**Yorkshire Regional Rehabilitation Officers Meeting**

**10th May 2017**

**Barnsley, Hoyland Medical Centre, S74 9AF**

Present:

Moira Fuller - facilitator, Mary Sykes and Steve Williams (Barnsley), Rob Moulds (Wakefield), Richard Williams (Guide Dogs), Ali Anthony and Karen Swann (Sheffield), Julie Lattimore and Shelagh Smith (Leeds), Julie Shales (North Yorkshire), Alison Bowes (Blind Veterans UK) – minutes.

Apologies: Simon Labbett (Bradford), Heather Moore – Carol Skeene – Linden Wrigglesworth – Lorna McGeachie and Pat Foster (Leeds).

1. **Previous minutes**

Minutes agreed – the group also reflected on the Case Study session which they had found useful and interesting.

1. **Arrival and Welcome**

Moira Fuller welcomed all attendees.

Minute taker decided - Alison Bowes in place of Bradford.

Moira proposed that Bradford could host the next meeting - as per alphabetical order (Blind Veterans may not have a suitable venue in October).

Moira mentioned that this would be Shelagh’s last meeting as she is retiring – see later agenda item

1. **Guest Speaker, Matt Hards, Employment Officer, Action for Blind People / RNIB.**

Matt explained that Action for Blind People and RNIB will be merging and using the company name of RNIB only. His role will remain following the restructure but some posts will no longer remain or will be changing.

He covers the area of Yorkshire and Humber but not Leeds Local Authority as Birmingham Institute for the Deaf hold the contract for this.

Matt can act as a 3rd party in any employment issues. He explained that his priority is for those people already in employment (“retention cases”), who require support to remain in employment.

RNIB will be retaining their Legal Support team for anyone in employment who is not in a union. He mentioned a colleague, Anita Marshall. Matt stated that legally the person has 3 months, less a day, from the event of discrimination to lodge their complaint.

Referrals can be made to Matt via the RNIB Sight Loss Advice Line, nationally 0303 123 9999

He also provided the phone number for the Leeds office – 0113 386 2800 and his direct line (Matt Hards) 0113 386 2816.

Matt also touched on Access to Work referrals and a discussion was held regarding the quality / accuracy of their assessments. Following their assessment, anyone eligible are supported by Access to Work by them providing services to support the person to remain in work. The employer is expected to make a contribution financially as part of their responsibility to carry out reasonable adjustments.

1. **Case studies**

One case study discussed – presented by Mary Sykes – Moira facilitated.

The case involved a lady who had had extensive mobility training over many months. She had anxiety and depression but would not engage with mental health or counselling services.

Over the months she developed a safe and competent cane technique but did not have the confidence to travel the route completely independently.

Discussion held regarding the potential reasons for this and possible approaches to progress / conclude the training.

She had become upset and tearful on some of the lessons, but had wanted to continue with the training.

Issue of potential for dependence on visits by the Rehab Officer also explored and possible solutions to support the person with this aspect.

1. **Feedback from IT training for Renab Officers with little IT knowledge attended.**

Places were limited – Carol Skeene from Leeds attended but was not present to give feedback.

1. **Accessible Information Standard and Easy Read**

Leeds have commissioned a worker to develop their Easy Read leaflets – Sensory Team leaflet has not been developed yet.

Discussion held re the difference between Accessible Information and Easy Read:-

Easy read is just one way of making information more accessible. It is a style of information often chosen by people with learning disabilities, although other groups can find it useful too (such as those whose first language is not English). Words and Pictures Easy Read information is designed for people with a learning disability who like clearly written words with pictures to help them understand.

Accessible Information is usually correspondence, documents and / or information that is produced to suit the individual person’s requirements in order for them to be able to access it as independently as possible.

Easy Read is not always suitable for people with a visual impairment due to the spaced out layout and pictures used.

Transcription Services can also carry out this type of adaptation for Local Authorities for a cost.

Good practice is to share intended options for publications with user groups re suitability.

**Action** - For anyone who requires support producing Easy Read documents – Moira has some experience and is happy to share examples.

1. **Pat Foster (not present) asked for a discussion point re Local Authority Screening Services and are Sensory Team Screening Services screening for other support needs?**

General discussions held re:-

* Some local authorities are using a generic screening service following receipt of a Certificate of Visual Impairment (CVI) – this may not be specialist enough to pick up sensory related needs / barriers created. “All CVIs need to be screened by someone with visual impairment (VI) knowledge” as per ADASS guidelines.
* If the CVI comes directly to the Sensory Team for screening then generally they would base their initial questions around sensory related issues.
* Business Centre CVI referral – they don’t speak to the person – just create a contact and the allocated Rehab Officer will contact the person to screen.
* The question was asked - Are Mental Health needs or Safeguarding issues being picked up early enough and should they be picked up at the Screening or Assessment stages?
* Some Sensory Teams are also issuing Occupational Therapy (OT) Assistant type of equipment (following appropriate training). This is causing an increase in waiting list times.

1. **Any other business**

* **Difference in salary bands for advertised Rehab Officer posts.**

General discussion held re recently advertised differences.

**General discussion held Guide Dogs including My Guide service, need for long cane training prior to guide dog ownership and criteria for being accepted as a guide dog owner**

What is the criteria for guide dog ownership?

What is the criteria for the My Guide scheme, referral route, process and timescales for service provision?

Clarification is required re pre-requirements to guide dog ownership in relation to independent travel and / or use of a long cane. Who is best placed to / responsible for carrying out long cane training that is required.

**Action** – Guide Dogs to be invited to a future meeting as a guest speaker.

* **Interpreter Services – Ali Anthony**

Discussion re how to commission within Sensory Teams and complexities of terminology used for ease of interpreting. How do we ensure the right information is passed across re techniques required and safe travel procedures?

* **GPS systems / Trekker Breeze / Navigation Apps and how do we as Rehab Officers keep up / develop knowledge in this area – Steve Williams?**

‘Sleepy Traveller’ app – for bus travel – you need to know the name of the road where you need to get off the bus in order to be able to programme your system to alert you / send an alarm.

‘Blind Square’ – for foot travel including bus stops and road names.

**Action –** consider agenda item / session for inclusion in future meetings regarding mobility workshops and use of mobility type Apps.

* **Future guest speakers / agenda items**

Guide dogs – see above

Mobility workshop – see above

British Wireless for the Blind Fund regional rep

* **Shelagh’s retirement**

Moira recognised Shelagh’s retirement, thanked her for her support of the meetings during her career and presented her with a leaving card. Cakes were provided and consumed in celebration.

Shelagh is looking forward to gardening and decorating her new house.

* **Next meeting** to be held in October and hosted by Bradford. Moira will discuss with Simon Labbett.