

ADASS Statement on Vision Rehabilitation

Updated October 2025

Background

This is a statement by ADASS Physical and Sensory Impairment network.

The statement was first issued in 2011 and reissued in December 2014. It has been reviewed in October 2025.

The statement puts blind and partially sighted people at the centre to ensure that they receive the outcomes they need to lead independent lives. It sets out how the Care Act relates to vision rehabilitation and draws from the 'Seeing it my way' framework [1], and the Eye Care Support Pathway [2].

The statement recognises RNIB's view that greater priority is needed for vision rehabilitation services nationally to ensure services deliver the right outcomes consistently for blind and partially sighted people [3][4].

The role of vision rehabilitation and the policy context

The core purpose of adult care, as supported by the Care Act, is to help people achieve the outcomes that matter to them. The Care Act 2014 outlines the duty on local authorities to assess and provide support for blind and partially sighted people, and people with low vision, as well as their responsibilities to prevent, reduce and delay the need for future care support. The prevention duty and ambitions recognised in the NHS 10 year plan also recognise the clear benefits of vision rehabilitation support.

The benefits of vision rehabilitation are widely acknowledged among blind and partially sighted people and professionals. Vision rehabilitation services provide crucial daily living and mobility skills, confidence and advice to blind and partially sighted people on how to maintain and live in their home safely, and to get out and about with safety and confidence [5]. It is a specific form of reablement [5] and provides people with the skills they need to be independent and to access and participate in the community. It can also prevent, reduce or delay the need for more costly care and support.

The Care Act and statutory regulations and guidance, set a clear framework for the provision of vision rehabilitation services. Vision rehabilitation is a preventative service [5] and must be provided before imposing eligibility criteria [6]. The service should be reviewed to ensure that it is achieving its goal; if not then the person should be referred for a full Care Act assessment/the Care Act assessment should be recommended. Local authorities should also consider the impact and consequences of ending any preventative services [12]. RNIB has published ten guiding principles for the provision of vision rehabilitation support [13]. The assessment process begins the moment that the local authority starts to collect information about the individual [7]. The local authority should receive a copy of the CVI (certificate of vision impairment), they must then contact the person within two weeks to explain and offer registration. Where there is an appearance of need for care and support, local authorities must arrange an assessment of all needs, including sensory needs, in a timely manner. [8]

It is a statutory duty for local authorities to maintain registers of blind and partially sighted people

A full Care and support assessment can be paused whilst vision rehabilitation is carried out [9].

It is also important to remember that someone may have an appearance of need and would benefit from vision rehabilitation, at any point during their sight loss journey. It is not the case that support can only be provided directly following a sight loss diagnosis or at the point of certification. Vision rehabilitation must also be provided free and [10] available to meet identified needs, and for some people this may take longer than six weeks [11].

It is important that all involved in the assessment and delivery of vision rehabilitation understand how people are supported by their local authority, and are aware of the Eye Care Support Pathway in their local authority. Assessments and support must be promptly available, as delays in receiving vision rehabilitation can have significant human consequences and financial implications for health and social care. RNIB recommends that assessments are carried out within 28 days, and that support begins within 12 weeks of a person's initial contact with the local authority [3].

The Care Act has elevated the importance of preventative services, and statutory guidance identifies the clear preventative benefits to the individual and, in many cases, the reduced risk of hospital admissions [11], of rehabilitation support.

Securing qualified Vision Rehabilitation Specialists

The Care Act places a duty on local authorities to plan for services to ensure that they meet the needs of their population [14, 15]. Therefore, appropriate planning and consideration should be given to workforce capacity and retaining the skills needed to deliver the appropriate level of support. Local authorities are increasingly using a 'Grow your Own' model, by introducing apprentice roles who support the team whilst going through qualification.

The demand for vision rehabilitation will only grow, as the number of people in England with visual impairment increases. It is estimated from 2022 to 2032 there will be a 21 per cent increase in the number of people living with sight loss in England [16]. It is therefore important that support is in place to meet the needs of the local population, now and in the future. Due to the specific character of vision rehabilitation, careful risk management is required and delivery of specific skills such as white cane training should only be undertaken by a qualified Vision Rehabilitation Specialist [17].

It is imperative that all staff involved with assessments are competent and appropriately trained, and that they continue to develop. The Professional Standards Authority accredited register of Vision Rehabilitation Specialist requires on-going evidence of continued professional development [18].

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References

- [1] Seeing it My Way. 2012. UK Vision Strategy <https://www.choiceforum.org/docs/simw.pdf>
- [2] Eye Care Support Pathway. <https://www.rnib.org.uk/your-eyes/the-eye-care-support-pathway/>
- [3] Out of Sight, 2024. RNIB https://media.rnib.org.uk/documents/Out_of_Sight_-_The_hidden_scandal_of_vision_rehabilitation_PDF.pdf
- [4] Life on Pause, 2025. RNIB https://media.rnib.org.uk/documents/RNIB_Report_Life_on_Pause_2025.pdf
- [5] Care Act Guidance 2.13 The term 'rehabilitation' is sometimes used to describe a particular type of service designed to help a person regain or re-learn some capabilities where these capabilities have been lost due to illness or disease. Rehabilitation services can include provisions that help people attain independence and remain or return to their home and participate in their community, for example independent living skills and mobility training for people with visual impairment. <https://www.gov.uk/guidance/care-and-support-statutory-guidance/general-responsibilities-and-universal-services>
- [6] Care Act Guidance 2.3 The local authority's responsibilities for prevention apply to all adults, including:
- people who do not have any current needs for care and support
 - adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not (see chapter 6)
 - carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation
- <https://www.gov.uk/guidance/care-and-support-statutory-guidance/general-responsibilities-and-universal-services>
- [7] Care Act Guidance. 6.2 The assessment process starts from when local authorities begin to collect information about the person, and will be an integral part of the person's journey through the care and support system as their needs change. It should not just be seen as a gateway to care and support, but should be a critical intervention in its own right, which can help people to understand their situation and the needs they have, to reduce or delay the onset of greater needs, and to access support when they require it. It can also help people to understand their strengths and capabilities, and the support available to them in the community and through other networks and services. <https://www.gov.uk/guidance/care-and-support-statutory-guidance/first-contact-and-identifying-needs>
- [8] 22.16 Upon receipt of the CVI, the local authority should make contact with the person issued with CVI (regardless of whether the person has decided to register or not) within 2 weeks to arrange their inclusion on the local authority's register (with the person's informed consent) and offer individuals a registration card as identified on the CVI registration form. Where there is an appearance of need for care and support, local authorities must arrange an assessment of their needs in a timely manner.

22.2 Registration is voluntary, however individuals should be encouraged to consent to inclusion on the register as it may assist them in accessing other concessions and benefits. The data which local

authorities are provided on registration are also of benefit in service planning for health and care and support. However, individuals' access to care and support is not dependent upon registration, and those with eligible needs for care and support should continue to receive it regardless of whether they consent to inclusion on the register.

[9] Care Act Guidance 6.62 Where the local authority judges that the person may benefit from such types of support, it should take steps to support the person to access those services. The local authority may 'pause' the assessment process to allow time for the benefits of such activities to be realised, so that the final assessment of need (and determination of eligibility) is based on the remaining needs which have not been met through such interventions. For example, if the local authority believes that a person may benefit from a short-term reablement service which is available locally, it may put that in place and complete the assessment following the provision of that service. <https://www.gov.uk/guidance/care-and-support-statutory-guidance/first-contact-and-identifying-needs>

[10] Care Act Guidance 2.60 The regulations require that intermediate care and reablement provided up to 6 weeks, and minor aids and adaptations up to the value of £1,000 must always be provided free of charge (see also 8.14). <https://www.gov.uk/guidance/care-and-support-statutory-guidance/general-responsibilities-and-universal-services>

[11] Care Act Guidance 2.62 Whilst they are both time-limited interventions, neither intermediate care nor reablement should have a strict time limit, since the period of time for which the support is provided should depend on the needs and outcomes of the individual. In some cases, for instance a period of rehabilitation for a visually impaired person (a specific form of reablement), may be expected to last longer than 6 weeks. Whilst the local authority does have the power to charge for this where it is provided beyond 6 weeks, local authorities should consider continuing to provide it free of charge beyond 6 weeks in view of the clear preventative benefits to the individual and, in many cases, the reduced risk of hospital admissions. <https://www.gov.uk/guidance/care-and-support-statutory-guidance/general-responsibilities-and-universal-services>

[12] Care Act guidance 2.63 Local authorities should consider the potential impact and consequences of ending the provision of preventative services. Poorly considered exit strategies can negate the positive outcomes of preventative services, facilities or resources, and ongoing low-level care and support can have significant impact on preventing, reducing and delaying need.

<https://www.gov.uk/guidance/care-and-support-statutory-guidance/general-responsibilities-and-universal-services>

[13] 10 principles of delivering good vision rehabilitation services. RNIB June 2016.

[14] Care Act Guidance 2.25 In developing a local approach to prevention, the local authority must take steps to identify and understand both the current and future demand for preventative support, and the supply in terms of services, facilities and other resources available.

<https://www.gov.uk/guidance/care-and-support-statutory-guidance/general-responsibilities-and-universal-services>

[15] Care act Guidance 2.29 Local authorities should consider the number of people in its area with existing needs for care and support, as well as those at risk of developing needs in the future, and what can be done to prevent, delay or reduce those needs now and in the future. In doing so, a local authority should draw on existing analyses such as the Joint Strategic Needs Assessment, and work with other local partners such as the NHS and voluntary sector to develop a broader, shared understanding of current and future needs, and support integrated approaches to prevention.

<https://www.gov.uk/guidance/care-and-support-statutory-guidance/general-responsibilities-and-universal-services>

[universal-services](#)

[16] Sight Loss Data Tool. RNIB updated 2022. <https://www.rnib.org.uk/professionals/research-and-data/sight-loss-data-tool/>

[17] Care Act Guidance 22.21 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 severely sight impaired and sight impaired people require careful risk management and should only be undertaken by professionals with relevant experience and training. This type of rehabilitation should be provided to the person for a period appropriate to meet their needs. This will help the person to gain new skills, for example, when training to use a white cane. As aspects of rehabilitation for people with sight loss are distinct from refer to the Association of Directors of Adults Social Services' (ADASS) position statement of December 2013. <https://www.gov.uk/guidance/care-and-support-statutory-guidance/other-areas>

[18] Best practice requires Vision Rehabilitation Specialists to be registered with the Rehabilitation Workers Professional Network, the body that hold the registration for Vision Rehabilitation Specialists. The RWPN hold the occupational standards that are expected from its registrants. 30 hours of continued development is a specific requirement for membership. <http://www.rwpn.org.uk/The-Profession>.