

# **Training Needs Analysis for the Rehabilitation Officers for Visually Impaired People in Wales 2010.**

## **Background to the Project.**

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## **Background to the project.**

### **1. Rationale for the project.**

The introduction of the National Occupational Standards for Sensory Impairment Workers and the resulting Qualification Credit Framework will make it possible to measure the services provided by ROVIs and so establish a continuous professional development programme aimed at raising the standard of rehabilitation services available to visually impaired people in Wales.

The Welsh Rehabilitation Officers Forum (WROF) approached the Welsh Assembly Government in early 2009 asking for formal registration to practise in Wales through the Care Council for Wales to bring the profession in line with para-professionals such as Social Workers. The Health and Social Services Minister, Edwina Hart, suggested we work with her Deputy Minister, Gwenda Thomas, as she is responsible for the registration of social care staff and she in turn asked us to work on the proposal with Steven Vaughan of the Social Services Improvement Agency. Mr Vaughan managed to secure some funding for the project and a management board was set up to achieve this research and advise on the way forward once the data was collected.

## **2. Management board composition.**

Project Manager	Alun Roberts
WAG/SSIA Representative	Steven Vaughan
WCB (Board Chairman and administrator)	Phillip Stephens
Third Sector Representative	Sharon Beckett (from Sight Support)
Statutory Sector Representative	Barbara Dwyer (from R.C.T.)

## **3. Objectives Sought.**

1. To establish the spread of ROVIs throughout Wales.
2. To record the level of qualification of the ROVIs in Wales.
3. To establish the level of continuous professional development training currently available to ROVIs in Wales.
4. To learn from the ROVIs in Wales what further training/development they feel they need to better do their jobs.
5. To understand the referral routes to every ROVI in Wales.
6. To establish the management/supervision methods of the in Wales.

#### **4. Methodology / Summary of the Process.**

Wales Council for the Blind report that their previous attempts to survey the visual impairment services available across Wales have too often produced patchy data collection due to inconsistent engagement with surveys by respondents, reducing the scope and impact of the data published. As a result it was decided that, as ROVIs were the respondents for this research, then a Senior ROVI would be best placed to produce and present the questionnaires and gather the answers by directly interviewing as many ROVIs as possible face to face in their places of work. The Senior ROVI would then compile the report using the data gathered plus their own experience and knowledge of the role of a ROVI and their management.

The questionnaires and project management were undertaken by Alun Roberts who is the Senior ROVI in Powys Social Services and is also the Chairperson of WROF. Alun has worked in the visual impairment field for over 20 years in both the statutory and the voluntary sectors. Alun was seconded to complete the research starting in March 2010.

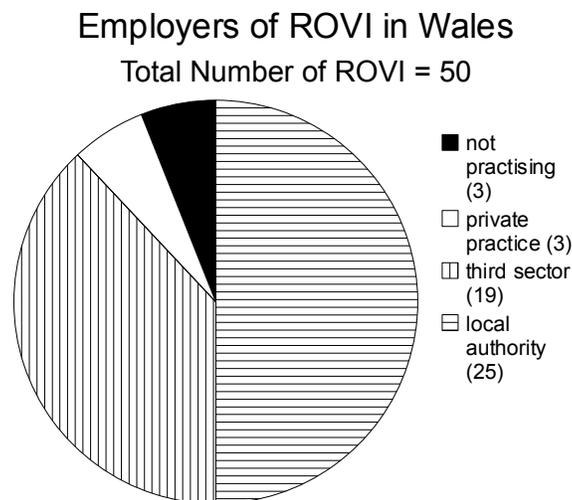
The questionnaires can be found in the appendices.

Careful thought was given as to ethical implications that may be encountered and these were discussed within the management board monthly meetings. Confidentiality for researcher and participants in the information gathering process was recognised as essential and guidance set by the management board. All participants were briefed as to confidentiality at their interviews.

## Structure of the Welsh Rehabilitation Services.

### 1. Numbers of ROVIs employed in Wales.

The numbers of Rehabilitation Officers (ROVIs) practising in Wales has grown considerably since the early 1990's when only twelve qualified posts were held in the whole country. Today Wales is able to record a total of 50 fully qualified ROVIs with every county reporting either through directly employed workers or via contracted workers that rehabilitation for visually impaired people is a service on offer as an outcome of an assessed need.



#### Pie Chart Data:

Total 50 ROVI

- 25 are directly employed by a Local Authority.
- 19 are employed in the Third Sector, on contracted terms into a LA.
- 3 are self employed and contract with LA's and work privately.
- 3 are currently not practicing, but would to return to practice in the future.

## **2. Qualifications held by ROVIs in Wales.**

The methods of gaining professional qualifications to become a ROVI have changed over the years.

### **How we got to “ROVI”.**

Following on from the role and educational standards set by the original Home Teachers for the Blind, careers in the visual impairment field diversified into 3 roles: the Mobility Officer; the Technical Officer; and the Welfare Officer. These professionals gained a Certificate of Education in either subject area in order to practise. These certificates were some of the first formally explicit, recognised and demanded qualifications within the social care workforce. During the late 1970s and early 1980's research identified the inefficiencies and overlapping service of these 3 individual officers, and recognised that this form of service provision was unnecessarily intrusive, offered inconsistency of restorative service and approach and had a time consuming impact on service users. The recommendation and welcomed result was the development of the Rehabilitation Officer for the Blind, familiarly known as a ROB - one specialist worker who could fulfil all three roles through provision of a holistic, focused rehabilitation needs assessment and service. The Rehabilitation Officer role was initiated by the creation of a new singular certificate: the Rehabilitation Officer Certificate. This new certificate was available to those wishing to join the visual impairment field. For the existing workforce MOs, TOs and WOs additional educational opportunities were offered and each was encouraged to “top up” their existing qualification to gain certificated status that matched the new Rehabilitation Officers. Hence many original Mobility Officers talk about having a mobility

certificate and a “TO” top up or vice versa. Many of the Welfare Officers for the Blind chose not to take the educational opportunity towards the practical aspects of their MO, TO colleagues and leant instead towards opportunities in Social Work.

The R.O.B. title converted into the ROVI title during the 1990s when culturally many terms used within the health and social care sector were challenged and concluded as being inappropriate or regarded as derogatory. The usage of the term visually impaired was introduced and has remained preferable to the term blind.

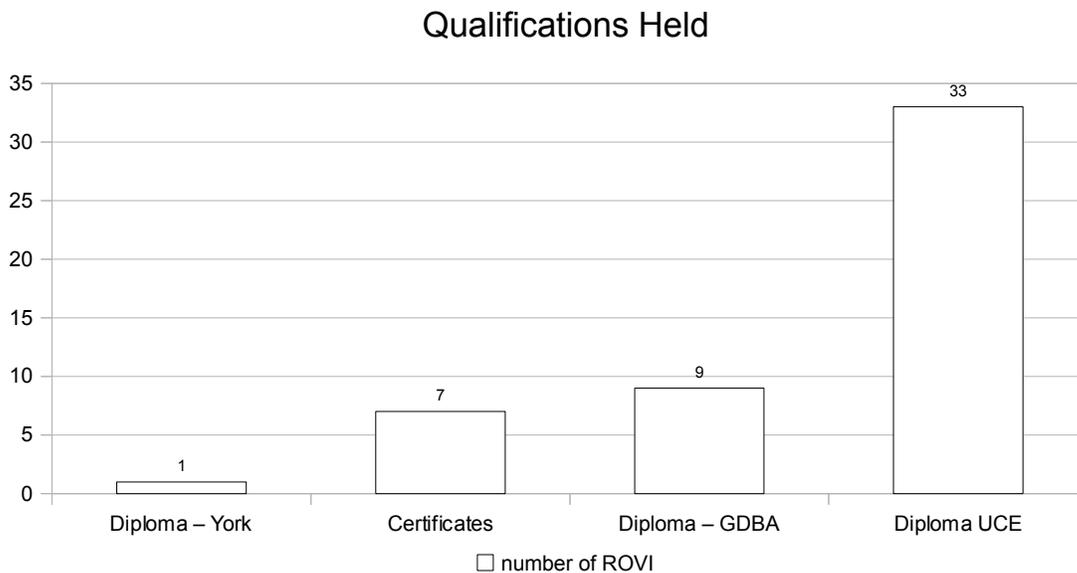
To keep pace with educational and employer desire the certificate evolved into a Diploma in Higher Education in Rehabilitation Studies during the mid 1990s. This was partly provoked in line with the introduction of the Diploma in Social Work for one of our fellow para-professions. At the time ROVI’s holding certificates were offered and encouraged to “top up” educationally, and gain the diploma. Not all took this opportunity and some still hold their original certificates.

In 2009 after much consideration the universities have phased out the Diploma and introduced a Foundation Degree in Rehabilitation, but as yet no one will gain this qualification until July 2011. The existing workforce has again, been offered the opportunity to add educational credit to their diploma qualifications to achieve the Degree status.

The progression of social care professional qualifications has closely followed the greater expectation and accountability required in the modern day. ROVI’s need to have a full understanding of the various legislation governing social care, and must demonstrate an ability to

interpret and apply acts of legislation to their practice for example during the assessment process considering and evidencing mental capacity. This situation required that the ROVI qualification must continue to develop and reflect these expectations. Continuous professional development training packages must be made available at the same high standards to enable already qualified ROVIs to meet their professional responsibilities.

The breakdown of qualifications held by the Welsh ROVIs and where these qualifications were achieved is as follows:



### **3. What is a modern day ROVI and what should be expected of the profession?**

A fully qualified ROVI is the only specifically trained professional in the visual impairment field who can:-

1. Complete a full social care and functional vision assessment.
2. Draw up a resultant habilitation/rehabilitation plan.
3. Provide the required habilitation/rehabilitation training (which is aimed at enabling the level of independence that the visually impaired client wishes for themselves as identified within the assessment).
4. Measure/monitor the whole process whilst reviewing the effectiveness of the input.

The work of the ROVI is always in line with both national and local social care legislation and policies, and clearly adheres to the local assessment and recording policies of the employing and or commissioning organisation.

Additional areas of responsibility for a ROVI are:-

1. Holding and managing the blind and partially sighted registers.
2. Visual impairment awareness training.
3. Strategy/policy development with employers for all aspects involving visual impairment.
4. Liaison with health colleagues in both the primary and secondary sectors.
5. Liaison with both national and local third sector organisations.
6. Local user consultation to monitor/improve local service provision.

The management of ROVI must always take into account the sensory impairment national occupational standards produced in 2008/9 and also ensure that all continuous professional development training is in line with the new qualification credit framework. The future registration to practice for ROVI's will make the above mandatory. The nature of the ROVI specialism requires that technical supervision from a senior and experienced ROVI is essential.

The intrinsic elements of a ROVI's profession are the five main areas of potential input, which are always individually focused and prioritised for every client, are as follows:-

### **Mobility**

To include sighted guide training; pre-cane techniques; body protection; correct use of all forms of white cane aimed at safe efficient independent mobility that the clients wishes for themselves, where practical; orientation skills; and to develop haptic and tactile skills and kinaesthetic awareness.

### **Communication**

To include all forms of access to communication such as telephone, both land line and mobile; reading print; writing; Braille; Moon and where needed Deaf/Blind manual or block alphabet.

### **Independent Living Skills**

To include the teaching of new skills or adapted practice for all areas of daily living.

### **Low Vision**

To include the provision of information concerning diagnosis of eye conditions; the teaching of null point techniques; the teaching of eccentric viewing techniques; the teaching

methods for using all low vision aids both optical and non-optical; using lighting to its' best advantage as well as colour, contrast sensitivity and magnification.

### **Psychological Aspects of Sight Loss**

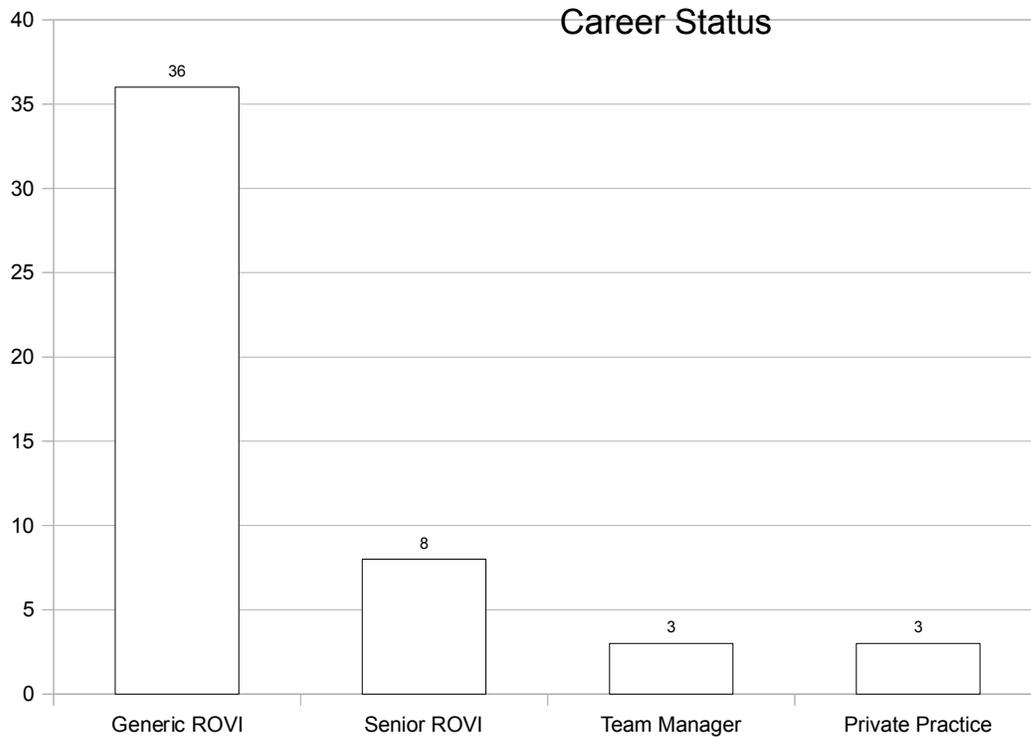
To include knowledge of, and use appropriately, skills around grief and loss theories regarding all matters concerned with sight loss.

In order to practice these elements a ROVI will also have to be highly skilled at teaching and learning techniques. They will need to establish within their assessment the learning style of the client and so compile a teaching strategy appropriate to the client and the skills that are to be taught and learnt.

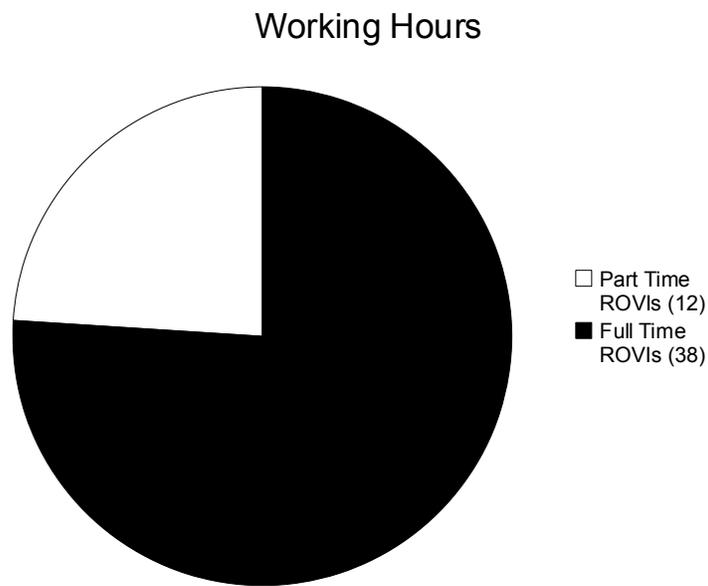
The visual impairment assessment and rehabilitation plan can only ever be produced by a fully qualified ROVI and in the main the same ROVI will provide the rehabilitative input. Therefore the ROVI can be seen as both an assessor and a provider. In some circumstances, particularly when group work with clients is undertaken, the ROVI may require the assistance of other support staff. In all these cases the ROVI will supervise the input of the support staff and so take full responsibility for the implementation of the rehabilitation plan and the safety and effectiveness of the input. At no time should the assessment, rehabilitative planning or the resultant rehabilitative input, including the provision of equipment, be provided solely by support staff.

#### 4. Details of all Professionals working in Visual Impairment in Wales.

The employment of the 50 ROVI in Wales sub-divides as follows:



These workers further subdivide as 12 part time workers and 38 full time workers. Of the 12 part time workers, 3 are the ROVIs in private practice which can often be sessional work, 3 are workers directly employed by a Local Authority, and the other 6 are employed by the Third Sector.



The complete breakdown of professional social care workers in the visual impairment services in Wales by county is as follows (N/A = role not existing):

AREAS	NUMBER OF QUALIFIED ROVIs	NUMBER OF NON QUALIFIED ASSISTANT ROVIs	NUMBER OF QUALIFIED MOBILITY OFFICER (ADULTS)	NUMBER OF VI SOCIAL WORKER /CARE MANAGERS
ANGLESEY	2	N/A	N/A	N/A
BLAENAU GWENT	1	3	N/A	1
BRIDGEND	2	1	N/A	2
CAERPHILLY	2	N/A	N/A	N/A
CARDIFF	1	1	N/A	2
CARMARTHEN-SHIRE	2	2	N/A	N/A
CEREDIGION	1	N/A	1	N/A
CONWY	1	1	N/A	2
DENBIGHSHIRE	3	1	N/A	N/A
FLINTSHIRE	2	1	N/A	N/A
GWYNEDD	2	N/A	N/A	N/A
MERTYR TYDFIL	1	N/A	N/A	N/A
MONMOUTH-SHIRE	3	N/A	N/A	1
NEATH - PORT TALBOT	1	1	N/A	2
NEWPORT	1	N/A	N/A	4
PEMBROKE-SHIRE	2	N/A	N/A	N/A
POWYS	3	1	N/A	N/A
RHONDDA - CYNON - TAFF	5	1	N/A	N/A
SWANSEA	2	1	N/A	4
TORFAEN	1	1	N/A	2
VALE OF GLAMORGAN	1	N/A	N/A	2
WREXHAM	3	1	N/A	2
<b>OTHER GUIDE DOGS</b>	N/A	1	2	N/A
NON PRACTICING	3	N/A	N/A	N/A
PRIVATE PRACTICE	4	N/A	N/A	N/A
ST DUNSTANS	1	UNKNOWN	N/A	UNKNOWN
<b>Total</b>	<b>50</b>	<b>17</b>	<b>3</b>	<b>24</b>

**GRAND TOTAL = 94**

## **5. Current Availability of Continuous Professional Development Training.**

This area splits into two very distinct sections, firstly the specialist training that a ROVI will need to maintain their professional standing and practice, and secondly the training needed by any worker in a local authority workplace which establishes local and national policies.

Access to both these types of CPD is dependent upon the employment of the ROVI, either directly or contracted into a local authority from the Third Sector. In addition the professional isolation of many ROVIs, has led to many being left out of the information loop of the local authority training departments and so details of what training is available in-house and what training is mandatory for all social care workers has been lacking.

Particular areas of training that many ROVIs lacked awareness of, or compliance with were timescales and processes for assessments, recording of information and reporting protocols. There was not clear evidence of adherence to a lone worker policy and alarmingly Protection of Vulnerable Adults training, Mental Capacity Act training, Safeguarding and Child Protection training had not been completed in many cases.

Many of the ROVIs interviewed had little knowledge of what training they should be having or their responsibility and full duty of care in their local environs. This research has raised awareness of this situation and so some ROVIs have since fed back that they have contacted their local authority managers and training departments to find out about, and request inclusion in, future training programmes.

The picture regarding specific specialist training for ROVIs seems to be a better one with Third Sector organisations such as RNIB Cymru, Wales Council for the Blind, Sight Support, Vision Support and Deafblind UK providing various training opportunities within the visual impairment sector. Since its inception the Welsh Rehabilitation Officers Forum has also provided targeted, needs-led training as part of its annual conference.

The only issues concerning the CPD for ROVIs in Wales, is what is needed, and at what level should it be provided which this research has gone some way to answering. An outstanding question for the future is how can we ensure that all future CPD for ROVIs is accredited in line with the qualification credit framework so that every ROVI will have a learning record plan which helps them and employers focus their careers.

## **6. Continuous Professional Development Requirements as highlighted by the ROVIs of Wales.**

It is important to note that a small numbers of ROVIs in Wales still have the Certificate in Rehabilitation as their professional qualification. Although this does not preclude them from doing their jobs, applying for future ROVI jobs, or achieving promotions some have expressed interest in updating their qualification to at least Diploma level. In addition some ROVIs who already hold the Diploma have expressed interest in upgrading their qualifications to the Degree, or even Masters Degree, level. The availability of these so called “top ups” is via the universities and negotiation for completing and funding this training must be done with the ROVI's employer and the university directly.

## **7. Requested Continuous Professional Development Training.**

### **i. Mandatory**

- All ROVIs understand that they have a personal responsibility to attend to any gaps in training they may have in areas considered to be mandatory training for social care workers both nationally and locally.

### **ii. Refreshers of aspects of the ROVI training course to include**

- Mobility training
- Low Vision
- Anatomy, Physiology and Pathology of the Eye
- Independent Living Skills training.

### **iii. Teaching and Learning Theories to include (these were requested at both basic levels and even at Post Graduate Certification in education level)**

- Influencing Attitudes to Learning
- Establishing and developing Motivation
- Coaching Skills
- Group Working
- Presentation Skills

### **iv. Specific areas requested of awareness-raising and self-development.**

- Risk Assessment
- Learning Difficulties with Visual Impairment
- Multi-Disabilities with Visual Impairment
- Acquired Head Injury with Visual Impairment
- Stroke with Visual Impairment
- Dementia with Visual Impairment
- Autistic Spectrum with Visual Impairment

- Mental Health with Visual Impairment
- Substance Misuse with Visual Impairment
- Ageing and Related Issues including sight loss
- Deaf and Hard of Hearing Issues
- Deafblind Assessment and Service Provision Skills
- Community Care Legislation
- Commissioning and Managing out of County Placements
- Time Management
- Bereavement and Loss Theories and their impact on Practice.
- Finance/Budget Management (relating to managing equipment budgets)
- Access Auditing
- All aspects of working with Children with Visual Impairment
- Assessment and processes across transition
- Advanced Low Vision including therapy input
- Lighting
- Advanced Mobility Skills
- Advances in Medication and Treatment for people with sight problems.
- Basic Computer skills including Local Authority systems.
- Advances in Information Technology for workers and clients
- First Aid
- Hygiene and Food Handling

## **8. Adherence to Benchmarking guidelines.**

During all the interviews to complete the questionnaires it was evident that the adherence to the principles of the Visual Impairment Benchmarking guidelines has been open to wide interpretation or not impacted or influenced every county's service delivery. The re-invention of the bench marking process into regional meetings to discuss and implement the benchmarking principles is aimed at achieving wider involvement in the process means that direct comparison at this time is not relevant. Perhaps this requires further research once the renewed localised bench marking groups have met to establish a way forward for the bench marking process. One particular suggestion for this future research is to look more broadly at how visual impairment is responded to by each local authority with specific reference to all the professionals who may be required to be involved with this service.

## **9. How ROVIs are managed.**

The management of ROVIs is dependent upon who employs the them. When employed directly by a local authority, the management route is dependent upon the team identity e.g. either a Sensory Services Team, an Occupational Therapy Team, or a Physical Disabilities Team. This situation is then further dependent on what qualification the manager of these teams has. The manager may be either a qualified ROVI, a Social Worker, or even an Occupation Therapist, who again could either be a social worker or an occupational therapist. In the Third Sector the management of ROVIs is part of the rehabilitation contract held with the local authority and so management is mainly done by the Third Sector CEO and supervision from qualified ROVI.

Ideally the best case scenario would be that all ROVIs receive technical supervision from a more senior, experienced ROVI who will have had appropriate supervisory training and distinguishes the role of management from that of supervision. This model is already established in-house at Rhondda-Cynon-Taff, Powys, Carmarthenshire and Caerphilly local authorities and by Third Sector providers

All ROVIs in Private Practice report availability to Senior ROVI supervision.

The ROVIs employed directly by Local Authorities are managed/supervised as below:-

- 4 Local Authorities provide Senior ROVI management/supervision;
- 3 Local Authorities provide Physical/Disabilities Team management/supervision from a Social Worker;
- 5 Local Authorities provide Occupational Therapy management/supervision from an Occupational Therapist.

## **Conclusions.**

The future registration of the ROVI profession in Wales is vital to raise the status and understanding of the profession to not only protect the professionals but also the employers and most especially the visually impaired clients that they work with. The very nature of the specialist role of the ROVI often leads to professional isolation within an employing organisation which has been a contributing factor resulting in some varied and inequitable services across Wales.

I have witnessed some excellent, well structured, rehabilitative input such as quick response times to referrals and also timely recording of assessments and rehabilitative input which fits in with community care legislation. During the interviews I was made aware of some very well focused and skilled rehabilitative input and it is evident that the ROVI work force across the country is determined to supply the best possible rehabilitation service. Unfortunately not all services seemed able to meet these goals, particularly where managers of the ROVIs appear not to understand clearly the complexities of the ROVI role and the impact that can be achieved for both clients and employers. Where the ROVI profession is understood and properly integrated into the employers' community care processes, the knock on effects are more timely and focused rehabilitative input from the only specifically trained professionals in this field. The process of registration will no doubt encourage all employers to look at how they provide services to the visually impaired population which will clearly lead to more measured, evidence-based outcomes for the profession and services users.

The ROVIs in Wales have their own professional body, to which they all belong, known as the Welsh Rehabilitation

Officers Forum (WROF). This organisation has unanimously promoted the idea of the profession's registration as well as a structured continuous professional development training package.

Continuous professional development needs to be both relevant to the professional and demonstrate that it has had a positive influence upon the practice of the professional. Therefore merely attending a training course and ticking it off one's list cannot be enough. The evaluation of all learning must become as important as the learning itself. Therefore an evaluation process must be developed to enable the professional to detail how the CPD has influenced their practice either through a professional log and or through the supervision process. This log or portfolio would mirror that of our Therapist colleagues who have the completion of such a portfolio as an integral part of their registration process.

The recommended method of recording the details of the CPD achieved by a ROVI is a formal "Portfolio" which will follow the ROVI throughout their career. This portfolio will evidence and measure their qualification, all CPD and be used as a tool to enable their professional registration.

This portfolio will be requested at random at the time of the re-registration of the profession in Wales and will be used as a sample of the whole profession to establish if the criteria for re-registration have been met. As we have 50 ROVI's in Wales all requiring registration to call up all their portfolios would be unwieldy and so I suggest that 10 to 15 could be called up at random at the time of re-registration to represent the profession. The random nature of this call up of portfolios will ensure that all ROVI's will maintain such a portfolio as theirs could be called up at any time. Therefore

it is recommended that every ROVI maintains their own portfolio on at least a monthly basis to ensure compliance with the process. Time for the maintenance of this portfolio will have to be provided by employers as it is in everyone's interest for all ROVI's to reflect upon their practice regularly. The portfolio could also be used as a supervision tool.

The content of the portfolio will need to represent both the profession and the registering body, in this case the Care Council for Wales, and so the final required content of the portfolio is open for debate but I suggest that it will take the following shape:-

- Full details of the formal professional ROVI qualification held.
- Full details of the employer including the ROVI's job description
- Evidence of all CPD completed prior to the registering period to include that which is time limited.
- Evidence of the CPD completed within the registered period by way of certificates gained, course evaluations, case write ups showing evidence that CPD has influenced practice.
- Any evidence of best practice provision
- Evidence of the frequency, quality and value of any supervision either technical or managerial

Professional isolation is a problem for many ROVIs in Wales, particularly where they are the only specifically trained visual impairment professionals within an employing organisation. This has lead to professional morale being very low. If we look at how we can develop the supervision of ROVI's we will help avoid this isolation and so develop a better understanding of what kind of impact that a properly

trained, valued and professional ROVI can have on their clients but also on the employer's wider services and workforce.

Good, knowledgeable feedback and supervision rewards, praises and acknowledges efforts and outcomes. It also helps to keep workers inspired and interested in their own performance, and identifies training needs and motivates workers to develop. In addition it can challenge bad practice and evoke performance that is evident of reflective practice.

The working environment can either engender a ROVI with a sense of frustration at not being understood, of being overlooked or excluded and therefore this can lead to low self-esteem and an attitude that as a lone voice a sense of hopelessness and disbelief in one's own ability to effect change in policy etc. Otherwise it could result in a very positive outward thinking worker, who is actively encouraged into promotion and is invited and supported to challenge decisions and services constructively.

Internationally published, properly researched evidence of the positive impact of rehabilitation for visually impaired people is sadly lacking and we have an opportunity to put this situation right. Gathering the anecdotal evidence that we all have that rehabilitation works is essential. Further research in this area could formally demonstrate that rehabilitation enables visually impaired people to achieve more independence, improve their life skills, develop more confidence and maintain self-reliance. In addition it could show local authorities and the Welsh Assembly Government that maintaining existing ROVIs and expanding their numbers within core service provision, means that visually impaired people have more fulfilled lives and become less of

a draw on expensive resources such as home or residential care.

## **Recommendations.**

- Registration to practice as a ROVI in Wales as soon as is practical.
- Formal recognition of the Welsh Rehabilitation Officers Forum as the professional body for ROVI in Wales. In addition recognition that one of the roles of this professional body is to approve all CPD as meeting the needs of the profession.
- Formal introduction of the CPD package highlighted in this analysis.
- The introduction of a formal training portfolio for all ROVI in Wales detailing all CPD and its influence on practice and professionalism.
- Improved access to regulated technical supervision for all ROVI.
- Formally establish employer backed peer support groups for ROVI.
- Assessment of current supervision of ROVI.
- Formal supervision training for Senior ROVI's who are in a supervisory role or may be in the future.
- Management training for Senior ROVI.
- Training for ROVI managers regarding what they should expect of the ROVI role.
- Funding for continued research into the impact of visual impairment rehabilitation.

## **Other information that came out of interviews.**

- The average open case load for a ROVI is 23.88
- The average county waiting list size is 29.86 referrals.
- The average county waiting time is 6.82 months
- The longest county waiting time for a ROVI assessment and input is 30 months

- The shortest county waiting time for a ROVI assessment and input is 24 hours
- The average waiting list for a county employing a contracted ROVI from the Third Sector is 32.4 referrals.
- The average waiting time for a county employing a contracted ROVI from the Third Sector is 9.2 months
- The average waiting list for a county employing their own ROVI or ROVIs is 27.75 people
- The average waiting time for a county employing their own ROVI or ROVIs is 4.83 months

Formal additional qualifications specific to the ROVI role held were very thin on the ground but those held were of an excellent quality:

- Two ROVIs also hold Social Work qualifications.
- Two ROVIs have the ACE Visually Impaired Children Qualification.
- One ROVI who manages a Sensory Team also has a Management Degree.
- One Senior ROVI also has a Low Vision Degree.
- One Private Practicing ROVI also has a Post Graduate Certificate in Education.
- 13 Counties have ROVI led services in that referrals for visually impaired clients go directly to the ROVIs.
- 9 Counties have Social Work Led services in that all referrals for visually impaired people go to Specialist Visual Impairment Social Workers who once they have assessed a client they decide if a referral to a ROVI is necessary.
- Perhaps due to the level of professional isolation very few ROVIs knew or understood their county's eligibility criteria and how it applied to their referrals.

- In most cases referrals for visual impairment assessment and or service provision including rehabilitation were believed to come from “everywhere” i.e. Hospitals, GPs, Optometrists, Orthoptists, clients themselves, friends, family, all levels of Social Care Workers, Education Departments, Housing Departments, the Third Sector, etc.
- In addition very little knowledge was demonstrated on how a County screened referrals at Contact Centres which could result in no referral being taken at all following contact.

Appendices.