03 May 2019

To whom it might concern,

I am writing to request information to which I am entitled under the Freedom of Information Act 2000.

Please can you provide answers to the following questions regarding the local authority’s provision of habilitation services for children and young people (CYP) with **vision impairment** only. By habilitation we mean support and training in orientation, mobility and independent living skills.

### Service delivery

1. a) How are habilitation services commissioned? (Please indicate the option that applies):

|  |  |
| --- | --- |
| **How are habilitation services commissioned?** | **Please tick the option** **that applies** |
| A local authority department is commissioned to deliver the service (please go to question 1b) | ✓ |
| An external organisation is commissioned to deliver theservice (please state the name of the organisation) |  |
| Services are spot purchased |  |
| Other (please state) |  |
| This service is not commissioned(please indicate what alternative support is provided instead) |  |

b) If the service is commissioned to be delivered in-house, which department is responsible for delivering the service? (Please indicate the option that applies):

|  |  |
| --- | --- |
| **Department** | **Please tick the option that applies** |
| Children and Family Social Care Services |  |
| Education (Sensory Team) | ✓ |
| Education (General) |  |
| Adult Social Care  | ✓ |
| Other (please state) |  |

c) Between financial years 2016/17 and 2018/19 have there been any changes to how habilitation services are commissioned? (For example, has the service changed from being internally to externally commissioned, or has the local authority department responsible for delivering the service changed.)

**Yes/No**

If ‘Yes’, please provide further details:

d) Are there plans to change how habilitation services are commissioned in 2019/20? (For example, are there plans to change from an internally to an externally commissioned service or, will the local authority department responsible for delivering the service change.)

**Yes/No/Unknown**

If ‘Yes’, please provide further details:

e) If ‘Yes’ to c) and/or d), were parents and stakeholders engaged with when the changes were made, or are there plans to engage with stakeholders? (Please select all that apply):

|  |  |  |
| --- | --- | --- |
|  | **Engaged with when changes** **were made (c)** | **Plans to engage** **with on future** **changes (d)** |
|  **Stakeholder** |  **Yes**  |  **No** | **Yes** | **No** |
|  Parents/carers |  |  |  |  |
|  CYP with vision impairment |  |  |  |  |
|  Internal staff  |  |  |  |  |
|  General public |  |  |  |  |
|  Voluntary sector |  |  |  |  |
|  Schools and Education Settings  |  |  |  |  |
|  Other (please state) |  |  |  |  |

**Comments:**

1. What was/is the allocated budget for the delivery of habilitation services for the following financial years (please provide like for like budget data, if this is not possible please indicate why):

|  |  |
| --- | --- |
| **Financial year** | **Total budget**  |
| 2016/17 | £2,923,406 |
| 2017/18 | £3,167,949 |
| 2018/19 | £3,171,936 |
| 2019/20 | £3,171,936 |

**Comments:** *The above budget figures are for the Schools and Families Specialist Service as a whole. Incorporated within this service is the Sensory Team, which provides Habilitation Support.*

1. Please indicate whether habilitation support is provided to the following age groups:

|  |  |  |  |
| --- | --- | --- | --- |
| **CYP group** | **Yes** | **No** | **If ‘No’, please outline** **what alternative** **support is available** |
| 0-4 (Early Years) | 🗸 |  |  |
| 5-11 (Primary School) | 🗸 |  |  |
| 12-16 (Secondary School) | 🗸 |  |  |
| 17-19 (College) |  |  |  |
| 19-25 |  |  | ADVIS(the Adult Deaf and Visual Impairment Service (ADVIS) |

1. Please indicate what habilitation support is available to CYP in each age category. Please note that this does not mean that every child will receive this support, but that the local authority provides or commissions this support (please select all that apply):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of support** | **0-4** **(Early** **Years)** | **5-11** **(Primary** **school)** | **12-16** **(Secondary** **school)** | **17-19 (College)** | **19-25** |
| To family and carers (inc. those in ‘looked after’ settings) | ✓ | ✓ | ✓ |  |  |
| Independent living skills (in the home)  | ✓ | ✓ | ✓ | ✓ |  |
| Early Movement skills  | ✓ |  |  |  |  |
| Long cane training inpublic spaces(such as on the pavement, on public transport, high street, shopping areas etc.)  |  | ✓ | ✓ | ✓ |  |
| Learning of routes between home and education setting |  | ✓ | ✓ | ✓ |  |
| Transitions, as learners move between key education settings |  | ✓ | ✓ | ✓ |  |
| Long cane training in an education setting |  | ✓ | ✓ | ✓ |  |
| Route planning in an education setting |  | ✓ | ✓ | ✓ |  |
| Other (please state) |  |  |  |  |  |

1. Between financial years 2016/17 and 2018/19, were there any changes to the habilitation support available to any of the following age groups? (If ‘Yes’, please provide further details of the changes and the reasoning why):

|  |  |  |  |
| --- | --- | --- | --- |
| **CYP group** | **Yes** | **No** | **If ‘Yes’, further detail / why** |
| 0-4 (Early Years) |  | 🗸 |  |
| 5-11 (Primary school) |  | 🗸 |  |
| 12-16 (Secondary school) |  | 🗸 |  |
| 17-19 (College) |  | 🗸 |  |
| 19-25 |  |  |  |

1. Are there plans to change the habilitation support available to any of the following age groups in 2019/20? (If ‘Yes’, please provide further details of the changes and the reasoning why):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CYP group** | **Yes** | **No** | **Unknown** | **If ‘Yes’, further** **detail / why** |
| 0-4 (Early Years) |  | 🗸 |  |  |
| 5-11 (Primary school) |  | 🗸 |  |  |
| 12-16 (Secondary school) |  | 🗸 |  |  |
| 17-19 (College) |  | ✓ |  |  |
| 19-25 |  |  |  |  |

1. If Yes to c) and/or d), were parents and stakeholders engaged with when the changes were made, or are there plans to engage with stakeholders? (Please select all that apply):

|  |  |  |
| --- | --- | --- |
|  | **Engaged with when changes** **were made (c)** | **Plans to engage** **with on future** **changes (d)** |
|  **Stakeholder** |  **Yes**  |  **No** | **Yes** | **No** |
|  Parents/carers |  |  |  |  |
|  CYP with vision impairment |  |  |  |  |
|  Internal staff  |  |  |  |  |
|  General public |  |  |  |  |
|  Voluntary sector |  |  |  |  |
|  Schools and Education Settings  |  |  |  |  |
|  Other (please state) |  |  |  |  |

**Comments:**

1. Please provide information on the structure of the team responsible for delivering habilitation services to CYP with vision impairment:

|  |  |
| --- | --- |
| **Position/role** | **Number of staff (FTE) delivering habilitation support in the** **following financial years** |
| **2016/17** | **2017/18** | **2018/19** |
| Habilitation Manager |  |  |  |
| Senior Habilitation Officer |  |  |  |
| Habilitation Officer | 1 FTE | 1 FTE | 1 FTE |
| Habilitation Assistant |  |  |  |
| Other (please state) |  |  |  |

**Comments:**

### Eligibility for habilitation support

1. What is the eligibility criteria for a CYP to access habilitation support? (Please indicate as many as apply):

|  |  |  |
| --- | --- | --- |
| **Eligibility criteria**  | **Yes** | **No** |
| The CYP must have an Education and Health Care Plan to access habilitation support |  | ✓ |
| The CYP must be registered as severely sight impaired to access habilitation support |  | ✓ |
| The CYP must be registered as sight impaired to access habilitation support |  | ✓ |
| Other (please state if ‘Yes’) |  |  |

**Comments:**

### Referrals and assessment

1. Please indicate where referrals for an initial assessment of habilitation needs are accepted from. (Please select as many as apply):

|  |  |  |
| --- | --- | --- |
| **Profession** | **Yes** | **No**  |
| Medical professionals |  |  |
| Qualified Teachers of Children with Vision Impairment (QTVIs) | **🗸** |  |
| Parents/carers | **✓** |  |
| Young people  |  |  |
| Other (please state) |  |  |

**Comments:**

1. Please indicate who the initial assessment of habilitation needs is conducted in partnership with. (Please select the option that applies for each category):

|  |  |  |  |
| --- | --- | --- | --- |
| **Stakeholder** | **Always** | **Never** | **Sometimes** |
| QTVI | 🗸 |  |  |
| Other education professionals (please state which education professionals) |  |  |  |
| Parents/carers |  |  |  |
| It is not conducted in partnership |  |  |  |
| Other (please state) |  |  |  |

**Comments:**

1. a) Is the progress of the CYP receiving habilitation support monitored?

**Yes/No/Unknown**

1. If ‘Yes’, if needs are not being met as assessed are the habilitation needs of the CYP reassessed?

**Yes/No/Unknown**

If ‘Yes’, please provide an overview of the process and attach a copy of any relevant policies.

**Comments:**

*Following a referral to the Sensory Team, a discussion with QVTI, parents/ carers, schools staff and pupil an appropriate programme is planned. Progress is recorded and monitored as part of the review process in schools and shared with the appropriate people. Next steps are then identified as part of the plan, do, review cycle*

### Demand

1. How many CYP were referred for an initial assessment of habilitation needs and how many received habilitation support in the following financial years:

|  |  |  |
| --- | --- | --- |
| **Financial year** | **Number of CYP with** **VI referred for** **an initial assessment****of habilitation needs** | **Number of CYP with** **VI who received** **habilitation support**  |
| 2016/17 | Not known | Not known |
| 2017/18 |  22 |  51 |
| 2018/19 |  14  |  37 |

**Comments:**

I would like to receive the above information in electronic format. If you require any clarification or find any aspect of this FOI problematic, I expect you to contact me under your section 16 duty to provide advice and assistance. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs (if necessary).

If my request is denied in whole or in part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all non-exempt material. I reserve the right to appeal your decision to withhold any information or to charge excessive fees. I understand that under the Act I am entitled to a response within 20 working days of your receipt of this request. I would therefore be grateful if you could acknowledge receipt of this request in writing.

In accordance with the Re-Use of Public Sector Information Regulations 2005 (amended 2015), I am making you aware that the information we have requested may be published or otherwise included as part of one or more strategic documents for the purpose of providing combined information for stakeholders with an interest in eye health and sight loss. Such documents will be distributed on a non-commercial basis and all sources will be acknowledged.