

Adult Services and Wellbeing
Calderdale Metropolitan Borough Council

**Standard Operating Procedure (SOP):
Sensory Team.**

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Procedure Version Control

Procedure Name	Standard Operating Procedure: Sensory Team.		
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1.0	August 2024	New Document
2.0	December 2024	Updated the new safeguarding process and the standardised waiting well process.

Sensory Team Overview

The Sensory Team is a specialist service within Adults Social Care, sitting within the Gateway to Care Team. We provide a Person-Centred approach to support people who are deaf, hard of hearing, visually impaired (whether Sight Impaired, SI (partially sighted) or Severely Sight Impaired, SSI (blind) or who have a combined sensory loss. This is so they can maximise their independence, choice, and control to live healthier lives and where possible, to reduce future needs for care and support. We provide information and advice to those people who may need a level of support due to a sensory need.

Sensory Team Main Aims

- We aim to reduce the impact sensory loss has on a person's daily life, focusing on the persons needs and wishes to try to help them to maintain their independence.
- We aim do this through specialist assessment and individually tailored rehabilitation training programmes.
- We aim to support people to overcome the obstacles that everyday environments can place in their way.
- We also aim to raise awareness among colleagues, service providers and other agencies of the needs of people with a sensory loss.
- Provide an effective, coordinated, and timely response which is reviewed, and performance monitored.

Sensory Objectives

Identification: To identify, contact and keep a record of all deaf/blind people in the Calderdale area (including those people who have multiple disabilities which include dual sensory impairment). We have a duty to hold a register for all SI and SSI VIPS

Assessment and Eligibility: To assess and deliver services to improve quality of life, increase independence and wellbeing to anyone living with sight and/or hearing loss. To also ensure that when an assessment of needs for care and support is carried out, this is done by a person that has specific training and expertise relating to visually impaired, deaf/hard of hearing and deaf/blind persons – to assess the need for communication, one-to-one contact, social interaction and emotional wellbeing, and support with mobility, assistive technology and rehabilitation.

Access to Services: To ensure services provided to visually impaired, deaf/hard of hearing and deaf/blind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or those services intended primarily for visually impaired, deaf/hard of hearing people or deaf/blind people who are able to rely on their other senses. Ensure that individuals have timely access to a range of services to promote independence and inclusion.

Empowerment and Choice: Empower visually impaired, deaf/hard of hearing and deaf/blind people to make informed choices about their care and support options and rehabilitation. Ensure they are able to access specifically trained one-to-one support workers if they are assessed as requiring one and to provide information and advice in ways which are accessible to deaf/blind people. Access Rehabilitation Officers for the visually impaired and Deaf/Hard of Hearing Co-ordinator.

Workforce Development: Invest in the recruitment, training, and retention of a skilled and compassionate social care workforce, whilst also raising awareness among colleagues, service providers and other agencies of the needs of people with a sensory loss.

Community Involvement: Encourage community engagement and the development of support networks to enhance social inclusion.

Quality Assurance: Monitor and evaluate the quality of training and support to ensure they meet high standards and are continuously improved.

Cost-Effectiveness: Ensure that resources are used efficiently to provide high-quality care while managing public funds responsibly.

Sensory Area Outcomes

- The Service is well promoted which helps people to be well informed about services, resources, and information available; information is provided in line with the Accessible Information Standard.
- Ensure there is ease of access via email, online, telephone and in person via community hubs to enable equal access for all.
- Services are responsive and personalised enabling adults to access opportunities appropriate to their needs. Work in partnership with public and third-sector partners to help ensure people accessing via partner referrals, or other avenues, are given the best information to help them refer appropriately.
- Adults are supported and enabled to be as independent as possible developing knowledge, resilience and promote individual strengths to enable more people to live healthy, happy, and more fulfilling lives.
- People with sensory impairments have access to emotional support programmes and appropriate mental health services.
- Children and adults with sensory impairments experience equality of opportunity and feel fully included in their community.
- Families and carers of those who are sensory impaired receive help and support in their caring role and their own needs as carers are addressed.

Values and Principles of the Sensory Service

Those people working in the service area will adhere to and promote:

- Ensure early intervention and be responsive so that people within Calderdale having choice, control, and support to live independent lives.
- Ensuring that in Calderdale people can access information, advice and assistance which considers communication and accessibility requirements of people tailored to their individual needs.
- The sensory team will provide specialist sensory knowledge.
- Ensure service pathways within and between social care and health services are informed and aware.
- Ensure the safety and Well-being of adults with care and support needs to live a life free from abuse and or neglect.
- Will be open, transparent, and accountable to people who have an interest in the sensory team and how we work.
- Will work in partnership with others including professionals, carers, family, friends, and communities to ensure people who seek support get the right response at the right time.

Eligibility Criteria and Contacting the Service

People must be over 18 years of age.

Any visually impaired person living in the Calderdale area, with a medically diagnosed eye condition. There must be a permanent and significant sight loss in both eyes to meet our criteria. However, you do not have to be registered sight impaired (partially sighted) or severely sight impaired (blind) to receive services. This does not include people whose sight is corrected through spectacles or contact lenses.

Anyone who is profoundly deaf living in the Calderdale area. There are different degrees of hearing loss, so the type and amount of help needed varies. For this reason, it is necessary to carry out an assessment to determine what support and help the person would need. Registration helps us to identify how many people with visual impairment and hearing loss live in Calderdale. This helps us plan our services however, if a person chooses not to register, it will not affect their eligibility for services.

The Person would benefit from professional guidance to remain as independent as possible.

Where necessary agree for us to refer to another service for example an assessment from an occupational therapist.

Service Delivery

We are open

- Monday to Thursday from 8.45 am to 5pm
- Fridays from 8.45am to 4.30pm

We are closed on Saturdays, Sundays and public Bank Holidays however, should you have a social care need causing risk or concern outside the hours contact can be made with the Emergency Duty Team.

To contact us:

- Phone: 01422 393000.
- Email: gatewaytocare@calderdale.gov.uk.
- Website: [Online contact form](#)

Sensory Process and Procedures

Initial Contact

All referrals are on Calderdale's data system from gateway to care. People can phone, text, or email their concerns.

Equipment for daily living

We start by looking at how the sensory loss affects day-to-day life through an assessment, and this will usually take place in the person's home. We will talk with them about the kind of help they think they need and agree together on what would best support them.

If it is assessed that equipment may help our staff can advise and demonstrate a wide range of equipment. This includes alerting and amplifying equipment that can help with hearing loss, like extra loud doorbells and telephone amplifiers. To help with sight loss we can demonstrate items of equipment, such as different types of white canes, UV shields and liquid level indicators. These can help to maintain independence, like specialist lighting and assistive technology. Training in the safe use of equipment will also be provided.

Communication skills

We can offer advice and training to help maintain reading, writing and listening skills. We also can refer to the Rehabilitation Officer for Visually Impaired to learn skills, like: Braille; touch typing.

Where appropriate the deafblind manual alphabet or block alphabet can be taught to the person, their carers and friends. These are tactile communication methods where words are spelt out onto the person's palm.

Case Note Recording

The process for ensuring the person's desired outcomes for any potential action or intervention are captured at the initial point of contact.

All visits and telephone calls made should be documented on the CIS data system on the initial discussion form. If subsequent visits are appropriate, then these also need to be documented on the system.

This ensures measures are undertaken to ensure that everyone involved works towards the wishes and desires of the person and that provided information does not have to be duplicated and is acted upon appropriately.

Information Sharing

During the assessment process the person will be asked for consent to share information. The person will also be asked if there is anyone/service they do not wish their information to be shared with. In general, the information is shared with health, service provider, carer/family/friend. All staff have completed training on GDPR and sharing information.

Consent can be overridden if it is deemed to be in the person's best interest.

Risk Assessment and Safety Planning

We refer to the lone working policy when needed and we recognise that any risk assessment is dynamic based on the information provided and any concerns to staff discussed with team leaders in the first instance.

Should a risk assessment be required for the adults we are working we will assess and make every effort to reduce risk as soon as possible.

Waiting Safe and Well Process

Due to demand, it is not always possible to respond immediately and sometimes people are waiting for assessment or review. It is particularly important that people waiting for assessment for adult social care are appropriately prioritised and that they receive regular updates, and resources that support their well-being while they wait, in order to reduce risks associated with unmet needs.

On receipt of the referral, the **Screening Tool for Referral Waiting Lists** should be used to prioritise referrals – this applies to assessments, re-assessments and reviews. The prioritisation tool will be used to establish the level of need and risk, and to ensure that people are allocated in an equitable manner. People will be recorded as high, medium, or low priority for allocation based on their individual circumstances.

In line with section 6.26 of the Care Act Statutory Guidance, if an immediate response through service provision is required to meet a person's urgent needs to ensure their safety prior to an assessment being undertaken - this should be put in place on an interim basis.

The outcome of the prioritisation should be documented on the Team Referral Spreadsheet which is held by the Team Manager and used in conjunction with the

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electronic recording system referral lists. The spreadsheet is date ascending for referral submission and color coded for priority rating:

Red	High Priority
Yellow	Medium Priority
Green	Low Priority

As part of the 'waiting safe and well' process, all people awaiting a new assessment will be contacted to determine if their situation has changed and, if needed, relevant safety actions implemented; this may include fast-tracking the persons assessment. This process should be undertaken in line with the ***Waiting Well Framework***.

All people who are waiting for more than two weeks will be sent a standard waiting well letter to confirm that they are still on our waiting list. The letter will provide service contact details, information on how to inform us if their situation changes and will provide signposting to other information and support options (such as CalderConnect, Care Charge calculator). It will also provide details of our Better Lives Drop in Hubs.

Whilst people continue to wait for allocation, we will contact them on a regular basis to review their circumstances and any changes in needs, which may affect the level of risk and their prioritisation. The frequency of contact is tailored and proportionate to their level of priority.

The contact may be through a follow up Waiting Well letter, by telephone or by text.

Where a change in circumstances, need or risk becomes apparent, then the level of priority will be re-assessed using the prioritisation tool.

If a significant risk is identified, this will be escalated to the team manager and appropriate action taken. This could result, for example, in a telephone assessment and interim support arrangements or urgent allocation.

Should it become apparent that the person has resolved their own needs, then the referral will be closed.

Contact will be recorded in the persons case notes on CIS and the Team Manager / Team Leader will update the spreadsheet accordingly during the weekly referral review.

Safeguarding Concerns, Enquiries, Safety Planning, Quality Assurance and Closure

Overview: Stage 1 involves the identification and reporting of safeguarding concerns before the Safeguarding Adults Practitioners engage with the person at risk or experiencing abuse or neglect.

Practitioners will be mindful of S42 of the Care Act 2014, identifying where there may be a cause for concern that someone with possible care and support needs, in their area may be at risk of or experiencing harm or neglect and unable to protect themselves. This includes but is not limited to; physical abuse, emotional and psychological abuse, financial abuse, sexual abuse, coercive controlling behavior, and self-neglect.

Practitioners will have a responsibility for accurately identifying concerns, the source, type of harm, impact of harm/potential harm and urgency of the concern. Practitioners should consider and follow the Calderdale Threshold Guidance for Safeguarding Adults at Risk prior to raising a concern.

If practitioners are actively involved with a person whereby concern or information is shared, whether factually supported or not, they will make enquiries to ascertain that the person is safe and well and ascertain what action needs to be taken and what legal framework this may be under. This includes considering if this requires raising as a statutory safeguarding concern. This should be led by the person with Making Safeguarding Personal (MSP) underpinning the approach. Capacity to consent to safeguarding concerns should be considered at the point a potential safeguarding concern is identified, ensuring that the person is supported to engage with and understand what this means. In the event a person is deemed to lack capacity to consent, consideration should be given for involving a relevant representative and/or referring for an advocate. Only in circumstances where there is an immediate risk to the person and/or to the safety of another person should consent not be sought prior to raising a safeguarding concern.

Practitioners will formally report a safeguarding concern by completing the standard Calderdale Safeguarding Raising a Concern form and submitting this electronically to Gateway to Care via email. If any social care practitioner (with access to CIS) identifies the concern they will be responsible for completing respective safeguarding stage one screens on CIS.

Practitioners retain a responsibility to promoting the welfare and safeguarding children and young people (s11, Children's Act 2004) also. If information comes to the attention of a worker that a child or young person may be experiencing or at risk of harm or neglect, they will share this information with Children's services within a

timely manner. This may be by contacting Multi Agency Screening Team (MAST) or sharing information with an allocated children's worker or team.

How to Raise a Safeguarding Concern

During Office Hours

- **General Public and Professionals:** Concerns can be reported by anyone in accordance with the guidance and consideration to The Threshold Guidance for Adults at Risk in Calderdale. Reports can be made via:
 - **Safeguarding Concern Form:** Complete and submit the form to gatewaytocare@calderdale.gov.uk.
 - **Telephone:** Call Gateway to Care at 01422 393000.
- **Safeguarding Adult Team Contact Details:**
 - **Telephone (Duty):** 01422 393375
 - **Email:** safeguarding.adults@calderdale.gov.uk
- **Specific Agencies:**
 - **Police, Yorkshire Ambulance Service:** These agencies may use their own forms to notify **safeguarding concerns**. These forms are accepted as valid notifications or referrals.
 - **Calderdale & Huddersfield Foundation Trust:** Will submit concerns where the abuse or neglect occurred within a hospital setting to the Hospital Discharge Team. It is likely that the Hospital Discharge Team will give cause to the Hospital to make the safeguarding enquiries, with the Hospital Discharge Team acting as co-ordinators.

Out of Office Hours:

- **Emergency Duty Team (EDT):** For concerns raised outside standard office hours (5:00 PM to 8:45 AM Monday to Thursday and 4:30 PM to 8:45 AM Friday to Monday), contact the EDT at 01422 288000. The EDT will assess the concern, take necessary immediate actions to address immediate and imminent risks (that cannot safely wait until the next working day), and notify Gateway to Care on the next working day.

Notification, initial screening and processing

Gateway to Care Responsibilities:

- **Electronic Concerns. Inputting into CIS:** Upon receipt, Gateway to Care will promptly check whether or not the person has a CIS record. Gateway to Care

will create a record if there isn't one. Gateway to Care will then forward the electronic form on email to the Safeguarding Adults Team mailbox or (for people with a primary support reason around mental health) go direct to the Mental Health Team mailbox (on outlook) and case note the action they have taken.

- **Telephone Concerns:** People who telephone asking to raise a safeguarding concern or if the social care advisor identifies that there is a possible safeguarding concern, they should first discuss this with the Duty Social Worker, Team Leader or Team Manager, before progressing with creating the concern on CIS. Once advice has been sought the Social Care Advisor can progress with creating the concern on CIS, completing the necessary fields and gathering as much information as possible from the person raising the concern. They then assign this on CIS to the Safeguarding Adult Team or the Mental Health Team (if primary support reason is for mental health) and follow this up with an email to the respective mailbox to alert them of the concern on CIS.
- **No Initial Decision Making:** At this stage, no decisions are made regarding the concern other than recording it on the appropriate person's record and assigning to the relevant team. Information gathering is minimal and only to address any critical missing details necessary for record creation.

Hospital Team Responsibilities:

- The Hospital Discharge Team is responsible for receiving any concerns where the abuse or neglect occurred within a Calderdale and Huddersfield Hospital setting. The Hospital Discharge Team is responsible for inputting the concerns on to Safeguarding Adult Stage 1 screens on CIS. The Hospital Discharge Team can give cause to the Hospital Safeguarding Team to undertake the enquiries, however the Hospital Discharge Team retains responsibility for co-ordinating the enquiry and updating CIS as per the processes described below.

Safeguarding Adult Team, Mental Health Team and Hospital Discharge Team Responsibilities:

- **Receipt of the concern:** The Team Manager, Team Leader or Practice Lead will receive the incoming concern on outlook (or CIS if initial concern is taken via the phone).
- **Initial Screening:** Decide whether the concern falls within the scope of safeguarding: The Team Manager, Team Leader or Practice Lead will review

the information contained within the concern and decide whether or not it falls within the scope of safeguarding. The main question to ask at this stage is whether or not abuse or neglect is occurring that may require safeguarding enquiries. The three-stage test is not applied at this point.

If the concern is around a 'request for support' (for people who do not have any ongoing care and support in place) or a 'review of support' (for people who do have ongoing care and support in place), then this can be forwarded to the relevant team i.e. Gateway for people who do not have care and support in place or community teams for those who do. If the person subject to the concern has an allocated worker, then they need to be notified. Similarly, complaints (quality or practice issues relating to care providers) can be forwarded to community teams to consider and liaise and resolve and if required copy in ICCQT.

- If the Manager, Team Leader or Practice Lead decides that the initial concern **does** fall within safeguarding then the Safeguarding Adult Team or Mental Health Team need to input the concern on to CIS as a stage one and associate any documents. They then allocate it to a Safeguarding Practitioner within their respective team.
- If the Manager, Team Leader or Practice Lead decides that the initial concern **is not** safeguarding they need to associate records to file and document actions taken on a case note.

Mental Capacity Act Assessments

[Decision Making, Consent and Mental Capacity](#) (opens as a PDF)

Roles and Responsibilities:

Rehabilitation Officer for People with a Visual Impairment

To provide a rehabilitation service to people throughout Calderdale who have a Visual Impairment.

To deliver and evaluate individually designed Rehabilitation Training Programmes, to enhance their skills and confidence with a view to maximising their independence and reduce risk from harm.

Work collaboratively with other professionals and agencies to address complex needs and achieve best outcomes for the person and their carers/families.

To act as an advocate for visually impaired people in the organisation to help promote accessible services; equality; social integration and understanding of the impact of sight loss.

To ensure that the individual remains at the heart of the rehabilitation officer's work, with the objective of maintaining or improving their independence and dignity.

To support VIPs to maintain their employment.

Hearing Impairment Worker

To assess for any specialist hearing impairment equipment in the home.

To continue to support employed people to maintain employment.

Support Staff with knowledge around employment and training.

Work collaboratively with other professionals and agencies to address complex needs and achieve best outcomes for individuals and their carers/families to promote the deaf community.

Pathway and process map:

