If additional cost / charge for disabled people calculated accurately and fairly can only be a bonus – more scope for additional cost for VI service user needed";
- "Reduced income may result in reduced service".

Lead Authority Partnerships

A list of the other external agencies that the directorate or Local Authority [LA] maintain principal partnerships with for the delivery of VI services can be found in the data set, the most common are listed below:

- "RNIB" – 7 authorities;
- "Wales Council for the Blind" – 7 authorities;
- "Local Association for the Blind" – 6 authorities;
- "SENSE" – 6 authorities;
- "Local Blind Society" – 4 authorities;
- "Local NHS Trust" – 4 authorities;
- "Education" – 3 authorities;
- "Local Institute for the Blind" – 3 authorities;
- "Health" – 2 authorities;
- "Shaw Trust" – 2 authorities.

Descriptions of the purposes of the 57 described partnerships can be found in the data set.

Explanations of how the above partnerships are sustained have been given as follows:

- "SLA";
- "Financial grant to cover the talking book service and maintenance of resource centre";
- "Financial support - Evolve and WCB. Information sharing with others. Physical presence in Eye Clinic";
- "With the local Association, the service is monitored through regular contract meetings. Another group – the V.I. Development Group was formed last year which comprises representatives from the Statutory and Voluntary sectors as well as people with personal experience of visual impairment";
- "On going work and funding, where applicable";
- "Regular meetings and forums";
- "Service Level agreements agreed and renewed on an annual basis. Regular quarterly meetings. Input into supervision on PDR of partnership workers";
- "Networking. Partnership working. Social Services is the Key Link. Recognition of good practice";
- "A RNIB worker is based at the team and regular communication and monitoring is maintained. A Service Level Agreement is in place to support this";
- "Service Level Agreement with GDBA";
- "By regular meetings, service level agreements, joint projects. Financial assistance for clients";
- "Three year contractual arrangement and monitoring by Joint Management Team";
- "Low Vision Steering Group";
- "Service Contracts 3 years";
- "Funded";
- "Independent charitable financing with an LA Grant";
- "SLA –Service Led Agreement. Worker contracted to work 2 days developing VI services";
- "Grant".

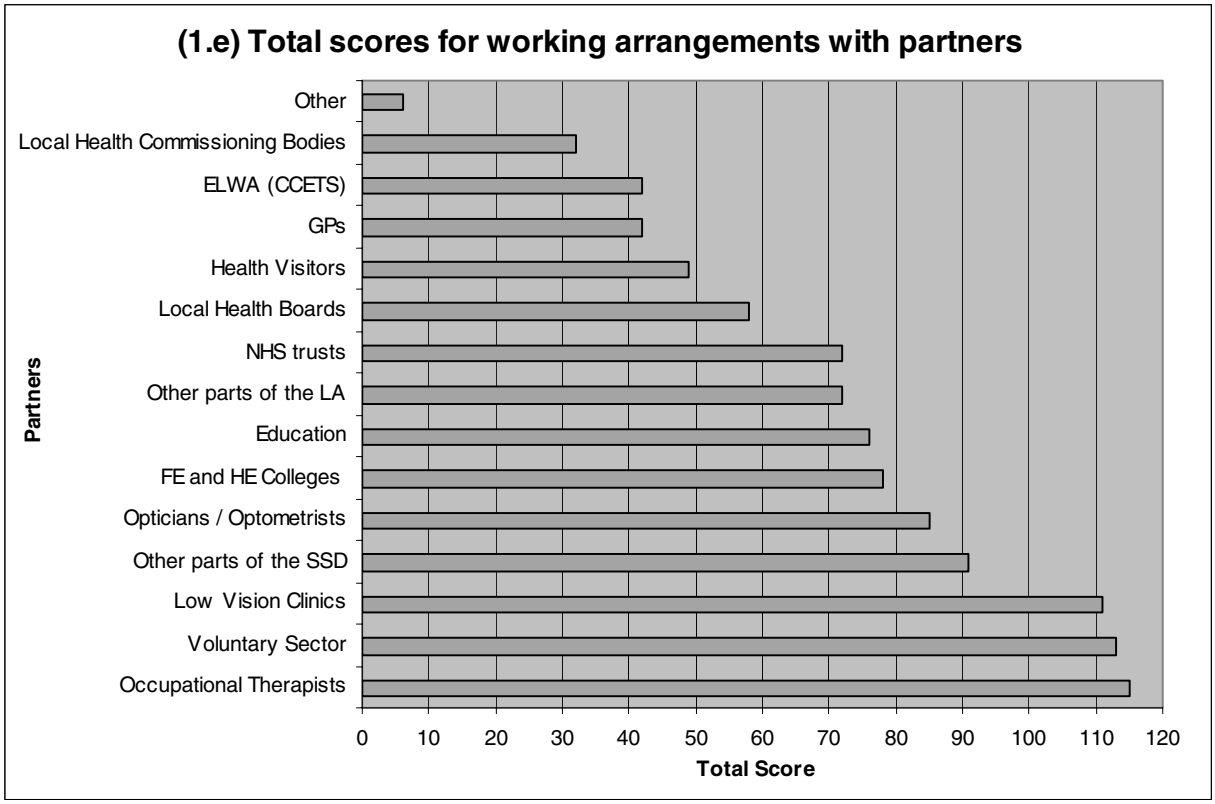
Partnerships are formalised by way of a joint statement, or other form of agreement, outlining the objectives and desired outcomes of the partnership in 16 of 19 responding authorities, although this is not necessarily the case with all of the partnerships that they have. The above statements are published and publicised in only 4 authorities.

Specialist staff meet regularly with colleagues from mainstream services in health, housing, voluntary organisations and other sectors to develop greater awareness and understanding of visual impairment issues in 12 responding SSDs. The above is done on a formal basis in 16 SSDs and informally in 13, with some having both formal and informal meetings. Descriptions of which is the lead agency in the above arrangements have been given as follows:

- "The Local Authority" – 3 authorities;

- "Social Services Department" – 3 authorities;
- "SSD, but Visual Support also organise meetings occasionally";
- "Regional Society for the Blind" – 2 authorities;
- "No lead";
- "Social Wellbeing & Housing takes the lead for the Development Group [Local] Association for the Blind co-ordinates the meeting of Social Workers";
- "Local Authority – Social Care and Housing
- "Depends on the issues involved";
- Low Vision Steering Group chaired by representative Wales Council for the Blind";
- "S.S.D / Local .A.B";
- "VI pan [Region] meeting Local AB. WCB - Rehab support group (peer)";
- "The SST. New arrangement by LA and Shaw Trust to contract worker for 2 days to help develop VI services".

Scores that have been given to the working arrangements with other partners where 1 = 'not understood or fulfilled and 7 = 'well understood and fulfilled' have been totalled up in the following chart (1.e):



As can be seen, the partners with whom the arrangements seem to have worked the best are occupational therapists, the voluntary sector and low vision clinics.

Comments that have been made about the arrangements with partners are shown in the following table:

Partner	Comments
Opticians / Optometrists	"Good Working relationship with 1 optician in the area" "Mixed" "Some firms liaise but others no contact"
GPs	"Need developing" "Variable" – 2 authorities "Referrals only"
Other parts of the SSD	"VI will conduct awareness training" "variable"
Other parts of the local authority	"Ongoing work to raise profile" "Housing, education and transport" "Housing mainly"
Education	"No links" "VI teacher & relevant staff" "Regular meetings" "Response is Adult Services" "Programme of meetings to start in March 2004" "Before Children moved to a new team"
Health Visitors	"No links" "Response is Adult Services" "Referrals only"
Low Vision Clinics	"Good working partnership"
FE and HE Colleges	"Local unit"
Occupational Therapists	"Good working relationship"
Local Health Boards	"Developing"

Partner	Comments
Local Health Commissioning bodies	"To be worked on"
NHS trusts	"Presence in clinics" "Weekly presence at all Low Vision Clinics"
Other	"Social groups – all staff have responsibility for a particular group" "Service Users" "Shaw Trust Worker for Shaw contracted to work 2 days a week developing VI services"

Service Profile and Public Image

13 of 20 responding SSDs have carried out VI special initiatives in their LA areas in the last 12 months that have been helpful or effective to raise understanding of VI, descriptions of these initiatives are shown below:

- "The Service invited a visit from the Action for Blind People Information Bus" – 3 authorities
- "V.I awareness training offered in Care Homes, Schools and for Carers on a regular basis" – 2 authorities;
- "Vl Review. Guide to Vl services – jointly produced with us. Come and join us day – VS with County Council input. New mobile resource centre";
- "The Visually Impaired Development Group was formed in September 2003 which was designed to improve communication between those in The Voluntary and Statutory Sector and to discuss possible service Development";
- "Sports Project for Children. IT Events Days. Training with Home Carers & local Businesses & Colleges";
- "Local businesses have received training from Rehab Workers. Training event with a particular college. Low Vision Initiative - offering clients attending LVA clinic, a follow up visit in their home to reinforce / assist with one Low Vision aids";
- "Disability Planning Framework day. Part of the Trusts Diabetes NSF Group";
- "Visual Impairment awareness training courses are delivered by staff from the Sensory services team on a regular basis to all teams in Community Care and Children's services and other agencies. e.g. Health Trust, and Community groups such as Pensioners' groups";
- "Stall at the Guide Dogs for the Blind Association Open Day. Sensory impairment Christmas tree won 2002 competition. Nurses from UHW attend awareness training Open mornings held for voluntary groups and other Social Services

personnel. New Social workers attend these as part of their induction. Visually Impaired team is involved in training courses. Age Concern training and stall";

- "Open days at Sight Resource Centre to raise awareness about Specialist equipment for people with a visual impairment and also equipment for deaf/blind clients";
- "Day facilities for Rehab. Exhibitions for Awareness".

External bodies have carried out VI special initiatives in 12 of 17 local authority areas in the last 12 months that have been helpful or effective to raise understanding of VI, descriptions of these are as follows:

- "Vl Review. Guide to Vl services – jointly produced with us. Come and join us day – VS with County Council input. New mobile resource centre";
- "Local association for the blind- technology day. Sports day for the visually impaired";
- "The Authority's staff manned Action for the Blind mobile bus. This contained equipment, an advice service and sale of equipment. Launch of Evolve. (local charity) Distributed leaflets in libraries and surgeries, advertising services";
- "We have received support from the RNIB in the Monitoring of the Welfare Benefits Service which is part of the service delivered by the local AB";
- "Action for Blind People Information Bus. Sports Project for Children. IT Events Days. Training with Home Carers & local Businesses & Colleges";
- "RNIB open day. Diabetes day, Castle Hotel, LHB initiative";
- "Sensory Services Co-ordinator is working jointly with the Social Inclusion Unit to develop an awareness raising workshop with Sense on Deafblind issues";
- "Local Institute for the Blind run aids/equipment training days. SENSE run courses for Deaf/Blind awareness";
- "An Institute for the Blind – Shand Van – Visits to the County";
- "RNIB awareness training on request. Guide dogs – awareness training on request to schools, societies etc";
- "RNIB – awareness training on request. Guide Dogs – awareness training on requests to schools, societies Etc";
- "RNIB. OPTIMA. WCB. DOLPHIN";
- "Local libraries undertaken adaptive computer equipment suitable for persons with a visual impairment".

Listed below are the opinions of the respondents on the possible impact of the new 'Fairer Charging' policies on the service profile and public image of the VI service:

- "Specific action in service plan";
- "Brought more to the forefront when decisions on finance are made. Construction of a specific team allowing more time for rehabilitation and re-ablement, working closer with other agencies concerned";
- "People to be fully aware of the Services available. Appropriate staffing levels to achieve targets";
- "1. The development of a Sensory Support Team which would comprise all the workers within the authority working with Deaf, Hard of Hearing, Deafblind and

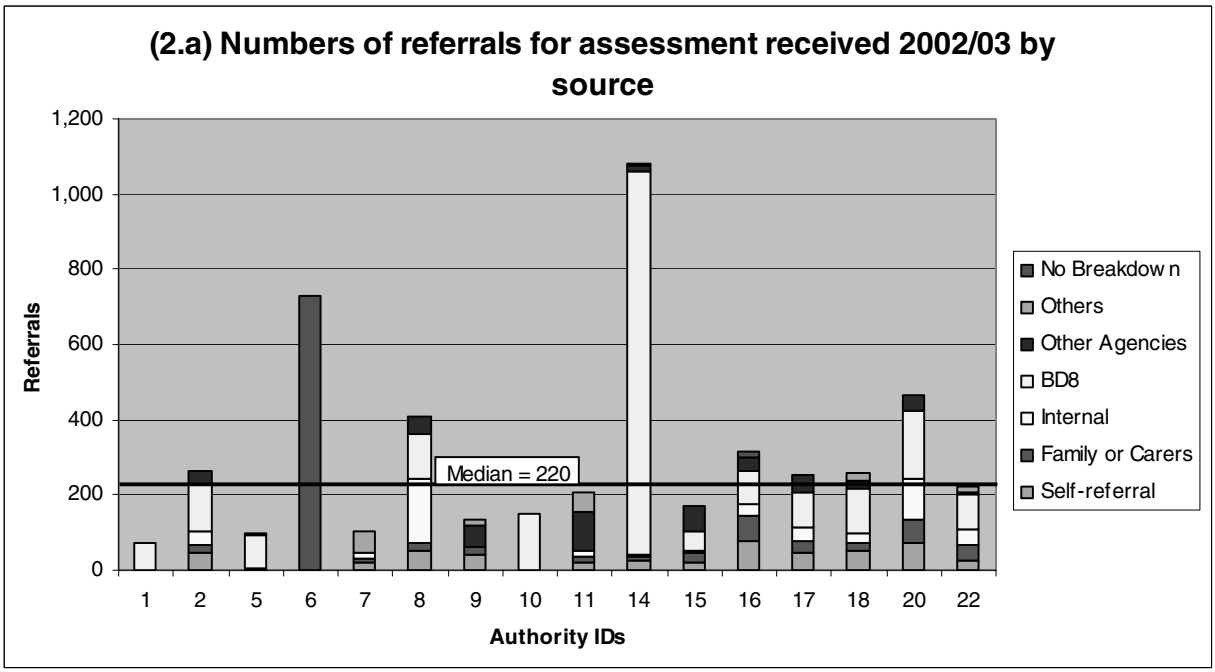
Visually Impaired People. 2. Improved Information and Communication. 3. Access to more specialist training. 4. Improved liaison with Eye Clinics";

- "The whole of the Visual Impairment service in the UK to raise the profile of this service within local authorities. The development of a Visual Impairment professional body to promote a wider understanding of the role of the Rehabilitation Officer";
- "VI as a designated service area. Improved liaison with Health. Involvement in low vision clinic. Allocation of sufficient resources to rehab service";
- "Raising awareness of Visual Impairment in the community and continue to raise profile of VI team";
- "By having equal status through the Disability Planning Framework and to be enabled to carry out the desired aims to meet the identified need";
- "As the Sensory Services team has been in existence for a year, the Information Officer is reviewing the specialist leaflet. Marketing of services both internally and externally will be proactively pursued";
- "Hospital based Social Worker? Rehabilitation worker in eye clinic. Increased awareness to general public of services i.e. Posters in GP surgeries, libraries and hospitals. May possibly need extra staff to cope with enquiries. Development of a link worker with GPs and surgeries to co-ordinate services/optometrist";
- "At present there are excellent informal relationships with Health and the Ophthalmologist and the Low Vision clinics. It would be a good development to see this formalised";
- "Would like resource centre, information days, establish contract with local Blind assoc., more easily accessible to public, more awareness training";
- "Internal – Awareness training programme. External – outreach services and open days";
- "Increased awareness of service availability and issues related to Visual Impaired people";
- "Awareness to staff and general public";
- "Integral part of developing our physical/sensory disability service profile";
- "Stand alone sensory team with dedicated manager, rehab asst, reinstatement of other half of rehab post, support workers - which would enable us to reinstate awareness presentations, training and other VI initiatives e.g. rehab groups, support groups, workshops, roadshows. External profile of VI service to be given same recognition and value as other specialised disciplines";
- "Greater recognition of the social impact of VI by partners in Health. Better general understanding of VI issues by Care managers in other SSD areas. Some reconfiguration of services over the next year may raise the profile of this service within the LA area";
- "Wider understanding of the role and options available";
- "Education/awareness of staff from all disciplines and levels. Awareness of service existence and how to access it. Better information sources, including relevant location".

REFERRAL AND ASSESSMENT PROCESS

Assessment

There were between 71 and 1,016 referrals for assessment received by the responding authorities in 2002/03 with a median number of 220, this is graphically displayed broken down by source in the following chart (2.a):



It should be noted that some authorities were only able to provide a partial response, for example LAs 1 and 10 have only been able to provide the number of BD8 referrals.

A full list of the 'other' sources of referrals that are represented in the above chart can be found in the data set, the most commonly occurring are as follows:

- "Voluntary sector organisations" – 5 authorities;
- "GP surgeries" – 4 authorities;
- "Friend" – 4 authorities;
- "Neighbours" – 3 authorities;
- "Hospitals" – 3 authorities;
- "Private Nursing/Residential Home" – 3 authorities;
- "Health visitors/DNs" – 3 authorities.

Some authorities also included other internal departments in their "other" category.

Just over half (11/21) of the responding Social Services Directorate [SSDs] record 'unmet' client need.

Half of the responding SSDs (10/20) have methods of assessing and recording the distinction between congenital and acquired blindness.

14 of 21 responding SSDs have specific Visual Impairment [VI] assessment forms with the remaining 7 relying on the broader Community Care assessment.

The tools that are most commonly used to assess the range of social care needs that can result from VI appear to be the assessment form, Community Care or VI specific, in many cases, the assessments appear to be done by a number of different parties including social workers, rehabilitation workers, voluntary organisations and carers. Checklists and the specialist knowledge and experience of officers are also used in some authorities; a full list of the tools can be found in the data set.

All 20 responding SSDs plan with clients how their needs may be responded to.

12 of 20 responding SSDs state that a counselling service is offered to people experiencing loss of vision and to their family members, the breakdown of who carries out this counselling service is shown below:

- Internal Staff – 7 authorities;
- Contracted Out – 7 authorities;
- Referred to another service – 6 authorities.

As can be seen, some authorities use more than 1 provider for this counselling service.

A full list of the other agencies / partners to which the respondents make referrals can be found in the data set, the most popular that were listed include the following:

- "Care and Repair" – 17 authorities;
- "Home Care Agencies / Providers" – 14 authorities;
- "RNIB" – 11 authorities;
- "OT Service" – 8 authorities;
- "Low Vision Clinic / Aids Service" – 7 authorities;
- "Guide dogs for the Blind Association" – 7 authorities;
- "Local Association / Society for the Blind" – 6 authorities;
- "Sense Cymru" – 6 authorities;
- "Voluntary Organisations" – 6 authorities;
- "Benefits Agencies" – 5 authorities;
- "Wales Council for the Blind" – 5 authorities;
- "Community Day Services / Day Care" – 4 authorities;
- "Talking Books" – 4 authorities;
- "Housing" – 4 authorities;
- "Age Concern" – 3 authorities;
- "Meals On Wheels" – 3 authorities;
- "Disability Advisers" – 3 authorities;
- "Local Talking Newspapers" – 2 authorities;
- "Deaf Associations" – 2 authorities;

- "Education" – 2 authorities;
- "Calibre Library" – 2 authorities;
- "Health" – 2 authorities;
- "Vision Support" – 2 authorities;
- "Cardiff Institute for the Blind" – 2 authorities.

Low Vision Clinics [may also be known as Low Vision Aid Clinics / Service, Optical Low Vision Clinics or similar variations]

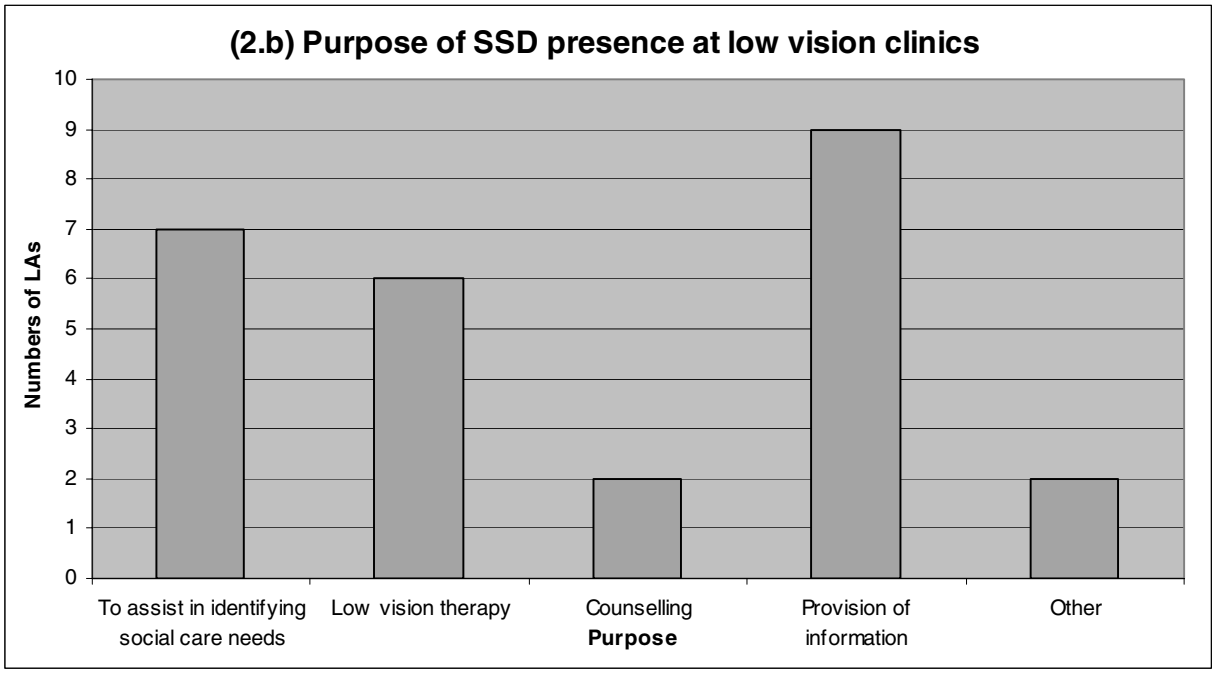
The majority of respondents (18/21) have Low Vision Clinics [LVC] in their local authority areas, of the 3 that do not, 2 have given the approximate distance to the nearest LVC to which people are referred as 14 and 16 miles.

The clinics are supported by the SSD in 11 out of 19 responding authorities, the form that this support takes has been described as follows:

- "Financial support given by Regional Society for the Blind" – 2 authorities;
- "Funding";
- "Information sharing";
- "Regular contact/referrals";
- "Rehab worker attends occasionally";
- "Plans to have rehab presence at Low Vision clinics";
- "A weekly presence";
- "Close working initiatives with Rehab Team.
- Currently undergoing pilot scheme, offering "Follow Up" visits at home post clinic appointment";
- "A Social Worker with responsibility for Visual Impairment attends all low vision clinics offering information and advice and taking referrals";
- "A rehabilitation officer attends every clinic and referrals are taken to: provide therapy and follow up in the community; assess for social care or rehab needs; enable earlier identification of people experiencing sight loss";
- "Presence on Inter-agency group. Two way referral between clinic and Social Services";
- "Following Visual Impairment assessment we will refer to a low vision clinic via eye clinic";
- "Referrals taken from LVA clinic";
- "Currently negotiating a presence and volunteer support pilot project undertaken in 2001 – but staff and time limitations are a factor";
- "Rehabilitation Officers refer to service and have links with clinic as and when necessary".

[Connect to GPG1 Provision of Information point 2 is the 'Eye Clinic' the LVC?]

Where a presence is maintained in the low vision clinics by the SSD, the following chart (2.b) shows the purpose of this presence:



As can be seen, the purpose of the presence is most commonly for the provision of information and to assist in identifying social care needs.

The majority of respondents (17/20) state that the sources of referral to the low vision clinics are a combination of health professionals and the local authority, in the remaining 3, the referrals are from health professionals alone.

Performance Targets

None of the 21 responding SSDs have agreements with health professionals on the timescale / timetable for sending BD8 certificate referrals [from certification] to the SSD, however some do have informal times that have been described as follows:

- "For new BD8's the standards are for sending within 2 weeks";
- "Normally BD8 arrive at local offices (SSD) within 5 - 10 working days following registration".

2 respondents have performance targets in place that have been set for the above timescale, these are as follows:

- "100% within 10 working days";
- "Tracking system operates to monitor response times from BD8 completion to initial home visits".

Only 1 authority states that it gathers information about the above timescales on a regular basis but does not report this, this authority does not have targets for the timescale.

Assessments

Descriptions that have been given of the time from the SSD receiving the BD8 certificate to contacting the client are as follows:

- "10 days / working days" – 8 authorities;
- "5 days" – 3 authorities;
- "Within 14 days, Immediate contact by phone/letter to gather information, but visit may take up to 6 months+";
- "Depends on priority";
- "7 days";
- "2 days, Contact Assessment";
- "Between 4 to 8 weeks dependent on waiting lists and urgency of individual cases";
- "7days";
- "Two months";
- "Up to 180 days".

The most commonly used time for contacting the clients within after receiving a BD8 is 10 working days.

There are performance targets set for the above times in 9 of 19 responding SSDs, these targets have been described as follows:

- "Community Care Charter Standards setting time frames to start assessment";
- "10 working days to make initial contact";
- "10 working days – 100%. We meet the 100% target";
- "Each case is considered by the Sensory Services Co-ordinator and prioritised according to the information provided. Appropriate timescales are accorded to staff on allocation, both verbally and through the client database (SWIFT)";
- "Assessment & Case Management standards";
- "Client contacted either by letter, telephone or home visit within 10 working days";
- "Two Weeks";
- "The most urgent referrals should be seen within 3 working days. Moderately urgent referrals should be seen within 10 working days. Low priority referrals should be seen within 28 working days. Numbers of referrals in each category during 2002/03 are: most urgent 5: moderate 51: low 397";
- "Five working days to start the assessment and 15 working days to have the Care Plans implemented".

The above information is gathered and reported in 14 of 18 responding SSDs. Descriptions of where the gathered information is reported include the following:

- "Gathered from file audit and used to improve performance/inform decisions";

- "Internally through management information";
- "On individual file only";
- "Would be maintained on SWIFT and so monitored";
- "SWIFT – I.T.
- Monthly to Service Manager. ¼ to SMT (Senior Management Team)";
- "The data is captured via the SWIFT database and Business Objects reports can be generated on demand";
- "Generally performance indicators are reported at the regular Business Improvement Meetings and results are stored on the Council's quality system ie [Local] Improvement System";
- "Referral";
- "Reported within operational service";
- "Performance tracking system";
- "Information reported to the Management Board (representatives from Social Services from 2 LAs, [Region] Society for the Blind, Health) on a quarterly basis";
- "One team has Bolt On – otherwise case notes";
- "Date on referrals is gathered and reported in an internal quarterly bulletin. It is also included as part of a more general return to the Assembly";
- "On Social Services Information Database (SSID)".

The summary below shows the numbers of respondents that use each method for the first contact with the client following the receipt of the BD8:

- Letter – 10 authorities;
- Telephone call making an appointment – 9 authorities;
- Telephone call – 7 authorities;
- Letter making an appointment – 5 authorities;
- Other – 2 authorities.

Descriptions that have been given of the above include the following:

- "Information offered by Duty Team. Social Workers call to make first appointment";
- "Phone call to gather information. If no phone no. available a letter is sent to ask the client to contact SSD";
- "The Initial letter is sent in large print saying the person will be contacted within 10 working days to make an appointment";
- "A telephone call is the most appropriate method for visually impaired people. If another means of communication was requested, this would be provided";
- "Contact Assessment taken on receipt of BD8 any urgent issues recognised, urgent response from Visual Impairment team within 2 days";
- "A standard large print letter is sent on receipt of BD8 advising of the registration. Prior to visit by a fieldworker a telephone call is normally made to arrange an appointment".

A list of staff that would normally be involved in this first contact can be found in the data set, the staff most commonly involved are as shown below:

- "Social Worker with responsibility for visual Impairment" – 7 authorities;
- "Administration Staff" – 7 authorities;
- "Rehabilitation Officer" – 4 authorities;
- "Duty Officer / Contact" – 2 authorities.

The above contact leads to a face-to-face consultation in all 21 responding SSDs, the members of staff that are involved in this contact are described as follows:

- "Social Worker with Visually Impaired People" – 10 authorities;
- "Rehabilitation Officer" – 8 authorities;
- "Social Work Assistant" – 2 authorities;
- "Rehabilitation Assistant";
- "Assessment Care Manager or CCW depending on Registration";
- "Care Manager with responsibility for registration visit";
- "Mobility Officer, Assistant assessor Visual Impairment";
- "An allocated V I member of staff".

Face to face consultations happen at the client's home in the majority (20/21) of responding SSDs, this is particularly appropriate for the assessment of rehabilitation needs, other locations for this are listed below:

- "Client's venue of choice";
- "In Duty Office or during surgery held at various social or leisure events";
- "Office";
- "Sometimes at the office at the service users request or where the home situation is unsafe";
- "Sight Resource Centre";
- "Social Work / Assessment Care Management".

An assessment of vulnerability and risk (and therefore priority) of client is made at this face-to-face consultation in the majority (20/21) of responding SSDs. Where this is not done at this time, the time when the assessment of risk is made has been described as follows:

- "No risk assessment is completed. VI assessment covers daily living skills + mobility needs. Currently, priority is date order due to 1 qualified worker";
- "The assessment of risk is completed as part of the overall assessment";
- "During screening process".

Descriptions of how the client is involved in this process are listed in the data set.

20 of 21 responding SSDs have a mechanism for prioritising assessments so that those "at risk" can be seen urgently, 1 other states that "this would be undertaken by the relevant Team Manager".

When asked to describe who would give a priority and how it would be given in response to an assessment of the client's needs, the 21 SSDs submitted the following responses:

- "Senior Practitioner would initially screen referral and seek specialist Advice from Visual Impairment Social Workers. Appropriate action would then be taken";
- "Use of authority's eligibility criteria";
- "Team Manager would give priorities following a risk assessment matrix";
- "All cases would be allocated by the Team Manager who would discuss the level of priority with the respective worker";
- "Team Manager & Rehabilitation Officer";
- "Team Manager assesses level of priority, in consultation with the Social Worker for Visual Impairment";
- "Screening by Principal Practitioner. Allocation Meetings";
- "The Senior Social Worker or Service Manager would give priority. Priority would be given if the need was identified on the BD8. The response time would then be 1 or 3 days";
- "There are two points at which a priority decision would be made – initially the Client Services Officer taking the referral at the General Duty Desk would set a priority. Sensory Services Co-ordinator considers this against an additional priority system for Rehabilitation Officers and allocates according to the information provided";
- "Social Worker makes decision during screening and appointment usually arranged following allocation
- In the main Social Workers are responsible for certain geographical areas. However, when screening Social Workers make each other aware of priority cases across the areas and allocate according to priority response rather than strict geographical boundaries";
- "Manager Disability Services Team";
- "The team manager will prioritise based on the quality of information provided";
- "In discussion with manager or VI staff";
- "Initially Eye Clinic staff would highlight cases as urgent or Part 2 via duty Officer. These in turn are given priority over other work by RO Secondly R.O would assess need and prioritise if change to client Physical/emotional/well-being is apparent according to eligibility criteria";
- "Initial assessment of risk made and indicated at Eye Clinic – these cases are marked urgent on Hospitals referral forms – if risk is not picked up at eye clinic client would be reassessed during initial visit from rehabilitation officer";
- "Bolt-on Teams: Pilot electronic assessment/data base. i) Provisional Priority given at point of contact by Duty/Screening Officer. ii) Priority Level confirmed or changed by Manager during the allocation process. Non Bolt-on Teams: i) Unprioritised. However, urgent contacts will be immediately referred to Manager";
- "ASDIT Adult Services Duty & Information Team";
- "Social Worker / Rehab Worker";

- "The Intake Desk (Duty) Social Worker would originally assess priority. This would be confirmed by the Team Manager prior to allocation";
- "Team Manager allocates referrals – some referrals taken by duty community Care social worker who make initial priority. V I team manager ultimately responsible for prioritising VI cases".

Clients are encouraged to contribute via a 'self-assessment' in less than half (8/21) of the responding SSDs and service users are able to nominate people that they would like to be involved in their assessment in all 19 SSDs responding to this question.

All 20 responding SSDs allow the service users the option of electing a friend, relative, trained advocate or other representative to speak on their behalf. All 21 SSDs offer the client the opportunity to hold 'one-to-one' interviews.

Assessments take account of the all of the client's other physical, mental and social conditions as well as their visual impairment in all 21 responding SSDs. Assessments seek to establish if the client is deaf and / or hard of hearing in addition to their visual impairment in all 21 SSDs.

Specific reference to VI is made in the directorate's policy / manual for all staff that carry out social / community care / assessments in 17 out of 21 responding SSDs. Referrals always get a rehabilitation assessment in 11 of 20 responding SSDs, in the remaining 9, this sometimes happens, percentages where this happens include the following:

- 50% – 3 authorities
- 75%
- 70%
- 25%
- 10%

12 of the 19 responding SSDs have a target time for completing a social care assessment from the time of the referral, the target times for this are shown in the following table along with the percentage performance against these targets:

LA No	Target	Percentage Performance
1	For critical need/urgent – less than two days For substantial need/medium – 10 days	75%
2	Complete within 20 working days	95%
3	21 days	85%
5	10 Working Days	
6	Priority One = within 24 hours. Priority 2 = within 7 days. Priority 3 = aim to be within 28 days. Priory 4	

LA No	Target	Percentage Performance
	= aim to be within 6 weeks	
9	No set time. Individual assessments based on need on need. N.B. Target for responding to referrals and reviews	
10	3 working days on hospital discharge for starting an assessment. Systems are being designed to capture and monitor this data	As previously stated, targets and performance against them are currently being considered.
11	Urgent – one month (More often done within 14 days) Medium – two months (More often done within one month) Low - date order (More often done within two months)	90%
12	28 days	80%
16	No target for 'completing' as it can be an ongoing process – however 1st contact should be made within 5 working days	
17	Critical / Very High - 24hrs Substantial / High - 24hrs – 5 working days Moderate - Within 10 working days Low - Within 20 working days	83%
18	Priority 1 – Immediate Priority 2 – Within 7 days Priority 3 – Within 28 days	
21	Depends on priority given	10%

LA No	Target	Percentage Performance
22	Fifteen working days	90%

10 of 14 responding SSDs state that data regarding target times for completing a social care assessment from the time of the referral and the performance against these targets is gathered and reported. This data is reported to the following:

- "Senior Manager for internal purpose";
- "Management information";
- "SSID Management group meetings";
- "Carefirst system";
- "On assessment form and input on SSID";
- "Bolt-on. Case notes";
- "Management Information Monthly Reports";
- "Planning and information section V.A. service monitoring forms and I.T. data";
- "In our Performance Indicators".

There are mechanisms in place for assessments to be multi-disciplinary involving staff from other departments and agencies in 18 of 21 responding SSDs, 2 of those where the mechanisms are not in place have said that they hope that the unified assessment will introduce this.

Care Planning / Rehabilitation

A Care Plan / Rehabilitation Programme would be drawn up for the client as a result of the assessment visit in 20 of 21 responding SSDs but only 3 of these have an agreed timescale / timetable from the assessment visit to the Rehabilitation Programme being drawn up. Descriptions of the timescale / timetable have been given as follows:

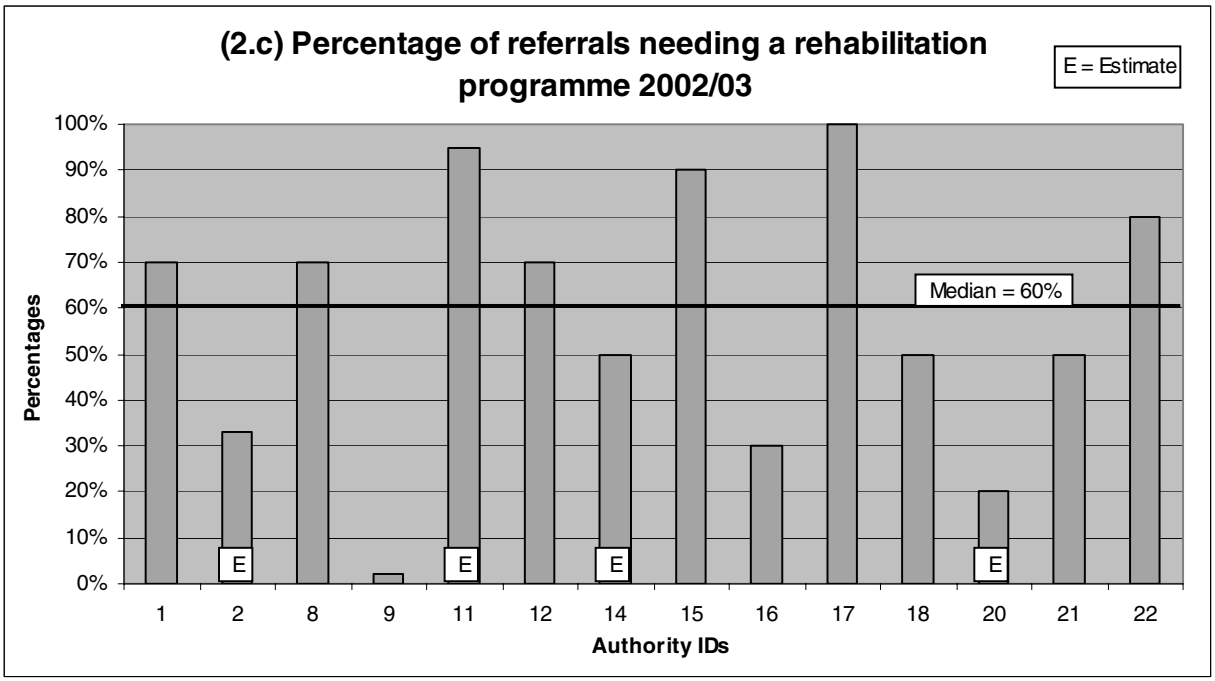
- "This is negotiated with the service user at the point of assessment";
- "Following discussion with client and Risks assessment time scale vary 28 days – 2 months";
- "One Month".

The mechanisms are there in place for monitoring and review of the Rehabilitation Programme / Care Plan have been described as follows:

- "Rehab Worker maintains personal contact throughout intervention. Closures are agreed with Team Manager and signed";
- "Review 6 weeks after the commencement of a service";
- "Formal review of Care Plans";
- "Monitoring form forwarded by Rehabilitation Officer. Reviews carried out for clients receiving services";

- "Written Care Plan, Care Management process via Carefirst system";
- "Rehabilitation is provided by an external agency, but as there is no up-to-date contract in place, no monitoring is carried out. However, ad hoc meetings take place between the Rehab Worker and the Social Worker for Visual Impairment. SSD procedure is to review at 6 weeks and then annually";
- "3 monthly reviews";
- "Review process – review after 6 weeks then reviewed again within 12 months. Unplanned review system called as necessary";
- "No formal systems as yet but this will be addressed as a result of the Development day in February";
- "Social Worker reviews within six weeks";
- "Review carried out on completion programme, yearly thereafter";
- "Clients are given info to initiate new contact, local Blind Assoc, Annual reviews";
- "Review if required e.g. 6 months. Every client/ carer is given a contact telephone number and advised to contact if situation changes";
- "Staff supervision";
- "On going";
- "Review system within SWIFT business process";
- "Varies, depending on service provision e.g. 6 weeks, 3 months, 6 monthly, annual";
- "There is an expectation that care plans which require the delivery of a service are reviewed at least annually. There are no formal monitoring schemes and each care plan will determine arrangements for monitoring as judged appropriate";
- "Review of the are plans at set timescale – 6 week, 6 month, 1 year. Service is Needs led, so any queries dealt with as and when they arise";
- "Ongoing monitoring during rehabilitation programme/assessment process".

Between 2% and 100% of referrals needed a rehabilitation programme in 2002/03 with a median of 60%, this is shown in the following chart (2.c):



100% of service users that needed a rehabilitation programme in 2002/03, received one in 13 of 18 responding SSDs, 3 of the 5 respondents who gave a figure of less than 100% agreed that this was due to insufficient resources to respond to identified need for rehabilitation. Brief expansions on this have been given as follows:

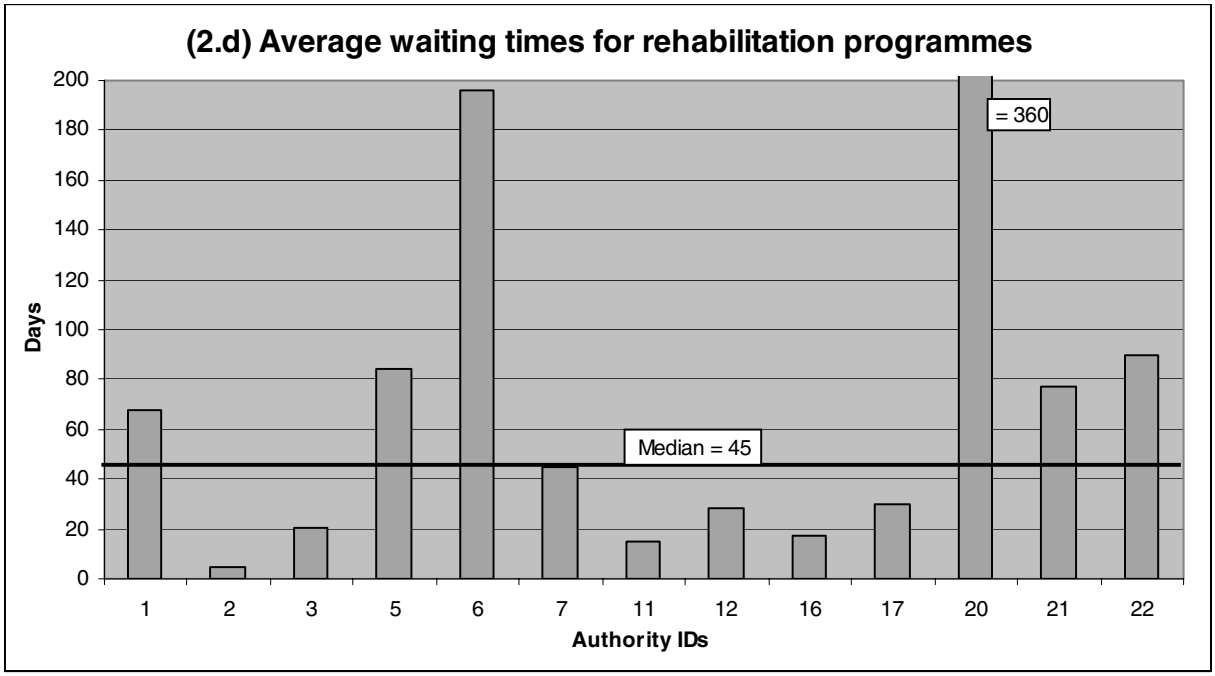
- "All clients in need of rehab are provided with a service, but there is a waiting list because the Rehab Worker is employed only one day per week and can manage only three cases at a time on an on-going basis";
- "There are a total of 2.5 rehabilitation officers on the department's establishment. One post has been vacant for 12 months";
- "Heavy demand on staff time; waiting list in operation".

17 of 21 responding SSDs maintain waiting lists for rehabilitation programmes, the average waiting times in each authority are listed below:

- "360 days";
- "6 - 8 months";
- "90 days";
- "77 days";
- "2.4 months";
- "45 days";
- "30 days";
- "28 days";
- "2-3 weeks";
- "15 days";
- "5 days";

- "Priority 1(Currently at risk) – 16 weeks. Priority 2 (May become a risk if not assessed) – 20 weeks. Priority 3 (Quality of life, not in immediate danger) – 25 weeks";
- "Dependent on degree of risk involved. If urgent, would be seen within 3 weeks. On average, the time to be seen would be about 3 months".

The following chart (2.d) graphically illustrates the above data:



This chart is very uneven indicating a wide range of average waiting times across Wales, clients in LA 2 can expect to wait an average of 5 days for a rehabilitation programme whereas service users in LA 20 could expect to wait a year. **[Is it possible that people are timing different things here?]**

COMMUNICATION AND PROVISION OF INFORMATION

The Disability Discrimination Act 1995 includes requirements on the provision of information

Under half of the respondents (8/21) have an accessible information strategy to address the requirements of the Act in their authority; descriptions that have been provided of these strategies, their implementation and the problems encountered are shown below:

- "There were no particular difficulties encountered implementing the strategy";
- "Although there is not a strategy at present, the authority has just appointed a consultant to develop the Disability Strategy and it is anticipated that accessibility of information would be included. There is also a communication strategy in place";
- "Communications Guidelines for LA – for communicating with people with a range of disabilities. Plus an internal guidance document for members of staff";
- "Members of the public are informed they can request information in their preferred format. Information, minutes etc are available on tape";
- "Work in progress for Corporate Communication Strategy.
- "We have a draft Social Services Department Information Strategy which is being used as a working document this will be reviewed when the Corporate Information Policy has been adopted";
- "We have Clear Print Guidelines outlining the use of appropriate fonts";
- "We have a corporate Access Strategy (see attached Appendix 1), which includes information issues. It contains an access checklist for all equalities issues which is used for monitoring purposes across all Directorates. (see attached Appendix 3) A Corporate Identity Manual gives guidance on a range of information issues to all staff, and is available on the corporate intranet";
- "We have a corporate information and communication strategy but not specifically to address to Disability Discrimination Act. We do cater for Disability needs when asked. Our website team is working to the required standards";
- "The authority will provide information in a range of formats upon request and this is clearly stated in all information leaflets, including the leaflet regarding Visual Impairment Services. Minutes of meetings etc are also made available in Braille or on audio tape as requested by individuals";
- "The Council has set up a Corporate Group (across all departments) In order to ensure that all the work carried out by the Council is in line with the Disability Discrimination Act";
- "In all circumstances where information is requested in specialist format the Authority will do its utmost to provide";
- "There is an Access Policy available on the Website for all employees. A Programme of work is currently being undertaken, surveying all public buildings to identify problem areas. (i.e. if the walls and floor are the same colour this could be confusing for the visually impaired person) Any remedial work will be undertaken within the next three years, as part of a rolling programme".

The above strategy addresses the needs of people with Visual Impairment [VI] in 10 of 14 authorities. There is a specific budget for the above mentioned strategy in only 4 of the 15 responding authorities although some have stated that they do not know if there is a budget.

Where there is no strategy, the ways in which the authorities have addressed the requirements of the Act have been described as follows:

- "Alternate formats provided on request";
- "A small budget is available, but Directorates are encouraged to pick up any costs for training themselves";
- "Council Members and officers acknowledge the need to build a greater understanding of what is required under the legislation and the issues that affect disabled people. To take these measures forward the council appointed a Corporate Equalities Co-ordinator, Linda Smith, in August 2003, who has a strong background in disability and access issues. In addition the council will seek advice and assistance from organisations representing blind and visually impaired people, both nationally and locally. Part of this work is already underway as the council develops its Corporate Communications Strategy. The Bridgend Bulletin, the council's newsletter to residents, is available on audiotape, large print or e-format. The council's website went live in November 2003 and will play a vital role in improving access to information in Bridgend County. It has been given Bobby Approval and satisfies the WAI-W3C guidelines. In addition the council will be seeking approval under the RNIB 'See it Right' campaign";
- "There are arrangements to monitor the expenditure. Service areas have to pay through their own budgets";
- "Access Audits completed for all authority buildings (including Visual Impairment). Awaiting further guidance for contents of Disability Equality Scheme";
- "A budget is being considered for 2004";
- "All public information leaflets are offered in Welsh and English to the public in a range of formats i.e. Braille, audio tape, large print, disk and CD ROM";
- "A number of Best Value reviews and audits were undertaken prior to 2003 including a Best Value Review of Communications, an Equality
- Best Value Review 2000 and the Audit Commission Inspection Report March 2003. These reviews showed a somewhat piecemeal approach that was in operation across the authority to reaching 'hard to reach' groups, but also highlighted some areas of best practice, including the audio version of the Council newspaper Capital Times. These reviews/reports were being used to shape the Council's Communication Strategy and accompanying Toolkit. The Toolkit will be a mechanism to provide guidance and a consistent approach across all service areas that will constantly be evolved to address the needs of our audiences and developments in how best their needs are met. However, nothing specific has been set up to address the Act in 2002/3";
- "All Council documents are available on request in Braille, tape or disk";
- "Audit of all LA building currently being undertaken".

There is an accessible information strategy to address the requirements of the Act in a little under half (9/19) of the responding authorities, descriptions of this strategy and how it has been implemented along with problems encountered are included below:

- "Public Information Policy and Strategy March 2001 In-house transcription service";
- "We have a Public Information strategy and policy which addresses providing information to the public in alternative formats. We took advice from [Region] Association for the Blind when we were producing these documents. They helped us to put procedures into place for producing information in alternative formats. The main problem we have is that we do not get requests for information in alternative formats. This may be because we do not actively advertise this. We put a written statement in large print on all our leaflets";
- "In the process of being updated in readiness for financial year 2004/2005";
- "We have a public information group that examines existing literature, format and accessibility and have sought to get views from outside the department on this - for example with an Association for The Blind through a Sensory Impairment joint group";
- "The Information Strategy outlines how we intend to make public information accessible to all. It identifies how to reach isolated communities and describes the production of public information in large print, Braille, audio and video, easy to read and computerised formats";
- "We have an information strategy but not specifically to address the requirements of the Disability Discrimination Act";
- "Appropriate information Leaflets and Handbook available and disseminated via key information points";
- "Access to Council's public information will be given in preferred format on request";
- "A Public Information Group has responsibility for the production of information and advising colleagues on how to produce accessible information";
- "Within Corporate Strategy".

This strategy addresses the needs of people with VI in 8 of 11 authorities and there is a specific budget for the strategy in only 4 of these. Other ways in which the SSDs have addressed the requirements of the act include the following:

- "A Handbook for Care Managers is under production at present. This will inform/ remind Care Managers of services available to support equal access for all people";
- "The Head of Adult Services currently chairs the Physical Disability and Sensory Impairment Policy Group which will link in to the overall Health, Social Care & Wellbeing Strategy being developed in [LA area]";
- "Equalities Manager appointed. Corporate Equality Plan";
- "We are looking to get views though Sensory Impairment group - including organisations such as SENSE. We do indicate that information and material can be provided in different formats (large print, Braille, etc) on request and have

updated our intranet / internet information recently to reflect that (for external and for customer care staff). There is a public information budget but no ringfencing for Sensory Impairment";

- "The Directorate is required to produce a comprehensive information strategy by March 2005";
- "Our public information budget forms part of a larger budget with other additional responsibilities. We have purchased the appropriate equipment, developed the necessary skills and commissioned the experts in the field to make these formats available";
- "During this time 2002/3 we were awaiting the recommendations of the Joint Review and our consultation Green Paper 2002 'How Best to Care'. We were also awaiting the new Communication Strategy and toolkit";
- "The department has responded to all requests for information in specific formats";
- "Funding accessed out of a generic budget".

The above described approaches involved consultation with service users, their families and carers in just over half (9/16) of the responding SSDs, descriptions of how this was achieved are shown below:

- "Service users through a panel and Disability Forum";
- "Not consultation specifically with people with a visual impairment, but we do consult everyone who comes through adult services, however we do not ask whether they are V.I. or not";
- "Working with the voluntary sector in [County] e.g. [County] Coalition, PAVS, Physical & Sensory Disabilities Joint Implementation Group";
- "This is still developing - having user involvement in Sensory Impairment group and through meeting with carers (and getting views on information provision) at carer events and meetings with Carers Strategy group";
- "Through disability forums, involvement in planning groups, and active participation in assessment and care planning";
- "The Strategy is in draft form. It is planned to consult with service users and carers";
- "We have consulted with a number of services user groups' prior to publication of public information. Every printed leaflet contains a feed back slip inviting comment about readability and usefulness of content and where the leaflet was obtained";
- "Consultation is undertaken through the Physical and Sensory Impairment Planning Group, the Visual Impairment Planning Group, user surveys, and via Vision Support who operate a mobile information centre throughout the County";
- "Views about information strategy discussed at user forum meetings - Organised by the [Region] Society for the Blind";
- "Consultation has been held with the Social Services Focus Group which includes service users or family members of people with visual impairments";
- "We use RNIB standards".

The provision of information and the implementation of the strategy been taken in isolation in 5 of 14 responding SSDs, the remaining 9 have involved other council departments, other partners or both of these. Brief descriptions of this include the following:

- "Consultation with Voluntary Sector";
- "The implementation of our Public Information strategy was done in isolations. We have since worked with our local health board and NHS trust, but I found we were the leaders in this field and they were taking advice from us";
- "Consultation with Care Managers and other Service Providers has been sustained throughout the production of the Handbook";
- "We have sought to get views from both users, carers and voluntary sector organisations as well as getting other council departments involved in a joint Sensory Impairment group";
- "Working jointly with other agencies in the county";
- "Close working with Health Trust and Local Health Board on information, but early days"
- "The Equalities Manager is very involved with the local forum and liaises directly with other departments";
- "The documentation has been shared with other Council department. The document is in draft form. Partners will be consulted. The Corporate Strategy has been completed with other Council departments and other partners";
- "We work in conjunction with partners in the statutory, voluntary and private sectors. We have worked in conjunction with other Divisions of the council, our partners in Health and sectors of the voluntary and private sector to produce information about jointly delivered services";
- "The Borough Communication Unit – part of the Chief Executive's Department";
- "Corporate Strategy for all County Council".

Information exchange arrangements

There are well-established links and mechanisms within the various divisions of the directorate to exchange information, practice and service planning on VI issues in half (10/20) of the responding SSDs. Descriptions of how this is structured, supervised and monitored have been given as follows:

- "Through information strategy and officer";
- "Links are established but not structured. It is very ad hoc. We are a small authority and therefore know what everyone does";
- "There is a recently established Policy Group – Physical Disability & Sensory Impairment which will include discussions appertaining to Visual Impairment";
- "Not well established, although Children's Services' Children with Disability team have started to become involved with Sensory Impairment group and public information working";

- "Both formal and informal links e.g. Physical & Sensory Disabilities Joint Implementation Group, and staff working within the divisions of the directorate";
- "Other departments (e.g. highways, leisure and planning) regularly attend the local forum and there is direct liaison with them by the Chairperson";
- "However the authority is looking at a database for Corporate use to ensure appropriate planning for materials and consistency of approach";
- "Through links with the Disability Planning Framework, which includes Leisure, Education, Ark, Voluntary Section, Employment agencies etc use of the intranet";
- "Co-ordinator of sensory impairment team oversees this and liaises and meets other teams e.g. disabled children's team regularly";
- "Informal links";
- "Sensory impairment team provides generic support, but we are aware of some inconsistencies in planning and service provision across the Directorate";
- "Information is shared via a central information database with clear signposting to workers with various responsibility, including visual impairment";
- "Adult Service Strategy Group co-ordinates and disseminates information regarding best practice and service planning for all areas of Adult Social Services and regular Team Managers Meeting exchange information on operational issues and strategic planning. There are communication mechanisms between both groups";
- "A Corporate Group within the Council has been set up in order to implement the Disability Discrimination Act. The Group meets on a quarterly basis in order to agree and implement a working plan across all departments within the Council";
- "Partly, No structure to monitor process and very reliant on individual staff to build working relationships".

There are well-established links and mechanisms with voluntary organisations to exchange information, service planning and practice on Visual Impairment issues in the majority (16/21) of responding SSDs. Descriptions of how these are structured supervised and monitored are shown below:

- "Joint information packs and joint distribution points i.e. Vision Support and the local authority have mutual agreements to distribute each others information";
- "Service Level Agreement";
- "Service Contract with [Region] Association for the Blind which comprises Rehabilitation, Welfare Benefits Advice, Talking Books and a Ring-a-Round Service";
- "Service Level Agreements – Local Blind Society, [County] Coalition, Sense Cymru, Connect, and purchasing services from RNIB, Wales Council for the Blind";
- "We are in the process of developing a Service Level Agreement with a voluntary agency. We also meet on a regular basis";
- "Through Health, Social Care and Welling being a number of multi-agency planning groups have been established with VI Service user and Vol org representation";

- "Voluntary organisations are equal partners in the Disability Planning Framework. Carer's Strategy Network";
- "SLA with Council for Voluntary Services. Funding provided for general Disability Development Officer, links into planning process, is information exchange. Is cross disability focus. Visual Impairment would come into the remit. Provide location for the Talking Book organisation";
- "SLA with RNIB. Contact with RNIB Director. Staff access events arranged by Wales Council for the Blind. Work with Sense Cymru and the Social Inclusion Unit to develop an awareness raising workshop on deafblind issues. Encouraging the voluntary sector to develop and support user groups. Viewing voluntary sector partners as key players on the Strategy and Commissioning group";
- "Inter-agency meetings held on a quarterly basis";
- "Service level agreement with [County] Association for the Blind. Meetings with Wales Council For The Blind";
- "SLA with Vision Support to provide a holistic services to people with a visual impairment and focus on the need for early intervention of sight loss and to provide appropriate services and alleviate stress";
- "Working towards contract with local blind assoc";
- "Service Agreement with the [Region] Society for the Blind and SENSE Cymru";
- "Significant contract in place with [Region] Association for the Blind";
- "The local authority is looking at developing strategy for people with physical and sensory disability. Visual impairment support groups across the county".

There are well-established links with the other partners [e.g. Health] to exchange information and practice on visual impairment issues in 15 of 21 responding SSDs, these are structured, supervised and monitored in isolation in 3 SSDs and partners are involved in 8. Descriptions of these links have been provided as follows:

- "Information sharing on case by case basis";
- "Visually Impaired Development Group – this is a Multi-agency Group established within [County] meeting quarterly. Minutes of the meetings are kept and action points made aimed at improving working practices Informal links with Eye Clinic maintained";
- "Visual Impairment Networking Group in Wales, Physical & Sensory Disabilities Joint Implementation Group, Local Access Group, Health, Joint Management Group, Education";
- "Through the MAP groups";
- "As part of the role of the Disability Planning Framework";
- "Co-ordinator takes responsibility for it now but the draft strategy identifies the need for a formal partnership overview";
- "Local NHS Trust and LHB, but early days";
- "Good working relationship on a day to day basis with Health and the Voluntary sector. Good information exchange on an individual basis";
- "Good working relationships with Voluntary Sector and other agencies who attend the Visual Impairment Planning Group. Other directorates attend as requested";

- "Links not well developed but Health colleagues are invited to attend "The Good Practice Group" meetings – all specialist practitioners are involved";
- "Links not well developed but health colleagues are invited to attend a Good Practice Group meetings, all specialist practitioners are invited";
- "Low Vision Steering Group will be addressing this issue";
- "There is a joint strategic planning framework in being that involves all major stakeholders";
- "No countywide remit. Dependant on individual staff to develop and implement links".

Provision of information

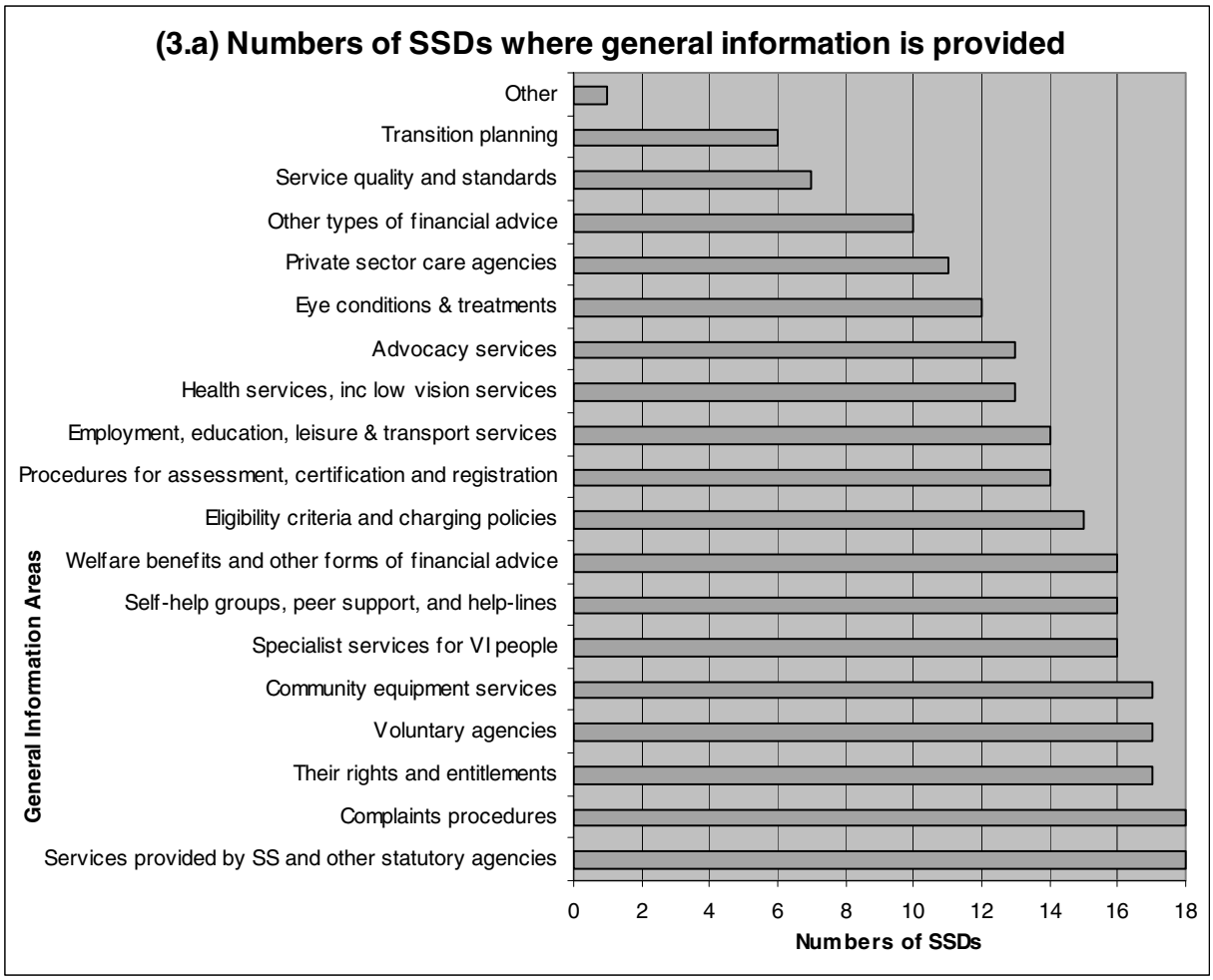
The majority (18/21) of SSDs provide resources to voluntary sector groups to support the development and provision of information on VI services, descriptions of the form that this takes have been provided as follows:

- "Via Service Level Agreement" – 2 authorities;
- "We do have arrangements to take up service for formatting information - if requested - with an Association for The Blind although take up has been limited. This is in the form of an outline SLA";
- "Joint directory of services provided with Vision Support charity";
- "We offer the skills and knowledge of the public information officer to voluntary organisations who wish to produce accessible public information. Again this is not structured, not widely publicised and very ad hoc";
- "Part fund Evolve, which is a new local society for blind and partially sighted people living in [County]. It is a registered charity that can offer advice, information and support on all issues regarding sight loss. Evolve will represent the views of blind and partially sighted people in meetings with agencies such as social services and the local hospital and others to improve services for visually impaired people";
- "An Association for the Blind is funded to provide Talking Books and the cost of transport & rent of rooms for a Social Club for Elderly V.I. People";
- "Guidance given by Rehabilitation Officer. Access Group, Physically Impaired People of [County] Assoc. Age Concern, PAVS";
- "Talking Books- provide premises for recording, help with distribution. Blind Welfare Assoc.—administrative support provided by SSD and Housing Directorate, and small grant towards running costs. [Region] Visual Handicap Assoc—provide a small annual grant as contribution towards running costs";
- The Directorate financially supports a number of VI related organisations and general vol. Orgs including RNIB and WCB";
- "Employ Carers Development Officer. Carers Strategy Network has Carers Grant. Carers Information pack, the provision to include information in Carers Strategy Network newsletter – Sharing the Caring";

- "RNIB SLA for Community Development Officer and Welfare Benefits Advisor. We are exploring potential use for two Trust Funds of visually impaired people in the area";
- "Funding to an Institute for the Blind";
- "Jointly funded post between Social Services Department and RNIB to provide Welfare Benefits Advice to Visual and Dual Sensory impairment clients";
- "Funding for Vision Support to provide a holistic services to people with a visual impairment and focus on the need for early intervention of sight loss and to provide appropriate services and alleviate stress. Funding for and Wales Council for the Blind to monitor provision across County, promote and assist with improvements and provide information advice and training";
- "Wales Council for the Blind – sponsorship of information leaflet. Talking Books – annual funding";
- "Each individual request for support would be considered on its merit";
- "Grants e.g. Talking Newspapers, visual impairment support groups in North and South [County] (five groups)".

Only 1 of the 3 SSDs that do not provide resources to voluntary sector groups to support the development and provision of information on VI services say that they are giving this consideration.

The following chart (3.a) shows the numbers of SSDs where general information is provided in various areas:



As can be seen, the most commonly provided information is that which describes the services provided by Social Services and other statutory agencies and the complaints procedures.

The providers of the general information in the various areas are summarised below:

Service users' rights and entitlements [e.g. DDA 1995, Community Care Act 1990, etc]

- "Social Services Department" – 9 authorities;
- "Social Worker with V.I.P" – 2 authorities;
- "Local Authority" – 2 authorities;
- "Rehabilitation Officer, Customer Liaison Officers, Marketing, Access Officer";
- "Local Coalition of Disabled People, Benefits Agency, Local Institute for the Blind, Guide Dogs for the Blind, SENSE, RNIB, Welfare Rights";
- "D.W.P";
- "Vision Support and Wales Council for the Blind";
- "Equality Section provides advice on DDA".

Health services, including low vision services

- "Social Services Department" – 4 authorities;
- "Local Health Board" – 3 authorities;
- "Social Worker with V.I.P" – 2 authorities;
- "Rehabilitation Officer / worker" – 2 authorities;
- "Health Trust";
- "Health services";
- "Health";
- "Local authority";
- "Hospital Eye Clinics and RNIB";
- "An Institute for the Blind";
- "NHS Wales";
- "Vision Support and Wales Council for the Blind".

Eye conditions and treatments

- "Rehabilitation Officer / worker" – 2 authorities;
- "Health" – 2 authorities;
- "RNIB" – 2 authorities;
- "Social Services Department" – 2 authorities.
- "RNIB via LA";
- "Local authority";
- "Hospital or [Region] Association for the Blind";
- "Health Trust, Local Health Board";
- "Health services";
- "NHS Wales";
- "Vision Support";
- "Social Worker.

Procedures for assessment, certification and registration

- "Social Services Department" – 8 authorities;
- "Rehabilitation Officer / Worker" – 2 authorities;
- "Local authority";
- "Health Trust, Local Health Board";
- "Health";
- "Registers on SWIFT";
- "Vision Support";

- "RNIB via LA";
- "Social Worker VI".

Services provided by social services and other statutory agencies

- "Social Services Department" – 13 authorities
- "Local authority" – 2 authorities;
- "Rehabilitation Officer / Worker" – 2 authorities;
- "Health e.g. GP Surgeries. Inter –Agency organisations. Voluntary organisations";
- "Vision Support";
- "Social Worker VI".

Eligibility criteria and charging policies

- "Social Services Department" – 13 authorities;
- "Local authority";
- "Rehabilitation Officer, Customer Service Manager, Policy, Planning & Change Manager".

Specialist services for visually impaired people

- "Social Services Department" – 10 authorities
- "Local authority" – 2 authorities;
- "Rehabilitation Officer, Physical & Sensory Disabilities Team, Education Dept, Voluntary Sector Agencies";
- "Health. Specialist Voluntary agencies";
- "Vision Support";
- "Social Worker VI. Rehab Worker".

Local, regional and national voluntary agencies

- "Social Services Department" – 7 authorities;
- "Voluntary organisations / agencies" – 3 authorities;
- "Local authority" – 3 authorities;
- "Wales Council for the Blind" – 2 authorities;
- "RNIB" – 2 authorities;
- "Rehabilitation Officer";
- "Social Worker VI. Rehab Worker";
- "WCB";

- "Vision Support";
- "Local Association for the Blind".

Private sector care agencies

- "Social Services Department" – 8 authorities;
- "Local authority" – 2 authorities;
- "Social Worker VI. Rehab Worker";
- "Private Sector".

Advocacy services

- "Social Services Department" – 7 authorities;
- "Voluntary agencies" – 2 authorities;
- "Local authority";
- "Wales Council for the Blind";
- "Rehabilitation Officer";
- "Social Worker VI. Rehab Worker";
- "Vision Support and Wales Council for the Blind";
- "Age Concern".

Community equipment services

- "Social Services Department" – 9 authorities
- "Local authority" – 3 authorities;
- "Health" – 2 authorities;
- "Occupational Therapists";
- "Regional Association for the Blind";
- "Rehabilitation Officer, Physical & Sensory Disabilities Team";
- "Social Worker VI. Rehab Worker";
- "COTs";
- "Vision Support".

Welfare benefits and other forms of financial advice and agencies which can assist and advise on these

- "Social Services Department" – 8 authorities;
- "Benefits Agency" – 2 authorities;
- "Welfare Rights Unit" – 2 authorities;

- "Age Concern" – 2 authorities;
- "Local authority" – 2 authorities;
- "Regional Association for the Blind";
- "Rehabilitation Officer + Connect, PIPPA,
- "Social Workers for Visual Impairment" – 2 authorities;
- "Welfare rights team";
- "RNIB";
- "Citizen Advice Bureau. Disabled Coalition";
- "Joint funded post in Partnership with RNIB provides Welfare Benefits advice to Visual and Dual Sensory Impairment clients throughout the County";
- "CATCHUP – funded by LA";

Other types of financial advice

- "Benefits Agency" – 2 authorities;
- "Local authority";
- "Region Association for the Blind";
- "LA Welfare Rights Benefits Adviser";
- "Citizens Advice Bureaux / Local Associations";
- "Social Workers for Visual Impairment";
- "Direct payments";
- "Private Sector";
- "Others/CLS";
- "Social Services Department".

Service quality and standards

- "Social Services Department" – 5 authorities
- "Local authority" – 2 authorities;
- "Care Management Leaflets";
- "Care Standards Inspectorate for Wales. Welsh Assembly Government";
- "Separate documentation available".

Complaints procedures

- "Social Services Department" – 12 authorities;
- "Local authority" – 6 authorities;
- "Social Workers";

- "Care Standards Inspectorate for Wales. Welsh Assembly Government";
- "Others".

Transition planning

- "Social Services Department" – 3 authorities;
- "Informal network / Regional Visual Impairment Service";
- "Local authority";
- "Social Workers";
- "Adult & Children's Services";
- "Education".

Employment, education, leisure and transport services

- "Local authority" – 6 authorities;
- "Social Services Department" – 3 authorities;
- "Variety of Groups organised by [Region] AB supported by SSD";
- "Job Centre Plus";
- "Social Worker VI";
- "RNIB. Leisure & Lifelong Learning. Education. Access to Work";
- "Vision Support";
- "Environment Education".

The formats in which the above information is available is summarised below:

- Preferred formats for general information – 17 authorities;
- Welsh language in preferred formats – 16 authorities;
- In a personalised form upon request from clients – 15 authorities;
- Preferred formats for personalised information – 14 authorities.

Descriptions of the locations where the above general information are made available can be found in the data set, the most common are as follows:

- "GP surgeries" – 8 authorities;
- "Libraries" – 8 authorities;
- "Social Services Department offices / reception" – 5 authorities;
- "Via the [Region] Society for the Blind Resource Centre" – 2 authorities.

Just over half (9/16) of the responding SSDs felt that there are areas of general information that are not provided for that should be, these have been described as follows:

- "Guide to services for Visual Impairment";

- "A cross directorate Directory of services for specific client groups, Information tailored for specific client groups such as children and learning difficulties";
- "Information & Support could be given from the local Eye Clinic e.g. Eye Clinic Link Officer provided by an Institute for the Blind";
- "There are groups around benefit advice, advocacy and registration";
- "No centralised public information capacity to further develop and address specific general information for this client group. No dedicated officer time";
- "Fair range of services available, such as adult education, leisure opportunities and general support/peer groups. Information is provided on statutory services";
- "Necessary / relevant information requirements are being reviewed within specific client groups by the Disability Planning Framework. Areas identified are:- health services, eye conditions and treatments, employment, education, leisure and transport services";
- "Out of hours service. Information on the Unified Assessment Process. Identifying and agreeing which policies and services information should be developed for can delay production";
- "We would like to be more pro-active in this area. We try to meet individual requests across a range of information in a variety of formats";
- "More appropriate information on transitional arrangements (under development by the new children with disabilities service)";
- "More appropriate information on transitional arrangements under developments by the Specialists Children's Team".

Visual Impairment material that is provided on the local authority website across the 17 responding SSDs has been described as follows:

- "Telephone number of Personal Services Offices";
- "Contact details of Disabilities Team";
- "Website approved by RNIB";
- "A-Z directory informing people who and where to contact";
- "Some general information on teams and services";
- "Our website is created in an easy to use format. We provide specific information about our Sensory Services Team in the main body of the Website and provide information about other non-Council services in our Community Information Database";
- "Information on VI organisations. Electronic version of a hard copy leaflet ' Services for People with a Visual Impairment'";
- "Social Services contact information is given on website. Intention is to develop well based information";
- "All info on the site conforms to the RNIB Right to See standard. Social Services web-site currently under development";
- "All of SSD information leaflets are on the website";
- "LA Sight Care – information, contact points";

- "Social Care Plan. Low Vision Aids, employment and training, Registration System, Local Services, Home care services, Assessing for Community Care";
- "We are currently developing a web site for Social Care and Housing";
- "Presently working toward developing our website to afford full accessibility to visual impaired users".

Other information that is published / made available is listed below:

- "All council information";
- "Information available in Braille, large print, tape, electronic format, different languages. This is very rarely taken up";
- "Information Leaflets on other services WCB, RNIB, Guide Dogs, IT, Children's Services. Taped information service, [County] News. (delivered to all households in [County])";
- "Overall - Social Care Plans and Action Plans. Looking to extend range of information leaflets, for example recent material on vulnerable adults";
- "Printed leaflets (currently being revised & updated), available in large print/audio/Braille on request";
- "The Directorate is currently reviewing and updating all published information";
- "We have a leaflet about the Sensory Services Team and provide information about other organisations offering additional services to people with a visual impairment";
- "As above 'Services for People with a visual impairment' leaflet. Also tapes/CD's to listen to also available on request. Complaints procedure Information 'recorded' on an individual basis. Tape available on the certification and registration process";
- "Information about concessionary parking arrangements, door to door transport, home care services as well as information about adaptations to your home";
- "SSD publishes Information about range of community care services and how to access, Charging Policy, Blue Badges, Welfare Rights Information, Complaints Procedures, Carers Information Packs. The Council publishes a Community Strategy, Improvement Plan, information regarding free bus passes, and a range of information on culture, leisure services and environmental policies";
- "All the Authority's public information can be provided in preferred format on request";
- "Newsletter";
- "List of Information sheets attached".

Less than half (6/16) of the respondents prioritise what information will be produced as a result of resource constraints, descriptions of how this is done have been given as follows:

- "The cost of producing information in the above formats is very low. Therefore we are able to offer all our public information in these formats. We priorities what the subject matter of the leaflets will be";

- "Work is under way at present to devise an appropriate information tool for people accessing Personal Services";
- "Within Social Services information on their service. Complaints would also be a priority";
- "Through a SSD Public information working group";
- "In line with the Care Standards Inspectorate for Wales standards Pragmatic approach on an individual basis";
- "Information regarding 'core' community care services and statutory duties is prioritised but we are always looking for ways to impart information in a timely but cost-effective manner e.g. via website, or produced in-house by Learning Disability Work Opportunities Project".

12 of 16 responding SSDs have either made an assessment of the Welsh language information needs within the local authority area or produce all documentation in Welsh and English. 7 of 19 responding SSDs have made an assessment of other cultural and language needs within the local authority area and 4 of these have produced information in those languages, 2 other authorities that had not made an assessment have produced information in other languages. Descriptions of the information provided in other languages have been given as follows:

- "All our public information is fully bilingual, Welsh and English. We put a statement on all our information stating that it is available in other languages. We have taken advice from [Region] Racial Equality Council who informed us that we do not have to produce our information in all the ethnic minority languages, but we have procedures in place should someone ask for this. Again, we have not had anyone request this";
- "Information is available in various minority languages";
- "Welsh, Braille, considering production of a sign language video";
- "Signed up to Language line";
- "The information needs of British Sign Language users have been identified as a key priority in the Sensory Impairment strategy";
- "Carers plan as standard and other leaflets on request".

The mechanisms that the SSDs use to maintain contact and provide new and updated information to their client bases have been described as follows:

- "Visual Impairment guide is updated every 6 months";
- "None";
- "Social Worker input onto client index";
- "Regular reviews of Services. Mail shots";
- "Mainly mix of formal / informal contact through dedicated social worker / support based in Physical Disability team";
- "Register of Visually Impaired People maintained & up-dated on SWIFT (Client Information System)";

- "Rehabilitation Officer informing client group via VIP magazine + Information provided during assessment process, Information leaflets, & [County] News (delivered to all households in [County])";
- "Local forum is the main way of informing local people";
- "Information Officer. Registers are updated";
- "Staff would take care to consider the most appropriate means of communication for every client on an individual basis";
- "Distribution to resource centres, Via the intranet and internet";
- "Contact Centre. Consultation. Case Worker involvement. Visual Impairment clubs – Rehabilitation Worker attends these occasionally or when requested. Through regular meetings with Voluntary Agencies – Cardigan Association and Wales Council for the Blind";
- "We have recently invested in a new client information system (Care. Comm). At this moment in time we do not have mechanism for providing new and updated information via this system but would be interested to hear of good practice in other areas to aspire to";
- "Local and National information tapes distributed widely on a regular basis to all registered service users";
- "Local and national information distributed widely and on a regular basis to all registered service users via information Tape, large print mail and through local support groups and social groups";
- "Information Officer tasked with the responsibility of ensuring information is updated and relevant";
- "Consultation Groups";
- "There is a question on our Assessment form asking if client wishes to receive information and in what format is it required".

Descriptions of how the SSDs consult with the client base to understand whether they find these mechanisms satisfactory include the following:

- "As and when required" – 2 authorities;
- "At the user forum meetings arranged by a Regional Society for the Blind" – 2 authorities;
- "Through Strategic Planning Group";
- "Joint Implementation Groups, Corporate Focus Groups, Complaints, Compliments & Suggestions, Customer Surveys";
- "On an individual basis and through local forum attendance at [County] Disability Forum";
- "General day to day feedback and contact";
- "Not currently able to do so. We are developing a new client index that will better identify the client base";
- "Clients/service users are equal partners in the Disability Planning Framework. All information will be reviewed through this framework. There are also self-reviews, unplanned reviews & face-to-face interviews with service users";

- "Every leaflet includes a feedback slip";
- "Capital Congress. [LA area] Debate – White Paper and consultation. How best to care? Green Paper. Consultation after Joint Review. 'A Commitment to Care' – White Paper Protection of Vulnerable Adults inspection";
- "Review of provisions of services with clients and feedback through case worker to manager at regular supervision and V.I. Sub Group within team";
- "Information Officer consults staff/clients";
- "Consultation Groups";
- "We do not".

SERVICE USER INVOLVEMENT AND CONSULTATION

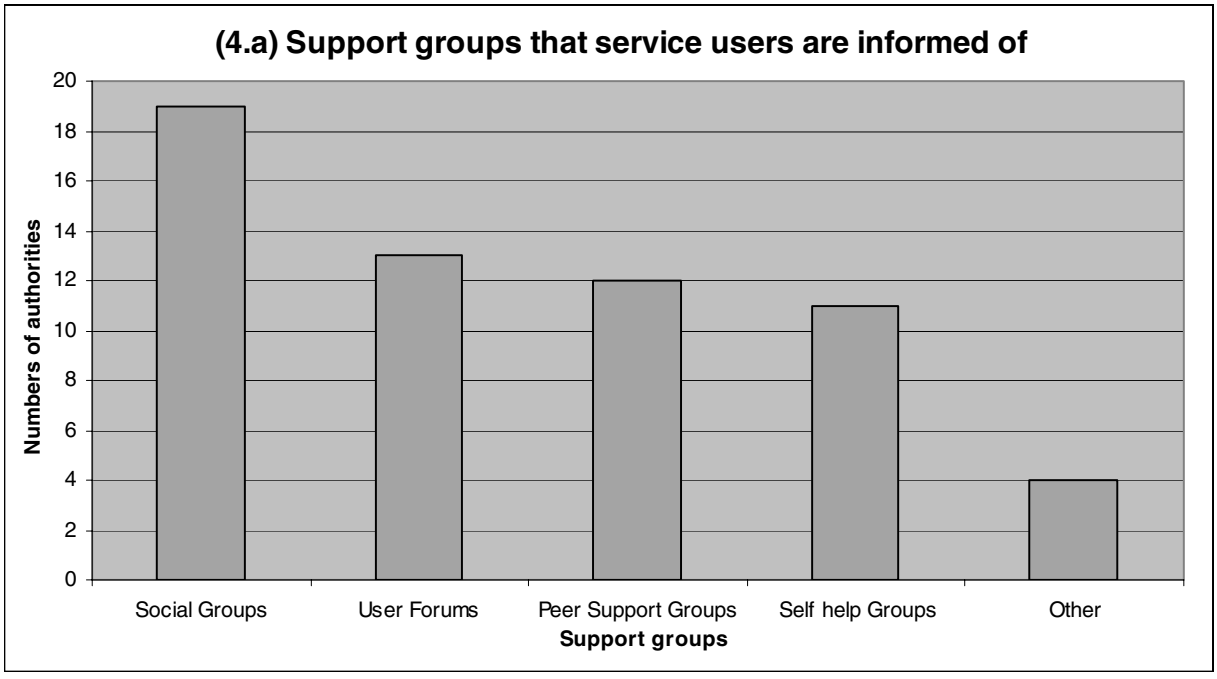
Service user involvement

Only 7 out of the 20 responding authorities say that their Social Services Directorate [SSD] have a policy on Visual Impairment [VI] user involvement and consultation.

In 18 of the 20 authorities, the Social Services Directorate assists in the establishment of and support of local VI user support groups.

Nearly all [19/20] responding authorities invite service users and their representatives to choose their preferred method of contact and their preferred format for information. The other states that, although they are not invited to choose, "during assessment these issues would be discussed". File records are maintained and updated with the service users' preferences in 16 of 20 authorities. Detailed advice on this matter can be found in the "Provision of Information to Service Users" Good Practice Guide [GPG] number 1.

The following chart (4.a) shows the support groups that the respondents inform service users about, where available:



As can be seen from the chart, 'Social groups' are the most common support groups that service users are informed about.

Almost all authorities (19/21) advise service users of who to contact in the local authority and how to contact them out of normal working hours if required, and all 21 authorities advise the service users about who and how to contact between appointments if necessary.

Service users are given a copy of their assessment and care plan in their preferred format in 16 of the 21 responding authorities and 13 of these ask the service user to

confirm that the documents accurately record what has been discussed and agreed. **Comments on this issue?** It is not clear if this refers to the formal care plan or an informal plan.

18 of 21 authorities carry out exercises or reviews to check client satisfaction with the service provided although 1 of these states that these are not specific to Visual Impairment.

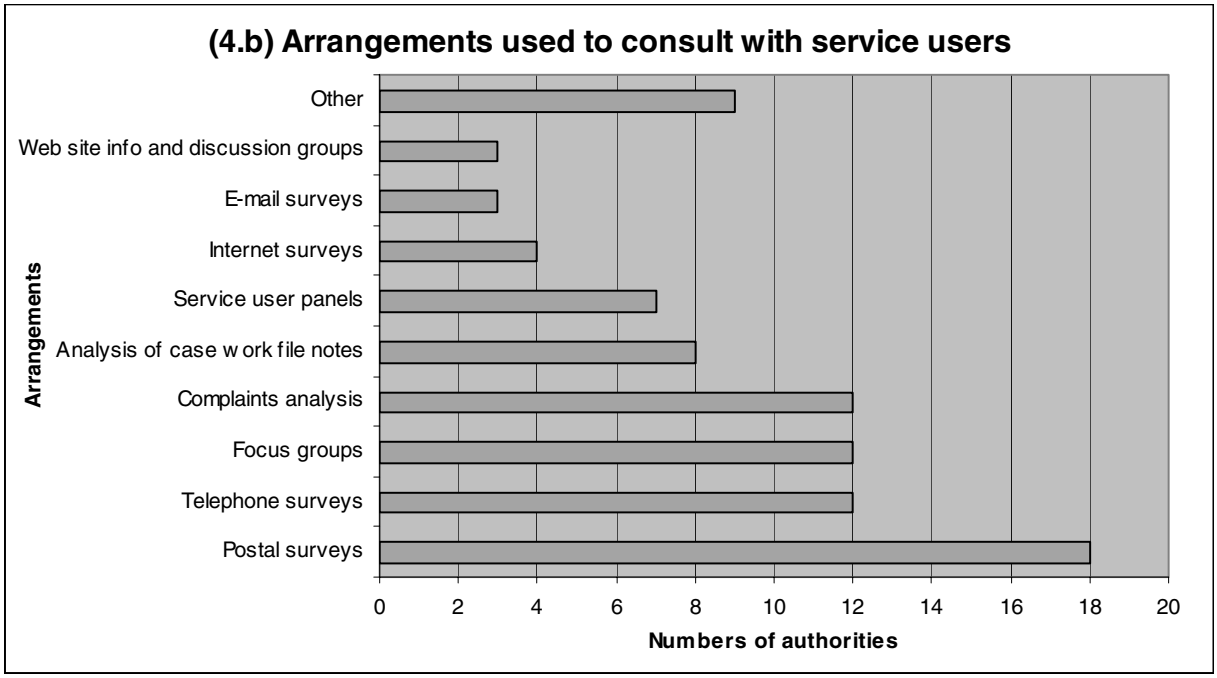
All authorities inform service users of their rights to appeal or to make a complaint. Also, in all authorities the SSD complaints procedure permits service users to lodge complaints in a variety of different ways i.e. not just in writing.

Service users are advised of their right to inspect their personal records [under the Access to Personal Files Act 1987] in 15 out of 20 authorities that answered this specific question but all 21 authorities state that, if a request to inspect personal records is made, the SSD would provide assistance in this.

Service users were informed how to request further services, when their period of care or rehabilitation ended, in 20 of 21 authorities.

Consultation

The following chart (4.b) shows the arrangements that are used to consult with



service users and the numbers of authorities that use them:

Postal surveys are the most commonly used methods of consulting with service users (18 of 21 authorities) with telephone and postal surveys and focus groups also being used by a large number of respondents.

Other arrangements for consulting with service users that have been mentioned include the following:

- "Planning Group";
- "Consultation groups";
- "Consultation Days reviews. A website is being set up for service users to consult with service users and inform future planning. Service users involved in staff appointments/planning groups";
- "Meetings at the resource centre";
- "The most suitable means to consult would be considered in terms of the clients' needs and the particular exercise in question";
- "By way of voluntary organisations that represent users and carers";
- "Large workshops involving a range of statutory bodies staff, voluntary sector organisations, key partners, service users and carers";
- "VI Groups / Clubs. Minicom, Fax, Text, Type Talk";
- "Informal contact with some representative groups. Feedback from general consultative and focus groups which look at overall service issues including sensory impairment".

13 of 19 authorities state that the arrangements for consulting with service users take account of different racial, cultural and religious backgrounds, language, disability, sexual orientation and gender and the other 6 respondents state that some of these factors are taken into consideration. Where these factors are taken in to account, the approaches taken to achieve this have been described as follows:

- "Council Equal Opportunity Policy applies" – 4 authorities;
- "Details are recorded in Carefirst system";
- "All forms are available in Welsh. Assessments / Intervention can be through Welsh";
- "Welsh Language. Information formats";
- "Consideration is given to ensuring that venues are accessible and interpreters are provided where needed, however it would be hard to identify other action taken";
- "Expert advice, planning, and consultation before events";
- "Some users are asked if they have any special needs to be taken into consideration and social services ensure that young people can have access to interpreters, advocates, etc and operate an equal opportunity policy, keeping into consideration all the above";
- "Arrangements would take into account disability, language and gender differences but would probably need to be prompted to consider other differences";
- "The authority would be flexible to make arrangements that ensure the Service User is central to any planning exercise";
- "Clients' preferences are taken into account during assessment";

- "Use of non discriminatory practice and the social care model of disability. We work towards the social inclusion of disability by way of creative activity events that are organised by staff";
- "BSL Interpreters and Lip Speakers are provided. Documents are available in Welsh, Braille, Audiotape, on request";
- "Language preference, Communication tools for those with a severe disability, Audio";
- "Local support groups are used. Meetings are arranged in accessible locations. Communications can be in large print or Braille";

There is a structured framework to provide feedback to service users as a result of consultations conducted in 13 of 20 responding authorities. **The benchmarking club believe that this should occur in all authorities and it could be delivered via the voluntary sector, although it is recognised that arrangements will vary geographically. Work in this area fits well with the local government development of Health and Well Being strategies.**

The following descriptions of how this is arranged have been provided:

- "On specific issues users are consulted through Social Care Planning days. Reader panel for information";
- "Through planning process and letter of outcomes";
- "Joint Implementation Groups, Joint Review Process – focus groups/consultation groups Compliments, Complaints & Suggestions process";
- "Service Users are involved in focus groups as well as planning groups, and all developments are discussed in these groups";
- "Questionnaires, PDSI MAP";
- "Disability Planning Framework. Consultation feedback meetings with the Support Group – Eyelights";
- "Department policy is to provide feedback on consultation but there is not a structured procedure to ensure that this happens";
- "Formal and informal feedback by [Region] Society for the Blind";
- "Best Value Consultation Team";
- "Meetings, written reports, provided in preferred formats";
- "Re: events, all information provided in appropriate format as required e.g. audio Braille, large print".

In 16 of 19 authorities there is a structured framework where information, from service user involvement and other forms of consultation, is used to inform service provision. **The benchmarking club believe that this should occur with all authorities.**

Where this is in place, descriptions of how this is achieved can be found in the data set, some of the more interesting descriptions are given below:

- "Feedback via the Social Care Planning process" – 2 authorities;

- "As part of the Disability Planning Framework is which service users are equal partners":
- "This will be done through the over arching multi agency Sensory Impairment Strategy and Commissioning group";
- "Reports with recommendations for improvements from Task and Finish Groups are submitted to the Strategic Executive Group. In future, all consultation outcomes will also be submitted to the key Partnerships for Health, Social Care and Well Being and The Children and Young People's Framework, as appropriate. In line with the Council's Communication Strategy, the results of consultation exercises will also be shared across the Departments, as appropriate";
- "We have a Joint Planning Group with partners from Health, Housing and Voluntary Sector".

A list of arrangements that are used by the respondents to consult with other service providers e.g. health and the voluntary sector can be found in the data set, these include:

- "Facilitate wider consultation via the Health Board in addition to utilising established relationships with key service providers";

- "Local Health Board. [Local] Health Alliance. Advisory Planning Groups. Social Care Plan meetings. Health, Social Care and Well – Being Strategy. Inter – Agency Training Staff visiting to share job roles, this includes visiting service users";

- "Our Health, Social Care and Well Being Team is based in the Local Health Board. We work on projects jointly, and involve the voluntary Sector in consultation exercises – e.g. with the Health, Social Care And Well Being Strategy, and with the Older People's Strategy".

In 18 out of 20 responding authorities, the above arrangements are structured around joint working arrangements, descriptions of this can be found in the data set, these include:

- "Partners have employees based in same building as Local Authority employees in VI team";
- "The Strategic Executive Group is composed of Senior Managers from the Council, the Local Health Board, the NHS Trusts, and the local Centre for Voluntary Services. It has strategic responsibility for joint planning and pooled budgets";
- "… the Joint Care Planning Group includes representatives from all the statutory, voluntary and independent agencies; users representatives and feeds into all agencies planning".

The information from this consultation informs the planning and co-ordination of provision by all parties in 17 of the 20 responding authorities **(should be all authorities???)** and the means by which this is achieved as include:

- "Not in a structured way. Visual Impairment Planning Officer will co-ordinate responses / feedback";
- "Joint Planning Teams";
- "Fed into" the PD & SI Group and then various needs would be prioritised";
- "Planning Officers attends the Groups and takes forward proposals";
- "Direct link to planning group/Social Care Plan";
- "Through MAP group";
- "Through the over arching planning group";
- "Via Advisory Planning Groups feeding into the Social Care Plan and Service Planning Process. Liaison Unit in Performance and Support. Representation of the Council on the local Health Alliance. Inter – agency work, low vision clinics and working closely with the hospitals";
- "The priorities identified from the recent Needs Assessment and Workshop for the Health, Social Care and Well Being Strategy will determine the focus of planning and provision for the statutory services";
- "Annual Service Plan – Services for People with Physical Disabilities and Illness Strategic Plan for Social Services (5 Year Strategic Plan 2002-07)";
- "Joint initiatives would be implemented";
- "Joint strategic plans".

CHILDREN AND YOUNG PEOPLE

For the purpose of this study the age-range for young people is 0-18 years.

Policies and working arrangements

Only 7 out of 20 responding authorities have a specific policy in their Social Services Directorate [SSD] for working with young visually impaired people and all 7 of these state that the policy takes account of legislation specific for young people [e.g. Child Protection Act 1989, the Welsh Assembly's strategic guidance on 'Extending Entitlement' 2000 and 'Working Together' 2000 etc.]. The policies of all 7 authorities also permit the involvement of youth user groups.

1 other authority, although not having a specific policy in its SSD, does state that "the needs of this client group are included within our plans, policies and procedures" and that these do take account of legislation specific for young people and permit the involvement of youth user groups. **The benchmarking club do not believe that a specific policy is necessary provided that the authority does make provision for these needs.**

12 of 15 responding authorities have a specific policy in their SSD for assessing young people with Visual Impairment. **The benchmarking club believe that all authorities should have such a policy for assessing young people.**

Descriptions of the structural arrangements, within the directorates of responding authorities, for working with young people with visual impairments include:

- "Children with Disabilities Team" – 11 authorities;
- "Specialist Assessor for Visual Impairment";
- "Children's Services are also part of Education and specialists for Visually Impairment in that Directorate";
- "Social Worker with Visually Impaired People who has responsibility for working with children is situated within the Adults with Physical Disabilities Team. Joint working would take place with Child Protection or Children with Disabilities Teams when appropriate. Liaison also takes place with the region's Visually Impaired Educational Service";
- "Referrals are forwarded to this team via the Child Care Disabilities Team. A working unified assessment process incorporating the Disabilities Child Care, the Visual Impairment Services, Health & Education";
- "Liaison and joint working with Children with Disability team. V.I team works with children and adults from 0 to old age";
- "Sensory Support Team offers equipment and support. Child care disability team provide assessment of need";
- "The Disabled Children's Team have responsibility for all children and young people 0 to 18 years of age with a visual impairment in the authority area. All assessments are undertaken within the Framework for the Assessment of Children in Need and their families. Referrals will be made to the Sensory

Services Team (Community Care) for specialist assessments. BD8 referrals result in joint assessments being undertaken by the Disabled Children's Team and the Sensory Services Team";

- "Child Health and Disability Team. Currently there is no specialist post. There is an interim arrangement with Adult Services for those in transition. BD8s are processed in the Child Health and Disability Team";
- "Specialists within the Physical & Sensory Impairment Team";
- "A new [LA] Specialist Children's Service was set up in September 2003, which includes children/young people with visual impairment. There are plans to link the work of the Rehabilitation Officers with this Specialist Team in order to improve services for children and young people with visual impairment".

As can be seen, many authorities have a specialist Children with Disabilities Team that either handles all matters concerning children and young people who are visually impaired or does so in partnership with other teams. **However, for this arrangement to be effective operationally it does require a large enough caseload to make such resource commitment viable. In these cases multi-disciplinary service groups can be an appropriate structural arrangement.**

Only 4 of 20 responding authorities have a key worker to lead on Visual Impairment Youth Services. **Again this is likely to depend on the size of caseloads to justify the creation of a dedicated key worker post where this is not viable then combined resources for regional provision may be appropriate or the use of a key worker from Health of the voluntary sector.**

In 16 of 19 responding authorities, young people have access to Low Vision services and, in most (15/16) of these the Social Services Directorate can make referrals to Low Vision services. 1 authority qualifies this by saying, "Only if child has been assessed in clinic prior to referral to the Physical & Sensory Disabilities Team".

The following chart (5.a) shows the staff that work with children and young people and numbers of authorities where these staff are available:

As can be seen, social workers are the most commonly available staff members to work with children and young people with 18 out of 19 responding authorities having them available [one authority points out that the social worker is a specialist HV – **Home Visitor?**], this is closely followed by rehabilitation workers with 14 out of 19 responding authorities.

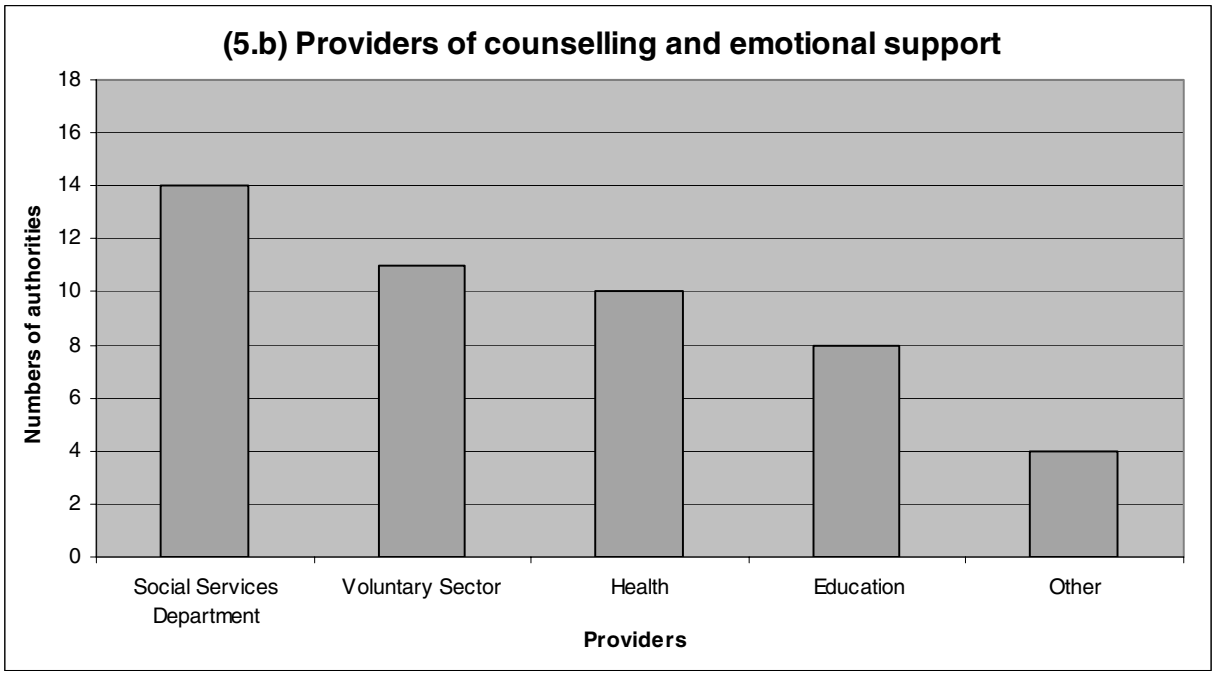
The provision of staff to work with children and young people is essential. This will be important for assessment and rehabilitation, including emotional support. Resources need to be made available for this support – being staff and training.

The 'Other' staff members that were mentioned in the returns are as follows:

- "Project Workers" – 2 authorities;
- "Specialist social worker for visually impaired in adults team used as a resource. All children referred to team have designated social worker or Community Support Worker. OT services offer aids and adaptations and development programme to suit individual needs. Transition worker is involved with young people 14+ to develop care pathway";
- "The Vision Foundation provides nursery placements and services to young people - rehab service, communication suite, a multi sensory light stimulation room, advice and support and information for visually impaired people - all services are free of charge";
- "Benefits Officer works with young people";
- "Teacher for visually impaired who work for Education Dept";
- "Support Worker, Community Short Break Carers, Child & Adolescent Support Workers, Outreach workers etc".

The staff that are included in the chart (5.a) have received training for working with children and young people in 19 of the 20 authorities that responded to this question.

Counselling and emotional support are provided to children and young people with visual impairment in 18 of the 20 responding authorities and the providers of this counselling and support can be seen in the following chart (5.b):



As can be seen, counselling and emotional support are most commonly provided from within the social services department [14 of 18 authorities], closely followed by the voluntary sector and health. **The role of the voluntary sector is confirmed as being significant and the benchmarking club feel that this could be developed further in the future. This would require local government to specify the service to be provided and the development of working protocols.**

Other providers of emotional support that have been mentioned are as follows:

- "Sandy Bear Project, Young Carers Group, VI Sports Project, access to Educational Psychologists";
- "Family Support Team Key Worker (multi-agency)";
- "Private counselling service in exceptional cases".

Arrangements for assessments

Descriptions of who carries out the assessments of children and young people have been provided as follows:

- "Social Workers" – 2 authorities;

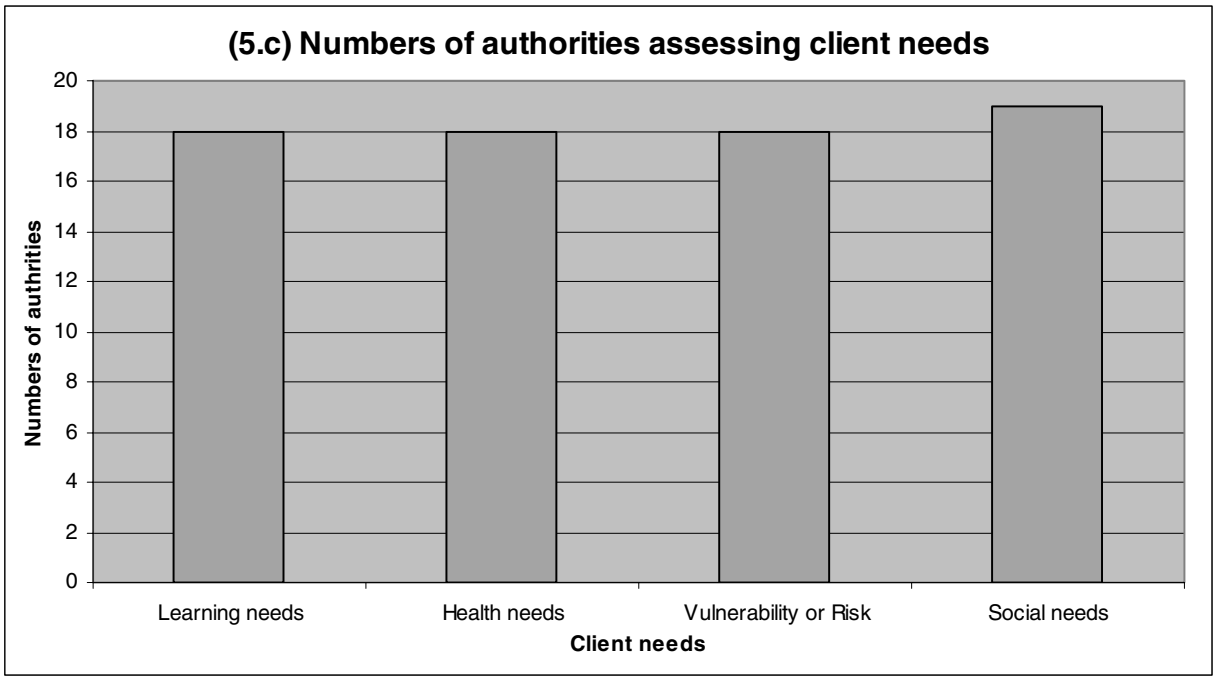
- "Currently this is arranged by the Rehabilitation Officers" – 2 authorities;
- "Members of the Children with Disabilities Team";
- "Children with Disabilities Team undertakes an Initial Assessment of Need under the Framework for Assessment. A request for a Specialist Assessment is sent to the Visual Impairment worker in Adult Services";
- "All children referred to team have initial assessment. Those with complex needs or in transition years/on CP Register have core Assessments/section 17 reviews completed annually";
- "Referral to Adult Rehab";
- "Social Worker / [Region] Visual Impairment Service – Educational Support covering Greater [Region] area";
- "Key Worker in Family Support Team";
- "Referrals are made to the child care team who then complete an initial child care assessment. They then refer to the relevant agencies as required from the assessment process";
- "All assessments as per National Framework Assessment for Children";
- "All staff from chart (5.a)";
- "As there is no designated specialist post, generic Social Workers are jointly assessing with specialists from Adult Services. Please note that this is an interim measure";
- "Young people are assessed via the Framework for Assessment by Social Worker for Children with Disabilities";
- "An assessment would involve a multi agency approach i.e. social worker, OT, Vision Foundation, Education";
- "V. I. Staff on BD8 Certificates";
- "Initial & Core Assessments in line with Framework for Assessment (Social Work Team) Carers Assessment (Social Work Team)".

There is an opportunity for families, carers, advocates or other representatives to be present as appropriate in all 20 responding authorities, and all authorities allow the opportunity for young people to hold 'one-to-one' interviews, one of these adds that this would be with parental consent, it is assumed that this would be the case in all authorities.

All 20 authorities state that colleagues from health, education or the voluntary sector are invited to be involved in the assessment, if appropriate.

All 20 responding authorities share the results of the assessment, where appropriate, with the client and their family.

The multiple needs of the young person, his / her family and carers are considered in the assessment at this time in all 20 responding authorities. The other needs that are assessed are shown in the following chart (5.c):



The chart shows that the client's social needs are assessed in the most authorities (19/20) and that other needs are also assessed by most authorities. **Comments on this??** The area of social needs is very broad and could contain a multitude of issues.

Young people who have SEN **[Special Education Needs?]** undergo a social needs assessment in 17 of 19 responding authorities however, some of these have stated that this does not necessarily happen every time and can be done on request. Descriptions of how soon this takes place after identification of need, where it does occur, are summarised as follows:

- "In line with Framework for Assessment Guidelines i.e initial Assessment within 7 days, Core Assessment within 35 days" – 4 authorities;
- "Within 10 working days of receiving a referral from the Education Department" – 2 authorities;
- "As soon as possible" – 2 authorities;
- "Following referral – the Key Worker would contact and visit the family to complete a case assessment in line with Assessment Framework. This would include input from other professionals in Health, Social Services and Education";
- "This would take place within 7 days of a referral being made to the Social Services department. (Not every child is referred to Social Services)";
- "Any time, at the request of the young person, parents or carer";
- "Referred through to Education Department, regular 6 weekly meeting Education";
- "The Disabled Children's Team undertake an holistic assessment based on the Framework for Assessment of Children in Need and their Families which considers

all aspects of a disabled child/young person's development – health, education, social, emotional etc".

Comments on the above??

15 of 19 respondents have a target time for completing the assessment and this target has been described as follows:

- "Assembly guidelines - Initial 7 days, Core 35 days" – 9 authorities;
- "14 days";
- "4 weeks following referral";
- "7 working days";
- "7 days for initial assessment";
- "35 days".

As can be seen, most authorities that have a target time for completing the assessment use the guidelines recommended by the National Assembly for Wales. **All authorities should note this guidance and the need to adhere to these targets.**

13 of the 15 authorities that have a target time for completing the assessment have arrangements in place to monitor performance against the target. This information from monitoring performance against targets is regularly gathered in 12 authorities and 7 authorities share the information that is gathered with the Education department although 2 of these point out this is only if they have the parents' consent. 8 authorities report the above information and descriptions of where it is reported are as follows:

- "To the individual Teams and to Senior Management";
- "Senior management, divisional management, performance team, Welsh Assembly";
- "Case recordings, Carefirst system, multi agency meetings, case conferences";
- "SSD, Health & Education";
- "The local authority's client database system – SWIFT is to be installed Within the Disabled Children's Team in March 2004";
- "WAG";
- "1. Review meetings; 2. Professional meetings; 3. School; 4. Transitional meetings; 5. L.A.C.";
- "Assembly reports";
- "Scrutiny Committee. Senior Managers and Team Managers (Monthly)".

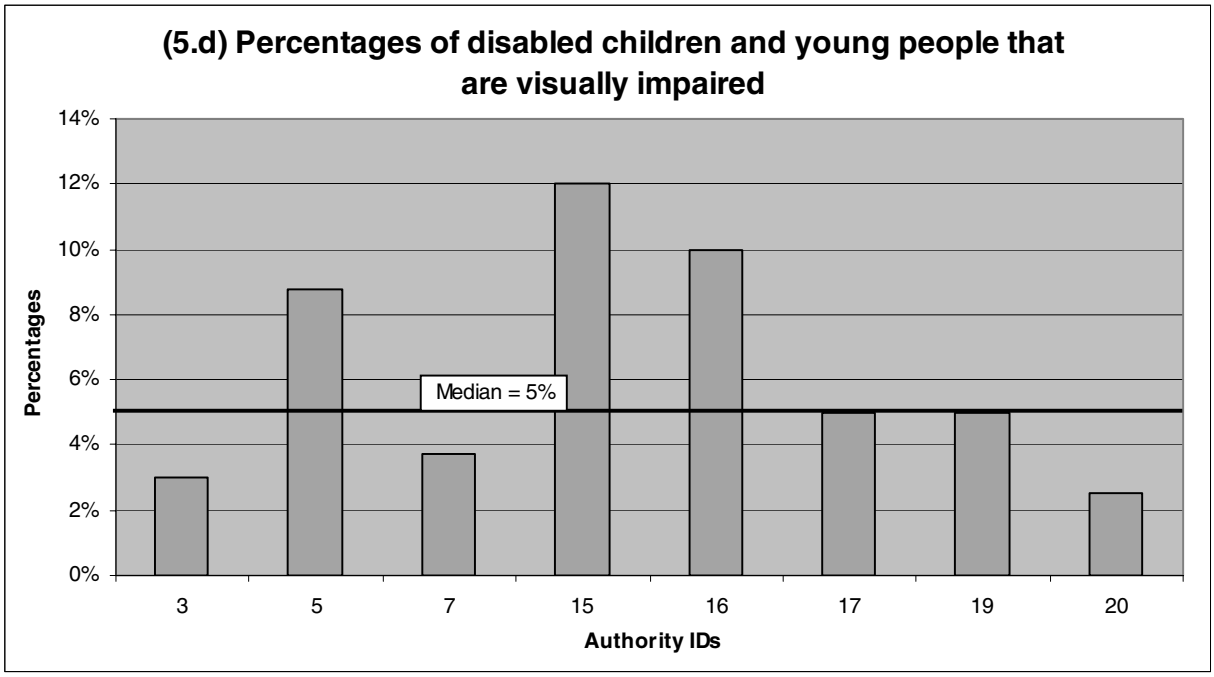
Does the club wish to comment on the above and recommend cross-Wales monitoring and reporting of performance against targets??

11 of 20 authorities state that they allow young people to conduct a 'self-assessment' and a further 3 authorities state that the young people are actively consulted with during the assessment process. **The benchmarking club believe that all authorities should be encouraged to allow 'self-assessment'.**

13 of 19 respondents state that their Social Services Directorate maintains a register of disabled children and young people and, in a further 4 authorities, this is maintained in another department such as Health and copied to SSD.

The benchmarking club believe that all authorities should ensure the maintenance of such a register which considers: the information gathered; the value of this information; register maintenance arrangements; access by other agencies and the preferred formats for the register.

Where figures are available, the following chart (5.d) shows the percentages of disabled children and young people who are visually impaired:



As can be seen, only 7 of the 16 responding authorities where a register is maintained [the 16 include 4 authorities where the SSD has access to but does not maintain the register] were able to provide the percentage of disabled children and young people that have a visual impairment, this suggests that the registers are not as effective in holding this information as they should be. Authority 19 in the above chart stated that they do not keep a register but have provided a percentage of disabled children and young people that are visually impaired of 5%. **Comments on the table breakdown and the use of the register??**

The register of disabled children and young people is shared between departments in 12 of the 16 authorities. Where there is not a register maintained by any department within the authority, the following comments have been made:

- "I.T system recently changed [and a] working group being set up to establish a Register";
- "Joint working ongoing between directorate and education to create registers of disabled children, this will be a joint/shared access register. Will be available late 2004";

- "A register was held by the SSID, the team leader for fostering and adoption was the person who collected the information";
- "In [LA] the record of incidence of disability, all categories for under 18 years is maintained by the Trust on a Children with disabilities index".

There are opportunities for co-working with other sensory teams / specialist services in all 20 responding authorities and these involve referrals from and feedback to Child Care Teams in 18 authorities.

Working with Education

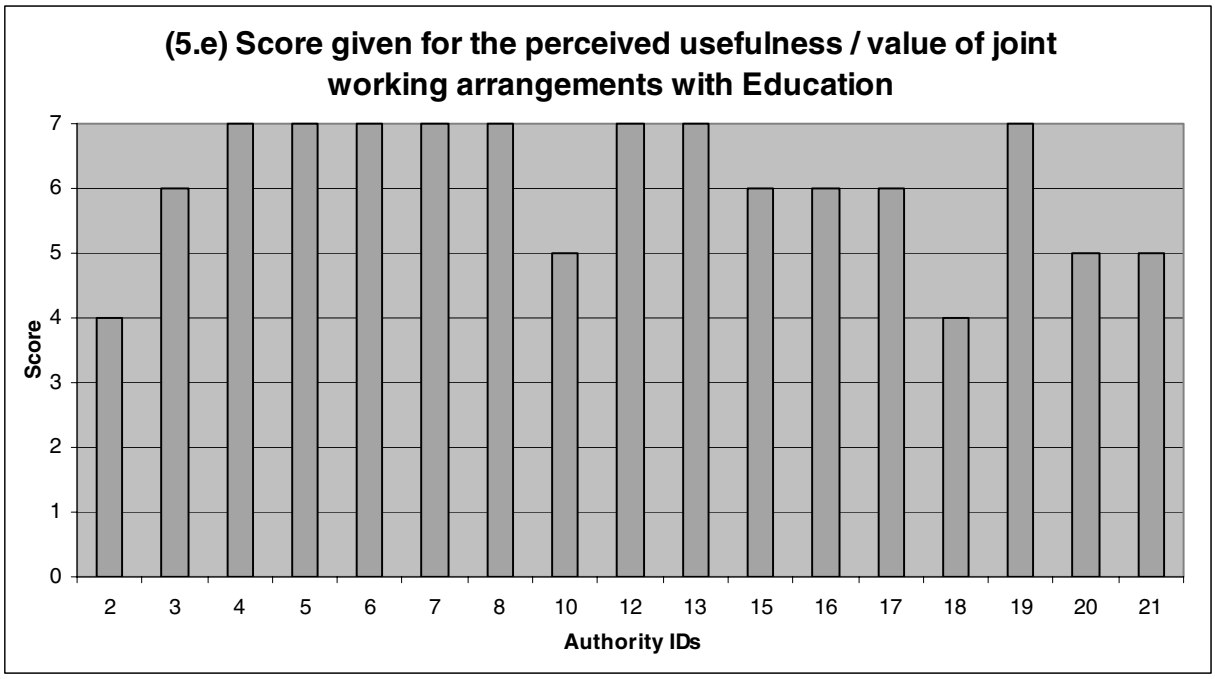
Less than half of responding authorities (8/20) state that their Social Services Directorate holds regular meetings with colleagues in Education on issues regarding young visually impaired people. **The benchmarking club believe that it is essential for Social Services and Education to hold regular meetings to discuss matters of strategic and operational kind. Where appropriate these should involve the Community Paediatrician.**

Descriptions of these arrangements and where the notes from these meetings go, include the following:

- "To individual practitioners" – 2 authorities;
- "Regular meetings take place with education to discuss issues of mutual concern, minutes sent to management SSD and education. Social workers attend most education reviews. Minutes from meetings sent to Team Manager";
- "On Case notes on SWIFT";
- "Minutes and notes of meetings: Child care - Education; Child care – social care teams";
- "Child care planning meeting – information shared with other agencies";
- "Fed-back to managers in Social Care and Housing, Education";
- "We are at the initial stage of planning regular structured meetings. The first meeting is to be held in March 2004";
- "Shared but mainly with Education".

The joint meetings with Education are held on individual cases in 16 of 19 authorities. 17 authorities hold such meetings at annual reviews; this figure includes 14 authorities that hold such meetings in both circumstances.

The authorities were asked to give a score from 1 to 7 [1 being 'of no obvious use', to 7 being 'extremely useful and productive'] to the usefulness, value and benefits derived from joint working arrangements with Education, the following chart (5.e) shows the scores given by the respondents:



As can be seen, 8 authorities have given these working arrangements the maximum score of 7 and a further 4 have given a score of 6 indicating that, in general, it is felt to be a very useful and productive arrangement.

Descriptions that have been given for reasons why the above arrangements do not work as well as they might include the following:

- "Need to be on a more regular and formal basis" – 3 authorities;
- "Need for a liaison officers to link and co-ordinate the work across department and agencies" – 2 authorities;
- "Other commitments of other professionals. Difficulty setting up meetings";
- "Minutes are not always sent when social worker does not attend";
- "Small numbers of staff working with children with a VI in Education and Social Care services";
- "Undeveloped service within Social Services currently and discussion on how to improve this are taking place";
- "There are no policy documents / protocols in place";
- "Lack of funding to carry through actions linked to identified need. Lack of understanding about roles/ responsibilities. No timescales on targets".

Transition arrangements

The Disabled Persons Act 1986 [sections 5&6] requires social services involvement in the first annual review after a young person's 14th birthday. The LEA [education department] is responsible for convening the review meeting.

15 of 20 authorities state that the above-described requirements are satisfied with regard to visually impaired young people and a further authority has identified this as an area for development. **The benchmarking club believe that it is essential for the legislative requirement for review, to take place in all authorities.** All 15 authorities, where the requirements are satisfied, address the forward planning arrangements for the individual needs of young people who are visually impaired and approaching adulthood.

The first annual review after a young person's 14th birthday makes an assessment of lifelong learning needs so that a programme of lifelong learning can be developed in 13 of 16 responding authorities. One further authority stated that "the review will begin the process of planning for the lifelong learning needs". **The benchmarking club believe that all authorities should make an assessment of lifelong learning needs from the young person's 14th birthday. It is recognised that to achieve this requires care arrangements and resources to provide. It is also felt that the earlier this review occurs the better it will enable a 'seamless transition' to take place.**

Where structural arrangements are in place for young peoples' review, all 17 responding authorities state that this results in a care plan / child plan that is developed in consultation with the young person, family, carer and other representatives.

The agreed frequencies for the review of the care plan / child plan are listed as follows:

- "Annually" – 9 authorities;
- "6 months";
- "6 months or 17th Year"
- "Starts at 14+ until move to adult services at 18 (19 if person also has a learning disability) reviewed annually until 16- then 6 monthly"
- "Bi monthly";
- "Dependant on need";
- "As appropriate to fulfil statutory requirements";
- "Varies".

Most authorities appear to require this review of the care plan / child plan at least once per year. **Comments, suggestions, recommendations??**

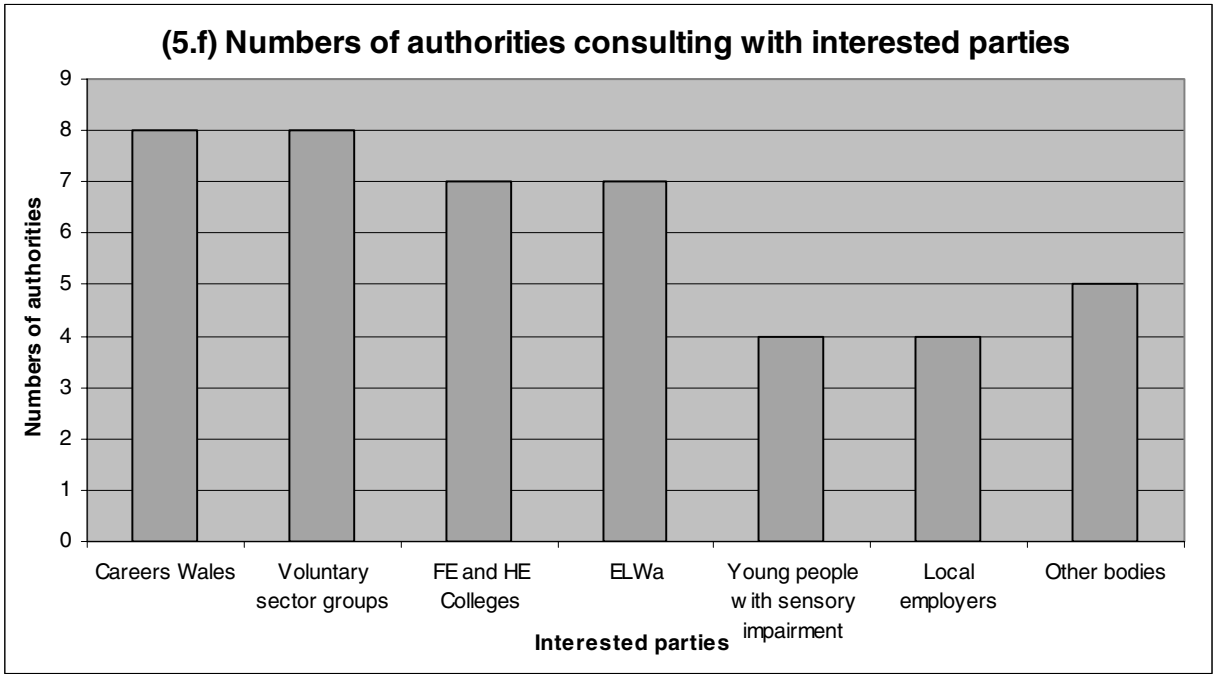
9 of 20 respondents state that their directorate has been involved in the development of approaches with Education and ELWa to meet the requirements of the Special Educational Needs and Disability Act 2001 [being an extension of the Disability Act 1995] and 2 further respondents were not aware if this was this case. **Does this highlight the need for WAG guidance? Equalities organisations to provide guidance and training? Local authorities to address through planning, training and awareness?**

A little under half of the respondents (9/19) have said that their authority/directorate has developed a strategic position on 'transition' into adulthood, training and employment for young people with sensory impairments, including visual impairment. **The benchmarking club believe that all authorities should have a strategic position on transition. The production of national guidance on this, for local government, be useful.**

Details that have been given, where this is not the case, include the following:

- "Not particularly in relation to sensory impaired young people. There is a general policy group looking at transitional planning arrangements - the accent is mainly on those with learning or physical disabilities. A Transitional Planning Officer has recently been appointed who is a member of the Children with Disabilities Team";
- "We have a Transition Protocol that covers disabled young people but not specific one for the visually impaired";
- "The local authority is currently developing a multi-agency transition strategy to facilitate the transition process for all disabled children and young people";
- A mapping exercise on transition is in process and likely to be a feature";
- "There are arrangements in place to agree on a 'transition' policy between the Specialist Children's Team, Adults with Disabilities Team (Physical & Learning Disability) and other appropriate agencies".

The following chart (5.f) shows the numbers of authorities that have developed the above strategic position in association with the various interested parties:



As can be seen, only 4 out of the 9 respondents to this question developed the strategic position on 'transition' into adulthood, training and employment for young people with sensory impairments in association with 'Young people with sensory impairment'. The parties most commonly consulted with are 'Careers Wales' and 'Voluntary sector groups'; the latter may represent the views and wishes of young

people with sensory impairment. **[The 9 authorities in the chart above are 1, 4, 6, 7, 8, 11, 13, 17 & 21]**

Descriptions of the 'Other bodies representing the views of young people with sensory impairment' in the above table have been given as follows:

- "New strategic planning group commencing 13.02.04. Transition Social Worker appointed";
- "RNID RNIB NDCS WCB WC D".

All 9 authorities that have developed the strategic position in association with interested parties state that all the relevant parties have adopted it and it is used to co-ordinate these services to young people. **Constitutes good practice??**

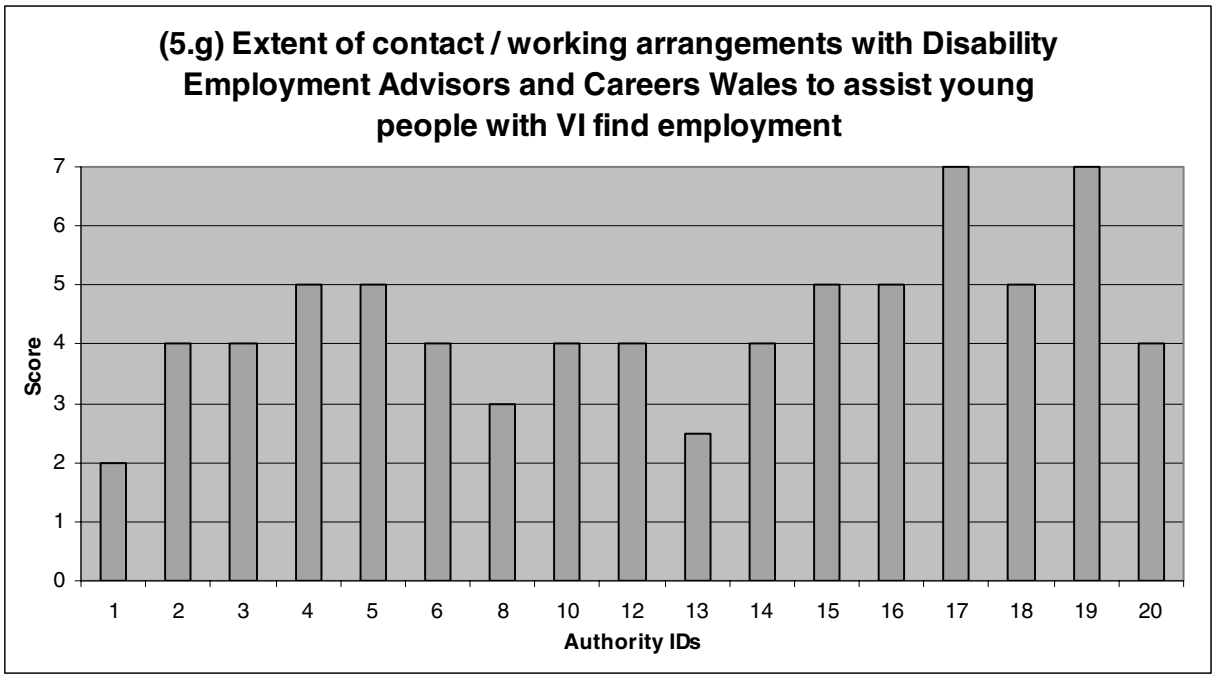
There is an agreement with local colleges of FE and HE to maintain levels of support on transition from school to college in the Social Services directorates and / or Education departments in 9 of the 16 responding authorities, 1 other was unaware if such an agreement existed with Education. **Comments??**

Only 4 of 19 **[Las 4, 17, 18 & 20]** responding authorities have in place mentoring arrangements to support young people with Visual Impairment to negotiate the transition process and 1 other was unsure if this existed. **Comments??** 2 of the 4 authorities that do have such mentoring arrangements in place state that they are led by the Social Services directorate and the other 2 state that the arrangements are led by Education.

Descriptions of the feedback from mentoring support have been given as follows:

- "Transition worker only appointed October 2003 – scheme still being evaluated April 2004";
- "Functioning well, very positive";
- "Satisfactory".

The majority of authorities (18/20) have contact / working arrangements with Disability Employment Advisors and Careers Wales to assist young people with Visual Impairment find employment, placements and work experience and the scores [1 being 'no working arrangements', to 7 being 'working arrangements in place and working well'] that have been given to these arrangements can be seen in the following chart (5.g):



As can be seen there is a range of scores given for the contact / working arrangements with Disability Employment Advisors and Careers Wales for the purpose of assisting young people with Visual Impairment to find employment, placements and work experience, the lowest being 2, the majority of authorities have given a score of 4 or 5. **This suggests that this is an area that, with assistance from partner organisations, can be improved.**

Suggestions that have been submitted for how the above working arrangements could be improved are listed as follows:

- "Need for a local contact point" – 2 authorities;
- "Regular formal meetings" – 2 authorities;
- "Through adopting more formal and consistent approaches";
- "Closer working and developing links";
- "We have recently appointed a transition worker so liaison is improving";
- "More clarity about who the relevant professionals are";
- "Transition arrangements in general need to be further developed and co-ordinated, especially to take account of the particular needs of young people with a disability or sensory impairment";
- "Appropriate information sharing. A better knowledge base - forum meetings, a social worker specialising in Visual Impairment. Policy document";
- "1. Establishing communication framework for 'timely info' sharing. 2. Agreement to funding application process to conform to timescales relating to Further Education placements";
- "Improved links. Increased resources";
- "Increase options for young people".

Additional comments that have been made about the Children and Young People with Visual Impairments are as follows:

- "The Assessment Framework is an holistic approach to the assessment of children. It is a multi-agency approach to assessment and care planning. Please refer to Assembly for more detailed information";
- "All children are assessed under the National Framework Assessment. This disadvantages children with disabilities as it fails to adequately assess their needs";
- "Since the recent transfer of Children from Adult Services children with a Visual Impairment have not been served appropriately or adequately. There is an urgent need to employ a Specialist Social Worker to develop this service".