



West Dunbartonshire
Community Health Partnership



Joint Sensory Impairment Strategy

2010 – 2014

This strategy has undergone an Equalities Impact Assessment.

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1. Introduction

1.1 The West Dunbartonshire Partnership is pleased to present its second Joint Sensory Impairment Strategy for 2010 - 2014. The strategy sets out plans for Sensory Impairment Services across the West Dunbartonshire area.

1.2 Over the past four years we have been working to address the challenges which face people with and affected by sensory impairment as laid out in the strategy 2007 - 2010. Having a sensory impairment means that people's ability to access information, live independently and access appropriate communication supports can be affected. This strategy takes account of these issues and outlines how we intend to address these challenges. The strategy covers a four year period and will be reviewed and re-written in 2014. Annual detailed implementation plans will be developed, the first one will be published following the consultation on this strategy.

1.3 The strategy focuses on adults and older people in line with the priorities of the Older People's Joint Strategy Group but recognises the need to consider the needs of children and young people with a sensory impairment within the new Integrated Children's Service Plan. This strategy also informs and reflects the wider issues laid out in the new Commissioning Strategy for Rehabilitation and Enablement for West Dunbartonshire.

1.4 The strategy, as previously, is founded on the belief that people with a sensory impairment have the right to opportunities and services. Recent policy changes and developments both locally and nationally have helped to embed co-ordinated and joined up services. This continued approach to partnership working is key to the implementation of this strategy across services.

1.5 Service users have for a number of years played a vital role in the development of the first strategy and its implementation through the planning process and as equal partners in the development, re-design, commissioning, monitoring and evaluation of local services. This has ensured gaps are highlighted and outcomes for service users are relevant and appropriate.

2. Background

2.1 Within West Dunbartonshire “sensory impairment” is used in this strategy as a broad descriptor to cover blindness, visual impairment, deafness, hard of hearing, being deafened, dual sensory impairment and deafblindness¹.

2.2. Both hearing and vision impairment increase with age, with a marked rise over 60 years. This, taken with the current predictions about population age changes in West Dunbartonshire over the next 20 years, points to future challenges in meeting the needs of older people arising from loss of hearing, of vision, or the combination of both, deafblindness.

2.3 Partnership working in West Dunbartonshire is well established, shown by the work of the Joint Sensory Impairment Strategy Group. Following an extensive two year local consultation, the group was formed in 2004 charged with preparing the joint strategy for services for those with sensory needs. The original and continuing aim of the group is to give service users and providers a clearer understanding of sensory impairment issues within the context of West Dunbartonshire as well as a multi-agency discussion forum for sensory impairment issues.

2.4 This has allowed the development of innovative and often simple solutions to specific issues. This grassroots approach has underpinned the research and consultation projects across the Council area. The key partners ensure local plans and strategies are agreed, progressed and monitored through the Joint Sensory Impairment Strategy Group. The main focus of which is to :-

- Review, monitor and develop local services
- Ensure national strategies and plans are incorporated into local planning
- Commission specialist services for people with a sensory impairment

¹ Appendix 1 – notes on terminology

3. Vision and principles

3.1 This strategy takes a person centred approach to the identification and assessment of need. Although within this document the term sensory impairment is used as broad descriptor, this document also recognises that people with a sensory impairment are not a homogenous group and need to have their requirements met based on their needs as individuals.

3.2 This approach is underpinned by effective identification and needs assessment of people with a sensory impairment. It is therefore essential that there is a clear link between assessed need and service planning.

3.3 However one of the challenges over the next 5 years is that the population of West Dunbartonshire aged over 65 years is expected to increase. This is the age group who are more likely to develop a sensory impairment and we need to plan support services to ensure we are able to meet needs and expectations.

3.4 Most people with a sensory impairment are living within the community, a smaller number may require a more supportive environment often as a result of other conditions. It is important, that wherever possible, support services are developed in areas that are accessible to them at times in their lives when they are in need. This includes support, training and advice to care homes and day and residential services as well as wider community care services.

3.5 Currently, and often, the key focus for people with a sensory impairment is based on enablement and rehabilitation whether these be linked to the provision of specialist mobility training for people with sight loss or lipreading classes for people with hearing loss. These approaches aim to improve the quality of life and independence of the individual, and is supported by the provision of Low Vision Aids and Daily Living Equipment. This model of service is based on a partnership between the service provider and service user, also taking into account the views of carers.

4. Sensory impaired people in West Dunbartonshire

4.1 Hearing and visual impairment is closely correlated with age, the majority of people affected being over 60 years. Life expectancy for men and women continues to rise. It is not unusual for individuals to live in the community for some time even although their coping skills have been reduced as a result of a hearing and/or sight loss, but then they find it difficult to manage and require further help. Services must take account of the potential for intermittent need over a lifetime. The role of assessment and review is central to ensuring people get access to the right services at the right time.

4.2 The issues of people with a visual impairment are well documented and often relate to wider issues than access to statutory social care services. Half of the reasons for visual impairment conditions are as a result of preventable or treatable causes. The leading causes of sight loss are macular degeneration, glaucoma and diabetic retinopathy. It is important for people to visit the optician regularly as they are trained to identify eye conditions and it is important to be referred to an eye specialist quickly.

4.3 Everyday risks faced include tripping over uneven paving or clutter on pavements such as goods placed outside shops, wheelie bins on the pavement or unclipped hedges have been well documented. A fear of exploitation by people entering their home and being vulnerable to crime; burglary and physical attack, has been frequently mentioned. Many people have expressed frustration at not being able to manage their own personal affairs like reading bank statements, even if in large print, writing cheques, using cash machines, being able to recognise coins and bank notes, relying on others to read personal mail and generally being made to feel dependent on others.

4.4 In Scotland the number of people registered blind or partially sighted was estimated to be 37,423 and prevalence data from the RNIB suggests that the number of people registered is some 23% of those eligible. This would give an estimate of around 120,000 visually impaired people in Scotland. As with hearing loss the incidence of visual impairment increases with age with 68% of those registered being over the age of 75.

4.5 Within West Dunbartonshire, there are currently a total of 262 registered partially sighted and 307 registered blind on the Register of Blind and Partially Sighted people. Of those, 212 are recorded as having additional disabilities including deafness, learning disabilities, mental ill health and/or physical

disabilities. There are 375 people over the age of sixty five recorded within the total of 569, and 17 aged fifteen and under².

4.6 As with visual impairment, the issues affecting deaf people are well-documented. It is essential for people to be provided with facilities which ensure they feel included wherever they go, for example loop systems in public places and staff that have undertaken deaf awareness training and are able to communicate with deaf people. People with acquired hearing loss have reported that frequently their 'hearing partner' is the person addressed and that other people should be more patient and willing to try and communicate by speaking clearly, standing in front of the person or being prepared to write things down. Friends and family do not always possess the professional skills necessary in communication methods and misunderstandings and misinformation can have serious consequences in a variety of settings.

4.7 There are currently 758,000 deaf and hard of hearing people in Scotland, there are no more up-to-date figures than that³. The prevalence of deaf and hard of hearing people in West Dunbartonshire, would be based on incidence of one in seven people in the UK who are believed to have some degree of hearing loss. There is no formal recording process of deafness or hearing loss as there is with the Register of Blind and Partially Sighted people, however previous research identified less than 30 Deaf people living in West Dunbartonshire⁴. Using the RNID figure of 1 in 7 of the population who have a hearing loss, it would suggest that there are around 14,000 hard of hearing and deafened people living in the area.

4.8 In terms of an additional disability, work carried out within Lennox Castle Hospital estimates that 33% of people with a learning disability have an additional visual or hearing impairment⁵.

4.9 West Dunbartonshire commissioned Deafblind Scotland to identify deafblind people living in the area. Numbers of deafblind people identified were categorised as follows; existing Deafblind Scotland members in the area recorded at 8; self-referrals found to be deafblind recorded at 6; people known to the Social Work Department, as it was, recorded was 13. A total therefore of 27 people were identified as having a dual sensory impairment. For the population in the West Dunbartonshire area, using generally accepted

² Scottish Government return end March 2009

³ Adrian Davies (1995) *Hearing in Adults*.

⁴ West Dunbartonshire and Deaf Connections studies 1998 & 2001

⁵ Dr Alison Kerr Lennox Castle Hospital (Scottish Medicine Volume 16 No 3 1997)

incidence of 40:100,000 the realistic expected number would be 37 deafblind people⁶.

4.10 People have very individual needs across the sensory spectrum and the major challenges are in addressing communication, mobility and information needs. The extent of these challenges require a united front on the part of service providers in West Dunbartonshire which will make the best use possible of resources to bring about change. This is our main focus within the action plan. Clearly there are large numbers of people who have a sensory impairment that impacts on their independence. Sensory impairment added to other conditions such as acquired brain injury, physical disability including stroke patients, those with diabetes or MS, where there are issues of mental ill health, makes sensory loss a significant issue for those planning and co-ordinating service provision across agencies.

4.11 The new West Dunbartonshire Joint Future Partnership Carers Strategy 2009, acknowledges the vital role of carers and recognises the role of carers in the planning and delivery of all services to physically disabled people.

⁶ West Dunbartonshire and Deafblind Scotland Identification Project 2005-2006

5. Strategic context

5.1 There is no national strategic framework for Sensory Impairment, however there are national and local development plans and strategies which inform this strategy and highlight the need for local joint planning and joint service delivery, both concrete principles of this strategy.

5.2 This strategy is bedded in the principles of the following guidance produced by the Scottish Government; Community Care Service for People with a Sensory Loss: an action plan (2004); National Draft Guidance for the Provision of Equipment and Adaptations (2009); Draft Quality Standards for Adult Rehabilitation Standards (2009); Co-ordinated, Integrated and Fit for Purpose – A Delivery Framework for Adult Rehabilitation in Scotland (February 2007) and Improving Health and Wellbeing of Scotland with Long Term Conditions in Scotland : A National Action Plan (CEL 23 2009). The Scottish Vision Strategy (2009) and draft implementation plan have created a focus and a driver for the future development of visual impairment services.

5.3 Additional legislation also provides a framework within which services should be developed; Disability Discrimination Act (2000); Community Care and Health (Scotland) Act (2002); Adult Support and Protection (Scotland) (Act 2007) and The Education (Additional Support for Learning) (Scotland) Act (2004).

5.4 Strategic planning for sensory impairment in West Dunbartonshire has been established for a number of years within the Joint Strategic Planning Partnership. The strategic planning groups come together on specific age ranges such as older people services with sub-groups focusing on capacity planning and dementia. Others focus on particular care groups for example learning disability and acquired brain injury. The planning activity for sensory impairment takes place within the Joint Sensory Impairment Strategy Group with representation from the Council services; Council's Policy Unit; Community Health Partnership; NHS Greater Glasgow and Clyde Acute services, the voluntary sector, local community groups and service users.

5.5 It is essential for service planning for people with a sensory impairment to be part of this wider Partnership and to recognise the need to work closely with other strategic groups particularly those who may be addressing the needs of the same population. For example the Joint Planning Groups for Acquired Brain Injury, Learning Disability, Physical Disability and Older People. As well as the Children with Disabilities Sub-group of the Joint Strategy Group for Children's

services. The new Commissioning Strategy for Rehabilitation and Enablement for West Dunbartonshire will lead and drive these shared principles to ensure ease of access and transition between services.

5.6 The Ticking the Box Report (April 2008) was produced by members of the community who attend various Joint Strategy Groups. The service users were keen to provide feedback and agreed a list of recommendations for participation (Appendix 4). The recommendations from this report have helped inform the participation of all those involved within the Joint Sensory Impairment Strategy Group.

5.7 The Council's Communication Strategy outlines the importance of effective communication and reinforces that everyone within the organisation has responsibility for communicating. Communication within/between services, with colleagues in other departments, to suppliers and to customers. Information should flow in a loop, as feedback on the communication process is vital to the success of all organisations⁷.

5.8 At present West Dunbartonshire is developing Commissioning Strategies across Community Care services. These lay out our strategic commissioning intentions and aim to provide a vision of service configuration in the years to come and to describe how that will be attained through analysis of need, demand, existing service provision and gaps in that provision and consideration of the legislative and policy context for community care work.

5.9 In 2005, West Dunbartonshire's Disability Equality Strategy was adopted by the Council, this has formalised the Council's arrangements across Departments for the use of BSL interpreters, textphones, large print and other accessible formats. This has been updated as the Equality Scheme for 2009 – 2012. The scheme sets out the Council's objectives in relation to the promotion of equal opportunities across the following; race, disability, gender, age, religion and belief and sexual orientation.

⁷ Communication Strategy – Department of Social Work and Health (2005)

6. Financial framework

6.1 The Partnership is moving towards models of joint commissioning that will take account of the total financial resources available for services.

6.2 The complex nature of Sensory Impairment services determines that funding comes from a number of different sources and this is important to consider within the draft financial framework currently being prepared. This includes a number of agencies from statutory, private and voluntary sectors and this can be viewed from the list of partners. In addition, services provided range from direct community sensory impairment services and acute specialist services such as Audiology and Ophthalmology to private providers contracted to provide specific services such as British Sign Language interpreting services.

6.3 The draft financial framework for 2010 / 2014 estimates a total budget of some £283, 500 across health and the local authority and is currently being fully developed. As noted in other sections (and specifically within Section 6 of the Action Plan) within the document the development of a clear financial framework (including the preparation of a detailed Medium term Financial Plan) is essential and this will be progressed through 2010.

7. Glossary of Current Services

7.1 Mainstream services

7.1.1 People with a sensory impairment should have access to general mainstream services, appropriate to their needs. These services form an important part of the comprehensive network of services for people with a sensory impairment. The following is not an exhaustive list but represents the range of services available from statutory providers;

7.1.2 Adult community care services; Learning Disability services; Mental health services; GP services; practice nurses; community nurses; occupational therapy; podiatry; community older people's services; physiotherapy; community dietetics; children with disabilities team.

7.1.3 These services should be directly accessed by the service user through the usual routes and not dependent upon assessment from any single or joint agency. However this does not detract from the need for specialist assessment and care management services within West Dunbartonshire.

7.2 Sensory Impairment Team

7.2.1 The Sensory Impairment Team as part of West Dunbartonshire's Department of Social Work and Health provides assessment, advice and assistance to people of all ages, and their carers, who have visual and/or hearing impairments.

7.2.2 The Sensory Impairment Team also accesses additional specialist services for example:-

- Specialist services for people with visual impairment and learning difficulty
- British Sign Language interpreting services, lipspeakers and note-takers
- Guide-communicator services for people with dual sensory impairment
- Respite for sensory impaired children with complex needs
- Additional rehabilitation for blind people services

7.3 Sensory Impairment Services

7.3.1 The Council's Education Department have peripatetic services for deaf children based within Braehead Primary school providing educational and communication support as well as the provision of environmental aids and

equipment, and access to communication services such as Sign Language Interpreter Services.

7.3.2 Children with visual impairments have access to the Visual Impairment Unit within Dumbarton Academy, who provide educational support, training and support in independent living skills and communication, advice to carers about household arrangements such as lighting and furniture layout, provision of environmental aids and equipment for use within the school setting. Information and advice about local authority services, voluntary services such as the RNIB Family Service and assistance through benefits and charitable organisations is provided by specialist education staff.

7.3.3 As part of the implementation of the Eyecare Review, through the NHS Greater Glasgow and Clyde Children's Steering Group, the Sensory Impairment Team, the Education Department, NHS Greater Glasgow and Clyde have developed a service providers practitioner group for visual impairment services for children. This group ensures a joined up multi-agency approach to services for visually impaired children and young people moving through services.

7.3.4 The Sensory Impairment Team and Clydebank Community Health Partnership provide an Outreach Service based at Clydebank Health Centre, staffed by social work, providing people with access to small aids and equipment and information and advice on services while they are attending clinic appointments.

7.4 Acute services

7.4.1 Audiology Services

Acute services for Audiology, at present are provided from NHS Greater Glasgow and Clyde services and are based within Dumbarton Health Centre, Royal Alexandria Hospital in Paisley and Gartnavel Hospital in Glasgow. Services available from the audiologist include a full examination of hearing, and assessment and fitting of hearing aids. Other problems associated with hearing difficulties will be addressed by the audiologists, for example Tinnitus.

7.4.2 Ophthalmology Services

Acute services for Ophthalmology are provided from NHS Greater Glasgow and Clyde services with services based within Dumbarton Health Centre, Royal Alexandria Hospital in Paisley and Gartnavel Hospital in Glasgow.

7.4.3 Optometry services

As above, this service is based within a variety of settings for West Dunbartonshire. The Low Vision Service is available for individuals who have some residual sight and can be helped and encouraged to make better use of their remaining sight. They provide specialist aids such as illuminated magnifying glasses and monoculars to people with a visual impairment.

7.4.4 Community optometry services

In line with the review of eyecare services, community optometry are taking on a more defined role as part of the wider NHS system as assessors, referrers and providers of service. Joint protocols for referrals are now in place within community optometry services. Initial assessment and management of conditions is being done within the community in partnership with Acute services.

7.4.5 Retinal screening programme

This Programme offers screening to all patients aged over 12 years old who have Diabetes. The main aim of Retinal Screening is to detect any deterioration in the condition of the eyes which could lead to preventable sight loss. Screening is offered in three centres in West Dunbartonshire using the mobile screening unit. The three sites are Clydebank Health Centre, Dumbarton Health Centre and the Vale of Leven Hospital.

7.5 Partnership working in practice

7.5.1 On behalf of NHS Greater Glasgow and Clyde, the implementation of the Review of Eyecare services has been hosted by West Dunbartonshire Community Health Partnership (CHP). The CHP compiled the bids for the monies for the whole Greater Glasgow and Clyde area for application to the Scottish Government. When both the adult and children's bids were successful, the CHP hosted Steering Groups for both the Adult projects and the Children's Services project.

7.5.2 A full report of progress for West Dunbartonshire has been prepared, however the funding has ensured a rapid move towards integrated working within the community. There has been additional rehabilitation for the blind resource within the area, to ensure increased need can be met. New referral protocols have been developed between statutory services including community optometry and ophthalmology and between social work and community optometry. This ensures clear pathways between services for the service user/patient. An advertising campaign is underway across generic community services to raise awareness of the new joint protocols and closer links with

AHPs and primary health care services. In order to measure the success of the changes in service delivery there has been a benchmarking of current protocols and working practice and the creation of a local forum for sharing good practice and information. Additional training opportunities for community optometrists with acute services on management and usage of Low Vision Aids.

7.5.3 The children's project has been implemented across NHS Greater Glasgow and Clyde resulting in local and national data sharing about the numbers, needs and outcomes for children with a visual impairment. At a local level closer links between social work & education have been established to ensure clear pathways to appropriate and timeous services for children and young people. Additional training opportunities for staff in children's mobility has been sourced to build capacity within the workforce.

7.6 Training resources

7.6.1 West Dunbartonshire Council took a lead role in the development of Awareness Training packs in partnership with Deafblind Scotland and Signature (formally the Council for the Advancement of Deaf people) funded by the Scottish Government and hosted by the Scottish National Federation for the Welfare of the Blind. Two training packs have been developed and produced outlining the learning outcomes and key areas of study for Visual Impairment Awareness training and Sensory Impairment Awareness training.

7.7 Voluntary sector providers

7.7.1 Lomond Care and Repair

The Sensory Impairment Team, NHS Greater Glasgow and Clyde and Lomond Care and Repair provide an equipment, advice and information service to hard of hearing people within the community through the Home Safety Check carried out in partnership with the Council's Homecare service. This service has been running successfully within the community since 2003 and plays a "front line" role in the provision of services for people with hearing impairment and would, when appropriate, refer people onto health and social work services, including the Sensory Impairment Team and Audiology services.

7.7.2 Bankie Talk

Bankie Talk is a talking newspaper for blind and visually impaired people. It was established in 1989 by a group of dedicated volunteers. Since then it has grown from strength to strength and now sends tapes to nearly 100 blind and visually impaired people every week, most of who live in the Clydebank area and some ex-bankies that live further afield. The local newspaper and other information is provided on tape. Before Bankie Talk blind and visually impaired people had to rely on their relatives and friends to let them know about local news and events.

In June 2009 Bankie Talk was awarded funding from the Big Lottery fund for the expansion of the young blind person's magazine, this has enabled a partnership with two more schools in the area. It will also mean that there will be twelve issues of the youth magazine each year for the next three years. This started in August 2009.

Bankie Talk are the first to conceive of, and produce, the first Young Visually Impaired Persons Audio Youth Magazine. This Project has been running now for over 2 years and was spearheaded by Bankie Talk and has developed partnerships with a number of the local schools in West Dunbartonshire where pupils are involved in the development and production of each on tape magazine.

7.7.3 Rockvale Rebound

Rockvale Rebound was established in May 1981 to provide a Talking Newspaper for visually impaired people living in Dumbarton and the Vale of Leven. The members are volunteers and our Management Committee includes

a percentage of people with visual impairments. Rockvale Rebound puts the Dumbarton Reporter and the Lennox Herald onto tape for visually impaired people.

7.8 RNIB

7.8.1 RNIB Talking books

West Dunbartonshire Council are currently providing 140 people with Talking Books through the RNIB Talking Book Service. RNIB Talking Book Service offers over 16,000 audio books, paid for by annual subscription and delivered to an individual's door. Talking Books are in the Daisy format which allows listeners to skip to a new chapter or insert a bookmark using a lightweight player with accessible controls. Individuals can receive six books at a time and benefit from a variety of ways to choose their books with support from professional librarians.

7.8.2 Visual Impairment / Learning Disability Services

About 1 in 3 people with a learning disability has a problem with their eyes however they are less likely to visit the Optician/Optomtrist or to be referred onto specialist eye care services. This can lead to people living with sight problems that can be aided, or sight problems that could have been avoided.

RNIB services are available to people with a learning disability that have suspected or confirmed sight problems living in the West Dunbartonshire area. West Dunbartonshire Council funds RNIB to offer the following:

1. Realise - vision assessment service
2. 20 week assessment service - both with the centre at Springfield and within the individuals home
3. One to one community/home based support services

• Realise Vision Assessment Service

The RNIB Project Assessment Worker works with eye care professionals to ensure accessible eye care for people with a learning disability. A functional assessment of vision is carried out and the person is then supported to prepare and attend their eye test appointments. Practical advice and support is provided in an easy to understand report afterwards based on the outcomes of the vision assessments. This report can then be shared with all the people who

offer this person care and support to ensure their services are fully meeting their needs based on their vision.

- **20 Week Assessment Service**

Once there is a clearer understanding of the person's level of vision and how this impacts on their daily life, RNIB can provide a skills based service one day a week for 20 weeks. There is an emphasis on the core skill areas relating to vision - strategies to make best use of the persons functional vision linked to communication, independent living and mobility. This service can be delivered at a suitable location in the West Dunbartonshire area or at RNIB's purpose built day assessment unit at the Springfield service in Bishopbriggs.

- **One to one community-based services**

Specialist outreach support services are provided by a team of support workers who understand learning disability and the effect sight problems can have on someone's daily life.

The Outreach service supports:

- people to continue living in their own homes should their parents or carers be unable to continue caring for them.
- those currently living in their own tenancy to maintain the skills they need to keep their independent status.
- people to access social, leisure, educational and employment opportunities.

The one to one community support services can be offered on an individual one to one basis, normally as part of a local authority contract or funded through other means such as Independent Living Fund [ILF] or Direct Payments. RNIB services are also available to complement the supports an individual may already receive in their local community from other providers.

7.8.3 RNIB Visual Impairment and Learning Disability Service Bridge to Vision - Optometry Training

Sponsored by the Scottish Government as the main delivery vehicle for inclusive eyecare for people with a learning disability. We estimate that between one hundred and fifty and two hundred optometrists will be trained to accurately test and assess the vision of people with learning disabilities. This will enable access to local optometrists and will significantly reduce the

numbers of people living with untreated sight loss.

A three-pronged approach to deliver the training has been adopted, offering optometrists as much flexibility as possible for access. Two distance learning objects are available, the first in DVD format the second through optometry journals. A programme of face-to-face workshops is underway, delivered in partnership with local Area Optical Committees. The training will provide up to two CET points for optometrists and dispensing opticians, but the priority is ensuring that community optometry becomes more inclusive and responsive to the needs of people who might take them 'out of their comfort zone'.

The development of the training has taken a partnership approach and we would acknowledge the invaluable contribution of Professor Daphne McCulloch from Glasgow Caledonian Vision School and the support from Dr Maggie Woodhouse at the University of Cardiff.

7.9 Visibility

7.9.1 Eccentric Reading Programme

Focus in partnership with West Dunbartonshire Council, Visibility and Clan have delivered Eccentric Reading training, provided by Visibility, to visually impaired people from across the authority. Eccentric Reading and Eccentric Viewing are essential skills for people experiencing central vision loss and they can dramatically increase confidence levels of people who learn them, making them less reliant on other people and more able to do many everyday reading tasks for themselves. Visibility has been one of the lead organisations in promoting these techniques in the UK and West Dunbartonshire has worked closely with them to make this service available in the area. The training was designed as a literacy project to target people who lost effective reading ability due to macular degeneration and disease. A total of 11 people benefited from this training and, in addition, Visibility has taught eccentric reading techniques to a further 16 people in the area and continues to take referrals into the project from West Dunbartonshire.

7.9.2 NVT : for people with sight loss and acquired brain injury

For the last two years, Visibility has worked with West Dunbartonshire Acquired Brain Injury Service to develop and deliver a pilot service (Sealladh) for veterans who have sight loss due to brain injury. Developed in Australia, Neuro Vision Technology (NVT) is being successfully used in the USA as a vision rehabilitation tool for combat veterans with traumatic brain injury. This pioneering project delivers an intensive programme using Neuro Vision Technology (NVT) combined with rehabilitation work to maximise the use of remaining vision.

The greatest benefit this brings to the individual is to enable them to become as independent as possible. By learning to compensate for their visual field loss it is possible for clients to regain mobility, read and write again, use public transport, go shopping, and even return to work. It increases the client's self esteem, improves confidence and reduces the need for support from family members and other carers. The pilot project ended in September 2009 and working with the Brain Injury Service and Sensory Impairment service it is hoped to continue providing a similar service in West Dunbartonshire extending availability of the service to a wider client group.

7.9.3 Community Support for visually impaired people

In 2008 Visibility received funding from the Big Lottery to fund a project called Visible Communities. The aim of the project is to promote inclusive communities by supporting visually impaired people to be more informed, independent and involved in their communities whilst giving families, friends, service providers and communities the knowledge and understanding to make that involvement a better experience.

Visibility, Homecare and Residential and Day Services have worked in partnership to develop a programme of information sessions between 2008/09 within local communities for visually impaired people, family members and carers. Discussions with our partners within the Strategy Group also highlighted an opportunity to build on a project offered by Deaf Connections within Care Settings to offer support and information to visually impaired residents.

West Dunbartonshire Council, West Dunbartonshire Community Health Partnership and Visibility offered a programme of workshops to residents within sheltered housing complexes, residential homes and day care centres.

Workshops provided residents and staff with the opportunity to try a range of aids and equipment which support independent living.

Information packs were also provided to ensure additional information such as contact details. Visual impairment awareness training sessions were also provided for staff from the units and discussions were held on the impact of sight loss, communication needs of visually impaired residents and how best to support residents who have been affected by sight loss.

7.10 The Guide Dogs for the Blind Association

The core of Guide Dogs strategy 2010-2014 will be to continue to extend the Guide Dog service by reaching out to more people who will benefit from the independent mobility that a guide dog can offer. There are many potential clients who have perhaps thought that they might not be considered for guide dog ownership because of the many myths that exist – for instance, a person does not have to be completely blind to apply for a guide dog. There is no upper age limit and there are many elderly guide dog users in their 70's and 80's. If a person has an additional disability this may not exclude you from having a guide dog – Guide Dogs have already trained a number of dogs which act as dual Hearing Dog/Guide Dogs as well as one visually impaired wheelchair user and are developing collaborative work with other disability/dog organisations.

Some Young People under 16 years of age may now be considered for a guide dog and already a small number of dogs have been trained with their 14/15 year old owners. Additionally, work is being done successfully to increase ownership within minority ethnic groups and enquiries are welcome from all communities.

Services to clients in West Dunbartonshire are provided by the West of Scotland District Team which is based in Hamilton and whilst guide dog ownership has increased in the area in the last 5 years, it remains at a lower level than the national average. Working ever more closely with other local agency/organisation workers, Guide Dogs will strive to ensure that the benefits of their services are known to as many potential clients as possible. To this end, Guide Dogs have recruited an Information Officer in Scotland who will compliment the increasing levels of networking and collaborative work by the District Team.

7.11 Deaf Connections

7.11.1 Lipreading classes available in community settings

In the last few years Deaf Connections has been working in partnership with West Dunbartonshire Council and West Dunbartonshire Community Health Partnership to develop support services for deaf people within the community.

Deaf Connections through their Hear On project, funded by the Big Lottery, has been working to support people with acquired hearing loss. In 2004/05 HearOn received partnership funding from West Dunbartonshire Council, Greater Glasgow NHS Board and Argyll and Clyde NHS Board to roll out the work they had been developing over the last 2 years.

The project had two aims :-

1. to improve the quality of life of adults with acquired hearing loss
2. to spread awareness of the issues of hard of hearing people in the wider community

Deaf Connections have been running two classes in West Dunbartonshire 2004 – 2009, one in Vale of Leven Hospital and one in the Playdrome in Clydebank. In addition to these community based classes, a pilot was proposed aimed at focusing on older people living within residential care settings and therefore less likely to attend classes in the existing venues.

The pilot was undertaken over a six month period with each class averaging 10 people in attendance. The tutor adapted the training to take account of the age of the older people attending the classes. It was agreed that the main focus during the first few weeks of training would be on the benefits of using a hearing aid. The tutor focused on those who brought their hearing aids to the class and began with basic hearing maintenance, cleaning, changing tubing and changing batteries.

The importance of lipreading classes is well documented as being crucial to an individual's quality of life and from our evaluation of this, service users very much see it is a crucial part of their rehabilitative process. To compliment these classes it is important that staff were 'Deaf Aware' and are able to communicate with service users who are deaf.

This service has proven its worth on all levels: improving the quality of life for individuals, increasing self esteem and confidence, improving communication within care homes, positively impacting on cultural practices, developing peer

support, providing role models and raising awareness. It achieves a high return for the level of investment and is a model for further development. This type of early intervention at the point of diagnosis can provide people with ongoing support to enable them to live a fuller life within their communities and avoid having to be admitted into care homes prematurely. This service has been further supported by West Dunbartonshire CHP and West Dunbartonshire Council for year 2009/10.

7.12 Deafblind Scotland

7.12.1 Guide/communicator services for people with dual sensory loss

Deafblind Scotland continues to provide guide/communicator services to people in West Dunbartonshire, funded by West Dunbartonshire Council, based on assessed need as part of the single shared assessment process.

Deafblind Scotland was also commissioned by NHS Greater Glasgow and Clyde to ensure that adults with a dual sensory impairment living in the community are able to access health services. The Service Level Agreement sets out specific objectives including:-

- providing advice, the awareness of deafblindness will be raised within health services
- providing communication support to deafblind people
- ensuring equality of access to local health improvement opportunities
- delivering training and learning opportunities to health staff as part of the range of equalities training

Deafblind Scotland also provides members in West Dunbartonshire with a newsletter and opportunities for social activities with deafblind people.

7.13 Financial Assistance

West Dunbartonshire Council continues to provide financial support through the Community Grants programme to local community groups and organisations.

7.14 Additional services

West Dunbartonshire Council and West Dunbartonshire Community Health Partnership also provide additional communication support services such as BSL interpreting, lipreading and speech to text. These services are available in line with equal access to all services. The provision of written material in other formats such as taped material and CDs is available throughout the wider Community Planning Partnership to ensure equal access to information.

Bankie Talk and Rockvale Rebound an audio transcription service for services across the Council.

8. Priority areas

8.1 Through consistent engagement with partners including service users, carers, statutory and voluntary agency; and through membership and participation in wider forums such as The Scottish National Federation for the Welfare of the Blind, Scottish Council on Deafness and Scottish Advisory Group on Deafblindness the specific issues of people with a sensory impairment are acknowledged.

8.2 The specific priority areas for West Dunbartonshire are :

- Need for improved communication and better integration between statutory services
- Need for joint sensory impairment awareness training for all staff in health and social care settings
- Need for improved referral pathways between acute, primary care and social work services
- Need for signposting between services for service users
- Address the issue of social isolation for people living in the community
- Improved access to basic aids and equipment

8.3 Many of the common issues outlined above are currently being addressed through existing services and partnership work taking place. However this does not mean complacency but rather the Partnership strives to ensure that the needs of sensory impaired people are continually reviewed and is recorded as part of the joint planning process, by attendance at care planning groups and feedback given by individuals to agencies.

9. Monitoring and evaluation

9.1 In order to ensure that the planning of services are based on a clear understanding of national, local and departmental policies and priorities a series of service planning and review workshops were undertaken.

9.2 Sessions were held with staff and are intended to give operational staff at all levels the opportunity to contribute to the planning process and identify key priorities and outcomes for their services within a performance management framework.

9.3 The priorities and objectives for sensory impairment are shaped not only by the values of Social Work but by a range of factors including statutory requirements, policy drivers service user and carer feedback and service standards.

9.4 These need to be reported by :-

- Discussing performance at Team Meetings
- Reporting to Departmental Management Team, Senior Management Team, Corporate Management Team, Community Health Partnership
- Reporting to Council and Partnership Committees and Boards
- Audit Scotland/Joint Future Unit/Care Commission and Scottish Social Services Council
- Reporting within the public domain via Local Press, Publications, Internet

9.5 And at a national level by:

- Scottish Executive policies and directions which are set by the political administration
- Joint Future Agenda
- Better Integration Agenda
- Care Commission
- Scottish Social Services Council

9.6 Many of the Statutory Indicators currently used to measure performance are output and outcome based i.e. the number of assessments, the number of discharges or the number of hours of services delivered, as well as ensuring people's independence has been improved through access to additional rehabilitation services and feeling part of respected and involved in decisions about their care packages.

9.7 Over the past year work has been going on nationally to develop more outcome based measures. West Dunbartonshire has contributed to this work through involvement in the National Outcomes Group.

9.8 Within West Dunbartonshire therefore the following objectives and actions for sensory impairment have been agreed within the Outcomes Framework and will be reported within the above structures. They will also form the basis of the action plan for this strategy.

9.9 *Social work objective*

- Improving Adult Community Care Services

9.9.1 Community Care Actions and Community Care Milestones for Sensory Impairment

1. Delivery of assessment and care management

- Process mapping of Sensory Impairment services
- Review current processes of response by letter
- Clear eligibility criteria

The outcome :-

- improved access to specialist services for people coming to terms with a sensory loss
- support improved confidence of visually impaired people within their communities who would have access to the service

2. Improve access to services

- Provide enhanced community support and training i.e. visual impairment and deaf awareness within care homes and sheltered housing complexes
- Develop pathways between community optometry and sensory impairment team
- Develop pathways between community optometry and social work services
- Develop pathways between community optometry and acute optometry and ophthalmology services
- Develop referral protocols across community social work and health services including optometry and ophthalmology

The outcomes :-

- increased independence within the care home for those with sensory impairment

- active involvement within the units and provide opportunities for staff to promote independence
 - timeous access to appropriate specialists to maintain individual's as active and independent within their own communities
3. Improve communication and consultation
- Review current communication strategies within fieldwork services
 - Update consultation plan
 - Implement consultation plan

The outcome :-

- people with a sensory loss and their carers having access to good information and informed about their options in relation to services

9.10 These actions are recorded, monitored and reported on via the management information system – Covalent, which covers council and health services within West Dunbartonshire.

10. Action plan

10.1 The action plan outlines the tasks identified to meet the local gaps in service as identified by sensory impaired people living in West Dunbartonshire. These actions will be reviewed annually through the local planning structure. We will also be required to report on progress through the Social Work Service Plan Quarterly Performance Report, the Community Health Partnership Annual Plan, and the Scottish Executive Community Care Outcomes Structure. The Action Plan will be the focus of the work of the Joint Sensory Impairment Strategy Group.

10.2 The first part of the Action Plan demonstrates the Sensory Impairment Strategy Group's long running commitment to User Involvement and Partnership working. The outcome being to ensure individual's satisfaction of being included and respected within the wider planning framework

10.3 The Strategy and Action Plan were developed with partners from the statutory and voluntary sector as well as undergoing a three month consultation period before being published.

10.3 Consultation and engagement

- 1 In partnership with stakeholders, continue to develop the Sensory Impairment Strategy and feed into the wider Joint Planning Process within West Dunbartonshire.
- 2 Continuing commitment to identifying Deaf people and people with a sensory loss who are unknown to health and social care services, through work with communities and partner organisations
- 3 Continuing commitment to service user involvement throughout the planning process, with sensitivity to the communication, language and cultural needs of Deaf people and people with sensory impairment
- 4 Continuing commitment to adapting and developing mainstream services to meet the changing needs of people with a sensory impairment
- 5 Continuing commitment to be involved in the Implementation of the Scottish Executive Health Department Review of Eye Care Services and the Scottish Vision Strategy Advisory Group
- 6 Continuing commitment to work with Guide Dogs for the Blind Association to take forward the review and development of Rehabilitation services
- 7 Continuing commitment to work with the Scottish National Federation for the Welfare of the Blind in their strategic review
- 8 Continuing commitment to work with the Scottish National Federation for the Welfare of the Blind Service Providers' sub-group (ScotsVIP)

10.4 Service developments

- 10 Support to care homes from Deaf Connections/Audiology and Visibility, with the outcome of increasing independence within the care home for those with sensory impairment
- 11 Enhanced sensory impairment training to care homes and sheltered housing staff provided by Visibility & Deaf Connections, as above this should support active involvement within the units and provide opportunities for staff to promote independence

- 12 Support the research into sighted guiding by Focus, to support improved confidence of visually impaired people within their communities who would have access to this proposed service
- 13 Delivery of assessment and care management, the outcome being to have improved access to specialist services for people coming to terms with a sensory loss
 - Process mapping of Sensory Impairment services,
 - Review current processes of response to clients
 - Clear eligibility criteria for Sensory Impairment services
- 14 Improve access to services, with the outcome of timeous access to appropriate specialists to maintain individual's as active and independent within their own communities
 - Develop pathways between community optometry and sensory impairment team
 - Develop pathways between community optometry and social work services
 - Develop pathways between community optometry and acute optometry and ophthalmology services
 - Develop referral protocols across community social work and health services including optometry and ophthalmology
- 15 Improve communication and consultation, with the outcome of people with a sensory loss and their carers having access to good information and informed about their options in relation to services
 - Review current communication strategies within fieldwork services
 - Implement Consultation Plan
 - Implement the Public Information Policy
16. Support Scottish Vision Strategy Implementation Plan for West Dunbartonshire area, the outcome being that individuals will have an opportunity to be involved in the implementation of the Scottish Vision Strategy

Appendix one

Notes on Terminology

Visual Impairment

This is a term to cover the spectrum of those who have some residual vision to those who have no sight at all. The terms blind and partially sighted are also frequently used within the document. Blind in the context of a person being unable to perform any work for which eyesight is essential, as described in the BP1 document, it does not necessarily mean the person concerned will have no vision at all.

Deaf people and those who are hard of hearing

The Deaf Community 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 a large number of people who are also 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 are those who are hard of hearing, many of whom acquire hearing loss as they become older.

Deafblindness

Deafblindness, or dual sensory loss, refers to people with a combination of sight and hearing difficulties with communication, access to information and mobility.⁸

Deafblind Scotland and indeed all of the organisations working in the field of dual sensory impairment use the terms deafblind and dual sensory impaired interchangeably on the understanding that in the use of both terms the criteria within the definition are met. It is often easier for people to accept the use of the term dual sensory impaired and indeed less than 10% of those who meet the criteria within the definition are fully deafblind in layman's terms.⁹

More detailed information is available in the West Dunbartonshire Disability Profile 2008 – 2009.

⁸ Sensing Progress Social Work Services for People with a Sensory Impairment 1998

⁹ Deafblind Scotland Identification Project Report West Dunbartonshire 2005

Appendix two

Numbers of people with a sensory impairment

Deaf people

In the UK 8.7 million people are estimated, by the RNID, to be deaf, deafened or hard of hearing (some one in seven of the population). Epidemiology shows that 730,000 adults in Scotland have a hearing loss that results in communication difficulties. Of that 533,000 benefit from NHS hearing services with 18 out of 20 referrals to Audiology coming from GPs. The incidence of deafness increases with age significantly, so much so that it is estimated that some 55% of those over 60 years will have difficulty hearing, increasing to over 90% after the age of 80 years.

There is no formal recording process of Deafness or hearing loss as there is with Blind and Partially Sighted people.

Visually impaired

In Scotland the number of people registered blind or partially sighted was estimated to be 37,423 and prevalence data from the RNIB suggests that the number of people registered is some 23% of those eligible. This would give an estimate of around 120,000 visually impaired people in Scotland. As with hearing loss the incidence of visual impairment increases with age with 68% of those registered being over the age of 75.

Appendix three

Partner Agencies

- West Dunbartonshire Council
- West Dunbartonshire Community Health Partnership
- NHS Greater Glasgow and Clyde
- Focus
- Visual Voices
- Bankie Talk Talking Newspaper
- Rockvale Rebound Talking Newspaper
- Visibility
- Deaf Connections
- Scottish Council on Deafness
- RNID Scotland
- RNIB Scotland
- RNIB Springfield Service
- RNIB Realise Service
- Guide Dogs for the Blind Association
- Deafblind Scotland
- Lomond and Argyll Care and Repair
- Signature (Council for the Advancement of Communication with Deaf People)

Appendix 4

Good Practice to Support Community Involvement

1. Everyone at the meeting should be treated equally and with respect.
2. Members need to listen to each other and allow equal time for participants (officials shouldn't outnumber/overshadow volunteers if possible).
3. Agenda should be jointly agreed, relevant to remit of group and focused.
4. Meeting has to be accessible – crèche, carers support, transport, location, accessible building, loop system, audio information, translation service, signing etc.
5. Good administration – minutes and calling letters sent out promptly, members informed as soon as possible if a meeting is cancelled or a venue/time changed, plain language with no acronyms, limit on paper work prior to the meeting, members should have time to prepare for meeting.
6. Good structure (P.I.P. suggested as a good example) - regular meetings, evaluation/review done on a regular basis, good follow up, carry out agreed task in agreed timescale.
7. Clear remit and membership of the group.
8. Focused, realistic targets set by the group with community involvement from the start. Deadlines should be set and an agreed timetable adhered to unless unavoidable.
9. Sub-groups/working groups should be time limited and focused.
10. Good communication within the strategy group/meeting– letters need to be answered, questions at meeting need to be responded to, report back updates, information exchange conducted efficiently etc
11. Time should be given to explain issues, ideas, highlight common concerns using personal experiences, new procedures, introduce new members etc. Support to promote understanding should be available.

- 12.** All partners/members need to be committed and 'pull their weight' to achieve the goals or satisfy the remit of the group. Need to have the 'right people' at the meeting/on the group to take decisions , know about or interested in the subject¹⁰

¹⁰ Ticking the Box Report April 2008