

VISUAL IMPAIRMENT

GOOD PRACTICE
GUIDES

REFERRAL AND ASSESSMENT

January 2006
Sheet 1

GOOD PRACTICE GUIDE NO. 2

TARGET AUDIENCE

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KEY ISSUES

Local authorities face new requirements in this area under the Unified Assessment Process (UAP), introduced in Wales in April 2006.

Key challenges for improvement include:

- Enhancing processes for referral via BD8 registration form
- Ensuring referrals are made appropriately from other parts of the council and partner agencies to visual impairment (VI) teams
- Reducing the time taken between initial assessment and signing off the care package

CRITICAL SUCCESS FACTORS

- Service users are referred to appropriate route
- Service users assessed in a timely fashion
- Service is joined up from clients point of view

KEY ACTIVITIES

- Referral
- Initial Assessment
- Specialist VI Assessment
- Recording and Monitoring
- Training and Qualifications
- Supervision

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

Number of people in local authority area with identified VI

Number of specialist VI assessments conducted per annum

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

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

☎ 029 2046 8600

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
1 REFERRAL	<ul style="list-style-type: none"> Local authority has designated first point/s of contact for VI-related enquiries, located in Social Services. First point of contact is aware of the range of VI services available in the area The first point/s of contact in Social Services have completed initial VI awareness training 	<ul style="list-style-type: none"> First point/s of contact in other related front line services provided by the authority (for example, housing or benefits) have broad knowledge of VI issues and services available in the area Regular programme of VI awareness training is provided for all front line staff in Social Services 	<ul style="list-style-type: none"> Regular programme of VI awareness training is provided for all front line staff in related front-line services

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KEY ACTIVITY**MINIMUM
STANDARD****GOOD PRACTICE****BETTER PRACTICE****REFERRAL
CONTINUED**

- Where service user has complex / multiple needs alongside VI, e.g. learning disabilities or deafblind, first point of contact makes referral to VI services within Social Services
- Unified Assessment Process (UAP) standards are fully complied with

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
2 INITIAL ASSESSMENT	<ul style="list-style-type: none"> • Social Services officer undertakes initial assessment by telephone and/or in person to determine eligibility and priority of the service user 		<ul style="list-style-type: none"> • During initial assessment, service users are signposted to relevant services provided by the authority and/ or partner agencies, for which they may be eligible. Examples may include housing benefit, optometrist services for assessment of medical need, and CRUSE for grief counselling

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
INITIAL ASSESSMENT CONTINUED	<ul style="list-style-type: none"> Officer undertaking the initial assessment is aware of eligibility criteria and relevant timescales On initial assessment the service user is provided with information on the process including timeframes, stages and outcomes, in line with UAP standards 	<ul style="list-style-type: none"> Eligibility criteria and relevant timescales are provided for the service user at initial assessment stage in accessible format 	<ul style="list-style-type: none"> Eligibility criteria and relevant timescales are provided for the service user at initial assessment stage in accessible and/or preferred format/s upon request

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
<p>INITIAL ASSESSMENT</p>	<ul style="list-style-type: none"> • Officer undertaking the initial assessment uses prompting or self-assessment questionnaires to collect accurate and relevant information • Additional relevant information is collected, if necessary, from other sources e.g. GP, family etc. 		

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
3 SPECIALIST VI ASSESSMENT	<ul style="list-style-type: none"> • Every service user with identified VI receives contact from rehab officer and is offered an assessment • On referral to specialist assessor, the service user is provided with information on the next stage of the process including eligibility criteria, timeframes, stages and outcomes, in line with UAP standards 	<ul style="list-style-type: none"> • Service user receives home visit from rehab officer and is provided with an assessment except in cases where service user declines invitation • Information on the process including eligibility criteria, timeframes, stages and outcomes are available to the service user in accessible format 	<ul style="list-style-type: none"> • Information on the process including eligibility criteria, timeframes, stages and outcomes are available to the service user in accessible and preferred format/s upon request

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
SPECIALIST VI ASSESSMENT CONTINUED	<ul style="list-style-type: none"> • Information is provided in initial face to face interview • Level of risk is identified against set definitions in respect of all referrals, and referrals are prioritised • From receipt of the referral the specialist VI assessment is started within local community care assessment timescales 	<ul style="list-style-type: none"> • Contact with rehab officer takes place within specified time, dependant on identified priority (see below) 	<ul style="list-style-type: none"> • Home visit takes place within specified time, dependant on identified priority (see below)

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
SPECIALIST VI ASSESSMENT CONTINUED	<ul style="list-style-type: none"> • Authorities set response times for allocation against priority • A full assessment is undertaken by specialist worker, which addresses low vision, mobility support, independent living skills, communication, emotional support, leisure, recreation and lifestyle, environment and relevant medical information, risk factors and unmet need 	<ul style="list-style-type: none"> • Allocations take place within: 1 month (high risk) 2 months (medium) 3 months (low) 	<ul style="list-style-type: none"> • Allocations take place within: 5 working days (high risk) 6 weeks (medium) 8 weeks (low)

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
SPECIALIST VI ASSESSMENT CONTINUED	<ul style="list-style-type: none"> • Face to face assessment interview is conducted in private or with carers, family etc. as requested by the service user. Interview takes place in the service user's home or alternative place of their choice • Assessment takes needs of carer/s into account • Outcomes of the specialist assessment are made known to, and agreed with, the service user in line with UAP standards 	<ul style="list-style-type: none"> • Outcomes of the specialist assessment are made known in accessible format and agreed with the service user 	<p>Outcomes of the specialist assessment are made known in accessible and preferred format/s upon request and agreed with the service user</p>

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<p>SPECIALIST VI ASSESSMENT CONTINUED</p>	<ul style="list-style-type: none"> • Further specialist assessment/s are provided where need/s are identified • Standard assessment tool for assessment that meets national guidelines is in place and is applied consistently • Review dates, appropriate to level of services provided, are set and communicated to the service user in ongoing cases 	<ul style="list-style-type: none"> • Service users are provided with contact details to inform of any change in their circumstances, condition or needs in ongoing cases 	<ul style="list-style-type: none"> • Service users have a named contact to inform of any change in their circumstances, condition or needs in ongoing cases

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
<p>SPECIALIST VI ASSESSMENT CONTINUED</p>	<ul style="list-style-type: none"> Partner agencies¹ apply guidance and systems for the identification and assessment of dual sensory loss i.e. deafblind 		
<p>3 RECORDING AND MONITORING</p>	<ul style="list-style-type: none"> Recorded data will note the service user's communication needs e.g. required accessible format/s, minority language needs etc. 		

¹ Partners will include Local Health Board, (LHB), NHS Trust and voluntary sector providers

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
RECORDING AND MONITORING CONTINUED	<ul style="list-style-type: none"> • Social Services have appropriate systems in place to record service user satisfaction with the referral and assessment part of the process • Service user consent is requested at the outset for their details to be made available to other parts of the authority and designated outside organisations for related communications e.g. Housing benefits, library services etc., in line with national regulations 	<ul style="list-style-type: none"> • Satisfaction data is collected by the authority and partners on a regular basis and analysed and used to inform future service planning and resourcing • Service users' data is recorded in 'mail merge' format to facilitate mail information shots, survey work, etc. 	<ul style="list-style-type: none"> • Social Services and partners regularly review and revise their assessment procedures to ensure that they meet desired outcomes

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<p>RECORDING AND MONITORING CONTINUED</p>	<ul style="list-style-type: none"> Partner agencies have joint arrangements to log 'unmet need' i.e. the extent to which services are unable to meet demand Mechanism is in place for annual review and update of register of blind and partially sighted people 		
<p>4 TRAINING AND QUALIFICATIONS</p>	<ul style="list-style-type: none"> Specialist assessor has the skills, experience, competence and/ or relevant qualifications in the field of VI 	<ul style="list-style-type: none"> Specialist assessor is a qualified social worker 	<ul style="list-style-type: none"> Assessment is undertaken by a specialist social worker in VI

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
<p>TRAINING AND QUALIFICATIONS CONTINUED</p>		<ul style="list-style-type: none"> • Authority records evidence of specialist assessor's continuing professional development • Training needs analysis, involving the service officer and line manager, is in place and identifies training gaps and addresses these in the service training programme 	<ul style="list-style-type: none"> • Specialist assessor undergoes a minimum of 5 days per annum related training and continuing professional development in order to maintain professional working status

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5 SUPERVISION	<ul style="list-style-type: none"> Professional supervision is provided to those involved in the assessment process in accordance with local authority policy, or on a minimum 6 weekly basis 	<ul style="list-style-type: none"> Professional cross-boundary peer support is provided for specialist assessors on a minimum quarterly basis 	<ul style="list-style-type: none"> Professional supervision / support is provided by an internal or external specialist or mentor

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