

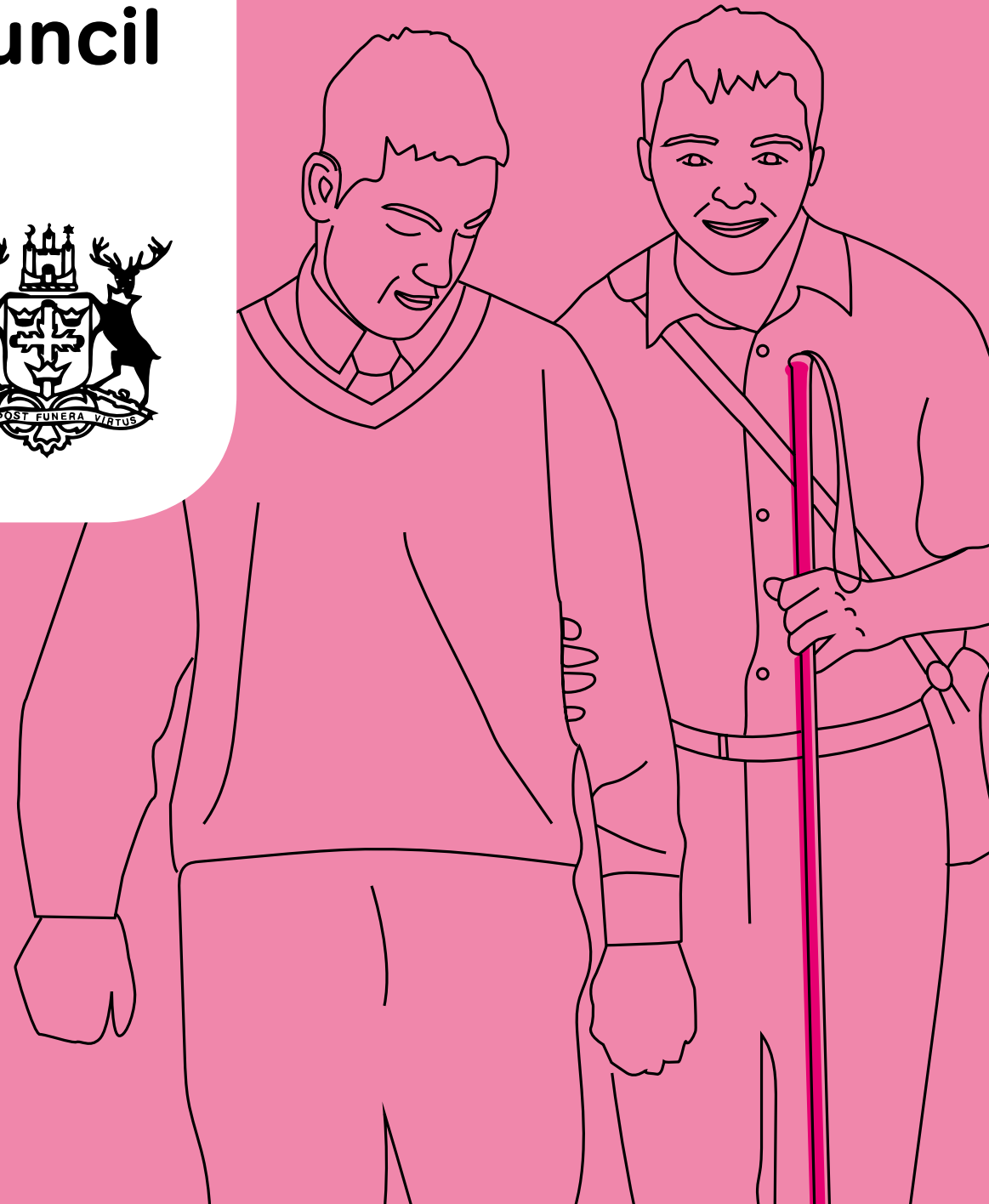
Nottingham City Council

Spotlight on vision rehabilitation



RNIB

Supporting people
with sight loss



Nottingham City Council

Birjit Tykman, senior rehabilitation practitioner tells us about Nottingham City Council's vision rehabilitation service. She highlights how they work towards the goals of **See, Plan and Provide, seeing people for specialist face to face assessments and having plans in place within 28 days; and how they meet several **Good Practice Principles**.**



How would you describe your service?

We provide support to people with sight, hearing or dual sensory loss across the city of Nottingham. We have a population of around 310,000 people in Nottingham and there are approximately 1,480 people that are registered blind or partially sighted.

How many clients do you work with?

On average the service works with over 200 blind and partially sighted people every year. The majority of referrals come to us through Certificates of Vision Impairment (CVIs) but the service also takes self-referrals. Our service includes offering registration, providing vision rehabilitation and referring onto other support services.

Who makes up your team?

We have a team manager, one senior sensory officer, four rehabilitation officers, one dual sensory officer, an administrator and a communicator guide who comes in when needed. We also have a social worker and a part-time community care officer

for deaf people, as well as a care support advisor.

What's working really well about your service?

We have an excellent working relationship with the local eye clinic and we've had a presence there for nearly 20 years. This started when one of the rehabilitation officers, who was passionate about forging a link between health and social services, regularly visited the Eye Clinic. She talked to patients in the waiting area offering them information. Her perseverance paid off as more people benefitted from this support and we were eventually provided with a disused store room. When the new Eye Clinic Unit was built, we were given a proper office and the service is now referred to as the 'Link' service. This relationship has been strengthened with an eye clinic liaison officer (ECLO) now in post that covers the whole county. I can't overstate the value of this service and the positive feedback we get from people who meet with our ECLO.

The ECLO screens all new referrals either by phone or face to face when someone is registered at the Eye

Clinic. He inputs cases onto our shared electronic system identifying any priority cases and if other referrals may be needed such as housing or occupational therapy.

We are proud of how our service supports blind and partially sighted people by maximising their independence, as well as improving their quality of life. We have a specialist assessment which the team complete face to face with all service users (**Principle 2**). All the team are trained to do this assessment which focuses on goals that the person wants to achieve. All aspects of the person's life are explored from employment to parenting (**Principle 3**) and this then feeds into their rehab plan. Rehab training is tailored according to need, for example exploring specialist equipment or referring to our social work team to put in place support such as a direct payment or personal budget. (**Principle 6**).

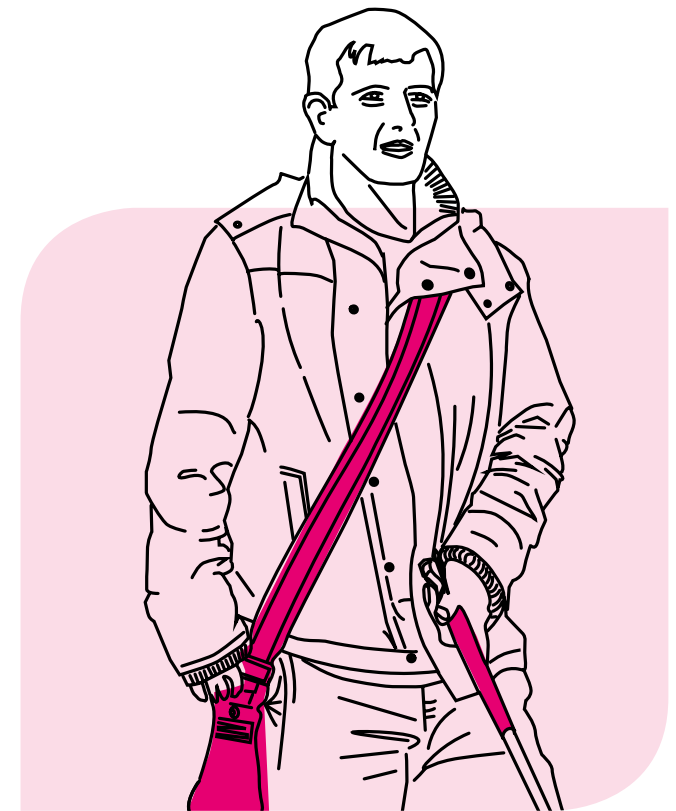
What also works well is how we respond to people who need further rehab support in the future. Once someone has achieved the goals agreed on their rehab plan and their case is closed, they

may need to access the service again for a single intervention, for instance, training on equipment or reinforcing a route. These pieces of work are allocated during our team meetings and shared between the team so that we can respond as quickly as possible (**Principle 9**). This removes the need for a service user to go through the assessment process again when it isn't necessary.

We sometimes do one-off visits to address or eliminate risks before the full assessment is carried out. We also work very closely with other professionals such as reablement workers, physios and OT's who come to us for advice and to do joint work which, enables us to prevent risks from escalating further.

Over the next 12 months, what are the main challenges you're facing and how will you look to address these?

The biggest challenge facing us is the increased demand for the service, at the same time as ensuring that we keep the waiting list down. We are working towards offering specialist assessments within 28 days, while maintaining our



quality of service. We also want to make sure we respond to any urgent or high risk cases as quickly as we can.

To make sure we identify any urgent cases, we have a duty system three mornings a week where the team goes through all the initial contact assessments and any cases identified by the ECLO or other staff as high priority. The ECLO regularly attends our team meetings to discuss any concerns.

Three steps of 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.

10 Principles of Good Practice in Vision Rehabilitation

All blind and partially sighted people...

- receive initial **telephone contact within two working days** of receipt of a Certificate of Vision Impairment (CVI), referral or self referral
- are seen and receive a **specialist assessment** from someone with appropriate skills, knowledge, training and qualifications, **within 28 days** of initial contact

- 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
- are provided with a **vision rehabilitation plan within 28 days** based on goals agreed in the assessment
- are provided vision rehabilitation **services free of charge**, to meet agreed assessed needs
- offered a **full community care needs assessment** when vision rehabilitation does not fully meet their needs
- 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
- **receive information** about services or support in a timely manner and in their preferred format
- have the ability to **access vision rehabilitation services in the future** if required
- 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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