



Providing excellent services for blind and partially sighted people

A guide for local authorities

rnib.org.uk/socialcareprofessionals



Working together to support blind and partially sighted people

Acknowledgements

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Foreword

We welcome very much the publication by RNIB and Action for Blind People of this new updated good practice guide.

We are particularly pleased that the guide is based on achieving the outcomes identified in the “Seeing it my way” initiative, launched in 2012 as a result of the UK Vision Strategy. The Association of Directors of Adult Social Services (ADASS) has continued to support the development and implementation of this Strategy which sets out what needs to be achieved to ensure excellent services for blind and partially sighted people. The outcomes identified here are based on what blind and partially sighted people said are most important to them. As such they provide practical foundations for planning and provision of services and support.

At a time when local authorities are facing a range of significant challenges, it is vital that services and support for people with sight loss ensure access for all, promote independence and real choice for service users, and provide streamlined and integrated service delivery.

We urge everyone involved in planning, commissioning and providing services for people with sight loss of all ages to use this guide as a practical tool to help with achieving performance improvements and planning future service delivery.

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1. Introduction

This guide is designed to help local authorities to provide high quality services that meet the needs of blind and partially sighted adults. To do so, we have used feedback from people with sight loss about their needs to inform what are the key elements of high quality social care. Based on this, the guide shows how provision of effective services for blind and partially sighted adults plays a critical role for local authorities in meeting social care and other public policy objectives.

We recognise that local authorities are facing not only increasingly stringent spending restrictions but also a range of challenges that have significant implications for social care. We hope that through the practical information set out in this guide, and through other RNIB and Action for Blind People services, we can work together to ensure that the needs of blind and partially sighted people are met.

Many people with sight loss also have other, often complex, needs that require support across a number of services, including those associated with physical impairment, learning disability, hearing loss or mental health issues. Where relevant, we underline the importance of the integration of social care planning and provision with healthcare and other services.

Many local authorities have made excellent progress in implementing the recommendations set out in the “Good practice in sight” guide (2008). This publication builds on those original recommendations and encompasses a number of important developments which affect local authorities in England, particularly the introduction of the Adult Social Care Outcomes Framework (ASCOF), as well as the new Public Health Outcomes Framework which specifically includes an eye health indicator.

We also draw on other important developments, including the UK Vision Strategy – “Seeing it my way” – a major new initiative which sets out a range of outcomes that blind and partially sighted people have said are most important to them (see page 6).

More broadly, since “Good practice in sight” was published in 2008, there have been significant changes in equality and anti-discrimination legislation. The requirements of the Equality Act 2010 should underpin policies and practices to ensure that blind and partially sighted people are able to access services on an equal basis with others in society.

The Vision Strategy

The Vision Strategy calls for fair and equitable access to sight loss services and more specifically for person-centred delivery of excellent services and support in the most appropriate way for each person. It has been developed and rolled out by a wide range of health and social care bodies, voluntary organisations, service users, and professional groups including the Association of Directors of Adult Social Services (ADASS).

In 2012 the Vision Strategy launched “Seeing it my way”: a major UK-wide initiative which sets out a range of outcomes that blind and partially sighted people have said are most important to them. The initiative is presented in terms of outcomes rather than specific services, as how these outcomes are delivered in practice will vary across England, Scotland, Wales and Northern Ireland. Where possible this guide has used the “Seeing it my way” outcomes to describe desired service delivery.

The outcomes apply to everyone and are intended to be relevant to people of all ages and those with other disabilities. There will include, for example, people with a learning disability, neurological conditions, dual sensory loss, and people from ethnic minority backgrounds.

By implementing the advice in this guide, local authorities will make a major contribution towards the implementation of two key elements of the UK Vision Strategy:

Eliminating avoidable sight loss and delivering excellent support for people with sight loss

The over-arching aim is to improve the coordination, integration, reach and effectiveness of eye health services, and other services and support for people with permanent sight loss.

Inclusion, participation and independence for people with sight loss

The over-arching aims are: to improve the attitudes, awareness and actions of service providers, employers and the public towards blind and partially sighted people and to remove significant barriers to inclusion, so that people with sight loss can exercise independence, control and choice; and to achieve improved compliance with disability discrimination legislation.

How this guide is structured

To help inform local authorities' understanding of the extent and impact of sight loss, section 2 begins by setting out how many people are currently affected, the main causes and significant risk factors, and the effects on people's lives. This section then highlights some key policy changes and challenges which have important implications for services for blind and partially sighted adults.

Section 3 outlines the current social care performance framework for local authorities in England, the new Public Health Outcomes Framework, and the over-arching equality and anti-discrimination legislative framework – all of which are directly relevant to blind and partially sighted people. In sections 4 and 5, the guide explains the key elements of high quality services for blind and partially sighted people, and links these to local authorities' performance frameworks and equality duties.

Section 6 explores further a number of current and impending policy developments that are likely to affect services for people with sight loss. Finally, section 7 provides practical information about the support, advice, products and services that RNIB and Action for Blind People can provide to local authorities.

2. Setting the scene

Understanding sight loss and its impact

Currently almost two million people in the UK are living with sight loss, 360,000 of whom are registered as blind or partially sighted.

It's important to bear in mind that sight loss isn't confined to those who are registered blind and partially sighted. Registration is a voluntary process and not all those who are eligible are in fact registered. For instance, many older people live with significant sight loss and have vision which is equivalent to that of people who are registered partially sighted or blind. This includes people waiting for or having treatment to improve their sight, such as cataract surgery, as well as people whose vision loss could be improved by wearing the right glasses.

Risk factors

The four leading causes of sight loss in the UK are uncorrectable sight problems: age-related macular degeneration, cataract, glaucoma and diabetic retinopathy.

Although it can affect anyone at any time, losing our sight becomes increasingly likely as we get older. Currently, sight loss affects:

- one in five people over 75 and
- one in two people over 90.

In addition, sight loss is a particular risk for people with a learning disability, who currently number about one million adults in the UK. It is estimated that the number of people with learning disabilities and sight loss will increase by 10 per cent over the next 20 years.

- People with learning disabilities are 10 times more likely to have serious sight problems than other people.
- People with severe or profound learning disabilities are most likely to have sight problems.
- People with learning disabilities may not know they have a sight problem or, if they are aware, they may not be able to communicate this easily. Often it is wrongly assumed that someone with a learning disability has good eyesight.

- Six in 10 people with learning disabilities need glasses and often need support to get used to them.
- People with learning disabilities are more likely to find it difficult to access the services they need.

(See: “The estimated prevalence of visual impairment among people with learning disabilities in the UK”, RNIB and SeeAbility Learning Disabilities Observatory, 2011.)

These factors mean that a significant proportion of older people or those with a learning disability will have a degree of sight loss that can have a serious effect on the quality of their lives.

In addition, there is a growing incidence in key underlying causes such as obesity and diabetes. Without effective action, the number of people with sight problems in the UK is likely to increase dramatically over the next 25 years – by 2050 the number of people with sight loss in the UK is predicted to double to nearly four million.

The effects of sight loss and unmet needs

Any level of sight loss can impact on a person’s life. For example, the effects can seriously impair someone’s ability to do everyday things, such as reading a newspaper or printed information, driving, or recognising a friend across a room. Sight loss can severely limit a person’s ability to do essential tasks such as preparing or shopping for food, looking after bills and personal finances, or going out without assistance.

There are numerous challenges faced by blind and partially sighted people. In addition to problems with daily living skills, people with sight loss are constantly confronted with barriers that prevent them from participating in society on an equal footing with others. The education system, workplaces, housing, health, and leisure are all areas where blind and partially sighted people frequently struggle to access services and play an active role. For example:

- In the year after registration, less than a quarter (23 per cent) of people who lost their sight say they were offered mobility training to help them get around independently.
- 48 per cent of blind and partially sighted people feel “moderately” or “completely” cut off from people and things around them.
- Older people with sight loss are almost three times more likely to experience depression than people with good vision.
- Only one-third of registered blind and partially sighted people of working age are in employment.

2. Setting the scene

- One in two people with sight loss have never received a visit at home from any professional or voluntary body since they lost their sight.

Losing your sight can be a very isolating, lonely experience and can threaten people's ability to live safely and to participate fully in society. By basing policies and practices on a comprehensive understanding of the needs of individuals with sight loss, local authorities can make a huge difference to people's wellbeing and independence, while at the same time helping to achieve their own and government performance objectives.

Social care: changes and challenges

Against a background of tight limitations on local authority spending, the context for social care services has fundamentally shifted and further changes are on the horizon which have significant implications for services for people with sight loss among others.

The drive towards "personalisation" is increasingly shaping how social care and other services are controlled and delivered, such as by the use of personal budgets and direct payments. For many people, the opportunities that this presents are welcome and liberating. But people who do not want to manage their own services should continue to be able to call on support to do so. And, for personalisation to be effective, sound advice and support, together with accessible information, need to be available to all. (See: "Think local act personal: A sector-wide commitment to moving forward with personalisation and community-based support", 2011.)

The personalisation agenda also forms a crucial plank of the revised Fair Access to Care Services (FACS) framework. There is also a strong emphasis on outcomes-based assessments, preventative strategies, and enablement together with an enhanced focus on rights, discrimination and equality. The new "Right to Control", currently being piloted, extends the principles of personalisation of services (see section 6).

See also: "Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care", Department of Health guidance, 2010; and "Facts about FACS 2010: A guide to Fair Access to Care Services", Social Care Institute for Excellence, 2010.

However, for people with sight loss to be able to access services that are right for them, including the use of personal budgets, proper assessment of needs is essential. But, as the above Department of Health guidance points out, blind and partially sighted people are among those who are at risk of being overlooked and disadvantaged in needs assessments because assessors are unaware of the impact of loss of vision.

These risks are heightened by continuing evidence that eligibility criteria for services are being tightened because of council budget cuts and demographic pressures (see for example: “The state of health care and adult social care in England”, Care Quality Commission, 2011).

Meanwhile, an ADASS survey of local authorities in England showed that in 2010/11, 82 per cent of councils only provided services for people whose needs were classed as “substantial” or above, a significant increase compared to 70 per cent in 2010/11 (“ADASS Resources Survey 2011”, ADASS, 2011). This is a matter of great concern, and it underlines the need for service commissioners and assessors to ensure that the impact of sight loss is fully understood and taken into account in service planning, assessments, and provision.

Social care in England is likely to undergo further fundamental change in the near future as a result of the expected Government White Paper (following the recent reports by the Commission on the Funding of Care and Support: “Fairer Care Funding: The Report of the Commission on Funding of Care and Support”, 2011; and by the Law Commission on “Adult Social Care”, 2011).

The elements of good practice described next in this guide are vital if local authorities are not only to meet the needs of blind and partially sighted adults but also to deal with the changes taking place and future challenges.

The Government has committed to a draft bill to modernise adult care and support in England, setting out what support people could expect from government and what action the government would take to help people plan, prepare and make informed choices about their care. One of the main benefits of a future bill would be to put people in control of their care and giving them greater choice, building on progress with personal budgets. Another aim of future legislation is to give people a better understanding of what care and support is on offer, to help them plan for the future and ensure they know where to go for help when they need it.

See section 6 for further information on these and other developments that are likely to affect social care provision for people with sight loss, including new health and wellbeing boards and other changes arising from the Health and Social Care Bill.

3. Performance frameworks and equality duties

In this section we outline the current social care performance framework for local authorities in England. This has changed fundamentally since the original guide was published, notably through the introduction of the Adult Social Care Outcome Framework (ASCOF). Many elements are directly relevant to the wellbeing and safety of blind and partially sighted people, particularly to maximise the potential for independent living.

Under current government plans, local authorities in England are due to take on new responsibilities for public health in 2013. These include a duty to have regard to the new Public Health Outcomes Framework which explicitly recognises the importance of eye health as a priority.

In addition, the over-arching statutory framework for equality and discrimination has changed with the introduction of the Equality Act 2010.

In sections 4 and 5, this guide sets out the links between high quality services for blind and partially sighted people and relevant parts of local authority performance frameworks and their equality duties.

The Adult Social Care Outcomes Framework

Introduced in 2011/12 following the abolition of the Annual Performance Assessment for adult social services, the Adult Social Care Outcomes Framework (ASCOF) is now of crucial importance for local authorities in England with regard to managing service improvement.

The Government's intention is that this new Framework will give an indication of the strengths of social care and success in delivering better outcomes for service users.

The way in which local authorities use the Framework and report to local people is meant to be a matter for local decision.

The 2011/12 Framework sets out a number of outcome measures, many of which are highly relevant to the provision of good services for blind and partially sighted people. It is worth noting that the ASCOF gives a high-level summary of the outcomes available but does not list every available measure. This approach should enable local authorities to be flexible in exploring measures that are especially relevant in relation to outcomes for people with sight loss.

There is also an emphasis within the ASCOF on partnership working at community level. The good working relations which RNIB, in partnership with Action for Blind People, have with local authorities offer a positive basis for exploring further how partnership work can help achieve good outcomes for people with sight loss within this Framework.

The Public Health Outcomes Framework

Local authorities in England are due to take on new responsibilities for public health according to government plans. These include a statutory duty to have regard to the Public Health Outcomes Framework. Scheduled to take effect from 2013, this Framework is aimed at achieving positive health outcomes for the population and reducing inequalities in health (see: "Improving outcomes and supporting transparency: Part 1: A public health outcomes framework for England, 2013–2016", Department of Health, 2012). It is intended to cover all the factors that contribute to healthy life expectancy, including what happens at the start of life and how well we live across the life course.

We welcome, in particular, the recognition contained in this Framework of the importance of eye health as a priority, with the inclusion of a specific indicator relating to preventable sight loss. (See: "Improving outcomes and supporting transparency: Part 2: Summary technical specifications of public health indicators, January 2012", Department of Health, 2012.)

Equality duties

The Equality Act 2010 harmonises, and in some regards strengthens, the range and depth of equality and anti-discrimination legislation. It applies to all organisations providing a service to the public, and to anyone who sells goods or provides facilities.

3. Performance frameworks and equality duties

Disability is one of the “protected characteristics” which form the core of the equalities legislation: these are the grounds upon which discrimination is unlawful. The characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The Public Sector Equality Duty, which came into force under the Equality Act in April 2011, is among those aspects which are highly relevant for blind and partially sighted people. This Duty requires public bodies to consider all individuals when carrying out their day-to-day work, including when shaping policy and delivering services.

One of the main intentions of the Public Sector Equality Duty is to encourage public bodies to understand how different people will be affected by their activities, so that their policies and services are appropriate and accessible to all and meet different people’s needs. The Equality Duty explicitly recognises that disabled people’s needs may be different from those of non-disabled people. It means that public bodies should take account of disabled people’s impairments when making decisions about policies or services.

See section 6 for further information about the Equality Act 2010.

4. How excellent services for blind and partially sighted adults can help local authorities' performance

This section shows how achieving the outcomes that are crucially important for people with sight loss will also help enable local authorities to meet the objectives of the ASCOF and other relevant public policies.

There are many elements of support that contribute to an excellent service for people with sight loss, depending on individual needs. These include a comprehensive assessment of needs, including the impact of sight loss and also other potential needs, such as those linked to physical impairment, learning disability, or mental health issues.

At the same time, easy access to information in formats that suits people's needs is essential to help ensure that people understand registration and assessment processes and all the options that are available, and are able to make fully informed choices.

Equally, timely delivery of services is vital if they are to maximise independent living and help prevent deterioration in health and wellbeing. Involvement of blind and partially sighted people in the development of services is also essential so that service planning and delivery are informed by and properly reflect the needs of people with sight loss.

Furthermore, integration of services plays a fundamental role in ensuring that there is a holistic approach to the needs of people with sight loss, including education, employment, daily living and health and social care. Obviously people do not want or need to be "passed around" unnecessarily between services. Also, for services to be as effective as possible, they must be properly co-ordinated and integrated to meet all of an individual's needs. This includes providing access to appropriate aids and equipment and to any necessary training to help people to maximise their use.

4. How excellent services for people with sight loss can help local authorities' performance

In this guide, our yardstick for assessing services is whether they are deemed important by blind and partially sighted people and meet their support and care needs. The best services will provide all of the essential support and care that allow people to have the same life chances and opportunities as people without sight loss. What this means in practice will differ from person to person, for example, for people of working age the focus is likely to include employment retention and help with finding work. But people's circumstances vary and it is essential to avoid making assumptions about people's needs, for example, based on age, disability or other factors.

Many features of service delivery are changing, as outlined in section 2. However, even though the ways in which services are commissioned and delivered is changing, the key features of what make up an excellent service for people with sight loss still apply.

To illustrate what needs to be done in practice to ensure that services for blind and partially sighted people provide the essential elements, we have divided the next section into ten sub sections. These are based on the outcomes that blind and partially sighted people said that they want during the consultation for "Seeing it my way" (see box on the UK Vision Strategy in the Introduction to this guide):

1. That I understand my eye condition and the registration process.
2. That I have someone to talk to.
3. That I can look after myself, my health, my home and my family.
4. That I receive statutory benefits and information and support that I need.
5. That I can make the best use of the sight I have.
6. That I can access information making the most of the advantages that technology brings.
7. That I can get out and about.
8. That I have the tools, skills and confidence to communicate.
9. That I have equal access to education and lifelong learning.
10. That I can work and volunteer.

Each of the sub sections starts with a basic set of good practice guidelines and objectives. We then show how achieving these outcomes will help local authorities' performance, particularly in relation to the ASCOF and equality legislation, as well as the new Public Health Outcomes Framework.

Note that the ASCOF currently consists of four over-arching domains, each of which features a number of outcome measures. The Public Health Outcomes Framework was under development at the time of writing, and currently consists of a series of indicators which are grouped within four public health domains.

5. Key elements of services for people with sight loss

Outcome 1: That I understand my eye condition and the referral process



Effective and streamlined systems of referral are essential to ensure that blind or partially sighted people can access appropriate services. With the moves towards greater integration of health and social care, low vision and rehabilitation services should be commissioned in a way that allows for a smooth journey from medical treatment through to social care support. This supports the shift from intervention to prevention that local authorities and health services are required to make.

It is a matter of great concern that around 23 per cent of people losing their sight leave the eye clinic without even being certain of the name of the condition that caused their sight loss. One fifth of people say they do not recall receiving any visit from social services in the year after they were registered as blind.

Referral to low vision and rehabilitation services should be easily available to health or social care professionals or the service user themselves. Referral should not be restricted to those who have already experienced significant sight loss. Instead it should be made available as soon as sight deterioration is detected so that appropriate action can be taken to avoid further sight loss or loss of independence. RNIB advise time-limited not time-bound models of rehabilitation.

For example, a low vision leaflet (LVL) can be issued by community optometrists (opticians) to people who have uncorrectable sight problems that are adversely affecting daily living. The LVL offers a way for people to self-refer for a local authority community care assessment. Also, referral of someone with visual impairment may be carried out by anyone working in an eye clinic (not just an ophthalmologist) to notify social care departments that an assessment of someone's daily living needs is required.

5. Key elements of services for people with sight loss

Local authorities are required to compile and maintain registers of blind people and those who are partially sighted, among others with sensory and physical impairments (section 29 of the National Assistance Act 1948). To be registered, people need to be “certified” as severely sight impaired (blind) or sight impaired (partially sighted) by a consultant ophthalmologist. The local authority should receive notification from the ophthalmologist that someone has been diagnosed as vision impaired: a formal Certificate of Vision Impairment (CVI) should have been issued and, with the person’s consent, a copy should be sent to the local authority. The offer of registration and a community care assessment must follow the issuing of a CVI.

Registration as blind or partially sighted is also important as people may otherwise miss out on financial or other support. For instance, at present, people who are registered partially sighted can qualify for travel concessions and an increase in the mobility component of the Disability Living Allowance. In addition, people who are registered as blind are also eligible for a half-price TV licence, additional personal income tax allowances, and a disabled person’s “Blue Badge”.

In practice, it appears that there is little consistency between local authority areas in both certification and registration practices. However, as well as the benefits for individuals, the service and resource planning information to be gained from accurate data on the number of people with vision impairments is vital.

Objectives

People with sight loss access services when they or the people around them (eye care professionals, GPs, family, friends or carers) have identified the need for help, and the blind or partially sighted person is ready to accept the benefits of such help.

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 1:** Enhancing quality of life for people with care and support needs
Outcome measure: People manage their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their needs.
- **ASCOF Domain 3:** Ensuring that people have a positive experience of care and support
Outcome measure: People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.
Outcome measure: Carers feel that they are respected as equal partners throughout the care process.

Public Health Outcome Framework

- **Preventable sight loss**
Current indicator: Proportion of Certificate of Visual Impairment (CVI) registrations that are due to age-related macular degeneration (AMD), glaucoma and diabetic retinopathy.
- **Emergency re-admissions within 30 days of discharge from hospital**

This indicator is under development at the time of writing. The intention is that it will follow individuals discharged from hospital to monitor success in avoiding emergency readmissions. Currently the indicator states that health interventions and social care will play significant roles in putting in place the right reablement, rehabilitation and intermediate care services to support people to return home or regain their independence, so avoiding crisis in the short-term.

Eye Clinic Liaison Officers

Eye Clinic Liaison Officers (ECLOs) are an innovative way of supporting eyecare services, and can help local authorities in particular to fulfil Outcomes 1, 2 and 3.

ECLOs provide people with information they need to take control their condition and make informed choices about their care. ECLOs also help with visual impairment registration, provide advice on reducing the likelihood of falls, early referrals to statutory and voluntary sector services, and signposting to local and national support services.

Emotional support is an important part of the work of ECLOs. This has multiple benefits – it increases people’s capacity to self-manage their condition, improves health outcomes, and helps people live independently.

In terms of referrals, ECLOs are an invaluable link between hospital settings and social services, providing a dedicated point of contact for people with sight loss. Their role is locally determined and they respond to local needs and gaps in service provision. This can also help with certification and registration.

For further information, see:

www.nib.org.uk/eyehealth/who/eclo/pages/about_eclos.aspx

www.actionforblindpeople.org.uk/our-services/at-the-eye-clinic/

Outcome 2: That I have someone to talk to



Access to practical and emotional support and counselling where necessary are key to enabling people with sight loss to live as independently as possible and to maintain and develop their self-confidence.

Counselling and emotional support need to be provided from the point at which someone is told they have visual impairment or a condition that is likely to result in sight loss. This includes informal emotional support (such as peer support) and clear signposting to accessible counselling for those who need it across all age groups.

The emotional impact of sight loss is increasingly being recognised as a growing number of studies have demonstrated the heightened risk of depression and even suicide among blind and partially sighted people. In many situations, emotional support may need to be provided in advance of needs assessment to help relieve people's fears about sight loss. Helping people to maintain self-confidence is a prerequisite for successful rehabilitation and independent living.

Objectives

Service users adjust positively to their changed circumstances. Levels of depression among blind and partially sighted people are reduced significantly.

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 1:** Enhancing quality of life for people with care and support needs
Outcome measure: People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.
- **ASCOF Domain 3:** Ensuring that people have a positive experience of care and support
Outcome measure: People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.
- **ASCOF Domain 4:** Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
Outcome measure: People are free from physical and emotional abuse, harassment, neglect and self-harm.

Outcome 3: That I can look after myself, my health, my home and my family



People with sight loss need the right tools and support, information and confidence to live as independently as they wish and to play a full part in home and family life.

For example, this is about enabling blind and partially sighted people to order household goods and services themselves, make school and medical and other appointments on the phone, and generally undertake the kind of everyday things that sighted people may take for granted.

The kinds of support needed may well involve access to relevant aids and equipment, for instance, easy-to-use phones, magnifiers, or computer screenreaders. This needs to be accompanied by training in the proper use of aids and equipment to ensure that users gain maximum benefit.

Other types of support could well include aids to enable people with sight loss to prepare and cook food safely, and to use household appliances such as washing machines and heating systems themselves. Also, material for labelling items, such as food packaging, could be essential depending on people's needs, especially to prevent problems with misidentifying the contents of tins and packets.

Objectives

Blind and partially sighted people live safer and more independent lives and can participate fully in family and social life.

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 1:** Enhancing quality of life for people with care and support needs
Outcome measure: People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.
- **ASCOF Domain 2:** Delaying and reducing the need for care and support
Outcome measure: Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Independent Living Coordinators

Action for Blind People's Independent Living Coordinators (ILCOs) offer support with day-to-day living, welfare rights, leisure, travel, technology, employment, housing issues and accessing personal budgets.

They offer tailored support in all aspects of living with sight loss, enabling people to make informed choices and to be in control of the way they live their life and maintain independence.

For further information, see:

www.actionforblindpeople.org.uk/our-services/independent-living/

How RNIB Action for Blind People and local groups can help: “Finding your feet” programmes

“Finding your feet” (FYF) programmes provide structured programmes of support for adults with sight loss. Practical information-giving is combined with emotional support. Participants are encouraged to support each other and together with positive role-modelling. The four principles that underpin “Finding your feet” are:

- combination of both practical and emotional support
- active inclusion and support for spouses/partners/close family members who have acquired caring responsibilities
- emphasis on peer support
- use of positive role modeling.

Department of Health funding has enabled FYF to incorporate both self-management and employment alongside other social care reablement themes.

South Gloucestershire PCT commissioned RNIB to deliver a FYT programme in November 2011. Delivered with Action for Blind People, the two-day event offered intensive support to 15 people including family members with caring responsibilities. Effective referral routes were established via the Eye Clinic Liaison Officer at Bristol Eye Hospital and Action for Blind People’s emotional support and counselling service.

Seven workshops were held which covered mobility, access to information, managing money, the emotional impact of sight loss, management of stress, anxiety and depression, nutrition and goal-setting. Further FYF interventions are planned in 2012 in partnership with local authority/health commissioners in Newcastle, Leeds, Stockport, Barking and Dagenham and Westminster.

Outcome 4: That I receive statutory benefits and information and support that I need



Access to care services needs to be available when people need it to safeguard their physical and mental health, help maximise their independence and guard against isolation.

However, financial pressures on local authorities have led to a tightening of the criteria against which people are assessed as to their eligibility for social care. An increasing number of local authorities in England only provide services for people whose needs fall into the top two bands of need, “critical” or “substantial”.

At the same time, there is widespread concern that the impact of needs arising from sight loss is often missed or underestimated by mainstream or generic professionals involved in planning and provision of services, for instance because assessors are unaware of the full impact of loss of vision.

The increased use of direct payments and the introduction of personal budgets along with the increased policy focus on self-directed care is a welcome part of the primary objective of supporting independent living. For many service users, personal budgets and direct payments represent a liberating opportunity. Those who prefer services to be organised on their behalf should continue to have that option. While for those taking up direct payments, sound advice and support must be available to help service users and carers carry out this new role effectively.

Objectives

Blind and partially sighted people receive services planned around their needs and, where appropriate, can control their own budget for care. Trained advocacy support is available so that blind and partially sighted people can get the best from the services available and are not put at risk. “Brokerage services” are available to support blind and partially sighted people to get the best from the services available (to help someone with sight loss to deal with service providers, including advice and support).

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 1:** Enhancing quality of life for people with care and support needs
Outcome measure: People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.
- **ASCOF Domain 2:** Delaying and reducing the need for care and support
Outcome measure: Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
Outcome measure: Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
Outcome measure: When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.
- **ASCOF Domain 4:** Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
Outcome measure: People are protected as far as possible from avoidable harm, disease and injuries.
Outcome measure: People are supported to plan ahead and have the freedom to manage risks the way that they wish.

How RNIB and other organisations can help: Leeds Vision Consortium

A new service in Leeds for blind and partially sighted people, and people with dual sensory loss was launched in June 2011. Action for Blind People and The Wilberforce Trust joined together as the Leeds Vision Consortium (LVC) to run the service for three years. The contract has been awarded by Leeds City Council. Sense will also work with the LVC to provide the dual sensory service.

The range of services available from the LVC includes:

- Independent Living Coordinators – providing information advice and guidance to individuals and groups
- Employment service
- Eye Clinic Liaison Officer (ECLO)
- Health and wellbeing promotion – working with local groups to raise awareness of visual impairment and dual sensory needs
- Volunteer development
- Coordinators, helping young people to adjust to sight loss
- Assistive Technology Coordinators
- Dual Sensory Loss Coordinators
- Drop-in resource centre in central Leeds
- Day services for dual sensory clients
- Community Outreach service.

For further information about the Leeds Vision Consortium (LVC), phone 0113 386 2888 or email leeds@actionforblindpeople.org.uk

Outcome 5: That I can make the best use of the sight that I have



Low vision and rehabilitation services should be based on the needs of the individual with sight loss and take an integrated and flexible approach to meet any additional needs, such as those arising from other sensory impairments, learning disabilities, or mobility problems.

Low vision services should be aimed at assessing individual needs to help people to make the most of their sight and which devices and equipment, both optical and non optical, will be of most help. Practical advice about matters such as lighting and contrast should be an integral part of these services, together with training about how to use and maintain any equipment correctly.

Rehabilitation is a long-term process, which includes supporting people with sight loss to be as independent as possible. This may involve providing help in addressing mobility difficulties and communication support. Emotional support is frequently a vital part of rehabilitation to enable people to adjust to their changed circumstances.

To make sure this happens, service users should be involved in every aspect of their assessment through the provision of accessible information on the process and on the options available to them, as well as how long it will take for services and equipment to be provided. Assessments should be fully informed by specialist knowledge of the impact of sight loss, including situations where people with multiple or complex needs are assessed by a generic rehabilitation worker. RNIB advise time-limited not time-bound models of rehabilitation.

Objectives

Blind and partially sighted people receive assessments which correctly identify their needs, and result in services that maximise their independence and enable them to exercise choice and control in their lives.

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 2:** Delaying and reducing the need for care and support

Outcome measure: Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.

Outcome measure: Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.

- **ASCOF Domain 4:** Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Outcome measure: People are supported to plan ahead and have the freedom to manage risks the way that they wish.

How RNIB Action for Blind People and local groups can help: provision of equipment in Kent

RNIB supplies products to local authorities either directly or via local voluntary organisations. For instance, Kent Association for the Blind (KAB) stocks a wide range of equipment funded by the local authority and provided by RNIB. For more expensive pieces of equipment, such as computers and text readers, KAB can provide grant finance through charitable funds, which has benefited many service users.

KAB has five resource centres spread around the county where people can see and try the equipment. Members of staff are on hand to give a demonstration of any equipment from low vision aids and kitchen items to more technical equipment such as computers or magnifiers. Users are then in a better position to decide whether it is right for them. As well as equipment on display, these resource centres also have information about other products.

Outcome 6: That I can access information making the most of the advantages that technology brings



Accessible information is key to ensuring that service users can make informed decisions about the services they want to receive. Information needs should be addressed whenever they arise, including before or after referral to social services.

Information about available services should be easily available to everyone with sight loss, and should not be limited to those who are registered blind or partially sighted or people who are entitled to receive care funded by social services.

For blind and partially sighted people of working age, it is essential that information provided includes advice on help available through the Access to Work scheme, and technology and other support that is available to help find or retain work.

Access to clear information that informs service users about their options is becoming increasingly important with the introduction of personal budgets. The provision of relevant information needs to be combined with advocacy and advice to help people to decide which services will best meet their needs.

Information should be provided in a format that is appropriate to individual needs and enable people to make informed decisions about their care. There should be a single point of access for people to contact for any additional information.

Equipment provided should include items that enable people to access vital information (such as medication, correspondence, food labels etc). Such items can include video magnifiers, DAISY information players, and electronic scanning devices.

The wellbeing of service users and carers will also be affected by their financial situation, which often depends on access to sound advice about entitlement to benefits and tax credits. This should take the form of access to a full benefit check, together with help in making claims where necessary. Good signposting arrangements should be available to link service users to a reliable and easily accessible local source of welfare rights advice and advocacy.

Objectives

Service users are able to make better-informed decisions about the services they wish to receive.

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 2:** Delaying and reducing the need for care and support
Outcome measure: Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
- **ASCOF Domain 3:** Ensuring that people have a positive experience of care and support
Outcome measure: People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.

The Equality Act 2010

The Act states that “reasonable adjustments” must be made to ensure customers or service users do not experience any barriers to accessing information or services.

It may, therefore, be reasonable for local authorities to have policies, procedures and practical solutions that ensure access to information, including about assessments, is routinely and easily available to blind and partially sighted people in preferred formats.

Outcome 7: That I can get out and about



Full access to appropriate equipment and related services is essential to help people who are blind or partially sighted to live safely and to support independent living.

Such support may involve reablement and/or rehabilitation. These are distinct processes and it is important that they are correctly understood and implemented. Reablement implies a response involving support with skills and/or equipment and often follows a period of hospital stay. Rehabilitation from sight loss is a long-term process necessitated by a long-term health condition. It not only encompasses help with independence skills (particularly mobility) and communication support (such as braille or low vision strategies) but also often may involve emotional support to enable people to adjust to their changed circumstances.

Whether as part of reablement or a longer term process of rehabilitation, specialist equipment such as low vision aids, mobility training, and reading aids and home adaptations should be provided as required to maximise the independence of people with sight loss. All blind and partially sighted people should be entitled to a minimum level of basic equipment and advice. In addition, access to services to ensure people's safety and independence in moving around at home is vital, and this may necessitate advice from occupational therapists.

Falls-prevention programmes are often essential, for instance to ensure that floor coverings are secure, that furniture and equipment are in the right place, and that footwear is appropriate and safe. Good lighting at home also plays an important role not only to prevent falls but also to aid reading, household tasks and leisure activities.

To enhance independent living and guard against isolation, people with sight loss need easy and user-friendly information in appropriate formats about how to access transport outside the home, for example, community transport schemes.

5. Key elements of services for people with sight loss

It is important to ensure that local authority premises are fully accessible. As well as structural accessibility (as defined by Building Regulations), areas likely to be used by service users (or employees) should have clear signage and good lighting. Blind and partially sighted people can also benefit from heightened contrast between walls and doors.

All public buildings that local authorities are responsible for (libraries, community halls, recreation centres, etc) should be fully accessible for people with visual and other impairments, including ensuring that these services are able to make any reasonable adjustments that may be required.

Objectives

Blind and partially sighted people receive the services and equipment they need to move safely around their home and to enable them to travel safely outside in order not to become housebound.

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 2:** Delaying and reducing the need for care and support
 - Outcome measure:** Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
 - Outcome measure:** When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

The Equality Act 2010

The Act states that “reasonable adjustments” must be made to ensure customers or service users do not experience any barriers to accessing information or services.

The duty to make reasonable adjustments also applies to the way in which vehicles are operated and may include, for example, audio-visual passenger information, priority seating and contrasting handrails.

Outcome 8: That I have the tools, skills and confidence to communicate



Blind and partially sighted people have a right to obtain information and material in the format of their choice. But being able to read and communicate means so much more: they are essential parts of maintaining independence and helping to break down isolation.

Specific equipment should be provided which enables people to be in contact with others, and with outside events. This will include easy-to-use telephones, and appropriate computer hardware and software. Blind and partially sighted people also may need magnification or speech technology for their computer, and if appropriate, the opportunity to learn braille. Where such help is not directly available, people with sight loss should be signposted to appropriate and affordable sources of help.

It should be noted that reading is not only about books – it is also about being able to access information for everyday life such as newspapers, price information, food labels, posters, timetables and menus. Books also open up opportunities to interact with other people either face-to-face or virtually through the internet. Reading and communication are vitally important for work and education as well.

Objectives

Blind and partially sighted people have access to information in their required formats, and receive support with reading and communication.

RNIB's Talking Book Service

RNIB's Talking Book Service provides pleasure and companionship, improving quality of life and reducing isolation for people with sight loss. The Service has been making a huge difference to the lives of blind and partially sighted people for over 75 years.

- RNIB's Talking Book Service helps people to rediscover the joy of reading, acting as a gateway to improving independence and quality of life, whilst reducing isolation.
- The Service has over 20,000 titles – each one professionally narrated, burned to disc on demand and delivered to people's homes.
- The unique filtering tool – “Your reading choices” – together with a dedicated CRB-checked support service can complement needs assessment processes. People with a less severe need can be signposted to appropriate alternatives and mainstream providers, as well as provided with information about other RNIB services.
- The Service works in partnership with local authorities to tailor the service to local requirements.

For further information please contact ann-marie.jonas@rnib.org.uk

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 2:** Delaying and reducing the need for care and support
Outcome measure: Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.
Outcome measure: Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.
- **ASCOF Domain 3:** Ensuring that people have a positive experience of care and support
Outcome measure: People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.

Assistive Technology Coordinators

Action for Blind People's Assistive Technology Coordinators have a wide range of skills and knowledge on the latest products and software and provide training, support and practical advice on all areas of technology to help people with sight loss access information, develop skills and compete on equal terms. They also offer advice on accessing grants for technology to enable blind and partially sighted people to live more independent lives.

For further information, see:

www.actionforblindpeople.org.uk/our-services/technology/

Outcome 9: That I have equal access to education and life long learning



Blind and partially sighted people (including children and young people) have a right to education with specialist teaching support to access the curriculum and learning material, including life long learning.

To ensure this happens in practice, colleges and universities should work with students who are blind or partially sighted to address their needs in order to ensure inclusion and enhance independence. This includes taking action so that all material is available in the format appropriate to individual needs at the same time that it is provided to sighted students.

It also means making adjustments to the environment and how the institution operates to enable blind and partially sighted students to participate fully in college life, including sporting, leisure and social opportunities if they wish. Another critical element is to make sure that people are helped to develop essential life skills and independence to enable them to have control and exercise choice in their lives.

Objectives

Blind and partially sighted students are enabled to have full access to educational opportunities together with full participation in college life.

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 2:** Delaying and reducing the need for care and support

Outcome measure: When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.

The Equality Act 2010

The Act protects anyone who seeks enrolment onto a course of further or higher education provided by a local or education authority, or seeks to use the recreational and training facilities, as well as anyone who is enrolled on the course or uses these facilities, which includes former students and users.

The Act makes it unlawful for a further or higher education institution to discriminate against an applicant or student in relation to: admissions; the provision of education access to any benefit, facility or service exclusions. This includes discrimination arising from a disability, and failure to make reasonable adjustments.

Outcome 10: That I can work and volunteer



To help enable blind and partially sighted adults to access and retain employment and volunteering opportunities, appropriate training and skills development and support should be provided.

People who are not yet in work need opportunities to access training and develop skills in their chosen field. To maximise people's chances of securing employment, support should be available to help with CV writing, and interview techniques.

To help people who are already in work to retain their job and develop new skills, employers need to be informed about what support they need to provide so that people with sight loss can develop new skills and different ways of working. In addition, the support of an advocate can be vital to help blind and partially sighted people to retain their jobs, particularly to help break down barriers caused by a lack of understanding on the part of employers and work colleagues.

Objectives

Blind and partially sighted adults are able to access work and volunteering opportunities, and develop their skills and new ways of working. Employers and voluntary organisations are properly informed about what support they should provide, and helped to understand the needs of blind and partially sighted people.

How this outcome links to local authorities' performance

Meeting the above outcome will help local authorities to fulfil:

Adult Social Care Outcome Framework

- **ASCOF Domain 1:** Enhancing quality of life for people with care and support needs
Outcome measure: People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.

The Equality Act 2010

Part 5 of the Act is based on the principle that people with protected characteristics should not be discriminated against in employment, when seeking employment, or when engaged in occupations or activities related to work. Protected characteristics include disability.

The duty to make reasonable adjustments requires employers to take positive steps to ensure that disabled people can access and progress in employment. This may include taking reasonable steps to change physical features, practices or requirements that place a disabled person at a substantial disadvantage compared to those who are not disabled; and providing aids and equipment. The duty covers any disabled employee or disabled job applicant.

Steps, which it is reasonable for the employer to take, include action to ensure that the information is provided in an accessible format; for example, providing letters, training materials or recruitment forms in braille or audio.

See: “Employment Statutory Code of Practice”, Equality and Human Rights Commission, 2011. Available online at www.equalityhumanrights.com/uploaded_files/EqualityAct/employercode.pdf

Action for Blind People’s Employment Service

This Service provides specialist support and advice to help people with sight loss find employment, including job searching tips and advice on applying for jobs, methods for writing a CV and filling in application forms. It also advises on how people can start their own business, skills development or advice on staying in a job if someone is experiencing sight loss.

For further information, see:

www.actionforblindpeople.org.uk/our-services/work/

6. Further information

This section provides further relevant information about the Equality Act 2010, including the Public Sector Equality Duty. It then highlights some important developments which are very relevant to services for people with sight loss: the proposed health and wellbeing boards; the development of NICE quality standards; and the “Right to Control” initiative for disabled people.

The Equality Act 2010 and the Public Sector Equality Duty

The Equality Act sets out different ways in which it is unlawful to treat someone, such as direct and indirect discrimination, harassment, victimisation and failing to make a reasonable adjustment for a disabled person.

The Act says that a person has a disability if they have a physical or mental impairment which has a long-term (12 months or more) and substantial adverse effect on their ability to carry out normal day-to-day activities. Physical or mental impairment includes sensory impairments such as those affecting sight.

In addition, the Act provides for certain people to be deemed to meet the definition of disability without having to show that they have an impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Regulations provide for someone who is certified as blind, severely sight impaired, sight impaired or partially sighted by a consultant ophthalmologist to be deemed to have a disability.

People who currently have a disability are protected against harassment and discrimination, and a failure to comply with the duty to make reasonable adjustments. People who have had a disability in the past are also protected against harassment and discrimination. Non-disabled people are protected against direct disability discrimination where they are perceived to have a disability or are associated with a disabled person. Indirect discrimination (which is also unlawful) can occur where an organisation’s policies, rules, practices, arrangements, etc effectively put a disabled person at a disadvantage.

The Equality and Human Rights Commission has produced a number of Statutory Codes of Practice to help enable organisations and individuals to understand more fully and clearly how the provisions of the Equality Act 2010 should work in practice. To date these Codes cover: Equal Pay; Employment; and Services, Public Functions and Associations.

Statutory Code on Services, Public Functions and Associations

This Code relates to all kinds of service providers, whether in the public, private or voluntary sector. As with the Code on Employment, organisations providing services have a duty to make reasonable adjustments for disabled people.

The Code uses the same definition of “disability” as above with essentially the same definitions of direct and indirect discrimination as in the Employment Code. As this Code states: “Direct discrimination occurs when the service provider treats someone less favourably because of disability itself. By contrast, in discrimination arising from disability, the question is whether the disabled person has been treated unfavourably because of something arising in consequence of their disability”.

With respect to making reasonable adjustments, the Code requires service providers to take positive steps to ensure that disabled people can access services. It adds that: “This goes beyond simply avoiding discrimination. It requires service providers to anticipate the needs of potential disabled customers for reasonable adjustments”.

This means an organisation cannot wait until a disabled person wants to use its services, but must consider in advance what disabled people with a range of impairments might reasonably need, including people who have a visual impairment, a hearing impairment, or a learning disability for example.

Note: the Code describes what a “service” might consist of by referring to the following (non-exhaustive) list, including:

“toilet facilities; government departments and their agencies; some charities; voluntary organisations; hotels; restaurants; pubs; public parks; sports stadia; leisure centres; advice agencies; theatres; cinemas; hairdressers; shops; market stalls; hospitals, and clinics.”

For the full Code, see:

www.equalityhumanrights.com/uploaded_files/EqualityAct/servicescode.pdf

Public Sector Equality Duty

The Public Sector Equality Duty was created by the Equality Act 2010 and took effect in April 2011. When developing or implementing policy, it requires public bodies to have due regard to the need to:

- eliminate discrimination, harassment and victimisation and any other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and others; and
- foster good relations between people who share a protected characteristic and others.

The Equality Duty requires public bodies to consider how the decisions that they make, and the services they deliver, affect people who share different protected characteristics. The specific duties require public bodies to publish information to show they did this.

To meet the duty, a public authority needs to analyse the impact of its policies and practices in respect of equality. Local authorities should be able to demonstrate what has been considered, what information has been used, and what decisions have been reached. The equality duty regulations which put this duty into effect are intended to promote the better performance of the Equality Duty by requiring the publication of: equality objectives, at least every four years, and information to demonstrate their compliance with the Equality Duty, at least annually.

Public bodies must ensure that the information they publish and the equality objectives they set are accessible to the public, free of charge. These should be available in a wide range of formats to ensure that blind and partially sighted people are able to access them easily alongside others.

It is also important to note that public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. This is especially relevant, for instance, where the provision of social care services for blind and partially sighted people is contracted out to a third party such as a voluntary organisation, social enterprise or private company.

For further information, see:

www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/

<http://odi.dwp.gov.uk/disabled-people-and-legislation/disability-equality-duty-and-impact-assessments.php>

<http://odi.dwp.gov.uk/inclusive-communications/alternative-formats.php>

Health and wellbeing boards

The Government is proposing that new health and wellbeing boards should be set up by all upper tier local authorities in England (under the Health and Social Care Bill currently before Parliament) to be operational by April 2013. The boards will be responsible for encouraging integrated working and developing joint strategic needs assessments (see below) and joint health and wellbeing strategies.

The Government's intention is that these boards will play a critical part in arrangements for integrated commissioning and provision across social care, public health and NHS services. As many blind and partially sighted people have multiple and/or complex needs, effective integration of these services is vital for these needs to be fully met in ways that are streamlined and efficient.

The Local Government Association (LGA) has produced, with several partner organisations, guidance on how the proposed boards can be as effective as possible: "Operating principles for health and wellbeing boards." See: www.local.gov.uk/c/document_library/get_file?uuid=c40f27d7-7208-4dc1-9120-fa5fd67e5253&groupId=10161

The LGA guidance recognises that there is a lot of potential for boards to operate effectively in different ways, driven by local needs, assets, relationships between partners, context and decisions, but maintains that the proposed principles should have general application.

Many of the LGA's Operating Principles relate to the governance of the boards, trying to ensure that they operate responsibly, inclusively, and accountably, and provide strong political and public leadership for health and wellbeing locally. However, there are also strong messages about the need for the boards to tackle health inequalities (in the broadest sense), encompassing not only health organisations and services but also those involved in education, housing, transport, employment and the environment.

There will be a minimum membership for the boards but there will be scope for this to be increased by either the local authority or the health and wellbeing board itself. The Government expects the boards to go beyond the minimum membership with other members being invited to join who can bring appropriate expertise. This will allow for the direct involvement of people with sight loss and their organisations which will be essential in underpinning the work of the boards.

Joint strategic needs assessments (JSNAs)

Since 2007, Directors of Adult Social Services, Directors of Children's Services, and Directors of Public Health in England have had statutory responsibility to produce joint strategic needs assessments (JSNAs). The aims were to create stronger partnerships between local communities, local government and the NHS, and to provide a firm foundation for commissioning services in order to improve health and social care provision and reduce health inequalities. In practice the effectiveness of JSNAs has been very variable.

The role and purpose of JSNAs are due to change significantly under the Health and Social Care Bill which is currently before Parliament. The intention is that the development of a JSNA will be at core of the health and wellbeing board's role in future in joining up commissioning across health and social care.

At present, the statutory duty for the production of a JSNA currently rests with local authorities and primary care trusts. From April 2013, and subject to the enactment of the Health and Social Care Bill, local authorities and clinical commissioning groups (CCGs) will each have equal and explicit obligations to prepare a JSNA, and this duty will have to be discharged by the health and wellbeing board.

The JSNA will have to consider all current and future health and social care needs in relation to the area of the responsible authority, and there will be requirements to involve people living or working in the area among other parties. Consequently the preparation of a JSNA should include full consideration of the needs of blind and partially sighted people among others. As a result it will be essential to involve people with sight loss and their organisations in this process.

There will also be a new legal obligation on local authorities, CCGs, and the NHS Commissioning Board to have regard to the relevant JSNA and joint health and wellbeing strategy in exercising their functions. This reinforces the importance of ensuring that these properly reflect the needs of people with sight loss.

It is also worth noting that local authorities, in partnership with health and wellbeing boards, will need to demonstrate improvements in public health outcomes through achieving progress against indicators that best reflect local health need, as set out in JSNA, and reflected in the joint health and wellbeing strategy. The Government therefore envisages that specific progress against the measures in the Public Health Outcomes Framework will be built into the joint JSNA and joint health and wellbeing strategy as appropriate. As noted previously, the new Public Health Outcomes Framework refers specifically to preventable sight loss.

Creating an eye health JSNA

RNIB and the Vision Strategy have developed a template which is intended to help local authorities to create an eye health JSNA. The relationship between eye health, sight loss and other health determinates are linked throughout the template, thereby demonstrating how the prioritisation of eye health and sight loss intervention and support will help to meet local priorities. Some of the issues to be considered include:

1. Prevalence and incidence

- **Eye conditions**

Identification of the number of people estimated to have a particular eye condition (such as age-related macular degeneration, glaucoma, cataracts, and low vision), and how these figures may change over time. This will enable targeted services to be developed, and help identify areas where support may need to be focused.

- **Understanding registration data**

The Certificate of Visual Impairment (CVI) and the CVI register are vital in ensuring that people with sight loss are able to access support with rehabilitation, benefits and eventual independence. But note that there are many people with sight loss below registrable levels who need to be included in service planning.

- **Age considerations**

The prevalence of sight loss increases with age, and the UK population is ageing. For older people with sight loss there is a correlated loss of independence and an increased risk of poverty.

- **Socio economic considerations**

People on low incomes, and those suffering from deprivation, are less likely to access eye health checks, and therefore will be at higher risk of undiagnosed eye conditions.

6. Further information

- **Ethnicity**

People from African and African Caribbean backgrounds are at a higher risk than others in the population of developing glaucoma, and age-related macular degeneration under the age of 60. People from Asian backgrounds are at a higher risk of developing cataracts. People from African, African Caribbean and Asian backgrounds are at higher risk of developing diabetic-related eye disease.

- **Learning disabilities**

There is a high prevalence rate of sight loss amongst adults with learning disabilities.

- **Health determinants**

The links between sight loss and other health determinants include: smoking, obesity, stroke prevention, blood pressure/hypertension, dementia, falls, and depression.

2. Current activities provision and assets

- Primary care (such as local optometrists, enhanced services, local optical committees)
- Secondary care (such as hospital provision)
- Adult social care (for instance, rehabilitation)
- Voluntary sector (for example, rehabilitation, advice, support, employment, welfare rights).

3. Further considerations

Eye health has a major impact on health inequalities. Areas should consider existing local initiatives and proposed actions that will be included to take forward areas highlighted within the JSNA. For example, these may include: review of local eye care pathway; commissioning activities or follow up arrangements for common eye conditions; and services which provide support at time of sight loss and how to adapt to sight loss, including rehabilitation support, counselling services or Eye Clinic Liaison Officer.

NICE Quality Standards

The Health and Social Care Bill, currently before Parliament, sets out a new responsibility for the National Institute for Health and Clinical Excellence (NICE) to develop quality standards and other guidance for social care in England.

As part of the preparation for this, the Secretary of State for Health has commissioned NICE to pilot and develop two social care quality standards with regard to care of people with dementia and the health and wellbeing of looked-after children. The pilots are aimed at testing draft methods and processes, exploring the format and presentation of the quality standards in social care settings, and developing an approach to integrating related health and social care standards. NICE is working in collaboration with the Social Care Institute for Excellence (SCIE) in developing these two pilot quality standards.

Subject to legislation, the Secretary of State for Health will formally commission NICE to develop additional quality standards for social care.

For further information see:

www.nice.org.uk/guidance/qualitystandards/socialcare/home.jsp

Note that published NICE's quality standards include topics of particular relevance for quality of care for blind and partially sighted people, notably those covering diabetes in adults and glaucoma.

Right to Control

The "Right to Control" extends the principles of personalisation and granting of personal budgets to include funding streams around Employment Support (Access to Work and Work Choice), Disabled Facilities Grants, and Supporting People. It is intended to give disabled people more control over specific social care, housing and employment support and to make it easier for disabled people to join up support from different services. (See: "The Disabled People's Right to Control (Pilot Scheme) (England) Regulations 2010".)

At the time of writing, "Right to Control" is being piloted in seven test areas in England, known as "Trailblazers". These pilots are due to run until December 2012 when they will be evaluated and the Government then intends to decide whether the scheme should be rolled out nationally.

6. Further information

Under “Right to Control”, a disabled person will be able to choose how money is spent to support them if they are a new applicant for one or more of the following services:

- Access to Work
- Adult Social Care
- Disabled Facilities Grant
- Supporting People
- Work Choice.

People are meant to be able to choose how they receive their support: by using the support service on offer; letting a public body – such as a local authority – arrange a different support service; where possible, buying their own support using funding from a public body (including local authorities); or a combination of these.

The Right to Control project is managed by the Office for Disability Issues; see: www.odi.gov.uk/right-to-control

7. What RNIB and Action for Blind People can do to help

We hope that this guide will help you to improve the quality of services provided to those with sight loss but it's just a start. There's also a whole range of support, advice, products and services that RNIB and Action for Blind People can provide to help you achieve this. Our specialist advisers are just a call or click away.

Partnership working

RNIB, working in partnership with Action for Blind People, has a network of regional centres across the UK. At local level we already have good working relationships with local authorities. Local partnership working is a very effective and practical approach when adapting services or developing new services for people with sight loss – as illustrated by many of the case studies included in this guide.

Advice and support from RNIB

We know that, for many people with sight loss, just being able to carry on doing everyday things like telling the time or reading the daily newspaper can really help their quality of life.

RNIB offers a range of emotional and practical support services. People do not need to be registered blind or partially sighted to get advice or support from us.

RNIB Helpline offers confidential telephone support, information and counselling to people experiencing emotional difficulties following their sight loss. You can refer your service users to this service or call yourself on 0303 123 9999.

RNIB products and publications

RNIB's range includes many of the aids mentioned in this guide as well as magnifiers, talking clocks and watches, lighting, magazines, a talking telephone, Big Print newspapers, calendars and diaries to name but a few. We also produce information on making things easier to see.

7. What RNIB can do to help

Our Understanding series of booklets provides information on many of the eye conditions that may affect older people, including treatment and how to live well with the condition.

RNIB also has a range of guides and reports which are relevant for local authorities, for example, “Vocational Rehabilitation The business case for retaining newly disabled staff and those with a long-term health condition” (2011).

You can also browse our full range of books, magazines and products online at www.rnib.org.uk/shop

RNIB have dedicated account managers to support local authorities purchasing products and publications. Please call 0303 123 9999 to discuss this service.

RNIB Talking Book Service

RNIB Talking Book Service can play a major role in enhancing the independence of blind and partially sighted people. Talking books help a person to rediscover the joy of reading, acting as a gateway to improving independence and quality of life, whilst reducing isolation. We have the UK’s widest range of titles over 20,000 in all – each one professionally narrated, with CDs created to order and delivered to the customer’s door. We believe in working in partnership with local authorities to tailor the service to their requirements and within current budgets to improve outcomes for service users. Talking books offer a cost effective way of supporting a person with sight loss. To discuss offering talking books please call 020 7391 3290.

Support with accessibility

RNIB can provide support to help you improve access to your organisation’s environment and services.

- Visual and disability awareness training courses that aim to give staff more confidence in reaching customers with disabilities. These courses can be modified to meet specific needs and are well suited to cascading skills through training your trainers.
- Website audit and certification to ensure that your online presence is accessible.
- We can also help you to provide the information that empowers blind and partially sighted people to be more independent (in a variety of formats on demand).

For more information on any of our Consultancy services, please call 01733 375 370 or email businesslink@rnib.org.uk

RNIB's residential care

We have four residential homes offering a range of permanent and short-term accommodation options for people who are blind, partially sighted or deafblind, all designed to enable independence. Our homes are set in beautiful grounds and are well equipped with a number of adaptations including talking notice boards, talking lifts, braille embossers, magnifiers and access to a library of large print, braille and audio books. We also run a varied social and activities programme.

As our homes are committed to excellence, we are registered with the Care Quality Commission (CQC) and are a Founder Member of the National Skills Academy for Social Care.

RNIB schools and colleges

We work to ensure that blind and partially sighted children and adults, including those with additional disabilities, maximise their learning potential. We provide support, advice and information for parents, carers and professionals as well as delivering specialist education in our two residential schools and our day and residential college.

Finding your feet

RNIB and Action for Blind People offer a two-day programme of practical solutions to help blind and partially sighted people come to terms and move forward positively with sight loss.

Our two-day programmes, held across the UK, offer a range of workshops to assist people with sight loss in making lasting improvements to their quality of life. The programmes give participants time to focus on and discuss the things they find difficult about sight loss, as well as learning about helpful products, services and support available to them.

Action for Blind People

Part of the RNIB group of charities, Action for Blind People offers practical support to blind and partially sighted people in England. To find out about Action services in your area, call RNIB's Helpline 0303 123 9999; email helpline@rnib.org.uk or visit www.actionforblindpeople.org.uk

Get in touch

RNIB website

Our website has all the latest information about our work, establishments, services, discussion forums and much more. Please note that none of the RNIB services referred to are restricted to people on the register of blind and partially sighted people; they're available to anyone who's experiencing a sight problem, their family, carers or the professionals who work with them. Visit rnib.org.uk to find out more.

RNIB Helpline

Your first point of contact for advice, information and questions. Call 0303 123 9999 or email helpline@rnib.org.uk

RNIB product ordering line

Call this number to order a product, publication or magazine and for information on subscribing to the National Library Service or our Talking Book Service. Call 0303 123 9999, email cservices@rnib.org.uk or visit rnib.org.uk/shop

RNIB

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RNIB offers practical support, advice and information to anyone with sight loss and those who work with them. For more information on our work with local authorities visit rnib.org.uk/socialcareprofessionals

Action for Blind People

53 Sangate Street
London
SE15 1LE

Action for Blind People is a national charity with local reach, providing practical help and support to blind and partially sighted people of all ages. We listen, we understand, we act. Action for Blind People works with other expert organisations to draw on a wide range of skills and resources. Our close relationship with RNIB enables us to provide a unique combination of complementary strengths and expertise to help an ever increasing number of people with sight loss.

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RNIB registered charity number 226227

Action for Blind People registered charity number 205913 (England and Wales)

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Working together to support blind and partially sighted people