

Rehabilitation for people with sight loss in Wales

This report has been developed by the Wales Vision Forum for the Cross Party Group on Vision Impairment. The work has been led by Wales Council of the Blind in partnership with WROF, (Welsh Rehabilitation Officers Forum), the professional body representing Rehabilitation Officers for Vision Impairment (ROVIs). The Wales Vision Forum represents the collective views and concerns of organisations with and for people with sight loss across Wales.

In recent years, we have seen a decline in the number of vision rehabilitation officers in Wales. As a result, many blind and partially sighted people are failing to receive the vision rehabilitation support that they need in a timely manner. This crucial support reduces the pressure on other services such as health and wider social care services. We are already under-resourced in this field and there are no clear plans for workforce renewal. With the number of blind and partially sighted people expecting to increase by 32% by 2030 and double by 2050 this situation will worsen dramatically if no action is taken. It is essential that local authorities invest in this workforce now. This paper outlines the problem in more detail and asks that Local Authority Social Care departments address the situation as a matter of urgency.

The Social Services and Wellbeing (Wales) Act 2014 came into force in April 2016. The Act places a statutory duty on local authorities to provide a preventative approach to meeting people's care and support needs, including minimising the effects of impairments. It is not possible to deal with sight loss without Rehabilitation as those new to the situation have to learn new ways to accomplish essential tasks and to be introduced to a range of equipment and techniques to avoid injuries and falls and mitigate or defer the need for longer term care.

The role of the Rehabilitation Officer for Visually Impaired (ROVI) is to build confidence; provide emotional support; regain lost skills and teach new skills; and maintain and promote independence and choice. These skills will enable people with sight loss to live safely and contribute to society as active citizens.

Rehabilitation is about helping people to do things for themselves and live safe independent lives. Early intervention is crucial to reduce the need for further ongoing support from already overstretched services. Early intervention also helps to tackle loneliness and social isolation, which are priorities for Welsh Government.

The Wales Vision Forum's State of the Nation report: Services to Adults with sight loss in Wales¹, evidenced a postcode lottery of Rehabilitation services across Wales, impacting negatively on blind and partially sighted people.

- Only 8 local authorities in Wales currently meet the Association of Directors of Adult Social Services and Social Services Improvement Agency's set minimum standards of 1 ROVI per 70,000 of the population (see Appendix 1).
- In some areas of Wales **people are waiting upwards of 12 months to see a ROVI.**
- Where the minimum standard of 1 ROVI per 70,000 is met, people are seen in a timelier manner.

There is already a backlog of people in Wales waiting for vision rehabilitation intervention. The reasons for this are complex, but include:

- Vision rehabilitation is not always seen as a high priority by local authorities, resulting in a shortage of specialist ROVIs. This number is in decline.
- In some areas referral pathways are clearer than in others, creating more referrals to the service. For example, during the pandemic the ROVI in Torfaen has provided training to social care colleagues on the ROVI role and referral pathways and the benefits they bring. This has resulted in more referrals to the ROVI.
- A ROVI must undertake a two-year foundation degree course. The cost of this training is expensive (£12k) and many Local Authorities, over many years, have been unwilling to commit funding for this purpose.

¹ http://www.wcb-ccd.org.uk/wales_vision_forum.php

- The process of issuing Certificates of Visual Impairment (CVI) can be slow, impacting on the offer of rehabilitation support and Registration.
- Individuals are largely unaware of their rights, and the nature of support that should be available.
- In response to coronavirus, some local authorities have suspended face-to-face rehabilitation services, and ROVIs are unable to carry out normal duties.
- During the coronavirus pandemic, in every authority in Wales assessments are being carried out over the telephone and rehabilitation plans are being drawn up that cannot be delivered. We therefore predict an increase in the number of people with sight loss waiting for rehabilitation as a result of Covid 19.

Financial value of rehabilitation

Research into the “Sight for Surrey” vision rehabilitation service in 2015/16 evidenced a cost of **£1,300 per referral**. Evidence of the cost savings made by effective rehabilitation can be found in research by the Office for Public Management’s study to assess the economic impact and value of vision rehabilitation services in England².

The report **Demonstrating the Impact and Value of Vision Rehabilitation**³ evidenced that the financial value resulting from rehabilitation may significantly outweigh the financial costs of delivering remedies from the health and social care sector. This equates to an average saving of £4,487 per referral.

Visual impairment is strongly associated with falls and hip fractures. The rate of falls in older people with visual impairment is 1.7 times higher than other older people of the same age, with hip fractures 1.3-1.9 times higher. A home safety assessment, modification and coping strategy programme delivered by an

² Demonstrating the impact and value of vision rehabilitation, August 2017
<https://www.rnib.org.uk/sites/default/files/Demonstrating%20the%20impact%20and%20value%20of%20vision%20rehabilitation%202017.pdf>

³ OPM Group – Demonstrating the impact and value of vision rehabilitation – A Report to RNIB [August 2017]

occupational therapist reduces these risks by 41%⁴. Giving that falls in Wales are estimated to cost the NHS £67 million per year⁵ and that half of those are directly attributable to sight loss early rehabilitation interventions are likely to have an enormous impact.

The scarcity of Rehabilitation Officers⁶

Rehabilitation Officers for Visually Impaired People (ROVIs) are the only specialists qualified to work with people with sight loss and who are trained to support, enable and teach visually impaired people the specific skills to lead independent and fulfilling lives.

The role could be described as similar to that of an occupational therapist (OT) in that it is structured, holistic support but specific to adapting to sight loss. ROVIs are trained in the principles and practices of habilitation (learning new skills) and rehabilitation (relearning or adapting known skills and concepts), and work closely with service users to develop and implement an individual rehabilitation training programme. This work will take place in the person's home but also in the community to support social activities, employment or further education and to link with local support agencies and national organisations. They also work closely with a vision impaired person's family and carers providing the emotional support and confidence needed when adapting to sight loss, as well as with other professionals involved in the person's support.

⁴ Scuffham, P.A., Legood, R., Wilson, E.C.F. (2002) The incidence and cost of injurious falls associated with visual impairment in the UK, *Visual Impairment Research*, 4:1-14, 2002.

⁵ The cost of poor housing in Wales, Davidson, Nicol, Roys and Beaumont, Shelter Cymru and the BRE, 2011

⁶ Michelle King, Integrated Community Services Manager – CRT, Bridgend

The Rehabilitation Officer role

The core elements of the Rehab Officer role include:

- Assessment – specialist assessment of a person’s vision needs, identifying any visual difficulties and appropriate goals, agreeing and implementing the rehabilitation action plan, reviewing and recording progress.
- Eye conditions – non-medical knowledge and understanding of how the eye functions and the effects of eye conditions, regularly associated with other long term health conditions such as strokes, diabetes.
- Low vision – specialist knowledge and skills on low vision devices and magnifiers, high-tech video magnifiers and close circuit TV, the use of non-optical devices, and training a person to make the most of their vision by using specific sight strategies
- Orientation and Mobility – mobilising visually impaired people to get about safely both indoors and outdoors. Providing training in the use of mobility aids, such as white canes. Route training in specific areas e.g. teaching the route to the shops or work or college. Developing specific orientation techniques and building confidence to become an independent traveller.
- Independent Living Skills – developing a visually impaired person’s activities of daily living. For example, kitchen skills, making a hot/cold drink, preparation of small snacks and cooking a meal, laundry, household tasks, managing money. Skills for managing personal care, such as applying make-up, shaving and dressing, and identifying and taking medication appropriately and safely.
- Communication skills – developing communication and information skills for visually impaired person whether they use written formats, and read large print, using the telephone, tactile formats such as Braille, accessing audible information, using IT equipment, tablets, mobile phones with specialist software and Apps that enable access to the internet and other information routes.

ROVs are university trained and academically qualified to a minimum Foundation Degree level in Health and Social Care (FdSc Rehabilitation Work (Visual Impairment)) or equivalent.

Work force planning

There will be variations in the minimum standard of 1 ROVI per 70,000 such as where referral pathways to and from the third sector and LVSW are well established (see below). In addition to this, many rural counties will require more than 1 ROVI per 70,000 as much of their time is spend on the road. These factors will need to be considered by each local authority when developing a workforce plan. For example, Anglesey has 1 ROVI (which meets the minimum standard) and has established referral pathways to third sector and LVSW. However, Powys, due to the size of the County and there being no regional sight loss charity, would require more ROVIs per population. This has been recognised and Powys continues to be an example of good practice with 2.8 ROVIs in a population of 132,435. They have also planned for the future and have 2 students enrolled on the Rehabilitation Work (Visual Impairment) – FdSc.

It is recommended that local authorities invest in this workforce and develop a workforce plan for the next 3, 5 and 10 years. WCB has received funding from Welsh Government to work with local authorities, Wales Vision Forum and Welsh Rehabilitation Officers Forum to plan what is being done to achieve this.

Referral pathways to and from third sector and low vision service Wales

It is worth noting that rehabilitation services are not consistent across Wales. In addition to this, Rehabilitation Services are also benefited greatly where there is local support from the third sector, as well as Low Vision Service Wales accredited practitioners. Third sector partners provide added value by enabling people with sight loss to make grant applications, learn digital skills, and access befriending and emotional and peer support.

Recommendations

The Wales Vision Forum recommends that: -

Every local authority adopts the minimum standard of 1 ROVI to 70,000 (minimum standard) and makes a commitment to invest in training of ROVIs by July 2021;

All local authorities establish a clear referral pathway to and from Low Vision Service Wales;

<http://www.eyecare.wales.nhs.uk/low-vision-service-wales>

All local authorities ensure that new referrals receive an assessment of need from a qualified ROVI.

Conclusion

The attached case studies clearly demonstrate the importance and efficacy of the rehabilitation interventions. The ROVI is skilled at identifying barriers to independence and threats to safety and puts together an agreed plan of work to overcome these, be it training, equipment, safety in the home or referrals to other resources. These interventions will reduce the need for referrals into other more costly services, thereby improving health and saving lives.

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