

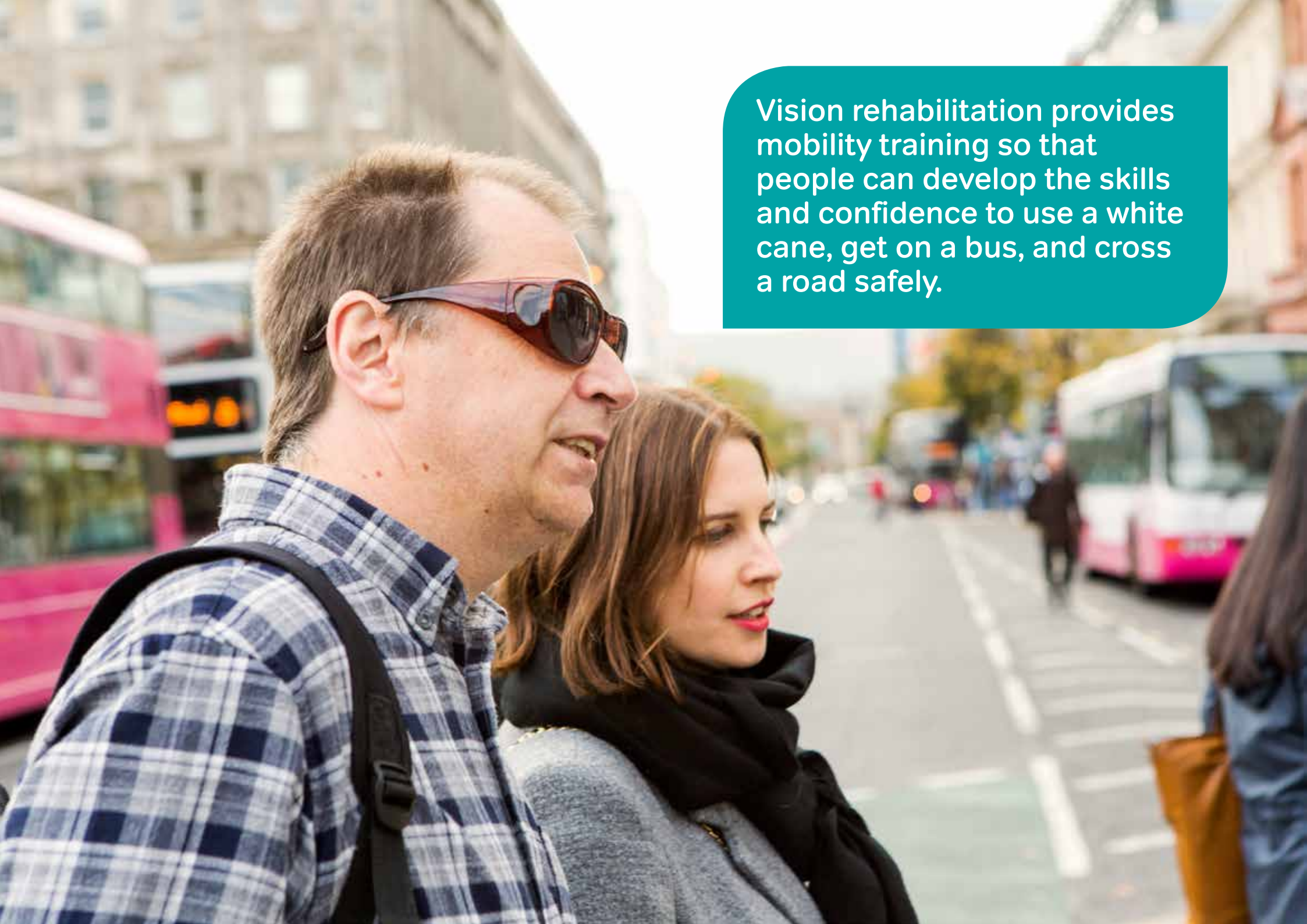


See, Plan and Provide Executive Summary

The state of vision rehabilitation
support across England

RNIB

Supporting people
with sight loss



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.

The impact of sight loss on everyday life can be enormous. It is often 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? Prepare dinner? Avoid falling at home? Get to the shops? When I'm there, how will I find what I need on the shelves?

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.

There are 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 [1]. Demand on social care support will increase and prevention – support through vision rehabilitation to help people remain independent – must play a vital role. It is important that local authorities plan and deliver vision rehabilitation services to ensure that they

are resourced and designed to meet the needs of local blind and partially sighted people. It is not acceptable for individuals to be left to struggle on their own – now or in the future.

The right support, at the right time, can mean that people learn the skills and coping strategies needed to maintain independence.



Social care is failing blind and partially sighted people

Vision rehabilitation provides crucial training and advice to people experiencing sight loss. This includes support to help them live in their home safely and negotiate the many obstacles and risks in the external environment. It gives people the skills and confidence to maximise their independence and to access and participate in their community.

To access vision rehabilitation services, it is vital that blind and partially sighted people receive an adequate, specialist assessment, which is tailored to their needs.

The assessment starts the moment the local authority starts to collect information about the person, and is the point that a specialist assessment should start.

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



RNIB is extremely concerned that many blind and partially sighted people are failing to receive vital vision rehabilitation support. RNIB's latest report – See, Plan and Provide: the state of vision rehabilitation support across England – offers a stark picture of inadequate access to assessments and support for vision rehabilitation.

Our research is based on an FOI (Freedom of Information) request sent to all local authorities in England. A response rate of 100 per cent was achieved, although not all councils answered every question. We have not included responses from the City of London and the Isles of Scilly given their very low populations of blind and partially sighted people.

The FOI request is not designed to comment on the quality of service provided. All of our 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.

Findings showed three key areas for concern:

1. People with sight loss are missing out on assessments for vision rehabilitation support

Our research found that just under half (49 per cent) of blind and partially sighted people in contact with their council do not receive an assessment for vision rehabilitation support [2]. This means that many are not getting the right support, at the right time, to help them live independently at home.

2. Assessments are not sensitive to the unique needs of people with sight loss

RNIB is concerned that, of those who do receive an assessment, not all are offered a specialist assessment which is sensitive to their unique needs. 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 may well be inappropriately signposted away from vital vision rehabilitation support that they greatly need.

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

3. Referral rates for vision rehabilitation assessments vary across comparable local authorities

Our research also showed variations in referral rates for vision rehabilitation assessments across comparable local authorities. For example, Somerset Council has an estimated population of 8070 blind or partially sighted people and only referred 70 people for a vision rehabilitation assessment. This compares with Gloucestershire, which has a population of 8110 blind or partially sighted people, and referred 436 of them for an assessment. (This data is from RNIB's FOI findings and corresponds to a six month period between April and November 2015).

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

“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.”

RNIB is alarmed that eight local authorities only referred 10 people or less for a vision rehabilitation assessment over the same 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.

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 (%)	Type of assessment offered
Bournemouth	*	0	*	Generic assessment
N E Lincolnshire	251	4	2%	Other
Middlesbrough	85	7	8%	*
Redcar and Cleveland	72	7	10%	*
Rutland	71	8	11%	*
Bury	113	10	9%	Other

* indicates missing data

Why vision rehabilitation matters

Case study

“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!”

Natasha, London

See, plan and provide

There are three easy steps that RNIB is calling on all local authorities to take – **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 that found that the key components of quality vision rehabilitation include, “staff with specialist knowledge and skills; high quality assessments, including initial screening of referrals; and offering personalised and user-led support”[3]. It also draws from RNIB’s 10 principles for delivering vision rehabilitation support, which have been developed in partnership with blind and partially sighted people and vision rehabilitation officers [4].

There are a number of questions that commissioners and providers can ask to assess if their service meets the three simple steps.

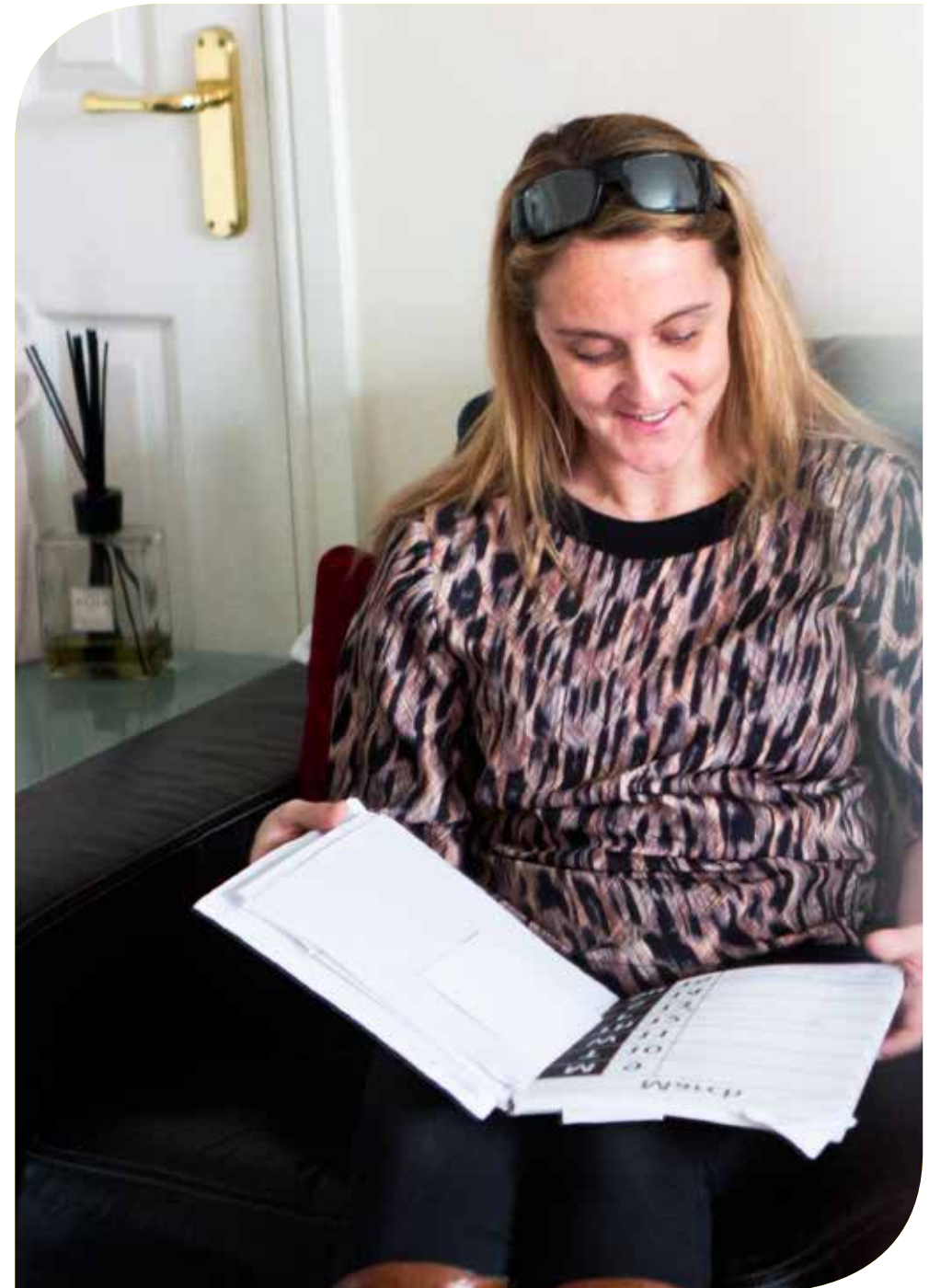
See: everyone with a visual impairment must receive a specialist face to face assessment.

- 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 their 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 has met assessed needs? Are referrals made for a care assessment if required?



Conclusion

For the first time, RNIB has set out 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 access to this vital service.

RNIB understands that 28 per cent of local authorities currently are reviewing 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 a better time to ensure that vision rehabilitation services are fit and robust for the future. 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.

We are in a time of great financial pressures and this provides even more of an impetus to ensure that vision rehabilitation support is right. Investing early can reduce the need for more expensive and intensive care packages later on. 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 in ensuring that blind and partially sighted people receive tailored vision rehabilitation support. Whether you are a commissioner, provider, 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.

For more information read our full report 'See, Plan and Provide: the state of vision rehabilitation support across England'.

To find out more visit [rnib.org.uk/seeandplan](https://www.rnib.org.uk/seeandplan) or contact **020 7391 2123**.



References

[1] Sight loss data tool April 2016 www.rnib.org.uk/datatool

[2] Freedom of Information Request, submitted November 2015.

[3] 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>

[4] 10 Principles of good vision rehabilitation. RNIB June 2016.



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