



Deposited via The University of York.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/id/eprint/83998/>

Version: Published Version

Monograph:

Rabiee, Parvaneh, Parker, Gillian Mary, Bernard, Sylvia Margaret et al. (2015) Vision rehabilitation services: what is the evidence? Final report. Research Report. Social Policy Research Unit, University of York , York.

Reuse

Items deposited in White Rose Research Online are protected by copyright, with all rights reserved unless indicated otherwise. They may be downloaded and/or printed for private study, or other acts as permitted by national copyright laws. The publisher or other rights holders may allow further reproduction and re-use of the full text version. This is indicated by the licence information on the White Rose Research Online record for the item.

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

Vision rehabilitation services: what is the evidence?

Published by Thomas Pocklington Trust

February 2015

This publication summarises findings from research commissioned by Thomas Pocklington Trust to draw together sources of evidence about vision rehabilitation services.

The research was conducted by Parvaneh Rabiee, Gillian Parker, Sylvia Bernard and Kate Baxter at the Social Policy Research Unit, University of York.

Summary findings

- People with sight loss are positive about the impact of vision rehabilitation services on their safety, confidence and independence. Some would like earlier access to services and more readily available information.
- The existing evidence base for community-based vision rehabilitation services is under-developed. However, there are strong indications of the potential for these services, in particular group-based interventions, to have a positive impact on people's daily life and emotional well-being.
- A survey of rehabilitation services found they vary widely in the type of provider, type of support offered, structure and skills of teams delivering interventions, caseloads and waiting times. Services provided by voluntary organisations appear to experience more pressure on budgets and staffing ratios than local authority services.
- A quarter of services inappropriately required people to have a Fair Access to Care Services (FACS) assessment to determine their eligibility to receive the service. Two thirds have a waiting list. The average waiting time is 10 weeks. Service managers and staff are concerned about shortages of staff and inadequate opportunities for staff training and continuing professional development (CPD).
- Services are more likely to address people's need for mobility, independent living skills, aids, adaptations and equipment than their need for emotional support.



- Just over a half of services say they measure outcomes and less than half of these use standardised measurement tools.

Background

Sight loss affects every part of a person's life. It is more common among older people. In the UK's ageing population the number of people living with sight loss is forecast to more than double by 2050 to around four million. This suggests increased pressure on health and care services.

Preventative and rehabilitation services are a high priority for public policy. In England, under the Care Act 2014, for the first time vision rehabilitation services are recognised as a key preventative service. The expectation is that these services can support independence and reduce demands for other health and social care services.

Research aims

The research summarised here aimed to provide an overview of evidence of the impact and cost effectiveness of community-based vision rehabilitation services. It explored how these services support people with visual impairment and the outcomes they can achieve.

Findings were intended to inform a future full scale evaluation and current services.

Research methods

Information was collected by four methods:

- A review of existing research about vision rehabilitation services published internationally since 2000.
- Workshops, two in London and two in York, with people with visual impairment and professionals delivering or managing vision rehabilitation services.
- A national survey of local authority funded providers of vision rehabilitation services.
- Case studies of three models of vision rehabilitation services. These drew on focus groups with people working within the services and individual interviews with people who had received their services.

The workshops, survey and case studies were carried out in England and focused on vision rehabilitation services for people aged 18 and over, funded by local authorities.

Findings

1 The state of current evidence

The review of existing literature found that research looking at community-based vision rehabilitation services and their cost-effectiveness is limited in scope and quality. However, it identified some key messages:

- Vision rehabilitation services, in particular group-based self-management programmes have the potential to positively affect activities of daily living (such as dressing and toileting), instrumental activities of daily living (such as cooking and shopping) and psychological outcomes (such as emotional adjustment to sight loss).
- Group based self-management programmes have the potential to be cost-effective.
- There is a high prevalence of depression in people with visual impairment and need for emotional support.
- Vision rehabilitation interventions mostly address physical and functional needs rather than social and emotional issues. An approach that is holistic and multi-dimensional is likely to have a greater effect on quality of life than one which concentrates on one set of needs.

2 Current vision rehabilitation provision

The survey of local rehabilitation services was completed by 87 services, (57% of English local authorities). It showed a diverse pattern of provision. The two main types of providers were local authority (LA) in-house (61% of services) and voluntary organisations (28% of services). Other providers were joint health and social care, social enterprises, and private (for profit) organisations.

The most common type of team within LA in-house services was a broad sensory impairment team (57%). Seventy five percent of voluntary sector providers were specialist vision rehabilitation teams.

A quarter of services required a FACS community care assessment to determine eligibility. In 40% of services the initial screening of referrals was sometimes undertaken by staff without specialist skills in vision rehabilitation.

Annual caseloads were measured differently; some services recorded the number of people supported and others the number of episodes of support provided (with most people



receiving multiple episodes). These differences meant it was not possible to calculate the cost of services per person.

Shortages of specialist staff, inadequate training and CPD opportunities and lack of recognition in adult social care of the importance of specialist vision rehabilitation skills concerned managers and staff.

Measuring outcomes for service users, and the use of standardised measurement tools, was not universal. Voluntary sector providers were more likely to be measuring outcomes than LA in-house services (70% and 46% respectively).

A key concern among managers and staff in vision rehabilitation services was the impact of financial cuts on their ability to provide responsive and effective services. Cuts put pressure on the numbers and types of staff, waiting times and the type of support provided. These pressures were being felt more strongly in the voluntary sector than LAs: 27% of voluntary sector services reported a decrease in their budgets in the last 12 months, compared with 14% of LA in-house services

3 Types of vision rehabilitation interventions

Most interventions addressed mobility; independent living skills; and aids, adaptations and equipment. Emotional support, particularly counselling, was less likely to be offered. Around a third of services offered self-management courses, including 25% of LA in-house services and 39% of voluntary sector services. All group programmes, including self-management courses, were reported to be a casualty of financial cuts. Data from the case study sites echoed these survey findings.

4 Staff perspectives – the case study sites

Rehabilitation staff were committed and enthusiastic about rehabilitating people with visual impairment but felt their teams' ability to work effectively was restricted by time pressure, inadequate training and networking opportunities and difficulties collaborating with some external teams. They felt that poor collaboration and delays in referral to the rehabilitation team risked care needs intensifying and that if people become accustomed to their existing care and support, they lose motivation to regain independence. Lack of recognition of specialist rehabilitation skills among other professionals was seen to undermine timely referrals and joint working.

'... while they [consultants] were treating somebody, they wouldn't think about referring to our service it was like to them we are the last resort ... They hadn't seen it that way round for the patient.'

5 Perspectives of people using services – the case study sites

Most people with visual impairment interviewed in the case studies felt that vision rehabilitation services had made them feel safer and had positive impacts on their confidence and independence, with many feeling more motivated to learn new skills. Delay in being referred to vision rehabilitation services (particularly for people with progressive conditions), and lack of accessible and timely information about these services were key concerns for them. Some people felt that vision rehabilitation had focused on the physical aspects of their life, giving little attention to emotional well-being. Group-based activities had provided opportunities to socialise and learn from peers' experiences, but such activities were said to be limited. Younger people felt social activities were geared towards older people.

6 Key features of 'good practice'

The findings from across the project indicate the key ingredients of 'good practice' for vision rehabilitation services:

- Staff with specialist knowledge and skills
- High quality assessment and initial screening
- Personalised support
- Flexibility to match the duration and content of support to an individual's abilities and priorities
- Developing and delivering support in partnership with people with sight loss
- Offering a wide range of interventions, including group-based activities, that address physical, functional, social and emotional needs
- Clarity among health and social care staff about the aims, potential and limitations of vision rehabilitation services and good access to resources outside the vision rehabilitation service
- Timely intervention to prevent care needs intensifying and potentially reduce future care costs
- Regular reviews and follow-up visits to assess progress and monitor outcomes
- Timely and accessible information about vision rehabilitation services.

'Without [the rehabilitation team] there would be no training, there would be no equipment for me to use. I'd be relying on people to do things for me, not doing it myself. I'd be relying on somebody to cook for me, not doing it myself.'

Conclusions and recommendations

The findings from this research suggest that vision rehabilitation services have the potential to improve the quality of life and independence of people with visual impairment. These services can support policy objectives to promote prevention and rehabilitation. However, the study found that robust evidence of the impact and cost effectiveness of different models of community-based rehabilitation services is limited in scope and quality. Further research is required to identify what works, for whom and at what cost, in order to guide services.

The following aspects of vision rehabilitation services need to be addressed by commissioners and service providers:

- Protection of specialist, qualified, vision rehabilitation and assessment.
- Raising the profile of specialist vision rehabilitation skills by increasing understanding among relevant health and social care professionals about the aims, potential and limitations of vision rehabilitation services.
- Ensuring timely intervention.
- Facilitating access to training and CPD for staff, in particular to enable staff to address psychological issues or to refer people to specialist services.
- Giving people with sight loss accessible and timely information about vision rehabilitation services.
- Taking account of individual priorities and paying attention to social and emotional issues, as well as physical and functional.
- Supporting group-based interventions.

While in England the Care Act 2014, which comes into force in April 2015, has replaced FACS criteria with a national eligibility threshold, it now requires local authorities to provide rehabilitation services irrespective of whether the person has eligible needs. Hence, local authorities should ensure access to vision rehabilitation is not dependent upon a person's eligibility for care and support.

Authors

Parvaneh Rabiee, Gillian Parker, Sylvia Bernard and Kate Baxter.

How to obtain further information

This paper is a summary of the full report “Vision Rehabilitation Services: what is the evidence” by Parvaneh Rabiee, Gillian Parker, Sylvia Bernard and Kate Baxter which is downloadable from bit.ly/virehab and on the Pocklington website www.pocklington-trust.org.uk

In this publication, the terms ‘people who are sight impaired’, ‘people with visual impairment’ and ‘people with sight loss’ are used interchangeably.



Pier House
90 Strand on the Green
London
W4 3NN

Tel: 020 8995 0880

Email: research@pocklington-trust.org.uk

Web: www.pocklington-trust.org.uk

Published by Thomas Pocklington Trust

Registered Charity No. 1113729

Company Registered No. 5359336

ISBN 978-1-906464-63-9



www.pocklington-trust.org.uk