

ADASS position statement on visual impairment rehabilitation in the context of personalisation

Background

This document has been produced jointly by the ADASS Physical and Sensory Impairment and HIV/AIDS network and the ADASS Workforce Development Network.

This position statement on visual impairment rehabilitation was first issued in 2011 and has been updated for re-issue. It reflects the content of the 'Seeing it my way' outcomes framework and the Adult UK sight loss pathway¹, both of which are core components of the UK Vision Strategy (2013-2018) published in June 2013. It also addresses concerns raised by the Royal National Institute of Blind People (RNIB), which identified a reduction in the availability of local authority rehabilitation services, and also revealed that around 25% of local authorities were not providing rehabilitation services until after a Fair Access to Care Services (FACS) assessment has been conducted².

This position statement re-affirms the ADASS position on this issue.

The role of rehabilitation and the policy context

Rehabilitation for visually impaired people is a specific form of reablement. There are some intrinsic characteristics which define rehabilitation as being distinct from other forms of reablement.

Evidence from service users is that visual impairment rehabilitation is a long-term process borne out of a long-term condition. It encompasses mobility and other independence skills, emotional support and the development of new communication skills and cannot necessarily reach a successful conclusion within a six-week timeframe. Due to the degenerative nature of most eye disease people frequently need to re-engage with preventative services.

Rehabilitation programmes should be time limited but not time prescribed. It is not expected that a rehabilitation programme will have no end point, but due to the nature of sight loss and personal circumstances of each individual, this may not be possible to achieve within a six week period the outcomes that will truly minimise dependency.

¹ Seeing it My Way and Adult UK Sight Loss Pathway

² RNIB (2013) Facing Blindness Alone

Within *Putting People First*, rehabilitation constitutes an established form of early intervention, one of the four domains of personalisation. *Prioritising need in the context of Putting People First, Department of Health 2010* describes reablement (which includes rehabilitation) as separate from, and preceding, assessment for personalised budgets within choice and control.

The financial benefits

Rehabilitation, like reablement, enables people to live independent lives outside of the care system, and in so doing, helps avoid the need for costly longer term care packages. Research carried out in 2010 by York University's Social Policy Research Unit confirmed these conclusions.

Rehabilitation can also play a significant part in supporting wider adult social care agendas to support active and inclusive communities and assist people to develop and maintain connections to friends and family.

Securing qualified Rehabilitation Officers

The increasing number of older people with sensory needs mean that rehabilitation is likely to be a service in high demand. It is well established that there is a strong correlation between visual impairment and falls amongst older people. Additionally, visual impairment is often present alongside other conditions such as hearing loss, learning disability or dementia.

Local authorities should consider securing specialist qualified rehabilitation and assessment provision (whether in-house, or contracted through a third party), to ensure that the needs of people with sight loss are correctly identified and their independence maximised. Certain aspects of independence training with blind and partially sighted people require careful risk management and should only be undertaken by a fully qualified Rehabilitation Officer.

Our relationship with the third sector

Think Local, Act Personal (2011) calls for agencies to work together and there are opportunities for voluntary and community sector providers to 'co-produce' in partnership with local authorities.

There needs to be shared understanding and shared risk. The Compact with the third sector was designed exactly for this type of arrangement, although it is often overlooked and not all areas have a local Compact with the voluntary sector.

Commissioners within local authorities will need to work closely with the third sector to ensure arrangements for the provision of rehabilitation services are sustainable.

References

'Seeing it my way' outcomes framework

www.vision2020uk.org.uk/ukvisionstrategy/seeing-it-my-way

Adult UK sight loss pathway

www.vision2020uk.org.uk/ukvisionstrategy/sight-loss-pathway

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