

Newcastle JSNA: Sensory Impairment December 2008

'What do we know?'

Throughout the summary a general or national item is signified by a round bullet point, and points specific to Newcastle by a diamond.

Facts and figures

Disability

- An estimated 11 million adults and 770,000 children in the UK, using the widest survey definition are 'disabled', equivalent to more than one-in-five adults, and around one-in-twenty children. However many do not claim disability-related benefits or use services aimed specifically at disabled people.
- Disabled people are more likely to achieve lower outcomes in terms of employment, income and education and are more likely to face discrimination and negative attitudes, and often experience problems with housing and transport.
- Individuals of Indian, Pakistani, Bangladeshi and Chinese origin remain less likely to report that they are disabled than people from other ethnic origins.
- The number of incapacity-related benefit claimants has tripled since 1979.
- Disabled people still earn 30% less than non-disabled people.
- 27% of households with one or more disabled adults of working age have incomes below 60% of median income, compared with 20% of individuals in households with no disabled adults.
- Many houses in England are physically unsuitable for people with mobility or other impairments. Around 181,000 households contain people 'with a serious medical condition or disability' whose accommodation is not suitable for them.
- Difficulties in accessing transport contribute significantly to social exclusion and disabled individuals use transport a third less than the general public.
- Nationally, only around 30% of buses are accessible to disabled people.
- 21% of respondents to a Disability Rights Commission poll experienced harassment in public in relation to their disability.
- 17% of disabled respondents to a Department of work and Pensions survey said they had experienced actual discrimination in the workplace because of their disability.

Source: [Improving the lives of disabled people, January 2005](#) NB: it must be remembered that this information is not specific to sensory impairment.

For the purposes of this JSNA, sensory impairment refers to:

- Deaf people and people with a hearing impairment
- Blind people and people with a visual impairment
- People with severe sight and hearing loss combined (dual sensory loss/deafblind).

Visual impairment

- The Royal National Institute of Blind People (RNIB) report that there are approximately 2 million visually impaired (VI) people in Britain. The majority (85%) of people with sight problems are aged over 65.
- Only half are eligible for registration with Social Services but only around a third, are actually registered. (Vale D. (2001) *Improving Lives: Priorities in Health and Social Care for Blind and Partially Sighted People*, RNIB. London).
- For the working age population, their best estimate is that there are in the region of 275,000 people aged between 16 and 65 with significant sight loss.
- The RNIB estimate that there might be up to an additional 20% that should be registered but are not (up to an additional 74,000).
- In 2006, The Information Centre, part of the Government Statistical Service, reported on the number of people Registered Blind and Partially Sighted. They reported that 64% of blind registrations and 70% of partially sighted registrations had an additional physical disability nationally.
- 39% of people who were interviewed for the [ADSS "Progress In Sight"](#) report did not feel that their needs were understood by social workers and only 5% percent were monitored over time.
- 75% of visually impaired people of working age are unemployed, (74% are unaware of help available through Access to Work) compared to 19% of the general population and 52% of the general disabled population.
- 92% of employers believe it is difficult or impossible to employ a visually impaired person. (Source: Newcastle City council Sensory Support Team Business Proposal)
- ❖ In 2001 Newcastle had a population of 259,600 with 1,823 registered as blind or partially sighted. Applying national estimates to Newcastle's

population suggests an estimated actual total of 3,900 people with low vision.

- ❖ A national estimate of 1 in five visually impaired individuals needing a low vision assessment each year would equate to approximately 780 people in Newcastle per year. (Source: National Eye Care Services Steering Group First Report 2004)

Registered with Newcastle as:	Number of individuals
Blind	808
Partially Sighted	841
Deaf	237
Hard of Hearing	1912
Dual Sensory Loss	476
Total registered	4274

Data from CareFirst registers collected 7/8/08

We have no way of extracting accurate figures of those who are not registered

Deaf blindness

- Whilst there is no generally accepted definition of deafblindness there is a working description that has been accepted over many years. 'Persons are regarded as deafblind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility'. ([Think Dual Sensory](#), Department of Health, 1995). Deafblindness can be found in all age groups, including children, but the incidence is greatest in older adults. [Deafblind UK](#)
- Deaf blind people have a combined sight and hearing loss, which leads to difficulties in communicating, mobility and accessing information. Deaf blind people are sometimes called dual sensory impaired people.
- Deaf blindness can be due to several causes, such as Ushers Syndrome, Rubella (German measles) and problems caused by premature births.
- There are over 2.7 million people in the UK with a combined sight and hearing loss ranging from minimal to severe. The majority have acquired this dual sensory loss in adult life and are over 60 years of age. An estimated 24,000 are deafblind and the group most affected by difficulties with communication, access to information and mobility. [Social Care for Deafblind Children and Adults. LAC 2001](#)
- [Deafblind UK](#) report that there are about 24,000 people in the UK who are deaf blind; some are totally deaf and totally blind, other deaf blind people have some hearing and vision. These figures do not take into account the large number of older people who are losing both their sight and hearing. So

the number of people with a combined sight and hearing loss could well be as high as 250,000.

- There is a lack of awareness of the needs of people with dual sensory loss among the general public, but also within the medical profession and among public service providers. There appears to be no primary method of communication for deafblind people. Therefore services need to be tailored to the communication need of the individual. [Barnett, S. \(2001\) Deafblind culture in the UK.](#), [SENSE \(2003\) What is Deafblindness?.](#) [Dual Sensory Literature review Findings](#)

Hearing Impairment

- Nationally 15% of the population have some degree of deafness. 70,000 people in the UK use British Sign Language (BSL) as their first or preferred language. A further 2 million people in Britain wear hearing aids. ([Deaflink SUMMARY AND EVALUATION REPORT 2004 TO 2007](#))
- The Royal National Institute for Deaf People ([RNID](#)) estimate there to be about 9 million deaf and hard of hearing people in the UK. About 688,000 of these are severely or profoundly deaf (approx 7% of deaf people).
- 41.7% of all over 50 year olds will have some kind of hearing loss. This increases to 71.1% of over 70 year olds.
- There are an estimated 50,000 British Sign Language users in the UK. The ratio of fully qualified interpreters to sign language users is 1 to 275. There are 2 million people with hearing aids, of which 1.4 million people use them regularly. There are 921 hearing dogs that have been trained by Hearing Dogs for Deaf People.
- There are 23,000 adults with tinnitus to a degree that has a severe affect on their ability to lead a normal life.

Trends

- Prevalence studies show that the increase in the number of people with physical and sensory impairment amongst adults aged 18-64 over the next 20 years will not be significant, though this may be affected by social life-style changes, for example, higher levels of alcohol consumption and an increase in obesity, that lead to more people being affected by long term conditions.
- Nationally the majority (85%) of people with sight problems are aged over 65. Numbers are set to double over the next 25 years due in part to the ageing population, but also to an increase in underlying causes such as diabetes
- ❖ The over 65 population in Newcastle is expected to increase by from 42,400 to 46,800 by 2020 (source Newcastle City Council). The Department of

Health suggests that 20% of 65 year olds and over have a visual impairment in both eyes and would benefit from a Low Vision service, equating to over 9,000 people in Newcastle in 2020.

- ❖ It remains difficult to accurately predict the numbers of people who will be registered blind and partially sighted in the future as registration is not the whole picture. According to the RNIB, actual registration numbers could be as much as three times higher than expected as many people who would be eligible are not registered.

Targets

National goals set out in “Improving the Life Chances of Disabled People”, January 2005, are to achieve:

- Active citizens with choice and control over how additional needs are met
- Support for families with young disabled children
- Smooth transition into all aspects of adulthood
- Improved employability

Targets outlined by the Sensory Support team’s Service Action Plan include:

- ❖ Increased uptake of post 16 education and employment opportunities
- ❖ Increased number of people participating in service provided activities
- ❖ Increased number of people participating in hearing awareness courses for newly diagnosed service users.

Performance

The following table refers to Adult Social Care Performance for Newcastle upon Tyne for the period 2007/08 from the 2008 annual performance assessment (APA) by the CSCI.

Areas for judgement	Grade awarded
Delivering Outcomes	Excellent
Improved health and emotional well-being	Excellent
Improved quality of life	Excellent
Making a positive contribution	Excellent
Increased choice and control	Good
Freedom from discrimination or harassment	Excellent
Economic well-being	Good
Maintaining personal dignity and respect	Good
Capacity to Improve (Combined judgement)	Promising

Leadership	Excellent
Commissioning and use of resources	Promising
Star Rating	3 stars

❖ In the ADSS's baseline data questionnaire for Progress in Sight standards, Newcastle scored the following in April 2003:

Standard	Score (out of 10)
1) Involving VI adults in service planning	7
2) Planning Services	7
3) Commissioning Services	7
4) Managing services	8
5) Managing the workforce	9
6) Resourcing services	8
7) Making services more accessible	7
8) Reaching adults with a newly diagnosed sight problem	7
9) Involving service users in developing care pathways	7
10) Supporting carers	7
11) Assessing individual needs	8
12) Agreeing the care plan	7
13) Providing emotional support	7
14) Training people for life	8
15) Equipping people for life	7
16) Achieving continuous improvement to services	8

Indicators

Relevant National indicators highlighted by in Newcastle's Service Action Plan by the Sensory Support Team 2008/09:

- NI119 Self-reported measure of people's overall health and wellbeing.
- NI124 People with a long-term condition supported to be independent and in control of their condition
- NI139 The extent to which older people receive the support they need to live independently at home
- NI173 People falling out of work and on to incapacity benefits

Local Views

Personal Social Services Physically Disabled and Sensory Impaired User Experience Survey (May 2004) asked the views of physically disabled and sensory impaired Social Service users aged 18 – 64 (excluding those with learning disabilities) on services they received. 220 out of 347 individuals responded:

- ❖ Direct payments: 46% of respondents were told about direct payments by their social worker or care manager, however, 11% did not know about them. 22% of respondents stated they used direct payments and 73% of those respondents said overall, they were 'extremely' or 'very' well advised and supported in using them.
- ❖ Personal care and support: 69% of respondents said that their opinions and preferences were 'always' (32%) or 'usually' (37%) taken into account when decisions were made about services provide to them. 10% of respondents stated their opinions and preferences were 'never' taken into account.
- ❖ 83% of respondents strongly agreed (31%) or agreed (52%) that, '*The help I get from Social Services or using direct payments has made me more independent than I was*'. 17% either disagreed (13%) or strongly disagreed (4%) with the statement.
- ❖ 95% of respondents either strongly agreed (56%) or agreed (39%) that, '*My life would be a lot worse if I didn't have help from Social Services or direct payments*'. 5% of respondents either disagreed or strongly disagreed with the statement.
- ❖ Of the respondents able to work 6%, were in part-time or full-time work and 24% of respondents were not in work.
- ❖ 55% of respondents would like to take part in further consultations to improve services.
- ❖ The majority of respondents identified the most important change to improve services as either to have more hours of care, help with adaptations and equipment, more information or help from the same carer all the time.

A Home Equipment Survey 2007/8 was commissioned by the Performance and Improvement Unit, Chief Executive's Office, Newcastle City Council in May 2008, to explore the views of individuals who had been given equipment or had an adaptation to their home, and produced the following findings:

- ❖ 94% were satisfied with the overall service they had received.
- ❖ 95% said that the equipment / minor adaptation they had received had made the quality of their life either much better or a little better e.g. "After the equipment was installed my quality of life has been made much better. I can now shower in safety and comfort. Thank you to all who made this possible."
- ❖ Some users experienced difficulties with mobility in their home due to length of wait for equipment to be installed.

- ❖ 30% of respondents had not had a follow-up visit after equipment was been received.
- ❖ 76% of respondents said they either chose, or played a role in choosing, what equipment they received.

In accordance with recommendations in [Direct payments guidance: community care, services for carers and children's services \(direct payments\) guidance England](#), Newcastle Direct Payments Focus group (January 2008) was run and produced findings on main aspects of Direct Payments including the following.

- ❖ In the beginning: some users felt starting Direct Payments was too long a process and it took a year for social services to decide about one service user. It is generally difficult to contact social services as service users ended up speaking to different people each time.
- ❖ The Direct Payments Support Service (DPSS): most services users have found the DPSS very helpful but it was noted that Support Service were not aware of the difficulties that service users may face as they are office based.
- ❖ The Paperwork: services users found there was initially a lot of paperwork but tend to only use the relevant pieces and contact the DPSS if advice is needed.
- ❖ Managing your own staff: Service users prefer employing their own staff rather than using a care agency as it reduces the number of people they have to deal with.
- ❖ Using an Agency: there is a disparity in quality of services between different agencies. Respondents were concerned about falling standards of care but recognised agencies were good for providing emergency care.
- ❖ Respite and Short Breaks: Service users said there is a lack of information provided by social services about respite care and short breaks.
- ❖ Finance: most service users managed their finances without difficulty although they feel they need more funding for Personal Assistants. Some felt there were problems with the financial contribution process e.g. user's contribution is too high and there have been too many changes over the past three years.
- ❖ Audit: service users have a good relationship with the Finance Officer and the process is simple and straightforward.
- ❖ Contact with other Direct Payments Users: Opinions on setting up group meetings were varied. Some felt it would be useful to share experiences while others were confused by what was happening in the group.
- ❖ General Comments: Most service users felt more in control with Direct Payments, especially due to the flexibility of worker's hours although the

loss of service users usual social worker was distressing for a couple of respondents.

In 2006, a development worker for Deaflink ran a survey within two of the Out Patients clinics at the ENT department at the Freeman Hospital. 1,832 Hard of Hearing Questionnaires were sent out and 260 were returned completed. The questionnaire showed that:

- ❖ Most respondents (87%) were able to communicate using clear speech, and only 2% of respondents used sign language.
- ❖ Most of the respondents get useful information from the television, newspapers and word of mouth Respondents didn't get information from the internet, library or CD/videos
- ❖ 87% of the respondents were retired
- ❖ 35% of respondents said they were aware of the Social Services. However most respondents were not aware the Social Services provided servicelinked to education and employment.

[\(Newcastle Deaflink summary and evaluation report 2004 to 2007.\)](#)

A Low Vision Service Questionnaire was conducted in 2005 with 24 respondents who were service users in the Newcastle and North Tyneside areas, results include:

- ❖ First diagnosis of the respondents was either by GP (3, 13%), optician (16, 67%) or in hospital (5, 20%).
- ❖ 36% of respondents were not satisfied with the consultant's explanation of their eye condition and another 36% were not advised of the registration procedure by the consultant.
- ❖ Only 61% of respondents were satisfied with the information on services available provided by the Eye Clinic Liaison Officer (ECLO) and only 12 individuals surveyed were referred to the Low Vision Clinic.

National and local strategies

The [Improving the Life Chance of Disabled People, Jan 2005](#) sets out a vision for improving the life of disabled people: '*By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society*'. Future strategy for disabled people should seek to realise this vision through practical measures in four key areas.

1. Helping disabled people to achieve independent living
2. Improving support for families with young disabled children
3. Facilitating a smooth transition into adulthood
4. Improving support and incentives for getting and staying in employment

[Putting people first: a shared vision and commitment to the transformation of adult social care. Dec 2007](#) outlines aims for creating a personalised, high quality, accessible and responsive to individuals' needs Adult Social Care system through partnerships between various statutory agencies and private sector providers.

[Direct payments guidance: community care, services for carers and children's services \(direct payments\) guidance England, 2003](#) was produced to assist local councils in making direct payments in order to give recipients control over their own life. Giving people flexibility to look beyond services provided by local councils for certain housing, employment, education and leisure activities as well as for personal assistance to meet their assessed needs. This will help increase opportunities for independence, social inclusion and enhanced self-esteem.

Supporting People is the government's long-term policy to enable local authorities to plan, commission and provide housing-related support services that help vulnerable people to live independently. In Newcastle, Supporting People is managed by a partnership between Newcastle City Council, the Probation Service for Northumbria and North of Tyne Primary Care Trust. The partnership commissions services for people of all ages and with a wide range of different support needs, to help them live independently in the community.

[Supporting People Five year strategy 2005/6 – 2009/10 Newcastle City Council 2005](#)

Visual Impairment

- The [UK Vision Strategy](#) led by RNIB has been developed in response to the World Health Assembly VISION2020 resolution to reduce avoidable blindness by the year 2020 and improve support and services for blind and partially sighted people. The strategy which aims to:
 - improve the eye health of the people of the UK
 - eliminate avoidable sight loss and deliver excellent support to those with a sight problem
 - enhance the inclusion, participation and independence of blind and partially sighted people
- The RNIB's [Good Practice in Sight guide](#) (Oct 2008) is designed to assist Local Authorities and their Adult Social Services departments in England achieve best levels of service delivery for blind and partially sighted adults. Key areas of service delivery covered include:
 - counselling and emotional support
 - referrals to low vision and rehabilitation services
 - information, advice and advocacy to assist client decision-making
 - assessment of needs
 - availability of specialist equipment
 - training in the use of equipment

- empowering the service user
- complaints procedures and inter-agency working.

Deaf blindness

- In March 2001 the Department of Health issued [Social Care for Deafblind Children and Adults](#) - LAC (2001) 8 under Section 7 of the Local Authority Social Services Act 1970. This was cancelled in 2006, however the DOH expect councils to continue to apply the principles of good practice that were enshrined in the guidance.

Hearing impairment

- [Improving Access to Audiology Services in England](#), 2007 sets out a framework on how health reform levers can be brought to bear to improve quality, efficiency and access to audiology services.
- A [Good practice guidance: Transforming adult hearing services for patients with hearing difficulty](#), 2007 includes model pathways for the delivery of care. An audiology advisory board has been created to support implementation and to review progress on the key deliverables. Progress has also been made on testing the new assess-and-fit technology, which enables a hearing aid to be fitted on the same day as assessment.

What are our current strategies and priorities?

Visual Impairment

- ❖ [Equal Access: a New Deal](#) 2004, was commissioned to find the problems visually impaired people in Newcastle face and to develop recommended actions to help solve the problems in accordance with the ADSS guidelines. The main recommendations to be covered in an Action Plan were:
 - Follow-up after diagnosis or impairment deterioration or change in situation.
 - Visits/regular contact: The need for this is currently only partially met.
 - A Benefits /local welfare rights officer specialising in supporting visually impaired people.
 - Home care: More consistency and continuity in and levels of training.
 - Multi agency collaboration for supporting visually impaired people and their families.
 - Access to information: standardised minimum criteria across Newcastle for text and all forms of communication to be accessible.
 - Transport: direct consultation between disabled people and transport providers; disability equality training for bus and taxi drivers and

transport information and bus timetables available in accessible formats, is needed.

- Training of disability equality across all service providers.
 - Community groups/ workers to be given training in visual impairment awareness and equipping them to signpost people to services and benefits
- ❖ Newcastle's Sensory Support Team's 'Sight Impairment Service Plan for 2008/09' identifies the following aims and strategies:
- Training to be delivered to council staff on making information accessible to the Visually Impaired.
 - To work with Newcastle College to develop an accredited course for sight impaired people to be trained as sight impairment awareness trainers.
 - To run the Visual Impairment Supporters' Awareness course (VISA) twice more this year.
 - To work with Newcastle College to develop and produce Wylie cards which illustrate effects of different eyes conditions.
 - To deliver Empowerment training to visually impaired people
 - To explore opportunities to offer counselling to visually impaired people from people trained in visual impairment awareness
 - To get the Employment and Post 16 action planning group more established and to seek input from other agencies, eventually holding a large Conference on Employment and Post 16 Education for Visually Impaired people.
 - To continue our efforts to engage with BME community development workers to promote awareness of our service
 - To implement a multi-agency Hearing Impairment Awareness course
- ❖ Newcastle City Council Social Services Directorate on how Newcastle plans to meet the standards set out in the ADSS (Association of Directors of Social Services) report, "Progress in sight: National standards of social care for Visually Impaired adults"

Current activity and services

The Sensory Support Team in Newcastle provide support to deaf, hard of hearing, blind, partially sighted and deafblind people in Newcastle. This includes: assessments, social work support, support for carers, communication support e.g. access to Braille, sign language or lip reading classes, local BSL interpreting and lip speaking services, help with technical and practical aids to help daily living e.g.

textphones, speaking clocks, flashing doorbells, orientation and outdoor mobility training, referral where appropriate for guide dog training, information about voluntary organisations and self help groups, welfare rights and benefits and support and advice on health, housing and employment issues. Achievements of the Team in Newcastle include:

Visual impairment

- ❖ Visual Impairment Supporters' Awareness (VISA) course piloted and ran twice in May and September 2007 for family and friends of VI people. This course received very positive feedback.
- ❖ Training course being run at Newcastle College to train VI people as trainers in VI awareness. Wylie cards being developed to illustrate effects of different eyes conditions
- ❖ The Eye Clinic Liaison Officer at the Royal Victoria Infirmary provides support for people when they are diagnosed with visual impairments and can refer patients to other agencies.
- ❖ Employment seminar held on World Sight Day October 2007. Over 40 people attended, many of whom are visually impaired. Service users spoke of their experiences, best practice examples were demonstrated by employers and agencies offering support to VI people to get into employment or post 16 education

Deafblind

- ❖ Deafblind "pop in" sessions run to give advice and information and facilitate service user feedback.
- ❖ Deafblind UK and SENSE worked with schools to promote awareness during Deafblind Awareness Week. Service users were involved and demonstrated using BSL. SENSE also is involved with 2 schools in North Tyneside, 2 in Northumberland, 5 / 6 in Wakefield.
- ❖ A Deafblind consultation happened in January and April 2008 and four focus groups; Health; Deaf Blind Awareness Raising; Safety and Security and Transport and Isolation, will continue to meet to improve services/ lives of deafblind people.
- ❖ Smoke alarm project with the Fire Service, providing alarms and fitting them. Over 30 provided to deaf and deafblind people.

Hearing impairment

- ❖ **Deaflink** works for an improvement in access to education, health, employment, leisure and social opportunities for Deaf, Deafblind and Hard of Hearing people in Newcastle. Membership stands at 342 full/associate

members. Activities include providing and facilitating meeting with organisations such as the Job centre and Connexions to raise awareness of needs of hearing impaired people and providing information e.g. through their quarterly newsletter. A Hearing Impairment Awareness course for people newly issued a hearing aid is also being planned through Deaflink.

Low Vision Services in Newcastle currently comprises of these main components:

- ❖ **Optometry** – low vision optometric assessments are provided principally by the Low Vision Clinic at the RVI. A small number of high street optometrists provided assessments on a private basis.
- ❖ **Rehabilitation** and social work services– provided principally by the Social Service Sensory Support team backed by related statutory care services. Childrens Services also employ a Rehabilitation Worker seconded from Guide Dogs for the Blind Association
- ❖ **Support** – voluntary sector support provided by NSBP (Newcastle society for Blind People), Henshaws , Guide Dogs for the Blind Association and other related charities.
- ❖ In 2006 a regional total of 1,033 patients were seen in dedicated Low Vision Aid clinics which provide magnifiers. In dedicated clinics for Newcastle and North Tyneside, 118 patients were seen following referral from the GP with an additional 215 referred by the Consultant making a total of 333 appointments (excluding follow-up appointments). A pro rata adjusted figure for Newcastle only would be approximately 200 patients.

General

- ❖ The ‘Care bus’ is a service for people who can’t use public transport and provides transport on a 24hr advance booking basis.
- ❖ ICES (Integrated Community Equipment Service) provides equipment to disabled people ensuring a joint PCT and local council service.
- ❖ Negotiations began with Insight Radio, the radio station of the RNIB, to establish a satellite radio station in Newcastle
- ❖ Newcastle Direct Payments Support Team support adults with sensory impairments in arranging, managing and using Direct Payments
- ❖ The Directorate has agreed £20,000 to Deaflink until alternative funding is agreed

‘What is this telling us’?

What are the key inequalities?

Compared with non-disabled people, disabled people are:

- more likely to live in poverty – the income of disabled people is, on average, less than half of that earned by non disabled people.
 - less likely to have educational qualifications – disabled people are more likely to have no educational qualifications.
 - more likely to be economically inactive – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people.
 - more likely to experience problems with hate crime or harassment – a quarter of all disabled people say that they have experienced hate crime or harassment, and this number rises to 47% of people with mental health conditions;
 - more likely to experience problems with housing – nine out of ten families with disabled children have problems with their housing;
 - more likely to experience problems with transport – the issue given most often by disabled people as their biggest challenge.
- (Improving the life chances of disabled people, Prime Minister's Strategy Unit, 2005)

What are the key gaps in knowledge / services?

Low Vision Service

The Low Vision Service would benefit from a redesign to provide a centralised, integrated low service for the following reasons:

- Existing services are fragmented
- There is a need for improved co-ordination and communication between the optometrists, social services and voluntary organisations
- Pathways for entry into the service are not clear or consistent for service users
- There is a need for improved communication between high street optometrists and GP's and the RVI
- Access to the RVI Low Vision clinic is difficult for some service users and the scale of the building is intimidating
- Domiciliary services are not provided
- There is a shortage of rehabilitation officers and lack of involvement at the assessment stage
- Availability and follow up support for the provision of Low Vision aids need to be improved and promoted
- The referral system between the respective agencies should be reviewed in the light of single assessment requirements
- Emotional support should be extended and should include carers

- Demands on the service are projected to increase in a sector of the population which experiences other age-related health problems in addition to failing sight

[Newcastle Low Vision Services Sub group 2006 report](#)

Ongoing needs identified by [Deaflink](#) include:

- ❖ Equal access to information
- ❖ Equal access to life chances in education and employment
- ❖ Good access to all services
- ❖ Information on support mechanisms, groups or equipment
- ❖ Services and people have deaf awareness training which is accessible to inform, empower and build confidence
- ❖ Advocacy, Advice and support
- ❖ Support for carers
- ❖ Social/focus groups

What are the risks of not delivering our targets?

People with sensory impairments more likely to:

- live in poverty,
- to have fewer educational qualifications
- to be out of work
- experience prejudice and abuse
- experience poorer services

Is what we are doing working?

A good range of low level preventative services in the city, however consultation has shown that much work is still to be done.

What is coming on the horizon?

Funding issues:

Deaflink to find alternative funding Newcastle City Council provided funds to enable us to provide a basic service until March 2009. Deaflink are currently looking at options to try to continue this essential project in Newcastle.

Deaflink and the Community Food Initiative to [research](#) and develop an accessible healthy eating/ exercise information pack for the Deaf, Deafblind community has received extension funding from the Working Neighbourhood Fund.

What should we be doing next?

Sensory Support Team in Newcastle summary of Plans for 2008/9:

To maintain or increase the number of service users in developing a multi – agency action plan and actioning the following:

Sensory impairment:

- ❖ To work with corporate Accessible Information group to achieve a corporate database of service users' preferred formats for correspondence & information.
- ❖ To deliver a training course to Council staff re making information accessible.
- ❖ To work with Newcastle College to develop an accredited course for sight impaired people to be trained as sight impairment awareness trainers.
- ❖ To run the Visual Impairment supporters' Awareness course (VISA)
- ❖ To work with Newcastle College to develop and produce Wylie cards
- ❖ To deliver Empowerment training to visually impaired people
- ❖ To explore opportunities to offer counselling to visually impaired people from
- ❖ Stage employment and post 16 education event for visually impaired people
- ❖ To continue raising awareness of sensory impairment such as the work being done with the University of Teeside to produce a DVD on sensory awareness for social and health care students. This arose from a consultation we facilitated for them with service users through Shaping Your Service

Hearing impairment:

- ❖ Run a hearing impairment awareness course for people newly issued with a hearing aid
- ❖ Continue working with the North of Tyne Mental Health Trust to develop their disability equality scheme for Deaf people.
- ❖ Working with the University of Northumbria at Newcastle and the Lead for Commissioning Model Development, County Durham PCT to pilot a Mental Health and Deafness course for mainstream mental health staff. This is a regional initiative in response to the Towards Equity and Access report.
- ❖ To continue the development of a Multi- agency planning group, including service users developing course for people newly issued with a hearing aid. To provide information about hearing loss, hearing aids, equipment, communication strategies and aids, peer support, information about services.

Deafblind Service:

- ❖ To engage deafblind people in addressing issues identified at consultation event, thorough action planning groups

BME:

- ❖ To continue our efforts to engage with BME community development workers to promote awareness of our service

[Newcastle Low Vision Services Sub group 2006 report](#) recommends the following actions:

- ❖ Awareness - raise awareness of the incidence of Low Vision, the need for regular eye care and the availability of existing services and support
- ❖ Primary Care - promote the role of all local optometrists as the first point of contact for sight problems
- ❖ Pathways for care - simplify the referral system to allow local optometrists to refer directly to the RVI, obviating the need for referral to and from GP's
- ❖ Low Vision Centre - establish a dedicated Centre where optometric, rehabilitation and voluntary support can be integrated in the form of a 'one-stop shop'
- ❖ Service users - involve service users in the development and monitoring of all the above proposals