

Evaluation of the Skills for Care pilot in Devon's Children's Joint Agency and Disability Teams.

Objectives of the pilot

In response to the increasing number of visually impaired children being identified across the County and the lack of visual impairment expertise in the children's teams, Devon Social Services Sensory Team bid for 12 months funding from Skills for Care as part of the 'Changing Work Force' programme to pilot 3 specialist visual impairment workers (Rovics) Based in children's teams, their role would be to key work/ care manage visually impaired children. (Rovis work with visually impaired adults)

All children have the capacity to learn and develop and have a right to do so. Visual impairment inhibits every learning opportunity from conceptual development to social skills. Whatever additional disabilities a child has, the existence of a visual impairment constitutes a significant factor, which needs consideration in all aspects of a child's life.

The Royal National Institute for the Blind considers the following as essential when providing a service to this User group, their parents and Carers

- Early diagnosis and intervention.
- Skilful assessment and review.
- Family support is critical, children should always be viewed as part of a family unit and services should be directed towards the whole family.
- The life style and cultural background of the family should be respected in service delivery.

- Services should be aimed at supporting the child within the family as far as the child and family desire.
- Services should be available to meet a wide range of needs so individual packages of support can be designed and regularly reviewed.
- Services should be co-ordinated effectively.
- Parents should be provided with information about the range of educational and social opportunities available to them and should be consulted as to the services provided.
- A structure of staff training and development should be available that has the potential to offer support to all personnel including family who interact with the child.

The Royal National Institute for the Blind also seeks to empower parents in the following areas: -

- How to work with professionals and identify the 'best' person to unfold the dark secrets of statutory agencies.
- How to identify key decision-makers.
- How to write reports on their children.
- How the statementing process works.
- How to understand official jargon.
- How to get the best advice.

- How to stand up for their rights and those of their children in difficult situations without acrimony. This pilot is nearing the end. An evaluation is due at the end of March 2006 to achieve the final milestone and last tranche of funding. The

evaluation tool 'A guide to evaluation for project managers of 'new types of worker' pilot sites' was used to measure five levels of outcomes. The five levels are summarised below.

Level 5	Stakeholders' outcomes	Evaluating the wider impact of the learning on key stakeholders such as service users, carers, families, management committees, business owners, partner agencies or commissioning agencies. Level 4
Organisational outcomes	Evaluating what changes there are to the way the agency operates as result of leadership and management development	and whether this provides added value.
Level 3	The impact of learning on service delivery	Evaluating how learning has been put into practice in the workplace and how services have improved.
Level 2	The learning outcomes	Evaluating the learning outcomes achieved by managers and identifying new learning needs.
Level 1	Individual's reactions to the learning process	Evaluating what managers think of the learning opportunities

Level 5 Stakeholder outcomes.

- Stakeholders identified in Milestone 2
- Stakeholder event to benchmark current service provision prior to the implementation of the pilot.
- Stakeholders write person specification and job description in conjunction with workforce planning and employee relations.
- Stakeholders involved in recruitment and selection process.
- Stakeholders now have Rovics to provide support at the time of diagnosis in children's eye clinics.
- Stakeholders have earlier intervention from Rovis.
- Stakeholders now have specialist assessments from Rovics, who have been given additional training and learning opportunities to expand their skill base.
- Care plans now incorporate specialist skills training to offset the effects of visual impairment.
- Rovics now key work/care manage visually impaired children, rather than non specialists.
- Rovis are able to co-work visually impaired children with multiple disabilities, whom they may not be key working.
- Stakeholders have a Rovic to attend transition reviews and implement recommendations for transition to adult services.

The following are quotes, letters and emails from Stakeholders.

North/Mid Devon, one parent in described the rovic as 'the missing piece of the jigsaw'

In South and West Devon

Very many thanks!

Your letters arrived today and are both excellent and extremely useful. I have just spoken to the builders about a few more minor moderations to the outside, making the drain on the path safe and including another path so that she can get to the playground without encountering the awful paved steps. We don't have any internal stairs for her to practise on here. We will get a seat for the toilet.

Regards Chris Slaughter

Hi Marion,

I have had excellent feedback from schools re your visits - was in Ugborough yesterday doing training for TA LW.....

Best wishes

Nicky

Written feedback to Cathy Hill on DISC form from TH's mother: "P.S. Marion Risdon very helpful & understanding when visiting us". (30.11.05)

ntow

new types of worker
new types of working



Exeter and East Devon

Sent by email.

During my time in post as a Paediatric Ophthalmology Specialist Nurse working at the West of England Eye Unit, I found the presence of Sue Pilkington in her role as ROVI to be immensely beneficial.

In the Paediatric Ophthalmology clinic, a significant number of children attend, many with predisposing conditions, but many also who get diagnosed with a life changing condition during their appointment. It has been fantastic to have Sue as part of the Paediatric Ophthalmology team, as she gets to know the patients and their families, which enables a vital link between the services we provide during their time at the clinic or in hospital if they stay as an in-patient, and their life at home or school.

Sue has built a hugely beneficial relationship with many of these families, which has enabled them to access the support and services they greatly need. Sue's role as a ROVI is immensely important to the patients, their families and the Paediatric Ophthalmology team. I worked in the clinic for many years before Sue was appointed and I have been able to witness the great service that these vulnerable patients now receive and it is fantastic to know that this group of patients are so well supported.

Please do not hesitate to contact me if you need any further information.

Julie Kitchen

Sent by email

Dear Kate,

Thank you for our meeting last week - I hope your staff felt that it was useful - we certainly did.

I just want to take this opportunity to say how pleased we have all been with the work of the 'new' ROVICs. It has been so much easier to co-ordinate provision with other professionals. I feel that we all work well together and it's always better to have two heads rather than one when looking at the best provision for children with a vi. I have no doubt that the children and parents/carers have all benefited from this smoother running, joined up service.

Sandy Bridge Advisory Teacher Service for visually impaired children

See attached letter from Mr Quinn, Children's Consultant Ophthalmologist in West of England Eye Unit

Level 4 Organisational outcomes.

- A clear division between adult and children's work has been established.
- The roles of Rovics in relation to advisory teachers for the visually impaired and portage workers have been clarified and guidelines agreed.
- Transition to adult services is managed more effectively, with transition protocols in place.
- Cross county profiles of visually impaired children and worker caseloads are now available electronically to the Sensory P.M. on the CSN system/ Carefirst.
- A data base identifying the number of visually impaired children in the JAT teams has been established.
- A recognised referral route to the JAT and children's disability team for early specialist assessment has replaced the ad hoc system of referring to the Sensory Team for just mobility training.
- A low vision referral pathway has been written in conjunction with health and stakeholders.
- Blind and partially sighted registration is now captured correctly on carefirst as well as on the CSN system to ensure accuracy of D.O.H data returns.
- Previously unrecorded registrations have been input to Carefirst.
- An exit strategy has been written, if funding is not available to continue the work started in the pilot.

Level 3 The impact of learning on service delivery.

- Evaluating training needs and establishing training pathways using the person specification, job description and competencies, have improved the quality of assessments and care planning and service delivery.
- Using other agencies such as Guide Dogs for the Blind Association, and Optima Low Vision Services, to deliver bespoke training has given Rovics a broader skill base than available via in-house training.
- Joint training day with parents and other professionals has delivered an increased understanding of the needs of people with Down's syndrome who have a visual impairment.
- Joint workshops with Education and parents to implement the use of the new Early Support Development Framework for Babies and Young Children with a Visual Impairment from September 2006.
- An Integrated Children's Low Vision Services Conference with other health and educational professionals to gain a greater understanding of social, educational, clinical and rehabilitative aspects of care for children with a visual impairment, will give workers cases studies illustrating good practice, multi-disciplinary working to inform their own practice.
- Rovics are able to use IT systems to input and access information. Thereby maintaining accurate up to date electronic social care records.

- The presence of Rovics in the children's teams raises the level of sensory awareness in other workers.
- Co-working complex cases, where children have additional disabilities, enables pooling of expertise to the benefit of the child and their family.

Level 2 The learning outcomes.

- Recruiting suitable rovics is a very difficult task! Rovics are a scarce resource, there are generally more jobs than workers to fill them. The recruitment process was very protracted and the last Rovic was not appointed until September 2005.
- The Joint Agency Teams had Rovics in post well before the Children's Disability Team, which made co-ordinating training and providing peer group support for the new workers more difficult.
- Few of the people who applied met the person specification, written as an outcome of the stakeholders' event, of those initially interviewed only 2 demonstrated understanding of the requirements of the new role.
- Newly qualified Rovics who applied had no experience of working with visually impaired children and lacked understanding of the effect of visual impairment on children's development. They also had limited understanding of how Social Services worked and the associated national drivers. Considerable post graduate training would be necessary if the Rovi was to be fully competent to work with children. If some of these competencies were included in the Rovics' degree course it would give a better skill mix to build on in the workplace.

- Rovics who have only worked with adults can find making the transition to children's work presents them with a steep learning curve, which some individuals can find difficult.
- One Rovi making the transition from a voluntary agency found that working practices of Social Services very complex and pressured.
- The Joint Agency Teams have different systems IT systems and paperwork from the Children's Disability Teams, this required the Sensory Practice Manager to be fully conversant with both, whilst continuing to work with the Adult services system has another different set of paperwork. Standardisation of IT systems and paperwork for Children's work across the County would simplify her work.

Level 1 Individual's reactions to the learning process

- Rovics are keeping individual development portfolios to evidence competencies and reflective learning.
- There is feed back via supervision, probationary reviews and appraisals.
- The competencies identified in the stakeholder event and subsequent training pathway identified in Milestone 3 have given Rovics confidence and skills to work effectively with visually impaired children within the National Assessment Framework.
- There has been access to other learning activities such as shadowing other professionals, observation of consultant ophthalmologist and Orthoptists conducting eye examinations.

- Rovics have become embedded in the ethos and practice of children's work.
- Rovics in the Joint Agency Teams are able to use the CSN IT system and associated paperwork with confidence.
- Rovics are clear about their roles and responsibilities in relation to Advisory Teachers for the visually impaired and Portage workers.
- Rovics are competent to deliver visual awareness training. E.g. to students studying for BSc in Healthcare at the Royal Devon and Exeter Hospital.
- Rovics feel passionately that they have made a significant difference to the social care of visually impaired children, which has been underpinned by the training pathways.

However:-

- One rovic found the transition from the voluntary to the statutory sector difficult. Although she received the standard systems training for new workers, she felt the induction around paperwork and IT systems was inadequate to meet her needs. She found following policy and procedure difficult. Most importantly, her interpretation of her role and her working practice did not meet the standards detailed in the job description. Regrettably, despite additional support to understand the IT and paperwork and discussion of her role within supervision, the worker failed her probationary period and was dismissed. Ironically there had been some very positive feedback from Parents about the information and advice she had given them.
- The worker stated in her exit interview she felt this to be an unfair outcome and felt she was capable of learning what was required. However the level of support required to bring her up to the standard required to care manage complex cases within a 12 month pilot was considered unsustainable by the Practice Manager in the children's team and the Sensory Practice Manager.
- Managing a successful probationary period poses many challenges at different levels. The Sensory Team Practice Manager and her line Manager have reflected, at length, on the failure of the rovic to complete her probation satisfactorily, to learn how recruitment and induction might have had a better outcome for both the rovic and the Team.
- This learning will be factored into future appointments and inductions.

In conclusion

The pilot has been extended to August 2006, using the remaining Skills for Care funding.

When that funding runs out these are the options:-

1. Terminate 12 month contract. JW and SP return to substantive adult posts. Sensory work with children will cease other than a very limited amount of orientation and mobility training.
2. Extend the contracts until the end of August using the remaining TOPSS funding but at that point the service will cease and John and Sue return to their substantive adult positions.
3. Extend the ROVIC service to 25 years old rather than 18 years old. Children's Services fund one post, Sensory Team fund one post, adult services fund one post. Cost to Children's Services £28k + travel.
4. Continue to run the service up to 18 years old, Sensory Team fund one post and Children's Services fund two posts. Cost to Children's Services £56K + travel.
5. Continue to run the service up to 18 years old. Children's Services fund all three posts - £84K + travel.

The Children's Teams are currently considering the exit strategies detailed above.