

SENSORY SERVICES FOR ADULTS IN CARDIFF

JOINT COMMISSIONING STRATEGY (Draft 03/12/07)

2008-2011



**Bwrdd Iechyd Lleol
Local Health Board**
Caerdydd
Cardiff

CONTENTS

	Page Number
<u>1. EXECUTIVE SUMMARY</u>	4
<u>2. INTRODUCTION</u>	7
2.1 Purpose of the Strategy.	8
2.2 Definition of Disability.	8
2.3 Definition of Impairment.	8
2.4 Definition of Commissioning.	9
2.5 Definition of Contracting.	9
2.6 Values and Principles.	9
<u>3. NATIONAL & LOCAL GUIDANCE & RESEARCH</u>	11
3.1 Key National Drivers for Change.	11
3.2 Local Guidance.	12
3.3 Best Practice Research.	12
<u>4. NEEDS ASSESSMENT</u>	12
4.1 Demographic Trends.	13
4.2 Unified Assessment.	13
4.3 Unmet Needs.	14
4.4 Existing Providers.	15
<u>5. REVIEW OF SERVICES</u>	16
5.1 Map Of Existing Services.	16
5.2 Service Performance.	23
5.3 Contracting.	24
5.4 Market Trends.	25

<u>6. GAP ANALYSIS AND DESIGN OF FUTURE PROVISION</u>	27
6.1 Gaps in Service Provision.	28
6.2 Strategic Priorities.	30
<u>7. MONITORING ARRANGEMENTS</u>	31
7.1 Existing Monitoring Arrangements.	31
7.2 User Involvement in Monitoring.	31
7.3 Future Monitoring Arrangements.	32
<u>8. APPENDICES</u>	33
Appendix I - Action Plan.	33
Appendix II - Involvement Plan.	40
Appendix III - National & Local Guidance & Research.	44
Appendix IV - Existing Providers Of Sensory Services.	52

1. EXECUTIVE SUMMARY

The Joint Commissioning Strategy for Sensory Services has been developed within the umbrella structure of the Commissioning Strategy for Physical Disabilities and focuses on the provision of services to people with a sensory impairment over the age of 18 years. This is done within the values and principles previously published in Cardiff's Health Social Care & Wellbeing Strategy 2005 – 2008.

The Strategy shows the joint commitment between the Council, the Local Health Board and Cardiff & the Vale NHS Trust to identify needs and deliver high quality health and social care services to meet the needs of the sensory population in Cardiff, between 2008 and 2010.

Between 1st October 2006 and 30th September 2007 Cardiff Council's CareFirst system recorded 3449 Service Users as having a sensory impairment. This included:

- 342 people registered as Deaf with first language being British Sign Language
- 943 recorded as deaf/hard of hearing
- 1089 people registered as blind
- 973 people registered as partially sighted
- 102 people registered with a dual sensory impairment

The Strategy responds to the numerous national and local drivers for change and identified best practice research in the United Kingdom and their subsequent effects on the way health and social care is provided. This includes the impact of the Disability Discrimination Act 2005 on service provision, the implementation of a Sensory Team in Cardiff as a result of a direct recommendation from the Cardiff's Joint Review (2002) and the best practice research identifying the many different ways in which communication and involvement with people with sensory impairments can improve their access into mainstream services and the provision of specialist services where appropriate to maximise their independence within the community.

It has been identified that there is a lack of available information in Cardiff for people with a sensory impairment gaining access to services. In addition, there is insufficient information for commissioners to enable informed decisions when planning and developing new service provision. The implementation of Unified Assessment Process and the Fair Access to Care charging system has however enabled the Strategy to focus on the delivery of services to those who have presented the highest level of risk and need.

It is acknowledged that in the past, consultation and involvement of Service Users and Carers have not always been as meaningful as intended in either the planning and developing of services or the subsequent monitoring and review of those services commissioned. As part of this Strategy the Cardiff &

the Vale Coalition of Disabled People has been commissioned to ensure that an appropriate level of involvement is undertaken with all relevant parties. This has involved the drawing up of a detailed "Involvement Plan" which is attached as Appendix II.

The way services have been commissioned under contract has in the past either been on an individual (spot) basis or from organisations, which were grant funded. This gave the Local Authority the ability to match specific specialist services to the needs of particular individuals. It has been acknowledged as part of this Strategy that this may not be the best way to commission services in the future and contracting will be monitored and addressed over the duration of the Strategy.

The Strategy has identified clear areas of unmet need within sensory services which can lead to social exclusion and represent a serious barrier to the access of essential services. Unmet needs are:

- The provision of accurate up to date information in appropriate formats
- The provision of information to Service Users in their preferred format
- The need to increase sensory impairment awareness training
- The lack of rehabilitation workers
- The need for Service User forums
- The lack of interpreter services
- The need to appropriately identify people requiring deafblind services
- The need to develop protocols with the Trust for the registration of individuals with a visual impairment
- The need to develop joint working protocols with Audiology services
- The lack of specialist mental health services

All the identified gaps in service provision have been addressed in the action plan attached as Appendix I.

The strategic priorities are derived from the identified trends and gaps in service provision, national and local guidance, best practice research and the review of existing services. Cardiff strives to be a frontrunner in the commissioning and delivery of sensory services in Wales. The Strategy has identified the need to further develop and build on the existing services rather than a major shift in the provision of services or the decommissioning of any current services.

The main priority is to address all the issues in the identified action plan and to continue to provide services where these are meeting the needs of Service Users.

It is proposed that the Council's Scrutiny Committee will be responsible for monitoring the strategy on an annual basis to ensure that the desired outcomes are achieved.

2. INTRODUCTION

Cardiff Council and Cardiff Local Health Board are pleased to present this joint Strategy setting out the future direction for the commissioning of sensory services for adults in Cardiff. The Strategy has been developed with the involvement of all relevant stakeholders and focuses on services for adults with sensory impairments who are over the age of 18 including transitional arrangements for Service Users crossing over from Children's Services. This includes people either born with impairment or where it has been acquired by accident, illness or through a degenerative process.

The overall well-being of people with physical impairments and their Carers was identified as a priority within the Cardiff Health, Social Care and Well-Being Strategy 2005 – 2008. The Commissioning Strategy for Sensory Services is an integral part of the overarching Physical Disability Services Commissioning Strategy 2005 – 2008 but was developed separately in order that specific services could be targeted for people with sensory impairments. It was felt that the overarching banner of physical disabilities does not always do justice to the differing needs and experiences that exist within sensory impairment. There was also a need to consider this area of service provision specifically to ensure meaningful Service User involvement in the process. The needs of other disability and ethnic groups are encompassed within the overall service provision to people with a sensory impairment. As a result of writing the Strategy for sensory services separately, the timescales for the plans are not in line. This will be addressed when considering the development of future plans for physical impairment and sensory services.

The Strategy will be assessed as part of the Council's Disability Equality Scheme. The involvement process has considered factors which are driving the changes in the way sensory services should be delivered and, where possible, incorporated nationally researched good practice. The demography in Cardiff and the needs of people who require sensory services have been taken into account when reviewing the existing service provision. The Strategy has identified gaps in existing service provision and how those gaps will be filled to meet the needs of Service Users and Carers. The way services are currently purchased has been evaluated and changes will be made to strengthen future arrangements to ensure that there is a robust system of contracting and monitoring of services.

This Commissioning Strategy must be seen in the context of the availability of resources and continual change and improvement within both partner organisations. Therefore, a clear priority setting process must be undertaken during the implementation of this Strategy, with transparent decisions and outcomes for Service Users and Carers. The Strategy will be regularly monitored to ensure that resources are targeted at those with the greatest assessed need.

2.1 Purpose Of The Strategy

The purpose of the Strategy is to describe the commissioning intentions of Cardiff Council and the Local Health Board with respect to the development of service provision for people with sensory impairments. The principles of the Strategy are aimed at developing and maximising independent living for Service Users.

The desired outcomes and the success of the Strategy will be measured through the performance review of the action plan, which will be undertaken by Service User Forums and the Council's Scrutiny Committee.

2.2 Definition Of Disability

Part 1 of the Disability Discrimination Act 1995 covers the definition of what is a disabled person:

“A person has a disability for the purposes of this Act if s/he has a physical or mental impairment, which has a substantial and long-term (at least 12 months or is likely to last 12 months) effect and that impacts on his ability to carry out normal day-to-day activities.”

This Strategy adopts the social model of disability, which recognises two concepts, Disability & Impairment. 'Impairments' are medical issues belonging to an individual, while 'Disability' relates to barriers imposed upon people with impairments. Impairments include sensory, physical, learning, and mental health issues, while Disability includes physical barriers, discriminatory attitudes and disabling structures.

This Strategy therefore uses the following British Council of Organisations of Disabled People (BCODP) Social Model definition of disability:

“The disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of society.”

2.3 Definition Of Impairment

The World Health Organisation has defined impairment as

“any loss of function directly resulting from injury or disease”

The terms, sensory impairment and sensory impaired people, are used throughout this document to describe Service Users who are Deaf*, deaf, hard of hearing, blind, partially sighted and those with a dual sensory loss/deafblind.

*Deaf spelled with a capital D is used when referring to Deaf people who would be identified as members of the Sign Community, sharing a common language, i.e. British Sign Language, cultural beliefs and experiences.

There is an ongoing wider public debate concerning the use of the terms disability and impairment. It is recognised that both terms are interchangeable and have been used throughout this document. The terms are in no way meant to cause offence to individuals or groups.

2.4 Definition Of Commissioning

The Strategy uses the most widely used definition of commissioning currently utilised within Local Authorities, which is taken from the Audit Commission, Making Ends Meet (2003):

“The process of specifying, securing and monitoring services to meet people’s needs at a strategic level. This applies to all services, whether they are provided by the Local Authority, NHS, other public agencies or by the private or voluntary sectors.”

2.5 Definition Of Contracting

Contracting was also defined in the Audit Commissions, Making Ends Meet as

“Putting the purchasing of services in a legally binding agreement.”

2.6 Values And Principles

Cardiff Council, Cardiff LHB and Cardiff and the Vale NHS Trust will continue to work in partnership with people with sensory impairments and where appropriate, their Carers to access health and social care services based on assessed eligible need.

This Strategy endorses the social model of disability defined in section 2.2. Cardiff Council and Cardiff LHB are therefore committed to prevent people being excluded from mainstream activities merely because society takes little or no account of their impairments, and access requirements. Cardiff Council will work with key partners and undertake training to further develop this understanding of the social model of disability and to promote the social

inclusion of people with sensory impairments in mainstream education, leisure and employment opportunities.

This Strategy is underpinned by the following principles:

- people with sensory impairments should have the same access to an economic, social and cultural life as any other citizen
- people with sensory impairments who have health and social care needs should be supported in being part of mainstream life and where appropriate assisted by 'specialist' services
- to support people with sensory impairments to continue to live in their own homes wherever possible
- to support people with sensory impairments and, for those who have a carer, and for their carer to exercise their rights and fulfil their responsibilities
- people with sensory impairments and, for those who have a carer, and their carers should be listened to, treated with respect and have access to the complaints procedure
- people with sensory impairments and, for those who have a carer, their carers should have the opportunity to be fully involved in their own care, in the delivery of services and the future planning of services
- seek to provide a range of services that promote independence rather than creating dependence. This can include one to one support eg the support of an intervenor or communicator guide for individuals with dual sensory loss.
- To recognise people with sensory impairments as having roles and responsibilities in their families and community, not just as the receiver of services
- facilitating access to services that are appropriate and non-discriminating` in terms of age, disability, gender, ethnic origin, religious background, culture or sexual orientation
- providing people with opportunities to develop skills, which will help them to achieve their full potential
- to develop services that are evidence based via the Unified Assessment Process

3. NATIONAL & LOCAL GUIDANCE & RESEARCH

3.1 Key National Drivers For Change

There is no single policy framework which provides the context for the local planning and provision of services. There are, however, a range of national legislative initiatives and official guidance that have an impact on services for adults with a sensory impairment. It is acknowledged that these areas are vast and therefore, the following have been prioritised as the drivers most relevant to the provision of sensory services in Cardiff. Further details of these documents are outlined in Appendix III.

- Benchmarking Exercises
- Best Practice Standards
- Carers And Disabled Children's Act 2000
- Chronically Sick & Disabled Persons Act 1970
- Delivering In British Sign Language: Advice For Public Services 2006
- Department of Health – Fair Access to Care Services 2002
- Disability Discrimination Act (DDA) 1995 & 2005
- Fulfilled Lives, Supportive Communities – Improving Social Services In Wales From 2008 – 2018
- Local Authority Social Services Act 1970 Section 7 Social Care for Deafblind Children and Adults
- Technological Advances
- The National Institute For Health And Clinical Excellence Guidance
- The 26 Week Patient Pathway
- UK Vision Strategy - Vision 2020 The Right to Sight RNIB (draft December 2007))
- Welsh Assembly Government – Wales Eye Care Initiative
- Welsh Assembly Government - Programme For Rehabilitation Work Section 7 Local Authority and Social Services Act 1970
- Welsh Assembly Government – Designed for Life

3.2 Local Guidance

It was important when developing this Commissioning Strategy that the following local guidance was taken into consideration. These are further explained in Appendix III.

- The Health, Social Care and Well-Being Strategy 2005 - 2008
- Cardiff Physical Disability Commissioning Strategy 2005 - 2008
- Cardiff's Community Strategy
- Cardiff's Corporate Plan
- The Programme For Health Service Improvement
- Cardiff Council's Disability Equality Scheme 2007 - 2010

3.3 Best Practice Research

A wide range of research was undertaken to identify relevant national and local guidance during the writing of this Strategy and the following key points, which are explored further in Appendix III, have been incorporated as agreed areas of good practice.

- The Development Of Service User Forums
- Effective Initiatives On communication
- Service User Involvement In Strategic Planning
- Provision Of Equipment And Aids
- Improved Communication And Awareness Training
- Improved Links With Voluntary Groups

4. NEEDS ASSESSMENT

Using available data, this section looks at the needs of people with sensory impairments in Cardiff and establishes the commissioning implications for the Council's Sensory Team. It includes data on demographic trends, the impact of unified assessment, estimates of unmet need, an analysis of current providers, views from Service Users and consultation with joint commissioning partners and providers.

4.1 Demographic Trends

Cardiff is the largest Local Authority area in Wales and has the largest population representing 10.7% of the total population estimate for Wales.

Between 1st October 2006 and 30th September 2007 Cardiff Council's CareFirst system recorded 3449 Service Users as having a sensory impairment. This included:

- 342 people registered as Deaf with first language being British Sign Language
- 943 recorded as deaf/hard of hearing
- 1089 people registered as blind
- 973 people registered as partially sighted
- 102 people registered with a dual sensory impairment

There is a distinct correlation between rising age and an increase of sight and hearing loss, particularly in the age group 65+. Unusually for Wales although Cardiff's population age 65 – 74 years is projected to increase by 21.6% by 2019, Cardiff's population age 75+ years is projected to increase by just 0.9%. This will have a direct impact on the planning of services across social and health care.

Other demographic factors which impact on the planning of the shape and delivery of sensory impairment services in Cardiff are itemised in the Cardiff Health Needs Assessment in the Health, Social Care and Well-Being Strategy and include:

- A large diverse Black and Minority Ethnic population
- Large disparity between areas of relative affluence and high levels of deprivation
- A significant homeless population
- A resident prison population
- A large Gypsy Traveller community

4.2 Unified Assessment

In 2002, the Welsh Assembly Government issued "Creating a Unified and Fair System for Assessing and Managing Care". This incorporated previous guidance "Fair Access to Care Services (FACS), 2002". The guidance provides a framework for assessment and care management within both health and social care and a framework for the development of the eligibility criteria that Local Authorities must follow when making decisions about who is, and who is not eligible to receive a social care service following an assessment of need. Cardiff Council has set its eligibility threshold for 2007/8 at substantial or critical. This means that those people whose needs are assessed as having a moderate or low risk to their independence will not be

eligible for social care services from the Local Authority. These people are signposted to voluntary organisations and other service providers.

The purpose of the Unified Assessment Process is to ensure that adults receive appropriate, effective a timely responses to meet their health and social care needs and that assessment of need takes place within the context of risk assessment, i.e. the level of risk to the individual in the event of a service not being provided. Due to the high level of risks associated with sensory impairment, most people with sensory loss at the level of being registerable, are eligible to receive a service.

4.3 Unmet Needs

4.3.1 Mental Health Issues

It has been identified in the “Mental Health Services for Deaf People in Wales 2006” publication that there has been a serious deficiency in appropriate specialist mental health services for Deaf and deafblind people in Wales. Currently there are no specific services commissioned in Cardiff and specialist provision is either purchased out of county or bought in on a case by case basis.

4.3.2 Deafblind

Welsh Health Circular (10/01) suggests that there is a large under identification of individuals who are deafblind therefore indicating that services may not be delivered appropriately to many within this group. A lot of effort is going into this specialist area of work by Adult Services and voluntary organisations, working together. However, it is recognised that further work is needed to identify deafblind people in Cardiff and to develop and commission appropriate services in line with best practice. There is a specific unmet need in the total lack of specific services for deafblind people who have mental health issues.

4.3.3 Interpreters

It has been generally recognised in Cardiff and the rest of Wales that there is a lack of British Sign Language (BSL) interpreters. BSL has been identified through CareFirst as the preferred language of 285 people known to Adult Services in Cardiff. The shortage of interpreters is a serious barrier to access to essential services in Cardiff, which leaves people potentially socially excluded.

Due to the shortage of interpreters, many organisations working with the sensory population find it difficult to coordinate the purchase of these services and this is currently done in a fragmented way.

4.3.4 Involvement

It is acknowledged that previous Service User and Carer involvement in developing sensory services has not always been meaningful, although there have been some examples of good practice e.g. the communication group across Adult and Children's Services.

With reference to this Strategy, Cardiff Council commissioned the services of Cardiff and the Vale Coalition of Disabled People to ensure that the appropriate level of involvement would be undertaken with all relevant parties. This includes the drawing up of a comprehensive involvement plan identifying the process of both immediate and ongoing involvement throughout the implementation of the Strategy.

Over a period of several months, Adult Services have engaged with Service Users and partners in the voluntary sector to consider how best to improve sensory services across Social Care and Health. These voluntary organisations also represent key service user groups which in its totality has broadened the scope of the involvement exercise. The result of all these discussions has informed the draft Sensory Commissioning Strategy and accompanying Action Plan.

Routine ongoing involvement with the sensory population and their Carers who require services is recognised as the way forward and is one of the developmental areas identified in the involvement plan.

4.4 Existing Providers

It is fortunate that in Cardiff there is a large network of Voluntary Organisations associated specifically with sensory services. This Strategy recognises the value and need to work in partnership with the Voluntary Organisations to fulfil identified actions from the Action Plan.

The Voluntary Organisations listed below provide sensory services to Service Users in Cardiff and some of the organisations are commissioned to provide services. A full description is itemised in Appendix IV.

- Cardiff Institute for the Blind
- Deaf Association Wales
- Deafblind UK
- Guide Dogs Association
- Gwent Association for the Blind

- Royal National Institute for the Blind (RNIB) Cymru
- Royal National Institute for the Deaf (RNID) Cymru
- Sense Cymru
- Wales Council for the Blind
- Wales Council for Deaf People

5. REVIEW OF SERVICES

5.1 Map Of Existing Services

This section presents a picture of existing services and their use as well as a wider assessment of the market and current gaps in availability and performance.

Local Authority Services

5.1.1 The Sensory Team

Adult Services has a dedicated Sensory Team which only provides specialist assessments for people who have sensory impairments over the age of 18 years. The Sensory Team works closely with the other community based teams within Adult Services, and there is regular contact between individual Case Managers, which has been enhanced by the setting up of an information sharing event between the Teams.

Staff in the Sensory Team undertake a range of tasks to support individuals in living as independently as possible within the community. These include giving information, advice and support.

The team structure comprises: -

- 1 WTE Service Manager, Physical Disability & Sensory Services
- 1 WTE Team Manager of the Sensory Team
- 3 WTE Social Workers working with people with a visual impairment
- 1.2 WTE Rehabilitation Workers working with people with a visual impairment
- 3 WTE Social Workers working with people who are Deaf
- 1 WTE Community Care Assistant working across the team
- 1 WTE Business Support Officer
- 0.4 WTE Technician working with visual and hearing impairment

WTE – Whole Time Equivalent

The staffing levels within the Sensory Team have remained static since the set up of the team. The recruitment of specialist sensory Social Workers is a recognised problem throughout Wales and this is attributed to the lack of specialist training available for staff working in this area.

Social Workers for Deaf people have an ongoing programme of BSL enhanced training, funded through the Adult Services' training budget.

5.1.2 Referrals and Assessments

Assessments carried out by Social Workers in the Sensory Team include an assessment of the independent living skills of the individual and the provision of appropriate equipment. The Social Worker for Visual Impairment liaises with the Rehabilitation Worker when a more in depth rehabilitation assessment is required. The training received is in relation to independent living, communication, mobility and orientation skills. It must be noted that all individuals assessed as eligible to receive services have a care plan which outlines the specialist nature of the service being received by the Service User.

The majority of referrals to the Sensory Team come via the Contact & Assessment team. In addition, for existing Service Users, Adult Services Community Teams refer directly to the Sensory Team for a specialist assessment.

There were 737 cases recorded on Carefirst that were allocated to the Sensory Team across visual and hearing impairment case managers and the technician between 1st October 2006 and 30th September 2007. Of these:

235 resulted in visual impairment assessments
278 resulted in a hearing impairment assessment

CareFirst figures also record 221 reviews being undertaken.

In the same time period, the Rehabilitation Worker received 43 new referrals. Individual care plans were completed; a training programme was agreed with each Service User and reviewed. This number is very low because there was no Rehabilitation Worker for 5 months during this time, with only a few part-time hours available the rest of the time.

There are currently 19 costed Care Packages in place for Service Users. These packages of care provide for a range of needs and include personal care at home, care in a care home setting, access to day services and communicator guide services at home. However, in addition to these sensory specialist assessments are provided which contribute to the assessment and

care plans of Service Users with sensory impairments within physical disability, older people and learning disability teams in Adult Services. These care packages for people with sensory impairments are case managed within those teams.

A large proportion of the work undertaken in the Sensory Team promotes independence by focussing on an enabling approach. This is cost effective in avoiding the need for additional services and this approach is advocated in section 3.1, Fulfilled Lives, Supportive Communities and the benchmarking exercises. The take up by some Service Users of the Council's Direct Payments Scheme has great potential in supporting this enabling approach. Currently, out of the 19 Service Users with a costed care package, there are 3 people receiving their care via Direct Payments which equates to nearly 16% of the total number. However, in addition to these sensory specialist

It is acknowledged that due to the recent implementation of the CareFirst System across Adult Services there are a significant number of inputting errors and problems with the data migration from the previous SAMSON system, which means that data is not 100% accurate. This is being systematically reported on and reviewed with the data being cleansed as part of a continual improvement to increase accuracy.

5.1.3 Provision of Equipment

Where assessed as eligible, individuals are provided with appropriate specialist equipment and aids free at the point of need, as recommended in the best practice research identified in section 3.3. Currently in Cardiff the ordering and issuing of equipment take place within the Sensory Team and there are plans to integrate this process with the Joint Equipment Service. For the period between 1st October 2006 and 30th September 2007 a total of 310 Service Users were provided with a range of equipment. Also it is noted that 290 referrals came through the fast tracking system to the Sensory Team Technician for repair or replacement of equipment.

5.1.4 Specialist Homecare and Residential Staff

Domiciliary care packages can be provided by Adult Services by the Council's internal Homecare Service or commissioned from an independent sector care agency. The internal Homecare Service has worked closely together with the Sensory Team in this specialist area of work and approximately 10 Homecare workers have completed a foundation course in British Sign Language (BSL) with the British Deaf Association, a number of whom continue to support Deaf Service Users in the community. It is planned that a number of these workers will complete a further stage of training to enhance their level of skill.

Training in BSL has also been provided for a small number of Local Authority staff within the Council's residential care services. A successful model of specialist residential care support has been put in place for an individual

within a Cardiff home. This provides 24-hour BSL trained care workers, offering communication and personal care support and will be regularly reviewed and developed as appropriate.

5.1.5 Transitional Arrangements

The age range 18 to 25 years is recognised as an important transitional period. There are agreed protocols in place to support the transition from Children's to Adult Services and for joint working with key partners.

The protocol between Children's and Adult Services describes the pathway to ensure a smooth transition between the 2 Service Areas. Effectively, staff within Adult Services, shadow the Case Manager in Children's Services for a 6 month to 2 year period prior to the Service User's 18th birthday. This ensures that planning arrangements for the Service User are with the full knowledge and agreement of Adult Services.

The protocol for joint working with key partners has been developed to assist inter-agency working, specifically between the Department for Children, Education, Lifelong Learning and Skills (DCELLS), Careers Wales, the Local Health Board, Cardiff & The Vale and Bro Morgannwg Trusts and Education, Adults and Children's Services within Cardiff Council. The aim of the protocol is to facilitate a more effective transitions process for young people and to assist in developing criteria and planning future resource requirements.

5.1.6 Technical Support

A dedicated technician is employed for 15 hours per week to provide technical support to both visual and hearing impaired Service Users.

This service provides a responsive fast-track approach to Service Users requiring installation, repair or replacement of specialist equipment. Other benefits include the ability to recycle some items of equipment and the freeing up of Social Workers' time to concentrate on more complex assessments.

5.1.7 The Deaf Club

The Council provides a venue in the centre of Cardiff to enable Deaf people to meet, socialise and obtain peer support.

Health Services

5.1.8 Ophthalmology

The Cardiff Eye Unit provides a comprehensive service for the diagnosis and treatment of eye diseases.

The Department has a network arrangement with the Princess of Wales Hospital in Bridgend with a number of consultants working across both sites.

Following the completion of an out-patient theatre facility and the commissioning of the Ambulatory Care Unit, 90% of patients are now treated as day cases.

5.1.9 Consultant Staff

The Directorate of Head & Neck has 13 Consultant Ophthalmologists who have generic and specialist responsibilities. The number of consultant posts has increased significantly over the last few years and has enabled increased activity levels within the directorate.

5.1.10 Service Provision - Out-patients

The Department benefits from a purpose built outpatients facility with an eye theatre, which was opened in December 1999. With skilled nursing staff, the Department has an Eye Casualty clinic between the hours of 9 am – 5 pm, Monday to Friday. Outside of these times patients are seen on Ward B6.

There are a number of initiatives taking place in the Department, including “one stop” cataract clinics and nurse led services.

The Department has facilities for adults and children.

Cardiff Institute for the Blind provides an Eye Clinic Link Liaison Officer and fully trained volunteers in the Eye Clinic to provide practical and emotional support for out patients attending the clinic. The Eye Clinic Link Officer follows through into the community and provides pre registration emotional support as needed. When required, the ECLO refers directly through to Adult Services Contact and Assessment Team.

5.1.11 Audiology Services

Audiology services are provided on three sites within the Trust as well as outreach clinics in Barry Hospital. The Department primarily provides diagnostic services to the Directorate of Head & Neck with an estimated 40% of referrals requiring audiological support. In addition to this the Department supports other directorates within the Trust as required.

The Audiovestibular Medicine Clinic also provides specialist outpatient services by an Audiology Physician.

The Department employs:

- 13 WTE Audiologists
- 2 WTE Hearing Therapists
- 3 WTE Senior Assistant Technical Officers
- 2 WTE Audiological scientists
- 1 WTE Teacher for The Deaf (Cochlear Implant Programme)
- 1 WTE Speech and Language Therapist (Cochlear Implant Programme)

WTE – Whole Time Equivalent

Audiologists provide diagnosis and treatments for patients who have hearing and associated disorders. They can also provide reassessments of hearing, adjustment and upgrade of hearing aids to existing hearing aid users and provision of second side hearing aids to those patients who are under an Ear, Nose and Throat (ENT) Consultant or Audiological Physician.

A Hearing Therapist's role is to provide a comprehensive rehabilitation service for adults who have hearing difficulties and/or associated disorders. Most Hearing Therapists work within a multi-professional team liaising with all statutory bodies and many voluntary organisations. Referrals can be taken from anyone provided the person has been seen by an ENT Consultant or Audiological Physician based in the University Hospital of Wales (UHW).

A Senior Assistant Technical Officer (SATO) provides replacement ear moulds and like for like replacements of the full range of hearing aids. They provide repairs such as retubing of ear moulds and ear mould modification and can advise on a range of matters including handling skills, cleaning hearing aids safely and effectively and onwards referral to other associated professionals.

5.1.12 Direct Referral

All hearing, tonsillectomy, mastoid care, epistaxis and some straightforward tinnitus referrals to both ENT and Audiological Medicine are triaged for suitability for Nurse Practitioners to see, thus releasing Consultant slots for more complex cases and subsequently reducing waiting times.

5.1.13 Cochlear Implant Programme

Under the cochlear implant programme, 61 adults have already received implants with a further 12 awaiting assessment. The South Wales Cochlear Support Group provides a support network in South Wales where implantees, potential implantees and parents of children with cochlear implants can exchange information and discuss all aspects of cochlear implants in a social setting. This group also provides feedback on service provision.

5.1.14 Bone Anchor Hearing Aid programme

The bone anchor hearing aid programme has implanted 58 patients. Bone anchored hearing aids are an alternative to conventional hearing aids and are used when a patient has an acquired or congenital middle or outer ear abnormality which prevents them from wearing any device in the ear. These devices utilise residual hearing via bone conduction, and are anchored into the mastoid bone.

5.1.15 Vestibular Rehabilitation

This is a new service and involves detailed history taking, dizziness handicap questionnaire, discussion of symptoms and their causes and devising an individual customised treatment plan of exercises to rehabilitate patients with imbalance.

5.1.16 Transition Clinic

This is a new service under development for children who are 15 rising to 16. This clinic will ensure a seamless journey from paediatric to adult health services whilst addressing issues such as genetic counselling, aetiology, assistive devices and ongoing support for the educational setting.

5.1.17 Grommet Review Clinics

Grommets are usually inserted to alleviate the symptoms of glue ear. Follow up appointments are arranged directly between the Ambulatory Care Service and Audiology. This removes these patients from ENT clinics and releases capacity to deal with complex follow-ups and new cases.

5.1.18 Tinnitus Strategy Clinic

Once patients have had any underlying medical cause excluded for tinnitus, they are seen for counselling to aid acceptance of their condition and to learn about coping strategies to improve their quality of life.

5.1.19 Interpreters

The Cardiff Local Health Board (LHB) employs its own Licensed Registered Interpreter, whose services are shared with 3 other LHBs.

5.1.20 Hearing Aid Repairs

This tertiary service provides services across South Wales with an estimated 74% of activity related to Cardiff residents. The advent of digital hearing aids meant that anything other than direct replacements, ear moulds, handling skills and basic repairs of digital hearing aids requires the skills of a trained Audiologist. In order to ensure that the right professional with the right skills and time being available sees patients, an appointment system has been introduced together with a full time telephonist with the aim that all emergencies are seen on the same day as requested. Activity within this service has seen a significant year on year rise.

Annual Activity Basic Repair Service - 11402 per annum.

Fine tuning of hearing aids including repeat hearing test by Audiologist– 1040 per annum.

Number of Hearing aids upgraded from analogue to digital for existing patients

938	2003/2004
2046	2004/2005
2124	2005/2006
2077	2006/2007

Number of digital hearing aids fitted to new patients

1452	2003/2004
2540	2004/2005
2502	2005/2006
2354	2006/2007

5.2 Service Performance

A large percentage of people with sensory impairments are able to access mainstream services. Therefore, the generic methods of monitoring quality are relevant to those receiving a sensory service.

As part of the involvement process for this Strategy, it is intended to establish Service User Forums made up of Service Users to help review and monitor progress against the action plan.

It has also been proposed that Adult Services presents an annual report against each year's action plan to the Council's Scrutiny Committee.

5.3 Contracting

This section of the Strategy identifies the current contractual arrangements for sensory services. These arrangements will be reviewed over the life of the Strategy with a view to improving specifications and tightening up the contractual process. This will mean that contracts can be properly monitored to ensure that providers are compliant with the terms and conditions and that the Council is receiving an appropriate cost effective service.

5.3.1 Cardiff Institute for the Blind (CIB)

Cardiff Council has had a successful partnership with CIB for many years. CIB provide an extensive range of services for visually impaired people which complements the statutory agencies. In 2006-2007, a service specification was agreed between Cardiff Council and CIB and was implemented from 1st April 2007. This formalised the previous grant funded arrangement and now provides a structure by which the services can be appropriately monitored and reviewed. The transparency of this process is to the benefit of all and adds strength to the relationships with Voluntary Organisations.

5.3.2 Gwent Association for the Blind

This contract enables Cardiff Council to make provision for the rehabilitation needs of visually impaired individuals by the purchasing of a full time Rehabilitation Worker who has skills in assessment, mobility/orientation, communication and independent living. The contract enables the Council to purchase and provide a specialist service which includes technical management supervision.

As this is a new contract, review meetings are scheduled quarterly.

5.3.3 Spot Contracting

There are additional services that are purchased through spot contracting arrangements on an individual basis, for example, the commissioning of Communicator Guides, domiciliary and residential care and interpretation services. Service providers include: -

- Royal National Institute for the Deaf.
- Sense Cymru.
- Royal National Institute for the Blind.

Spot contracting with the above organisations gives the Local Authority the ability to match specialist services to the needs of individual Service Users.

5.3.4 Health Services Contracting

Cardiff Local Health Board via its Long Term Agreement with Cardiff and the Vale NHS Trust contracts health services. Specialist tertiary provision is contracted by Health Commission Wales on a South Wales and national basis.

5.3.5 Cochlear Implants and Bone Anchored Hearing Aids (BAHA)

The Cochlear Implant and BAHA service is funded by Health Commission Wales and has been reviewed in preparation for a single contractual service for South Wales as of 1st October 2007.

5.4 Market Trends

5.4.1 Demographic Trends

It was identified in section 4.1 that there is a distinct correlation between rising age and the increase of sight and hearing loss, in particular for those in the over 65 age group. This was supported by the statistics produced by the World Health Organisation stating that the number of blind people would double over the next 20 years. It has also been identified that Cardiff currently has unique population age structure with a higher proportion of younger people. Therefore, a growth in the number of older people requiring sensory services is not anticipated. After analysis of the data for 2007/8, it was noted that the number of people requiring sensory services has remained constant. It is estimated that there will be no substantial increase throughout the duration of the Strategy. This trend will not need to be addressed in the Action Plan.

5.4.2 Level of Needs/Eligibility

As identified in section 4.2, Cardiff Council has set its eligibility threshold for 2007/8 at substantial or critical. This means that those people whose needs are assessed as having a moderate or low risk to their independence will not be eligible for social care services from the Local Authority and where possible will be signposted to alternative services. It was possible that the criteria level would result in fewer Service Users requiring a service from the Cardiff Council, however, this has not been the case as the number of new and existing Service Users has remained relatively constant throughout the last year. This is attributed to the fact that the majority of people requiring sensory services already have a level of needs which meet the substantial or

critical criteria. It is estimated that this trend will continue over the length of the Strategy and therefore will not need to be addressed in the Action Plan.

5.4.3 Deafblind Outcome

Section 3.1 identifies a key national driver as being section 7 Guidance. This is supported by a Deafblind Project, which followed Section 7 Guidance from the Welsh Assembly Government and was completed in 2006. This has helped by clarifying the criteria and the duties of the Council in identifying deafblind Service Users. It is estimated that, due to the improved detection rate, the number of referrals, assessments and care packages will increase. This is identified as a gap in existing service provision (section 6.1.7).

5.4.4 Contractual Arrangements

There are a number of areas where services are currently spot contracted, (section 5.3.3). The current trend is set to continue in the near future as there is a lack of information available to Commissioners to enable them to accurately plan their potential service procurement. Cardiff Council is working towards making this information available and this is linked to the ongoing work identifying individuals who meet the Welsh Assembly Government criteria for deafblind people. This is identified as a gap in existing service provision (section 6.1.7).

5.4.5 Impact of The Disability Discrimination Act 1995 & 2005

There are a number of agencies who are still not fully compliant with the requirements of the Disability Discrimination Act (DDA) 1995 and the 2005 amendment to the Act (section 3.1). This has meant that Adult Services have, on occasions, inappropriately provided services to people either directly or indirectly to enable them to access services. Adult Services are now seeking to engage with agencies to recognise their own statutory responsibilities for communication support. This has resource implications, which is estimated to continue over the duration of the Strategy, but the level of involvement required is expected to decrease with time as more agencies become fully compliant with the legislation. The Council has no direct control over this, but this will be monitored in relation to the resource implications for the Council through the **Action Plan item 9.**

5.4.6 Interpreter Services

Section 4.3.3 identified the problem with the lack of interpreters available in both Cardiff and the rest of Wales. This resulted in the creation of barriers to accessing services for Service Users and leaving them socially excluded. Interpreter services should improve over the duration of the Strategy as the

Welsh Assembly Government focuses on increasing the capacity of BSL interpreter services and all organisations meet the requirements of the Disability Discrimination Act 1995. This has been identified as a gap in service provision (section 6.1.6).

5.4.7 Sensory Awareness

The increase in Deaf awareness training, provided by accredited courses identified as best practice in section 3.3, will result in an improved access to services, which should enable Service Users and Carers to receive services in a timely and consistent manner. This has been identified as a gap in service provision (section 6.1.3).

The increase in visual impairment training for staff in Social Services and related services was also identified as best practice in section 3.3. This issue is being addressed as part of the visual impairment equality and awareness training programme within Cardiff Council.

The need for deafblind awareness training also needs to be recognised and the needs met.

5.4.8 Sensory Team Structure

Currently sensory services across Wales suffer from a lack of clear, recognised career structure, with particular problems in relation to rehabilitation services. In addition, there is no standardised qualification structure for people working in sensory services which has led to recruitment problems for appropriate staff. This has not previously been an issue in Cardiff (section 5.1.1), as the staff within the Sensory Team has remained static. However, it is anticipated that 2 full-time members of staff will be retiring by the end of 2007 and if there are problems recruiting new staff with the appropriate skills, this may have an impact on the way that services are delivered from the Sensory Team. This has been identified as a gap in service provision (section 6.1.4).

6. GAP ANALYSIS AND DESIGN OF FUTURE PROVISION

6.1 Gaps In Service Provision

6.1.1 Provision of Information

Best practice research (section 3.3) has identified the provision of accurate and up to date information, in accessible formats on services and how to

access them, is important in empowering people with a sensory impairment and ensuring they receive appropriate services. Awareness of available services in the population generally is low. This is a corporate issue across Cardiff Council as well as within Adult Services.

Currently the Sensory Team provide relevant documentation in braille or audio tape, for example Care Plans, where requested. The staff also provide face to face contact to reinforce and support the communication of this information. However, it is recognised that there is a gap in providing any information in sign BSL, for example on video or DVD format. This is addressed in the **Action Plan item 4.**

6.1.2 Information Formats

The CareFirst system has been developed to manage the information required for the Unified Assessment Process. There is currently a gap in the way that the individual Service Users preferred format for communication is recorded on the system. This needs to be addressed by further training and awareness for Case Management staff. This is addressed in the **Action Plan item 3.**

6.1.3 Awareness Training

As previously highlighted as a market trend (section 5.4.7) and good practice research (section 3.3), there is a need for the promotion of sensory impairment awareness training for staff to improve their knowledge and understanding in helping people to access services. Within Physical Disability, Sensory and Older People's Services, all new referrals are made through the Contact and Assessment Team. The Contact Officers are the first point of contact with the public. Visual impairment, hearing impairment and deafblind awareness training has been provided for these staff. It is recognised that more in depth training is required and awareness of the services available.

It is recognised that there is a gap in the training of other staff teams and it has been noted that regular programmes of sensory impairment awareness training need to be provided for all appropriate staff in Adult Services. There were relevant training courses set up in the Training Plan for 2007/8. The raising of awareness amongst Adult Services staff is addressed in the **Action Plan item 5.**

6.1.4 Rehabilitation Workers

The Visual Impairment Benchmarking Study, January 2006, recommended that there should be at least one whole time equivalent Rehabilitation Worker per 70,000 of population and that best practice would be to have at least one

whole time equivalent Rehabilitation Worker per 50,000 of population. In Cardiff this would equate to a minimum of four whole time equivalent posts with best practice raising this to six whole time equivalent posts. It is acknowledged that in Cardiff there is only one whole time equivalent Rehabilitation Officer. However, unlike elsewhere in Wales there are specialist social workers in Cardiff who complement this provision. There is a general need to increase the number of Rehabilitation Workers across Wales and this is supported by the trend identified in section 5.4.8. This is addressed in the **Action Plan item 6.**

6.1.5 Service User Forums

The Social Services Inspectorate for Wales, Inspection of Services for People with a Physical or Sensory Impairment report, July 2004 (section 3.3), recognised good practice to develop a range of methods for involving Service Users to ascertain their views on services provided, including Service User Forums. Although there have been some attempts at this, it has been limited and a more consistent approach needs to be developed and formalised. This is addressed in the **Action Plan item 1.**

6.1.6 Interpretation Services

It has been acknowledged throughout the Strategy in section 4.3.3 and 5.4.6 that there is insufficient provision of interpreting services within Cardiff. This needs to be addressed as it is a barrier to essential services and can leave people socially excluded.

The BSL Futures Scheme, which is funded by the Welsh Assembly Government, aims to increase the number of BSL interpreters in Wales and so improve access to essential services for people who use BSL as their first or preferred language. Various organisations for Deaf people including the Royal National Institute for the Deaf and Deaf Association Wales are working in partnership to administer the scheme, which involves training apprentice interpreters to become professional BSL interpreters.

The lack of interpreter services is addressed in the **Action Plan item 7.**

6.1.7 Deafblind Service Users

In section 3.1, one of the drivers for change is Section 7 Local Authority and Social Services Act 1970, where Local Authorities are required to identify, make contact with, and keep records of deafblind people in their catchment area. As previously mentioned in section 4.3.2 of this Strategy, the results of the Deafblind Project concluded that there were 132 people who requested further contact with Adult Services and these have not yet been contacted. There is also a gap where appropriately developed services need to be established to meet the identified needs of the Service Users. This has been

identified as a trend in section 5.4.3 and these issues are addressed in the **Action Plan item 2.**

6.1.8 Visual Impairment Protocols With Health

Ophthalmologists in Local Health Trusts certify individuals as blind or partially sighted. From April 2007, the Welsh Health Circular WHC (2007) 029 requires Cardiff and the Vale NHS Trust to forward the referrals for formal registration to the Local Authority within 5 working days of their completion. Cardiff Council would then register individuals in the usual practice. The system for monitoring the referral timescales has not yet been developed and this is addressed in the **Action Plan item 8.**

6.1.9 Hearing Impairment Protocols with Health

The current benchmarking study, "Services To Deaf And Hard Of Hearing People", includes consideration of processes with regard to the registration of individuals who are Deaf and hard of hearing. This is an area which requires joint working between Cardiff Council and the Trust to agree protocols within the Unified Assessment Process. This is addressed in the **Action Plan item 16.**

6.1.10 Mental Health Issues

As identified in section 4.3.1 of this Strategy, there is a clear gap in the provision of appropriate specialist mental health services for Deaf and deafblind people in Cardiff and across Wales. Very little is known about mental health problems and treatment in relation to deafblind people, although some people do access specialist Deaf services. This is addressed in the **Action Plan item 14.**

6.2 Strategic Priorities

The analysis throughout the Strategy shows that the provision of current services is largely meeting the needs of the sensory population and the Action Plan outlines the way in which these services will be built on and developed. Therefore, there will be no major shift in the provision of services and no decommissioning of services. There is also no planned budget growth over the next 3 years.

Whilst developing the Strategy, it clearly highlighted the fact that there is a need to continue to work collaboratively with the Local Health Board, Cardiff and the Vale NHS Trust and Voluntary Organisations to ensure a holistic approach when providing services to people with sensory impairments. This

is also essential when identifying future priorities and areas where resources will be allocated. This will be achieved with the continuous involvement of key stakeholders to ensure that joint commissioners are committed to the agreed vision of services to be provided.

The importance of user involvement throughout the duration of the strategy has also been acknowledged and addressed in the Involvement Plan, Appendix II.

7. MONITORING ARRANGEMENTS

7.1 Existing Monitoring Arrangements

There are no existing formal monitoring arrangements apart from in contracts with providers of services. This was one of the reasons for developing a strategy for sensory services as it was a clear omission.

Individual Case Managers undertake their own monitoring of services and regularly review cases in line with statutory requirements. Relevant issues are forwarded through appropriate channels, but there was no coordinated approach or formal proactive reporting mechanism for dealing with service improvement. The setting up of robust monitoring arrangements is addressed in the **Action Plan item 15.**

7.2 User Involvement In Monitoring

As mentioned in the Involvement Plan, Appendix II, it is considered essential that Service Users are included in the monitoring of the services. This is highlighted as best practice research in section 3.3, where it is stated that a range of methods should be established to involve Service Users in the planning and evaluation of the services they receive. Only then can services be truly responsive to their changing needs and expectations. This will be the role of the Service User Forums. There are costs associated with the involvement process. Currently there is no allocated provision in existing budgets to undertake this work.

7.3 Future Monitoring Arrangements

The monitoring of this Strategy will be essential if health and social care services are to achieve the objectives identified within the Action Plan, Appendix I. As stated in the previous paragraphs, there was no formal method for the monitoring of sensory services and there is a real need for Service Users to be involved, not only on a one off basis, but throughout the duration of this Strategy. This is clearly defined in the Involvement Plan, Appendix II.

The Strategy will be monitored through Service User Forums which will either be as part of a special meeting of the Advisory Planning Group for Physical Disabilities or specific groups which will be set up to undertake this role. Officers of the Council will report to the group on a quarterly basis.

Other monitoring arrangements will include reporting to the Council's Adult Services Scrutiny Committee. Adult Services will work with Scrutiny Services to ensure that Scrutiny Members have an opportunity to review and monitor the implementation of the Action Plan and performance against the stated objectives in the Action Plan on an annual basis.

It is important to recognise that monitoring and the collection and analysis of data have a cost consequence for commissioners and careful consideration will be given to the systems and formats developed from this Strategy.

COMMISSIONING STRATEGY SENSORY SERVICES ACTION PLAN

Objectives	Lead	Actions Required	Actions Required	Actions Required
	Responsibility	Year 1	Year 2	Year 3
<p><u>Item 1</u></p> <p>Establishment of Service User Forums</p>	Adult Services	<p>Establish terms of reference for group, identify members, set up meeting schedule and commence meetings.</p> <p>Identify resources to cover costs of forums</p>	To develop and maintain Service User forums and feedback mechanism to Physical Disabilities Advisory Planning Group.	To maintain Service User forums and continue to feed back relevant issues through the Physical Disabilities Advisory Planning Group.
<p><u>Item 2</u></p> <p>Implementation of Action Plan from Deafblind Project.</p>	Adult Services	<p>Review work plan of Stakeholder Group.</p> <p>Establish processes for the ongoing identification of individuals falling under Section 7 Social Care for Children and Adults criteria.</p> <p>Identify where specialist services required.</p> <p>Consideration of the staffing requirements.</p>	<p>Take forward and implement actions from year 1 work.</p> <p>Develop the commissioning of appropriate specialist services, and consider this alongside the development and provision of services in house.</p>	<p>To consolidate and further develop actions from year 2 of the Strategy.</p> <p>To monitor the uptake and quality of services provided for the recommendations from the Deafblind Project.</p>

Objectives	Lead	Actions Required	Actions Required	Actions Required
	Responsibility	Year 1	Year 2	Year 3
<p><u>Item 3</u></p> <p>To ensure that information regarding individual's preferred format for communication is recorded on CareFirst.</p>	Adult Services	<p>Awareness will be raised within teams who are responsible for recording data on CareFirst through e-mails and individual supervision. This will be monitored through the analysis of performance management information.</p>	<p>Develop a system to monitor the inputting of data onto CareFirst.</p> <p>To review and respond to performance management indicator information as required.</p>	<p>To review the agreed system of monitoring the inputting of data onto CareFirst.</p> <p>To continue to review and respond to the performance management data.</p>
<p><u>Item 4</u></p> <p>Provide information in appropriate formats for people with sensory impairments.</p>	Adult Services	<p>To continue to contribute to the work of the Communication Group to ensure that information is provided with outcomes e.g. in BSL format on DVD.</p> <p>To implement the Council's Disability Equality Action Plan on the development of information in accessible formats.</p>	<p>Review progress and implement agreed outcomes.</p>	<p>To strengthen identified actions from year 2 of the Strategy action plan and consolidate the existing ongoing work.</p>
<p><u>Item 5</u></p> <p>Increase the awareness of</p>	Adult Services	<p>Liaise with Training and Development section and the Trust to identify training needs and</p>	<p>To review the training programme and targeted attendance records of front line staff and to act</p>	<p>To continue to review the effectiveness of the training programme, target audience and</p>

Objectives	Lead	Actions Required	Actions Required	Actions Required
	Responsibility	Year 1	Year 2	Year 3
sensory impairment issues throughout all social work teams.		develop a specific training programme. Inform Team Managers of issues in order that individual needs can be identified through supervision.	upon identified issues raised.	training needs of front line staff and to act upon identified issues raised.
<u>Item 6</u> To review the number of Rehabilitation Officers within the Sensory Services Team in line with the Visual Impairment Benchmarking Study.	Adult Services	To evaluate the skill mix within the Sensory Team whenever opportunity presents to consider the appropriate structure.	To continue to evaluate the skill mix within the Sensory Team whenever opportunity presents to consider the appropriate structure.	To continue to evaluate the skill mix within the Sensory Team whenever opportunity presents to consider the appropriate structure.
<u>Item 7</u> To support the development of a corporate interpretation service in conjunction with the Equal Opportunities and Diversity Group.	Adult Services	To raise awareness of the need for a corporate response to enable appropriate access to interpretation services across the Council. To support a corporate approach in the development of a	To review the outcome of the actions from year 1 of the Strategy and consider the required actions for year 2 in light of identified achievements and gaps.	To review the outcomes from year 2 of the Strategy and consider the required actions for year 3 in light of identified achievements and gaps.

Objectives	Lead	Actions Required	Actions Required	Actions Required
	Responsibility	Year 1	Year 2	Year 3
		dedicated BSL and Deaf Issues Officer post.		
<p><u>Item 8</u></p> <p>To ensure that the protocol for visual impairment referrals is adhered to.</p>	Cardiff & the Vale NHS Trust/Adult Services	To develop a system for tracking and monitoring referral timescales from Cardiff & the Vale NHS Trust to Cardiff Council.	<p>To jointly review the monitoring system and implement required actions.</p> <p>To consolidate the use of the agreed protocol.</p>	To monitor the outcomes and agreed system for tracking referral timescales from Cardiff & the Vale NHS Trust to Cardiff Council.
<p><u>Item 9</u></p> <p>Within the Sensory Team to appropriately work with organisations who do not comply with the Disability Discrimination Act 1995/2005, where this is of direct relevance to the core work of the team.</p>	Adult Services	To monitor the amount of resources used to work alongside organisations, relevant to the core work of the team, and not compliant with the DDA over 2008/9 with a view to consider how this will continue throughout the next 2 years of the Strategy.	To monitor the amount of resources used to work alongside organisations relevant to the core work of the team, and not compliant with the DDA 1995 over 2009/10 with a view to consider how this will continue throughout the 3rd year of the Strategy.	To monitor the amount of resources used to work alongside organisations relevant to the core work of the team, and not compliant with the DDA 1995 over 2010/11 with a view to consider how this will continue in the future.
<p><u>Item 10</u></p> <p>To review services and service plans in</p>	Adult Services	Consider the implementation of Good Practice Guide 1 "Provision of information	Implement and review identified actions and feed the information into the core group for the	To continue to review identified action points and feed the information back to the core group

Objectives	Lead	Actions Required	Actions Required	Actions Required
	Responsibility	Year 1	Year 2	Year 3
the light of the recommendations from the Visual Impairment Benchmarking Exercise.		to Service Users”. Consider the implementation of Good Practice Guide 2 “Referral and assessment”. Consider the implementation of Good Practice Guide 3 “Rehabilitation”.	implementation of the Visual Impairment Benchmarking Exercise.	for the implementation of the Visual impairment Benchmarking Exercise
<u>Item 11</u> To participate in the All Wales Hearing Impaired Benchmarking Exercise	Adult Services	To support the group in conducting an assessment and comparison of current levels of capacity and performance levels across Wales. To develop good practice guidance to improve hearing impaired services.	To continue with the ongoing work of the group and to consider the recommendations when the final report is published. To identify the actions required to prioritise and fulfil the recommendations of the report.	To complete the implementation of the agreed recommendations of the All Wales Hearing Impaired Benchmarking Exercise.
<u>Item 12</u> To integrate the sensory equipment service into the Joint	Adult Services	To develop and implement a transitional plan for this change.	To monitor the implementation of the plan, identifying any required changes and reviewing processes	To review the operational aspects of the plan and implement identified changes needed for service delivery.

Objectives	Lead	Actions Required	Actions Required	Actions Required
	Responsibility	Year 1	Year 2	Year 3
Equipment Service (see section 5.1.3).			appropriately.	
<p>Item 13</p> <p>To improve access to services for Deaf, deafblind people and those with a hearing impairment.</p>	Adult Services	<p>To provide training for Contact Officers in deafblind awareness as per Section 7 Guidance.</p> <p>To further develop training for Contact Officers in both visual and hearing-impaired awareness.</p> <p>To consider how to develop an alternative access route to services via the Contact & Assessment team for Deaf and deafblind people.</p>	<p>To evaluate the training programme and make appropriate provisions for any new staff.</p> <p>To review and implement identified alternative access routes after consulting with Service Users and Voluntary Organisations.</p>	<p>To review the appropriate level of training identified in year 2 of the Strategy.</p> <p>To review performance management data regarding the improved access routes identified.</p>
<p>Item 14</p> <p>To explore the needs and options for commissioning specialist mental health services for Deaf and deafblind</p>	Local Health Board/Cardiff & the Vale NHS Trust	To review existing arrangements to identify gaps in service provision and to consider ways of developing appropriate services.	To undertake a needs assessment.	To analyse the data from year 2 and consider local and regional options for the progression of services.

Objectives	Lead Responsibility	Actions Required Year 1	Actions Required Year 2	Actions Required Year 3
people in Cardiff.				
<p><u>Item 15</u></p> <p>To evaluate existing contractual arrangement with providers (see section 5.3)</p>	Adult Services	<p>To monitor and develop service specifications and contracts.</p> <p>To identify the most appropriate way of contracting for sensory services.</p>	<p>To continue to monitor and evaluate the performance of the existing service specifications and contracts making amendments where necessary.</p> <p>To monitor the agreed process for contracting for sensory services and to feed back required changes into the commissioning process.</p>	<p>To continue to monitor and develop appropriate service specifications and contracts.</p> <p>To continue to monitor and evaluate the most appropriate way of contracting for sensory services, feeding back improvements into the commissioning process.</p>
<p><u>Item 16</u></p> <p>To develop protocols for joint working between Adult and Audiology Services in line with the benchmarking study for services to Deaf and hard of hearing people.</p>	Adult Services/Cardiff & The Vale Trust	<p>To jointly identify and prioritise the areas for the development of protocols.</p> <p>To agree the implementation of the recommendations from the benchmarking study.</p>	<p>To implement the agreed protocols.</p> <p>To implement the recommendations from the benchmarking study.</p>	<p>To monitor and review the implementation and effectiveness of the agreed protocols.</p> <p>To monitor and review the implementation and effectiveness of the recommendations from the benchmarking study.</p>

Appendix II

COMMISSIONING STRATEGY SENSORY **IMPAIRMENT INVOLVEMENT PLAN**

Introduction

The Disability Discrimination Act 1995 was amended by the Disability Discrimination Act 2005 DDA. The main change for all Public Bodies is the Disability Equality Duty and the requirement that disabled people are involved in formulating a disability equality scheme and action plan.

In order to meet regulations **2(2)** and **2(3)(a)** of the DDA, Adult Services is committed to involving disabled people in the development of this commissioning Strategy in order to prioritise the identified initiatives effectively and properly taking on board the views of those people for whom this Commissioning Strategy aims to make a practical difference.

As set out in the Involvement Plan below, Adult Services is committed to ongoing engagement in order to obtain the views, needs, issues and concerns of our Service Users. It is recognised that involvement needs to be an on-going process and further engagement events are planned to take place throughout the lifetime of the Strategy. It is therefore anticipated that additional information will be gathered to inform and develop our action plan.

Why Involve?

The Disability Equality Duty is a positive duty to promote disability equality, and is similar to the duty to promote race equality under the Race Relations (Amendment) Act. The DDA has already ensured that disabled people have individual rights, but institutionalised discrimination has remained a key barrier to achieving equal rights and social inclusion. The new duty brings about a shift from a legal framework which relies on individual disabled people complaining about discrimination to one in which the public sector becomes a proactive agent of change. This can only be achieved by involving disabled people right at the beginning of the process of developing or reviewing a new policy and service.

It should be recognised that there is a fundamental difference between consulting and involving disabled people. The former suggests that predetermined decisions have been made and disabled people are being invited to agree or disagree with them. This approach has been very widely used in the past and has led many disabled people to become cynical and wary of such exercises.

Involvement means that disabled people have an opportunity to influence what decisions are made and can play an active role in ensuring agreed

actions are implemented. This is done in two main ways: involvement at the start of the process by identifying issues that affect them regarding both employment opportunities and service delivery and through on-going monitoring and reviewing of the services.

The involvement of disabled people should not therefore be viewed as a single action but as an ongoing process to ensure that services are providing a high level provision that is accessible, equitable and significant for all the Service Users.

Developing the Involvement Plan

In the process of producing the Involvement Plan, careful consideration continues to be given to issues such as access, environment and expenses. It is also important to be clear about expected outcomes and to manage expectations.

In order to achieve this, a range of engagement methods were recommended and have been utilised. These include:

- Questionnaires
- Focus Groups
- One to one interviews with Service Users
- Continuous evaluation

For each of these methods, the questions utilised for this exercise were based around a core base of prompts:

- How would you rate your knowledge of sensory services for adults in Cardiff?
- What could Adult Services do to better promote awareness of their services?
- Have you encountered any problems in accessing services?
- Do you have any issues/concerns or ideas you would like to mention, with regard to either the services provided or employment?

These open ended prompts sought to ascertain concerns but also potential solutions.

All of the events identified in the table below are being, or will be, facilitated by disabled disability equality consultants from the Cardiff & Vale Coalition of Disabled People. The exception is the involvement work with voluntary organisations specific to sensory work. This has been facilitated by Adult Services.

Activity	Participants	Time Frame
Telephone and electronic Interviews with Service Users	Service Users with a range of sensory impairments.	May 2007
Face to face interviews with Service Users.	Service Users with sensory impairments.	May – July 2007
Focus Group.	Group of blind / visually impaired Service Users	26th October 2007
Focus Group	Group of hard of hearing Service Users	8th October 2007
Focus Group	Group of Deaf Service Users	8th October 2007
Focus Group	Group of deafblind Service Users	26th October 2007
Focus Group	Sensory related voluntary organisations (undertaken by Adult Services)	19th and 21st November 2007
Evaluation of findings, impact assessment Meeting	CVCDP, Adult Services, service providers, voluntary organisations	February / March 2008
Evaluation of findings, impact assessment of services.	CVCDP, Adult Services, Service Providers, Focus Group made up of a cross section of Service Users.	February 2008
Monitoring and Review	Service User Forums	Ongoing

Groups involved

- Service Users and Carers
- External community and voluntary groups

Involvement Outcomes

It is anticipated that the involvement exercise will produce the following outcomes that will contribute to the formulation and development of the services provided.

- Identification of unsatisfactory outcomes in the treatment and the services provided by Adult Services and Cardiff and Vale NHS Trust
- Contribution in setting priorities for action plans
- Assisting with planning activity
- Participation in the implementation and planning of future service provision.
- Participation in monitoring, evaluating and reviewing the services
- Development of a positive organisational culture and service delivery

Appendix III

NATIONAL & LOCAL GUIDANCE & RESEARCH

Key National Drivers For Change

There is no single policy framework which provides the context for the local planning and provision of services. There are, however, a range of national legislative initiatives and official guidance that have an impact on services for adults with a sensory impairment. It is acknowledged that these areas are vast and, therefore, the following have been prioritised as the drivers most relevant to the provision of sensory services in Cardiff.

Benchmarking Exercises

The Association of Directors of Social Services and the Welsh Assembly Government (WAG) have undertaken a Visual Impairment Benchmarking Study, the summary report was published in January 2006. This has been launched for implementation across Wales. The report from the benchmarking exercise outlines the way forward for achieving consistently high standards and continuous improvements in visual impairment services. Adult Services are represented within the core group set up to implement the recommendations of the study.

The Hearing Impaired Benchmarking Study was launched at the end of April 2007, and is also a major driver for change under this Strategy.

Best Practice Standards

There are a number of best practice standards that are drivers for this Strategy. These include 'Progress In Sight, 2002' and 'Social Services for Deaf and Hard of Hearing People, 1999', which advise how sensory services should be planned, managed, developed and provided to Service Users.

Carers And Disabled Children's Act 2000

This Act enables Local Authorities to provide Carers' services in response to an assessment of need, and also enables Carers to receive direct payments in lieu of services.

Chronically Sick & Disabled Persons Act 1970

The Chronically Sick & Disabled Persons Act 1970 places a duty on Local Authorities to make arrangements for the assessment and provision of services. This includes the provision of specialist equipment to people with a

sensory loss as well as more generic services such as meals on wheels and care in the home.

Delivering In British Sign Language: Advice For Public Services 2006

A Welsh Assembly document resulting from the task and finish group established to identify a course of action aimed at increasing capacity in BSL interpreter services available to the public in Wales.

Department of Health – Fair Access to Care Services 2002

This guidance describes how Local Authorities should assess the social care needs of adults who are having difficulty coping with various aspects of their lives and whether or not the Local Authority is obliged to provide services to them. Eligibility is established following a Unified Assessment (see section 4.2) and eligible needs are prioritised according to the level of assessed risk, with a long term preventative view being taken, focussing on those with the greatest needs. Cardiff Council has set its criteria at the substantial or critical level.

Disability Discrimination Act (DDA) 1995 & 2005

The Disability Discrimination Act 1995 makes it unlawful to discriminate against a disabled person in relation to employment and the provision of goods, facilities and services, buying or renting land or property across the whole of the Public Sector. The amended Act in 2005 widened the definition of a disabled person and introduced both specific and general duties on public organisations to promote disability equality and eliminate disability discrimination.

Fulfilled Lives, Supportive Communities – Improving Social Services In Wales From 2008 - 2018

This document outlines a number of issues which include the need for services to be rebalanced towards earlier interventions to improve outcomes and opportunities for the prevention of people's needs moving to a higher level, rather than concentrating simply on those with the greatest needs. This is reinforced in "Designed for Life". Another major issue is the use of existing and expanded partnerships to promote new models to commission and deliver services. There are inevitably resource issues accompanying the development of these issues.

Local Authority and Social Services Act 1970 Section 7 – Social Care for deafblind Children and Adults

The Welsh Assembly Government (WAG) has been leading Local Authorities in Wales to implement Section 7 of the Local Authority and Social Services Act 1970. This identifies a definition of deafblind Services Users and gives criteria for the provision of services. Under this guidance, Local Authorities are required to:

- Identify, make contact with, and keep a record of deafblind people in their catchment area
- Arrange a specialist assessment
- Recognise the importance of providing appropriate services, which may mean commissioning services that are specifically designed for deafblind people
- Provide information and services that are accessible in ways that conform with the requirements of the Disability Discrimination Act (DDA) 2005.

Technological Advances

Advances in technology such as digital hearing aids, telecare and telecommunication advances are a key driver in the shape and way services will be delivered.

The National Institute For Health And Clinical Excellence (NICE)

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE guidance is developed using the expertise of the NHS and the wider healthcare community including NHS staff, healthcare professionals, patients and Carers, industry and the academic world.

Current relevant NICE guidelines for sensory services include cochlear implants (see section 5.1.13), auditory brain stem implants and the treatment of Wet Age Related Macular Degeneration (ARMD).

The 26 Week Patient Pathway

In March 2005, the First Minister and Minister for Health and Social Services announced that by December 2009, no patient in Wales would wait more than

26 weeks from GP referral for treatment, including waiting times for any diagnostic tests and therapies required.

The delivery of the 26 weeks commitment is being planned through a national project known as the 2009 Access Project. In December 2005, the Welsh Assembly Government consulted on proposed principles and definitions that would support delivery of the 26 week total patient pathway.

The 26 week target is different from current waiting time targets. Instead of focusing on a single stage of treatment (such as outpatients or inpatients) the 26-week pathway addresses the period from referral up to the start of treatment.

UK Vision Strategy – Vision 2020 The Right to Sight RNIB (Draft December 2007)

The purpose of the UK Vision Strategy is to establish a unified framework for action on all issues relating to vision, across the UK and across all stakeholders. Its aims are:

- The improvement of the eye health of the nation
- The prevention of sight loss and radical improvement of services
- Support and inclusion for those with sight loss

Welsh Assembly Government – Wales Eye Care Initiative

The recent development of the National Programme for Training Low Vision Optometrists has meant that a number of high street Optometrists are able to assess and provide low vision aids to individuals with a visual impairment. This has resulted in improved access to these services for individuals, with fewer resources needed to be provided within a hospital setting.

Welsh Assembly Government - Programme For Rehabilitation Work Section 7 Local Authority and Social services Act 1970

The Welsh Assembly Government and the Wales Council for the Blind have been working collaboratively and have identified a lack of Rehabilitation Workers within Wales. Recommendations have included an encouragement for Local Authorities to increase the number of Rehabilitation Workers working across Wales, which would enable better assessment of needs and delivery of services to individuals requiring rehabilitation services.

Welsh Assembly Government – Designed for Life

The Welsh Assembly Government has set out how health services will develop to meet the changing needs in its ten year plan for the NHS in Wales, “Designed for Life”. This sets out a clear vision for health services in Wales and what is needed to do to provide the best services for the people of Wales. Requirements are:

- Improvement in general health and well-being
- Better health, education and preventive programmes
- Stronger and more responsive Primary Care provided twenty four hours a day
- More health and social care provided in people’s own homes
- Immediate access to appropriate emergency care and hospital beds
- Local provision of frequently used services that are traditionally provided in hospitals, for example out-patients and diagnostic services

Local Guidance

It was important when developing this Commissioning Strategy that the following local guidance was taken into consideration.

The Health, Social Care and Well-Being Strategy 2005 - 2008

The Health Social Care and Well-Being Strategy provides a framework for services for people with physical disabilities and key commissioning intentions are identified within the Strategy for people with sensory impairments. This includes working with an active and local Voluntary Sector.

Cardiff Physical Disability Commissioning Strategy 2005 - 2008

Cardiff Physical Disability Commissioning Strategy 2005 – 2008 identifies people with sensory impairment as a key priority with a need to develop a separate commissioning Strategy for sensory services.

Cardiff’s Community Strategy

Cardiff’s Community Strategy highlights the visions that support the joining up of Public, Private and Voluntary Sector organisations to ensure the effective delivery of services throughout Cardiff. There are long standing links between Adult Services and the Voluntary Sector.

Cardiff's Corporate Plan

The Corporate Plan sets out what will be achieved by the Council regarding the continuous improvement and high quality delivery of services through a performance management culture.

The Programme For Health Service Improvement

The programme for health service improvement is the strategic programme for the Cardiff and the Vale Health Community, designed to modernise health services and deliver the key changes and principles of "Designed for Life".

Cardiff Council's Disability Equality Scheme 2007 - 2010

This scheme sets out what Cardiff Council intends to do to promote disability equality and to eliminate disability related discrimination and harassment in both employment and in service delivery through the duration of the scheme. The priorities were decided upon through a series of involvement events across the city, one of which focused specifically on the views and needs of Deaf and hard of hearing people in Cardiff, regarding the barriers they faced when using Cardiff Council's services.

Cardiff Council has committed to actions including the conducting of Equality Impact Assessments on new and existing policies, procedures, strategies and decisions. This includes developing accessible communications across the Council, establishing a programme for carrying out access improvements on Council buildings and a programme of impairment awareness raising training.

The implementation of the Disability Equality Scheme 2007-2010 will be monitored by a 'Critical Friends Group', which is going to be set up to independently evaluate the progress that Cardiff Council is making in furthering disability equality.

Best Practice Research

A wide range of research was undertaken to identify relevant national and local guidance during the writing of this Strategy and the following key points have been incorporated as agreed areas of good practice.

The Development Of Service User Forums

The Social Services Inspectorate of Wales, Inspection of Services for People with a Physical or Sensory Impairment Report (July 2004), identified the

development of Service User Forums using a range of methods as good practice.

Effective Initiatives On Communication

The Social Services Inspectorate, Independence Matters Report 2003, states that good practice for Sensory Teams would be to have effective systems of communication in place for Deaf, blind, hearing and visually impaired Service Users. This includes the use of minicomms and type talk, the use of mobile phones so that staff can send and receive text messages, the production of video/DVDs on BSL services and the provision of assessments and care plans in a range of preferred formats including Braille, audio and video.

Service User Involvement In Strategic Planning

The Visual Impairment Benchmarking Study Summary Report (January 2006), produced by the Welsh Assembly Government, Wales Council for the Blind and the Welsh Local Government Association highlighted that engaging Service Users in the planning and evaluation of services is vital if the services provided are going to be truly responsive to changing needs and expectations. This can be achieved by inviting Service Users to become members of relevant committees or groups that look at policy development and the review of services.

Provision Of Equipment And Aids

The Royal National Institute for the Blind paper, "Unseen" (March 2004), recommended that every blind and partially sighted person should have appropriate assessments and access to equipment and aids free at the point of need to ensure that they have the maximum opportunity to retain their independence.

Improved Communication And Awareness Training

The joint Royal National Institute for the Deaf and the UK Council on Deafness Survey (March 2004) states that the use of communication technology and the promotion of deaf awareness training for staff should be used to improve communication for Deaf people in order to facilitate improved access to services.

The Visual Impairment Benchmarking Study (January 2006), Good Practice Guide 2, also states that regular programmes of training should be provided for staff in Social Services and related services.

Improved Links With Voluntary Groups

The Welsh Assembly Government document, Fulfilled Lives, Supportive Communities (February 2007), focuses on the importance of preventative work and calls for strong links with the Voluntary and Community Sectors to develop local capacity. Through the process of early involvement and reablement, people's independence is supported in the community.

Appendix IV

EXISTING PROVIDERS OF SENSORY SERVICES IN CARDIFF

The following information was taken from information given by the providers and outlines a brief description of the main existing providers of sensory services to Cardiff, listed in alphabetical order. All providers included in the list below are part of an excellent range of Voluntary Organisations that specialise in sensory services.

Cardiff Institute for the Blind

Cardiff Institute for the Blind (CIB) is a local independent charity providing services and support to visually impaired people living in the counties of Cardiff & Vale of Glamorgan. CIB works alongside and complements the work carried out by the statutory authorities. CIB runs a wide range of services from its well-equipped Resource Centre, which is backed up by a Mobile Resource Centre. The services which are monitored and prioritised by a 'Consumer Group', include home visiting, computer training (in house and outreach) a Contact Line, Befriending and Transport Services as well as Support Groups and a wide range of social clubs. CIB's Eye Clinic Link Officer and a team of volunteers are based at University Hospital of Wales and support people visiting the eye clinic. Visual Impairment Awareness Training Courses and Access Audits are also carried out. All members of staff and volunteers are subject to an enhanced Criminal Records disclosure check.

Deaf Association Wales

The Deaf Association Wales provides advocacy services through personal, community and partnership Advocacy, Deaf equality training, BSL courses, training for Deaf people to become professionals in teaching BSL and teaching Deaf equality and advocacy. Other services include the English to BSL translation for leaflets and reports, English based information using DVD's or Internet media, social events and campaigns.

Deafblind UK

Deafblind UK was set up in Wales in 1928 by a group of deafblind people who had little to no support. Deafblind UK is registered with the CACDP (Certificate in Advanced Communication for Deaf People) to deliver accredited training. They have trained staff to carry out special assessments and rehabilitation assessments of deafblind people on behalf of Local Authorities and Health Professionals. These staff are also qualified to carry out

assessments for deafblind people who also have a physical and or a learning disability. Deafblind UK have membership development officers for the South, Mid and North Wales areas.

Deafblind UK provides support for family and friends who care for deafblind people and give information about deafblindness.

Guide Dogs Association

The Guide Dogs Association (GDA) provides guide dog services for independent mobility with less mental strain and increased mental well-being for Service Users. Their district team based in Cardiff covers all of mid and South Wales and their criteria for the provision of a dog includes anyone who has significant sight loss, but wishes to be independent in their mobility and is fit enough to justify the use of a dog for mobility.

Gwent Association for the Blind

The Gwent Association for the Blind provides under contract to Cardiff Council, rehabilitation services for people with a visual impairment living in Cardiff. These services include a specialist assessment of need arising from significant sight impairment, as well as individual training in safe indoor and outdoor mobility skills, safe skills for daily living and skills in alternative and enhanced methods of communication.

Royal National Institute for the Blind (RNIB) Cymru

RNIB Cymru represents the 100,000 people who are blind and partially sighted who live in Wales through campaigning, support and services. Pioneering work by RNIB helps anyone with a sight problem, not just with Braille, Talking Book and computer training, but also with imaginative and practical solutions to everyday challenges. RNIB fights for equal rights for people with sight loss and fund pioneering research into preventing and treating eye disease.

Royal National Institute for the Deaf (RNID) Cymru

RNID Cymru was set up in 1997 and supports around 480,000 Deaf and hard of hearing people in Wales, as well as their families and others who work with them or for their benefit.

Many of Wales' Deaf and hard of hearing people are prevented from accessing information, interacting with providers and employers and participating in training and careers events. This in turn impacts on learning

and employment opportunities, and limits their ability to make informed decisions about careers and training options.

RNID work in four key areas to break down these barriers. These are campaigning for change, changing attitudes, providing services and research. Services to Deaf and hard of hearing people include communication services, employment, care services, information services, counselling and befriending.

Sense Cymru

Sense is the UK's largest organisation supporting and campaigning for people who are deafblind, their families and carers, and professionals who work with them. Sense also work with people with a single sensory impairment and a wide range of other difficulties – including physical disabilities, learning disabilities and challenging behaviour.

Sense Cymru works with a wide age range, from babies who have just been diagnosed, to older people. We offer a flexible person centred approach built around the needs and talents of each individual, enabling deafblind people to play their full part in the life of the community.

The services we offer include training, assessment, advice and consultancy as well as providing and managing one to one support services for local authorities eg intervenor and communicator guide schemes.

Wales Council for the Blind

Wales Council for the Blind is a charity which acts as the umbrella organisation for visual impairment in Wales. Its role is to advise and influence policy at a strategic level, meeting regularly with the Welsh Assembly Government and Local Authorities. It also works to bring organisations, statutory and voluntary, together to co-operate in service provision and in the development of new services. Occasionally pilot projects are set up to demonstrate a need. WCB promote the interests of visually impaired people in ensuring the provision of specialist services, wherever possible and spread an understanding of visual impairment to encourage social inclusion.

Wales Council for Deaf People

The Council is the major voluntary body in Wales concerned with deafness. It is an umbrella association of organisations, voluntary and statutory, working in the field of hearing loss and representing people who are Deaf, deafened, hard of hearing and deaf/blind. The main aim of the Council is to support all activities of benefit to people with hearing loss in Wales with the object of enabling these people to lead fuller and more independent lives. The Council's objectives are achieved in a variety of ways; it is involved in representation either alone or in co-operation with other organisations to

obtain access and equity. Community volunteer groups are set up and funded with the object of fulfilling a local need. These groups are encouraged to be involved in local planning of services thus ensuring local requirements are met. Representatives of Member organisations elect a governing body (Board of Trustees), which manages the Council's activities and decides policy.

Services provided include volunteer development & support, advice to the public, publications, training, communication support, advocacy and campaigning.