

Wales Council of the Blind

Recognising the role of the Vision Rehabilitation Specialist

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Executive summary

Vision rehabilitation covers many aspects of day-to-day life, including activities that can present a substantial risk to somebody with a vision impairment. The main goal of a Vision Rehabilitation Specialist is to assess the risks associated with these activities and to address and mitigate them through training, provision of equipment, or changing the environmental factors relating to the risk identified. This in turn can reduce the need for more costly ongoing care and support, reduce hospital admissions, and help someone experiencing sudden sight loss or a drastic change in circumstances retain their skills, confidence, independence.

In Wales, the **Social Services and Wellbeing (Wales) Act 2014** [2], places a statutory duty on local authorities to carry out an assessment for care and support. This can lead to a specialist assessment which must be carried out by a qualified worker.

If a more specialist assessment is required, it is likely that the needs are more complex in nature. As a result, a local authority must ensure that there is minimum delay in completing the specialist assessment so that a care and support plan can be progressed quickly and should consider whether it is appropriate to put interim support in place. [20]

For people with sight loss who would benefit from rehabilitation support, we strongly believe that specialist assessments should be carried out by a qualified Vision Rehabilitation Specialist. Much of this is done by our third sector partners through Local Authority contracts.

Please note: Throughout this paper, the term used will be Vision Rehabilitation Specialist or VRS. However, as the qualifications needed are the same as the ROVI, it is simply a change in name; the role and the specialisms remain the same. Many authorities in Wales have not yet changed name from ROVI to VRS. It is worth noting that the change in name does not require a change in job description.

The number of people with sight loss in Wales is expected to rise by 30 per cent by 2030 and double by 2050 [12]. Yet in recent years, we have seen a decline in the Vision Rehabilitation Specialist workforce needed to provide the right level of support to this growing cohort. Due to the

system being under-resourced, too many blind and partially sighted people are not receiving vision rehabilitation support in a timely manner. This shortfall in support increases the pressure on other services in health and social care, and many local authorities have no clear plans for workforce renewal.

As highlighted in Wales Council of the Blind's 2021 report, 'Addressing a Workforce Crisis in Wales' [3], an ageing workforce and the lack of a qualification pathway in Wales combine to pose a threat to future provision and delivery of rehabilitation services in Wales, both now and in the immediate future. It is important to recognise that the recommendations within Addressing a Workforce Crisis in Wales report still need to be implemented.

In order to address any inconsistencies in rehabilitation services in Wales it is important to understand their root causes.

One reason is a lack of direction from Welsh Government about what local authorities need to commission or deliver. The **Social Services and Wellbeing (Wales) Act 2014** [2] places a statutory duty on local authorities to provide a preventative approach to meeting people's care and support needs, including minimising the effects of impairments. However, it does not include any detail about who is qualified to carry out the assessment. The revised Certificate of Visual Impairment (Wales) [4] states that "You are entitled to an assessment by a vision rehabilitation specialist". This change reinforces the critical role of the Vision Rehabilitation Specialist (VRS) and the need to invest in the workforce.

The second reason for inconsistencies is that vision rehabilitation is not a regulated service under the Regulation and Inspection of Social Care (Wales) Act 2016 [5]. The Act outlines the baseline standards and requirements across much of social care and it links directly to the qualifications framework which enables commissioners to clearly identify the qualifications required for each role within the care sector. Rehabilitation falls outside of this framework. This can result in an inconsistent service across Wales with varied levels of resources between authorities. (It should be noted that there are, however, a set of National Occupational Standards for sensory workers including rehabilitation. These are available at the Social Care Wales website [22] and were established in 2008 after the Benchmarking study and guidelines were published [6, 7]).

The third reason for inconsistent delivery of support across Wales is the limited number of qualified Vision Rehabilitation Specialists available.

Local authorities are unlikely to fully resource non-statutory rehabilitation services while their statutory commitments take centre stage. A clear directive from Welsh Government that specialist assessments must be carried out by qualified workers would put more pressure on the authorities to ensure they are able to meet this demand by training and recruiting sufficient numbers of VRSs.

To improve consistency in the delivery of this much needed service, having clear standards, set by Welsh Government for Local Authorities to follow relating to Vision Rehabilitation and service provision, would enable every Local Authority and commissioner, as well as commissioned providers, to have a consistent approach. This approach must be one based on best practice, high ambitions for people with vision impairments and one which secures their rights to receive the appropriate support, skills, training and equipment to enable each person to retain their independence. Having timely support will reduce the risk of people needing acute health care following an accident such as a fall or burn; reduce longer term care resulting from no longer being able to manage their medication; and improve mental health and wellbeing through having more confidence and skills to continue in the workplace, therefore reducing reliance on work-related benefits.

This present research shows that across Wales in 2022/23 blind and partially sighted people are not able to access a consistent service:

- 2 local authorities (out of 12 that reported) had people left waiting for more than a year for a vision rehabilitation assessment and subsequent support;
- 75% (9 out of 12 LAs who provided data) of local authorities did not complete all vision rehabilitation assessments within the recommended 28 days, meaning 42% of blind and partially sighted people (747 people) did not receive their assessment in this timeframe;
- There are currently only 31.9 FTE out of the recommended 44.8 FTE Vision Rehabilitation Specialists currently employed across Wales (the minimum recommended number is 1 per 70,000 residents);

- Just over a quarter (27%) of local authorities in Wales have vacancies for specialist staff, and 2 areas (as of July 2024) have no vision rehabilitation specialist at all;
- Across Wales, waiting times vary between a few days to over a year. Local authorities are seeing an increase in demand, and many have acknowledged that they are struggling to accommodate the rise in demand for rehabilitation services, particularly given an increase in complex cases where sight loss might sit alongside learning disability, autism or mental health conditions.
- The pressures of long waiting lists have an impact on the wellbeing of the VRS workforce leading to long-term work-related absences being reported. When a VRS is absent from work, the waiting list continues to grow. Unlike other professions in Social Care, VRS cannot be replaced through agency VRS because they are simply not available.

Models of best practice do exist and are highlighted within this report.

Key recommendations

The Wales Vision Forum is calling for Welsh Government to ensure all blind and partially sighted people can access the support they need to live life to the full. Adequate social care is fundamental to well-being, and for people with the sight loss it is about thriving, not just surviving. We need national oversight of services to ensure they are consistently delivered to the required standard.

To achieve this:

1. Social Care Wales should work with local authorities, Welsh Rehabilitation Officers Forum (WROF) and the third sector to undertake a review of the Vision Impairment Good Practice Guidelines [WCB/WLGA 2006] [7] (referencing the 10 Principles of Good Practice in Vision Rehabilitation [RNIB] [8]) to establish minimum standards and good practice for service, workforce and commissioning. These can then be used as the basis for ongoing service monitoring.

2. The skill and expertise of Vision Rehabilitation Specialists (and Qualified Habilitation Specialists) must be recognised by making Vision Rehabilitation Specialists a regulated profession, on a par with those included in the Regulation and Inspection of Social Care (Wales) Act 2016 [5] and listed on Social Care Wales website [9].
3. An advisory board should be established to address the workforce crisis across Wales.
4. A short-term post be created to lay the foundations for the above work. Welsh Government funding could enable this work to start from early Autumn and we shall seek support from all local authorities. The Welsh Rehabilitation Officers Forum, at their AGM on 17th July, have supported the refresh of the guidelines.
5. An all-Wales post should be created to lead on establishing a consistent specialist assessment; national outcome measures; improved referral pathways; and provide supervision and mentoring for isolated workers on specific cases.

Setting the scene

Mobility training was something I was extremely reluctant to undertake as it meant people would be able to see that I had a visual impairment and it was always something I wanted to hide from people. When I took the plunge in requesting cane training, I did not anticipate how long the waiting list would be. I expressed my concerns to the local authority as I was eager to get back into work and knew that I needed the assistance of the cane to allow me to continue being independent. After back-and-forth emails expressing my need for the training, I was finally allocated a rehabilitation specialist who has been absolutely incredible at building my confidence when using my cane. Unfortunately, my training has been very inconsistent due to the lack of capacity and there are, quite frankly, not enough rehab specialists to meet the demand. [...] It is absolutely crucial for visually impaired individuals' independence, mental health and well-being.

- Anonymous service user

In A Healthier Wales the Welsh Government sets out the ambition to bring health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well.

When people need support, care or treatment, they will be able to access a range of services which are made seamless, and delivered as close to home as possible. Services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.

- Our vision for the future, A Healthier Wales [15]

What is vision rehabilitation?

Jennifer Acton *et al* conducted an exploratory study into the effect of a rehabilitation intervention on visual function and wellbeing:

The findings of this exploratory study demonstrate a significantly greater improvement in visual function following visual rehabilitation [...] The study provides preliminary evidence that a home visit-based visual rehabilitation intervention has a positive influence on vision-specific functioning with moderate effect size.

- Effect of a Home Visit-Based Low Vision Rehabilitation Intervention [...] [24]

Vision Rehabilitation Specialists are the only specialists qualified to work with people with sight loss and who are trained to support, enable and teach vision impaired people the specific skills to lead independent and fulfilling lives.

Vision rehabilitation is a profession in its own right. It has its own UK-wide professional body (the Rehabilitation Workers' Professional Network), agreed practice standards, Code of Ethics and Professional Conduct, and UK-Government-backed accredited register of practitioners [21]. It is listed with the qualification required [23] along with its National Occupation Standards [22] at Social Care Wales.

The role of the Vision Rehabilitation Specialist is to build confidence through supporting people to regain lost skills and teach new skills; provide emotional support; and maintain and promote independence and choice. These skills will enable people with sight loss to live safely and contribute to society as active citizens.

Early intervention is crucial and people will experience much better outcomes if they are supported before they lose their confidence, it also reduces the need for ongoing support from already overstretched services. Early intervention also helps to tackle loneliness and social isolation, which are priorities for Welsh Government, as outlined in the Welsh Government's Strategy 'Connected Communities' [19].

For similar work carried out with children and young people, a **Habilitation Specialist** is used. Not providing habilitation to the child will have an impact on their development, missing out on life skills, and the Vision Rehabilitation Specialist will have to start from scratch in the client's adult life. This is a different profession with its own qualification and has its own challenges.

Case studies from each of the 22 local authorities in Wales, highlighting the impact timely rehabilitation has on someone with sight loss, can be found in Addressing a Workforce Crisis in Wales [3].

Good practice example: North Wales Society of the Blind (in Anglesey and Gwynedd) have clear and defined referral pathways that allow for self-referral which is open to everyone experiencing sight loss regardless of diagnosis or registration.

A referral system is in place, supported by a team of support staff who provide information, advice and training. This offers an alternative to the traditional rehabilitation referral if appropriate.

The society has a referral tracking system which identifies any delays and increases in demand. A quality outcomes measurement system is also in operation that effectively measures the value and outcomes of rehabilitation intervention, enabling fair comparison between operational areas.

Minimum standard for a priority 2 referral:

1 to 3 days	Letter contact within 1-3 working days.
4 to 10 days	Screening phone call and “what matters” assessment.
11 to 20 days	Vision Rehabilitation assessment – face to face.
21 to 31 days	Provide a service.

The Authorities use priority categories to ensure that referrals are allocated effectively; the model is based on need and not referral date. For example, priority category 1 Referrals will be offered a face-to-face assessment which will take place within 5 working days of the referral.

Financial value of rehabilitation

There are cost savings that can be made by providing effective rehabilitation. The report Demonstrating the Impact and Value of Vision Rehabilitation [10] evidenced that the financial value resulting from rehabilitation may significantly outweigh the financial costs of delivering remedies from the health and social care sector. This equates to an average saving of £4,487 per referral.

It is estimated that the combined incidents of falls amongst older people costs the NHS in Wales a staggering £2.3 billion per year and given that half of those are directly attributable to sight loss, early rehabilitation interventions, that deal with safe movement around the home and outdoors, will have an enormous impact in reducing this cost. (See 'The Importance of Vision in Preventing Falls', College of Optometrists, 2020 [11])

Local authorities must recognize the longer-term cost benefits of employing VRs and invest in the profession. However, there are a number of reasons why this is not currently happening.

TABLE 1: Numbers of VRs employed in Wales (July 2024) and students undergoing training (as at September 2024).

Local authority	VRs (FTE)	Population estimate	Minimum standard (1:70,000)	Trainee VRs (FTE) (1 st /2 nd year)		Provider
Isle of Anglesey	1	69,049	1		0.8*	NWSB
Gwynedd	1.8	117,591	1.7			NWSB
Conwy	1	114,290	1.6	1		VS
Denbighshire	1.6	96,558	1.4	1		VS
Flintshire	0.8	155,319	2.2	1		VS
Wrexham	1	135,394	1.9			VS
Powys	3.3 ^{***}	133,891	1.9			LA
Ceredigion	1	71,610	1			LA
Pembrokeshire	2	124,367	1.8			LA
Carmarthenshire	3 ^{**}	189,117	2.7		2	LA
NPT	1	142,158	2			SC
Swansea	0 ^{****}	241,282	3.4			LA
Bridgend	4 ^{**}	146,136	2.1			LA
RCT	3	239,018	3.4		1	LA
Merthyr Tydfil	0.8	58,883	0.8			LA
Cardiff	1	372,089	5.1			SC
Vale of Glam.	1	133,492	1.9			SC
Caerphilly	2	176,130	2.5			LA
Blaenau Gwent	0	67,014	1			LA
Torfaen	0.6	92,860	1.3	0.4		SC
Monmouthshire	1	93,886	1.3	0.6		SC
Newport	1	161,506	2.3			LA
Totals	31.9	3,131,640	44.8	4	3.8	

LA = Local Authority; SC = Sight Cymru; NWSB = North Wales Society for the Blind; VS = Vision Support

Population estimates sourced from StatsWales for 2022. [13]

* This trainee shall be covering Anglesey and Gwynedd.

** Two locums are employed by Bridgend and Carmarthenshire from PrioritEyes, which provides VRs and other roles across the UK.

*** A business case for another 0.5 FTE for South Powys has been made as there are a number of people waiting for assessments.

**** 1 FTE vacancy out to advert. Consideration is being given to the creation of a Rehabilitation Assistant post with a view training them to a fully qualified VRs, but this is subject to available budget.

The problem

There are 112,000 people with sight loss in Wales [12]. This figure is estimated to rise to 133,000 in 2032 as our ageing population increases and as effective referral pathways develop. This growth in numbers will have a powerful impact on the ability of local authorities to deliver rehabilitation services. This is further compounded by optometry reform in which Low Vision Service Wales optometrists are now able to provide certificates of vision impairment (CVI) for patients with bilateral Dry AMD in the high street. By providing this additional route to the VRS, we fully expect to see an increase in referrals, further exacerbating the problem.

What will the impact be?

According to research carried out by WLGA and WCB in 2005/6 [6], it was recommended that there should be 1 VRS per 70,000 of the population. According to this standard, currently there is a shortfall of approximately 13 FTE posts. This downward trend was identified in the Jennifer Acton study in 2016:

In the United Kingdom, the type of social care provision provided by visual rehabilitation officers, and studied here, has been in decline. Services have been cut and the number of visual rehabilitation officers being trained has reduced steadily over the last 12 years. The findings reported here may persuade policy planners in the United Kingdom to recognize the value of visual rehabilitation officers and halt the decline in service provision. [24]

There are a number of authorities demonstrating good practice by investing in workforce development.

Bridgend and Powys meet good practice standards where they employ 1 VRS per 50,000 residents. A further 6 local authorities meet the minimum standard of 1:70,000.

Addressing a Workforce Crisis in Wales [3] found that it is essential that new Vision Rehabilitation Specialists are trained as nearly half (15) of the current workforce is set to retire by 2026.

The recommended minimum number of Vision Rehabilitation Specialists is 1 per 70,000 residents [6]. However, we recognise that this figure could change depending on rurality and on where there is complementary third sector support. 8 of the authorities meet these minimum standards (down from 12 in 2018) but we are concerned that, with a number of retirements on the horizon, places in Wales will have no specialist service unless workforce planning is addressed as a matter of urgency. This situation is compounded by a lack of appropriately trained professionals to fill places when people retire or leave. Last year, the Birmingham City University rehabilitation course only had students who were sponsored by an employer (local authorities and third sector). None were self-funding. Therefore, given that all students were already in employment, there was no cohort of newly qualified VRSs to fill gaps elsewhere. For example, two local authorities are currently in need of a VRS but there is nowhere to employ qualified personnel from other than existing employees in other authorities. Currently, the Local Authority has no choice but to regard itself as offering a form of apprenticeship in order to deliver the service.

Recruiting trainees and funding the qualification is the obvious and easiest answer (although not the cheapest). However, in counties like Swansea and Blaenau Gwent where there are no qualified staff in post, it will be very difficult for the trainees to receive the necessary mentoring, supervision, support and shadowing from within their county. Also, it might mean that there would be no qualified worker for two years during that training period.

A different approach: In Carmarthenshire and Bridgend, and previously in Powys, additional VRSs have been hired from a UK-wide agency. This spot purchasing model has proved essential for reducing an unmanageable waiting list. It appears to be cost effective. However, the problem remains that there would still need to be trained VRSs to fill those agency roles. The question of who pays to train people still stands.

In the early 1990's there were only 12 qualified posts in Wales. This number grew steadily with 50 fully qualified ROVIs employed in every local authority, either through directly employing workers or via contracted workers, in 2010. In 2018, the number of practicing Vision Rehabilitation Specialists fell to 34.2 FTE. This number has fallen further over recent years. In actuality, there are 31.9 FTE out of the minimum recommended 44.8 FTE Vision Rehabilitation Specialists currently employed.

We have seen 8 VRSs retire since the scarcity report and should expect a further 7 in the next few years. There are 8 trainee VRSs enrolling or enrolled at BCU but this takes time to qualify and is only covering existing shortages. Without workforce planning we will see further local authorities with no rehabilitation service.

Commissioning

Whilst the **Social Services and Wellbeing (Wales) Act 2014** [14] places a statutory duty on local authorities to provide a preventative approach to meeting people's care and support needs including minimizing the effects of impairments, the Act doesn't include any details about who is qualified to carry out the assessment for people with vision impairments.

Part 3 Code of Practice (assessing the needs of individuals) paragraphs 27-28 mention bringing in other professionals to carry out other specialist assessments and sensory assessment is included in this.

Where local authorities do not have in-house VRSs, third sector providers may be commissioned to deliver the service. This is normally done on a competitive tender basis.

There are concerns that the third sector provision of the VRS service is not as highly valued as directly employed workers, illustrated by the third sector in some areas receiving insufficient funding from the local authority. There should be universal recognition that all VRSs have received the same training and gained an identical qualification.

There needs to be a consistent approach to commissioning vision rehabilitation services across Wales. Work needs to be completed to identify a set of standards and good practice guidance to inform commissioning plans around vision rehabilitation and service design, delivery and minimum numbers of VRS that are endorsed and backed by Welsh Government. To achieve this, we recommend that Social Care Wales works with local authorities, Welsh Rehabilitation Officers Forum (WROF) and the third sector to undertake a review of the Vision Impairment Good Practice Guidelines [WCB/WLGA 2006] [7] (referencing the 10 Principles of Good Practice in Vision Rehabilitation [RNIB] [8]) to establish minimum standards and good practice for service, workforce and commissioning. These can then be used as the basis for commissioning of services and ongoing service monitoring.

A North Wales model: In North Wales Society for the Blind there is recognition that an effective rehabilitation service must be supported by a range of support staff to allow Vision Rehabilitation Specialists to concentrate on their core role unencumbered by additional work. This additional work had traditionally been undertaken by the rehabilitation team because “there is nobody else to do it”. It included information technology, technology including mobile phones, equipment delivery, counselling, grants, low level equipment delivery, administration. This new approach of using support staff highlights the added value that third sector partners can provide to complement the role of the VRS.

It's important to note that salary scales are not consistent across Wales, including between local authority workers and third sector workers. Due to the competitive tendering model, third sector organisations may have to reduce salaries to remain competitive. It would be helpful if commissioners would specify a minimum salary based on NJC pay scales so that the third sector tenderer can take the salary out of the competitive element and focus on a best value model by drawing upon their resources within the organisation.

The Cardiff model: The Cardiff VRS works closely with Sight Life who currently provide initial advice and support to individuals and promote independence. Sight Life also refer on behalf of people to Social Services for VRS and/or other assessments. The VRS is contracted via Sight Cymru – who provides all professional support and management. The Council provides day-to-day support, advice and allocation / monitoring of workloads.

Assessments are authorised by a senior social worker. Reports and case studies are submitted quarterly to Cardiff LA and Sight Cymru as part of the process for professional monitoring and development.

Training of Vision Rehabilitation Specialists

Local authorities and third sector partners are finding it difficult or impossible to recruit due to the limited number of qualified Vision Rehabilitation Specialists available for work. With only one university in England and Wales providing the qualification (Birmingham City University), there is a bottleneck on demand for spaces and the qualification is costly to both provider organisations and local Authorities.

Without having the clear directive from Welsh Government that the specialist assessment should be carried out by a suitably qualified Vision Rehabilitation Specialist, local authorities, where funding is tight, will not prioritise funding students on the course to future proof their VRS provision.

As a sector we continue to explore options for developing a graduate qualification here in Wales so that students from the third sector and local authorities can gain a formal rehabilitation qualification. This is evidenced in Training Needs Analysis for additional Vision Rehabilitation Specialists in Wales [16]. However, it is unlikely that BCU will provide a satellite course in Wales at this time.

We have secured 5 places for the next 5 years at Birmingham City University – currently the only provider of the Foundation Degree in Rehabilitation Work.

Once qualified these students, already employed as trainee VRSs, will alleviate gaps in rehabilitation service provision and delivery, alleviate the strain on current services, better meet demands and, importantly, ensure that people affected by sight loss receive timely access to rehabilitation services, enabling them to adopt positive coping strategies, get about independently, retain employment and live active, fulfilled lives.

Good practice example: In Bridgend future workforce planning has been vital to ensuring people with sight loss receive the right support in a timely manner by a qualified professional. Bridgend Borough Council have invested in sending individuals to Birmingham City University (BCU) to train as VRSs. The current Sensory Assistant is coming to the end of their first year in BCU, a Sensory Assistant post is in the process of being advertised with an understanding they will apply for the course in 2025 and one of the newly qualified VRSs has a place in BCU to complete the top up Habilitation Course. This means they can work with adults and children and enable them to work alongside the Habilitation Officer in Education and the Children’s Disability Team. With imminent retirements, rising waiting lists and huge demand on services this was imperative and a cost-effective way forward for the Local Authority.

Over the past two years there has been a number of newly qualified Vision Rehabilitation Specialists (VRS) to fill vacated posts i.e. not additional to the existing provision. Therefore, the services are investing without growing. It remains difficult or impossible for local authorities to

employ VRSs without training up existing employees as there are so few unappointed candidates emerging from the university. It is essential that trainee VRSs continue to be employed and that local authorities follow the model adopted by many of our third sector organisations – that is, to employ trainee VRSs.

Other routes: A student can apply directly to the Rehabilitation Work Foundation Degree and gain finance in the form of a grant and loan, which is means tested and subject to certain eligibility criteria. The successful applicant to the course would be assigned to a work placement which would not necessarily be in Wales.

Therefore, it is essential that commissioning local authorities work with their third sector organisations and ensure that they are making the financial provisions available to the third sector to fund the roles and the places at university.

Good practice example: In a recent tender process a local authority agreed to pay for the employment and university fees of a trainee VRS in order to meet the needs of the contract. The trainee is able to work alongside the experienced Vision Rehabilitation Specialists and receive mentoring from their VRS manager. The provision of this funding enables the future of the contract to have some security, whilst alleviating the financial burden from the charity. This supports partnership working and reflects a supportive and valued approach between the local authority and their third sector partner.

Conclusion and recommendations

The creation of training opportunities can help to address the shortage of trained Vision Rehabilitation Specialists.

The key recommendations listed in Addressing a Workforce Crisis [3] remain relevant and should be addressed. One key recommendation is to establish an advisory board. This board could allocate the other recommendations to appropriate agencies as it sees fit. We are working with Welsh Government to establish this board.

The Wales Vision Forum is calling for Welsh Government to ensure all blind and partially sighted people can access the support they need to live life to the full. We need national oversight of services to ensure they are consistently delivered to the required standard.

To achieve this:

1. Social Care Wales should work with local authorities, Welsh Rehabilitation Officers Forum (WROF) and the third sector to undertake a review of the Vision Impairment Good Practice Guidelines [WCB/WLGA 2006] [7] (referencing the 10 Principles of Good Practice in Vision Rehabilitation [RNIB] [8]) to establish minimum standards and good practice for service, workforce and commissioning. These can then be used as the basis for ongoing service monitoring.
2. The skill and expertise of Vision Rehabilitation Specialists (and Qualified Habilitation Specialists) must be recognised by making Vision Rehabilitation Specialists a regulated profession, on a par with those included in the Regulation and Inspection of Social Care (Wales) Act 2016 [5] and listed on Social Care Wales website [9].
3. An advisory board should be established to address the workforce crisis across Wales.
4. A short-term post be created to lay the foundations for the above work. Welsh Government funding could enable this work to start from early Autumn and we shall seek support from all local authorities. The Welsh Rehabilitation Officers Forum, at their AGM on 17th July, have supported the refresh of the guidelines.

5. An all-Wales post should be created to lead on establishing a consistent specialist assessment; national outcome measures; improved referral pathways; and provide supervision and mentoring for isolated workers on specific cases.

Appendix 1: findings from questionnaire

All local authorities were sent a questionnaire to help us gain evidence to build a case for training and employing more VRSs in Wales. A similar questionnaire had been sent to local authorities in England by RNIB and a report published, Out of Sight [1].

In Wales we received 17 responses from 22 Local Authorities.

Referrals and number of specialist vision rehabilitation assessments

We asked local authorities how many Certificates of Vision Impairment (Wales) they received in 2022/23. Out of the 15 local authorities who responded there were 904. Swansea and Torfaen do not currently hold this specific information.

In Denbighshire, a central record of CVIs received is not held but a manual check through the referrals received for the period identified 18 (which is lower than expected); an ECLO has not been in post for most of this period.

1,981 additional requests for a vision rehabilitation assessment were received by 15 local authorities during this period. Denbighshire reported that data can be obtained on the number of referrals received by the sensory team, but the system would not identify the number of additional requests for a vision rehabilitation assessment. This data could not be obtained in Swansea.

In Anglesey an additional 218 referrals for specialist equipment or support with technology, counselling, minor adaptations or advice were allocated to other support services within the sight care framework.

In Gwynedd an additional 230 referrals for specialist equipment or support with technology, counselling, minor adaptations or advice were allocated to other support services within the sight care framework.

2,036 people across 14 local authorities received a specialist vision rehabilitation assessment in 2022/23. 3 local authorities do not keep records.

Denbighshire explained that they do not have specific data on the number of people receiving a specialist VI assessment for 2022/23, but they can look into developing systems to implement this from 2024.

Torfaen commented that although only 37 had had sensory assessments, there would be a number of assessments completed using the Integrated Assessment or the ROVI Assessment documentation.

The figure provided by Wrexham includes vision rehabilitation assessments completed in the 2022/23 financial year where the referral may have been received in the previous reporting year.

Sight loss registers

Managing and upkeeping the Sight Impaired (SI) / Severely Sight Impaired (SSI) registers - a legal duty of all local authorities in Wales - varies. Responsibility either sits with the VRS as part of the Vision Impairment or Sensory Impairment team, with social workers, or with an administrative team such as Adult Social Services Business team or adults' wellbeing.

Breakdown of ages

14 local authorities provided a breakdown of ages. 2,026 individuals who received a vision rehabilitation assessment (out of 2,036) in the 2022/23 financial year, were recorded within the age groups below:

- a) 18-64 = 477
- b) 65 and over = 1,549

This equates to 76% of all assessments being carried out on people 65 years or older. This figure is higher in rural areas with 89% of Powys residents 65 or older and 81% across Hywel Dda. In contrast, 47% of assessments in Cardiff are adults between the ages of 18-64.

In Denbighshire the breakdown of ages is not something which is recorded but they will add this in the monitoring reports.

How vision rehabilitation assessments are conducted

Addressing a workforce crisis in Wales report stresses the fact that the VRS is the only qualified worker to make an assessment of need in the case of people with sight loss and to deliver specific interventions. The cost benefits are known from research: rehabilitation interventions have been shown to remove the need for continual and costly support from other social care services and health. It is essential that every blind and partially sighted person has an assessment to identify what support is needed.

If we recognise that the VRS is the worker who can provide the necessary assessment and delivery of interventions, we must also recognise that there is a crisis looming. Wales is already under-resourced and the impending loss of workers through retirement creates a crisis situation where local authorities will be failing people with sight loss.

The revised CVI(W) [4] states that “You are entitled to an assessment by a vision rehabilitation specialist”. This change reinforces the critical role of the VRS.

- 100% of local authorities in Wales reported that it is always vision rehabilitation specialists who complete specialist vision rehabilitation assessments.

We believe that Vision Rehabilitation assessments should be carried out face-to-face.

- 12 local authorities reported that all assessments are carried out face-to-face.
- 3 local authorities reported that the vast majority are face-to-face with a small number carried out over the telephone where a) self-selected by the individual or b) the individual has been seen in the recent past or c) where the individual is requesting information,

advice and assistance in accordance with the Social Services and Well-being (Wales) Act 2014 [2].

- 2 local authorities provide a combination of face-to-face and telephone assessments but a breakdown is not available.

During the coronavirus pandemic, in every authority in Wales assessments were being carried out over the telephone and rehabilitation plans were being drawn up that could not be delivered. We therefore have seen an increase in the number of people with sight loss waiting for rehabilitation as a result of Covid 19. This backlog and an increase in more complex cases, along with workforce shortages and recruiting challenges, have seen waiting lists increase.

Waiting times for support

Across Wales, waiting times vary. Local authorities are seeing an increase in demand and many have acknowledged that they are struggling to accommodate the rise in demand for rehabilitation services, particularly with an increase in complex cases. We have also seen periods where parts of Wales have not had a rehabilitation service. This is for a number of reasons including long-term sick and retirement of an existing worker.

We are also aware that there are high waiting lists in many local authority areas and that it continues to be difficult or impossible to recruit qualified staff.

- 2 local authorities (out of 17 that reported) had people left waiting for more than a year for a vision rehabilitation assessment and subsequent support. However, 5 out of 17 local authorities were unable to provide this information.

Progress has been made in some authorities with 8 trainee VRS enrolled on the Foundation Degree in Rehabilitation Work at Birmingham Central University. However, mentoring students is time consuming. **We would like to see the creation of an all-Wales post to support with this, as well as creating national outcome measures and improved referral pathways.**

- However, just over a quarter (27%) of local authorities in Wales have vacancies for specialist staff, and some areas have no vision rehabilitation specialist at all.

We would like to see Welsh Government and local authorities invest in the workforce and develop a workforce plan for the next 3, 5 and 10 years, as well as take a detailed look at how processes with regard to referrals, assessments, plans and rehabilitation delivery are carried out, to ensure all people with a vision impairment, no matter where they live, have timely access to early intervention and preventative services by a qualified registered worker.

- 75% (9 out of 12 LAs who provided data) of local authorities did not complete all vision rehabilitation assessments within the recommended 28 days, meaning 42% of blind and partially sighted people (747 people) did not receive their assessment in this timeframe.
- CVIs are not perceived as a referral method by some authorities. It is sometimes regarded as purely a piece of paperwork for filing after registration. The CVI should universally be seen as passport to additional services. When people are kept waiting, we have missed opportunities – critical timely access to the service is needed. There are 2 local authorities where people can wait 1-6 months between receiving a CVI from the hospital to initial customer contact to discuss needs.

With many authorities unable to complete data on rehabilitation services and that WCCIS [17] is set to be discontinued in January 2026, we need to ensure that the new system has the specialist assessment embedded, together with a support plan and review so that reporting of key data is improved. This will provide us with local, regional and national data, as well as receive CVIs / referrals from secondary and primary care.

Initial contact

We asked local authorities what their waiting time is between receiving a CVI from the hospital or optometrist to initial customer contact to discuss needs in the 2022/23 financial year. Out of the 14 local authorities that provided this data, 12 reported a response time of more than three working days with 8 of these making contact within 4-10 days. There are

2 local authorities where people can wait 1-6 months between receiving a CVI from the hospital to initial customer contact to discuss needs.

One authority informed us that a process is currently being developed where citizens are contacted to discuss their needs following receipt of a CVI.

Waiting for support to begin

We asked how many people experienced waiting times between receiving a specialist vision rehabilitation assessment and receiving support from a rehabilitation specialist, in the 2022/23 financial year.

While people can wait too long for a vision rehabilitation assessment, once an assessment is completed rehabilitation support begins instantly.

- 16 out of 17 local authorities who answered this question stated that individuals who receive a specialist rehabilitation assessment do not wait once this has commenced, the rehabilitation specialist undertakes the work immediately at this point. Therefore, from the 12 local authorities who provided data, 1,823 people received support within 28 days of their assessment. 4 local authorities do not record this data.

Local authorities prioritise blind and partially sighted people depending on need. It is suggested that Sensory Services Prioritisation and Allocation Guidelines are reviewed, along with the WCB/WLGA benchmarking standards for rehabilitation [7].

Mobility and other elements of vision rehabilitation support

Core skills of the role of the VRS include orientation and mobility and independent living skills [18]. All 17 of the local authorities who responded to the questionnaire confirmed they provide daily living skills (such as cooking dressing and cleaning) and orientation and mobility training as part of the vision rehabilitation offer. They all also provided low tech' equipment such as liquid level indicators and bump-ons.

All 17 local authorities' signpost / refer service users into the Low Vision Service Wales for low vision assessments. Wales is unique in its provision of a national primary care service for adults and children with impaired vision. This community-based service has been in existence since 2004 and provides a wide range of specialist visual aids and equipment such as magnifiers and lamps free of charge. The service is provided in many optometry practices (opticians) on high streets throughout the country.

Low Vision Wales practitioners have grown significantly in importance as a first point of contact into the larger range of support. They see around 9,000 patients each year and are in a position to direct patients to additional support along the lines of social prescribing including the VRS.

All 17 local authorities signpost to other relevant services and support.

- 15 out of the 17 local authorities who responded provide emotional/psychological support. This includes referring people to counselling and emotional support.
- 15 local authorities provide support or advice for family/carers.

However, there are types of support that are not routinely funded through adult social care that would be beneficial to blind and partially sighted people. These include:

- Technology support (14 out of 17 local authorities provide advice on access technology including signposting to other organisations who offer this type of support and where they could apply for grants).
- Provision of high-tech equipment (only 3 out of 17 local authorities provide support with this).
- Advice about benefits and finances (6 local authorities out of 17 who responded offer advice with most signposting to other agencies).

Vision Rehabilitation Offer

We asked who else provides support to fulfil the vision rehabilitation offer across each of the local authorities. Many receive support from the third

sector including national, regional and local charities. Support included digital technology training, assistance with welfare benefits and grants, adaptations around the home (Care & Repair Managing Better Service) and peer support.

VRSs also refer to community wellbeing teams, occupational therapists / medication management teams, community care workers and falls prevention services.

A threat to vision rehabilitation specialists

WCBs **Training Needs Analysis for additional Vision Rehabilitation Specialists in Wales: a case for inclusion on the apprenticeship scheme** [16], highlights the continued need for local authorities and Welsh Government to invest in this workforce. We are unable to enroll people onto an apprenticeship scheme here in Wales as the role is too niche. This has proved a barrier for many local authorities when recruiting.

“The rehabilitation specialist role is key to maximising the independence, safety and wellbeing of individuals. We are hopeful that we will be able to recruit to the full-time vacancy in the near future but recognise that this area of work remains the highest for referrals into the Sensory services team and will not be sufficient to manage demand. We continue to look for innovative ways to manage this within the team and LA, this included exploring options for apprenticeships which we understand is not currently supported by Welsh Government.”

According to our research, initial “what matters” assessments are being carried out in some areas by non-VRS staff. However, all vision assessments are carried out by VRS and VRS assistants and VI Support Officers working under the supervision of VRS.

Outcome measures

WCB’s report ‘Addressing a Workforce Crisis in Wales’ [3] included an analysis of **CLIENT OUTCOMES and RECORDING SERVICE USER EXPERIENCES**. This still applies.

Client outcomes are a way of establishing the success of a care plan by identifying the goals desired by the client and the relative success in achieving them after intervention. 14 local authorities explicitly stated that they have mechanisms in place to understand the quality of outcomes amongst those who access vision rehabilitation support through the LA; 3 did not.

Some use outcome measure tools and enter these into case notes or the client's care plan record; others complete questionnaires / surveys whilst some receive verbal feedback. Many authorities collect case studies to include with monitoring reports.

Powys stated that they have replaced their feedback form with a feedback phone call, more appropriate to the client needs. This has resulted in the following data:

Questions asked:

- Did we take the time to get to know you and to really find out what was important to you? 91.7 % said yes.
- Did we inform you about support or services which could help you? 83.3 % said yes.
- Did we do what we said we would do? 100% said yes.
- Did the equipment help or support you? 91.7% said yes.

As previously highlighted, in some cases, outcomes are not measured against an individual baseline, therefore making progress more difficult to measure objectively. There is currently no way of collecting all-Wales data on outcomes.

Supervision

The Addressing a Workforce Crisis report highlighted that there is a variable pattern of supervision of VRS (specifically supervision regarding cases). Some VRSs operate in isolation from the social care team and go unsupervised. This poses risks to the public and to the worker.

We asked who is responsible for the management of Vision Rehabilitation Specialists within the local authority. With half of the local authorities outsourcing their rehabilitation contract to the third sector management is the responsibility of the regional society. 4 are overseen by the Senior VRS. However, there are a number of VRSs who's direct manager is not a qualified VRS. The creation of an all-Wales post could also support local authorities with this element of management.

Appendix 2: References.

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