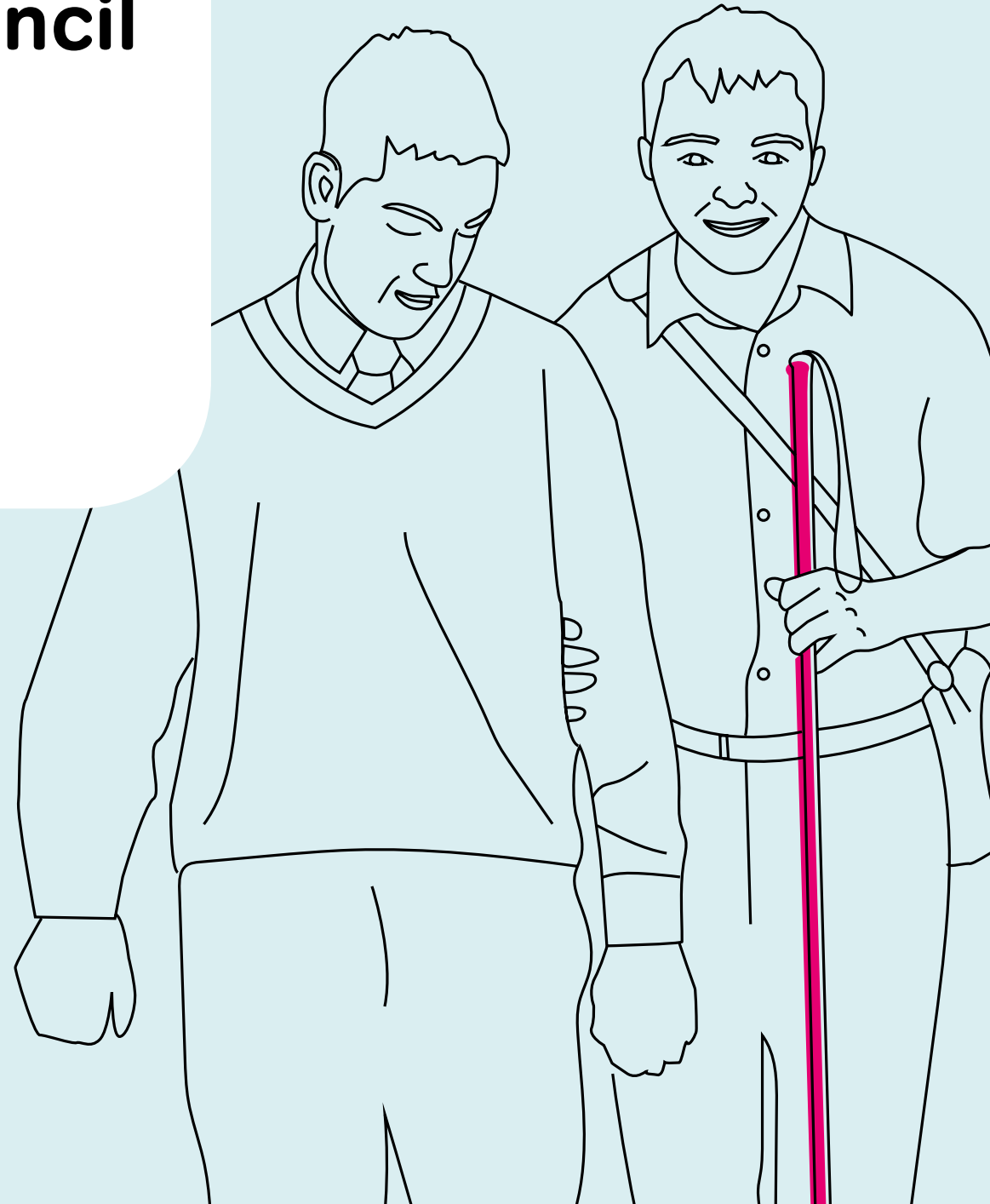


Newham County Council

Spotlight on vision rehabilitation

RNIB Supporting people
with sight loss



Spotlight on Vision Rehabilitation

Pauline Acott, senior practitioner of Newham's Sensory Enablement team, tells us about their services. 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?

The Sensory Service in Newham is based at the Information Equipment and Demonstration Area (IEDA) which is in our resource centre. Newham is a borough in London which has a population of around 320,000. The service is part of the Adult Social Care Department in the local authority; we are passionate about maximising independence for our service users. We support many of our service users into volunteering, education or training, mainly around the use of technology, or into employment. We also recognise the benefits of equipment and adaptations to support blind and partially sighted people to live as independently as possible.

Who makes up your team?

We have a service manager, three senior practitioners (one visual impairment, one deafblind, one hearing impairment), and three rehabilitation assistants who are also 'trusted assessors' and one administrator.

How many clients do you work with?

In Newham, there are over 1,540 registered blind and partially sighted people. On average, we work with around 350 visually impaired people every year. All CVI's, referrals and self-referrals are sent to our access centre. They are then passed onto myself or one of the other senior practitioners, and an initial assessment is completed over the phone within two working days. **(Principle 1)**

What is working really well with your service?

Our specialist assessment process is booked by the service to take place either in the home or at the IEDA.

The preference to undertake the assessment at the IEDA is the opportunity to test out all the equipment, aids and adaptations that can be provided.

Following this, all rehabilitation training is delivered from the service user's home. The assessment will cover all different

aspects of the person's life including low vision, communication, mobility and daily living skills, and employment, education and training. Throughout this process, equipment is discussed at stages, promoting independence with service users.

The service will issue a wide range of equipment on the spot if it is identified; it will address a need for the service user (**Principle 7**). For example, a liquid level indicator to allow a person to prepare hot and cold drinks safely. Or it could be a penfriend to enable the service user to identify certain pieces of equipment or clothing easily through the use of special labels. However, for a number of the service users, we will explore pieces of equipment which require the rehabilitation worker to make a request for it through the Equipment Panel.

Our service has a budget allocated which practitioners can apply to use for aids, equipment or adaptations if they meet a service user's needs. For example, one service user identified that they needed support in reading their correspondence including letters and utility bills; they were reliant on informal support from family

and friends. However, the person had functional sight and the rehabilitation worker presented these needs to the Equipment Panel and how they could complete this task without support using a CCTV. This was approved promptly, thus reducing the burden for additional support. Other examples are assistive technology packages such as Jaws screen reader software, as it enables the individual to communicate and supports them with their volunteering.

Both our senior practitioners and our rehabilitation assistants complete a form, which provides a justification for how the equipment will aid independence for the service user.

There is a quick turnaround as the team manager is part of the Equipment Panel and the form is emailed directly to them and with no requirement to present the case face to face.

The process is efficient and responsive, enabling and promoting service users' independence.



The service is part of a procurement framework within a number of other local authorities which gives us greater buying power in the market as a collective, which has now led to manufacturers working with us all to ask what type of equipment we require for our service users.

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...

- 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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