

Vision Rehabilitation Workers
Guidance
for Newly Qualified, New Starters and Returners to Practice



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Rehabilitation Workers Professional Network

The Rehabilitation Workers Professional Network (RWPN) is the professional body of Vision Rehabilitation Workers in the United Kingdom. RWPN holds the [professional register](#) of Vision Rehabilitation Workers.

RWPN exists to:

- Set and maintain professional standards for the workforce to safeguard them and the people they work with
- Promote the value of vision rehabilitation for people who are blind or partially sighted
- Support the workforce in the day-to-day implementation of their role by providing information, advice, guidance and learning opportunities

Purpose of this practice guidance

The aim of this document is to provide guidance to support you and your employer in your first year in practice (or your return to practice) as a Vision Rehabilitation Worker. The guidance should be used alongside any induction guidance and workplace protocols from your employer. This guidance is designed to:

- provide a practical and relevant guidance to Vision Rehabilitation Workers and employers of Vision Rehabilitation Workers
- promote a consistent and equitable approach for new workers
- facilitate and underpin the development of practice skills, professional behaviour and reflective practice
- provide a structure to a) assist newly qualified professionals (or professionals returning to work or professionals recruited from other countries) to provide evidence towards meeting any probationary period *goals* and b) meet the requirements of remaining on RWPN's professional register
- establish a commitment to lifelong learning
- highlight the necessity for **appropriate** supervision and mentoring that meets the needs of a new employee in a job role where professional isolation is a significant factor

Vision rehabilitation work and the role of the Vision Rehabilitation Worker

The Association of Directors of Adult Social Services (ADASS) in England issued a position statement on Vision Rehabilitation in 2016. The statement describes vision rehabilitation work thus:

“The core purpose of adult care, as supported by the Care Act is to help people achieve the outcomes that matter to them. The Care Act 2014 retains the duty for local authorities to assess and provide support for blind and partially sighted people. The major change lies within responsibilities to prevent, reduce and delay the need for future care support. The prevention duty also recognises the clear benefits of vision rehabilitation support.

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

Vision rehabilitation is a preventative service and must be provided before imposing eligibility criteria. A care and support assessment can be paused whilst vision rehabilitation is carried out. Vision rehabilitation must be free and available to meet assessed needs, and for some people this may take longer than six weeks. However, it should not be available for an unlimited amount of time, and should be reviewed to ensure that it is achieving its goal; if not then the person should be referred for a care assessment. Local authorities should also consider the impact and consequences of ending any preventative services. RNIB has published ten guiding principles for the provision of vision rehabilitation support.

It is important that all involved in the assessment and delivery of vision rehabilitation understand how people are supported by their local authority and are aware of the Adult UK eye health and sight loss pathway in their local authority. Assessments and support must be promptly available, as delays in receiving vision rehabilitation can have significant human consequences and financial implications for health and social care. The

RNIB recommends that assessments are carried out within 28 days, and that support begins within 12 weeks of a person's initial contact with the local authority.

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

The statement emphasises the nature of risk in the role:

“ Care Act Guidance 22.21 Local authorities should consider securing specialist qualified rehabilitation and assessment provision (whether in-house or contracted through a third party), to ensure that the needs of people with sight loss are correctly identified and their independence maximised. Certain aspects of independence training with severely sight impaired and sight impaired people require careful risk management and should only be undertaken by professionals with relevant experience and training. This type of rehabilitation should be provided to the person for a period appropriate to meet their needs. This will help the person to gain new skills, for example, when training to use a white cane.”

<https://www.adass.org.uk/adass-position-statement-on-vision-rehabilitation-may-2016>

Vision Rehabilitation Workers are trained and qualified in five core skills of practice:

- Orientation and Mobility
- Independent/Daily living skills
- Communication skills (inc. Information & Communication Technology)
- Low Vision
- Assessment

These skills underpin RWPN's [Standardised Job Description](#) for the role and are the five skills where evidence of Continuing Professional Development will be required after qualification to remain on the professional register.

Note: Vision Rehabilitation Workers are employed under a number of alternative titles including Rehabilitation Officer Visual Impairment (ROVI), Rehabilitation Worker Visual Impairment and Vision Rehabilitation Therapist, Orientation and Mobility Instructors, Specialist Visual Impairment Worker.

Knowledge, skills and behaviours of vision rehabilitation work

The [knowledge, skills and behaviours expected](#) of the profession are laid out in the **Rehabilitation Worker (Visual Impairment)** apprenticeship standard, established by employers and published by the Institute of Apprenticeships and Technical Education.

Supervision/mentoring arrangements

The overwhelming majority of newly qualified Vision Rehabilitation Workers will not be self-employed. Your employer will have a staff supervision policy. Your employer has a duty of care towards the people who use the services of your employer and, through the Health and Safety at Work Act, towards the staff that they employ. Alongside your employer's induction process, supervision is an essential part of meeting this duty and is a cornerstone of ensuring good practice.

RWPN's [Code of Ethics and Professional Conduct](#) require all registrants to seek supervision.

In March 2020 RWPN issued professional [Supervision Guidance](#). We strongly urge all new and returning Vision Rehabilitation Workers to read this carefully and make their employer aware of its contents. Your need for **appropriate professional** supervision from a **suitably qualified** person is of paramount importance for your welfare and that of the clients you work with. The reasons why it is important are explained in the guidance. You may not have access to a **suitably qualified** professional within your organisation or locality; the guidance offers routes to achieving this and to making any alternative arrangements accountable to your employer.

The guidance is not prescriptive about the frequency or duration of supervision. Your employer's policy should stipulate these parameters. If you are sourcing professional supervision from outside your employer, it may be appropriate to alternate professional and managerial supervision over an initial period (so that, for example, professional supervision occurs every other month) and then seek professional supervision at more extended intervals (e.g. every six weeks to two months).

Mentoring

Mentoring has a different purpose from supervision. A mentoring process can assist the supervision process by helping the worker to identify issues of concern in their working life and unpick the difficulties and barriers they are facing. These concerns can then be brought forward to supervision with some proposed solutions or goals. Mentors can offer empathy and non-judgemental critique and can create a relationship where assumptions and behaviours can be challenged and altered. Crucially, this can happen outside the often-hierarchical nature of supervision. Any mentoring arrangement in work time should seek the consent of the employer. RWPN has a mentoring scheme for its members provided by fellow professionals, some of whom are themselves visually impaired. This scheme may offer additional support and we would be happy to talk to potential mentees.

Continuing Professional Development (CPD)

Undertaking CPD is an essential component of all professions and is a crucial mechanism to ensure that professional standards are maintained for the benefit of the people they work with. In line with RWPN membership requirements and the Sensory National Occupational Standards, every qualified Vision Rehabilitation Worker is required to keep a log of their CPD, and to submit it for inspection upon request, as a requirement of remaining on the professional register.

The first year in practice or return to work will provide you with a rich opportunity for CPD and there will be many occasions where new situations present themselves for reflection. CPD might be in the form of anonymised case reflections, networking and shadowing meetings, peer review or presentations to colleagues about vision rehabilitation. We recommend that supervision and review meetings set aside time to promote such activity. CPD objectives need to be agreed in advance with your line manager and match both your development needs and the employer's business needs.

You can record your CPD privately by using the online log in the members section of the RWPN website, or it can be recorded in Word if you wish to share your entries with others.

Being a reflective practitioner in your CPD

Whilst it is important to undertake as wide a range of CPD activities as possible, it is equally important that what you learn will benefit the people you work with. How you write about what you have learned and how it will benefit other people is personal to you and your writing style. However, the way you reflect on your learning should be at a standard expected of someone of your professional standing. It is also true to say that not all CPD activities give opportunities for great insight: indeed some CPD activities may not meet your expectations or not teach you as much as you hoped. You can still choose such activities for your portfolio, but we would expect you to explain why you found them poor and how it could have been done better.

Some professionals returning to work after time away may not be familiar with models of reflective practice. Reflective models are designed to help the practitioner to analyse events, evaluate what has taken place and review what may be done differently in future. There are a number of models of reflection that you may wish to consider but Gibbs' model is the most well-known. Appendix two contains an illustration of the model and a suggested pro-forma to assist you in using it.

A [full description of the CPD scheme](#), including number of hours required, core competencies covered and how it is monitored is also available on our website. Appendix 5 of the document contains an example of reflective practice that meets the required standard, plus one that does not and one that exceeds the expected standard.

Shadowing opportunities

At the heart of vision rehabilitation is the need to maximise a person's welfare. Referring blind and partially sighted people to the right professionals is part of the role and so is helping to create links with their community. We recommend making contact and shadowing a range of services during the first year and documenting, within the CPD portfolio, the ways in which these services can help clients. Good networking lies at the heart of good practice. Many professionals you encounter may not have heard about the role of vision rehabilitation; this is an opportunity to promote the role of the vision rehabilitation worker.

Some of the suggestions below are of professional roles intrinsically linked to the Adult and Children's Eye Health and Sight Loss Pathway; some are connected to the wider sensory, health and social care sector and others are vital community hubs in the locality. The examples are by no means exhaustive:

Hospital or high street low vision clinic;
Eye Clinic Liaison Officer (ECLO);
Local Optical Committee;
Specialist Habilitation professionals;
Qualified Teacher of the Visually Impaired (QTVI);
Voluntary Organisation for/of Blind and Partially Sighted People;
Local talking newspaper;
Regional Vision Rehabilitation Worker forum;
Hearing impairment/Deaf technical team;
Deaf Social Work team;
Audiology;
Occupational Therapy (adult/child services);
Occupational Therapy/Physiotherapy - neurology/stroke;
Falls prevention team;
Mental health services;
Drugs and alcohol services;
Learning disability/autism services (health and social care);
Older-age & dementia services;
Housing associations;
Handyperson schemes; Befriending schemes;
Black and minority ethnic community-focused services.

Quarterly progress review meetings

Every employer will have their own mechanism for formally reviewing the progress of new employees. We would recommend quarterly review meetings for Vision Rehabilitation Workers in their first year of professional practice. These meetings will provide opportunities for reflection on professional development. Brief and accurate notes should be produced, and evidence signed as required along with any learning and development needs.

First year in practice - Summary

RWPN recommends the following is in place during their first year in practice:

- Protected time for learning and development (including shadowing opportunities) This needs to be agreed locally
- Support and protected time to document learning and development as part of professional registration requirements
- Balanced and protected caseload
- Reflective supervision (including professional supervision)
- Quarterly review meetings including an end of year review

Next Steps: professional development in second year of practice

A life-long approach to learning is required by all Vision Rehabilitation Workers. RWPN recommends that the end of year review identifies key learning objectives from the first year in practice and that these assist in helping you map out your career progression pathway.

Summary of professional sensory-loss specific documentation

National Occupational Standards (sensory)

Knowledge, Skills and Behaviours (apprenticeship standard)

RWPN Supervision Guidance

RWPN CPD scheme documentation

RWPN Code of Ethics and Professional Standards

RWPN Standard Job Description

Employer documentation

Your employer will have its own procedures and documentation. This should include a supervision contract and/or learning agreement. It may also include professional development tools such as a **direct observation of practice**.

The purpose of direct observation of practice is to see practice in the field in order to inform the supervision process by identifying training and development needs. Direct observation is a common feature of social care practice and

would be undertaken with all members of a team, not just newly qualified staff. Your employer will have a documented process, including the agreed preparatory steps that should be followed, and how outcomes are identified. Appendix one is an example of a proforma for observation that would be filled in by the Vision Rehabilitation Worker. For the direct observation to have value, and particularly where the teaching of technical skills form the major part of the session, the observer should be a qualified Vision Rehabilitation Worker.

Appendix One : Proforma for direct observation of practice

Name of Vision Rehabilitation Worker	
Name of Observer and Job title	
<p>What activity has been carried out? Describe briefly the context of practice observed. What are the main points for your analysis and evaluation?</p> <p>What made you choose this piece of work for observation? What were the issues/dilemmas/conflicts/interests most relevant to you as a Vision Rehabilitation Worker in this piece of work?</p> <p>What is your reflective evaluation of your professional activity i.e. Were you able to achieve your aims or objectives in this piece of work? What worked? Would you do anything differently in hindsight? Were there any issues regarding this piece of work i.e, oppression and discrimination, Positive Risk Taking. How did you manage these?</p>	

How was your service user involved in the preparation and execution of the session? To what extent do you feel the session met their needs? How do you know?

Identify how this practice experience has contributed to your professional development- and in what areas, i.e. skills, knowledge, application of values (i.e. professional codes of practice and conduct)

Are there further areas requiring development which you have identified from this experience? (Use your discussion with your observer to explore this further). Include relevant rehabilitation as well as generic social care development needs which can be linked to your appraisal.

Observer's comment following discussion:

VRW's comment following discussion:

VRW's Name & Signature/Date: _____

Observer's Name & Signature/Date: _____

Appendix Two: Gibbs reflective cycle

Gibbs' reflective cycle encourages you to think systematically about the phases of an experience or activity, and you should use all the headings to structure your reflection.



Description of the experience

Feelings and thoughts about the experience

Evaluation of the experience, both good and bad

Analysis to make sense of the situation

Conclusion about what you learned and what you could have done differently

Action plan for how you would deal with similar situations in the future, or general changes you might find appropriate.