



## See, Plan and Provide

The state of vision rehabilitation support across England

**RNIB**

Supporting people  
with sight loss



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## Foreword

I have been shocked by the findings of RNIB's recent research to understand the state of vision rehabilitation services across England for blind and partially sighted people. Whilst I am encouraged by the great work that some local authorities are doing, I am frustrated that many others are failing blind and partially sighted people.

Our research shows that in many areas referrals and assessments for vision rehabilitation are not working. Blind and partially sighted people are simply not being referred onto the support they need. Vision rehabilitation plays a vital role in helping people to learn and develop the skills that they need to adapt to living with sight loss.

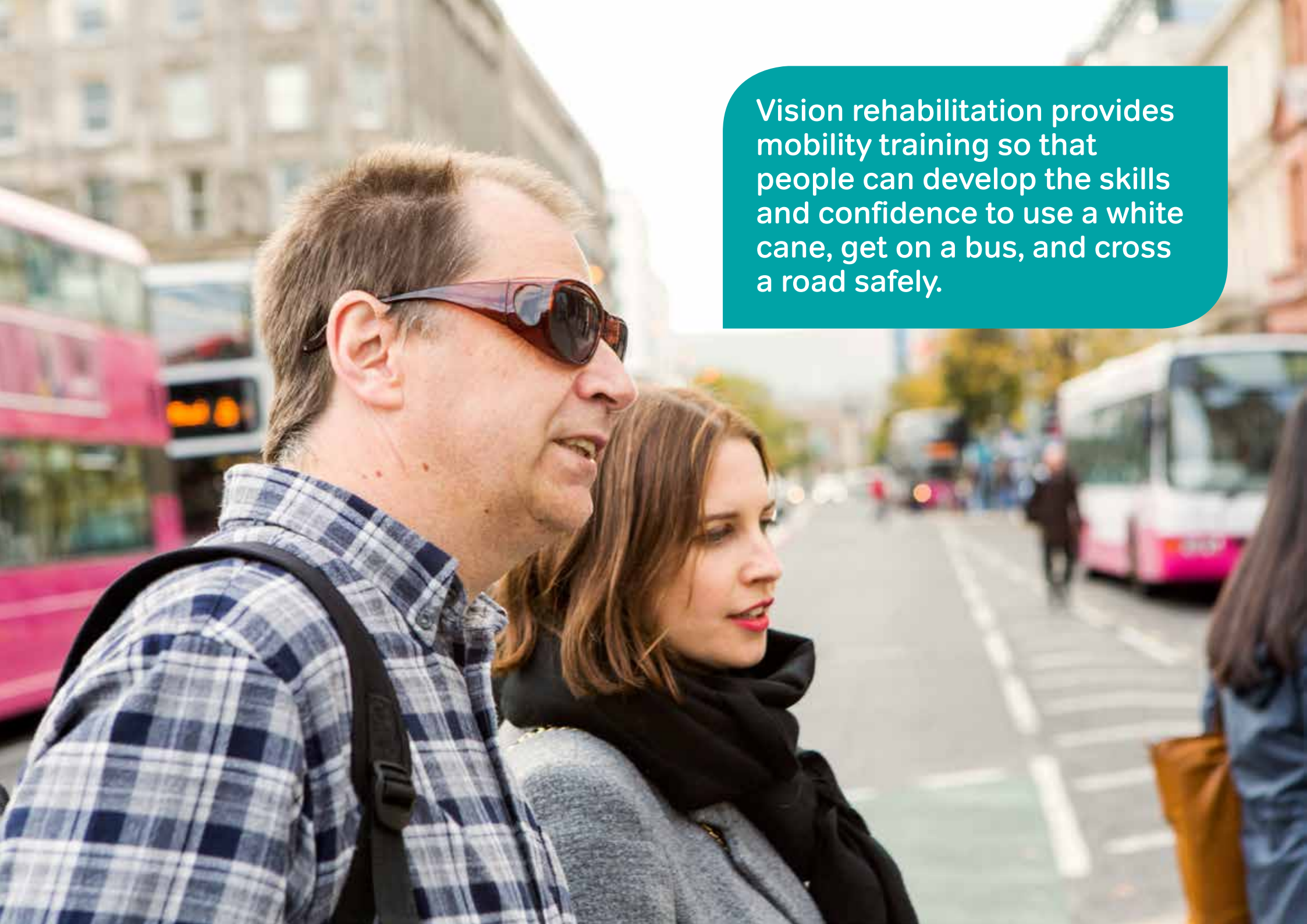
Vision rehabilitation is now recognised in statutory guidance that underpins the Care Act. It is seen as a clear preventative service that helps to delay, reduce or prevent a person from needing more costly care support. Blind and partially sighted people must not be failed; the knock on effect on their health, wellbeing and independence is too high a price to pay.

We are calling for all local authorities to **see, plan and provide**, to ensure that everyone with a visual impairment receives a face to face specialist assessment, within 28 days, that identifies what vision rehabilitation support will benefit them.



**Fazilet Hadi**

Group Director, RNIB Engagement.



Vision rehabilitation provides mobility training so that people can develop the skills and confidence to use a white cane, get on a bus, and cross a road safely.

## Setting the scene

RNIB is extremely concerned that many blind and partially sighted people are failing to receive the vision rehabilitation support that they need to maintain independence. This report provides an overview of the state of vision rehabilitation across England. It sets out a very simple solution for local authorities to meet the needs of blind and partially sighted people and their duties under the Care Act.

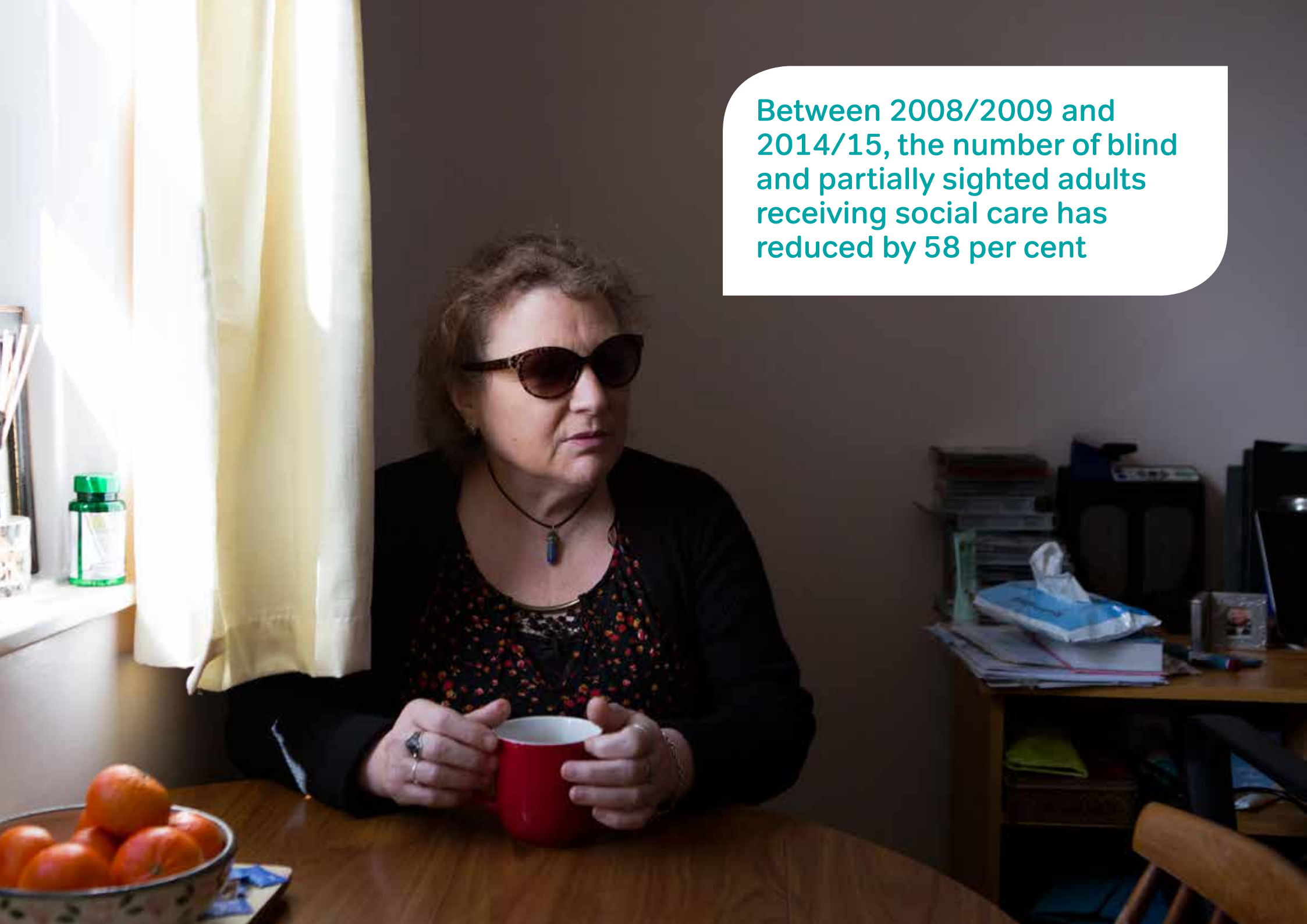
### **Vision rehabilitation**

Vision rehabilitation provides crucial training and advice to people experiencing sight loss, to maximise independence and confidence. The service works with people to develop the right skills and to identify and provide equipment to cook safely and live at home independently.

It also teaches people how to negotiate the many obstacles and risks in the external environment. It provides mobility training so that people can develop the skills and confidence to use a white cane, get on a bus, and cross a road safely.

To access vision rehabilitation services, it is vital that blind and partially sighted people receive an assessment that is tailored to their needs. The process must start the moment the individual and local authority are in contact. It is important that a specialist assessment is conducted to identify the unique set of challenges faced by blind and partially sighted people. Once this process has taken place, a person may then be referred for a vision rehabilitation / care assessment and sign posted onto other services such as local support groups.

Between 2008/2009 and 2014/15, the number of blind and partially sighted adults receiving social care has reduced by 58 per cent



## Failing blind and partially sighted people

There has been a steady decline in vision rehabilitation services for blind and partially sighted people. 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.

- In the financial years between 2008/2009 and 2014/15, the number of blind and partially sighted adults receiving social care has reduced by 58 per cent [1].
- This is coupled with the erosion of vision rehabilitation services across the country. Over half of all local authorities cut their budgets for services for blind and partially sighted people by 15 per cent between 2009/10 and 2014/15 [2].
- Despite the Care Act placing a clear statutory duty on local authorities to prevent, reduce and delay care needs, spend on prevention fell by six per cent in 2014 [3].
- Three quarters of councils are concerned that the lack of funding to commission or maintain preventative services poses a significant risk [4]

Community care statistics, collected by the Health and Social Care Information Centre, now include data on the number of blind and partially sighted people in receipt of short term care; however, the recording of this data is discretionary. In order to understand what preventative support is provided, it is vital that the government ensures that the collection of data on vision rehabilitation services is mandatory.

## Impact of sight loss

The impact of sight loss on everyday life must not be underestimated. It can be a devastating and challenging time. Sight loss can mean having to relearn all that you knew before. It can feel like a minefield, with many questions, fears and worries – how will I read my mail? Make a cup of tea? Prepare dinner? Avoid falling at home? Get to the shops, and when I'm there how will I find what I need on the shelves? How do I cross the road? How will I get to see my family and friends?

Sadly, RNIB hears from people every day who report feelings of isolation, frustration, depression and fear over their future.

It does not have to be this way, which is precisely why the Care Act statutory guidance recognises the importance of vision rehabilitation support.





## Barriers to accessing vision rehabilitation

Yet something is going terribly wrong.

- A quarter of blind and partially sighted people in contact with social services within a 12 month period experienced some or a lot of difficulty in accessing services [5].
- A third of respondents reported that they have had no contact with their local authority [6].
- 49 per cent of people in contact with their local authority do not go on to receive an assessment for vision rehabilitation support [7].

There is almost three quarters of a million blind or partially people living in the UK and this number is predicted to increase by 12 per cent in the next five years [8]. There is no getting around the fact that demand on social care support will increase, and prevention must play an increasingly important role in ensuring that people receive support at the earliest opportunity.

It is vital that local authorities plan and deliver vision rehabilitation services to ensure that they are resourced and designed to meet the needs and demands of local blind and partially sighted people. It is not acceptable for people to be left to struggle on their own, now or in the future.

By following see, plan and provide local authorities will be able to ensure that adequate resources are in place to meet the needs of blind and partially sighted people.



## See, plan and provide

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

- **See:** everyone with a visual impairment must receive a specialist face to face assessment.
- **Plan:** everyone must have a plan in place, identifying the outcome of the assessment. The first two steps must take place within 28 days of first 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.

### Why see, plan and provide?

By following **see, plan and provide**, local authorities will be able to ensure that adequate resources are in place to meet the needs of blind and partially sighted people.

See, plan and provide is an informed position. It has 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 ‘Ten principles for delivering vision rehabilitation’, which have been developed in partnership with blind and partially sighted people and vision rehabilitation officers [10].

Blind and partially sighted people, professionals, and providers widely support the call to **see, plan and provide**. Many local authorities already work towards this, 43 per cent stipulate in their service specification that assessments must be carried out within 28 days [7].

A man with dark hair, wearing a light blue button-down shirt and a blue lanyard with 'NHS' and 'SPIN' visible, is sitting at a desk in an office. He is smiling and looking towards the camera. His hands are resting on a computer mouse. In front of him is a computer monitor displaying a webpage, a keyboard, and a mouse. The desk is cluttered with various items, including boxes and papers. The background shows office equipment and a white wall.

## See

Every person should be seen by someone who is experienced, knowledgeable and competent in understanding the difficulties that blind and partially sighted people can face.

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 simply get an assessment. For most people, their first contact with the local authority will be through a CVI (Certificate of Vision Impairment). 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, who must then contact the person to offer registration. This should also be the start of the assessment process. It is a statutory duty for all local authorities to maintain registers of blind and partially sighted people.

**RNIB believes that initial contact from the receipt of a CVI should happen within two working days, in order to ensure that assessments are completed within 28 days. This is a realistic timeframe, as almost two thirds (62 per cent) of local authorities already make contact within two working days [7].**

Once a CVI is received, RNIB is calling for local authorities to make initial contact with the person by phone – it is not acceptable to only send a letter, as this can lead to people slipping through the net, as some may be unable to read its content.

One local authority offers registration via a letter only, which requests that the person contact them if they would like to be registered. The letter does not adequately explain what registration is, what other services may be available, or that the person is entitled to an assessment. This particular local authority has incredibly low numbers of people referred for vision rehabilitation [7].

There is also a risk that the individual may not be able to read the letter. Before corresponding with blind and partially sighted people, it is a requirement of the NHS Information Standard to find out what the person's preferred format is.



### **What the Care Act, regulations and guidance says:**

Registration should be actively offered and explained, however, if a person decides not to be registered it should not impact on their right to receive an assessment [22.2].

### **Specialist assessment**

RNIB believes that everyone should be offered a specialist assessment that identifies the unique difficulties faced by many people with a visual impairment. RNIB is concerned that generic assessments fail to pick up on the specific needs faced by blind and partially sighted people. Our research found that 66 per cent of local authorities do not offer a specialist assessment to people with sight loss upon initial contact. This means that people are inappropriately signposted away from the vital vision rehabilitation support that they greatly need.

## Variation in referral rates

There are also inadequate variations in referral rates for vision rehabilitation assessments across comparable local authorities. Eight local authorities only referred 10 people or less for a vision for rehabilitation assessment over a six month period (April to November 2015). This is a very low referral rate, given that all have significant populations of blind and partially sighted people, and some had high numbers of people in contact with them over this period.

**“I asked for mobility training and the council said they would get me referred. Nothing happened.”**

**“I am dangerous in and out of the house... some assistance would have been lovely.”**

Table one on the next page, identifies the ten local authorities that have significantly low numbers of people referred for a vision rehabilitation assessment. There is no clear reason why these numbers should be so low. None of the local authorities have particularly low numbers of people living with a sight loss in their area.



The FOI request is not designed to comment on the quality of service provided. All of the findings are from information provided directly by the local authority, in some areas further work will need to be undertaken to better understand if and why people are not referred onto vision rehabilitation services.

Table one

Local authority	a. Total no. of VI people in contact with the LA between April and November 2015.	Total no. of a. referred for rehabilitation assessment.	Referral rate (%).	Referred within 28 days (%).	28 days stipulated in contract?	Type of assessment offered.
Bournemouth	*	0	*	*	No	Generic assessment
N E Lincolnshire	251	4	2%	100%	Yes	Other
Middlesbrough	85	7	8%	100%	*	*
Redcar and Cleveland	72	7	10%	100%	No	*
Rutland	71	8	11%	100%	Yes	*
Bury	113	10	9%	*	Yes	Other
South Gloucestershire	63	15	24%	60%	*	Specialist assessment when referred on to vision rehab service.
Rotherham	*	20	*	0%	Yes	Other



Local authority	a. Total no. of VI people in contact with the LA between April and November 2015.	Total no. of a. referred for rehabilitation assessment.	Referral rate (%).	Referred within 28 days (%).	28 days stipulated in contract?	Type of assessment offered.
<b>Reading</b>	382	22	6%	14%	No	Specialist assessment when referred to vision rehab service.
<b>Tower Hamlets</b>	113	22	19%	0%	Yes	Specialist assessment when referred to vision rehab service.

\*indicates missing data

The table below compares the referral rates of local authorities with similar number of blind and partially sighted people, living in their area. RNIB is very concerned that blind and partially sighted people living in areas with low referral rates are less likely to receive vision rehabilitation services.

## Table two

Ten local authorities with proportional lower referral rates.

Local authority	No. living with sight loss	No. of referrals	Parallel local authority	No. living with sight loss	No. of referrals
<b>Bournemouth</b>	2450	0	<b>Poole</b>	2230	250
<b>East Riding</b>	4940	620	<b>Kirklees</b>	4560	144
<b>Havering</b>	3110	49	<b>Enfield</b>	2910	120
<b>Bristol</b>	4120	53	<b>Dudley</b>	3940	117
<b>South Gloucestershire</b>	3150	15	<b>North Somerset</b>	3100	93
<b>Rotherham</b>	3030	20	<b>Doncaster</b>	3540	313
<b>Derby</b>	2730	29	<b>Nottingham</b>	2580	427
<b>Bolton</b>	2930	29	<b>Tameside</b>	2370	159
<b>Walsall</b>	3120	41	<b>Sandwell</b>	3230	187
<b>Somerset</b>	8070	70	<b>Gloucestershire</b>	8110	436

\* indicates missing data

Our findings indicate local authorities that do not offer everyone a specialist assessment are less likely to refer people for a vision rehabilitation assessment. It is also clear that local authorities which offer a specialist assessment within 28 days have higher numbers of people referred on to vision rehabilitation services.

Low referral rates for vision rehabilitation assessments are of real concern. RNIB is concerned that blind and partially sighted people in these areas are potentially missing out on vision rehabilitation support that could help to maintain their independence.

“I spoke to them on the phone. They told me to fill in a form online. I tried to do this but the form was not accessible to my screen reader so I was unable to do this. I got a friend to help who is sighted but he struggled too, the form kept timing out. I gave up after several hours.”

“When we inquired, we were told nothing [was] available, so I just got on with it.”

### **What the Care Act, regulations and guidance says:**

There is a clear expectation that the assessment process should start from the moment the local authority begins to collect information about that person [6.2].

The assessment may be the only contact the local authority has with the individual at that point in time, so it is critical that the most is made of this opportunity [6.4].

The assessment aim is to identify needs and outcomes to help people improve their wellbeing [6.5].

Guidance sets out that an assessment is important to identify any prevention needs [6.60].

A local authority can ‘pause’ an assessment, if they think that the person would benefit from preventative services [6.62].

**The assessment should be carried out by a person who is experienced, knowledgeable and competent.**

Those carrying out an assessment must be trained, knowledgeable and competent. Blind and partially sighted people have a specific set of challenges that takes a trained person to understand.

**“It’s not tailored for the individual. They seem to be ticking boxes and not listening to me.”**

“[There was] a lack of knowledge from professionals who provide assessment of needs.”

**“Sensory awareness training should be a mandatory training requirement. Common sense no longer seems to exist. Others claim to know what I want and do not listen to my needs and lack care.”**

**What the Care Act, regulations and guidance says:**

The person being assessed should be able to participate in the process as effectively as possible. Assessments must be carried out by a person that has the necessary skill, knowledge and competency – statutory regulations 5

There must also be a professional on hand to help and advise concerning a particular condition or circumstance [6.86].

Guidance recognises blindness as a condition affecting communication which might require the local authority to provide an interpreter to enable the individual to complete a joint assessment [6.85].



**The assessment must not be subject to eligibility criteria (Care Act).**

Vision rehabilitation is a preventative service and Care Act statutory guidance stipulates that preventative services are not subject to eligibility criteria. An assessment for care support may be paused while preventative support is explored but the same eligibility criteria should not apply. The logic behind this is rather simple. Prevention should reduce, delay or prevent future care needs. Waiting until a person has developed significant care needs before providing a preventative service is counterproductive and defeats the very purpose of prevention.

Given this clear directive, RNIB is extremely concerned that 26 local authorities currently apply eligibility criteria (meant to assess care support needs) and a further nine have not been clear on their policy [11].

Positively, a number of local authorities have the right policies for accessing vision rehabilitation support.

“The basic principles for offering rehabilitation services are that the person is an Ordinary Resident in Merton, has a sight impairment that creates an impact on their daily activities (does not need to be certified or registered as sight impaired or severely sight impaired) and is willing to accept the service.”

**“The authority does not operate eligibility criteria in order for people to access vision rehabilitation services. We will provide services and equipment to anyone if their vision is having an impact on their daily life. This is compliant with Care Act principles of promoting wellbeing and preventing, delaying or reducing care and support needs.”**

### **What the Care Act, regulations and guidance says:**

Local authorities are advised to consider securing specialist rehabilitation and assessment provision, in order to identify the specific needs of blind and partially sighted people and to maximise independence [22.21].

Guidance is explicit that a local authority is responsible for providing preventative support to all adults, irrespective of whether the person has eligible needs [2.3]. Eligibility criteria must not be applied to accessing rehabilitation services [2.3].

## Vision rehabilitation should be available based on assessed needs.

Vision rehabilitation should be based on a person's assessed needs and made available at any stage of their sight loss journey. Personal circumstances can change, for example, a person may develop further sight loss; or a neighbour, friend or family member may no longer be able to provide support; or a person may now be ready to learn new skills.

RNIB is concerned that some local authorities restrict who can receive vision rehabilitation. One local authority states their policy as **“The criteria is that anyone with a diagnosed eye condition who has been seen by an optician and/or attended the eye clinic within the last two years can access vision rehabilitation services.”**

Vision rehabilitation should be made available based on assessed needs and it may be appropriate to provide it for longer than six sessions. Vision rehabilitation should ultimately try and meet the agreed outcomes. It must also be provided free of charge for more than six sessions, because of the significant impact that vision rehabilitation can have on the individual.



## Case study

### Natasha, London

“My vision rehabilitation officer explained that he would design a mobility programme for me based on the routes I use. This meant that hopefully I wouldn’t need to see him again!

He broke the mobility programme down into small sections for me to understand. He couldn’t stress enough that it didn’t matter how long it took me to adjust to travelling independently again as long as I was progressing and felt more confident in getting out and about.

He went out of his way to change my view on using a long cane and suggested changing the colour of it, this started to make me think about how I could create a fashion accessory and that was definitely more appealing to me!

**I was so nervous during my first sessions and only felt confident when I could see, which is obviously not a lot!**

I would just stop until I could try and gauge my surroundings. But with Greg’s patience and determination, he quickly got my confidence up to a standard where I was heading into London and onto Oxford Street! My issue was patience, I knew this; I still wanted to walk at 40 mph with the rest of London’s commuters.

I now travel to audition venues I’ve never been to before, travel to and from work every day which is about an hour and a half journey, I commute during rush hour and I venture into town to meet friends for dinner. No location is an issue for me to get to anymore and the old Natasha is back!”



## **What the Care Act, regulations and guidance says:**

Rehabilitation is defined as an intermediate or reablement programme, and therefore must be free of charge for six weeks. However, because of the clear benefits of rehabilitation, and since the intervention will in many circumstances need to be provided for longer than six weeks. The government strongly urges local authorities not to charge for it at any stage [2.61].

Whilst they are both time-limited interventions, neither intermediate care nor reablement should have

a strict time limit, since the period of time for which the support is provided should depend on the needs and outcomes of the individual. In some cases, for instance a period of rehabilitation for a visually impaired person (a specific form of reablement), may be expected to last longer than 6 weeks [2.62].

The Care and Support (Eligibility Criteria) Regulations 2014 state that there should be no charge for aids, and minor adaptations provided at a cost of £1,000 or less.



## Plan

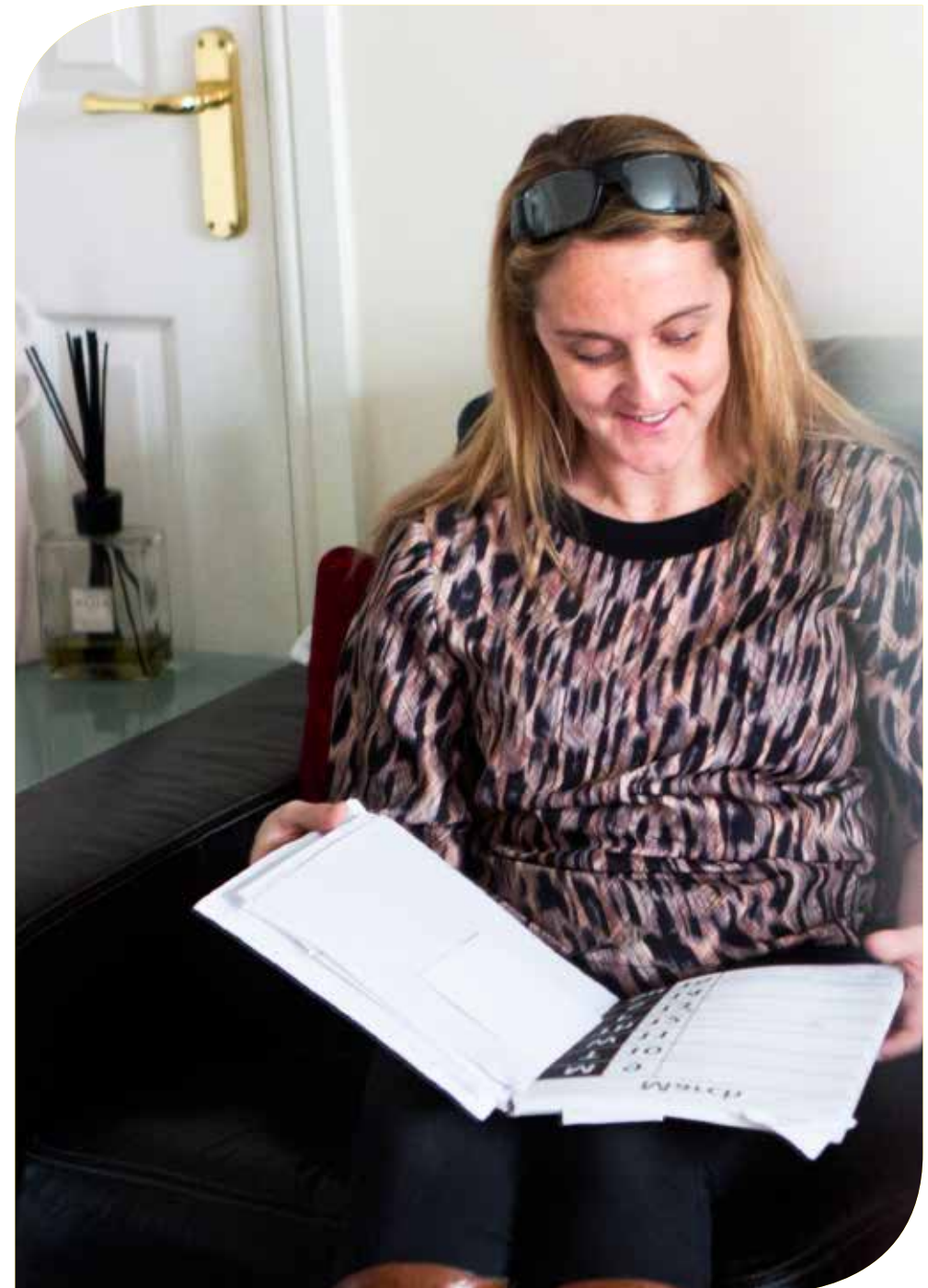
After being seen, every person should have a plan in place that sets out the outcome of their assessment and what the next steps will be.

Too many people are often left confused and unsure as to what they are entitled to from their local council. Many are not even sure whether they have had an assessment, and those that have feel that their needs have not been listened to.

**“The council assessed me before I was registered as partially sighted; I have not heard from them since the man contacted my daughter and [he] said I was okay.”**

**“I needed more independent support, for example getting around so that I don’t feel isolated. I feel that the council were refusing to help me because of lack of funds.”**

Communication is key to ensuring that people understand and feel part of an assessment process. Ensuring that everyone has a plan means that people know they have had an assessment and the rationale for the decisions that have been made.



**A plan:**

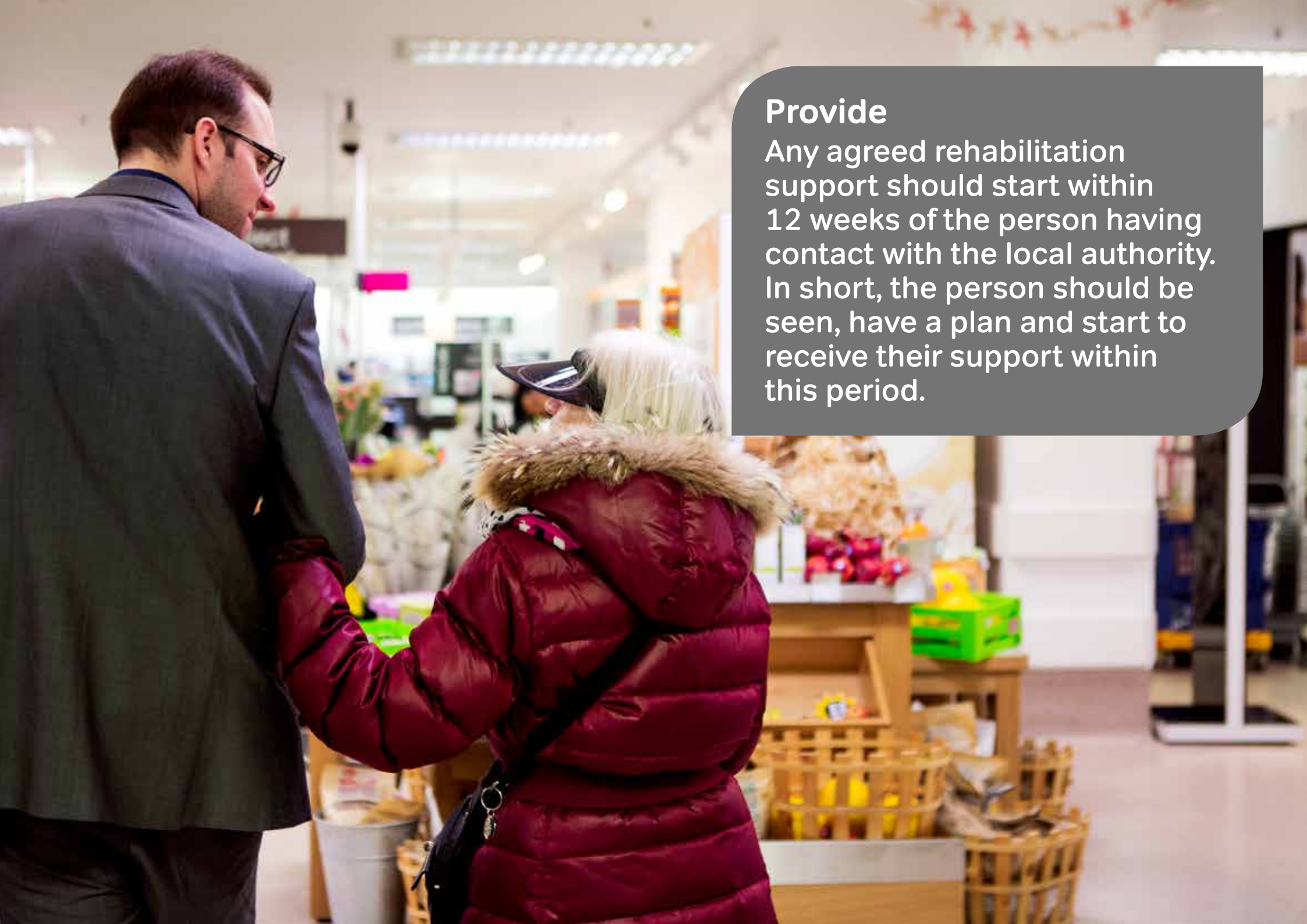
- must be discussed, agreed and recorded, and set out what the next steps will be
- should be tailored to reflect the level of support needed
- should outline the agreed next steps and what, if any, vision rehabilitation support is required
- should specify that the person is contacted within an agreed timeframe for a further assessment
- should record what support will be provided and what outcome needs to be achieved
- should identify how long support might be needed

If a person needs vision rehabilitation support, there should be a review date for the plan. If vision rehabilitation has not helped to achieve what it sets out to do, then an assessment for care support should be carried out.

Local authorities have much to do to meet this, whilst 43 per cent stipulate in their service specification that assessments must be carried out within 28 days, only 29 per cent provide a plan within this timeframe [7].

**What the Care Act, regulations and guidance says:**

Following their assessment, individuals must be given a record of their needs or carer's assessment. A copy must also be shared with anybody else that the individual requests the local authority to share a copy with [6.96].



## Provide

Any agreed rehabilitation support should start within 12 weeks of the person having contact with the local authority. In short, the person should be seen, have a plan and start to receive their support within this period.

Once an assessment has been carried out and a plan is in place, adequate resources must be available to deliver the support required. Less than half (47 per cent) of blind and partially sighted people haven't or can't remember being offered vision rehabilitation support [6].

Out of those that told that they should receive vision rehabilitation, 38 per cent were offered training in the home, and 81 per cent mobility training, while nearly a quarter (23 per cent) were offered other support.



“I have been given information on training to be safe in the home, but the training has not been delivered yet. I have been offered mobility training, but I have not received this yet.”

“[I] wanted to learn how to iron my own clothes. I waited for ages for the iron guard. It was bought from Amazon and not one for blind and partially sighted people. The process started [in] June and now the ironing session is going to happen in February.”



## See, plan and provide works

It is possible to meet see, plan and provide, as demonstrated by Durham County Council. The emphasis of this vision rehabilitation service is on prevention – if you can get to people as soon as possible, then you can help them to maintain their independence. They see that the benefits of prevention are massive for both the person and for council resources.

The vision rehabilitation team work hard to ensure that every person receives a specialist assessment within 28 days. It is important for the council to ensure that blind and partially sighted people are involved with the assessment and understand what support will be provided.

Any vision rehabilitation support starts within 12 weeks and often sooner. The support made available is tailored to the individual and people receive vision rehabilitation for as long as is needed to meet agreed outcomes.

Occasionally people may not be ready for or want support, and the council always makes sure that they have the right contact details so that they can refer themselves back into the council if needed.

The vision rehabilitation team has built strong relationships with the local voluntary sector, and other agencies, and they meet regularly. There are always referrals being made between the organisations, so that blind and partially sighted people receive the support that they need.

Durham council recognises the benefits that vision rehabilitation has for blind and partially sighted people in supporting independence and preventing the need for further, more costly support.

## Case study

### Tom

**It is clear that vision rehabilitation benefits blind and partially sighted people, as demonstrated by Tom.**

Tom is 49 years old and lives alone. He has recently returned to the UK and was due to start a new job as a staff nurse at a local hospital. However, he experienced a traumatic brain injury after he was attacked by his long term partner. Tom lost half of his visual field in both eyes, experiences memory loss and is unsteady on his feet.

Tom now lives independently with the support of a care package. He has four carers who assist with bathing, meals, medication and shopping.



However, he feels very vulnerable and also needs emotional support to come to terms with the many changes he has experienced, including sight loss, the breakdown of his relationship and not being able to continue with his career.

Tom is determined to regain his independence and is happy to access all services being offered, and has received support from different parts of the council. However, vision rehabilitation has played a key role. After his first assessment, the rehabilitation officer was able to refer Tom onto the eye hospital, as he had not yet been certified as severely sight impaired.

Tom quickly identified that he wanted to regain his independence and feel more confident at home.

The rehabilitation officer supported Tom and he is now able to prepare and cook his own meals safely and, as a result, he has increased confidence and self-motivation. His care package has also reduced as he no longer needs any supervision in the kitchen.

The assessment also identified that Tom felt socially isolated. The rehabilitation officer has been able to sign post and refer him onto local support services. He now attends a social group for people with sight loss, a stroke association group and visits his local leisure centre weekly.

Tom hopes to return to employment in the near future. His rehabilitation worker supported him to consider voluntary options so he can understand his capabilities and what jobs may or may not be appropriate. The journey is not over yet and Tom will still need vision rehabilitation support in the future. However, he feels that accessing rehabilitation services has “dramatically improved my life and has given me hope for the future”.

## Designing services fit for the future

RNIB understands that 28 per cent of local authorities currently are in the process of, or plan to review their vision rehabilitation provision within the next year. RNIB is calling on all local authorities to ensure that they meet **‘see, plan and provide’**, so that blind and partially sighted people are able to achieve the best outcomes at the right time.

Any review of services should assess local demand. To assist this process, RNIB has produced a free sight loss data tool, which provides local demographic information on visually impaired people living in each local authority area [www.rnib.org.uk/datatool](http://www.rnib.org.uk/datatool)

Any review or changes of services must take into consideration what impact this will have on those using the service.

### What the Care Act, regulations and guidance says:

Local authorities should develop a local approach to understand and plan for local needs. They should also ‘consider the different opportunities for coming into contact with those people who may benefit from preventative support, including where the first contact may be with another professional outside the local authority’ [2.38].

Local authorities should consider the impact and consequences of ending preventative services, as poor exit strategies can have a significant impact on preventing, reducing and delaying needs [2.63].

Registration data should be used to help inform service provision, however, statutory guidance is also clear that people who have not met the criteria for certification still need to be considered in service planning [22.14].

## See and plan checklist

RNIB is calling on all local authorities to take three easy steps – **see, plan and provide**.

There are a number of questions that commissioners and those delivering services can ask to check whether or not their service meets these three steps.

### **See: everyone with a visual impairment must receive a specialist face to face assessment.**

- How can people contact the council? Is the system clear, easy and simple?
- Is everyone offered a specialist face to face assessment to identify appropriate rehabilitation support?
- Is the assessment carried out by a person who is experienced, knowledgeable and competent?

### **Plan: everyone must have a plan in place, identifying the outcome of the assessment. The first two steps must take place within 28 days of first contact with the local authority.**

- Is a plan produced that is discussed, agreed and recorded with the individual?
- Is this carried out within 28 days of the person getting in 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.**

- Is the vision rehabilitation support provided as long as is required and appropriate to meet the person's agreed outcomes?
- Is the vision rehabilitation support reviewed to ensure that it is appropriate and meeting assessed needs, and are referrals made for a care assessment if required?



## Conclusion

RNIB has set out for the first time an overview of the state of vision rehabilitation across England. While there are lots of examples of good practice, unfortunately too many local authorities are not providing a satisfactory level of support. Now is the right time for local authorities to pause, take stock, reflect, and to then take action to improve this vital service. Blind and partially sighted people must not be failed; the knock on effect on their health, wellbeing and independence is too high of a price to pay.

RNIB understands that currently 28 per cent of local authorities currently are, or plan to review their vision rehabilitation provision within the next year. Therefore, we are calling on all local authorities to ensure that vision rehabilitation provision meets 'see, plan and provide', so that blind and partially sighted people are able to achieve the best outcomes at the right time.

The Care Act provides local authorities with a clear framework for vision rehabilitation provision. With the benefits that prevention brings, and the development of sector frameworks and principles, there has never been better time to ensure that vision rehabilitation services are fit and robust for the future.

Whilst undoubtedly we are in a time of great financial pressures, this provides even more of an impetus to ensure that vision rehabilitation support is right. A number of local authorities, such as Durham, already recognise the financial benefits that vision rehabilitation brings in reducing the need for more costly care packages later on. The Care Act also recognises the clear preventative benefits of this support in reducing hospital admissions and improving outcomes for blind and partially sighted people. That is why RNIB is calling on all local authorities to **see, plan and provide**.

## What next?

RNIB believes that everyone has a role to play to ensure that blind and partially sighted people receive tailored vision rehabilitation support. Whether you are a commissioner, councillor, MP or a campaigner, RNIB has produced a range of materials, tools and resources to help you to take action and improve services in your local area.

To find out more visit [rnib.org.uk/seeandplan](https://www.rnib.org.uk/seeandplan) or contact **0207 391 2123**.



## What commissioners and those developing services can do:

Whether redesigning, reviewing or retendering a service, it is important to ensure that the vision rehabilitation is compliant with the Care Act. This means that outcomes of blind and partially sighted people are being met, that it is adequately resourced in terms of finance and the way that it is organised.

When looking at vision rehabilitation provision, commissioners should follow the see and plan checklist. RNIB has produced resources setting out what good vision rehabilitation looks like and examples of how local authorities are meeting these principles.

## What MPs can do:

MPs have a key role to play to ensure that blind and partially sighted constituents are receiving the support they need. It is also vitally important that information on vision rehabilitation is recorded and collected. Please write to the Secretary of State and ask for data collection relating to vision rehabilitation uptake to be made mandatory.

## What Councillors can do:

Local elected members have a key role to ensure that local arrangements are in place to meet the preventative needs of blind and partially sighted people.

There are a number of ways in which you can support the campaign. Please take the time to write to the portfolio holder with responsibility for social care and ask what vision rehabilitation support is in place in your area. Also, ask whether or not the provision meets the see and plan checklist, and Care Act duties.

## What campaigners can do:

Campaigners have a key role in raising the issue of the importance of vision rehabilitation support and holding local authorities to account. RNIB has produced materials on how you can lobby your local council.



# Appendix

## Appendix One: Analysis of FOI response

The FOI was submitted on November 2015. RNIB received a 100 per cent response rate from all local authorities. However, responses from Isles of Scilly and City of London have been discarded, due to very small populations of blind and partially sighted people. These local authorities do not provide a structured vision rehabilitation service, but ensure that the support is in place if needed.

The responses are therefore based on 150 local authorities. Of note, not all local authorities answered all questions.

### Notes on terminology:

We are referring to adult services only. By rehabilitation we mean a structured programme of preventative support which is provided for visually impaired people. The programme must provide training and support in the home and/or mobility training to adults outside of the home. All non answers have been included when analysing all data in order to provide consistency.

## Start of FOI

1. When a CVI (Certificate of Visual Impairment) is received by the local authority, is contact made within 48 hours? Yes or No?
2. Does the service specification/commissioning agreement for vision rehabilitation services stipulate that assessments must be carried out within 28 days from the point that the person first had contact with the local authority? Yes or No?

Any additional comments:

3. If no, is there a specified time in which a person should receive an assessment, from the point that they first had contact with the local authority? If yes, what is the timeframe?

Any additional comments:

4. Is a specialist rehabilitation assessment carried out? Please select the option that applies:
  - a. Yes, all visually impaired people in contact with the council receive a specialist assessment.
  - b. No, a generic assessment is carried out.

c. A specialist assessment is only carried out if a person is referred to the rehabilitation/sensory loss team.

d. Other – please state:

Please attach copy of all assessment forms offered

5. The following questions concern how many people with a visual impairment are in contact with the local authority and what support they then receive.

a. What is the total number of vision impaired people that have had contact with the local authority since April 2015? (This should include the number of people referred via a CVI, other referrals, and people how people have contacted the authority.

b. How many of these were referred for a rehabilitation assessment?

c. How many received a rehabilitation assessment within 28 days?

d. How many had a rehabilitation assessment and a support plan within 28 days?

## **Appendix two: Analysis of responses to second FOI**

The request was submitted March 2016. At the time of writing, responses had been received from 124 local authorities. All non answers have been included when analysing all data, in order to provide consistency.

### **Notes on terminology:**

We are referring to adult services only. By rehabilitation we mean a structured programme of preventative support which is provided for visually impaired people. The programme must provide training and support in the home and/or mobility training to adults outside of the home. All non answers have been included when analysing all data, in order to provide consistency.



1. What was the total budget spend by the authority on rehabilitation services for blind and partially sighted adults in
  - a) 2015/16
  - b) 2016/17
2. How many rehabilitation officers and assistants of visual impairment are employed by the authority (or the organisation delivering rehab services), and what is their full time equivalent?
3. Does the authority plan to review or to make changes to the structured programme of adult's vision rehabilitation services? If yes, please provide information on the planned changes.
4. Does the authority operate eligibility criteria in order for people to access vision rehabilitation services? If yes please provide a copy of the criteria.

### Appendix 3: Experience survey

The experience survey was an online survey. It was promoted to blind and partially sighted people via RNIB networks, and external groups and organisations. It was a self-selecting survey and took approximately 15 minutes to complete. Over 270 people completed the survey from across England.

#### Survey questions

RNIB would like to understand people's experiences of social care. The survey should take about 10-15 minutes to complete.

Survey information will be used anonymously by RNIB. However, if you would like to share your experience in more detail, there is an option at the end of the survey to provide your contact details.

Please complete questions marked with an asterisk (\*).

If you have any questions or experience any difficulty completing the survey, please contact the campaigns team on **campaign@rnib.org.uk** or **020 7391 2123**.

Thank you for taking the time to complete the survey.

**1. Which region do you live in?**

Eastern, East Midlands, West Midlands, North East, London, South East, South West, Yorkshire and Humber, North West, I am not sure/I don't know.

**2. – 10. The survey will then take the person to the relevant region page and a list of local authorities in that area****11. Are you registered as sight or severely sight impaired?**

Yes, partially sighted (sight impaired); Yes, blind (severe sight impaired); No, I chose not to be registered; No, I haven't been offered registration; I am not sure/ I can't remember.

**12. When did you receive your sight loss diagnosis at the hospital?**

Within the last 6 months; Within the last 6-12 months; 12 months to 2 years ago; More than 2 years ago; I am not/ I can't remember.

**\*13. Have you had contact with your local council to discuss your support needs?**

Yes; No; I am not sure/I can't remember

**14. When did you last have contact with your council?**

Since April 2015; Between April 2014 and 2015; Before April 2014; I am not sure/ I can't remember

**15. Who made the initial contact?**

My local council contacted me; I contacted my local council; A family or friend contacted my local council; I am not sure/ I can't remember; Other (please specify)

**16. How long did it take from the hospital diagnosing you to the local council contacting you?**

Within 2 weeks; Between 2 and 4 weeks; Between 1 and 6 months; More than 6 months; I am not sure/ I can't remember

**17. What contact have you had with your local council? Select all that apply.**

Someone visited me in my home; I spoke with someone over the phone; I received a letter; Other (please specify); I am not sure/ I can't remember

**18. What was the outcome from the contact with your local council? Select all that apply.**

I was asked questions about my needs; I was given information about what support was available to me; I was told that someone would contact or visit me; I was put in touch with a local charity/ organisation; I am not sure/ I can't remember

**19. Have you been offered rehabilitation support? (If yes go to question 20, if no then go to question 24)**

Yes; No; I am not sure/ I can't remember

**20. What type of rehabilitation support did you receive? Select all that apply**

Training and support in the home (for example on how to cook safely, be safe in the home);  
Mobility training (for example how to use a white cane, learning routes to shops etc); Other (please specify)

**21. How many sessions of rehabilitation support did you receive?**

I am not sure/ I can't remember; 6-1; More than 12; 2-3; 1; 4-5

**22. Which of the following statements best describes the impact that rehabilitation support has had on you?**

It has improved my quality of life a lot; It has improved my quality of life a little; It hasn't made any difference; I am not sure/ I can't remember

**23. Which of the following statements best describes the impact that rehabilitation support has had on you?**

(Go to question 25)

My independence has improved a lot; My independence had improved a little; It hasn't made any difference to my independence; I am not sure/ I can't remember

**24. What rehabilitation support would you have benefited from? Select all that apply**

Training and support in the home, for example how to cook safely, etc; Mobility training, for example learning how to use a white cane, routes to shops, etc; I wouldn't have benefited from rehabilitation; I don't know/ I'm not sure; Other (please specify)

**25. Did the council ask you about what equipment might help you?**

Yes; No; I am not sure/ I can't remember

**26. Please list any equipment which the council provided you with. For example this might have included a cane, liquid level indicator, clock, equipment for your kitchen etc.**

**27. Did the council ask you to pay for the equipment?**

No; Yes, for all pieces of equipment; Yes, for some of the pieces of equipment; I am not sure/ I can't remember

**28. What equipment do you think should be made available by the council? For example this may include a cane, liquid level indicator, clock, equipment for your kitchen etc.**

**29. Do you receive social care support? (If no got to question 30, or yes then go to question 31.)**

Yes; No; I am not sure/ I don't know

**30. Why do you not receive social care support?**

I don't need it; The council said that I was not eligible (entitled) to support; I didn't know that social care support was available; I am not sure/ I don't know

**31. What social care support do you receive?**

Help with shopping; Help with cleaning; Help with correspondence; Help with going out; I am not sure/ I don't know; Other (please specify)

**32. Please use this space to add any further information you would like to share about social care**

**33 What is your age?**

18 to 24; 25 to 34; 35 to 44; 45 to 54; 55 to 64; 65 to 74; 75 or older

**34. What is your gender?**

Female; Male; Other

**35. Do you have an additional disability?**

No; Yes; I would rather not say

**36. What additional disability do you have?**

Physical disability; Hearing impairment deaf/blind; I would rather not say

**37. Thank you very much for your time and patience. You have been a great help. Your input will help RNIB to provide better services for blind and partially sighted people and help us to put pressure on policy makers to make changes for the better. One of the purposes of this research is to collect information over time to see how people's experiences change in the future. Would you be willing to be contacted again?**

(If yes go to question 38, if no then end of survey).

Yes; No

**38. Address and contact details**

End of survey

## References

- [1] ASCOF (Adult Social Care Outcomes Framework) 2014-15 data  
<http://www.hscic.gov.uk/catalogue/PUB18657>
- [2] See and plan: Vision rehabilitation: empowering people to live independently. RNIB 2016
- [3] ADASS, Budget survey June 2015 Report, June 2015.
- [4] Care Act Stock take 4 (May 2015). [http://www.local.gov.uk/care-support-reform/-/journal\\_content/56/10180/6341378/ARTICLE](http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6341378/ARTICLE)
- [5] My Voice. RNIB 2015.
- [6] Experience survey. April 2015. See Appendix three for further information.
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- [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/VlrehabTPT.pdf>
- [10] 10 principles of good vision rehabilitation. RNIB. July 2016
- [11] Freedom of Information Request submitted April 2015. See appendix two for further information.





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