

A Commissioning
Strategy
for People who
Experience Sight or
Hearing Loss or who
are Deafblind
2009 - 2014



Introduction

The purpose of this five year commissioning strategy is to set out the strategic direction and priorities for support and services to people who experience a sensory impairment. By this we mean those people who are registered blind or partially sighted, those people who are profoundly deaf, deafened or are hard of hearing and those people who have dual sensory impairment including deafblindness. This strategy is concerned with those people for whom sensory impairment is their primary disability. The term dual sensory loss can be used interchangeably with deafblindness, the Department of Health definition of deafblindness is “if combined sight and hearing impairment cause difficulties with communication, access to information and mobility”¹. The strategy aims to meet the expectations and desired outcomes of people with a sensory impairment and to enable them to live as independently as possible.

In order to help us understand and plan for the future needs of individuals and the local population we have engaged with people who experience sensory impairment, our partners in the health sector, voluntary and private sectors and providers of care.

The adult social care branch within Bracknell Forest Council is committed to the Government’s agenda of reforming the present system of social care. This means that people will be encouraged and supported to shape their own lives and achieve their desired outcomes by being in control of the support they receive and the way it is provided.

In the speech made by Dame Denise Platt DBE, Chair of Commission for Social Care Inspection entitled “An integrated approach to commissioning for personalised care”; she quoted someone who used services who defined promoting

independence as “having a lifestyle you choose, regardless of what other people think. It is not about doing everything for yourself, but about having enough support to control and lead the life that you choose.”

Based on the priorities identified in the commissioning strategy an implementation plan will be developed which will reflect areas of support which need to be stimulated and will reflect the direction of change identified in feedback from all stakeholders. We will seek to achieve the best possible outcomes for individuals in line with government policy and guidance.

National Context

The White Paper ‘Our health, our care, our say: a new direction for community services’ issued by the Department of Health in January 2006 sets out a clear vision for the future which enables people to have more control over their lives and to improve and maintain their well-being and independence.

Key messages

The four main goals:

Better prevention and early intervention for improved health, independence and well-being

More choice and a stronger voice for individuals and communities

Tackling inequalities and improving access to services

more support for people with long term needs

Putting People First, published in December 2007 is a shared agreement which sets out the need for all sectors to share aims

and values which will guide the transformation of adult social care and recognises the importance of engaging and involving the local population.

Key messages

Four domains that need to be addressed in the social care reform model:

Strengthening performance management to ensure that all services are of a high standard and are self-sustaining

Increasing capability to ensure people working in social care have the skills and support they need to deliver services

People shaping services to make sure individuals can choose the services they want

Shaping and building the market to create a strong, varied, flexible market in social care

A local authority circular called Transforming Social Care LAC (DH) (2008) was published in January 2008 and sets out information to support all the important messages contained in the white paper already mentioned and the Green Paper, 'Independence, well-being and choice (2005) which preceded and informed the white paper. The circular describes a personalised approach to the delivery of adult social care, what needs to be done and why. It describes the expectation that by 2011 all councils will have commissioning strategies that 'maximise choice and control' for people and balance investment in 'prevention, early intervention/re-ablement and intensive care and support for those with high-level complex needs.'

Key messages

A common assessment of individual care needs, emphasising the importance of self-assessment

A change in the role of social workers from assessment and gate keeping to advocacy and brokerage

A change to person-centred planning in which service users can control or direct the flexible uses of resources

A personal budget for all those eligible for social care in all care settings

A different relationship between national and local government enabling personalisation and decision making at a local level

In the absence of a national strategy relating to visual impairment the Royal National Institute for the Blind has produced a UK Vision Strategy which responds to shortfalls in the UK's eye health and sight loss services by setting out a framework for development. Government representatives have been involved in its development. It identifies and seeks to follow three main outcomes:

Improving the eye health of people in the UK

Eliminating avoidable sight loss and delivering excellent support for people with sight loss

Inclusion, participation and independence for people with sight loss.

Needs Analysis

What is a needs analysis?

A needs analysis is a way of estimating the extent and nature of the needs of a population so that appropriate support can be planned accordingly. The needs analysis can:

Help estimate the current and future needs of a population

Indicate the geographical distribution of need

Identify those people who are at greatest risk

Help identify the gap between met and unmet need.

A comprehensive needs analysis is based on a balance of national and local data and consists of demography, incidence and prevalence, risk factor data and local and service user data.

This is a summary of the needs analysis of people with sensory impairments, aged over 18 and living within Bracknell Forest. The full document is available as an appendix to this strategy.

The term 'Sensory Impairment' encompasses visual impairment (including blind and partially sighted), hearing impairment (including those who are profoundly deaf or hard of hearing) and dual sensory impairment (combined visual and hearing problem or deafblind).

It should be noted that nationally there are conflicting statistics on the prevalence of these conditions due to different research methods - e.g. some visual impairment statistics are based on self reported questionnaires with questions such as 'has difficulty reading newsprint', whereas others are based on clinical measures of visual acuity. Due to these inconsistencies, the data in this needs analysis should be viewed as best estimates.

The following data has been informed by the Joint Strategic Needs Assessment (JSNA). This is the means by which local authorities and primary care trusts describe the future health, care and well-being needs of the local population and the strategic direction of service delivery to meet those needs.

Visual Impairment

It is estimated that two million people in the UK have an uncorrectable sight problem and that this will rise to 2.5 million, (an increase of 25%), over the next 30 years. The majority of people with a sight problem (90%) are aged over 60.²

One in five people aged over 75 have some visual impairment. For one in eight, this impairment is significant. For people aged over 90 years 36.9% have a significant visual impairment.³

Based on national prevalence figures, it is estimated that there are over 1,200 people in Bracknell Forest who have a moderate visual impairment and a further 500 who have severe visual impairment or are blind. Most of these people are likely to be over the age of 60.

The wards likely to have a higher prevalence of visual impairment are those with a higher proportion of older people – Bullbrook, Priestwood & Garth and Ascot. Priestwood & Garth has the highest actual number of people aged over 60.

There is a higher prevalence of visual impairment in some of the black and ethnic minority groups. People of African Caribbean descent are four times more likely to suffer from glaucoma and South Asian people more likely to have diabetic retinopathy.⁴

The Health Survey for England 2001 found more women than men reported having a visual impairment (3% women, 2% men).

Data from the Swift database shows that there were 162 people with a visual impairment who received support from Bracknell Forest Adult Social Care in 2007/08.

In March 2008 there were 208 people who were blind/severely sight impaired on the register for Bracknell Forest and a further 175 partially sighted. There were 14 blind/severely sight impaired and 182 partial sight impaired new registrations in the year.

Over the next five years (2008 – 2013), the population of Bracknell Forest aged over 18 is expected to increase by 4,500 (5%). However, the largest proportional increase will be in people aged over 65, with an increase of 2,700 (20%). As this is the age group who are more likely to develop visual impairments, there will be an estimated increase of 10.5% in the number of people requiring support over the next five years.

Hearing Impairment

It is estimated that one in 1,000 children is born profoundly deaf. For Bracknell Forest this would mean one to two children born profoundly deaf each year.⁵

According to the Royal National Institute for the deaf (RNID), approximately one in seven people are deaf or hard of hearing.⁶ This suggests the prevalence in Bracknell Forest is approximately 16,300 (all age groups, including children), 12,500 (people aged 18 years and older).

As with visual impairment, the majority of people with a hearing impairment are aged over 60. The RNID estimates that 6.5 million people over the age of 60 have age related hearing loss, (half the population in that age group).⁷

Hearing loss is the third most common long term condition, after

arthritis and high blood pressure.

There are more men than women who have a hearing impairment.

As with visual impairment, Bullbrook, Priestwood & Garth and Ascot are the wards with the highest proportion of older people and therefore more likely to have a higher proportion of people with a hearing impairment.

“There is evidence to suggest that some minority ethnic groups may experience higher levels of deafness. This is especially true of recent immigrants who have come from regions with greater levels of poverty, poor health care and low levels of immunisation against diseases such as rubella.”⁸

The Swift database shows 182 people with a hearing impairment received support from Bracknell Forest Adult Social Care in 2007/08.

On 31 March 2008, there were 17 adults registered as deaf and 125 hard of hearing in Bracknell Forest.

As stated for visual impairment, the predicted increase in the population aged over 65 over the next five years will lead to an overall increase in people requiring support of around 10.5%.

Dual Sensory Impairment and Deafblind

“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.”⁹

The term ‘dual sensory impairment’ can be used for people who have a visual and hearing impairment. The impact this has on their

lives determines whether they are defined as deafblind.

The DH estimate that there are over 2.7 million people in the UK¹⁰, with combined sight and hearing impairment, ranging from minimal to severe, including 24,000 deafblind people. This suggests there are just over 3,900 people in Bracknell Forest with a dual sensory impairment.

The estimated prevalence of deafblind is 40 per 100,000 population. This suggests there are 46 deafblind people (all age groups) within Bracknell Forest, with 35 being aged over 18.¹¹

The swift database shows 25 people with a dual sensory impairment received support from Adult Social Care in 2007/08. This is likely to increase to around 29 over the next five years.

Please see Appendix A for the full detailed quantitative needs analysis.

Public Engagement and Stakeholder Input

First Round: Qualitative Needs Analysis May - August 2008

Methodology:

It is important to ensure that a wide range of people in the community are involved in the development of the strategy. In the first round of engaging with people we approached the stakeholders and asked them to give their opinions of what support and services were working well, what could be improved and where the perceived gaps in service were. We visited people with a sensory impairment who use support and services and conducted one to one interviews with them. We talked to people who provide support in the voluntary sector and people who provide services within the PCT, the Council and the voluntary sector. Each interview was recorded and analysed into initial

findings and then summarised into a consultation paper designed to test these findings.

The key findings can be summarised as follows:

Information is very important and should be widely available in a range of formats

Training for staff in sensory awareness should be mandatory

Support groups are appreciated

Voluntary groups provide a valuable service

More support for people who are deafblind

Increase opportunities and facilities for social inclusion

Emotional support for people and their carers is important

Community safety including safeguarding from abuse and crime is important

discrimination in employment should be addressed

transport should be more accessible

equipment is very important and should be provided quickly

The findings from the first round of consultation were incorporated into a consultation paper which was widely circulated.

Second Round: Consultation October 2008 / January 2009

The consultation paper included findings from the first round of local stakeholder engagement with people who use services and staff as well as analysis of other national and local information.

This was organised into seven categories of proposed priorities based on improving outcomes for people.

The main aim of the second round of consultation was to test these ideas with a variety of stakeholders to check that the information accurately reflected needs, views and priorities. It was sent out to people and groups who had not participated during the first round and to those who had participated and expressed an interest.

Overall respondents to the consultation paper gave positive feedback about the priorities; “very good as long as they are followed up” “well done if you can achieve them all”.

Summary of the main messages were:

Reduce waiting times for assessment

Accurate information should be available “I feel safer but upset that I didn’t realise

It could be provided earlier” (smoke alarm with flashing light and vibrating pad for under the pillow).

Provide more support to carers including opportunities for breaks from caring and someone to talk to

Promote awareness of issues affecting people with sensory loss including how to communicate, provision of facilities like loop systems

Transport systems need to be improved

More counselling services should be available

Please see Appendices B and C for the full detailed qualitative needs analysis and consultation paper

The analysis of the findings in both rounds of the consultation have been incorporated into our priorities and commissioning intentions.

Financial Overview

Support provided by Adult Social Care to those with a sensory need can either be through the specialist support of the Sensory Needs Service (SNS) or by more general methods of support.

The SNS is a joint arrangement hosted by Wokingham Borough Council. Bracknell Forest Council is recharged a proportion of the costs, (approximately 13% in 2007/08) and this financial overview concentrates on this area.

Historically, the contribution towards the joint arrangement costs paid by Bracknell Forest Council has been relatively static. This is illustrated in the graph below which shows gross expenditure over the five financial years 2003/04 to 2007/08 and the forecast for 2008/09.

The total gross contribution to expenditure incurred by Bracknell Forest Council was £0.082m in 2007/08 and is expected to be at a similar level in 2008/09.

The total expenditure of the joint arrangement was approximately £0.664m in 2007/08, these costs being shared across five of the six Unitary Authorities in Berkshire. Of this amount £0.448m related to the cost of specialist and other staffing within the team and £0.216m on non pay expenditure. This includes contracts with Berkshire County Blind Society for £0.066m and RNID for £0.023m.

The major financial concerns will be the impact, in the short term, of any changes to the way the sensory needs joint arrangement operates and the medium or longer term financial impact that increasing service demand (from demographic changes) will have on the service. Should the existing service carry on the overall costs will reduce due to the transfer of staff under 'TUPE'

arrangements to West Berkshire who have confirmed their intention to withdraw from the joint arrangement. However until the cost reduction is quantified the contributions expected from the four remaining Unitary Authorities is unknown.

It should be noted that the draft budget proposals being considered for 2009/10 do not include any allowance for cost changes arising from this re-provision. Should the costs be significantly more than the current costs, reductions in expenditure elsewhere may be required.

In the medium and longer term there will be financial implications arising from increased demand through demographic changes. Until the short term changes are finalised the impact of these longer term issues cannot be assessed.

In addition to the costs of direct support provided by the SNS there will be other expenditure incurred within the Adult Social Care budget to support those with a sensory impairment. However this expenditure is not easy to identify separately, especially where the sensory need is not the main support need and so is not included in the analysis.

Key financial messages

Expenditure has remained quite stable in total over the last few years.

Changes to the membership of the Sensory Needs Service joint arrangement and potential changes to the way that service is delivered will impact financially. This cannot be fully quantified at present and has not been included in draft budget proposals for 2009/10. If significant these may require reductions in expenditure elsewhere.

The financial impact of increased demand from demographic changes will also impact in the longer term and will be considered by the Council as part of the overall budget setting process for the relevant year.

An Overview of Current Support and Services available to People with a Sensory Impairment

Care Management Teams

The Sensory Needs Service (SNS) who provide specialist skills and services, including the provision of specialist equipment, and work closely with health services and maintain registers of people with hearing and sight loss. The Older People and Long Term Conditions Team has social workers and occupational therapists trained to provide specialist assessment and support for people using services and their carers. A Sensory Needs Champion who promotes and supports the delivery of services available and links with the SNS service. The Emergency Duty Team which provides a response to emergencies outside normal working hours.

Support at Home

The Community Support and Well-being Long Term Conditions Home Support Service provides an enhanced service and support for both people with long term conditions and their families and carers to enable them to remain in their homes by delivering a flexible person centred service. External providers of home Support. The Community Response and Re-ablement Team aims to promote independence thereby reducing the need for long term care, provide short-term rehabilitation programmes, prevent inappropriate hospital admission and re-admission and facilitate timely and safe discharge from acute care.

Individual Budgets and Direct Payments

Individual Budgets will give people more flexibility about how they spend the money allocated for their care. Direct Payments are offered to people who have been assessed as eligible for requiring services or equipment, they can receive the money to purchase directly instead of having it provided or arranged by the council.

Key fact

The RNIB and SENSE have issued helpful guides to suggest ways of overcoming barriers to taking up direct payments including; reducing the burdens and risks associated with people employing their own staff, ensure reliable and speedy back up in the event of emergencies or poor quality services, provide comprehensive support in relation to all the financial aspects relating to Direct Payments, including setting up bank accounts and allow extra time for advocacy support (in accordance with Department of Health Guidance on Direct Payments).

Financial Support

Benefits Advice the Council's Assessment and Benefits Team undertake financial assessments for all people receiving chargeable services. A Disability Employment Adviser (DEA) can provide an employment assessment to identify what work or training a person is best suited to. They can make referrals to various programmes such as WORKSTEP or Pathways to Work. Access to Work provides funding and practical help and advice. It provides grants towards the costs of a support worker to help at work, travel to work costs if someone cannot use public transport, special equipment to assist the person in the workplace and alterations to the premises or working environment to make them accessible. Disabled Facilities Grant (DFG) provides funding for people to have adaptations carried out to an existing property to

enable them to overcome problems of access to facilities in their own home. The government intends to increase funding for the grant in stages between 2008 and 2011.

Key fact

The RNIB led a campaign to allow people with severe sight loss to claim the higher rate mobility component of the Disability Living Allowance.

Key fact

In an RNID fact sheet about employment for deaf and hard of hearing people they suggest that people who are hearing impaired are more likely to be out of work because they are not receiving the communication support they need for interviews, employers are not making the appropriate adjustments to the workplace and that those people who are in employment often face unnecessary barriers that stop them developing their careers. The RNID is working with employer's groups to influence policies and they provide useful information on their website for employers.

Equipment and Technology

Forestcare is the Council's 24 hour emergency response control centre. Emergency Response Officers answer calls from community alarms that they have installed in homes. Assistive technology can be described as any product or service designed to maximise independence with mobility, physical access, communication and safety. Assistive technology includes devices that form part of 'telecare', that is those linked to response teams via telephone such as community alarms.

Key fact

The Thomas Pocklington Trust research discussion paper 'Telecare and people with sight loss' advises that service provision falls into five broad areas:

Self-care: information and services

Social Inclusion: contact with others

Skills, education, training and hobbies

Mobility and use of the home

Risk management: home safety and security, health and activity monitoring.

Health Care

The Prince Charles Eye Unit at King Edward Hospital Windsor and local low vision clinics. The Audiology Department at King Edward Hospital. The Hearing Therapist at King Edward Hospital who helps people to adapt to hearing loss. The Hearing Aid Clinic at Skimped Hill Health Centre; the NHS hearing aid service is free, this includes testing, fitting and servicing; batteries are also free.

Additional Support & Voluntary Groups

Berkshire County Blind Society (BCBS) is an independent charity. They have a befriending service and make home visits, advise about and provide equipment, help with form filling and provide advice on benefits. They send a quarterly newsletter to over 300 people in Bracknell Forest and arrange for talking books to be delivered. They organise the Bracknell Blind Club which meet at the Priestwood Community Centre. The Bracknell Hard of Hearing Club meets at the Kerith Centre. The Blue Badge parking permit and Concessionary Fares Scheme. Keep Mobile a transport

system managed by a voluntary organisation to enable people to retain their independence.

Please see Appendix D for a detailed overview of current support and services.

Our Commissioning Priorities for the next 5 years

Our priorities have been influenced by what people have told us throughout the consultation and have been structured around the seven outcomes for social care in the white paper 'Our health, our care, our say' as this is the framework the Care Quality Commission will be using to measure the performance of the Council.

1. Improving Health and Emotional Well-being

“Services promote and facilitate the health and emotional well-being of people who use the services”

Our priorities for the next 5 years

Develop a specialist worker role for people who are deafblind in accordance with the guidance in LAC(2001)8 Social Care for Deafblind Children and Adults.

How we will know this has been achieved

A specialist worker will be in post, following a bid being made in accordance with Council procedures.

Our priorities for the next 5 years

Reduce waiting times for assessment and ensure all specialist equipment assessments are completed within 28 days.

How we will know this has been achieved

The new performance framework national indicators will provide evidence.

Our priorities for the next 5 years

Support and services for adults with sensory impairments will need to be reviewed in line with the expected increase in demand from an ageing population with greater life expectancy

How we will know this has been achieved

This will be included in service level agreements with providers.

2. Improving Quality of Life

“Services promote independence, and support people to live a fulfilled life making the most of their capacity and potential”

Our priorities for the next 5 years

Maximise people’s independence and ensure that they feel safe and secure within their own homes by promoting the use of assistive technology and equipment.

How we will know this has been achieved

The numbers of people living in their own homes will increase and fewer people with a sensory impairment will be living in care homes.

Our priorities for the next 5 years

Work with the voluntary sector to increase opportunities in the community for learning new skills and meeting people.

How we will know this has been achieved

There will be a range of leisure, educational and social opportunities accessible to people with a sensory impairment.

Our priorities for the next 5 years

Through partnership working increase opportunities for people with a sensory impairment to access all community facilities including accessible transport.

How we will know this has been achieved

There will be raised awareness of safety issues around the Borough. There will be suitable transport available.

Our priorities for the next 5 years

Ensure the equipment budget is regularly reviewed. Inform people about what can be provided free of charge and funding routes available if more expensive equipment is needed.

How we will know this has been achieved

The equipment budget will be reviewed annually. People will be aware of possible funding routes.

3. Making a Positive Contribution

“Councils ensure that people who use their services are encouraged to participate fully in their community and that their contribution is valued equally with other people”.

Our priorities for the next 5 years

In accordance with the Local Government and Public Involvement in Health Act continue to involve the local population in policy development and decision making. Increase the ways in which we attempt to access harder to reach groups.

How we will know this has been achieved

People with a sensory impairment using services and their carers will have more opportunities to be involved in service planning and development

Our priorities for the next 5 years

Raise the profile of the volunteer sector and make the benefits of volunteering more attractive and rewarding.

How we will know this has been achieved

There will be an increase in the numbers of volunteers.

4. Increasing Choice and Control

“People, and their carers, have access to choice and control of good quality services, which are responsive to individual needs and preferences”.

Our priorities for the next 5 years

Promote use of supported self directed assessments.

How we will know this has been achieved

The numbers of supported self directed assessments will increase and be recorded.

Our priorities for the next 5 years

Encourage and support people to be creative in the use of direct payments and individual budgets.

How we will know this has been achieved

There will be support and brokerage services available to help people to access a range of services that are flexible and responsive.

Our priorities for the next 5 years

Ensure that information is easily available which is accurate and in appropriate formats and languages.

How we will know this has been achieved

Information will be available in a range of formats like Braille, large font, audio cassette and other languages. Information will be updated regularly.

Our priorities for the next 5 years

Appropriate support should be available for those both eligible and ineligible for services under Fairer Access to Care Services Guidance (FACS)

How we will know this has been achieved

Everyone will be given information about services and support available.

5. Freedom from discrimination and harassment

“Those who need social care have equal access to services without hindrance from discrimination or prejudice; they feel safe and are safeguarded from harm

Our priorities for the next 5 years

Promote training in awareness of sensory impairment to staff groups from all sectors. Ensure the needs of people with a sensory impairment can be met by all providers.

How we will know this has been achieved

The uptake of training will be monitored by the training department.

Our priorities for the next 5 years

Respond to the relatively small numbers of minority ethnic groups whose needs are diverse.

How we will know this has been achieved

People who use services will reflect the demographic make up of the population.

6. Economic Well-Being

“People are not disadvantaged financially and have access to economic opportunity and appropriate resources to achieve this”.

Our priorities for the next 5 years

Maximise people’s access to financial benefits.

How we will know this has been achieved

The number of people receiving benefits will increase.

Our priorities for the next 5 years

Make links with local employers to help them understand the special needs of people with sensory impairment seeking employment. Encourage them to be supportive of people with caring responsibilities.

How we will know this has been achieved

Positive links with local employers will be in place and maintained.

7. Maintaining Personal Dignity and Respect

“Adult social care provides confidential and secure services, which respects the individual and preserves people’s dignity”.

Our priorities for the next 5 years

Ensure carers are supported to enable them to continue in their role.

How we will know this has been achieved

The action plan from the carer’s strategy will be monitored.

Our priorities for the next 5 years

Working in partnership, increase provision of counselling services and emotional support. Increase range of befriending services for those people isolated in their own homes.

How we will know this has been achieved

Confidence and emotional stability are key to enabling independence. National performance indicators will measure progress.

Our priorities for the next 5 years

Ensure that vulnerable adults are safeguarded from harm and exploitation.

How we will know this has been achieved

Monitor information in the annual report written by the Safeguarding Adults Co-ordinator.

Our priorities for the next 5 years

Support the right to take risks and to maximise independence and choice.

How we will know this has been achieved

Monitor support plans and feedback from people using support and services.

This commissioning strategy will be followed by a detailed implementation plan which will set out how the Council intends to achieve the commissioning priorities identified.

The Commissioning Strategy for Adults who Experience Sight or Hearing Loss or who are Deafblind and appendices A – D are available online at:

[www.bracknell-](http://www.bracknell-forest.gov.uk/sensoryimpairmentcommissioningstrategy)

[forest.gov.uk/sensoryimpairmentcommissioningstrategy](http://www.bracknell-forest.gov.uk/sensoryimpairmentcommissioningstrategy) 2009-2014 or from the Commissioning Team on 01344 351798

Footnotes

¹ LAC(2001)8 SOCIAL CARE FOR DEAFBLIND CHILDREN AND ADULTS

² 'Progress in Sight' ADSS, 2002

³ 'Prevalence of Visual Impairment in people aged 75 and older in Britain: results from the MRC trial of assessment and management of older people in the community', JR Evans et al, Br.J. Ophthalmol. 2002;86;795-800

⁴ 'Progress in Sight', ADSS, Oct. 2002

⁵ Current population of children aged '0' is 1500, so 1.5 children per year born profoundly deaf.

⁶ www.rnid.org.uk/information_resources/aboutdeafness/causes/age

⁷ "Hearing the Future: What's new in deafness, hearing loss and tinnitus research?" RNID, Nov. 2007

⁸ http://www.rnid.org.uk/information_resources/factsheets/deaf_awareness/factsheets_leaflets/facts_and_figures_on_deafness_and_tinnitus.htm#people

⁹ Social Care for Deafblind Children and Adults, Policy Guidance, Department of Health (DH), LAC(2001)8

¹⁰ "Cause and Cure DeafBlind: People's experience of the NHS", Deaf Blind UK, 2008

¹¹ Prevalence rate - Social Care for DeafBlind Children and Adults, LAC 2001(8), Department of Health. Population - Office for National Statistics, data extract July '08