



# A course in low vision practice

## PART 10 – Community services

In the last module in this series, **Barbara Ryan and Tom Margrain** describe some of the services practitioners interact with in providing multidisciplinary/holistic low vision care (C4206)

### SOCIAL SERVICES

SOCIAL SERVICES IS probably the agency the practitioner working in low vision will have most contact with.

People with a visual impairment have a right to community care services because they fall within the definition of 'disabled' as outlined in the Community Care Act 1990.

There is, therefore, an obligation for the local authority to assess the needs of a person with low vision and then provide a package of measures addressing psychological, social, physical, financial, practical and environmental needs.

Some of the services may be provided by external agencies on a contracted basis. There may be many different professionals within a Social Services Department who may be called upon to form this package of services, although those the low vision practitioner will link most closely with are social workers and rehabilitation workers.

### SOCIAL WORKERS

To qualify as a social worker you need a Diploma in Social Work which normally takes two or three years.

Social workers assess an individual's needs and arrange home-based support services to people including emotional support. In some areas social workers with a special interest in working with people with a visual impairment provide some or all of the service. Social workers are generally employed by local authority social services although some work in local voluntary organisations and hospitals.

### REHABILITATION WORKERS

Rehabilitation workers are a relatively new profession. The qualification required to practice is a Dip Higher Education in Rehabilitation Studies which is separate to the various social work qualifications available.

They are trained to work with the person in their own environment and provide practical solutions to overcome the difficulties they are having caused by a visual impairment.

Rehabilitation workers are employed

**TABLE 1. Areas social services assess**

#### Eye condition and its impact

Name of condition  
Description of vision  
Light sensitivity

#### Their home

Type of accommodation  
Who they live with  
Adaptations  
Lighting

#### Managing in the home

Making a drink  
Cooking meals  
Keeping the place clean  
Keeping themselves clean

#### Coping with information

Using the telephone  
Reading  
Writing/signing  
Watching television  
Managing money  
Telling the time

#### Getting around

Moving around the house  
Going out alone/with others  
Using public transport  
Shopping  
Employment/leisure

by social services departments and in some cases by local charities where the services have been contracted out. They are usually part of sensory disability teams working alongside social workers and others to provide services to people with hearing and or visual impairments.

### LEGISLATION GOVERNING PROVISION OF SOCIAL CARE

- ◆ The National Assistance Act 1948  
This Act sets out the types of disabilities that local authorities need to work with, the need to provide rehabilitation and the need to keep registers
- ◆ The Chronically Sick and Disabled Persons Act 1970  
Sets out a wider provision of assistance



General Optical Council

Successful participation in each module of this approved series counts as one credit towards the GOC CET scheme administered by Vantage and one towards the AOI's scheme.



covering recreation, transport and assistance in the home

◆ The National Health and Community Care Act 1990

This was aimed at updating the legislation and sets out current responsibilities of care provision with emphasis on the provision of care plans across many agencies to address a person's needs.

### COMMUNITY CARE PROCESS

In the case of a person with a visual impairment, an assessment for community care is usually provided by a sensory disability team or a general social services team with a special interest in visual impairment.

In some areas the provision is contracted out to the voluntary sector. An assessment is carried out to establish the practical problems that someone is having and the measures that are needed to overcome these. Table 1 outlines the areas typically assessed.

From the information gathered, a care plan is formulated. This outlines the adaptations to the home and training needs of the person. If the plan is wide ranging a care manager or key worker is appointed to ensure that the care is co-ordinated.

### TYPES OF ASSISTANCE PROVIDED

#### Adaptations to the home

Changes around the home are made to make daily life easier. These adaptations use the basic low vision concepts of good lighting, contrast enhancement and enlargement.

New lighting may be installed or non-optical low vision aids such as coloured chopping boards or large number watches may be supplied. Often adaptations that may help with the use of a magnifier may be recommended such as reading stands or task lighting.



**Daily living skills**

Daily living skills help people with low vision manage the tasks they need to do around the home. They aim to help the person remain confident and independent. A rehabilitation worker identifies the areas a person is having most problems with and defines a rehabilitation training programme for them. Areas that may be covered are kitchen skills, personal care and general household tasks. If the person has low vision aids their use may be incorporated as part of the training programme.

**Mobility training**

Orientation and mobility training may be provided to anyone who has a visual impairment and has difficulty getting about. The assessment and training will take account of the routes the person wants to travel, their level of vision, mobility aids, low vision aids, physical fitness, and in a very few cases, use of a sighted guide.

Outdoor mobility training can sometimes only take a couple of sessions, for example, when enabling someone to get safely to the local shops. On the other hand it may last many weeks such as using a cane in different environments on many complex routes.

There are different types of cane that may be offered to people free of charge by social services. A symbol cane which is a short folding white stick that is held across the body to inform the public the person has a visual impairment is the most common. Mobility techniques can also be taught to help people move and travel easily and safely at home or work. There are various techniques that people can use such as trailing (using a hand along a wall) and body protection techniques (using arms in a protective posture).

The use of a guide dog is another option for helping people get about more easily. People who have guide dogs need to be able to look after and exercise the dog. Rehabilitation workers are well placed to assess if a person is suitable for a guide dog although the dogs themselves and training is provided by Guide Dogs for the Blind Association (GDBA).

**Other services**

Many other services may be pulled into a care plan for someone with a visual impairment. They might include benefits rights, occupational therapy, counselling, day care and meals on wheels.

**OUR ROLE IN RELATIONSHIP WITH SOCIAL SERVICES**

It is essential that a practitioner with a special interest in low vision meets the local



**A multi-disciplinary approach is essential for the long-term care of the visually impaired**

social services team and finds out how they would like patients to be referred. Many people who are not eligible for registration will benefit from social services input and a person's circumstance may have changed since their last social services visit. Always inform the person you are contacting social services on their behalf and obtain written consent to do so.

When referring to social services it is important for low vision practitioners to be clear about why they think their input is needed. This is important so that they can determine how urgently they need to be visited. If you are concerned that the person is at risk of hurting themselves or someone else (eg because of a high risk of falling, burning or taking the wrong medication) then it is important to indicate this clearly as these cases will often be visited within a few days.

To effectively help a person with low vision, social services need to know about their vision. This information allows changes to be made to the person's home and training planned. Although the rehabilitation worker can ask questions, the individual with low vision and some information may be provided on the certification document (see Part 9, *Optician*, May 19, 2006), the information is more accurate and comprehensive if provided by the low vision practitioner. Information that you should try to provide the rehabilitation worker includes:

- ◆ The diagnosis
- ◆ Visual acuities (distance and near)
- ◆ The type of low vision aid given, what they can see with it and expected use
- ◆ Spectacles to be used with the low vision aids
- ◆ An indication of contrast sensitivity loss
- ◆ Gross binocular visual fields.

**EDUCATION SERVICES**

It is very unlikely that a child with a visual impairment attending your practice is not already receiving some help at school.

Children with a visual impairment have a right to educational assistance as laid down by the Children Act 1989. The way in which this assistance should be provided is outlined in the Education Act 1993 and from this the Department of Education and Skills has derived a code of practice. The code sets out the procedures that the education system follows in order to identify and assess children with special educational needs including children with a visual impairment.

**Stage 1**

The child's special educational needs are identified and registered. Actions are taken at a classroom level to try to remedy immediate problems that are identified by parents or teachers.

**Stage 2**

The school's Special Educational Needs Co-ordinator (SENCO) assesses the child's learning difficulty and produces an individual action plan. This is monitored and reviewed regularly and may include individual tuition, special adaptations and equipment such as low vision aids.

**Stage 3**

The school calls upon external specialist support to help make progress. This includes the Qualified Teacher for the Visually Impaired (formally known as peripatetic or visiting teachers) and educational psychologists.

**Stage 4**

The Local Education Authority makes a statutory assessment of special educational needs. The needs of the child are assessed by the school, outside professionals and family. A LEA panel then considers input from a variety of sources:

- ◆ Parents
- ◆ Qualified teacher for the visually impaired
- ◆ GP, ophthalmologist, optometrist and/or paediatrician
- ◆ Educational psychologist
- ◆ Social services.

**Stage 5**

A statement of the special educational needs of the child is agreed by the panel and issued. The statement binds the LEA to a range of extra teaching and education provision. It can include CCTVs, adapted computers, personal readers and the like. It is reviewed every year and when the child moves to secondary education.

The above process is not always in chronological order and most children with a visual impairment will automatically be

referred to a Qualified Specialist Teacher for the Visually Impaired as a first step and some may enter the education system with a statement of special educational needs.

In many cases the SENCO will co-ordinate the required support in a completely mainstream environment. Some children attend schools with specialist units and a very small number may attend specialist schools for children with a visual impairment.

**ROLE OF THE LV PRACTITIONER**

Although not required legally, it is good practice to send a report of the outcomes of a low vision appointment with a paediatric patient to the general practitioner. It is also extremely useful to provide the child's parents and school with a report about the child's level of visual function, use of low vision aids, lighting adaptation and spectacle use.

Whenever possible, it is helpful if the SENCO or qualified teacher for the visually impaired can attend a low vision appointment. They are often eager to do so, although longer lead times for the appointment need to be given. This allows valuable information about the needs of the child in school to be gleaned and ensures advice you give is put into

practice in the classroom. In Wales, the recently appointed Children's Low Vision Advocate will play an important role in ensuring this happens smoothly.

**EMPLOYMENT SERVICES**

People who have a visual impairment can get help to find employment or stay in employment through the Access to Work Scheme. It operates by giving one-off or ongoing grants to provide:

- ◆ Adaptations to equipment or the work premises. This can include provision of CCTVs, software for computers, Braille keyboards, task lights etc. Job Seekers get a full grant and those who are employed get a grant for 80 per cent of the value, the rest being covered by the employer
- ◆ Support workers
- ◆ Travel to and from work.

People who have a visual impairment and are of employment age who are not aware of the Access to Work Scheme should contact their local employment centre (Job Centre). The scheme is administered by the disability service team. A disability employment advisor (DEA) will give advice on eligibility, provide information about the scheme and assist

the person to apply. A work place assessment is then carried out by a technical officer from the local Job Centre or in some areas this has been contracted out to other organisations.

**VOLUNTARY ORGANISATIONS**

Many voluntary organisations exist to provide support to people with a visual impairment. These can be divided into four main groups:

- ◆ *Disease-specific groups*  
These provide information and peer support to people who have similar eye conditions. Groups exist for many eye conditions, including macular degeneration, glaucoma, nystagmus, retinitis pigmentosa and diabetic eye disease. All UK groups can be contacted by calling the RNIB Helpline 08457 669999
- ◆ *Hobby-specific groups*  
These groups exist to link people with a visual impairment who have similar interests. They include music groups, sports groups and talking newspapers
- ◆ *Local organisations*  
Voluntary organisations exist in most areas which provide advice and support at a local level to people with low vision. Most provide some social events and the ability to buy adaptive equipment. Some provide extensive services and hold the local authority contract to provide rehabilitation services to people with a visual impairment in the area. It is essential to find out what your local voluntary organisation does and how they can be contacted.
- ◆ *National organisations*  
National organisations provide a lot of information and advice about support available and can usually tell you what is available in your area. In Wales, the Welsh Council for the Blind acts as an umbrella organisation for all the smaller charities for people with a visual impairment. All practitioners should hold details of useful societies and groups.

◆ *National organisations*  
National organisations provide a lot of information and advice about support available and can usually tell you what is available in your area. In Wales, the Welsh Council for the Blind acts as an umbrella organisation for all the smaller charities for people with a visual impairment. All practitioners should hold details of useful societies and groups.

**MAKING THE LINKS**

A long list of names, addresses and descriptions of the hundreds of organisations and services that exist to assist people with a visual impairment is outside the scope of this text. Practitioners seeing patients with a visual impairment should compile a folder for the practice with the most commonly-requested information such as eye condition leaflets, and contact details. They should also familiarise themselves with their nearest social services department, employment service, education service, local voluntary organisations and the RNIB.

◆ *Barbara Ryan and Tom Margrain work at the School of Optometry and Vision Sciences, Cardiff University*

**MULTIPLE-CHOICE QUESTIONS**

**1 Which law defined 'disabled' such that visually impaired falls within the classification?**

- A National Assistance Act 1948
- B Disability Discrimination Act 1995
- C National Health and Community Care Act 1990
- D Chronically Sick and Disabled Persons Act 1970

**2 Which law describes the way in which provision is offered to visually impaired children?**

- A Children Act 1989
- B Education Act 1993
- C Disability Discrimination Act 1995
- D National Health and Community Care Act 1990

**3 Who is responsible for individual assessment of a child's needs within the school environment?**

- A Peripatetic teacher
- B QTVI
- C Special Educational Needs Co-ordinator
- D Accredited optometrist/optician

**4 Who is ultimately responsible for providing help to a special educational needs child?**

- A Local Educational Authority
- B Local Health Authority
- C Primary Care Trust
- D School Board

**5 Who is best placed to advise a visually impaired person about their eligibility for help within the workplace?**

- A Accredited optometrist/optician
- B Local Social Services
- C Health and Safety Officer
- D Disability employment adviser

**6 Which of the following is true regarding the provision for visually impaired children within the school environment?**

- A Help is only available within specialist school environments
- B A child needs to be registered as sight impaired before access to provision is available
- C The issuing of a statement of special educational needs is a result of a five stage process
- D A CCTV will need to be paid for by the parent

**The deadline for responses is July 13**

To take part in this module go to [www.opticianonline.net](http://www.opticianonline.net) and click on the Continuing Education section. Successful participation in each module of this series counts as one credit towards the GOC CET scheme administered by Vantage and one towards the Association of Optometrists Ireland's scheme.

