Progress in sight

National standards of social care for visually impaired adults

The Association of Directors of Social Services

October 2002
Alternative formats

This document is also available in large print, Braille and on audio tape. It can be supplied on a floppy disk in pdf format for a Windows PC or Apple Macintosh computer (requires Adobe Acrobat™ Reader) or as a Microsoft Word document or a plain text file. It can be obtained in any of these formats for £10 plus postage and packing from:

RNIB Customer Services  Telephone: 08457 023153
PO Box 173  Fax: 01733 371555
Peterborough PE2 6WS  Minicom: 0845 758 5691
E-mail: cservices@rnib.org.uk

It can also be downloaded from the following Web sites on the Internet:
- www.adss.org.uk/eyes.shtml (The Association of Directors of Social Services)
- www.guidedogs.org.uk (The Guide Dogs for the Blind Association)
- www.rnib.org.uk (The Royal National Institute of the Blind)

Copyright notice

This publication is free from copyright restrictions. It can be copied in whole or in part and used to train staff and volunteers or for any other purpose that results in improved services for visually impaired people. However, any material that is used in this way should acknowledge this publication as its source.

Edited by Andrew Northern (andrew.northern@virgin.net)
Designed by Ray Hadlow FCSD (jane@dppress.co.uk)
Typeset in Stone Sans by DP Press, Sevenoaks, Kent (www.dppress.co.uk)
Printed by CW Print Group, Loughton, Essex (www.cwprint.co.uk)

Published in October 2002 by the Disabilities Committee of the Association of Directors of Social Services, Riverview House, Beaver Lane, London W6 9AR

The Association of Directors of Social Services is a registered charity, number 299154
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>5</td>
</tr>
<tr>
<td>Notes on terminology</td>
<td>6</td>
</tr>
<tr>
<td>The extent of the problem</td>
<td>8</td>
</tr>
<tr>
<td>The purpose of the national standards</td>
<td>10</td>
</tr>
<tr>
<td>The principles underpinning the national standards</td>
<td>12</td>
</tr>
<tr>
<td>The national standards — A summary</td>
<td>14</td>
</tr>
<tr>
<td>Part One. Planning integrated services</td>
<td></td>
</tr>
<tr>
<td>Standard 1  Involving visually impaired adults in service planning</td>
<td>18</td>
</tr>
<tr>
<td>Standard 2  Planning services</td>
<td>20</td>
</tr>
<tr>
<td>Standard 3  Commissioning services</td>
<td>23</td>
</tr>
<tr>
<td>Part Two. Managing integrated services</td>
<td></td>
</tr>
<tr>
<td>Standard 4  Managing services</td>
<td>25</td>
</tr>
<tr>
<td>Standard 5  Managing the workforce</td>
<td>26</td>
</tr>
<tr>
<td>Standard 6  Resourcing services</td>
<td>28</td>
</tr>
<tr>
<td>Standard 7  Making services more accessible</td>
<td>29</td>
</tr>
<tr>
<td>Standard 8  Reaching adults with a newly diagnosed sight problem</td>
<td>31</td>
</tr>
<tr>
<td>Part Three. Providing person-centred services</td>
<td></td>
</tr>
<tr>
<td>Standard 9  Involving service users in developing care pathways</td>
<td>34</td>
</tr>
<tr>
<td>Standard 10  Supporting carers</td>
<td>36</td>
</tr>
<tr>
<td>Standard 11  Assessing individual needs</td>
<td>37</td>
</tr>
<tr>
<td>Standard 12  Agreeing the care plan</td>
<td>39</td>
</tr>
<tr>
<td>Standard 13  Providing emotional support</td>
<td>41</td>
</tr>
<tr>
<td>Standard 14  Training people for life</td>
<td>42</td>
</tr>
<tr>
<td>Standard 15  Equipping people for life</td>
<td>43</td>
</tr>
<tr>
<td>Part Four. Improving performance</td>
<td></td>
</tr>
<tr>
<td>Standard 16  Achieving continuous improvements to services</td>
<td>46</td>
</tr>
<tr>
<td>Appendix 1  The management team and reference groups</td>
<td>49</td>
</tr>
<tr>
<td>Appendix 2  Glossary of terms</td>
<td>51</td>
</tr>
<tr>
<td>Appendix 3  The assessment process</td>
<td>54</td>
</tr>
<tr>
<td>Appendix 4  Checklists</td>
<td>55</td>
</tr>
<tr>
<td>Appendix 5  Key models of best practice</td>
<td>63</td>
</tr>
<tr>
<td>Appendix 6  Further reading</td>
<td>68</td>
</tr>
</tbody>
</table>
Introduction

Those of us who are involved in planning, managing, delivering or commissioning social services are required to carry out a range of tasks to foster independence among vulnerable people. In doing this, we are required to measure aspects of our performance against an ever-increasing number of national standards — except in visual impairment, where authorities have so far had no authoritative benchmarks with which to evaluate their services.

Over the last eighteen months the Department of Health has published a number of strategic documents which stress the importance of involving service users in the commissioning and delivery of quality health and social care. During the same period around one hundred national and local voluntary organisations collected evidence about inconsistencies in the quality of services for visually impaired people in the UK.

It is against this background that the Association of Directors of Social Services has drawn up these service user-led national standards of social care for visually impaired adults.

The standards are aimed primarily at local authority social services departments in England, but we believe all organisations that are concerned with the health and social care of visually impaired people in the public, private and voluntary sectors — as well as visually impaired people themselves, and their carers — will find them useful too.

I warmly welcome the publication of these standards and I urge all directors of social services to implement them in full and within a fixed and appropriate timescale. While I fully appreciate the demands this may place on you and your staff, I do believe that services for people who have a sensory disability need a sharper focus.

By doing this we will be helping to put an end to the geographical “lottery” of community care — and helping to improve the lives of all those visually impaired people who depend on social services for a better quality of life.

Mike Leadbetter
President
Association of Directors of Social Services
Acknowledgements

The Association of Directors of Social Services (ADSS) would like to thank the following individuals and organisations for their help in developing the national standards:

- David Behan, former chair of the ADSS Sensory Sub-Committee, for identifying the need for the project and helping to get it off the ground.

- The Royal National Institute of the Blind (RNIB) and the Guide Dogs for the Blind Association (Guide Dogs) for funding the development work and the publication of the standards document.

- Beryl Palmer and Pat Grant (Sensory Services) for carrying out the initial research on which the national standards are based.

- Jeff Bashton at the Department of Health for his advice and support.

- All the representatives from the statutory organisations and voluntary sector groups listed in appendix 1 and all the service users and their carers who participated in the reference groups, teleconferences and consultation exercises.

- The Department of Health, Nottinghamshire Society for the Blind, Staffordshire Society for the Blind and the RNIB for hosting the reference group meetings.

- Derbyshire Association for the Blind for producing alternative formats for the second consultative draft.

- The Visual Impairment Standards Management Team for overseeing the project (see appendix 1).

- Andrew Northern for his help and guidance in writing the standards.
Notes on terminology

With the exception of the following, all words marked with an asterisk in the text are explained in the glossary of terms in appendix 2.

The term “visual impairment” and permutations such as “visually impaired adults” and “people with a visual impairment” are used throughout this document to describe people with a wide range of sight problems, including:
- people who are formally registered as blind or partially sighted, or who meet the criteria for registration*
- people who have sight problems that are outside the legal criteria for formal registration but which nonetheless cause them difficulties
- people whose eye condition is not permanent — for example, people awaiting cataract surgery who may need support in the interim.

(Note: While these are the terms that are most commonly used in a professional context, care managers should ensure that they always use the term that is preferred by the individual with whom they are working. These terms can vary widely — for example, some people refer to themselves as being “blind or partially sighted” while others prefer to be described as having “a sight problem”.)

The term “service user” encompasses all visually impaired adults (not children) who benefit from social care* or rehabilitation* services. In instances where a particular national standard is applicable to all visually impaired adults regardless of whether or not they are receiving a service — either through choice or because they are unaware of their entitlement — the term “visually impaired adult” is used instead.

The terms “social services” and “the department” refer to the agency that is vested with the statutory duty to provide social care services and care management* to people in need. It is increasingly common for these services to be provided by a generic community services department or other body.

“Mainstream services” means social care services and facilities provided by a range of statutory and voluntary agencies that are not specifically related to visual impairment, such as day care services for older people.

The term “carer” encompasses family members and friends who provide informal care and assistance to a visually impaired adult.
“Staff” refers to any person, either paid or unpaid, who is employed by or acting on behalf of the social services department or is providing a service that has been commissioned* by the department.

“The national standards” means the national standards of social care as set out in this document.
The extent of the problem

- Currently around two million people in the UK have an uncorrectable sight problem. This figure is estimated to rise to 2.5 million within the next 30 years. One hundred new people are formally registered as blind or partially sighted every day.

- One in 12 people over the age of 60 and one in five people over 75 is registered as blind or partially sighted. Ninety per cent of all people who are blind or partially sighted are over 60 years old.

- Two-thirds of all people with a visual impairment have an additional disability or serious health problem such as deafness, arthritis, angina or diabetes. Many people with a learning disability have a sight problem which is undiagnosed.

- Some black and minority ethnic communities have a higher incidence of eye disease than a comparable population of white Europeans — for example, African-Caribbean people are four times more likely to have glaucoma, and conditions like diabetic retinopathy are prevalent in the Asian community.

- Over two-thirds of people who are eligible are not registered as blind or partially sighted. The majority of these receive no social care services whatsoever.

- In a recent survey the RNIB found that even among people who are registered, 40 per cent had waited over six months for a visit from social services and many had waited over a year. One in five older people said they had never had a visit. The initial assessment for social care for people who have recently lost their sight can take up to a year to arrange. Only two per cent said they had received counselling. (For an explanation of the assessment process see appendix 3.)

- Over 50 per cent of visually impaired older people live alone yet few of those in the RNIB survey said they had been offered any training in daily living skills (almost half of all people with a visual impairment cannot cook for themselves because of hazards in the kitchen).
Many people with a visual impairment feel isolated and unable to engage in the life of the community because they do not receive social care that is appropriate or adequate to meet their needs.

Seventy-five per cent of all visually impaired adults are unemployed yet few receive any employment-related training or help. In the RNIB survey, 51 per cent said they were unsure of their entitlement to benefits, while one in 10 said they did not claim benefits to which they knew they were entitled because the process is too complicated.

Over 90 per cent of visually impaired older people live on less than half the average national income — a widely accepted definition of poverty.
The purpose of the national standards

The national standards of social care have been developed for managers who are involved in the planning, commissioning or delivery of services for visually impaired adults. They provide a framework against which local authorities can benchmark their existing services for young adults, people of working age and, especially, older people.

The standards are not intended to replace any of the statutory duties of local authorities; rather, they offer a guide to best practice. Equally, they do not seek to duplicate the existing standards on residential and domiciliary care services, but they do complement them.

By adopting these standards, authorities whose services may be under-developed will be able to focus more clearly on what they need to do in order to reach the national standard, while authorities where services are more developed should be able to identify new areas of practice.

Although the standards are based on organisational structures that operate in England, the principles which underpin them apply universally (see page 12). Consequently, the standards could be adapted relatively easily and used to influence the way that services are provided across the UK — and possibly even further afield.

Applying the standards

The standards outlined in “Progress in sight” apply to specialist and non-specialist services for adults whose sight cannot be corrected with spectacles, either because they were born blind or partially sighted or because their sight has deteriorated with age, or as a result of damage caused by eye disease or an accident.

Authorities should work closely with service users to produce an implementation plan that identifies agreed priorities for improvement and commits to achieving specific targets, and which can be used to inform budget preparation and workforce planning. Satisfaction with services should be monitored and evaluated as a way of measuring progress in this area of provision — an area which, for the most part, has been under-resourced — so that visually impaired adults have a greater chance of being included in the mainstream of society.
The next steps

The Department of Health has awarded the Improving Lives Coalition of voluntary sector organisations a Section 64 grant to help it publicise and raise awareness of the national standards. The grant will fund a three-year programme, including the appointment of a national standards project officer, and will be managed jointly by the RNIB, Guide Dogs and the National Association of Local Societies for Visually Impaired People (NALSVI).

A resource pack, provisionally entitled “Improving lives, raising standards”, will be published early in 2003. This will consist of:

- a good practice guide — to assist those who work in the social care sector to implement the national standards, and
- a toolkit for visually impaired adults and voluntary organisations — to enable them to conduct their own audits of standards of social care.

All enquiries about the “Improving lives, raising standards” initiative should be sent to the national standards project officer at the address on page 74 of this document.
The principles underpinning the national standards

The national standards are underpinned by the following principles of social care:

- **Social care should be of the highest quality.** Every social services department should provide the best services it can within the resources it has available. External sources of funding and other resources should be used to supplement budgets wherever possible.

- **Social care should uphold the rights of all people who are vulnerable under UK and European law.** This includes the right of access to goods and services (including information) and buildings, and protection from discrimination, harassment, exploitation, abuse, neglect and degrading or inhuman treatment, as enshrined in the Disability Discrimination Act 1995 and the Human Rights Act 1998.

- **Social care should be equally accessible to all.** Everyone should have equal access to information, assessment and services irrespective of their disability or registration status. Particular attention should be paid to the needs of people with learning disabilities and those from black and minority ethnic communities. (Note: The Race Relations (Amendment) Act 2000 places specific duties on local authorities to tackle discriminatory practices.)

- **Social care should be provided on the basis of the needs, wants and aspirations of the individual.** People should be able to define the services they wish to receive and the way they have them delivered. They should be given the care and support they need in a way which promotes their independence, respects their dignity and gives them choice and control over their lives.

- **Social care should be integrated.** Social services departments should aim to provide seamless services by working closely with other statutory and voluntary organisations concerned with the health and well-being of visually impaired adults.

- **Social care should recognise the role played by carers.** The vital role played by family and friends in caring for a person with a visual impairment should be acknowledged and supported at all times.
Social care should promote social inclusion. Many visually impaired people are socially excluded and economically disadvantaged. Social services departments should work to redress these inequalities by adopting inclusive practices that challenge discrimination and encourage other health and social care agencies to do the same.
The national standards — A summary

<table>
<thead>
<tr>
<th>Standard 1</th>
<th>Involving visually impaired adults in service planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>The needs of visually impaired adults are identified and used to inform service planning.</td>
</tr>
<tr>
<td>Standard</td>
<td>The department provides the means for visually impaired adults and their carers to influence decisions about the planning and operation of services.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 2</th>
<th>Planning services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Visually impaired adults benefit from a comprehensive range of services.</td>
</tr>
<tr>
<td>Standard</td>
<td>The department produces a multi-agency service plan.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 3</th>
<th>Commissioning services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Visually impaired adults receive social care that is timely and appropriate to their needs.</td>
</tr>
<tr>
<td>Standard</td>
<td>The department commissions services using information collected during the planning process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 4</th>
<th>Managing services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Service users receive well-managed and accountable services.</td>
</tr>
<tr>
<td>Standard</td>
<td>The department ensures that services for visually impaired adults are well resourced, delivered promptly and monitored thoroughly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 5</th>
<th>Managing the workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Service users receive quality care from a competent and well-trained workforce.</td>
</tr>
<tr>
<td>Standard</td>
<td>The department implements workforce planning and training strategies which take account of the current and future needs of visually impaired adults.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 6</th>
<th>Resourcing services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Visually impaired adults receive better quality social care.</td>
</tr>
<tr>
<td>Standard</td>
<td>The department makes maximum use of resources from all sources, both internal and external, to achieve the objectives identified in the service plan.</td>
</tr>
</tbody>
</table>
**Standard 7**  *Making services more accessible*

**Outcome**  Service users are able to make better informed decisions about the services they receive.

**Standard**  The department provides service users with up-to-date and timely information in the format of their choice on the range of mainstream and specialist services that are available locally.

**Standard 8**  *Reaching adults with a newly diagnosed sight problem*

**Outcome**  Visually impaired adults are made aware of the different types of support available and know how to get help if they need it.

**Standard**  The department works with other agencies to reach adults with a newly diagnosed sight problem and informs them about the range of social care that is available.

**Standard 9**  *Involving service users in developing care pathways*

**Outcome**  Service users are able to influence their individual care plan or care pathway.

**Standard**  The department involves service users in decisions about their care management and rehabilitation.

**Standard 10**  *Supporting carers*

**Outcome**  Carers feel valued as partners in the care management process and continue to provide effective care.

**Standard**  The department involves carers in the rehabilitation and care management of service users while respecting their different and separate needs.

**Standard 11**  *Assessing individual needs*

**Outcome**  The service user’s need for social care is identified and risks to their well-being are minimised.

**Standard**  The department ensures that a service user’s need for social care is assessed by competent staff within an agreed timescale.

**Standard 12**  * Agreeing the care plan*

**Outcome**  Service users receive appropriate support to meet their identified needs.

**Standard**  The department helps service users to draw up a care plan which describes how their eligible needs will be met.
Standard 13  Providing emotional support  
Outcome  Service users adjust positively to their changed circumstances.  
Standard  The department provides counselling and emotional support from the point at which a person is told they have a visual impairment.

Standard 14  Training people for life  
Outcome  Visually impaired adults are able to live more independently.  
Standard  The department provides training in orientation and mobility, independent living and communication skills and low vision enhancement as part of a multi-disciplinary rehabilitation programme.

Standard 15  Equipping people for life  
Outcome  Visually impaired adults are able to lead safer and more independent lives.  
Standard  The department ensures that specialised equipment, aids to daily living and minor adaptations to homes and workplaces are made available.

Standard 16  Achieving continuous improvements to services  
Outcome  Service users and their carers are satisfied with the quality of care they receive.  
Standard  The department continuously improves service delivery through quality management and best practice.
Part One
Planning integrated services

Standard 1 Involving visually impaired adults in service planning 18
Standard 2 Planning services 20
Standard 3 Commissioning services 23
Standard 1  Involving visually impaired adults in service planning

Outcome  The needs of visually impaired adults are identified and used to inform service planning.

Standard  The department provides the means for visually impaired adults and their carers to influence decisions about the planning and operation of services.

1.1  The department’s commitment to involving visually impaired adults and their carers in the planning, monitoring and review of services should be stated in the authority’s “Better care, higher standards” charter (see standard 2.9).

1.2  To ensure that the needs of visually impaired adults and their carers are taken into account, the department should draw up a service user involvement* strategy which outlines:
- the structures and mechanisms that will be used to promote their involvement and encourage their participation
- the methods that will be used to conduct consultation* and measure satisfaction with services.

1.3  To implement the strategy effectively, the department should ensure that service users and their carers receive timely and relevant information, training and support and are represented on:
- management committees
- complaints panels (particularly for sight-related issues)
- recruitment and selection panels
- Best Value* forums and other service monitoring bodies.

1.4  Service users who attend meetings should receive background papers, agendas, etc. in their preferred format (see standards 7.2 and 9.3) at least one week in advance.

1.5  Meetings should be held in accessible venues and at convenient times. Travel expenses should be reimbursed promptly, and arrangements should be made to provide:
- interpreters and advocates* (if requested)
- assisted transport and crèche facilities.
1.6 Visually impaired adults and their carers should be consulted regularly and on a continuing basis about the range and quality of services. Opportunities for their involvement should be promoted and publicised as widely as possible in a range of appropriate formats.

1.7 Consultation should not be confined to the same group of service users but should engage the entire spectrum of visually impaired adults, including those with multiple disabilities and complex needs, their carers and the statutory and voluntary organisations that represent them. A special effort should be made to reach visually impaired adults who are not currently service users. (See also standard 8.)

1.8 The contribution made by visually impaired adults to the planning process should be acknowledged in the service plan (see standard 2.4) and in any official reports and committee papers dealing with the implementation, evaluation and outcome of the plan. Similarly, individuals who have taken part in a consultation exercise should be told how their involvement has influenced service planning.
Standard 2  Planning services

Outcome  Visually impaired adults benefit from a comprehensive range of services.

Standard  The department produces a multi-agency service plan.

2.1 The department should adopt a multi-agency approach to service planning by working in partnership with service users, carers, primary health care staff, eye clinic staff, and with statutory and voluntary organisations to develop models of integrated services based on the Department of Health’s guidelines, “Building capacity and partnership in care” (see appendix 6).

2.2 The department should support the setting up of a planning committee of service users and representatives from a range of local agencies to co-ordinate low vision services*.

2.3 Whenever changes to services are being proposed the department should liaise with local statutory and voluntary organisations to ensure there is no reduction in the range or quality of provision for visually impaired adults.

2.4 The department should use the findings from its consultation with visually impaired adults, carers and statutory and voluntary organisations (see standards 1.6, 1.7 and 3.1) to produce a service plan. The service plan should set out the department’s short-, medium- and long-term aims and objectives and demonstrate how it will:

- deliver outcomes that fulfil its legal obligations
- provide a better quality of life for visually impaired adults.

2.5 The department’s aims and objectives should be underpinned by qualitative and quantitative data collated from:

- national and local demographic trends
- epidemiological surveys
- care management records
- numbers of complaints and compliments
- certification* and registration records
- Best Value service reviews.
2.6 The service plan should state:
- the period covered by the plan and the review date
- the range of services that will be provided
- how the department intends to address the needs of the entire age range of visually impaired adults — young adults, adults of working age and older people
- how mainstream services will be made more accessible
- how services will be provided for adults with multiple disabilities, dual sensory loss and other complex needs
- how any inequalities in local provision relating to age, gender, income and ethnic origin will be addressed
- the measures that will be put in place to reach visually impaired adults who do not make full use of the service, such as older people, adults with learning difficulties, people from black and minority ethnic communities, homeless people and travellers.

2.7 The service plan should be made available in a range of different formats (see standard 7.2).

2.8 The service plan should be used to inform:
- the “Better care, higher standards” charter (see below)
- the commissioning process (see standard 3)
- the budget allocation process.

2.9 The department should work with its partners to implement the authority’s “Better care, higher standards” charter which sets out local standards and targets for health, housing and social care services. (The charter is a planning tool that can be used to influence other local initiatives for improving health and social care, such as Health Improvement Programmes, joint investment plans, community care plans, local housing strategies and capital investment programmes. It is a mandatory requirement for all local authorities — see the Department of Health guidelines in appendix 6.)

2.10 The department should use the charter to ensure that the authority makes an explicit commitment to:
- delivering mainstream and specialist services that meet the needs of visually impaired adults
- developing care pathways* that involve service users in the management of their own care.
2.11 The charter should include the following information:

- a statement of the department's operational values
- a complaints procedure
- joint standards and targets
- information on social security benefits
- who to contact for advice about services
- details of how visually impaired adults and their carers can become involved in developing the charter
- a dissemination plan for the charter. (This is to ensure that people in long-term care can readily obtain a copy in a suitable format.)
Standard 3 Commissioning services

**Outcome** Visually impaired adults receive social care that is timely and appropriate to their needs.

**Standard** The department commissions services using information collected during the planning process.

3.1 When commissioning services for visually impaired adults, the department should consult a cross-section of the population to identify their collective needs (see standards 1.6 and 1.7). This information should be used to inform the production of the service plan (see standard 2.4) and to commission services from external and independent providers (see standard 3).

3.2 All commissioned services should be based on a combination of Best Value principles (see appendix 2) and these national standards. For all services there should be a written specification which:
- defines the standard of service to be provided, including any specific timescales
- outlines the outcomes that the service should achieve.

3.3 All contracts, sub-contracts and agreements entered into by the department should be rigorously monitored. Service providers should be asked to produce evidence of their compliance with the service specification, conditions of contract and the national standards. Prompt corrective action should be taken if their performance is found to be unsatisfactory.

3.4 Managers who commission mainstream services, such as services for older people in residential care, should ensure that the specification caters for the needs of visually impaired adults who may use those services.

3.5 When commissioning services for children in transition to adult services and services for people with complex needs, the department should use longer-term contracts and agreements to ensure continuity and consistency in provision.
Part Two
Managing integrated services

Standard 4  Managing services  25
Standard 5  Managing the workforce  26
Standard 6  Resourcing services  28
Standard 7  Making services more accessible  29
Standard 8  Reaching adults with a newly diagnosed sight problem  31
Standard 4  Managing services

Outcome  Service users receive well-managed and accountable services.

Standard  The department ensures that services for visually impaired adults are well resourced, delivered promptly and monitored thoroughly.

4.1 The department should give a senior manager lead responsibility for developing and managing services for visually impaired adults.

4.2 The name of the designated manager should be given to service users, carers and organisations representing visually impaired adults.

4.3 The designated manager’s role is to ensure that:
- the service plan is consistent with the authority’s “Better care, higher standards” charter (see standard 2.9)
- visually impaired adults are involved in the development of the service plan (see standard 2.4)
- a multi-agency approach is taken to planning, developing and reviewing services (see standard 2.1)
- services are effective, efficient and responsive, and delivered to a consistent standard (see standards 3 and 16)
- all departmental and corporate policies are informed by an awareness of visual impairment issues
- mainstream services reflect the needs of visually impaired adults (see standards 2.10 and 3.4).

4.4 The manager’s specific responsibilities are to ensure that:
- the service plan reflects the national standards
- the service plan is reviewed and evaluated on a regular basis
- the care management process enables visually impaired adults to more easily obtain integrated mainstream and specialist services
- the department allocates sufficient resources to meet the needs of visually impaired adults as identified in the service plan
- the department sets realistic but challenging targets and monitors its performance in meeting them (see standard 16.2)
- general information for service users is produced in the formats described in standard 7.2, distributed to the outlets listed in appendix 4A, and reviewed and updated regularly.
Standard 5 Managing the workforce

Outcome Service users receive quality care from a competent and well-trained workforce.

Standard The department implements workforce planning and training strategies which take account of the current and future needs of visually impaired adults.

5.1 Managers who are responsible for workforce planning should ensure that the department is appropriately resourced to meet the needs of service users by:
- analysing local epidemiological data and demographic trends
- taking account of the requirements of legislation, social care policies and good practice guidance.

5.2 The ratio of staff to service users should be sufficient to provide a quality service.

5.3 The qualifications and skills of the workforce should be sufficient to meet the objectives in the service plan (see standard 2.4).

5.4 All staff employed by the department, either directly or indirectly (i.e. on a contractual basis), should meet the competency requirements set by TOPSS (the Training Organisation for the Personal Social Services) and follow the requirements of the General Social Care Council’s code of conduct and practice.

5.5 The department’s Adult Protection Policy should identify the posts which require either a “standard” or “enhanced” disclosure check by the Criminal Records Bureau. In keeping with the guidance issued by the Home Office, the department must ensure that no newly appointed staff work unsupervised with visually impaired adults on a one-to-one basis until this check has been carried out.

5.6 There should be a dedicated training budget that will:
- provide sufficient training to allow staff in the department to attain the competency levels set by TOPSS
- ensure that the training needs of specialist staff are met
- support the continuing development of staff (e.g. by meeting the costs of attending conferences, reimbursing fees to professional bodies, subscribing to professional journals, etc).
5.7 All new staff who are likely to come into contact with visually impaired adults should undergo a programme of induction which incorporates the TOPSS Induction Standards.

5.8 All front-line staff, managers of specialist workers and those making decisions about services for visually impaired adults should complete a course in basic visual impairment awareness training (see appendix 4B) as a minimum requirement.

5.9 The department should provide a defined career structure with advanced training and development opportunities for experienced staff who wish to enhance their specialist skills.

5.10 Staff in the statutory sector should be encouraged to work on secondment in the voluntary sector, and vice versa, as a way of broadening their skills and increasing their understanding of different models of service delivery.

5.11 Specialist staff should meet regularly with their colleagues in mainstream services and in health, housing and other sectors in order to develop greater awareness and understanding of visual impairment issues. Collaboration in the development of care pathways (see standard 9) is especially important.

5.12 Service users should be invited to use their experience of the service to help train staff. They should be given all the support they need to assist them in doing this.

5.13 Specialist staff should be aware of the full range of resources and support, both nationally and locally, for visually impaired adults. They should work closely with other service providers to remove any real or perceived barriers that may prevent visually impaired adults from receiving the services they need.
Standard 6  Resourcing services

Outcome  Visually impaired adults receive better quality social care.

Standard  The department makes maximum use of resources from all sources, both internal and external, to achieve the objectives identified in the service plan.

6.1  The department should identify the broadest possible range of resources, skills and facilities — from both internal and external sources (i.e. other organisations) — to enable it to meet the objectives set out in the authority’s “Better care, higher standards” charter (see standard 2.9).

6.2  Maximum use should be made of supplementary sources of funding to provide integrated services. These sources might include:

- Promoting Independence grants (and the new grant that will replace it in 2003)
- Supporting People funding
- supported housing grants (section 31 of the Health Act 1999).

6.3  The department should promote good working practices in partnerships with other agencies which:

- are led by the needs of visually impaired adults
- produce demonstrable benefits or outcomes for service users.

6.4  When working in partnership, the department and its partners should:

- issue a joint statement outlining the objectives and desired outcomes of the partnership
- clearly define the roles and responsibilities within the partnership
- adopt common communication etiquette and consultation mechanisms
- review work practices and exchange information
- work to national objectives and frameworks but still be responsive to local priorities.
Standard 7  Making services more accessible

Outcome  Service users are able to make better informed decisions about the services they receive.

Standard  The department provides service users with up-to-date and timely information in the format of their choice on the range of mainstream and specialist services that are available locally.

Note: The Disability Discrimination Act 1995 places a duty on all providers of goods and services to make information available in a variety of formats. The following standards are intended to assist service providers in meeting their legal obligations but should not be taken as the sole or definitive guidance on compliance with the Act.

7.1 The department should produce regularly updated information packs on a broad range of issues that will enable visually impaired adults to make informed decisions about their social care and general health and well-being (see appendix 4A).

7.2 All general information relating to services for visually impaired adults should be:
- written in easy-to-understand, non-technical language
- laid out simply and clearly on the page
- reproduced in a clear sans-serif typeface, such as Arial or Helvetica, with a font size of at least 14 points* (i.e. the same size as this text)
- printed on matte (i.e. not glossy) medium-weight paper
- available in a range of different formats, such as large print, Braille, Moon*, audio tape, computer disk, audio-described video, British Sign Language* video
- translated on request into the preferred language of the reader.

7.3 Key documents, such as the service plan (see standard 2.4), should be prepared simultaneously in alternative formats and standard 14-point print so that they are available to service users at the same time. (The RNIB’s “See it right” pack contains practical guidance on producing information in a range of appropriate formats for visually impaired people — see appendix 6 for details.)
7.4 One named member of staff (see standard 4) should be responsible for ensuring that general information for visually impaired adults is:
- produced in the formats described in standard 7.2
- distributed to the outlets listed in appendix 4A
- reviewed and updated regularly.

7.5 The department should maintain a database of public, voluntary and private sector agencies that provide health, social care and rehabilitation services for visually impaired adults, including peer support, advocacy, counselling, emotional support and assisted transport services. Information from this database should be provided to the public on request.
Standard 8 Reaching adults with a newly diagnosed sight problem

Outcome Visually impaired adults are made aware of the different types of support available and know how to get help if they need it.

Standard The department works with other agencies to reach adults with a newly diagnosed sight problem and informs them about the range of social care that is available.

8.1 The department should liaise with the local primary care trust, low vision planning committee (see standard 2.2) and ophthalmic unit* (see appendix 5A) to develop codes of practice and procedures which will ensure that:
- people who are found to have a previously undetected sight problem are referred for an eye health check
- people who are newly diagnosed as blind or partially sighted receive timely and responsive information and support
- people are offered the opportunity of a social care assessment.

8.2 The department should agree procedures for referring for a social care assessment:
- everyone whose routine health check at age 75 reveals a previously undetected sight problem
- adults aged 50+ whose visual impairment is detected by the single assessment process*.

8.3 Visually impaired adults should be made aware that they are entitled to a social care assessment regardless of whether they have opted for certification and registration (see appendix 5B).

8.4 Visually impaired adults who choose to register should be offered a standardised registration card (see appendix 5B1).

8.5 Adults who are certified as being blind or partially sighted should be contacted within 10 working days of receiving their BD8 certificate* and offered an assessment of their social care needs. (Note: This is a requirement of the Department of Health as set out in its letter to all directors of social services in October 2000 — see appendix 5B2.)
8.6 The department should ensure that all staff working in all areas of social care are aware of the need to ask everyone who receives any type of social service about the effect of their vision on their quality of life (see the sample questionnaire in appendix 4C for guidance). All referral and assessment forms in use within the department should include a reminder to staff to do this. Any concerns should be noted on the case file and the person referred to the appropriate agency.
Part Three
Providing person-centred services

Standard 9  Involving service users in developing care pathways  34
Standard 10 Supporting carers  36
Standard 11 Assessing individual needs  37
Standard 12 Agreeing the care plan  39
Standard 13 Providing emotional support  41
Standard 14 Training people for life  42
Standard 15 Equipping people for life  43
Standard 9  Involving service users in developing care pathways

Outcome  Service users are able to influence their individual care plan or care pathway.

Standard  The department involves service users in decisions about their care management and rehabilitation.

9.1 Service users should be asked to name all the people they would like to be involved in their assessment (e.g. family members, carers, friends).

9.2 Service users should be given the option of electing a friend or relative to speak on their behalf, or they may choose to be represented by a trained advocate or a representative from an organisation for people with a visual impairment or other disability.

9.3 Service users and their representatives should be asked to choose their preferred method of contact and their preferred format for information (see standard 7.2). All further contact with the department will be in this format.

9.4 When information is requested in an alternative format it should be noted in the service user's case file for future reference.

9.5 Service users and their carers should receive timely information to inform their choices when making decisions about their care pathway or care management.

9.6 Service users should be advised of the existence of peer support groups (where available).

9.7 Service users should be told who to contact if they need help out-of-hours or between appointments.

9.8 Service users should be given a copy of their assessment and care plan (see standard 12) in their preferred format. They should be asked to confirm that these documents accurately reflect what has been agreed.
9.9 If during the course of an assessment the service user and the assessor cannot agree about an important aspect of the assessment, or the service user has needs which are not considered to be eligible needs, this difference of opinion should be recorded in the assessment documentation and the care plan.

9.10 Service users should be informed of their right to appeal or lodge a complaint whenever a service is subject to change.

9.11 The department’s complaints procedure should allow for service users to lodge their complaints in a variety of ways (i.e. not just in writing).

9.12 At the start of their assessment, service users should be informed of their right to inspect their personal records and given every assistance to do so. (Note: This is a mandatory requirement of the Access to Personal Files Act 1987.)

9.13 Service users should be told how to request further services when their period of care or rehabilitation ends.
Standard 10 Supporting carers

Outcome  Carers feel valued as partners in the care management process and continue to provide effective care.

Standard  The department involves carers in the rehabilitation and care management of service users while respecting their different and separate needs.

10.1  Carers should be involved in the assessment process where their involvement is a key part of the care plan or their participation is requested by the service user (see standard 9.1).

10.2  If the service user and the carer cannot agree about an important aspect of the assessment, their difference of opinion should be recorded in the assessment documentation and the care plan.

10.3  Carers, some of who may be visually impaired themselves, should be offered an assessment of their own needs in accordance with the Carers (Recognition and Services) Act 1995 and the Disabled Children’s Act 2000.

10.4  Carers should be informed about all sources of support that are available to help them in their caring role, such as:
- support networks in the voluntary sector
- financial support (e.g. carer’s allowance, attendance allowance).
Standard 11 Assessing individual needs

Outcome The service user’s need for social care is identified and risks to their well-being are minimised.

Standard The department ensures that a service user’s need for social care is assessed by competent staff within an agreed timescale.

11.1 The department should have a written policy for all staff who carry out social care assessments. This should state how the guidelines in “Fair access to care services” (see appendix 6) will be applied in determining a person’s eligibility to receive services.

11.2 The waiting time for an assessment should be closely monitored to ensure that it is not more than four weeks from the date of referral. (Note: Four weeks is the limit recommended by the Social Services Inspectorate in its report “A sharper focus: Inspection of services for adults who are visually impaired or blind” — see appendix 6.)

11.3 If the department takes more than two weeks to make contact and more than two weeks to complete the assessments of a significant number of service users (see appendix 5B2), it should:
- take immediate action to reduce the waiting time
- tell service users how long they may actually have to wait
- tell individuals who are “at risk” how they can obtain an urgent appointment.

11.4 People who are in urgent need of assessment should be treated as a priority. The checklist in “Fair access to care services” and the list of potential risk factors in appendix 4D, below, should be used to determine a person’s vulnerability and level of risk.

11.5 Before an assessment begins, service users should be told about the process and what they can expect to happen at each stage (see appendix 3). They should be given the means to carry out a self-assessment if they so choose.

11.6 Staff should ascertain each service user’s preferred “language” (e.g. British Sign Language or the block alphabet*) at the outset and provide interpreters, advocates or special communication equipment, if necessary.
Assessments should be multi-disciplinary and involve staff from other agencies where appropriate. However, the consent of the service user must be obtained before any personal information (e.g. medical information) is shared with any other agency. A breach of confidentiality is illegal (see below).

Assessments should take full account of each person’s physical, mental and social conditions as well as their sight problems.

Following the social care assessment consideration should be given to the need for a specialist assessment for rehabilitation and low vision services (see standards 12.3 and 14).

Every assessment should seek to establish if a person has a hearing problem in addition to their sight problem. Anyone who is found to have a hearing impairment should be referred to an audiology department or other agency in accordance with the code of practice developed in conjunction with the local primary care trust (see standard 8.1). If a hearing problem has already been diagnosed, referral should be made to a deafblind specialist.

Assessments for mainstream services should be carried out by staff who have received visual awareness training and who have previous experience of working with visually impaired adults.

The department should support the use of the single assessment process for everyone over 50 years of age as recommended in the National Service Framework for Older People (see appendix 6) and take steps to ensure that it identifies people with an undetected sight problem.

A note on confidentiality
When collecting and sharing information about an individual for assessment or other care purposes, agencies must ensure that they comply fully with the requirements of the Common Law duty of confidentiality, the Data Protection Act 1998 and the Human Rights Act 1998. The Department of Health has published its own guidance on patient confidentiality issues based on the concept of “Caldicott guardians” — see “Implementing the Caldicott standards into social care” in appendix 6.
Standard 12 Agreeing the care plan

Outcome  Service users receive appropriate support to meet their identified needs.

Standard  The department helps service users to draw up a care plan which describes how their eligible needs will be met.

12.1 When agreeing their care plan, all service users should be made aware of their entitlement to the same standards of social care, regardless of whether they have opted for certification and registration (see appendix 5B).

12.2 The care plan should include the following information:
- details of the service user’s needs as identified by the assessment process
- a list of any associated risks (see appendix 4D) and strategies for managing those risks
- the aims and objectives of the care plan, expressed as outcomes for the service user
- an outline of all the services that will be provided
- the charges for the services (if any) and how these have been calculated
- details of any direct payments* that have been agreed
- the role that carers will play in the process
- a contingency plan to manage emergencies
- the date that the services or training will commence
- the plan review date.

12.3 The care plan should specify how needs that meet the criteria set out in “Fair access to care services” will be addressed. These needs might include:
- information and advice on financial benefits and allowances (e.g. direct payment schemes, attendance allowance, carer’s allowance)
- counselling and emotional support (see standard 13)
- rehabilitation training (see standard 14 and appendix 4E)
- equipment and adaptations (see standard 15)
- low vision services
- employment-related support
- community, leisure and social facilities
- specialist services, including services for people who have dual sensory loss
- personal development
- independent living schemes*
- residential, day care, home care and respite services.

12.4 The department should ensure that all parties named in the care plan are aware of, and agree with, their roles.

12.5 The care plan should be monitored to ensure that:
- it continues to be relevant, particularly when a service user’s needs may be changing
- progress in achieving the objectives is reviewed regularly.

12.6 The care plan should be reviewed by the service user and key staff after the first three months and then at least once a year thereafter. (See the guidance published in “Fair access to care services” in appendix 6.)

12.7 If the service user is a young person, the department should collaborate with the local education authority and other agencies to ensure that transitional arrangements* are in place. (See the guidance published in “Making connections” in appendix 6.)

12.8 If the service user is of working age, the department should liaise with the Disability Advisory Service to ensure that details of the support it can offer are included in the care plan.
Standard 13 Providing emotional support

Outcome  Service users adjust positively to their changed circumstances.

Standard  The department provides counselling and emotional support from the point at which a person is told they have a visual impairment.

13.1 The department should liaise with the local ophthalmic unit to ensure that people who are newly diagnosed as blind or partially sighted receive immediate counselling and support if they need it. The offer of counselling and emotional support should be repeated at the initial assessment.

13.2 Counselling and emotional support should be offered on a continuing basis (e.g. at subsequent reviews or referrals and any time that a change in circumstances or behaviour suggests that this kind of support might be helpful).

13.3 When planning and commissioning services, the department should consider how it will meet the emotional needs of visually impaired adults, particularly those whose sight loss is newly diagnosed. Professional counselling services should be provided but these may be complemented by a range of alternatives, such as:

- rehabilitation groups
- telephone help-lines, telesupport or “telebefriending” schemes
- local self-help and service user-run disability groups
- peer support and counselling schemes
- visual impairment forums.

13.4 The department should support initiatives that promote personal development, such as:

- self-representation, assertiveness and confidence training
- opportunities for further education and life-long learning.
Standard 14 Training people for life

Outcome Visually impaired adults are able to live more independently.

Standard The department provides training in orientation and mobility, independent living and communication skills and low vision enhancement as part of a multi-disciplinary rehabilitation programme.

14.1 Service users should be given a copy of their care plan and training (rehabilitation) programme in their preferred format. They should confirm that these documents accurately reflect what has been agreed (see standard 12).

14.2 Rehabilitation training should be completed within the department’s target timescale for providing timely support unless the service user requests a different timescale.

14.3 The training programme should take account of the service user’s lifestyle, personal circumstances and any other care package that is being provided by or through the department or other agencies. It should also include a review date.

14.4 Training should be provided in a range of settings that are appropriate to the service user’s needs — on a one-to-one basis in the service user’s home, at a resource centre, in a group setting, at a residential home, etc.

14.5 Carers should be assisted in helping the service user to achieve his or her training objectives.

14.6 The service user should be contacted within 12 weeks of the completion of the training programme to confirm that it has met their needs. A supplementary programme should be arranged if necessary.
Standard 15 Equipping people for life

Outcome Visually impaired adults are able to lead safer and more independent lives.

Standard The department ensures that specialised equipment, aids to daily living and minor adaptations to homes and workplaces are made available.

15.1 The department should implement the Department of Health’s plans for integrating community equipment services* locally. (See “A guide to integrating community equipment services” in appendix 6.)

15.2 The department should ensure that the interests of visually impaired adults are represented on the community equipment service board (or, pending its formation, on any interim board) by allocating at least one place to a visually impaired adult with direct experience of the service.

15.3 The department should collaborate with local disability employment advisers to make sure that visually impaired adults receive the equipment, support and training they need to help them keep or find a job.

15.4 The department should consult service users and their carers to ensure that the range of equipment on offer is appropriate to their needs (some typical examples are given in appendix 4F).

15.5 Details of all the equipment, aids to daily living and related services that can be obtained on loan through the community equipment service should be publicised as widely as possible. In addition, the department should provide information on:
- its policy on the provision of community equipment
- national and local providers of community equipment
- eligibility criteria or charging policies that are in force locally.

15.6 The local authority should operate a direct payments scheme for people who wish to purchase community equipment that is not available on loan.

15.7 The department should ensure that its charging policies adhere to the guidelines in the Department of Health’s “Fairer charging
policies for home care and other non-residential social services” (see appendix 6). Where a charging policy is in force, the department should explain how it will manage the risks to service users who cannot pay or refuse to pay.

15.8 The department should ensure that:
- it agrees with the low vision planning committee (see standard 2.2) those items of equipment which should only be prescribed by a specialist
- arrangements are in place for the repair, replacement and recycling of equipment
- all equipment and standards of maintenance meet all relevant health and safety requirements
- instructions for using equipment are provided in accessible formats (see standard 7.2).

15.9 The department should keep up-to-date records of:
- the number of service users who have been assessed for community equipment
- the number who have received direct payments
- the type and cost of the equipment that has been issued.

15.10 The department should ensure that service users have access to a local community equipment store or resource centre where low vision, independent living and communications equipment can be demonstrated (see appendix 5C).

15.11 Service users and their carers should be involved in choosing the equipment that is best suited to their needs.

15.12 Before any equipment is issued, service users should be:
- given the opportunity to make sure they are comfortable with the equipment they have chosen
- shown how to use and maintain the equipment safely
- given details in their preferred format of the terms and conditions under which the equipment is to be supplied (e.g. ownership, insurance, liability, conditions for withdrawal)
- told who to contact if there is a delay in delivery, or their circumstances change, or there is a problem.

15.13 Each service user’s continuing need for the equipment should be reviewed at least once a year.
Part Four
Improving performance

Standard 16  Achieving continuous improvements to services  46
Standard 16 Achieving continuous improvements to services

Outcome  Service users and their carers are satisfied with the quality of care they receive.

Standard  The department continuously improves service delivery through quality management and best practice.

16.1 The department should implement quality assurance* systems and seek independent validation from a recognised body (such as Chartermark or Investors in People) to help it identify, achieve and sustain improvements in its services.

16.2 The department should continuously monitor and compare its current performance against previously published targets — e.g. its service plan (see standard 2.4) or a previous annual improvement plan (see below) — with reference to internal and external benchmarks of best practice, the authority’s “Better care, higher standards” charter (see standard 2.9) and the national standards.

16.3 The performance data collected under standard 16.2 should be analysed and used to draw up an annual improvement plan containing new performance targets for the next financial year. The plan should be published in full and summarised in the department’s annual report.

16.4 The improvement plan should be based on an evaluation of the department’s performance (including complaints and other feedback) over the preceding twelve months. It should cover the following areas:

- the level of need for the service — the number of visually impaired adults and carers who have had a social care assessment (this data can be obtained from the Referrals, Assessments and Packages of Care* statistical return) and the number of care plans based on the criteria set out in “Fair access to care services” (see appendix 6)
- the referral and assessment process — the time taken to make contact with an individual following referral, the time taken to start an assessment following initial contact, the time taken to complete the assessment and issue the care plan
the scope and impact of the service — the difference the service has made to the lives of service users expressed as identifiable outcomes measured against care plan objectives (i.e. the percentage of care plan objectives that were achieved)

the cost of the service — the total expenditure on social care services for visually impaired adults in the previous financial year and the resources available for the forthcoming financial year

the department’s capacity to meet the needs of visually impaired adults for social care — the number of full-time and part-time specialist staff, staff turnover and sickness levels, the number of non-specialist staff who have completed visual awareness training

how any recommendations made by the independent bodies that are overseeing quality assurance (see standard 16.1) will be addressed.

16.5 In accordance with the requirements of Best Value (see appendix 2), the department should seek at least once a year the views of visually impaired adults, their carers and the statutory and voluntary organisations that represent them about:

■ the overall performance of the service
■ satisfaction with specific services
■ new services they would like to see introduced.
Appendices

Appendix 1 The management team and reference groups  49
Appendix 2 Glossary of terms       51
Appendix 3 The assessment process  54
Appendix 4 Checklists  55
Appendix 4A Information needed by visually impaired adults  55
Appendix 4B Staff training and development  56
Appendix 4C Quality of life questionnaire  57
Appendix 4D Risk factors and personal care needs  59
Appendix 4E Rehabilitation skills training  60
Appendix 4F Equipment and aids to daily living  61
Appendix 5 Key models of best practice  63
Appendix 5A Services at the ophthalmic unit  64
Appendix 5B Certification and registration  65
Appendix 5C Resource centres  66
Appendix 6 Further reading  68
Appendix 1 The management team and reference groups

The initial research on which the national standards are based was commissioned by the RNIB and Guide Dogs and carried out by Sensory Services, a consultancy specialising in sensory impairment issues. The research drew on four key sources:

- Two reference groups of representatives from local authorities and the voluntary sector (see below) who provided advice and expert knowledge and consulted with service users and other professionals.
- A qualitative survey based on the responses of approximately 500 visually impaired adults who took part in one-to-one interviews, focus groups and teleconferences.
- An extensive literature search on good practice.
- Advice and guidance from specialists and experts in the field, including officials from the Department of Health.

Two drafts of the standards document were issued for consultation. Both were posted on the ADSS Web site and issued in a number of different formats by the RNIB and the Derbyshire Association for the Blind. A third draft was piloted in nine local authorities to help refine the standards further. The entire project was overseen by the Visual Impairment Standards Management Team.

The Visual Impairment Standards Management Team

- Lynda Bowen, Guide Dogs
- Eleanor Brazil, ADSS Sensory Sub-Committee (from April 2002)
- Carl Freeman, RNIB
- Geraldine Peacock, Guide Dogs
- Mary Robertson, ADSS Sensory Sub-Committee (until April 2002)
- Ken Simpson, Guide Dogs

Reference group 1: Local authority representatives

- John Allan, Northumberland County Council
- Seleshe Araya, Worcestershire County Council
- Dorothy Aristedes, Essex County Council
- Carol Barnshaw, Royal Borough of Kingston
- Geoffrey Biggs, Birmingham City Council
- Keith Bray, Lincolnshire County Council
- Tina Browne, London Borough of Greenwich
Gill Clegg, London Borough of Westminster
Robert Clifton, Coventry City Council
Linda Davies, Dudley Metropolitan Borough Council
Angela Dryer, Portsmouth City Council
Hilary Grime, Oxfordshire County Council
Karyl Henry, East Sussex County Council
Lynda Hughes, Bury Metropolitan Borough Council
Sheila Latham, Blackburn with Darwen Borough Council
Gareth Llwyd, Isle of Anglesey County Council
Lenice Moth, London Borough of Lewisham
Louise Okello, North Tyneside Borough Council
Patrick O’Neil, London Borough of Haringey
Joan O’Sullivan, Bedfordshire County Council
Alec Porter, Bradford City Council
Clare Reeves, Norfolk County Council
Julie Shorrock, Somerset County Council
Irene Vallance, Durham County Council
Peter Wareham, Devon County Council
Sandra Willetts, Nottingham City Council
Mike Wood, Staffordshire County Council

Reference group 2: Voluntary sector representatives

Diane Asher, Henshaws Society for the Blind
Iris Corfield, Royal National College of the Blind
Les Ellis, Kent Association for the Blind
Tom Fagin, SeeAbility
Lesley Kelly, National Federation of the Blind of the UK
David Mumford, Royal Leicestershire Rutland and Wycliffe Society for the Blind
Mike Pearson, Action for Blind People
Bob Sharpe, Staffordshire Association for the Blind
Pat Taylor, NALSVI
Graham Willetts, RNIB
Appendix 2  Glossary of terms

**Advocate** — A person who acts on behalf of a service user who feels unable to represent him or herself when dealing with statutory organisations, professional health and social care workers, specialists, etc. Advocates operate independently of any statutory organisation.

**Best Value** — A mandatory requirement for local authorities to continuously improve their services by **consulting** and involving service users in the planning and review process, **comparing** standards of service with those of other authorities, **challenging** traditional methods of delivering services, and using **competition** (i.e. competitive tendering) to ensure the best use of resources.

**BD8 certificate** — The medical certificate that is signed by a consultant ophthalmologist to confirm that a person is eligible to be registered with their local authority as blind or partially sighted. Copies of the BD8 are sent to the local social services department and the person’s family doctor, normally within five working days.

**Block alphabet** — An easy-to-learn alphabet that is spelled out on a deafblind person’s hand. It is similar to the BSL finger-spelling alphabet.

**Blue badge scheme** — People with a disability may apply to their local authority for a “blue badge” which gives them certain car parking privileges, either as a driver or as a passenger.

**British Sign Language (BSL)** — The visual language of the British deaf community.

**Caldicott guardians** — The Caldicott report (1997) recommended that “guardians” should be appointed to protect the confidentiality of personal information within NHS organisations. The concept is now being introduced into councils with social services responsibilities as part of the move to improve joint working between health and social services.

**Care management** — The process of “tailoring” services to individual needs. It involves assessing a person’s needs, planning their care and implementing, monitoring and reviewing their care plan.

**Care pathways** — A multi-disciplinary plan of care consisting of a set of proposed rather then prescribed activities within a given time limit.
Certification and registration — Under section 29 of the National Assistance Act 1948 local authorities are required to compile and maintain a classified register of people who are blind or partially sighted. A person is eligible for registration — and thus entitled to certain benefits and concessions — only if authorised by a consultant ophthalmologist using the 1948 definitions. A person is considered blind “if they cannot do any work for which eyesight is essential”; they are partially sighted “if they are substantially and permanently handicapped by defective vision caused by congenital defect or illness or injury”. The appropriate classification is recorded on a BD8 certificate (see above). Registration is entirely voluntary.

Commissioning — The process of specifying, supplying and monitoring a service to meet the long- and short-term needs of an individual.

Community equipment — Equipment that gives visually impaired people greater control over their lives. It includes low vision aids (e.g. better lighting), aids to daily living (e.g. “talking” microwave ovens), communication aids (e.g. CCTV readers, personal computers with specialised software, Talking Books and newspapers), and mobility aids.

Consultation — A two-part process consisting of: (i) seeking views on a specific proposal, and (ii) taking account of those views when a decision is made. (See also “service user involvement”, below.)

Direct payments — Payments from a social services department which enable a person to purchase their own care.

Eye clinic liaison officer — A specialist in an ophthalmic unit who co-ordinates health, social care and voluntary services.

Human aids to communication — Specialists who work with people who are deaf, hard of hearing or deafblind. They include sign language interpreters, speech-to-text operators, communicator-guides, lip-speakers and note-takers.

Independent living scheme — Independent living schemes give disabled people the means to recruit and manage their own care staff and so lead their chosen lifestyle in the community.

Low vision services — Multi-disciplinary services which train visually impaired people in techniques to help them make the most of their remaining sight.
Moon — A system of embossed print based on upper-case characters from the standard alphabet. Easier to feel than Braille.

Ophthalmic unit — An eye hospital or clinic within a general hospital.

Point — A measurement used in printing. One point = approx. 0.35mm.

Quality assurance — A method for checking that service quality continues to meet the specification set out in a performance framework.

Referrals, Assessments and Packages of Care (RAP) — The systematic collection of data on the numbers, ages and types of adults referred for social care. Local authorities in England are required to submit this information to the Department of Health on a regular basis.

Registration — See “certification and registration”, above.

Rehabilitation — The process of restoring functions that a visually impaired person had before losing his or her sight. It involves relearning or modifying existing skills and developing new ones in order to maintain independence.

Seamless services — Multiple services co-ordinated and delivered in such a way that an individual is unaware that they are being provided by more than one agency.

Service user involvement — Service user involvement differs from consultation (see above) inasmuch as service users (or their representatives) participate in decision-making on a collective rather than an individual basis.


Social care — Care which meets a person’s common human needs and gives them quality of life. Does not include the type of care provided by trained nursing or medical staff.

Transitional arrangements — A joint plan devised by the local education service and social services to ease a young visually impaired person’s transition from adolescence to adulthood.
Appendix 3  The assessment process

There is no universal model for assessing the needs of visually impaired adults, largely because the way that social services departments are organised varies so much from local authority to local authority. The process may involve up to three different stages:

- **Stage 1. Initial assessment** (also called screening or contact assessment) — The process by which it is decided whether a person requires a needs assessment, or simply advice and information, or a different form of help (such as a blue badge*).

- **Stage 2. Needs assessment** (also called a general/holistic/ community care assessment) — A thorough assessment of a person’s general social care needs based on a range of risk factors and personal care requirements (see appendix 4D). Following this assessment, a summary of needs and a care plan are drawn up.

- **Stage 3. Specialist assessment** (also called further assessment) — A person who is revealed to have complex needs at stage 2 is referred to a specialist social worker or rehabilitation worker for a more detailed assessment of their mobility and communication skills and their need for low vision therapy and independent living skills (see appendix 4E). Note: People with sight problems who self-refer to social services are sometimes referred directly for a specialist assessment.

In some areas, a care manager will begin the assessment process and then refer the person to a specialist for a visual impairment assessment; in other areas, a rehabilitation worker will carry out the initial assessment and then refer the person to a care manager, if appropriate.

Some people will benefit from a full community care assessment at the outset whereas others may require a specialist assessment. Similarly, some people will be referred to social services as a consequence of their visual impairment while others may already be receiving a service from the department, such as home care, before their sight problem is identified.

For more about the assessment process, refer to “Fair access to care services” and the requirements of the single assessment process in the National Service Framework for Older People (see appendix 6 for details).
Appendix 4 Checklists

Appendix 4A  Information needed by visually impaired adults

Visually impaired adults should be provided with information in their preferred format (see standards 7.2 and 9.3) about:

- their rights (e.g. the Disability Discrimination Act 1995)
- health services, including low vision services
- eye conditions and treatments
- procedures for assessment, certification and registration
- services provided by social services and other statutory agencies
- eligibility criteria and charging policies
- specialist services for visually impaired people
- self-help groups, peer support and local and national help-lines
- local, regional and national voluntary agencies
- private sector care agencies
- advocacy services
- community equipment services
- welfare benefits and agencies which can assist and advise
- service quality and standards
- complaints procedures
- employment, education, leisure and transport services

Information should be made available through:

- resource centres and community equipment stores
- reception areas in social services departments, day centres, “one-stop-shops”, advice centres
- libraries, council housing offices, sports centres, community centres, Citizens’ Advice Bureaux, schools, colleges
- High Street opticians, GP surgeries, health centres, ophthalmic units, low vision services, diabetic clinics, audiology clinics
- post offices, village shops, church halls, lunch clubs
- government offices (e.g. Benefits Agencies, Job Centres)
- local voluntary societies for visually impaired people, disabled people, older people and minority ethnic communities
- telephone help-lines, Internet sites
- local newspapers, magazines, radio and television
Appendix 4B  Staff training and development

Suggested topics for inclusion in a basic visual impairment awareness training course suitable for anyone whose work brings them into contact with visually impaired people:

- challenging the stereotypes and myths about blindness
- common diseases of the eye and their effect on sight
- recognising the onset of sight problems
- the emotional impact of sight loss
- ways of communicating with people who have a visual impairment
- producing information in accessible formats
- guiding skills
- equipment, including low vision aids
- the benefits of registration
- local and national resources for people with a visual impairment
- awareness of good and bad environmental design
- access issues
- social attitudes and barriers
- the Disability Discrimination Act 1995
- deafblindness
- personal practices

Bespoke training should include:

- local policies, codes of practice and procedures on visual impairment issues
- local resources for visually impaired people
- national resources for visually impaired people

A list of recommended courses for staff who work with visually impaired people can be found on the ADSS Web site and in the Department of Health booklet, “Courses by trainers in visual impairment and dual sensory loss” (see appendix 6 for details).

Further information on qualifying training courses can be found on the ADSS Web site at www.adss.org.uk/eyes.shtml
Appendix 4C  Quality of life questionnaire

This simple questionnaire has been devised to assist non-specialists in identifying undiagnosed sight problems. The person being assessed should be asked to indicate on a scale of 1–3 (1= not at all, 2= moderately/occasionally, 3= greatly/regularly) how far their vision affects their ability to undertake the activities in the following questions.

1 Distance vision, mobility and lighting
Q. Does your vision cause you any problems...
■ ...when you are inside the house, particularly at night?
■ ...when you are watching television?
■ ...when you are out of doors (e.g. on an uneven pavement)?
■ ...when you are looking at a street sign, even close up?
■ ...when you are climbing steps or curbs?
■ ...when you are faced with glare (e.g. car headlights or the sun)?
■ ...when you are trying to see a moving object (e.g. cars on the road)?
■ ...when you are crossing a road in traffic?
■ ...when you are trying to judge depth or distance (e.g. when you reach for a glass)?

2 Adjusting to change
Q. Does your vision...
■ ...leave you feeling frustrated at not being able to do certain tasks?
■ ...restrict how often you can visit your family or friends?

3 Reading and detailed work
Q. When wearing your glasses (or using a reading aid) how much of a problem do you have...
■ ...reading large print (e.g. the headlines in a newspaper)?
■ ...reading a newspaper or a book?
■ ...reading labels (e.g. on food packaging or medicine bottles)?
■ ...reading your mail?
■ ...using household appliances, equipment or tools?

4 Daily living
Q. When wearing your glasses (or using a reading aid) how much of a problem do you have...
■ ...telling the time?
■ ...writing a note or signing your name?
■ ...carrying out your everyday activities (e.g. household chores)?
Scoring
Mostly 1s = No need to refer for a sight test — unless the person has not had a test within the last two years, in which case referral should be recommended

Mostly 1s and 2s = Recommend self-referral for a sight test and eye health check and arrange a review of social care needs within 12 months (or sooner if the tests reveal a problem)

Mostly 2s and 3s = Refer immediately for a sight test and eye health check followed by a specialist assessment of social care needs

Note: People who have not had a sight test for at least two years should be advised to make an appointment for an eye health check.

(Based on a questionnaire originally devised by Dr James S Wolffsohn)
Appendix 4D  Risk factors and personal care needs

The degree of risk associated with a visual impairment depends on individual circumstances. It can be influenced by a wide range of factors — a person's living and working environment, their age and general health, and the nature of their sight loss (whether it occurred suddenly, as the result of a traumatic event, or as a gradual deterioration) can all play a part.

The risk is likely to be higher for people whose visual impairment is undiagnosed or not acknowledged. People who have a learning disability and other complex needs are particularly vulnerable, as are older people with failing sight.

The risk factors associated with visual impairment include:
- living alone
- providing care to dependents
- kitchen safety
- tripping or falling
- traffic accidents
- a significant deterioration in hearing
- the death or incapacity of a spouse, relative or carer
- the death or loss of a guide dog
- a deterioration in physical or mental health
- losing a job
- disruption of formal education
- discharge from hospital
- disorientation after moving house

A visually impaired person may need assistance with:
- personal care and hygiene
- clothes care
- household cleaning
- shopping and paying bills
- reading essential correspondence
- reading medicine labels and managing medication
- preparing meals and eating
- escorting and social activities
Appendix 4E  Rehabilitation skills training

1  **Orientation and mobility skills training** includes:
   - basic and advanced orientation
   - indoor mobility
   - outdoor mobility (including the use of aids and long-cane training)
   - use of high technology aids
   - use of public transport
   - instruction on safe guiding techniques for carers

2  **Independent living skills training** includes:
   - general household skills
   - clothes care, grooming and personal hygiene
   - eating
   - kitchen skills
   - shopping and handling money
   - looking after dependents
   - personal safety

3  **Communication skills training** includes:
   - reading print (including the use of low vision aids)
   - handwriting and signing
   - use of embossed media such as Braille and Moon
   - keyboard and word-processing skills
   - use of electronic vision aids (e.g. closed-circuit television)
   - use of specialised audio and telecommunications equipment
   - communication techniques for deafblind people

4  **Low vision enhancement training/low vision therapy** includes:
   - training in the use of optical and non-optical low vision aids
   - advice on the best use of natural and artificial light in the home and work environment
   - learning visual skills
   - advice on distance, size, colour contrast and glare reduction
   - special requirements and techniques needed for people who have multiple disabilities
Appendix 4F  Equipment and aids to daily living

The following list is neither prescriptive nor exhaustive but offers a guide to the range of equipment that visually impaired adults may require to aid their daily living.

1 Communication
- Digital voice recorder
- Big-button telephone
- Allowance book signature guide
- Writing frame
- Signature guide

2 Information and communication technology

a. Screen magnification software
   - Zoom-text screen magnification for Windows

b. Braille displays and terminals
   - Braille maker for Windows
   - Braille translation software
   - Braille embosser
   - Braille translation software
   - Perkins Brailler
   - Braille paper
   - Dymo gun (to produce Braille labels)

c. Computer equipment
   - Desktop PC with modem, network card, loudspeakers and anti-virus software
   - 17- or 19-inch monitor
   - Flatbed scanner
   - Notebook PC
   - Microsoft Office 2000
   - Printer

d. Packages
   - Internet package
   - Reading package
   - Magnification package

e. Print-reading software
   - Reading software
   - Textbridge OCR software

f. Screen-reading software
   - JAWS screen-reading software
g. CD-ROM tutorials
   ■ “Listening to Word”
   ■ “Listening to Windows 95/98”
   ■ “Listening to the Internet”

3 Lighting
   ■ Black task light
   ■ Desk light
   ■ Floor-standing light

4 Mobility
   ■ Canes (long and short canes, guide and symbol canes, and replacement tips)

5 Managing health
   ■ Medicine dispenser
   ■ Talking body thermometer
   ■ Autodrop eye-drop dispenser
   ■ Talking blood pressure monitor

6 Managing household chores
   ■ Talking microwave oven
   ■ Self-threading needles
   ■ Tactile tape measure
   ■ Needle threader
   ■ Utensils
   ■ Boil alert
   ■ Liquid level indicator
   ■ Talking kitchen scales
   ■ Safety can opener
   ■ Black chopping board

7 Managing money
   ■ Coin holder

8 Managing time
   ■ Talking clock
   ■ Talking watch
   ■ Tactile and easy-to-see watches
   ■ Vibrating watch for the deafblind
Appendix 5  Key models of best practice

There are several key sources of guidance for developing best practice in the provision of social care for visually impaired adults. These should be read in conjunction with the national standards. (Details of all sources are given in appendix 6.)

In 1989 the Department of Health produced a report for the Minister for the Disabled (“Co-ordinating services for visually handicapped people”) which contained a number of recommendations designed to produce a more integrated framework of services for blind or partially sighted people. Its major recommendations were:

- “It is essential to have a designated social services case manager of sufficient status to ensure effective operation of the services system by regular monitoring of performance against objectives.” (page 16)
- “A representative of the social services department, either a qualified social worker with experience in visual handicap or a worker specialising in services for visually handicapped people, should contact the client quickly after certification to discuss the perceived needs for services and, if appropriate, to carry out a comprehensive assessment.” (page 23)
- “The first priority of local agencies should be to establish mechanisms for co-ordination [at system level and case level].” (page 27)

In “A sharper focus: Inspection of services for adults who are visually impaired or blind” (1998) the Social Services Inspectorate identified what it described as the “essential elements of a framework for a more sharply focused approach by social services”. It described these essential elements as follows:

- “systematic and targeted assessment of individuals’ social care needs resulting from their sight loss — and subsequent planning for those needs;
- “a co-ordinated range of services to respond to those special needs — provided and funded through a range of organisations;
- “good collaboration between those who assess special needs resulting from sight loss, and other social services professionals who respond to other social care needs of visually impaired people — so that the needs of visually impaired people are responded to throughout the SSD [social services department];
“effective communication with visually impaired people and their families about how social services should work for them; and

“a commissioning strategy that facilitates specialist assessment and the necessary range of services.” (paragraph 1.7)

At the time the report was published about half of the social services departments under consideration were in the process of adopting some elements of this “more sharply focused” approach. The outcome for service users in these areas was found to be greater independence and greater control over their own lives. In other areas the extent to which service users were helped was more haphazard.

During the development of the national standards a large number of service providers and service users were asked to give examples of best practice arising from a “more sharply focused”, or more systematic, approach to service provision. The following examples are offered as a guide to achieving better outcomes in three key areas — services at the ophthalmic unit, certification and registration, and resource centres — but it is acknowledged that there may be other ways of providing the same services to a similar standard. (Note: These examples have not been included in the body of the document as standards in their own right since some of the key elements are not always entirely within the control of a social services department.)

Appendix 5A   Services at the ophthalmic unit

All hospital ophthalmic units should provide appropriate information, emotional support and a speedy referral system for social care. Services should be provided by competent, qualified workers and trained volunteers.

The ophthalmic unit should have, or be able to provide, the following:

- up-to-date information about different eye conditions, low vision services, community services, and the benefits of registration
- interpreters for minority ethnic community languages, British Sign Language and human aids to communication*, if requested
- advice, reassurance and emotional support from trained and competent staff (Note: In some hospitals these services are successfully provided by volunteers, but volunteers should only be used if they have received appropriate training, support and
supervision. Eye clinic liaison officers* or other staff with a recognised qualification can also fulfil this role.

- an established procedure for identifying and referring to an audiology clinic those people with a visual impairment who may also have a hearing impairment
- information about the availability of professional counselling services
- referral to low vision services
- referral to social services for a needs assessment, if necessary (people who are in urgent need of social care must be treated as a priority)
- an up-to-date list of telephone numbers and Internet addresses of local and national sources of help and information about visual impairment.

As a minimum, all staff and volunteers working in the ophthalmic unit should have had basic visual impairment awareness training. Staff who are in regular contact with visually impaired adults can take accredited courses that are tailored to their particular role (see appendix 4B).

Appendix 5B Certification and registration

Visually impaired people who meet the criteria for registration as blind or partially sighted should be informed about their options in a private, sympathetic and supportive setting. The consultation should be handled with sensitivity and understanding and the appointment should not be rushed. Following a person’s assessment at the ophthalmic unit (see above) there should be a prompt and appropriate response from social services. Certification and registration should always result in an offer of a general social care assessment.

The certification and registration process should include the following:

- information from suitably qualified medical personnel about the person’s eye condition, prognosis and any possible treatments
- up-to-date information in a range of formats about the benefits of registration and the types of support that are available
- an explanation of the BD8 certificate (ideally there should also be a system for monitoring the processing of BD8 certificates)
- emotional support at all stages from trained and competent staff
- priority referral to an audiology clinic for anyone identified as having a significant hearing loss
- a system of prioritising people for “fast-track” referral to social services in cases of urgency.
5B1 The development of a standard registration card

In November 2000 the ADSS began investigating the feasibility of introducing a standard design for registration cards for visually impaired adults. This would be a nationally-recognised proof of the holder’s visual impairment and could be used to validate applications for benefits and other forms of assistance. By mid-2002 sample designs for the card were being tested in a number of areas. Further details are available on the ADSS Web site at www.adss.org.uk/eyes.shtml

5B2 Timescales

In October 2000 the Department of Health wrote to all directors of social services and chief executives of health authorities and trusts and asked them to “ensure that BD8 forms are processed promptly — with social services aiming to make contact with the patient within two weeks, and reviewing practice if there are significant proportions of service users for whom it takes more than two weeks to complete assessments from first contact”. The ADSS encourages social services departments to exceed the requirements of this letter (see appendix 6 for details).

The same letter recommended that “social services departments and NHS ophthalmic services [should] have clear arrangements so that people who are assessed as needing urgent service provision or counselling at the point of diagnosis are speedily put in contact with the relevant agency (statutory or voluntary)”. For more information visit the Department of Health Web site at www.doh.gov.uk/sensoryimpairment/forms.htm

Note: At the time of publication (October 2002) the entire certification and registration process was under review.

Appendix 5C Resource centres

Standard 15.10 recommends that the social services department should provide, or at least ensure there is access to, a resource centre where specialised equipment can be demonstrated. The following principles should be taken into account when establishing a resource centre.

The resource centre should be situated in a convenient location close to public transport. There should be no obstacles to hinder access by disabled people, and the interior should be well-lit and uncluttered. It should provide the following facilities and services:
an extensive range of suitable equipment, from computer-controlled devices to low vision aids and specialised lighting (note, however, that low vision aids should only be provided following an appropriate assessment). Equipment should be available on short- or long-term loan, or for purchase from the centre or an external supplier

a state-of-the-art demonstration room. Service users should be instructed in the use of the equipment by appropriately trained and well-informed staff

information in a variety of formats and minority ethnic community languages about the range of resources available from local and national organisations. One member of staff should have the designated responsibility for ensuring that the information and the equipment displays are kept up-to-date

advice, counselling, peer support, rehabilitation skills training and low vision services

an “outreach” service, such as a resource bus, to support visually impaired adults who are unable to get to the centre.

The resource centre should be integrated with other services for disabled and visually impaired people in the area, such as disability living centres and low vision services.
Appendix 6  Further reading

1 Official publications

— An examination of the changes in the care system following the introduction of community care legislation. Includes practical advice on ways of improving the assessment process for older people.

— A description of the Connexions service, a government initiative to encourage young people with disabilities to stay in education and training. Can be downloaded from the Connexions Web site at www.connexionssy.org.uk/pdf's/strategy.pdf

Department of Health, “Co-ordinating services for visually handicapped people — A report to the Minister for the Disabled”, London, 1989
— The recommendations of a multi-disciplinary working party set up to investigate the poor co-ordination between agencies involved in the referral, assessment and care of blind and partially sighted people.

— Guidance developed with the Deafblind Services Liaison Steering Group and Age Concern on services for older deafblind people. Features examples of development work from around the country.

— A training manual and video designed to raise awareness of sensory impairment issues among staff.

Department of Health, “Identifying and assessing people with sensory impairment”. Letter sent to directors of social services and chief executives of health authorities and trusts, October 2000
— Official letter about the responsibilities of health and social care agencies in processing BD8 certificates. Includes guidance on the role of the BD8 in identifying hearing loss. Can be downloaded from the Department of Health Web site at www.doh.gov.uk/eyes
— Detailed statistics on the number of people formally registered as blind or partially sighted at 31 March 2000, listed by age group and local authority.

— Outlines requirements for joint working between health and local authorities with guidance on how this can be achieved. Can be downloaded from www.doh.gov.uk/scg/communityequipment.htm

— A charter promoting national standards in health, housing and social care for people with a long-term illness or disability. Local authorities have a mandatory duty to draw up a local version of the charter. Can be downloaded from www.doh.gov.uk/longtermcare/hsc2001006.pdf

— A blueprint for integrating care for older people. Sets out eight key standards, e.g. accident prevention, staying active in old age. Can be downloaded from www.doh.gov.uk/nsf/olderpeoplemaindoc.htm

— Mandatory guidance for local authorities. Includes the requirement to nominate a strategic lead officer on dual sensory loss issues. Can be downloaded from www.doh.gov.uk/scg/deafblind.htm

Department of Health, “Courses by trainers in visual impairment and dual sensory loss”, London, summer 2001
— A regularly updated directory of qualifying and non-qualifying training courses in visual impairment issues.

Department of Health, “Building capacity and partnership in care: An agreement between the statutory and the independent social care, health and housing sectors”, London, October 2001
— Detailed guidance for commissioners of health, housing and social care services on joint working and strategic planning.
Department of Health, “Fairer charging policies for home care and other non-residential social services: Guidance for councils with social services responsibilities”, London, November 2001
— An explanation of the responsibilities of local authorities under section 7 of the Local Authority Social Services Act 1970 to ensure that charging policies for non-residential services are fair and reasonable. There is also a local authority circular, LAC(2001)32, with the same title, and a guidance document on how the policy might be implemented. All three documents can be downloaded:
- www.doh.gov.uk/scg/homecarecharges/lac200132.pdf (circular)
- www.doh.gov.uk/scg/homecarecharges/practiceguidancefinal.pdf (practice guidance)


— Sets out the responsibilities of local authorities in implementing the single assessment process. There is also a guidance document (with annexes) and a document giving examples of assessment tools that can be used to provide a framework for comprehensive assessment. All three documents can be downloaded:
- www.doh.gov.uk/scg/sap/hsc200201.pdf (circular)
- www.doh.gov.uk/scg/sap/index.htm (guidance and annexes)
- www.doh.gov.uk/scg/sap/toolsandscales/index.htm (assessment tools)

— Sets out the requirement for councils with social services responsibilities to appoint a Caldicott guardian. General guidance on confidentiality issues can be found at www.doh.gov.uk/ipu/confiden
Department of Health, "Fair access to care services: Guidance on eligibility criteria for adult social care", London, May 2002
— Guidance on local authority eligibility criteria. There is also a local authority circular, LAC(2002)13, with the same title and a “questions and answers”-type document on implementation. All three documents can be downloaded:
- www.doh.gov.uk/scg/facs/lac200213.pdf (circular)
- www.doh.gov.uk/scg/facs/practiceguidance.doc (implementation)

Social Services Inspectorate, “A sharper focus: Inspection of services for adults who are visually impaired or blind”, Department of Health, London, 1998

2 Other publications

— Demographic information (e.g. age, gender, employment, additional disability, etc.) from a survey of 600 blind or partially sighted adults.

— Initial findings from the largest ever personal interview survey of people with a sight problem in the UK.

— A seminal document offering principles and practical guidance for involving service users in planning and delivering services.

— An analysis of the state of social care and a manifesto for change drawn up in consultation with over 400 visually impaired people.
Improving Lives Coalition, “Improving lives, raising standards”, Royal National Institute of the Blind, London (to be published in 2003) — A resource pack for visually impaired adults and the organisations that represent them. Includes many examples of good practice designed to influence the way that services are provided.


Lovelock R, Powell J, and Craggs S, “Shared territory: Assessing the social support needs of visually impaired people”, Joseph Rowntree Foundation, York, 1995 — A University of Southampton study highlighting the scant regard for visual impairment services at a strategic level. Includes examples of good practice found in some areas. Currently out of print but there is a summary at www.jrf.org.uk/knowledge/findings/socialcare/SC73.asp

Low Vision Services Consensus Group, “Low vision services: Recommendations for future service delivery in the UK”, Royal National Institute of the Blind, London, 1999 — Practical guidance on the provision of low vision services endorsed by the Secretary of State for Health. Includes recommendations for establishing local planning committees. For more information on low vision visit the RNIB Web site at www.rnib.org.uk/lowvision

Sense, “Standards for services for adults who are deafblind or have a dual sensory impairment”, London, 2000 — Information, guidance and advice for creating appropriate, efficient and effective services for deafblind people. Can be downloaded from www.sense.org.uk/campaigns/standards.pdf

3 Legislation relevant to the national standards

The Race Relations (Amendment) Act 2000 (see chapter 34) —

The Disability Discrimination Act 1995 (see chapter 50) — download

The Human Rights Act 1998 (see chapter 42) — download from

The National Health Service and Community Care Act 1990 (see
chapter 19) — download from

The Data Protection Act 1998 (see chapter 29) — download from

4 Miscellaneous

A more extensive list of publications of interest to people involved in the
planning, management, delivery and monitoring of services for
visually impaired people can be found on the following Web sites:

- www.adss.org.uk/eyes.shtml (The Association of Directors of Social
  Services)
- www.doh.gov.uk (The Department of Health)
- www.audit-commission.gov.uk (The Audit Commission)

A list of useful social care publications, some of which can be
downloaded, can be found on the Department of Health Web site at
www.doh.gov.uk/scg/adult98.htm. These include “Care management
and assessment: A manager’s guide”, “Care management and
assessment: A practitioner’s guide” and “Care management and
assessment: A summary of practice guidance” (all published by HMSO,

The Royal National Institute of the Blind’s “See it right” pack referred to
on page 29 can be obtained from RNIB Customer Services at the
address on page 2 of this document. Or visit the RNIB Web site at
www.rnib.org.uk/seeitright
We welcome your feedback

If you have any comments or suggestions on the usefulness of this document in shaping and evaluating local services, please forward them to:

Ms Anne Martin
Administrator
ADSS Business Unit
4th floor, Riverview House
Beaver Lane
London W6 9AR

Telephone: 020 8741 8147
Fax: 020 8753 5103
E-mail: a.martin@inet.lbhf.gov.uk

or:

The National Standards Project Officer
RNIB Social Inclusion Unit
58–72 John Bright Street
Birmingham B1 1BN

Telephone: 0121 665 4246
Fax: 0121 665 4254
E-mail: raisingstandardsenquiries@improvinglives.org.uk
Web site: www.improvinglives.org.uk