# State of the nation – services for adults with sight loss in Wales

## Introduction

**80% of our intake of information is through our eyes – which inevitably means any loss of eye sight has an enormous impact on our lives.**

Sight loss is an impairment that often results in specific and distinctive challenges to daily living. It could mean losing the ability to get out and about, to read printed information, and to carry out daily tasks. It is for these reasons that assistance with these functions is needed for a person to maintain independence, which is crucial for their health and wellbeing.

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 independence 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 prioritises within the Welsh Government national plans.

“Having no sight at all, it was about changing my mindset from ‘can’t do’ to finding a different way to do things. My ROVI has taught me new skills that enable me to feel safe in my own home, as well as remain independent.”

“Being taught mobility skills, I now have the confidence to leave my home. I now have an active life which I wouldn’t have without support from my ROVI.”

**Many blind and partially sighted people in Wales are failing to receive the vision rehabilitation support they need to develop and maintain independence and live safely.**

**This report defines three important and key factors:**

1. **A model of Rehabilitation which should be uniformly available across Wales;**
2. **An overview of current provision; and**
3. **Recommendations to implement.**

Vision rehabilitation is structured support, delivered by a Rehabilitation Officer, to help people adapt to sight loss. It is one-to-one training in mobility (getting out and about safely and independently), daily living (the essential skills of food and drink preparation, dealing with laundry, organising household tasks), and communication, (managing mail, using a phone, and sign posting into access technology). It is critically important that this specialist support reaches people quickly, as it focuses on achieving independence and promoting wellbeing, and links those new to sight loss into local support agencies and national organisations that can offer many other resources to support them.

### Sight Loss in Wales

Every day in Wales, nearly 4 people start to lose their sight and one in five people will live with sight loss in their lifetime.

There are nearly 111,000 people in Wales living with sight loss and 17,000 registered blind or partially sighted. The number of people with sight loss is set to increase by 32% by 2030 and double by 2050.

Currently 1 in 9 people over the age of 60 is living with sight loss, 1 in 5 over 75, and 1 in 2 over 90. Typically sight loss conditions deteriorate, and people need access to Rehabilitation Officers to help them adjust to their condition and live as safely and independently as possible.

Early preventative strategies will also help to ensure the costs of associated issues do not spiral. For example, in Wales, it is estimated that 14,100 people with sight loss aged over 65 experience a fall per year. Of these falls, 6,640 are directly attributable to sight loss [RNIB Sight Loss Data Tool].

Economically in Wales falls have been estimated to directly cost the NHS £67 million per year [1] and the cost of falls in Wales related to vision alone is estimated to cost £25 million annually [2].

43% of people who lose their sight will suffer significant and debilitating depression [3]. Health indices demonstrate a reduction in positive outcomes and well-being is heavily compromised post diagnosis.

Research into the “Sight for Surrey” vision rehabilitation service in 2015/16 evidenced a cost of **£918,034** equating to **£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 England [4].

The report **Demonstrating the Impact and Value of Vision Rehabilitation** [5]evidenced that vision rehabilitation services not only contribute to meeting a set of needs experienced by people with vision impairment, but the financial value resulting from these services (in the form of costs avoided, reduced or deferred) may significantly outweigh the financial costs of delivering them for the health and social care sector. The report states that this equates to an average saving of £4,487 per referral.

**Ultimately however, people can, and do, adjust to loss of sight and continue leading independent and fulfilling lives. The key to such adjustment is timely, effective rehabilitation [6].**

## Legal Framework

The **Social Services and Wellbeing (Wales) Act 2014** came into force on 6 April 2016. The Act places a statutory duty on local authorities for the first time 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 fallsand mitigate or defer the need for longer term care. The Codes of Practice to the Act provide specific advice to health boards and local authorities about reablement and habilitation (Part 2 Code of Practice paragraphs 182-186).

In **Healthier Wales** the Welsh Government sets out the ambition to bring health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

In keeping with this is **The Wales Eye Care Delivery Plan**. The Welsh Government published a refreshed Eye Care Plan in August 2017 and ten new priorities including targets for rehabilitation. Local Health Boards are required to report on Action 10. Action 10 specifically reads:

“Work with local authorities and Regional Partnership Boards to support the implementation of the Social Services and Well-being (Wales) Act 2014 with regard to sight impairment; key to this is the provision of rehabilitation and habilitation services in every authority to prevent loss of independence, loss of mobility, falls, isolation and depression in people with sight loss/vision impairment.”

Underpinning all of the above is the **Equality Act 2010** which legally protects people from discrimination in the workplace and in wider society.

## Best Practice

* RNIB’s 10 Principles of Good Practice in Vision Rehabilitation recommends that all blind and partially sighted people should be seen and receive a specialist assessment from someone with appropriate skills, knowledge, training and qualifications, within 28 days of initial contact with the local authority [7].
* The “See, Plan and Provide” process outlines all the necessary steps to ensure timely access to Rehabilitation and is detailed later in this report.
* The Association of Directors of Adult Social Services (ADASS) and Social Services Improvement Agency (SSIA) approved guidance is that a local authority should be employing a **minimum** number of 1 ROVI per 70,000 population; best practice is 1 ROVI per 50,000 population. We would like all authorities to work to achieve best practice. One solution could be to offer apprenticeships.
* The UK Adult Sight Loss Pathway, which is in line with the Wales Vision Strategy and Welsh Government national plans, recommends that all those referred should be assessed by a ROVI, the only recognised profession with the skillset to undertake an effective specialist assessment of this type.
* In January 2019, the Rehabilitation Workers Professional Network (RWPN) established a UK-wide professional register of Vision Rehabilitation Workers. This register will be regulated by the Professional Standards Authority in line with other health and social care professionals, meeting the set industry standards and ensuring ongoing continuous professional development. Professional registration will ensure that all workers are qualified and working to the same high standard, ensure all ROVIs are accountable for their work and are fit to practice, and give employers, including local authorities, confidence that the workforce has specific clearly defined skills and capabilities. To date, 33 out 38 ROVIs are on the professional register.

## Failing blind and partially sighted people

There has been a steady decline in vision rehabilitation services in Wales. The reduction in the number of blind and partially sighted adults receiving long term adult social care has been disproportionate compared to other groups of disabled people [8].

In 2018, Wales Council of the Blind collected Key Performance Indicators (KPIs) on rehabilitation services for people with sight loss across Wales. The KPIs evidence that there is a postcode lottery of Rehabilitation services across Wales, negatively impacting positive outcomes for blind and partially sighted people.

* Only 12 local authorities in Wales 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.
* Where best practise is applied, people are experiencing an efficient service, but in some areas of Wales **people are waiting upwards of 12 months to see a ROVI**. Clearly this postcode lottery of provision is not acceptable.
* Where the minimum standard of 1 ROVI per 70,000 is met, people are seen in a timelier manner.

Currently 34.2 Full Time Equivalent (FTE) ROVIs and 2.8 ROVI assistants are practising in Wales. Good practice guidelines suggest that there should be 45 FTE ROVIs.

With the number of blind and partially sighted people expecting to increase by 32% by 2030 and double by 2050, it is essential that local authorities invest in this workforce.

## See, Plan and Provide

Local authorities can take three clear steps to ensure that they are meeting the needs of blind and partially sighted people – **see, plan and provide**.

* **See:** everyone with a vision impairment must receive a specialist face to face assessment with a Rehabilitation Officer for the Vision Impaired (ROVI).
* **Plan:** everyone must have a plan in place, identifying the outcome of the assessment. It is recommended that local authorities adopt the 10 nationally agreed Principles of Good Practice in Vision Rehabilitation which notes that all blind and partially sighted people should be seen and receive a specialist assessment from someone with appropriate skills, knowledge, training and qualifications, within 28 days of initial contact with the local authority.
* **Provide:** any agreed vision rehabilitation support must start within 12 weeks of the person’s initial contact with the local authority.

See, plan and provide is an informed position which has been drawn from University of York research which found that key components of quality vision rehabilitation include: “staff with specialist knowledge and skills; high quality assessment, including initial screening of referrals; and personalised and user-led support” [9].

It also draws from RNIB’s 10 Principles of Good Practice in Vision Rehabilitation, available in full in the appendices, which have been developed in partnership with blind and partially sighted people and vision rehabilitation officers.

## See

Every adult should be seen by a Rehabilitation Officer who is knowledgeable and competent in understanding the difficulties that blind and partially sighted people face. ROVIs are the only specialists qualified to work specifically with people with sight loss. ROVIs are trained to broad criteria laid out within the Sensory Services National Occupational Standards (NOS), the Rehabilitation Work Visual Impairment Foundation Degree.

It must be clear, easy and simple for people to have contact with the local authority. Too many blind and partially sighted people have to overcome unnecessary barriers to get the assessment that they are entitled to.

For many, their first contact with the local authority will be through a Certificate of Vision Impairment (CVI). A CVI is issued in the hospital eye department once a person is registrable as either severely sight impaired (blind) or sight impaired (partially sighted). A copy of the CVI must be sent to the local authority, which must then contact the person to offer registration. This should also be the start of the assessment process.

Initial contact following the receipt of a CVI should happen within two working days in order to ensure that assessments are completed within 28 days.

Once a CVI is received, local authorities must make initial contact with the person by telephone or via an individual’s preferred format. It is not acceptable to only send a letter, as this can lead to people not responding, as some may be unable to read the content

Many people losing their sight may contact the local authority independently. Anecdotally, we know that the initial point of contact, staff at the Local Authority’s Contact Centre, do not always ask the right questions which leads to an individual being screened out. It is essential that Contact Centre staff receive guidance and training on using good practise “trigger questions” to support identifying and signposting an individual on to the Sensory Loss Team.

An individual could be experiencing diminishing sight, having managed without support for some time, or have an existing eye condition which does not require medical intervention. In such cases, the questions asked by Contact Centre staff need to establish whether the individual would benefit from an assessment. If the staff are not trained appropriately, or the questions are designed to exclude people from being assessed, many of those who could benefit from rehabilitation will be screened out before they are assessed.

The Low Vision Service Wales’ record card, completed by Low Vision practitioners in high street opticians, acts as a direct referral from primary care into local authority early intervention and preventive / sensory teams. However, not every Local Authority has a referral pathway in place that enables them to accept referrals from Low Vision Record cards in to social care. This needs to be addressed.

Every effort should be made to find out what format an individual needs, in line with the requirements of the Equality Act 2010. This information is given on the CVI and must be one of the questions that "Contact Centre" staff should ask. Crucially too, not being certificated should not stop access to rehabilitation services.

## Specialist assessments

Generic assessments can fail to pick up on the specific support that people with sight loss need, different sight conditions require different solutions. Rehabilitation Officers have the knowledge and skills to holistically assess and create a plan based on enhanced independence and wellbeing. For those local authorities adopting good practise, the individual would always be proactively contacted first by a ROVI in order to support prioritisation, identify risk and signpost. We are concerned that, in some local authorities, assessments are not being carried out by Rehabilitation Officers and in others, people wait far too long to be assessed.

### Plan

Having completed the assessment in discussion with the individual, the rehabilitation (sometimes called “intervention”) plan should be agreed and provided in a format appropriate for that individual. This tailored plan should set out what needs to be achieved, by when and how, and be specific about the outcomes. All outcomes from assessments should be transferred onto a rehabilitation intervention plan. These outcomes should be given a baseline score, taking into account the level of risk that is present and the person’s ability before any intervention or training takes place. The plan must be clear about when it will be reviewed and identify measures for capturing how effective the interventions have been. This should be reviewed again after training is complete. These outcomes should then be used to show the quality of work, record the potential to reduce risk and identify is there is a need for additional longer or shorter-term care and support.

### Provide

The agreed rehabilitation should be delivered in line with the plan and, if further support is required, an assessment should take place to address any other issues. There must always be opportunity for the individual to refer themselves again. Circumstances such as family support, parental responsibilities or health problems could mean an individual’s needs change, and a new assessment would take that into account.

## Conclusion and recommendations

* Local authorities should consider how they provide good quality services for blind and partially sighted people which meet the See, Plan and Provide criteria, and are informed by RNIB’s 10 Principles of Good Practice in Vision Rehabilitation.
* Local authorities adopt The Association of Directors of Adult Social Services (ADASS) and Social Services Improvement Agency (SSIA) approved guidance that a local authority should be employing a minimum of 1 ROVI per 70,000 population (Welsh Vision Impairment Good Practice Guide). Only 12 local authorities currently meet these minimum standards. One solution could be to offer apprenticeships. Currently, there is an apprenticeship standard in England. This could be added to the Social Care Qualification Framework to enable local authorities to use the apprenticeship levy.
* Local authorities invest in this workforce and develop a workforce plan for the next 3, 5 and 10 years. It is suggested that local authorities work with the Wales Vision Forum and Welsh Rehabilitation Officers Forum to achieve this.
* Adults newly certificated as sight impaired or severely sight impaired should be contacted within two days of the local authority receiving the Certificate of Visual Impairment (CVI), submitted by the health board.
* An assessment should be carried out within 28 days of the local authority receiving the Certificate of Visual Impairment. This is in line with Welsh Government nationally agreed CVI guidance. All local authorities to work toward meeting the approved guidance by 2020.
* A person’s Rehabilitation Plan must be tailored to their individual needs and state a period of monitoring and review. The plan must identify how the outcomes will be measured in order to assess the impact of the interventions.
* Local authorities should adopt the UK Adult Sight Loss Pathway. All those referred should be assessed by a ROVI, the only recognised profession with the skills to undertake an effective specialist assessment of this type. Currently, all local authorities’ referral processes are different and those referred by the Local Health Board to Social Services are not always assessed by a ROVI. We recommend that all local authorities adopt the UK Adult Sight Loss Pathway by 2020 and refer to the appropriately qualified ROVI.
* All employers of ROVIs should ensure that their ROVIs are registered with the professional register of Vison Rehabilitation Workers, which will be regulated by the Professional Standards Authority. Professional registration ensures appropriately qualified ROVIs are working to the same standard across Wales; that ROVIs are accountable for their work; and that the ROVI is fit for practice. Currently, not all local authorities meet the set industry standards or have a process in place to ensure ongoing continuous professional development; Since January 2019, ROVIs are voluntarily registered through RWPN. This registration should be a recognised by all local authorities as a mark of professional standards. All ROVIs should be registered by 2020 giving local authorities and people with sight loss confidence in a workforce with specific and clearly defined skills and capabilities.
* In adherence with the Equality Act 2010 local authorities, including Contact Centre staff, must proactively ask, capture and provide information in the customer’s preferred communication format, including alternative formats such as audio, large print and Braille, in both Welsh and English. We recommend that the scope of Welsh Government’s All Wales Standards for communication and information for people with sensory loss be extended to include social care.
* Local authorities must ensure that individuals are not “screened out” of their entitled assessment by ensuring Contact Centre staff receive appropriate guidance and training in using sight loss “trigger questions” in order to support identification and sign posting. Currently, not all local authorities are providing adequate training and guidance for contact centre staff to support the appropriate identification and signposting of people. Contact centre staff to receive agreed training by 2020 to ensure the appropriate sight loss trigger questions are asked. Local authorities to work with the Wales Vision Forum to achieve this.
* These trigger questions must be utilised across all local authorities to ensure uniformity of standards. Currently, there is no uniformity of standards or trigger questions. Agreed trigger questions are attached in Appendix 2.
* It is recommended that all local authorities should establish a clear referral pathway to and from Low Vision Service Wales. Currently, not all local authorities have a referral pathway in place to accept referrals via the Low Vision record card into Social Care. All local authorities to develop and implement a referral pathway between Low Vision Service Wales and Social Services by 2020. This will aid in early identification of people with sight loss and improve vision rehabilitation interventions, reducing the need for further long term care and support as vision and mental health deteriorates. Currently, Low Vision Service Wales asks two trigger questions to help identify possible instances of depression. These two referral pathways will support the Welsh Government’s strategy to tackle loneliness and social isolation.
* Local authorities should widely promote the role of the ROVI and referral pathways amongst health and social care professionals, first point of contact advisors, GP clusters, as well as people with sight loss. Currently, the ROVI is not promoted widely among people with sight loss and their families or with health and social care professionals.
* Local authorities must keep their register of blind and partially sighted people up to date but this register should not be considered as the only indicator of demand when planning services.
* All local authorities should ensure that the benefits of registration are widely promoted amongst health and social care professionals, first point of contact advisors, GP clusters, as well as people with sight loss and their families. (Appendix 3)

## Wales Vision Forum

This report has been compiled by the Wales Vision Forum which comprises a number of national and local sight loss charities across Wales including: Wales Council of the Blind, RNIB Cymru, Guide Dogs Cymru, Sight Cymru, Cardiff Institute for the Blind, North Wales Society for the Blind, Vision Support.

We would like to thank the Welsh Rehabilitation Officers Forum for their invaluable contribution.

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This report is endorsed by the Wales Eye Care Steering Group and the Wales Vision Strategy Advisory Committee.

## Appendices

### Appendix 1.

**10 Principles of Good Practice in Vision Rehabilitation**

**All blind and partially sighted people…**

1. receive initial **telephone contact within two working days** of receipt of a Certificate of Vision Impairment (CVI), referral or self-referral
2. are seen and receive a **specialist assessment** from someone with appropriate skills, knowledge, training and qualifications, **within 28 days** of initial contact
3. are **offered a range of services at the specialist assessment**. Services include those that address their eye health, emotional, physical, financial and social needs and those of their carer if appropriate
4. are provided with a **vision rehabilitation plan within 28 days** based on goals agreed in the assessment
5. are provided vision rehabilitation **services free of charge**, to meet agreed assessed needs
6. **offered a full community care needs assessment** when vision

rehabilitation does not fully meet their needs

1. are provided with **equipment, aids or minor adaptations free of charge**, when it has been assessed that these help, reduce, prevent or delay the need for more costly care
2. **receive information** about services or support in a timely manner and **in their preferred format**
3. have the ability to **access vision rehabilitation services in the future** if required
4. are provided vision rehabilitation **by someone who is trained to understand their sight loss** related needs

**To download a copy of the 10 principles**

[**rnib.org.uk/rehab-principles**](file:///C%3A%5CUsers%5CEEdwards%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C2LLOPPNB%5C10%20Principles%20of%20Good%20Practice)

### Appendix 2.

Trigger questions to be included.

### Appendix 3.

**Registration of sight loss**

Registration simply means being on a local social service’s register of people who are either severely sight impaired (blind) or sight impaired (partially sighted). Registration is voluntary and completely confidential. There are some significant advantages to getting registered. Firstly, it can make life more affordable by enabling an individual to claim a wide range of concessions. These include a half-price TV Licence, help with NHS costs, help with your Council Tax bill and tax allowances, leisure discounts and free public transport. Which concessions an individual is entitled to depends on whether someone is registered as severely sight impaired or sight impaired. Although being registered does not automatically entitle someone to any particular welfare benefits, it does often make it easier to claim some of them. Registration helps as evidence in a claim.

## References

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

[2] NICE 2013

[3] High Prevalence of Untreated Depression in Patients Accessing Low Vision Services, Margrain et al, 2016

[4] 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>

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

[6] Margrain, T., Molik, B., Acton, J., Cardiff University 2016.

[7] <https://www.rnib.org.uk/sites/default/files/10_Principles_3-2-17.pdf>

[8] See, Plan and Provide, the State of Vision Rehabilitation Support across England

[9] Vision Rehabilitation Services: what is the evidence? Final Report. Parvaneh Rabiee, Gillian Parker, Sylvia Bernard and Kate Baxter February 2015 Working Paper Number: TPT 2639. 2015.

<http://www.york.ac.uk/inst/spru/research/pdf/VIrehabTPT.pdf>

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