



SCOTTISH EXECUTIVE

Health Department
Directorate of Service Policy and Planning

LA Chief Executives
LA Directors of Social Work/Chief Social Work Officers
COSLA
ADSW
Relevant Voluntary Organisations (List Attached)

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Our ref: DKV/1/10/2

18 August 2003

Dear Colleagues

COMMUNITY CARE SERVICES FOR PEOPLE WITH A SENSORY IMPAIRMENT - AN ACTION PLAN

I enclose a consultation paper which builds on existing practice and which sets out recommendations on how community care services for people with a sensory impairment may be developed further.

People with a sensory impairment would appreciate better access to information about services, better access to services, clear service standards, improved training for staff who provide services and increased user participation in how services are developed.

The purpose of this consultation is to open up the debate and to extend the opportunity for others to comment before reaching final conclusions on the way ahead. Your views on these recommendations are, therefore, invited by **Friday 14 November 2003**.

Background

A Social Work Services Inspectorate report, Sensing Progress, was published in 1998, which inspected sensory impairment services in local authorities in Scotland. This was helpful but, it is now time to move forward by actively encouraging existing good practice and by identifying common priorities for the future with principal stakeholders.

The Executive set up a small planning group with representation from Deafblind Scotland, the Royal National Institute of the Blind and the Scottish Council on Deafness to outline what the common community care needs might be for those with a sensory impairment. Their ideas formed the basis of a consultation seminar that users of services subsequently led which was attended by key organisations and by Scottish Executive representatives. The planning group then produced the Action Plan, taking the seminar views into account, as well as carrying out some research on numbers affected and future trends.



INVESTOR IN PEOPLE



We recognise that partially sighted, blind, deaf and deafblind people have specific social care needs that will continue to need to be met through specialist intervention. However, they also have common needs that the organisations involved could work together on in a more coherent way. This Action Plan focuses on the latter to benefit the majority and to make best use of the resources available.

Comments

The Action Plan is now being widely distributed for consultation. Your views are important and will help inform the final version. A list of recipients is attached and we would appreciate it if you would bring this consultation to the attention of anyone else you feel would be interested in offering their views.

Please send your comments by post to George Whitton, Community Care Division 1, 2-ER, St Andrew's House, Regent Road, Edinburgh, EH1 3DG or email george.whitton@scotland.gsi.gov.uk by **14 November 2003**.

What you say will be accessible publicly through a file held in the Scottish Executive library unless you make it clear you do not want this to happen.

The consultation is available in full or in summary on the Scottish Executive website, <http://www.scotland.gov.uk/views/views.asp> and the SHOW website, <http://www.show.scot.nhs.uk/>.

The summary is also available on request in audio tape, CD, Braille, British Sign Language video, Urdu, Punjabi, Bengali, Chinese, Arabic, Hindi and Gaelic.

I look forward to receiving your comments.

Yours sincerely

T S Teale

MISS T S TEALE

List of those consulted on Sensory Impairment Action Plan

Aberdeen & North East Deaf Society
Action for Churches Together in Scotland
British Deaf Association Scotland
Caithness Deaf Care
Citizens Advice Scotland
Deaf Connections
Deafblind Scotland
Disability Rights Commission
Dumfries & Galloway Association for the Blind
Dundee Society for Visually Impaired People
Edinburgh & East of Scotland Deaf Society
Fife Society for the Blind
Grampian Society for the Blind
Guide Dogs for the Blind Association
Hayfield Support Services for Deaf People
Highland Society for the Deaf
Independent MSPs
National Association of Local Societies for Visually Impaired People
Partners in Advocacy
Perth & Kinross-shire Society for the Blind
Profound & Multiple Impairment Services (PAMIS)
RNIB Scotland
RNID Scotland
Scottish Association of Sign Language Interpreters
Scottish Churches Parliamentary Office
Scottish Conservative & Unionist Party
Scottish Council for Voluntary Organisations
Scottish Council on Deafness
Scottish Green Party
Scottish Labour Party
Scottish Liberal Democrats
Scottish National Federation for the Welfare of the Blind
Scottish Senior Citizens Unity Party
Scottish Socialist Party
Scottish Trade Union Council
Sense in Scotland
Tayside Association for the Deaf
The Forfarshire Society for the Blind
The Highland Society for Blind People
The National League for the Blind and Disabled
The Royal Blind Asylum & School
UNISON
Visual Impairment Association
Visual Impairment Scotland
Visualise
Volunteering Highland
West Lothian Sensory Resource Centre



The Scottish Executive

Community care services for people with a sensory impairment

An Action Plan

Introduction

1. Community care services for people with a sensory impairment are often an important lifeline that, through a range of supports, offer a quality of life that might not otherwise be possible. This Action Plan builds on what is already in place and sets out short, medium and long-term goals to meet some of the common needs identified by people with sensory impairments themselves.

2. The Executive is already firmly committed to promoting the rights of people with a sensory impairment. This is demonstrated through a range of ongoing initiatives from preparing for full implementation of the Disability Discrimination Act to taking forward the findings of the Audiology Review and to recognising British Sign Language as a linguistic minority.

3. Sensing Progress, a national inspection of social work services that took place in 1997, usefully highlighted some community care needs and made several recommendations promoting multi-agency working and advocating that greater priority be given to all levels and types of education and training in this area. Subsequent development and improvements are monitored through the Social Work Services Inspectorate annual visit to each local authority (annex 1 outlines findings of 2002 Annual Visit).

4. It is now time to review where we are and to move forward together. To begin this process we approached representatives of key national organisations who provide services for those with a sensory impairment and asked them to work with us on reviewing planning and delivering a user-led conference. We are grateful to those users who helped us by leading sessions and to the many others who contributed to the workshops. Their views are summarised in the next chapter. We also reviewed a range of secondary sources of information from known demographics to policy papers produced by national voluntary organisations.

5. What users brought was the first hand experience of what works and what needs to change. The breadth of need is apparent, some of which extends beyond what community care services can provide. While there are these common elements, it should also be recognised that there are specialist needs that each of the organisations may wish to pursue separately. The conference was

able to identify and agree some common community care issues that could be addressed in a unified way and these form the basis of the recommendations.

6. The purpose of this consultation is to open up the debate further and to extend the opportunity for others to comment before reaching final conclusions on the way ahead.

Definitions and prevalence

7. A variety of terms are commonly used to describe the range of sensory impairments.

Hearing Impairment

8. While hearing impairment is a generic description this covers several different groups. The first of these is the Deaf Community which is generally used to describe those Deaf people who use British Sign Language and who feel they share a culture with other deaf people. There are also a larger number of people who are profoundly deaf, many of whom will have become deaf during the course of their lives and who will acquire a variety of new communication skills. The largest group is those who are hard of hearing, many of whom acquire hearing loss, as they become older.

9. Accurate figures of those who have a hearing impairment are not known, partly because registration is voluntary. The following table provides a summary of estimated figures.

Hearing Loss	Estimated Number in Scotland
Deaf Adults	1640 – 2150
Deaf	3 470 - 5200.
Preferred language is British Sign Language	4 300
Preferred language is British Sign Language	6 000
Difficulties acquiring spoken language	17 230
Inability to hear speech without a hearing aid	40 800
Difficulties with normal speech	172 300
Some form of hearing loss)	729 000
Difficulty hearing whispers or faint speech	1 020 000

Figure for difficulties acquiring spoken language is for those with loss >60dB and hearing losses >56dB cause difficulties. It is therefore an underestimate.

10. Although not precise, this data suggests that there are many people in Scotland with impaired hearing who may need community care services to support them at some points in their lives.

11. Although accurate figures are unclear, research does tell us some of the features of those with hearing impairments. It is known that the number of people with more moderate degrees of loss is far greater than those with more severe losses. Most studies of sensory impairments show higher prevalence rates among men than women, and among lower than upper socio-economic groups. At least 50% of congenital deafness is genetic, but more than 90% of deaf people have hearing parents while nine out of ten children born to two deaf parents have normal hearing. Those who are deaf from an early age tend to marry deaf partners.

12. The prevalence of hearing impairment in Scotland is expected to rise, the actual rate of deterioration being age-related. Eighty percent of hearing impaired people are aged over 60 years and given no change in prevalence rates over the next 20 years, the demographic structure of the UK will increase the number of hearing impaired people by about 20%.

Visual Impairment

13. This is a term used to cover the spectrum of those who have some residual vision to those who have no sight at all. Blind in the context of a person being registrable has a specific meaning, being so blind as to be unable to perform any work for which eyesight is essential. It does not necessarily mean that the person concerned will have no vision at all.

14. The Social Work (Scotland) Act 1968 gives local authorities the power to maintain a register of people who are blind or partially sighted. Registration is not compulsory and while registration provides access to a number of benefits and concessions there remain a large number of people who meet the criteria but are not registered. Royal National Institute for the Blind (RNIB) research in 1991, undertaken at a UK level, indicated that the number of people on registers is some 23 per cent of those eligible. In 2001 they estimated it to be under a third.

15. The Scottish Executive published a Statistics Release in November 2002 to present national figures on visually impaired persons registered with local authorities in Scotland. Information collected shows that the number of people registered as blind or partially sighted was estimated to be 37,423. This figure was made up of 23,451 registered blind people and an estimated 13,972 registered partially sighted people. Almost 4 out of 5 of those registered were over the age of 65 with 21% of those registered as visually impaired having additional disabilities. Of these, 35% were deaf.

16. There has been a slight drop in the number of people who have been registered blind in 2002 and a slight rise in those registered as partially sighted. These changes are not sufficient of themselves to be indicative of future prevalence as recording and reporting systems have altered over this period.

Deafblindness

17. Deafblindness, or dual sensory loss, refers to people with a combination of sight and hearing losses which can cause difficulties with communication, access to information and mobility.

18. 'Think dual sensory' published in 1997 by the Department of Health suggested that some 2,000 people in Scotland could have some degree of deafblindness. Scottish Executive figures (November 2002) show that there are 2779 people registered as deafblind in Scotland. Recent research leads Deafblind Scotland to believe that there are nearer 5000 deafblind people in Scotland.

19. According to CACDP Communication and Guiding Skills with Deafblind People, deafblind people can be regarded as falling into four main groups:

Congenital deafblindness; those who are deaf and blind from birth or from early childhood who may have severe communication problems that are the result of difficulties with language acquisition and internalisation. While we recognise the impact on people with additional support needs this is not the focus of this report.

Congenital Visual Impairment – Acquired Hearing Impairment; people who are blind from birth or early childhood, and who subsequently experience a significant hearing loss. They may communicate by means of their residual hearing, speech, deafblind manual, or through Braille or Moon.

Congenital/early profound Deafness – Acquired Visual Impairment - those who have a hearing loss from birth or early childhood, and who subsequently experience a significant visual impairment. Examples of the way they may communicate are: Sign Language, Hands On Signing, Visual Frame Signing and/or Lipreading. Usher Syndrome is one common cause.

Acquired Deafblindness - those who acquire a significant visual and hearing impairment in later life. They may communicate by using residual speech and hearing, deafblind manual, block or Moon.

20. Both hearing and visual impairments are more prevalent in older age groups, and so too is deafblindness. The Royal National Institute for the Blind has shown a higher prevalence of hearing problems in visually impaired elderly people. In every 100,000 persons over 65 they estimated that 255 of them are deafblind.

21. The Scottish Executive currently funds Deafblind Scotland to work with individual local authorities to more accurately identify those who have a dual sensory impairment. While numbers found broadly correspond to the national figure, indications from this work are that people with deafblindness may appear on a voluntary registration scheme list or a blind or partially sighted one depending on which loss brought the individual to the authority's attention. This, in turn, may mean that specific dual sensory loss needs are not identified, assessed or met.

22. Age related vision and hearing impairments are by far the biggest group within the deafblind population. According to estimates made by Sense, the National Deafblind and Rubella Association, approximately 14,000 (60%) of deafblind people are elderly.

The user perspective

23. The Scottish Executive held a user-led conference in December 2002 to hear at first hand what their community care service needs are. A number of key themes emerged.

Access to services

24. Access to services differs across the country. In some parts of Scotland there are sensory impairment teams to meet the needs of people who are blind and partially sighted as well as those who are Deaf, hard of hearing or deafblind. In others, there are specialist teams for each impairment. In some places the local authority provides services directly, while in others this is contracted out to local and national voluntary organisations. This in turn may lead to variations in how referrals are made and how assessments are undertaken as well as in what services are made available.

25. Different views were expressed about all visual and hearing impairments being amalgamated and categorised as sensory impairment. There was acknowledgement that there are common areas of need that may be most appropriately addressed in this way while there were others that require a unique response. Sensory Impairment Centres are one example of service delivery where there was a mixed response to their effectiveness. In some places these are said to be working well after an initial period of transition whereas in others multi-resource centres were thought to be used mostly by people with one impairment rather than the range.

26. A common first route to services is through assessment for equipment and adaptations. It was suggested that there is no consistency in Occupational Therapy services because it depends on where you live which equipment and adaptations are provided to enable access to services and information. It is not just a case of making sure local authority Joint Equipment stores work better, but of making sure that access is there. In drawing together aids for daily living, new technology should be considered as part of a range of options.

27. Deafblind people have very specific needs including:

- guide-communicators;
- home helps with specialist skills;
- care home staff for older people with knowledge and understanding about dual sensory loss.

28. While generally welcome as a means of achieving greater consistency of access, current proposals for the single shared assessment process will need to ensure that the format used has sections that clearly identify people with sight problems and that assessors are properly trained to pick up and identify people.

29. There are also said to be major variations across Scotland in what types of service are funded and the number of hours of each that are made available to users. One Council, for example, offers up to 5 hours weekly of guide communicator time for deafblind people to attend leisure centres while other authorities do not offer anything beyond community care services.

30. More positively, once a social work department has allocated a service to a person, that service is very rarely taken away.

31. The advantages of registration to assist in future planning for services were generally agreed, whilst recognising that some people feel that there is a stigma attached to being seen as different. It was thought that identification of deafblind people through Section 7 Guidance in England might be one helpful mechanism that could be applied in Scotland that would lead to predicting needs and numbers.

Information needs

32. Devising information, accessing it in appropriate formats and giving information to professionals and others are essential elements of an information strategy for people with sensory impairments. Information is crucial to people with sensory impairments, not just of itself but as the passport this offers to the quality of life that sighted people have. As one user said "It will make life a lot easier for people with a sensory impairment if the Action Plan encourages people to provide information in appropriate formats. For example e-mail; CD ROM, large print, subtitles, BSL".

33. Providers already have a duty to make available information which is accessible, as part of their responsibilities under the Disability Discrimination Act. It was thought that organisations which provide services do not always do what they might in terms of making information available. Sometimes providing a suitable format is an add on instead of standard practice. Therefore it was proposed that a standard document, if produced, should be very clear on what is required.

34. Those with deteriorating sight, especially if they are older, are apt to consider this to be an inevitable consequence of the ageing process and need to be helped to learn about services through easily accessible information. While IT opens new avenues to accessing information, this is not always affordable for those with sensory impairments and support may also be needed to highlight the benefits that technology can bring.

35. Where individuals do not have the necessary equipment at home this should be made readily available through community centres and libraries.

36. Blind people receive a variety of correspondence that, unlike most citizens, they are reliant on others to read for them. The continuing development of assistive technology should gradually alleviate the embarrassment that sharing private matters with others brings.

37. For professionals to support those with a sensory impairment they need access to information that will enable them to better understand the needs which exist to be able to respond appropriately. The need is not so great for those who work in specialist settings but

is for those who have little or no contact. Looking at society more widely, manufacturers and businesses need to better understand these needs and to provide specialist facilities within mainstream settings wherever possible to promote inclusion and minimise stigmatisation.

38. There was a request that the Scottish Executive conduct research into services in other countries to learn from the good practice that is known to exist in, for example, Scandinavia.

Standards

39. A statement of standards for the care of deaf and deafblind people has already been produced by a multi-agency Task Force in Scotland. The group believed this document should be accepted as it stands. Progress in Sight, a UK set of national standards for people who are blind or partially sighted, could be developed to become national standards for Scotland. Participants preferred that there should be separate standards for each impairment, although these could have a common title so that they were recognised as having the same status.

Training

40. The two sets of best practice standards, when revised, are seen as the basis to devise a coherent training strategy.

41. Training content needs to be reviewed to maximise its effectiveness. Some said there has to be a change of focus in the training that is provided. Most organisations currently provide Health and Safety training when communication training is a priority. While the Scottish Executive has recognised the importance of awareness training, the introduction of some aspects of the Disability Discrimination Act in September 2004 will have a huge impact on voluntary organisations that training is needed on. Similarly, the guidelines on direct payments will also change and people will need to be ready to deal with these. There is also thought to be a tendency to provide more generic training, which has led to worries about the removal of specialist education. BSL and Interpreter training are examples of specialist and complex training needs that will require specific attention.

42. It was felt that interpreters are not given the same respect in this country as they are elsewhere. In Finland and Sweden the governments fund courses where every student is guaranteed £10,000 per year for four years and students also have access to other funding.

User participation

43. It was generally agreed that the Scottish Parliament has been a positive development, as it is more accessible to users than Westminster. However, involvement could be extended further so that all users feel valued and not merely tolerated. Therefore standards should be driven by user participation, organisations need to be run by members and users need to be involved in management and policy. There was a feeling that users need to belong to a system before they can effectively influence it. Consultation should lead to better outcomes and not be tokenistic or repetitive and this relies on all partners working collaboratively. Good practice would suggest that the needs of people with a sensory impairment should be taken into account to make it possible for them to be involved on an equitable basis. This conference was a good start because the users led it and were actively involved at the beginning of the process.

44. Practical suggestions were made with regard to achieving user involvement. Acronyms should be avoided or explained. Letters and minutes should be issued in the appropriate styles and formats with simple and accessible language. It should also be recognised and taken into account that it can be very difficult to talk to a group of people – building confidence so that users feel more able to contribute is key.

Priorities

45. The Scottish Executive is providing local authorities with substantial additional resources for community care. This year we allocated £1.219 billion for community care to local authorities. Community care expenditure increased last year by 8%, with a further increase this year of 9.6%. It is for local authorities to decide on the priorities in their area and to set their budgets accordingly to best meet local needs.

46. In 2003-04 NHS boards will receive an average increase of 7.8% in their budget allocations. In addition, the Executive is making

£8 million of central funding available over the next 4 years to support the modernisation process.

47. For people with a sensory impairment the range of needs is diverse. People with disabilities are entitled to an assessment of need and any decision taken about care needs should be based on a detailed assessment of the individual's needs and wishes.

48. The route to services is not always clear to users. This may be because large-scale structures and systems are not readily able to address specific and specialist need. Nevertheless, the findings from the 2002 cycle of the Social Work Services Inspectorate Annual Report visits demonstrate a general commitment to delivering good quality services for people with a sensory impairment.

49. Mainstream service delivery itself is undergoing major change where the emphasis is on better joint working between local authorities, NHSScotland and the independent sector. The first care group to be focussed on was older people and those with a sensory impairment in this age range may already have benefited from the new structures and procedures that have been introduced. The policy is now being developed from all other adult care groups with a view to implementation by April 2004. This should lead to greater familiarity with the changes in practice and to better outcomes in the longer term.

Identification of need

50. As Chapter 1 indicates, the information about the needs and numbers of people with a sensory impairment varies enormously which impacts on subsequent service planning and delivery.

51. The Scottish Executive, through Sensing Progress and the Report of the Certification and Registration Working Group, highlighted the inaccuracy of the certification and registration process for blind and partially sighted people as either an indicator of prevalence or individual need. Work on reviewing the content, format and usage of the form used for this purpose, the BP 1, is ongoing. Deafblind Scotland has also been active in advocating the introduction of the equivalent of Department of Health Section 7 guidance which identifies those who are deafblind in England to the Scottish context. They do so, in part, because of the initial findings from the Identification Project. This was funded by the Scottish

Executive to ascertain the numbers of people who are deafblind, it indicates that as many of Scotland's 5000 deafblind people are within the single impairment lists, many as yet unrecognised as having dual sensory impairment.

52. A recognised sensory impairment registration system may be one way forward. This is a contentious issue with some users in favour because of the potential benefits that this may bring and others opposed because of the perceived stigma that is thought to be attached to this formalised procedure.

Recommendation 1

The Scottish Executive should consult on the best methods of collecting information to assist service planning and delivery, for all those with a sensory impairment, including consideration of the registration process.

Better joint working

53. The Joint Future Unit is a multi-disciplinary team which is broadly responsible for developing joint working between local authorities, NHS Scotland and other bodies to provide better community care services. Its business, the Joint Future Agenda, is now well accepted and local partnerships are actively implementing the key elements of joint working and joint community care services.

54. The Scottish Executive Circular CCD7/2001 sets out the key steps that local partnerships need to put in place to successfully implement joint resourcing and joint management. The circular indicated that while "no one size fits all" local partners in social work, health and housing should have:

- a high level joint committee/board;
- a high level senior operational management joint group;
- joint managers for services, as agreed by local partners;
- joint governance and accountability arrangements;
- joint human resources arrangements.

55. Under the 'Bottom Line' (January 2002) and 'Next Steps' (28 February 2003) letters issued by the Scottish Executive, local partnerships are expected to have joint management arrangements in place for older people's services by 1 April 2003. "Next Steps" also

expects joint management to be put in place for all other community care groups by 1 April 2004, including those with a sensory impairment.

56. Circular CCD 8/2001 on Single Shared Assessment (SSA) explains what is meant by single shared assessment and sets out the key steps necessary to achieve its implementation. In broad terms partners in social work, health and housing need:

- an agreed tool;
- systems to sustain the SSA; and
- arrangements to share information, with consent.

57. A self-assessment framework has enabled local partners to assess their progress towards implementation during 2002-03. Their local action plans (including the self-assessment) to achieve full implementation were submitted to the Joint Future Unit in October 2002.

58. The original timetable for implementing SSA in the 'Bottom Line' letter of January 2002 has been overtaken by the 'Next Steps' letter of 28 February 2003. It phases implementation of SSA over 2 years, ie 2003 and 2004. The expectation is that local partners should aim to have in place:

- SSA for all older people, by 1 April 2003;
- Arrangements for sharing information to support SSA, by 1 April 2003;
- Agreement on how the SSA tool(s) and processes will be applied to all other community care groups, by 1 April 2003; and
- SSA in place for all other care groups, by 1 April 2004.

59. The 5 Performance Indicators for SSA cover:

- implementing the SSA framework
- speedier assessments
- joint training for SSA
- joint protocol for accessing resources
- joint protocol for information sharing

60. Single shared assessment is fundamental. This will give a single entry point for community care services where there will be a

structured approach to assessment with less bureaucracy, duplication and delay. The intention is that information is shared between professionals and that each will accept the assessment outcomes. It is to be person-centred and needs led. It is to relate to the level of need and is not a one-off but an ongoing process. The idea is that there will be a lead professional who co-ordinates documents and shares appropriate information. This person will co-ordinate all contributions and will produce a single summary of need.

Single shared assessment and sensory impairment

61. It is essential that single shared assessment works for people with a sensory impairment. To date, there are few sensory impairment practice examples that have contributed to the new system. One exception is the use of Carenap as the assessment tool, which was introduced to the social work team at the Royal National Institute of the Blind (RNIB) Scotland in Edinburgh and the Lothians in 2002. They summarised their experience as follows:

62. Prior to this, social workers at RNIB used the Community Care Assessment forms produced by City of Edinburgh Council, by Midlothian and East Lothian Councils, depending on each client's home address. The introduction of Carenap, although marginally more time-consuming, is seen as positive. While there is a standardised approach to assessment which leads to a clear action plan that managers find easier to appraise and sign off, the waiting time for assessment has increased from 11 to 16 weeks. This is an average figure with urgent cases being allocated as a priority. The process is also less suitable for those who are under 65 and further work is needed on giving greater prominence to users' and carers' views and to developing a separate carer assessment. It will be important to ensure that the single shared assessment tool is sufficiently comprehensive to allow issues of sight difficulties to be identified by any assessor, so that some specialist assessments can be commissioned as part of the comprehensive assessment of need.'

63. A meeting with the Joint Future Unit and voluntary organisation representatives took place in March to begin to look at the concerns and the needs of people with a sensory impairment in the single shared assessment process.

Recommendation 2

The Scottish Executive should consider how local partnerships can ensure that the ability to capture sensory impairment and needs arising from this in the Single Shared Assessment process for older people shall be incorporated into SSA for other care groups.

64. While many of the needs of people with a sensory impairment can be met within mainstream services, some additional support will still be required. The Disability Discrimination Act 1995 sets the legislative context that is designed to enforce rights and prevent discrimination against disabled people.

65. Part 111 gives disabled people rights of access to everyday services. Duties under Part 111 are coming into force in 3 stages:

- treating a disabled person less favourably because they are disabled has been unlawful since December 1996;
- since October 1999, service providers have had to consider making reasonable adjustments to the way they deliver services so that disabled people can use them;
- the final stages of the duties, which mean service providers may have to consider making permanent physical adjustments to their premises, come into force in 2004.

66. The duty to make reasonable adjustments fall into 3 main areas:

- changing practices, policies and procedures;
- providing auxiliary aids and services;
- overcoming a physical feature or providing the service by a reasonable alternative method.

67. The Act does not define what are reasonable steps for a service provider to have to take in order to change its practices. A service provider must take reasonable steps to provide auxiliary aids or services if this would make it easier for disabled people to make use of any services which it offers to the public.

68. The Scottish Executive has just published an equipment and adaptations strategy Equipment and Adaptations report "Equipped for

Inclusion" that is designed to improve the provision of these services across social and health care boundaries.

69. An example of how technological advances have impacted on service delivery is the option for deaf people to have access to digital hearing aids, which was considered by the recent Public Health Institute of Scotland NHS Audiology Services in Scotland. The Partnership Agreement now includes a commitment to ensure the resources are available to allow the routine issue of digital hearing aids and support where they are the most clinically effective option. NHS boards are asked to develop modernisation action plans for hearing aid services, and an additional £1.5 million was made available earlier this year for the purchase of new audiology equipment.

70. What is appropriate will vary according to provider, service and service user. Auxiliary aids and services are not limited to aids to communication. From October 2004, these could be any kind of aid or service (section 21(4) SI 1999/1/91 reg 4).

71. Section 21(4) gives two examples of auxiliary aids or services: the provision of information on audio-tape and the provision of a sign language interpreter.

72. Information is a key element and users regard the Disability Rights Commission as a primary source of information on disability issues and are keen that its profile continues to develop. RNIB are at the forefront of developing formats for publications through their See It Right campaign and the principles on which this good practice guidance are laid seem applicable to other sensory impairments. The Scottish Accessible Information Forum has already developed local authority information standards. Evaluating and merging these strands of activity may develop their value further.

Recommendation 3

The Scottish Executive should review existing information standards for people with a sensory impairment in conjunction with the Scottish Accessible Information Forum and other appropriate organisations to assess what is and should be available.

73. Giving information is not sufficient. People with a sensory impairment need to be confident that when they make contact with a service there will be someone there who is able to communicate with them. At present they are unable to do so. It will take some years before this position is reached because of the time required to train staff to attain the appropriate skills. In the interim, a baseline is needed on which to build.

Recommendation 4

It is recommended that every social work or social care facility should have staff who are able to meet the basic communication needs of a person with a sensory impairment by April 2005.

74. For some people with a sensory impairment some services are specialist in nature. This may be the support of a Social Worker for Deaf People, the independence teaching skills of a rehabilitation and mobility worker for people who have a visual impairment or access to a deafblind communicator.

75. These services have developed incrementally and are not necessarily linked to each other or to mainstream service delivery. Focussing on deafblindness, reports such as Breaking Through recognise the essential nature of a professional guide/communicator service in the lives of deafblind people. However, although a guide/communicator service was first offered in Scotland some 8 years ago much of the country continues to be without a service, for example from April 2002 to March 2003 Deafblind Scotland provided 24,000 hours of guide/communicator service to just under 80 people. Looking to the future, the appropriate balance of mainstream with specialist services needs to be reviewed, with the added aspiration of equal access across Scotland. Obtaining users' views is essential to these deliberations and a series of consultation events is planned to ascertain user levels of satisfaction with the services they receive.

Recommendation 5

It is proposed that local research projects be conducted to find out what is working well in both urban and rural areas. These should identify what needs to change in community care services for people with a sensory impairment so that present inconsistencies and specialist needs are addressed. Consideration should be given to beginning this work in those

areas of Scotland where Deafblind Scotland has already assessed needs.

Standards

76. The sought after level of service for people with a sensory impairment currently appears in a number of individual service standards documents devised principally by voluntary organisations.

77. Published in October 2001, Scottish Best Practice Standards for Deaf, Deafened, Hard of Hearing and Deafblind people are designed to ensure that Community Social Work Services are founded in good practice. The standards were developed by a multi-agency Task Force.

78. The Scottish Best Practice Standards have been widely circulated amongst service planners, commissioners and service providers, and have been used to inform discussions, but probably not to determine levels and standards of services. Their adoption as standards for commissioning and contracting is at best patchy.

79. The content took extensive efforts to assemble and be agreed by the constituent interests and is considered to require minor updating for deaf people but may need further work on standards for those who are deafblind. While the latter are included, the emphasis is on those who become deaf first and this would need to be redressed by similar attention being given to those who become visually impaired first.

80. In 1996, the Scottish National Federation for the Welfare of the Blind (SNFWB) published Vision for the Future – a framework for minimum standards in Social Work and Rehabilitation Services for people with a visual impairment. This was the result of work undertaken by a committee drawn from the primary specialist providers of direct services to visually impaired adults and children in Scotland. The aim of the document was to provide a basis for direct service, commissioning, contracting and drafting of service agreements with voluntary or private agencies. The authors believed they had outlined a set of realistic and achievable standards, and local Councils were urged to adopt strategies to meet the overall standards by the year 2000.

81. The report was endorsed by ADSW and distributed to all local Councils in Scotland who used it in a similar way to the Best Practice Standards for those who are Deaf to inform debates about service provision but stopped short of becoming the hoped for recognised framework.

82. Most recently, in October 2002, Progress in Sight was published. This describes national standards of social care for visually impaired adults, aimed primarily at local authority social services in England to provide authoritative benchmarks with which to evaluate their services. This document provides a suitable reference point for the development of care standards in Scotland. There are also national care standards for those who have sensory impairments and who live in residential settings.

83. Despite these initiatives a framework of national service standards for community care services for people with a sensory impairment is still needed so that users and carers are clear about the nature of service that should be available and authorities will have appropriate benchmarks with which to evaluate their services.

84. Whatever standards are adopted, these will need to be costed and devised in conjunction with users and in partnership with ADSW and COSLA. They will also need to be reviewed at regular intervals to keep abreast of the more general developments within social care. There should be a set date for implementation with continuous monitoring through inspection and enforcement. Where possible, implementation should parallel implementation of some aspects of the Disability Discrimination Act scheduled for autumn 2004.

Recommendation 6

It is proposed that a short life working group is set up to produce common sensory impairment service standards to be completed for implementation by September 2004.

Training

85. Training is vital to delivering good services for people with a sensory impairment. There is no clear national strategy for training at present and, although there is general agreement about what elements of this might be, provision varies.

86. The Executive, in partnership with the Scottish Social Services Council, universities and colleges and employers is setting out to develop a strategy for training and development across the social care workforce. A top-level national workforce planning group will drive the agenda for education and training, organisational development, workforce planning and address issues of the status and profile of work in the sector.

87. The Social Work Services Inspectorate is doubling investment in education and training over the next 3 years and is keen to work closely with all service providers, including those who work with people with a sensory impairment.

88. The recent report by the Scottish Association of Sign Language Interpreters (SASLI) "Creating Linguistic Access for Deaf and Deafblind People - a strategy for Scotland" recommends setting up a Scottish Centre for Deaf Studies. The recognition by government of BSL as a language places some of the drive for development within the Equality Unit of the Scottish Executive rather than the Community Care Division, recognising that not all people who are Deaf will require community care support.

89. The Guide Dogs School of Vision and Rehabilitation Studies in Glasgow is currently on what it thinks will be its last intake of rehabilitation workers for the those who are blind and partially sighted. These students will complete their course in March 2004. There are currently no plans for a further intake due to the unsustainable nature of the costs.

90. The Scottish Council on Deafness reported a major crisis in recruitment, training and retention of specialist social workers with deaf people to the Cross Party Group on Deafness in 2002, indicating that local authority grants did not cover training costs with charitable resources subsidising the deficit. They also report that specialist training is in need of revision, particularly SVQs on BSL, Deaf and Deafblind Awareness, Lipreading and Communication Tactics.

91. There is a whole range of training available from deafblind awareness certificated courses to a new Deafblind Studies diploma course currently being piloted in Scotland. Deafblind Scotland has trained more than 200 people in Communication and Guiding Skills with deafblind people over the past 5 years, only 25 of whom are currently working within the deafblind field. The main reason being

that only a few deafblind people are funded to receive a service in any given area. This effectively curtails the development of a well trained professional guide/communicator service as seen in, for example, Scandinavian Countries.

92. It is essential to become clear about these needs and developments and their implications for practice in the Scottish context before deciding how best to take training forward through the action plan.

Recommendation 7

A national training strategy which strikes a balance between generic and specialist needs should be devised that places the needs of users and carers at its heart and is based on existing good practice standards. As a first step, the Scottish Executive should carry out an exercise to map all the information that is currently available, clarify the numbers involved and assess the usefulness of training programme content.

Physical Access

93. In 1981 the Secretary of State for Scotland recommended that each local authority nominate an access officer and encourage the setting up of access panels to improve disabled people's access to the built environment. The Scottish Executive commissioned the Scottish Council for Voluntary Organisations (SCVO) to undertake a review of access panels in Scotland to assess how much the work of access panels is valued by disabled people, their organisations and other key stakeholders such as architects, building control inspectors and others who use the service. They also had to consider whether this work continues to meet a legitimate need, which should be financially supported by the Executive.

94. The report "A Review of Access Panels in Scotland" was submitted in March 2002 and provided a platform to take forward the agenda for access panels. The Executive felt that it was important for all key stakeholders, to be involved in delivering the report's recommendations and an Access Panels Steering Group, facilitated by SCVO, was formed to take the recommendations forward. Following consultation, the Steering Group submitted its Report to the Executive who has recently replied welcoming the recommendations in principle. The main recommendation is that a national umbrella

body is set up with a co-ordinating function for access panels. Work is ongoing on how best this body can be established.

Recommendations summary

1. The Scottish Executive should consult on the best methods of collecting information to assist service planning and delivery, for all those with a sensory impairment, including consideration of the registration process.

2. The Scottish Executive should consider how local partnerships can ensure that the ability to capture sensory impairment and needs arising from this in the Single Shared Assessment process for older people shall be incorporated into SSA for other care groups.

3. The Scottish Executive should review existing information standards for people with a sensory impairment in conjunction with the Scottish Accessible Information Forum and other appropriate organisations to assess what is and should be available.

4. It is recommended that every social work or social care facility should have staff who are able to meet the basic communication needs of a person with a sensory impairment by April 2005.

5. It is proposed that local research projects be conducted to find out what is working well in both urban and rural areas. These should identify what needs to change in community care services for people with a sensory impairment so that present inconsistencies and specialist needs are addressed. Consideration should be given to beginning this work in those areas of Scotland where Deafblind Scotland has already assessed needs.

6. It is proposed that a short life working group is set up to produce common sensory impairment service standards to be completed for implementation by September 2004.

7. A national training strategy which strikes a balance between generic and specialist needs should be devised that places the needs of users and carers at its heart and is based on

existing good practice standards. As a first step, the Scottish Executive should carry out an exercise to map all the information that is currently available, clarify the numbers involved and assess the usefulness of training programme content.

Annex 1 SWSI Annual Report 2002

<p>Aberdeen City</p>	<p>Planning for sensory impairment services in Aberdeen is carried out by a sensory disability multi-agency task group, which secures the involvement of service users and carers and maintains links with Aberdeenshire and Moray councils. Voluntary organisations carry out most assessments, provide a range of services commissioned and monitored by social work and supply awareness training to social work staff. (p9)</p>
<p>Aberdeenshire</p>	<p>Sensory impairment services have been gradually improved, but there is an outstanding requirement to harmonise and improve the assessment process for these services. (p23)</p>
<p>Angus</p>	<p>A strategy group reviews sensory impairment services, with representation from social work and voluntary service organisations. The Council purchases assessment, rehabilitation, mobility and communication services from local voluntary sector providers. Arrangements for future needs assessment have been reviewed but the views have still to be taken of children and their parents about new arrangements. (p27)</p> <p><i>The Future:</i> Sensory impairment services call for a higher priority; joint working between those providing services for people with sensory impairment can be improved – that is between social, health and education workers and voluntary sector providers. (p31)</p>

Argyll & Bute	<p>Some 3000 people with a sensory impairment are scattered throughout Argyll and Bute. Specialist social work staff are involved in future needs assessments. They also deliver an extensive programme of sensory awareness training. Specialist interpreting services are purchased from Deaf Communications. Joint working takes place at an operational level. (p35)</p> <p><i>The Future:</i> Higher quality of sensory impairment services through increased joint working of social work, education and health staff, closer involvement of voluntary organisations, clear identification of priorities for service development and wider adoption of imaginative patterns of service delivery in particular localities. (p40)</p>
Clackmannanshire	<p>A Forth Valley group plans services for people with sensory impairment. The group has started to work through the recommendations of Sensing Progress but cannot commit resources. (p42)</p> <p><i>The Future:</i> giving greater priority services to meet the needs of people with sensory impairment, there is an urgent need to take forward the recommendations of Sensing Progress in collaboration with health and education services. (p46)</p>

<p>Dundee City</p>	<p>Dundee does not have an over-arching strategy group for sensory impairment services, embracing service providers, health and education. The Council has recently renewed service level agreements with its two principle providers of sensory impairment services: Tayside Association for the Deaf and Dundee Society for the Visually Impaired, who work closely with children’s services, who also work closely with education. Services for deaf-blind people are provided by a range of providers. (p57)</p> <p><i>The Future:</i> with health, education and voluntary organisation partners, carry out a strategic overview of sensory impairment services and identify priorities for improvement. (p61)</p>
<p>East Ayrshire</p>	<p>The three councils are working to improve sensory impairment services. Links with voluntary organisations, Visual Impairment Ayrshire and the Ayrshire Mission for the Deaf, have added value to the professional practice delivered by the local authorities. There is an opportunity to enhance guide/communicator services jointly with Deafblind Scotland. The Council is in the process of reviewing its future needs assessment procedures for children with sensory impairment. (p65)</p> <p><i>The Future:</i> preparing a scheme for the progressive improvement of sensory impairment services across the area. (p69)</p>

<p>East Dunbartonshire</p>	<p>Sensory impairment services are provided by a small team and a number of voluntary service providers. Future needs assessments have been reviewed and are the subject of a pilot study commissioned from the Profound and Multiple Impairment Service. (p73)</p> <p><i>The Future:</i> Services for people with a sensory impairment call for a higher priority in future. The department needs to establish joint working with health and education. To chart the way ahead, the Council might establish with partners a strategy and resource group for people with a sensory impairment. (p78)</p>
<p>East Lothian</p>	<p>Services for people with sensory impairments are under review, which should lead to future improvements. All assessments and services are commissioned from voluntary organisations: Visual Impairment Services South East Scotland and Edinburgh and East of Scotland Deaf Society. Health staff take the lead on future needs assessment – which is also being reviewed. (p81)</p> <p><i>The Future:</i> In response to the review of sensory impairment services, the council should plan and determine resource priorities, as suggested for learning disability. (p85)</p>

<p>Edinburgh City</p>	<p>A multi-agency group develops strategy for sensory impairment services and an all-Lothian initiative co-ordinates strategy, develops user involvement, and shares good practice. Visual Impairment Services South East Scotland, Edinburgh and East of Scotland Deaf Society, and Deafblind UK are contracted to provide services, including assessments. Voluntary sector staff share training with the Council and are involved in new initiatives, such as single shared assessment.</p> <p>All offices have loop systems, and training has been carried out to improve communications with people with a sensory impairment. Translating and interpreting services are provided through corporate services. Community education has lip speaking classes for people who are losing or have lost their hearing. (p97)</p> <p><i>The Future:</i> To compliment its services for people with sensory impairments, the council should review the future needs of children with sensory impairments and how it analyses them, with a view to planning the future planning of services for children and the resource priorities required to achieve it. (p102)</p>
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<p>Eilean Siar</p>	<p>For people who have a sensory impairment (who tend to be in the older age group) a specialist worker provides a support service, maintaining a network of resources including day centres and occupational therapy. She carries out assessments and provides equipment as necessary. Any registration procedure for people who are blind or partially sighted is initiated by a visiting ophthalmologist, though delays can follow in providing significant support. Specialist rehabilitation services for people with a visual impairment are purchased from Guide dogs for the Blind. (p105)</p> <p><i>The Future:</i> There are no organisations for people with a sensory impairment. Demand for services is low but highly volatile, and the Council faces real practical difficulties in funding and staffing a professional service. To address the problem and bring together realistic proposals for development the Council could commission a multi-disciplinary group to carry out a strategic review of options for the future. (p110)</p>
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Falkirk	<p>The Council is developing a multi-agency resource centre for people with sensory impairment. Resources and partnerships with health and the RNIB are in place but a sight has still to be identified. A senior social worker co-ordinates sensory impairment services; she is to co-ordinate the register, manage staff and be involved in training. Other aspects of the local sensory impairment services are:</p> <ul style="list-style-type: none"> • an intake service in the eye clinic and good joint working with ophthalmology; • a service user group which meets 6 weekly; and • deafblind communicators (10 in-house, with further service available from Deafblind Scotland). (p121)
Fife	<p>A joint working group on sensory impairment with social work, education, health and voluntary sector representation is central to taking forward the recommendations of Sensing Progress. Voluntary organisations work alongside social work and health services to provide a one-stop shop. “Fife Sensory Impairment Centre”, for people with a sensory impairment. The RNIB, in partnership with Fife Society for the Blind and the Council, have set up a facility within the new centre for people with a learning disability who have a sensory impairment. (p129)</p>

Glasgow	<p>A Sensory Impairment Planning and Implementation Group – led by social work and including representatives from health, education, housing, the voluntary sector and users – develops and implements improvements in sensory impairment.</p> <p>The Council has sought to enhance awareness training on visual impairment for social work staff. Similar work on hearing impairment is at a design stage. The Council supports a comprehensive Guide Communicator Service for Deafblind People. (p137)</p>
Highland	<p>There are multi-agency links for services for people with a hearing impairment, but no similar arrangements are in place for people with a visual impairment. The Council has plans for a sensory impairment resource centre, based at Raigmore Hospital, to create an opportunity for a multi-agency partnership for both visual and hearing impaired people.</p> <p>The Council and the Health Board have commissioned a new deaf communication service. For people who are deafblind the Council commissions supported accommodation run by Sense (Scotland) and guide/communicators provided by Deafblind Scotland. (p145)</p> <p><i>The Future:</i> There are multi-agency links for services for people with a hearing impairment. Links for people with a visual impairment are less robust although the council, in collaboration with the NHS Highland and the independent sector, are embarking on the development of a single strategy for sensory needs. This may be further advanced by the development of a sensory impairment resource centre, and the Council will take the opportunity to take forward preliminary plans for such a centre based at Raigmore Hospital, which could be the base for a partnership of service providers, including specialist voluntary organisations.</p>

	<p>For deafblind services, the review of future needs assessment planned by the Council should be taken forward as a basis for decisions on strategic development and resource priorities. (p151)</p>
Inverclyde	<p>A local strategy for sensory impairment services envisages development of a new disability resource centre in 2003 as the focus for service improvement. Changes to the purchase of services have been made following a best value review. (p154)</p> <p><i>The Future:</i> A searching review of the procedures for assessing the future needs of people with sensory impairments is overdue, in view of the continuing time gap between registration and assessment. (p159)</p>
Midlothian	<p>Midlothian leads the Lothian sensory needs joint planning group, which has prepared an action plan for service improvements. Midlothian is examining potential improvements in tracking future needs assessments for children with sensory impairment.</p> <p>Under service level agreements Visual Impairment Services South East Scotland provides a service to visually impaired and deafblind, and the Edinburgh and East of Scotland Deaf Society provides a parallel service for the deaf. Both services are being reviewed. (p163)</p>

<p>Moray</p>	<p>The Moray Resource Centre provides a location for services to people with a sensory and physical impairment. In addition, Grampian Society for the Blind have their own premises in Elgin and have strong links with Moray Resource Centre. Staff from Grampian Society for the Blind, Aberdeen and North East Deaf Society and colleagues from three other voluntary organisations provide specialist services. A recent review of the Grampian Society has led to a shift in focus from social work towards rehabilitation. (p171)</p> <p><i>The Future:</i> Sensory impairment services in Moray are patchy and the Council should consider undertaking with health partners a strategic review of developments in the service and identify resource priorities to implement them. (p175)</p>
<p>North Ayrshire</p>	<p>Sensory impairment services have been merged into a single team, based in one location with a single Team Leader. Services are also provided by voluntary organisations. Following abortive efforts to develop an all-Ayrshire multi-agency resource group, a working group of the 3 Ayrshire councils is reviewing service issue by issue. (p179)</p> <p><i>The Future:</i> Plans for future services for people with sensory impairment should specifically include a review of future needs assessments for children with a sensory impairment and provision for transition from children's to adult services. (p184)</p>

North Lanarkshire	<p>A development agenda is being progressed for sensory impairment services. Action has been focused on links with Deafblind UK, and on IT developments for people with a sensory impairment. The Council has reorganised its service teams under the umbrella of independent living, with sensory impairment teams accountable to a single manager. (p187)</p> <p><i>The Future:</i> Progress on taking forward the recommendations of Sensing Progress has been slow, and further attention is needed on developing services for people with a sensory impairment. (p191)</p>
Orkney Islands	<p>Working under the joint manager for occupational therapy, a rehabilitation officer supports people with either a hearing or visual impairment. There is a visual impairment association, but no similar group for people with a hearing impairment. Resources for working with people with a sensory impairment are proportionate to the needs which the Council has identified. (p195)</p>
Perth & Kinross	<p>Visual impairment services are provided largely by Perth and Kinross Society for the Blind and Tayside Association for the Deaf. Strategic planning falls to a sub-group of the health and disabilities task group, comprising Care Together staff and the voluntary organisations. The lack of health or education representation inhibits its capacity to address a comprehensive sensory impairment service. A transition group – with links to the sensory impairment sub-group – manages continuity during and following future needs assessments. (p203)</p> <p><i>The Future:</i> To consolidate improvements in services for those with sensory impairments, the Council should give priority to training staff working with people with a sensory impairment.(p208)</p>

<p>Renfrewshire</p>	<p>The new Mile End Resource Centre marks a major advance in services for people with a sensory impairment and for those with multiple disability. Drawing on extensive consultation with users, it provides assessment, equipment and skills training and access to specialist information for blind and visually impaired and deaf or hearing impaired people. All information is provided through video in sign language and deaf people are free to use video equipment to pass and receive information in sign language or lip speaking. The Centre has a showroom and a variety of built-in loop systems facilitating the demonstration of equipment, ease of discussion and access to information. The Council's social work teams for visually and hearing impaired and some occupational therapy services are based within the Centre. To supplement the guide/communication skills of staff, services are purchased from Deafblind Scotland. (p211)</p> <p><i>The Future:</i> preparation of a strategic plan for sensory impairment services, to consolidate the benefits already achieved through joint working with audiology services, eye clinics and ophthalmology services. (p216)</p>
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<p>Scottish Borders</p>	<p>Services for people with sensory impairment are dispersed. Some towns have clubs for people with a visual or hearing impairment, but initiatives are not linked with health and education services. People with a visual impairment look to hospital-based services. There is a small waiting list for those waiting for assessment following registration.</p> <p>Services for people with hearing impairment include the provision of lip-reading classes in four towns. Access to a qualified interpreter is afforded through external purchase. Deafblind Scotland provides awareness training for working with deafblind people, but there are no guide/communicators. (p219)</p> <p><i>The Future:</i> Sensing Progress recommended developing a strategic framework to guide the planning and implementation of services for people with a sensory impairment. This approach seems completely suited to the circumstances of Scottish Borders, and Council and its health partner could commission a joint expert group for the purpose. (p224)</p>
<p>Shetland Islands</p>	<p>A joint working group is developing detailed proposals for a redesign of sensory impairment services, including speech and language therapy. Progress is monitored by an advisory team, including the community care forum and stakeholders from both the statutory and voluntary sector. There are no sensory impairment associations within Shetland. (p227)</p> <p><i>The Future:</i> sensory impairment services (including speech and language therapy), which are being reviewed by a joint working group; this work should be completed as soon as practicable, so that the Council can determine a strategy for future development and resource priorities for its implementation. (p232)</p>

South Ayrshire	<p>The Council provides a rehabilitation and mobility service for visually impaired people, interpreting resources for profoundly deaf sign language users, communication support for all hearing impaired people and specialist information for both visual and hearing impaired people. Its sensory impairment team has qualified guide/communicator support available. The team is involved in future needs assessments for visually impaired children but not for those with a hearing impairment. (p235)</p>
South Lanarkshire	<p>The Council has a major capital investment program (£12m in 2002-2003 and £4m in 2003-2004) focused on providing attractive and high quality facilities. IT includes: ... an integrated adult services facility that can be used by people with dual-sensory impairment and/or multiple disabilities which affords access to personal care, privacy and IT facilities. (p242)</p> <p><i>The Future:</i> The Multi-Agency Strategy and Resource Group have usefully identified improvements required in sensory impairment services, which will identify the resource priorities and service developments. (p249)</p>

<p>Stirling</p>	<p>Progress is being made towards a more coherent service for people with sensory impairments, through a multi-agency group and a Sensing Progress implementation group of the Council. The focus is on ensuring that people have access to the services they need, and on partnership working. Services for children with sensory impairments are included, and the Council is supporting a bid by the Royal National Institute for the Deaf for an advocacy service for deaf children.</p> <p>Joint working with health services is evident at the Stirling Royal Infirmary visual impairment clinic and the joint loan equipment store. Stirling is to have access to a Resource Centre being developed in Falkirk. Various avenues are being followed – in collaboration with voluntary organisations – to ensure that people have access to appropriately trained staff and to interpreting services. The numbers of referrals and assessments have risen markedly. (p253)</p>
<p>West Dunbartonshire</p>	<p>A higher rate of people is receiving a service for physical disability than in most other authorities, and the number has increased between 1999 and 2001. There is a joint physical disability strategy group, but no corresponding group for people with a sensory impairment. Joint working, including education, operates at practice, rather than strategic level. Progress achieved includes:</p> <ul style="list-style-type: none"> • appointment of a development worker; • LHCC funding for a full-time worker for people with a hearing impairment; • RNIB funding for a worker for people with a visual impairment within learning disability services; and • (jointly with the Glasgow and West of Scotland Society for the Blind and public health staff) improved links with eye clinics. (p261)

	<p><i>The Future:</i> Sensory impairment services would benefit from a strategic lead on their future development across the whole area. The Council and its health partners should formulate a strategic plan for improvement and identify the resource priorities required for its implementation. (p266)</p>
West Lothian	<p>The Council has started implementing the relevant recommendations from Sensing Progress. A local multi-agency group has been established; and a sensory resource centre has been opened at St John's Hospital from which the Council and voluntary organisations are delivering services and assessments for deaf and visually impaired people. (p269)</p> <p><i>The Future:</i> To enable the development of sensory impairment services to proceed the partners should complete as soon as practicable the review of the future needs assessment process for children moving towards adulthood and facing a continuing need for support. (p272)</p>

Annex 2 Disability Discrimination Act 1995

(Disability Rights Commission Summary (Extract))

For a deaf person who uses British Sign Language as his or her main form of communication, having a qualified BSL interpreter is the most effective method of communication. This is because for people whose first language is BSL (rather than spoken or written English) exchange of written notes or lipreading can be an uncertain means of communication.

British Sign Language Interpretation may not be easily available and should be arranged in advance wherever possible. If an interpreter is not available, the service provider should consider an alternative method of communication, in consultation with the deaf person.

The Act leaves open what particular auxiliary aids or services might be provided in specific circumstances. Disabled people may be able to help the service provider to identify difficulties in accessing the service and what kind of auxiliary aid or service will overcome them. It is good practice to include disabled customers in the process of considering what reasonable adjustments should be made. However the duty remains on the service provider to determine what steps it needs to take.

In many cases, a service provider will need to consider providing auxiliary aids or services to improve communication with people with a sensory impairment (such as those affecting hearing or sight) or a speech impairment or learning disabilities. The type of auxiliary aid or service will vary according to the importance, length, complexity or frequency of the communication involved. In some cases, more than one type of auxiliary aid or service might be appropriate, as different people have different communication requirements. Account should also be taken of people with multiple communication disabilities, such as deaf-blindness or combined speech and hearing disabilities.

Provision for people with a hearing disability

For people with hearing disabilities, the range of auxiliary aids or services which it might be reasonable to provide to ensure that services are accessible might include one or more of the following:

- written information (such as a leaflet or guide);

- a facility for taking and exchanging written notes;
- a verbatim speech-to-text transcription service;
- induction loop systems;
- subtitles;
- videos with BSL interpretation;
- information displayed on a computer screen;
- accessible websites;
- textphones, telephone amplifiers and inductive couplers;
- teletext displays;
- audio-visual telephones;
- audio-visual fire alarms;
- qualified BSL interpreters or lipspeakers.

Where sign language interpretation is used as an auxiliary service the interpreter should be capable of communicating accurately and efficiently with both the disabled person and the other parties involved. Other interpretation services such as lipspeakers and Makaton communicators should similarly be capable of communicating accurately and effectively.

Service providers should bear in mind that hearing impairments take many forms and are of varying degrees. What might be a reasonable auxiliary aid or service for a person with tinnitus or reduced hearing might not be a reasonable adjustment for someone who is profoundly deaf.

Provision for people with a visual impairment

For people with visual impairments, the range of auxiliary aids or services which it might be reasonable to provide to ensure that services are accessible might include one or more of the following:

- readers;
- documents in large or clear print, Moon or Braille;
- information on computer disk or e-mail;
- information on audiotape;
- telephone services to supplement other information;
- spoken announcements or verbal communication;
- accessible websites;
- assistance with guiding;
- audio description services;
- large print or tactile maps/plans and 3-dimensional models.

Deafblind people are not necessarily assisted in accessing services by the simple provision of communication aids designed for people with hearing disabilities or visual impairments. Such aids could assist deafblind people if appropriately used eg information leaflets produced in Braille or Moon or acoustics, induction loop systems etc. However, what is appropriate will depend on the nature and extent of the individual's sensory impairment and the method she uses to access information. Adjustments which may be of use to a deafblind person might include engaging a deafblind manual interpreter for important meetings or having a member of staff trained in specific ways to help a deafblind person. Where service providers give their staff disability awareness training it could include safe guiding and tracing capital letters and numbers on the palm of the hand.

Annex 3 Developments in Social Work Education

The Social Work Development Team has been primarily concerned with the Action Plan for Social Services Workforce.

The introduction of a new honours degree level qualification for social workers

A Project Group was set up including representatives of the Scottish Social Services Council, employer and user members and professional organisations and a sub-group, the Practice Learning Group, with representatives drawn from the same organisations and associations to look at the place of practice learning in the new degree.

In January 2003 Standards in Social Work Education (SiSWE) were launched which set out what student social workers will need to achieve to gain the honours degree and become professionally qualified. The SiSWE bring together key elements of 2 previous standards documents for social work: the Quality Assurance Agency for Higher Education's Benchmark Statement and the National Occupational Standards for Social Work. In this way the SiSWE follow similar developments in Scotland in initial teacher education, nursing, midwifery and health visiting.

Supporting Front Line Staff

A Project Worker was recruited to work with the Association of Directors of Social Work to develop these supports.

Management Training Programme

In conjunction with the Scottish Leadership Foundation a specification for a training programme was devised aimed at front line and middle managers with an emphasis of helping them manage the changes associated with delivering integrated services.

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The Scottish Executive

Community care services for people with a sensory impairment

An Action Plan Summary

Community care services for people with a sensory impairment are often an important lifeline. It is now time to review where we are and to move forward together. So this Action Plan builds on what is already in place and sets out short, medium and long-term goals to meet some of the common needs identified by people with sensory impairments themselves. People with a sensory impairment may need very specific services, but will also have some common needs. It is these that this report considers.

To begin this process we approached representatives of key national organisations who provide services for those with a sensory impairment and asked them to work with us on planning and delivering a user – led conference. The conference was able to identify and agree some common community care issues that could be addressed in a unified way and these form the basis of the recommendations.

The purpose of this consultation is to open up the debate further and to extend the opportunity for others to comment before reaching final conclusions on the way ahead.

We think that what people would appreciate is:

Better access to information about services

Better access to services

Understood standards of service that users can expect

Improved training for staff who provide services

Increased user participation in how services are developed

The report suggests some ways in which this work could be done and makes a number of recommendations. These are:

- 1. The Scottish Executive should consult on the best methods of collecting information to assist service planning and delivery, for all those with a sensory impairment, including consideration of the registration process.**
- 2. The Scottish Executive should consider how local partnerships can ensure that the ability to capture sensory impairment and needs arising from this in the Single Shared Assessment process for older people shall be incorporated into SSA for other care groups.**
- 3. The Scottish Executive should review existing information standards for people with a sensory impairment in conjunction with the Scottish Accessible Information Forum and other appropriate organisations to assess what is and should be available.**
- 4. It is recommended that every social work or social care facility should have staff who are able to meet the basic communication needs of a person with a sensory impairment by April 2005.**
- 5. It is proposed that local research projects be conducted to find out what is working well in both urban and rural areas. These should identify what needs to change in community care services for people with a sensory impairment so that present inconsistencies and specialist needs are addressed. Consideration should be given to beginning this work in those areas of Scotland where Deafblind Scotland has already assessed needs.**
- 6. It is proposed that a short life working group is set up to produce common sensory impairment service standards to be completed for implementation by September 2004.**
- 7. A national training strategy which strikes a balance between generic and specialist needs should be devised that places the needs of users and carers at its heart and is based on existing good practice standards. As a first step, the Scottish Executive should carry out an exercise to map all the information that is currently available, clarify the numbers involved and assess the usefulness of training programme content.**

We would like to know what you think about these recommendations. Please let us know your views by e-mailing us at: -

george.whitton@scotland.gsi.gov.uk or write to us at CCD1: 4, 2 E.R, St Andrew's House, Regent Road, Edinburgh, EH1 3DG by Friday 14 November 2003 at the latest.

What you say will be available publicly unless you make it clear that you do not want this to happen.