**Title of Research Project**: Does Rehabilitation officer input improve quality of life in individuals with low vision?

**What will the study do?**

This study seeks to estimate the impact of a rehabilitation officer on quality of life (QOL) on individuals experiencing vision loss. It will use randomised control trial methodology, and is being undertaken by Cardiff University’s School of Optometry in conjunction with Sight Cymru on residents of Cardiff who are diagnosed with sight loss. The rehabilitation element is provided by full qualified rehabilitation officers for the vision impaired, with the support of Cardiff Social Services Sensory Team.

The project expects to publish results in the autumn of 2015.

**What is the study about?**

People on an existing waiting list to receive Rehabilitation after being diagnosed with sight loss will be invited to participate in the study. Eligibility will be carefully defined, and only those who are prioritised for rehabilitation as being of low or medium need will be able to take part. This is to ensure those with significant need are still dealt with ahead of others of lower need.

1. An initial appointment will be made where those that are eligible and wish to take part will have their vision measured. At this appointment, the project will be carefully explained and only people who wish to take part will progress through the next stage. Those who do not wish to take part will return to the waiting list.
2. An appointment will be made for an interview on the phone. During this interview, the study co-ordinator will go through some questionnaires, to determine how well participants are able to do vision-related activities as well as questions about their health and how they are feeling. The answers to these questions will act as the baseline prior to rehabilitation intervention.
3. The participants will randomly be split into two group:
	* Group 1 to receive rehabilitation immediately
	* Group 2 will receive rehabilitation service 6 months later.
4. A second telephone interview will take place 6 months after the initial interview to assess the impact rehabilitation work had on the quality of life.

**Questions:**

* **What happens if someone is exposed to greater risk because they are in the control arm that do not get an immediate service?**

*No-one is being disadvantaged by the trial – whether they are in the immediate service arm or the control arm they are still expected to get a rehabilitation service much sooner than they would have done under the existing waiting list. We have put monitoring processes in place that will ensure that if someone does experience a sudden change in their risk profile, they can be removed from the trial and be re-prioritised for rehabilitation.*

* **Is this genuine rehabilitation for those with vision impairment or is it a fixed service looking at specific elements?**

*We did consider giving everyone a standard service but after much debate with Rehabilitation Officers we determined that the approach that most closely reflected their normal practice was simply to look at those who had a service immediately against those who didn’t. Consequently, the service is exactly as would have normally been provided to service users, including a full assessment of need and then a support plan that for some people may be just a couple of visits but for others may be a significant number of visits covering a wide variety of interventions.*

* **How will the study evaluate whether rehabilitation was effective?**

*By analysing the baseline questionnaires with the responses after six months, it should be possible to determine whether those who had an immediate service had an improved result against those who had service after 6 months (as the latter would not have received rehabilitation at the point when they are telephoned for the second interview).*

* **What about other changes in peoples’ lives?**

*People who are elderly may experience other life changing experiences so we have factored in situations like moving into residential care, bereavement etc.*