

VISUAL IMPAIRMENT

GOOD PRACTICE
GUIDES

REHABILITATION

January 2006
Sheet 1

GOOD PRACTICE GUIDE NO. 3

TARGET AUDIENCE

ADSS
LEAs
WCB
RNIB Cymru
WAG
SSIW
LHBs
NHS Health Trusts
Local voluntary
organisations

KEY ISSUES

- Ensuring service delivery plans are monitored and reviewed regularly
- Supervision, training and development of rehabilitation workers
- Staff ratios

CRITICAL SUCCESS FACTORS

All users who have undergone a specialist visual impairment (VI) assessment are provided with a Rehabilitation Plan specifying nature and levels of care

All staff involved in planning and delivering rehab have appropriate qualifications and receive ongoing professional development

KEY ACTIVITIES

- Rehabilitation planning
- Intervention, review and evaluation
- Developmental role
- Training and development
- Service and Staffing Structure

CURRENT ADVICE ON TARGETS

There are currently no national targets or guidance on performance. Important attention has been drawn to the service in the document 'Progress in Sight' (ADSS, RNIB and Guide Dogs, October 2003).

RECOMMENDED PERFORMANCE MEASURES

Percentage of adults registered as blind or partially sighted who have received VI rehabilitation from a specialist worker within the past year

Percentage of people who have undergone specialist assessment who have a written Service Delivery Plan

This is one of a series of guides produced by the Project Team, as part of the study led by the Improvement and Governance team of the Welsh Local Government Association

Further information from the Association at:

Local Government House
Drake Walk, Cardiff, CF10 4LG

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
1 REHABILITATION PLANNING	<ul style="list-style-type: none"> • Rehabilitation Plan is drawn up by rehab worker on the basis of needs identified in rehab assessment – includes priorities • Rehabilitation Plan is in written form and agreed with service user and carer/s • Partners¹ are involved in the preparation of Rehabilitation Plan 	<ul style="list-style-type: none"> • Copy of Rehabilitation Plan made available to service user in accessible format • Rehabilitation Plan is available in accessible format 	<ul style="list-style-type: none"> • Copy of Rehabilitation Plan made available to service user in accessible and preferred format/s upon request • Rehabilitation Plan available in accessible and preferred format/s upon request

¹ Partners will include Local Health Board (LHB), NHS Trust and voluntary sector providers

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
REHABILITATION PLANNING CONTINUED	<ul style="list-style-type: none"> • Relevant information from the Rehabilitation Plan is made available to partner providers • Rehabilitation Plan clearly identifies providers for each element 		
2 INTERVENTION, REVIEW AND EVALUATION	<ul style="list-style-type: none"> • Intervention follows the form stipulated in the Rehabilitation Plan 		

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
INTERVENTION, REVIEW AND EVALUATION CONTINUED	<ul style="list-style-type: none"> • Rehab workers proactively monitor, support and coordinate activities of others in carrying out their elements of the Rehabilitation Plan while it is active • Rehab worker regularly reviews progress of the Rehabilitation Plan against set aims, objectives and outcomes, at stipulated intervals. Necessary adjustments are made in the light of any changing needs of the service user 	<ul style="list-style-type: none"> • Rehab workers continue to proactively monitor support and coordinate activities of others in carrying out their elements of the plan after Social Care elements of the rehab programme are complete • Rehabilitation Plan renegotiated with service user and other providers when necessary 	<ul style="list-style-type: none"> • All unmet needs identified through review of Rehabilitation Plan actioned within set timescales

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
<p>INTERVENTION, REVIEW AND EVALUATION CONTINUED</p>	<ul style="list-style-type: none"> • Implementation of the Rehabilitation Plan is evaluated once it is complete • Following completion of the Plan, service users are provided with the name and number of first point of contact, in preferred format/s, for future enquiries 	<ul style="list-style-type: none"> • Overall impact of the Rehabilitation Plan is evaluated against set aims, objectives and outcomes once it is completed 	<ul style="list-style-type: none"> • Overall impact of the plan is evaluated against set aims, objectives and outcomes once it is completed, in full consultation with the service user

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
3 DEVELOPMENTAL ROLE	<ul style="list-style-type: none"> • Rehab worker develops knowledge of, and maintains ongoing contact with, other council departments, and partner agencies that support people with visual impairment in the area • Rehab worker promotes service with the above 	<ul style="list-style-type: none"> • Rehab worker regularly attends inter-sector meetings with other relevant council staff and partner agencies, to discuss needs and trends in demand, appropriate service response etc. 	
4 TRAINING AND DEVELOPMENT	<ul style="list-style-type: none"> • Staff providing VI services have relevant post-qualification training and are committed to training towards this as part of their job 	<ul style="list-style-type: none"> • All rehab workers have access to a minimum of 5 days training per annum 	

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KEY ACTIVITY	MINIMUM STANDARD	GOOD PRACTICE	BETTER PRACTICE
TRAINING AND DEVELOPMENT CONTINUED	<ul style="list-style-type: none"> • Higher Education Diploma (or preceding equivalent) is recognised as the minimum qualification for a rehab worker, and relevant staff are supported in attaining this • Rehab workers are provided with appropriate in-house training in relevant areas. Training includes as a minimum updates on legislation, policy and best practice 	<ul style="list-style-type: none"> • Development programme for all rehab workers includes shadowing experienced local workers 	<ul style="list-style-type: none"> • Advanced training modules are available in appropriate and accessible formats to facilitate updating of knowledge and lead to enhanced qualifications

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TRAINING AND DEVELOPMENT	<ul style="list-style-type: none"> • All rehab workers have access to peer group contact for coaching/mentoring purposes • All non-qualified workers with VI clients (for example first point of contact staff in council reception points) receive basic VI awareness training 	<ul style="list-style-type: none"> • Regular specialist supervision is provided for all rehab workers by appropriately qualified professional 	BETTER PRACTICE

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5 SERVICE AND STAFFING STRUCTURE	<ul style="list-style-type: none"> • Rehab service comprises as a minimum: <ul style="list-style-type: none"> • 1 rehab officer • 1 rehab assistant • 1 specialist social worker • Minimum of 1 FTE rehab worker is in post per 70,000 of the population 	<ul style="list-style-type: none"> • Minimum of 1 FTE rehab worker is in post per 50,000 of the population 	<ul style="list-style-type: none"> • Rehab service is provided directly to children and young people through education service

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