

## **VISUAL IMPAIRMENT**

GOOD PRACTICE  
GUIDES

### **CHILDREN AND YOUNG PEOPLE**

January 2006  
Sheet 1

## **GOOD PRACTICE GUIDE NO. 4**

## **TARGET AUDIENCE**

ADSS, LEAs  
WCB, LHBs  
RNIB Cymru  
WAG, SSIW  
NHS Health Trusts  
Local voluntary  
organisations

### **KEY ISSUES**

Children with visual impairment (VI) often do not receive appropriate or the best services because of the traditional lack of specialist VI expertise within education and related services. Even where children's service departments deal with the service user, a lack of specialist knowledge of VI issues and services can mean that an unsatisfactory level of care is provided. A clearer role for VI specialists within Social Services, and better collaborative arrangements between children focused services within local authorities and among partners is vital if young users are to receive the levels of service to which they are eligible, and which will help them optimise their educational and wider life chances.

### **CRITICAL SUCCESS FACTORS**

Children with visual impairment receive specialist assessment within sensory or VI team of local authority

Education and Social Services work effectively together in planning and delivering services for children with identified visual impairment

### **KEY ACTIVITIES**

- Contact and Referral
- Initial Assessment
- Specialist Assessment and the Child Plan

### **CURRENT ADVICE ON TARGETS**

There are currently no national targets or guidance on performance. Important attention has been drawn to the service in the document 'Progress in Sight' (ADSS, RNIB and Guide Dogs, October 2003).

### **RECOMMENDED PERFORMANCE MEASURES**

Percentage of children registered as blind or partially sighted who have received VI rehabilitation from a specialist worker within the past year

Number of specialist VI assessments conducted on children per annum

Number of specialist VI assessments conducted on behalf of non-registered children with a VI

Percentage of children who have undergone specialist VI assessment who have a written Service Delivery Plan

This is one of a series of guides produced by the Project Team, as part of the study led by the Improvement and Governance team of the Welsh Local Government Association

Further information from the Association at:

Local Government House, Drake Walk, Cardiff, CF10 4LG

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<b>KEY ACTIVITY</b>	<b>MINIMUM STANDARD</b>	<b>GOOD PRACTICE</b>	<b>BETTER PRACTICE</b>
<b>1 CONTACT AND REFERRAL</b>	<ul style="list-style-type: none"> <li>Local authority has designated first point/s of contact for VI enquiries involving children, located in Social Services. Contact is aware of the range of VI services for children available in the area</li> </ul>	<ul style="list-style-type: none"> <li>Protocols are agreed between Social Services, Education, Health and other partners specifying agreed practices for working collaboratively on VI children's referrals</li> <li>Named worker receiving initial contact from child/family/carer has a broad knowledge of issues relating to VI in children</li> </ul>	<ul style="list-style-type: none"> <li>Named worker is a VI specialist based in children's services</li> </ul>

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
<p><b>CONTACT AND REFERRAL CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• The first point/s of contact in Social Services have completed initial VI awareness training</li> <li>• Where service user has complex / multiple needs e.g. learning disabilities or deafblind, first point of contact makes referral to VI services within Social Services</li> <li>• Consistent screening processes are in place and adhered to</li> </ul>	<ul style="list-style-type: none"> <li>• Regular programme of VI awareness training is provided for all front line staff in Social Services</li> </ul>	<ul style="list-style-type: none"> <li>• Regular programme of VI awareness training is provided for all front line staff in related service areas, especially Education</li> </ul>

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
<p><b>CONTACT AND REFERRAL CONTINUED</b></p>	<ul style="list-style-type: none"> <li>Where contact does not result in referral, family and carers of child concerned are provided with advice and guidance on useful contacts for support and assistance</li> </ul>	<ul style="list-style-type: none"> <li>Where initial contact results in a referral, a named worker responsible for the initial assessment makes contact with child/family/carers</li> </ul>	
<p><b>2 INITIAL ASSESSMENT</b></p>	<ul style="list-style-type: none"> <li>Initial assessment is carried out in accordance with 'National Framework for Assessment of Children and Families in Need'</li> </ul>	<ul style="list-style-type: none"> <li>Assessment is conducted by a worker with relevant experience in children's services and VI and with an understanding of the needs of children with VI</li> </ul>	<ul style="list-style-type: none"> <li>Collaborative reviews are arranged with other partners e.g. Education, Health, voluntary sector, at agreed intervals</li> </ul>

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<p><b>INITIAL ASSESSMENT</b></p>	<ul style="list-style-type: none"> <li>• Assessment is coordinated by Social Services and adheres to an agreed protocol between Social Services, other local authority departments, and Health and voluntary sectors as appropriate</li> <li>• Eligibility criteria and relevant timescales are specified and made available to the families and carers of the child concerned and other parties</li> </ul>	<ul style="list-style-type: none"> <li>• Eligibility criteria and relevant timescales are specified and made available to the families and carers of the child concerned and other parties in accessible format</li> </ul>	<ul style="list-style-type: none"> <li>• Eligibility criteria and relevant timescales are specified and made available to families and carers of the child concerned and other parties in accessible and preferred format/s on request</li> </ul>

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<p><b>INITIAL ASSESSMENT CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• Assessment is undertaken in accordance with appropriate legislation on the use of personal information</li> <li>• Assessment process includes consideration of child's expressed wishes and feelings (dependant on age, ability etc.)</li> </ul>		

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<b>KEY ACTIVITY</b>	<b>MINIMUM STANDARD</b>	<b>GOOD PRACTICE</b>	<b>BETTER PRACTICE</b>
<p><b>INITIAL ASSESSMENT CONTINUED</b></p>	<ul style="list-style-type: none"> <li>• Social Services arrange dissemination of assessment information (e.g. the needs assessment or summary) to families and carers of the child concerned and others as appropriate</li> <li>• Initial assessment is completed within 7 working days of initial contact</li> </ul>	<ul style="list-style-type: none"> <li>• Social services arrange dissemination of assessment information (e.g. the needs assessment or summary) to families and carers of the child concerned and others as appropriate in accessible format</li> </ul>	<ul style="list-style-type: none"> <li>• Social services arrange dissemination of assessment information (e.g. the needs assessment or summary) to families and carers of the child concerned and others as appropriate in accessible and preferred format/s</li> </ul>

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<b>KEY ACTIVITY</b>	<b>MINIMUM STANDARD</b>	<b>GOOD PRACTICE</b>	<b>BETTER PRACTICE</b>
<p><b>3 SPECIALIST ASSESSMENT AND THE CHILD PLAN</b></p>	<ul style="list-style-type: none"> <li>• Where initial assessment identifies special and / or complex needs, multi-agency core assessment is completed within 35 working days</li> <li>• Where initial (and, where appropriate core or specialist) assessment identifies a support need, a Child Plan is drawn up in consultation with the service user. Advice is provided on review dates, and who to contact in the event of the child's circumstances changing</li> </ul>		



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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
<b>SPECIALIST ASSESSMENT AND THE CHILD PLAN</b> CONTINUED	<ul style="list-style-type: none"> <li>• Multi agency approach is in place for drawing up Child Plan involving Social Services, Education, Health and other specialist agencies as appropriate</li>   <li>• Child Plan specifies additional responsive care elements e.g. counselling, emotional support, low vision support, mobility, use of IT, and training, in school and in the home etc.</li> </ul>		

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<p><b>SPECIALIST ASSESSMENT AND THE CHILD PLAN</b></p> <p>CONTINUED</p>	<ul style="list-style-type: none"> <li>• Child Plan clearly allocates responsibility between agencies for providing specific elements of support contained in the Child Plan, and sets out commissioning and delivery arrangements</li> <li>• Social Services are involved in transition planning for existing service users</li> </ul>	<ul style="list-style-type: none"> <li>• Social Care attend Year 9 statementing review of all existing service users</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborative review of Child Plan takes place at regular intervals</li> <li>• Social Care attend Year 9 statementing review of all children with VI</li> </ul>

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<p><b>SPECIALIST ASSESSMENT AND THE CHILD PLAN</b> CONTINUED</p>			<ul style="list-style-type: none"> <li>• Transition worker in post to assist young people with VI</li> </ul>

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