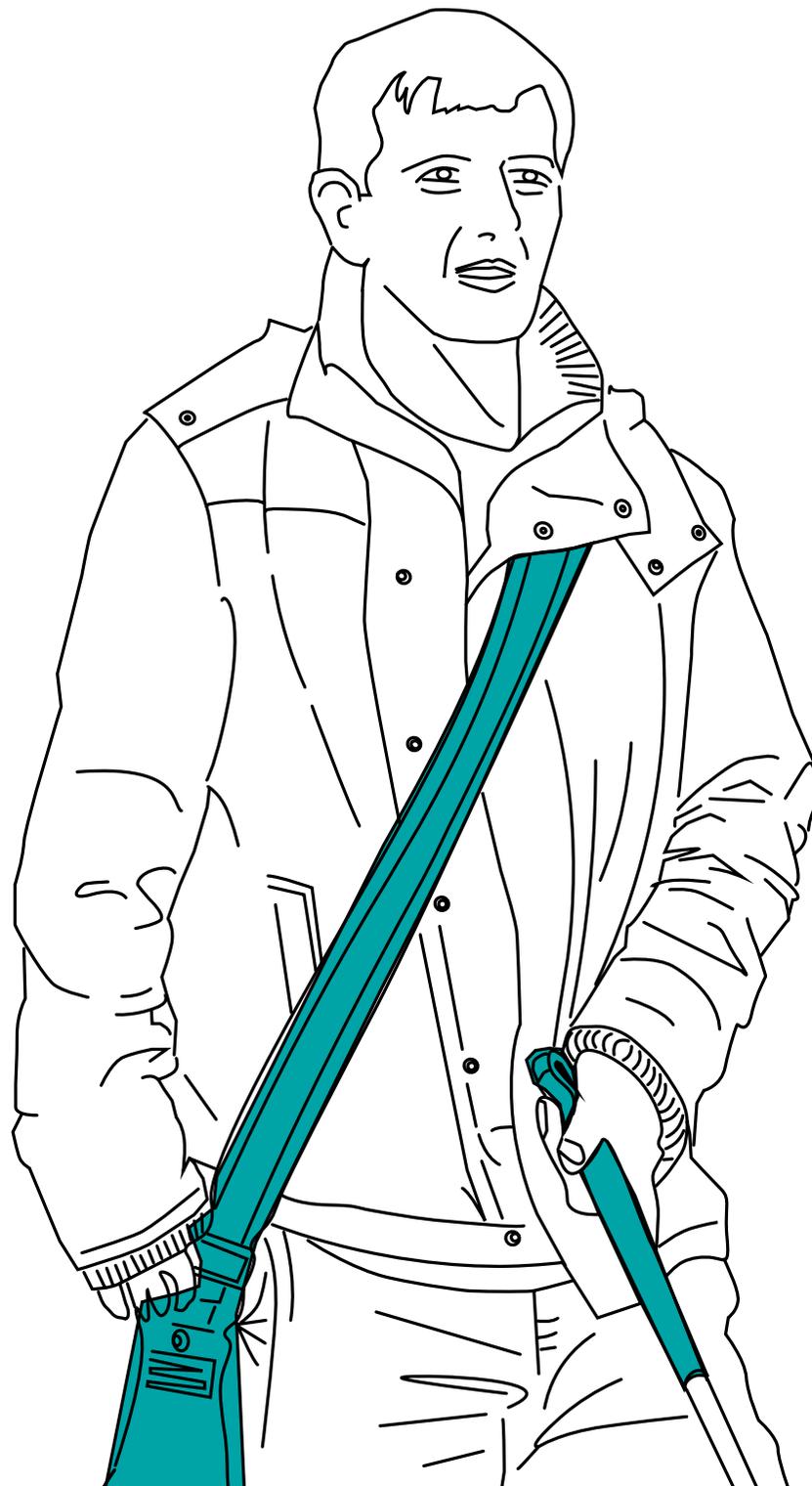


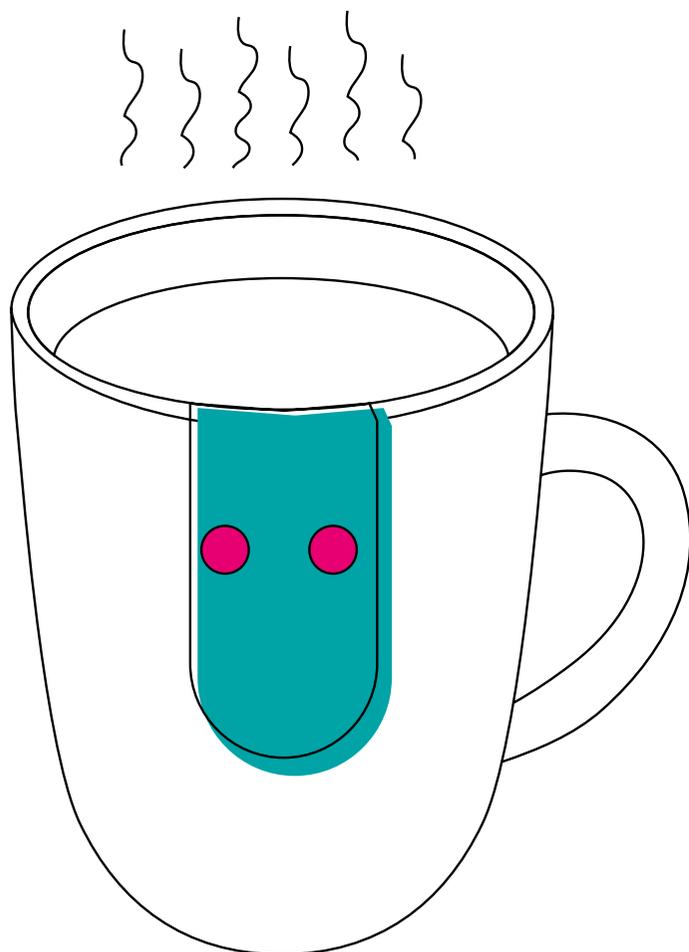
10 Principles of Good Practice in Vision Rehabilitation

RNIB

Supporting people
with sight loss



10 Principles of Good Practice in Vision Rehabilitation



What to expect from vision rehabilitation services:

Losing some or all of your sight can be devastating and everyday tasks can seem overwhelming. Vision rehabilitation can give you the skills and confidence to manage activities like making a cup of tea, shopping, crossing a road safely, reading post, cooking and continuing in work.

Many people don't know that across the country vision rehabilitation services are available. Run by your local council, these services provide essential training and advice to enable blind or partially sighted people to learn and develop the right skills to ensure they are able to get around safely and continue to do the everyday activities that are important to them.

Vision rehabilitation services are available to you at any point of your sight loss journey, whether your sight loss is recent or it happened many years ago. Your circumstances can change, for example your sight could get worse, you may move house or need to learn a new route, or you may feel ready to learn new skills.

However vision rehabilitation services are under significant pressures due to increasing demands on health and social care and tighter budgets.

By working with blind and partially sighted people and those who deliver vision rehabilitation, we have developed 10 principles that clearly illustrate good practice.

We hope these principles will show you what you are entitled to from your local vision rehabilitation service and give you confidence to ask for vision rehabilitation when you need it.

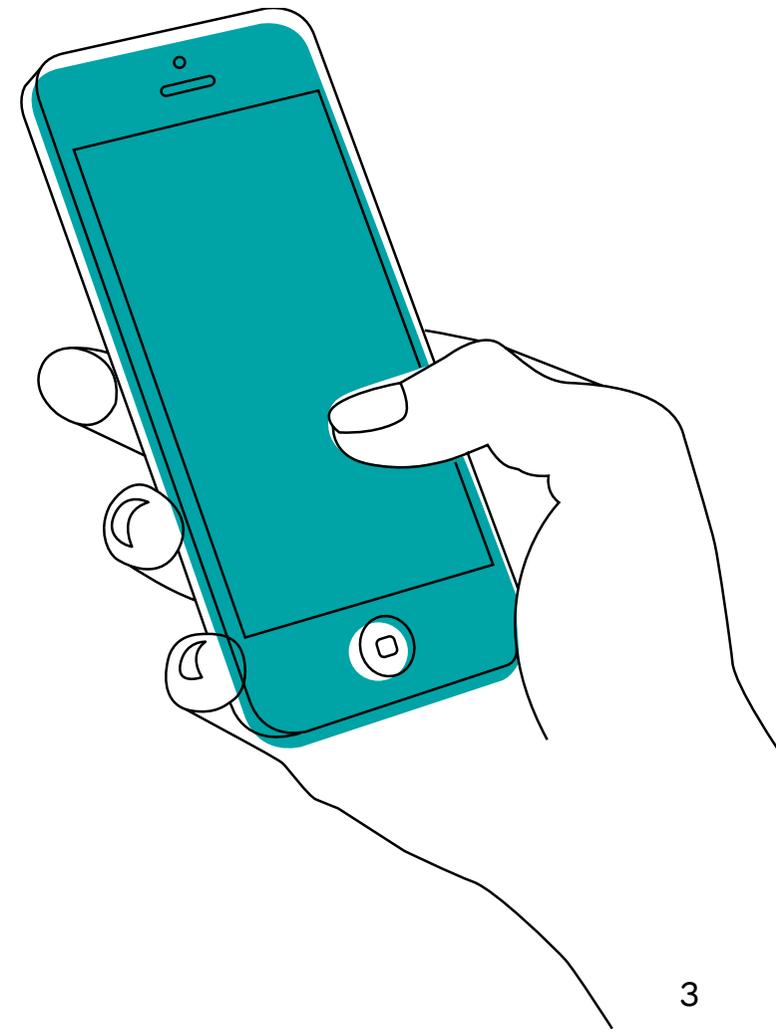
Here at RNIB, we want to ensure blind and partially sighted people receive the vision rehabilitation services they need at this testing time, wherever they live. We want commissioners or those making decisions about providing vision rehabilitation services to use these principles to ensure the right resources are in place to provide vision rehabilitation services that meet the needs of blind or partially sighted people.

Principle 1

All blind and partially sighted people receive initial contact by telephone within two working days of receipt of a Certificate of Vision Impairment (CVI), referral or self referral.

The person I speak with:

- Has the right skills, knowledge and experience to find out what services I need.
- If my case is urgent, it is prioritised.
- Clearly explains the certification process and benefits of registration.
- Is able to explain the benefits of vision rehabilitation and a specialist assessment and is able to make a referral if I need it.
- Ensures I understand that I can request support from my council at any time, even if it is not right for me at the moment.
- Ensures I know who to contact at the council in case I have further questions or need support in the future.





Principle 2

All blind and partially sighted people are seen and receive a specialist assessment from someone with appropriate skills, knowledge, training and qualifications, within 28 days of initial contact.

- I am seen within 28 days of my initial contact.
- My specialist assessment is face to face.
- The local council keeps a record of every specialist assessment that has taken place and uses these to monitor the service needs of blind and partially sighted people.
- My assessment is conducted using my preferred method of communication (BSL, lip speaking, language interpreter).
- I am given a copy of my assessment, usually along with my plan, in my preferred accessible format (verbally, large print, audio, braille, email).

Principle 3

At the specialist assessment all blind and partially sighted people are offered a range of services that address their eye health, emotional, physical, financial and social needs and those of their carer if appropriate.



At my assessment:

- I am given information on my eye condition and sight loss if I need it and information on hearing loss if relevant to me.
- The certification and registration process is explained again if I need it.
- I am given advice and practical support to manage my medication.
- My low vision support needs are reviewed and I am referred for a low vision assessment, aids or training if I need it.
- I am given advice on lighting and my lighting needs are assessed.
- My needs for orientation and mobility training, both indoors and outdoors, are assessed (such as my ability to move around safely, advice on avoiding falls, mobility aids, using public transport).
- Time for training is arranged for me to learn how to manage my regular routes independently if I need it.
- My communication options are assessed including for reading, writing, telling the time, using the telephone and mobile phone.
- I am given advice and support to get online if I need it.
- My need for daily living skills training and support are assessed, including any support or training I need to prepare hot and cold drinks and meals, to manage my oven and hob, to shop, iron.
- Any dials on household appliances are hi-marked to enable me to use them.
- My current care and support network is considered and I am referred for a community care needs assessment if I need it.
- The services discussed are tailored to my circumstances whether I am of working age, retired or a parent.
- If I have a carer who is supporting me, they are offered a carers assessment if needed.
- I am given information, advice and guidance on emotional support or counselling services if I need these including face to face or telephone, peer support, befriending, as one to one services, programmes or groups.



- I am referred to any health professional such as my GP for mental health advice, Occupational Therapist, a falls clinic, Physiotherapist, District Nurse, Diabetic Nurse, if I need this support.
- I am referred for any benefits or concessions I am entitled to.
- I am given advice and support on how to access social activities that match my interests such as sports and leisure activities, community groups, my local sight loss charity and talking books.
- I am referred for housing support if I need it.
- I am referred to a Disability Employment Advisor, signposted to voluntary agencies and given advice on specialist equipment for employment if I am of working age.
- I am given information, advice and guidance if I need support if I am a parent.
- I am given advice, information and support around education and training if I need it.

Principle 4

All blind and partially sighted people are provided with a vision rehabilitation plan within 28 days based on goals agreed in the assessment.

- Is regularly reviewed and updated to reflect my changing assessed needs.
- Includes contact details of my Rehabilitation Worker or assessor.
- All the referrals agreed in my plan are checked and followed up to make sure they happened.

Principle 5

All blind and partially sighted people are provided vision rehabilitation services free of charge, to meet agreed assessed needs.

My plan:

- Is discussed and agreed with me and I am given a copy in my preferred accessible format.
- Is tailored to reflect the level of support I need as agreed in my special assessment. It sets out what support I will be receiving and when. It promotes maximising my independence and confidence so that I can continue doing the things that are important to me.
- Includes the views of my carer if I need this.

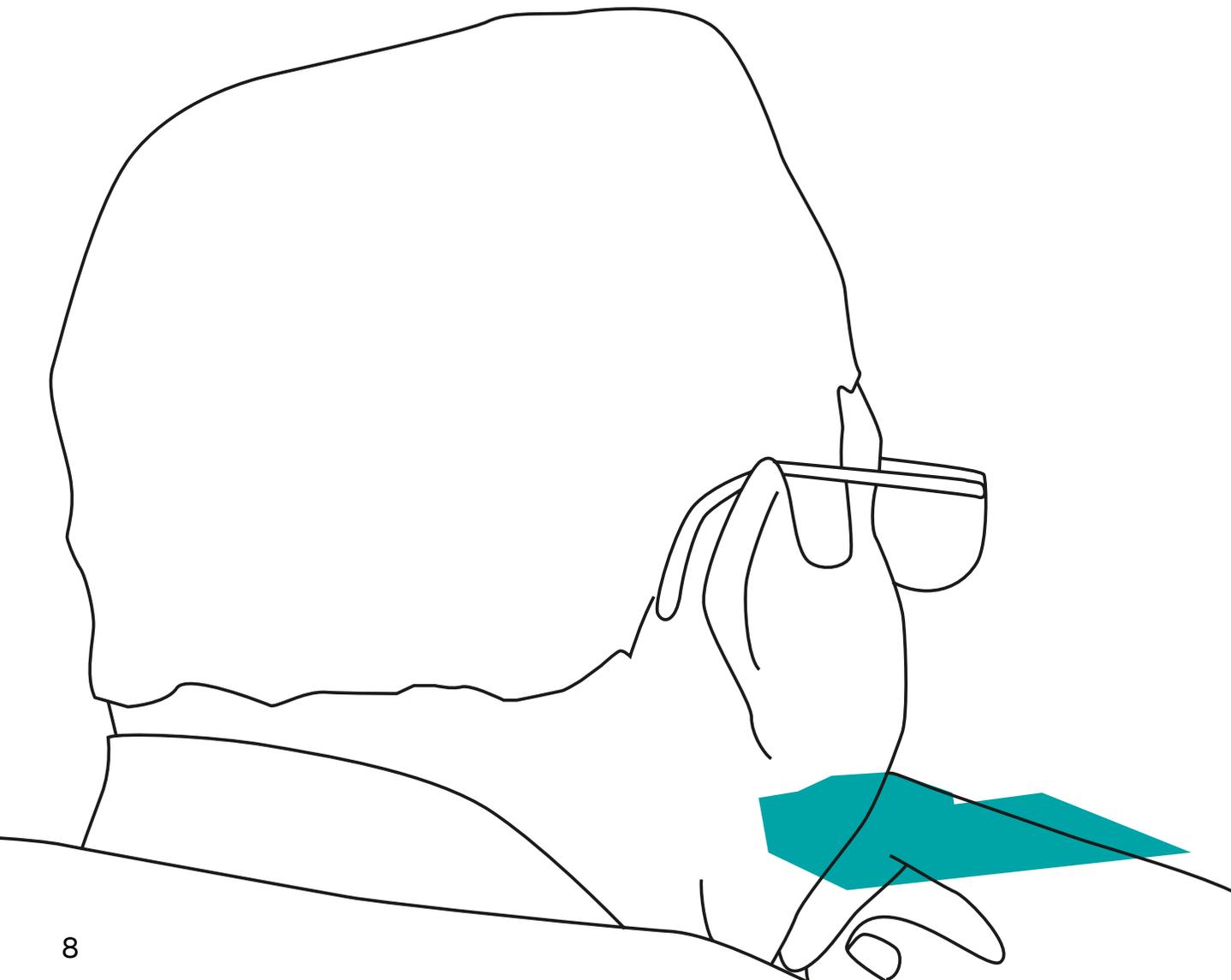


- I am not charged for my vision rehabilitation services.
- The vision rehabilitation services I receive help me to meet my assessed needs.
- The support I am provided is not limited to 6 weeks if I need it for longer.

Principle 6

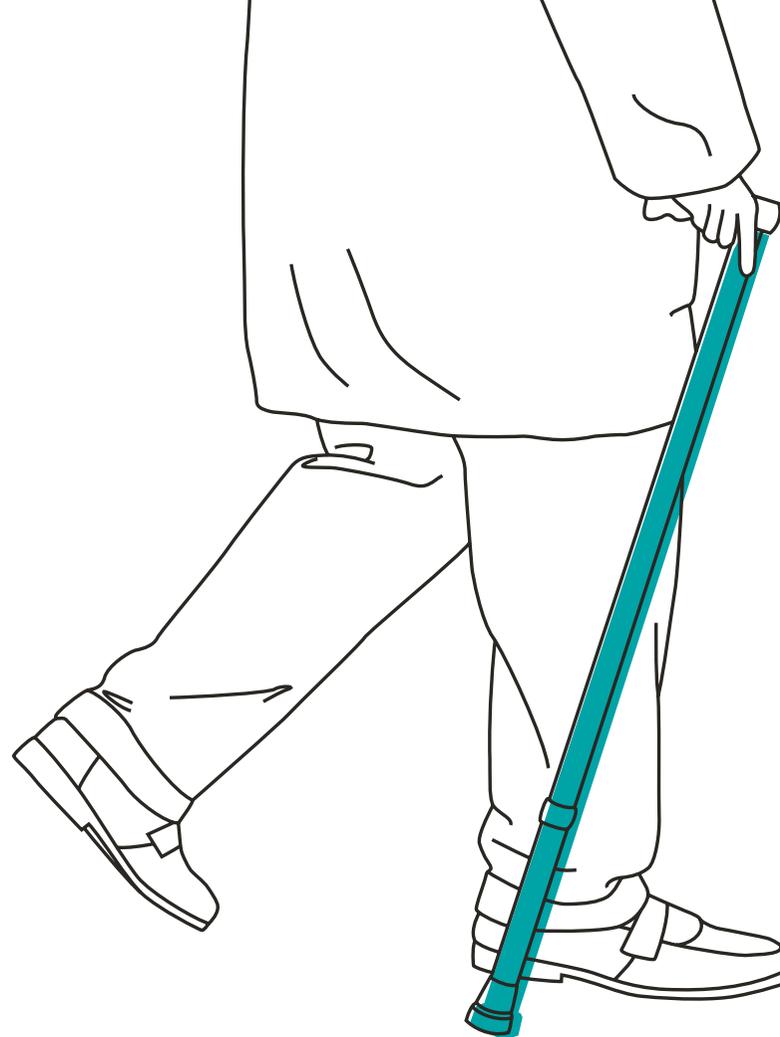
All blind and partially sighted people are offered a full community care needs assessment if vision rehabilitation does not fully meet their needs.

- My vision rehabilitation support is reviewed to ensure it is meeting my assessed needs.
- I am referred for a community care needs assessment if vision rehabilitation does not meet my assessed needs.



Principle 7

All blind and partially sighted people 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.



My plan:

- The equipment, aid or adaptation recommended for me promotes my independence. This may include appropriate white canes, liquid level indicator, signature guide, task lighting, penfriend labeller, speech or magnification software.
- The equipment is demonstrated to me so that I know how it works.
- If I need instructions, they are provided in my preferred accessible format.
- I am signposted to support or suppliers if I need to purchase additional pieces of equipment.
- I am given details of how to access support if my equipment needs repairing or replacing.

Principle 8

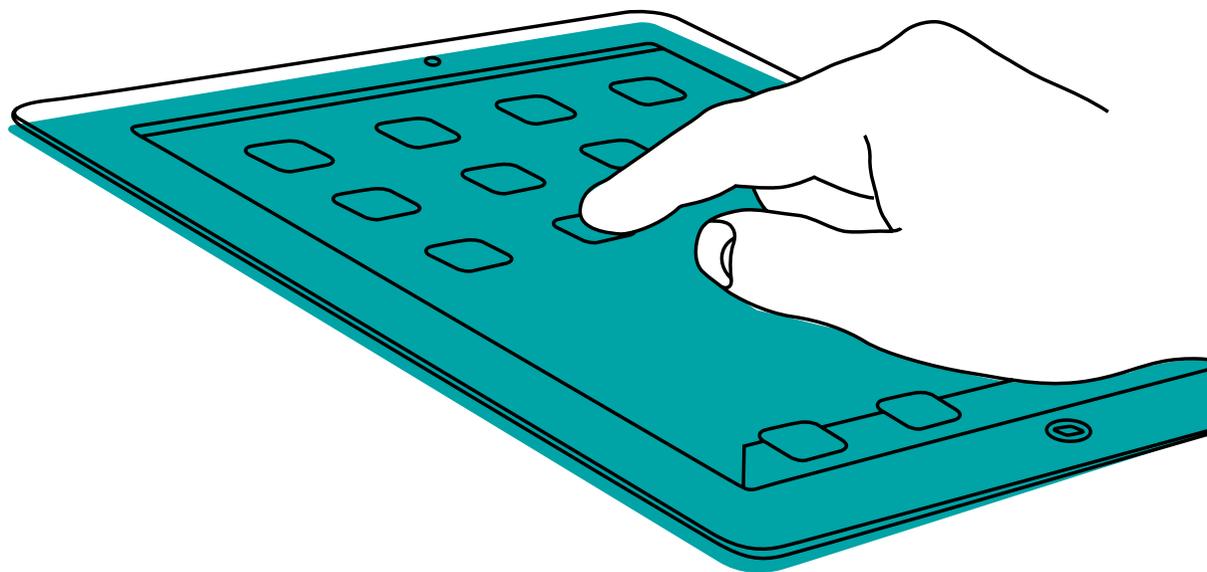
All blind and partially sighted people receive information about services or support in a timely manner and in their preferred accessible format.

- I am asked what my preferred format is and it is recorded.
- All vision rehabilitation information and correspondence is given to me in my preferred accessible format.
- I receive all correspondence and information in a 'timely manner' (Care Act 2014).

Principle 9

All blind and partially sighted people have the ability to access vision rehabilitation services in the future if required.

- I understand vision rehabilitation is not a 'one-off' service and that I can access it if my circumstances change and I need further support.
- I am given the information to refer myself for further vision rehabilitation services if I need it again in the future.





Principle 10

All blind and partially sighted people are provided vision rehabilitation by someone who is trained to understand their sight loss related needs.

- All staff who I have contact with, such as contact centre staff, Occupational Therapists, Social Workers, Rehabilitation Workers, Assistant Rehabilitation Workers, and social care staff have training to understand my sight loss related needs and receive ongoing professional training.
- Continuing professional development is evidenced and monitored as part of their practice through their employer or professional body.

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
- 7** 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
- 8** **receive information** about services or support in a timely manner and in their preferred format
- 9** have the ability to **access vision rehabilitation services in the future** if required
- 10** 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



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