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**Assessment of Professional Risk of Vision Rehabilitation and Habilitation Specialists**

| **Domain 1 Specialist Visual Impairment Assessment** |
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| HEADLINE RISK | DESCRIPTION  | INHERENT RISK FACTOR | IDENTIFY EXISTING CONTROLS &EFFECTIVENESS OF MITIGATION | IS RISK DECREASING,INCREASING OR STATIC? | RESIDUAL RISK FACTOR | RISK OWNER | REHABILITATION OR HABILITATION? |
| Inadequate specialist vision rehab/hab assessment. Failure to prioritise assessment appropriately  | Unidentified, poorly quantified or poorly prioritised level of need will have significant effect on overall assessment outcomes and may not identify or accurately grade potential risk factors. Such risks might include, for example: failure to identify additional disabilities/conditions such as dementia, developmental delay, hearing loss, or learning disability and their impact on function and risk; failure to identify the risk of depression and low mood resulting from sightloss; failure to identify key disability-benefits to service user; failure to identify risk of abuse or neglect exacerbated, or masked by sight loss | **12**Likelihood 4Impact 3  | Existing controls:Underpinning knowledge required to qualify, based on National Occupational Standards <https://socialcare.wales/nos-areas/sensory-services>, Habilitation Standards, adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD;reflective accounts through practice; observation/peer review. Effectiveness of mitigation: Reduced risk of: poor decision making; poor identification of need; inappropriate training outcomes; harm to service user, failure to identify financial support. Increased ability to: understand complex case situations where co-morbitities or safeguarding factors are present; work with service users to identify outcomes; transfer learning to a wider range of case situations; manage caseload and document risks and safeguards accurately | Decreasing | **6**L 2I 3 | Employer/Vision Rehab/Hab | Both |
| Non-provision/delayed/ inappropriate rehabilitation/habilitation plan in place.  | Poor assessment outcomes may result in inappropriate, inadequate or dangerous rehabilitation/habilitation intervention. The intervention may be poorly planned, executed, evaluated and documented in a manner that increases risk of harm to service user and professional. Delayed or non-provision of rehabilitation increases the risk of harm to the service user or render rehabilitation/habilitation ineffective. | **16**Likelihood 4Impact 4 | Existing controls:Underpinning knowledge required to qualify, based on National Occupational Standards; Habilitation Standards,adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD;reflective accounts through practice; observation/peer review Effectiveness of mitigation: Increased ability to: evaluate complex case situations through discussion with multi-disciplinary teams, family, supervisors, peers and service users; plan and execute safe rehabilitation/habilitation intervention; transfer learning to a wider range of case situations; support services users to critically reflect on their own capacity to develop further independence skills. | Decreasing | **8**L 2I 3 | Employer/Vision Rehab/Hab | Both |

| **Domain 2 Low Vision Therapy**  |
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| HEADLINE RISK | DESCRIPTION  | INHERENT RISK FACTOR | IDENTIFY EXISTING CONTROLS &EFFECTIVENESS OF MITIGATION | IS RISK DECREASING,INCREASING OR STATIC? | RESIDUAL RISK FACTOR | RISK OWNER |  |
| Providing inaccurate information about eye Conditions and eye health  | Providing inaccurate or misleading information to service users and their families regarding diagnosis, eye health issues and care pathways, and in a manner that may cause distress and/or cause them to seek inappropriate treatment or advice; failing to identify symptoms that may cause further loss of vision; failing to refer service users to primary care services (such as Optometry or Ophthalmology) when needed | **12**Likelihood 3Impact 4 | Existing controls:Underpinning knowledge of low vision required to qualify, based on National Occupational Standards; Habilitation Standards, adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD;reflective accounts through practice observation/peer review; multi-disciplinary forums with eye health professionals to increase knowledge and expertise.Effectiveness of mitigation: Reduced risk of: giving inappropriate/misleading advice; and poor collaborative working Increased ability to: understand developments in care pathways, diagnosis and treatment; make appropriate onwards referrals for medical or emotional support; build partnerships with families. statutory and voluntary sector eye health and sightloss professionals and organisations.and education professionals | Decreasing | **8**L 2I 4 | Employer/isVisionRehab/Hab | Both |
| Poor functional low vision assessment including inappropriate understanding of role of environmental factors | Failure to accurately assess the way in which various facets of vision loss (such as acuity, contrast sensitivity, field loss, nystagmus, neglect) affect function in a way that increases risk of harm, affects independence in activities of daily living or outdoor mobility or misses the opportunity to reduce emotional distress.Failure to accurately assess the way in which environmental factors (such as light, glare, light adaptation) affect function in a way that increases risk of harm or affects independence in activities of daily living or outdoor mobility or misses the opportunity to reduce emotional distress.Failure to make appropriate referrals to eye health providers (such as Optometry, Orthoptics, Ophthalmology) resulting in further loss of sight. | **16**Likelihood 4Impact 4 | Existing controls:Underpinning knowledge of low vision required to qualify, based on National Occupational Standards; Habilitation Standards, adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD;reflective accounts through practice observation/peer review.Effectiveness of mitigation: Reduced risk of: poor low vision assessments; poor outcomes for service users. Increased ability to: maximise service user’s independence through better understanding of low vision strategies and the role of lighting, contrast and magnification; understand the benefit of stronger links with optical professionals; understand the role of other professionals in environmental and lighting design. | Decreasing | **8**L 2I 4 | Employer/Vision Rehab/Hab | Both |
| Failure to maximise best use of service user’s residual vision through poor teaching of low vision therapy | Through negligent or poor teaching, risk of: failure to teach strategies that make best use of residual vision (such as eccentric viewing, steady eye strategy, scanning, tracing, tracking) and/or failure to adequately identify and teach optical or electronic low vision strategies that optimise residual vision. As a result of these omissions there is an increased risk of: missed or cancelled NHS appointments and removal from waiting list; missed DWP assessments leading to benefit sanctions; unpaid or overdue bills; misreading of food and medication labelling.Risk of failure to make appropriate referrals to optical low vision dispensers resulting in missed opportunities to develop independence.  | **12**Likelihood 3Impact 4 | Existing controls:Underpinning knowledge of low vision required to qualify, based on National Occupational Standards; Habilitation Standards, adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD; reflective accounts through practice observation/peer reviewEffectiveness of mitigation:Reduced risk of: poor outcomes for service users; Increased: understanding of the role of lighting, contrast and magnification; confidence in teaching low vision strategies and aids; knowledge of the range of optical and electrical magnifiers; knowledge of the range of national and local low vision providers | Decreasing | **8**L 2I 4 | Employer/Vision Rehab/Hab | Both |

| **Domain 3: Orientation and Mobility (O&M) Vision Rehabilitation and Habilitation Specialists assess for, and teach, a wide range of strategies to equip blind and partially sighted people to move around the built environment. The build environment contains a number of variable environmental factors.** |
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| HEADLINE RISK | DESCRIPTION  | INHERENT RISK FACTOR | IDENTIFY EXISTING CONTROLS &EFFECTIVENESS OF MITIGATION | IS RISK DECREASING,INCREASING OR STATIC? | RESIDUAL RISK FACTOR | RISK OWNER |
| Death or serious injury caused by inadequate assessment for physical, sensory, cognitive, age or developmentally appropriate and emotional fitness to undertake Orientation and Mobility training | Through poor/negligent assessment risk failure to identify risk factors and teach strategies for factors such as: effect of sensory function (varying levels of vision/combined with varying levels of hearing); effect of physical conditions (such as heart disease; COPD, stroke, Parkinson’s Disease); effect of cognitive or developmental impairment (such as dementia, brain injury, learning disability, ADHD, autism); effect of mental health difficulties; effect of substance abuse; failure to document risks and advice given; failure to receive appropriate professional supervisionRisk of accident, injury or death by failure to assess and plan for the risk, in conjunction with families or care-givers and other professionals of O&M teaching in relation to age-appropriateness and/or developmental delay. (See also domain 6) | **15**Likelihood 3Impact 5 | Existing controls:Underpinning knowledge of O&M through qualification to carry out mobility programs/route planning to avoid disorientation; adherence to Code of Ethics and Professional Practice, Habilitation Standards and National Occupational Standards; regular CPD and timely professional supervision; regular update of knowledge appropriate to O&M; reflective accounts through practice observation/peer review. Agreeing habilitation strategies and outcomes as part of multidisciplinary working and processes such as Education, Health and Care Plans/other school-family agreements.Effectiveness of mitigation: Reduced risk of: accident or injury to service user or self.Increased confidence in: identifying risk factors that will affect cognitive, sensory and physical abilities when mobilising; identifying learning styles of service users; seeking technical supervision and peer support; seeking agreement with family and other professionals in identifying safe outcomes for service users; documenting actions and incidents and documenting advice given.  | Decreasing | **10**L 2I 5 | Employer/ Vision Rehab/Hab |
| Death or serious injury caused by inadequate assessment for, (and teaching the use of) mobility aids | Through poor/negligent/omission of teaching of techniques specific to cane use: risk of walking into traffic, off rail platform, into river/canal; not detecting obstacle steps or other hazards with increased risk of falls or trips. Risk of accident, injury or death by failure to teach correct use of orientation, mobility and low vision aids in a safe and appropriate manner; failure to document risks and advice given; failure to receive appropriate professional supervision  | **20**Likelihood 4Impact 5 | Existing controls:Underpinning knowledge of O&M through qualification to teach mobility skills (including all types of cane), orientation and mental mapping skills; adherence to Code of Ethics and Professional Practice, Habilitation Standards and National Occupational Standards; regular CPD and timely professional supervision; regular update of knowledge appropriate to O&M; reflective accounts through practice observation/peer review. Effectiveness of mitigation: Reduced risk of: accident or injury to service user or self.Increased confidence in: identifying factors that affect service user’s ability to use a mobility aid safely and independently; identify the benefits and drawbacks of a range of O&M aids (including technological solutions); seeking technical supervision and peer support; documenting actions and incidents and documenting advice given.  | Decreasing | **10**L 2I 5 | Employer/Vision Rehab/Hab |
| Death or serious injury, through poor teaching, when crossing a road  | Through poor/negligent assessment/omission of teaching, risk of: teaching unsafe place for service user to cross road; failure to assess service user’s ability to make road crossing decisions, factoring in additional conditions such as level of vision, level of hearing, autism, cognitive/developmental impairment or physical fitness; failure to assess the effect of variable factors such as effect of weather or lighting conditions; failure to explain the benefits and risks to service user of chosen crossing point; failure to consult families and other professionals and failure to document risks and advice given; failure to receive appropriate professional supervision;  | **20**Likelihood 4Impact 5 | Existing controls:Underpinning knowledge of O&M through qualification to teach road crossing skills; adherence to Code of Ethics and Professional Practice, Habilitation Standards and National Occupational Standards; regular CPD and timely professional supervision; regular update of knowledge appropriate to O&M; reflective accounts through practice observation/peer review. Effectiveness of mitigation: Reduced risk of: accident or injury to service user or self.Increased confidence in: identifying factors that affect service user’s ability to use a mobility aid safely and independently; identify the benefits and drawbacks of a range of O&M aids (including technological solutions); seeking technical supervision and peer support; documenting actions and incidents and documenting advice given.  | Decreasing | **15**L 3I 5 | Employer/vision Rehab/Hab |
| Death or serious injury, through poor teaching, due to heavy contact with obstacle or fall down hole or steps when navigating the build environment | Through poor/negligent/omission of teaching of Orientation and Mobility skills, risk of: collision with street furniture, parked cars; trips and falls over objects in the build environment; tripping up steps; falling down steps or escalators; falling down unfenced holes; risk of collision with pedestrians (particularly in crowded spaces with potential for conflict); failure to document risks and advice given; failure to receive appropriate professional supervision  | **20**Likelihood 4Impact 5 | Existing controls:Underpinning knowledge of O&M through qualification to carry out mobility training, use of mobility aids and orientation skills; adherence to Code of Ethics and Professional Practice, Habilitation Standards and National Occupational Standards; regular CPD and timely professional supervision; regular update of knowledge appropriate to O&M; reflective accounts through practice observation/peer review. Effectiveness of mitigation: Reduced risk of: accident or injury to service user or self.Increased confidence in: identifying factors that affect service user’s ability to navigate the build environment, (including ascending and descending steps and escalators), use a mobility aid safely and independently; seeking technical supervision and peer support; documenting actions and incidents and documenting advice given.  | Decreasing | **10**L 2I 5 | Employer/Vision Rehab/Hab |
| Death, serious injury or harm to service user through poor identification of risk, poor planning or poor teaching in use of public transport | Through poor/negligent/omission of teaching, risk of: fall from bus on to road or from train into gap between train and pavement; stepping into road or off platform while waiting for bus or train; disorientation and confusion due to missing stop or descending in wrong place; disorientation/confusion by not being able to see to read travel advice/warnings; attack or theft due to perceived vulnerability in some public transport situations; failure to document risks and advice given; failure to receive appropriate professional supervisionFailure to assess, consult and plan for safeguarding risk of harm or accident to a child or young person in undertaking elements of travel training, especially ,that include unaccompanied use of public transportFailure to follow school and college protocols when working with a child or young person, particularly when leaving premises for O&M training. Failure to ensure own car is insured, taxed and has validMOT for transporting CYP during O&M training. | **20**Likelihood 4Impact 5 | Existing controls:Underpinning knowledge of O&M through qualification to carry out mobility training, use of mobility aids and orientation skills; adherence to Code of Ethics and Professional Practice, Habilitation Standards and National Occupational Standards; regular CPD and timely professional supervision; regular update of knowledge appropriate to O&M; reflective accounts through practice observation/peer review. Agreeing habilitation strategies and outcomes that include assessment of vulnerabilities related to unaccompanied travel as part of multidisciplinary working.Effectiveness of mitigation: Reduced risk of: accident or injury to service user, particularly from falls; reduced risk of disorientation for service userIncreased confidence in: identifying factors that affect service user’s ability to use public transport safely and independently; seeking technical supervision and peer support; documenting actions and incidents and documenting advice given.It should be recognised that the employer needs to be satisfied their employee has appropriate car insurance in place. | Decreasing | **10**L 2I 5 | Employer/Vision Rehab/Hab |
| Injury, theft or harm through poor identification and mitigation of risk relating to personal security when mobilizing outdoors | Risk of: failure to advise of, and teach strategies for, personal security, which, due to perceived vulnerability, may result in theft, abuse or harm. This includes teaching of money management strategies (such as using a cash machine or paying with cash or debit card); failure to document risks and advice given; failure to receive appropriate professional supervisionFailure to assess, consult and plan for risk of harm to a child undertaking elements of travel training that include unaccompanied use of public transport | **16**Likelihood 4Impact 4 | Existing controls:Underpinning knowledge through qualification to identify personal safety risks when out and about; adherence to Code of Ethics and Professional Practice, Habilitation Standards and National Occupational Standards; regular CPD and timely professional supervision; regular update of knowledge appropriate to O&M; reflective accounts through practice observation/peer review. Agreeing habilitation strategies and outcomes that include assessment of vulnerabilities related to unaccompanied travel as part of multidisciplinary working.Effectiveness of mitigation: Reduced risk of: accident or injury to service user, particularly from falls; reduced risk of disorientation for service userIncreased confidence in: identifying factors that may affect service user’s vulnerability, including use/non-use of canes; teaching strategies and equipment to minimise perceived vulnerability; seeking technical supervision and peer support; documenting actions and incidents and documenting advice given. | Decreasing | **8**L 2I 4 | Employer/Vision Rehab/Hab |

| **Domain 4: Activities of Daily living (ADL). Vision Rehabilitation and Habilitation Specialists assess and teach strategies to address ADL outcomes. Blindness and low vision create a number of hazards: from the task itself, the appropriateness of that task to the individual and the failure to identify, and address problems arising from an accident with the task.**  |
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| HEADLINE RISK | DESCRIPTION  | INHERENT RISK FACTOR | IDENTIFY EXISTING CONTROLS &EFFECTIVENESS OF MITIGATION | IS RISK DECREASING,INCREASING OR STATIC? | RESIDUAL RISK FACTOR | RISK OWNER |
| Skin burns/Scalds when making hot drinks or cooking with water or hot fat | Through negligent, poor or omission of assessment and teaching, risk of: skin burns/scalding when pouring hot water to make drinks; knocking over pans of boiling water or hot fat from hob or worktops, trips/slips when transferring hot drinks or cooking fluids, slips from wet floors; failure to document risks and advice given; failure to receive appropriate professional supervision; failure to liaise and plan with family and education professional in relation to children and young people. | **15**Likelihood 3Impact 5 | Existing controls:Underpinning knowledge of ADL assessment and teaching strategies required to qualify, based on National Occupational Standards;Habilitation Standards, adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD; reflective accounts through practice observation/peer review.Effectiveness of mitigation: Reduced risk of: accident or injury to service user Increased confidence in: assessing impact of cognitive, environmental, lighting and low vision factors in achieving desired outcomes; teaching safe strategies and equipment to achieve outcomes; seeking technical supervision, family agreement, educational consensus and peer support; documenting actions and incidents and documenting advice given. | Decreasing | **10**L 2I 5 | Employer/Vision Rehab/Hab |
| Cuts when using knives, peelers and scissors  | Through negligent, poor or omission of assessment and teaching, risk of: serious injury through cuts when chopping or peeling vegetables, opening tins, piercing or cutting packaging; failure to document risks and advice given; failure to receive appropriate professional supervision. failure to liaise and plan with family and education professional in relation to children and young people. | **16**Likelihood 4Impact 4 | Existing controls:Underpinning knowledge of ADL assessment and teaching strategies required to qualify, based on National Occupational Standards; Habilitation Standards, adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD; reflective accounts through practice observation/peer review.Effectiveness of mitigation: Reduced risk of: accident or injury to service user Increased confidence in: assessing impact of cognitive, environmental, lighting and low vision factors in achieving desired outcomes; teaching safe strategies and equipment to achieve outcomes; seeking technical supervision, family agreement, educational consensus and peer support; documenting actions and incidents and documenting advice given. | Decreasing | **12**L 3I 4 | Employer/Vision Rehab/Hab |
| Burns when using hobs, ovens, microwaves, or when ironing; food poisoning through eating uncooked food  | Through negligent, poor or omission of assessment and teaching, risk of: burns from touching gas or electric hob, oven shelves/door, hot pans; burns from fire resulting in cooking accident; food poisoning from poorly cooked food; burns from ironing; failure to document risks and advice given; failure to receive appropriate professional supervision. failure to liaise and plan with family and education professional in relation to children and young people. | **16**Likelihood 4Impact 4 | Existing controls:Underpinning knowledge of ADL assessment and teaching strategies required to qualify, based on National Occupational Standards; Habilitation Standards adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD; reflective accounts through practice observation/peer review.Effectiveness of mitigation: Reduced risk of: accident or injury to service user Increased confidence in: assessing impact of cognitive, environmental, lighting and low vision factors in achieving desired outcomes; teaching safe strategies and equipment to achieve outcomes; referring for appropriate fire safety checks; seeking technical supervision, family agreement, educational consensus and peer support; documenting actions and incidents and documenting advice given. | Decreasing | **12**L 3I 4 | Employer/Vision Rehab/Hab |
| Serious illness/death through consumption of out-of-date food or accidental consumption of hazardous substance. Risk applies to self and those cared for. | Through negligent, poor or omission of assessment and teaching, risk of: inability to identify visual signs of food/drink decay or read consume-by and cooking instructions; identify hazardous or inappropriate items that have been wrongly stored and mistaken for food or drink; failure to document risks and advice given; failure to receive appropriate professional supervision. failure to liaise and plan with family and education professional in relation to children and young people. | **20**Likelihood 4Impact 5 | Existing controls:Underpinning knowledge of ADL assessment and teaching strategies required to qualify, based on National Occupational Standards; Habilitation Standards adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD; reflective accounts through practice observation/peer review.Effectiveness of mitigation: Reduced risk of: inadvertent poisoningIncreased confidence in: assessing impact of cognitive, environmental, lighting and low vision factors in achieving safe outcomes; teaching appropriate low vision, tactile or IT reading and labelling solutions; seeking technical supervision, family agreement, educational consensus and peer support; documenting actions and incidents and documenting advice given. | decreasing | **10**L 2I 5 | Employer/Vision Rehab/Hab |
| Sickness, worsening of health condition or death from poor management of medication including overdose. Risk applies to self and those cared for  | Through negligent, poor or omission of assessment or teaching, risk of: taking wrong medication; wrong dosage of medication; administering wrong medication or dosage to others; accidental consumption of medication by children/pets if medication dropped; poor liaison with primary health providers to seek guidance; failure to document risks and advice given; failure to receive appropriate professional supervision. Failure to consult, where appropriate, with family, caregiver or appropriate medically qualified professional in relation to medication | **20**Likelihood 4Impact 5 | Existing controls:Underpinning knowledge of ADL assessment and teaching strategies required to qualify, based on National Occupational Standards;Habilitation Standards, adherence to Code of Ethics and Professional Practice; timely professional supervision from appropriate professional; regular update of knowledge through mandatory CPD; reflective accounts through practice observation/peer review.Effectiveness of mitigation: Reduced risk of: inadvertent mismanagement of medication.Increased confidence in: assessing impact of cognitive, environmental, lighting and low vision factors in achieving safe outcomes; teaching appropriate low vision, tactile or IT reading and dispensing solutions; confidence in liaising with primary health providers to safe outcome; seeking technical supervision, family agreement, educational consensus and peer support; documenting actions and incidents and documenting advice given. | decreasing | **15**L 3I 5 | Employer/Vision Rehab/Hab |
| **Domain 5: Communication. Blind and partially sighted people, and especially people with additional disabilities such as hearing loss, processing disorders or memory problems, may face communication difficulties that are often overlooked. Difficulties may exist with both receptive and expressive communication.**  |
| HEADLINE RISK | DESCRIPTION  | INHERENT RISK FACTOR | IDENTIFY EXISTING CONTROLS &EFFECTIVENESS OF MITIGATION | IS RISK DECREASING,INCREASING OR STATIC? | RESIDUAL RISK FACTOR | RISK OWNER |
| Inability to receive or give essential information, particularly in emergency situations. | Failure to identify service user’s inability to phone/text/internet for assistance in an emergency (such as in case of house fire, break-in, sudden illness/accident to self or person cared-for, when lost or disorientated when out and about); failure to advise on or teach alternatives where they are available and practical; failure to teach or make onward referral for alternative communication techniques (such as computer, smartphone, emergency call alarm); to maintain or enable employment after sightloss; failure to identify and mitigate risk of social isolation caused by inability to communicate potentially leading to poor mental and physical health; failure to identify and teach alternative solutions to manage personal finances leading to financial abuse (from, for example, family members or carers); failure to document risks and advice given; failure to liaise with other professionals involved in teaching communication strategies with children and young people; failure to receive appropriate professional supervision | **20**Likelihood 4Impact 5 | Existing controls:Underpinning knowledge of assessing and teaching communication strategies required to qualify, based on National Occupational Standards; Habilitation Standards; Effectiveness of mitigation: Reduced risk of: accident, injury, isolation and poor mental and physical health of service user; failing to keep up with technological innovation.Increased confidence in: recognising and teaching new IT solutions; identifying hazards caused by poor communication; teaching compensatory strategies; referring to appropriate agencies; increased assurance that collaborative working is benefiting the individual. | decreasing | **15**L 3I 5 | Employer/Rehab/Hab |
| **Domain 6: Additional risk specific to Habilitation practice with blind and partially sighted children or young people (CYP). (Other risks embedded in domains 1-5 & 7)** |
| Functional, social and emotional harm through neglected or incorrect training and advice to CYP and their family/carers | Failure to anticipate, recognise and respond to the personal developmental (physical, emotional, social and intellectual) of CYP when assessing and planning habilitation programmes;; failure to deliver habilitation strategies to meet the age/developmental-stage needs of CYP; delivering strategies that harm or delay the personal growth and development of CYP; failure to liaise and plan adequately with family/carers and educational professionals to achieve these aims. Undertaking habilitation work with CYP without the qualification or proven experience to do so. | 15Likelihood 3Impact 5 | Existing controls:Requirement for RWPN-registered Vision Habilitation Specialists to have completed a habilitation qualification, or have extensive proven experience of working with CYP. Adherence to Habilitation Standards, adherence to Code of Ethics and Professional Practice (including the requirement not to practice outside areas of expertise and training); timely professional supervision from appropriate professional; regular participation in multi-disciplinary discussions with family and educational providers; regular update of knowledge through mandatory CPD; reflective accounts through practice observation/peer review.Effectiveness of mitigation: raised awareness of risks of professional practice outside a practitioner's competence; raised awareness of the unique nature of habilitation and the marked differences with rehabilitation practice. | decreasing | 5L1I 5 | Employer/ Habilitation Specialist/RWPN |
| Work with children undertaken by professional not registered by RWPN to do so | The risks described in the previous domain may be present where a qualified Vision Rehabilitation Specialist (i.e. qualified to work with adults) is asked by a manager to undertake habilitation work with children. The risks of poor practice, as described above, are greater (though not exclusively) in child early years development. Note: there is no **legal** requirement for habilitation work with CYP to be undertaken by someone with a qualification that relates to habilitation work with CYP: local authorities may be tempted to make decisions on who to employ working with CYP without full understanding of the risks. | 10Likelihood 2 Impact 5 | Existing controls: RWPN’s register of Habilitation and Dual Qualified professionals indicates that these professionals are qualified to undertake work with CYP. This is currently based on proof of qualification. RWPN provides advice to individual registrants and managers of the risks inherent in employing a registrant who is qualified to, and predominantly works with, adults. Our position is that habilitation work should not be undertaken with younger children.Proposed controls: RWPN to produce guidelines to state what additional experience *may* be accepted, as an alternative to a recognised qualification, to join RWPN’s Habilitation or Dual Qualified Register. |  | 5L1I 5 | RWPN |
| **Domain 7: Risks in behavioural and procedural practice** |
| Failure to adhere to a wide range of ethical professional boundaries in working with blind, deafblind or partially sighted people (including children). Work is frequently undertaken 1-to-1 in a person’s home. | Risk of personal boundary violations and professional boundary violations. Risks may include: forming inappropriate relationships whilst still working with a client; risk of real or alleged inappropriate sexual acts, including with children.Risk of real or alleged exploitation of service users in their own home due to being unable to see and/or hear activity undertaken whilst they are in the property. Risk may include theft of property, theft leading to financial abuse, reading of personal correspondence, malicious acts to create hazards in the home. | **15**Likelihood 3 Impact 5 | Existing controls: Enhanced DBS checks are routine for vision rehabilitation and habilitation work.Strict adherence to employer guidelines. Strict adherence to, the policies in place in all educational establishments where work is carried out (e.g. safeguarding policy, working with children away from school premises). National Occupational Standard (NOS) 6 “Work with individuals and key people to enable them to make informed decisions related to their sensory needs” and RWPN Code of Ethics and Professional Conduct set the expectations. Initial training also focuses on professional values. Seeking professional supervision is a requirement of the Code of Ethics and the NOS and should play a key role in case management, especially in work with most vulnerable clients. RWPN operates a safeguarding policy that requires any representative of RWPN, where they become aware of an issue that may constitute gross professional misconduct, to alert RWPN’s safeguarding lead who will make an onward referral to the releant local authority safeguarding lead. The registrant would also be subject to RWPN’s concerns and complaints procedure, and - where appropriate – an Interim Suspension Order may be applied until a professional conduct panel can adjudicate.Virtually all vision rehabilitation and habilitation workers are employed either by NHS, local authority, charity organisations or specialist recruitment agencies. All of these organisations will require DBS checks, will be operating their own workplace policies and have safeguarding policies and safeguarding training and hold professional indemnity insurance for their staff.For the small handful of sole-traders (and where they are working in a purely freelance capacity) RWPN does not require any proof of DBS for registration but advises freelancers to source insurance and keep an up-to-date DBS.Whilst safeguarding training does, at first glance, meet skill-domains that are highlighted in RWPN’s CPD requirements, registrants are encouraged to include any such training and describe how it relates to practice.With respect to professional boundary violations, Vision Rehabilitation and Habilitation Specialists have a very clearly defined set of skills. Collaborative working is common-place within teams, particularly with Qualified Teachers of Visually Impaired Children, Occupational Therapists, Social Workers and Physiotherapists. RWPN encourages professionals to network and to understand professional boundaries and discuss these in supervision and document them in CPD.Effectiveness of mitigation: raised awareness of the vulnerable nature of clients, the importance of following employer/education procedures, the professional duty of care, and the importance of maintaining professional boundaries. | decreasing | **10**L2I 5 | Employer/rehab/hab/RWPN |
| Failure to adhere to a wide range of procedural issues and rights-based duties/values required by RWPN, employers and stakeholders | Risks may include: risk of late, incomplete or inaccurate record-keeping; breach (accidentally or intentionally) of privacy, confidentiality or data of service users and/or individuals associated with their situation; discriminatory treatment of service users and individuals associated with them on the basis of protected characteristics  | 9 Likelihood 3 Impact 3 | Existing controls: National Occupational Standard 6 <https://socialcare.wales/cms_assets/qualification-documents/SCDSS6-Work-with-individuals-and-key-people-to-enable-them-to-make-informed-decisions-related-to-their-sensory-needs.pdf> and RWPN Code of Ethics and Professional Conduct set the expectations. Seeking professional supervision is a requirement of the Code of Ethics and should play a key role in case management, and should present an opportunity to discuss issues of access and equality. . Virtually all vision rehabilitation and habilitation workers are employed either by NHS, local government, schools bodies, charities or specialist recruitment agencies. All of these organisations will be operating their own workplace policies and have data protection policies and record keeping protocols. RWPN would support employer emphasis on training that promotes equality and anti-discriminatory practice.Whilst privacy and information management training does, at first glance, meet skill-domains that are highlighted in RWPN’s CPD requirements, registrants are encouraged to include any such training and describe how it relates to practice.Effectiveness of mitigation: raised awareness of the requirement to promote equal access and anti-discriminatory practice. Raised awareness of the need to record actions in an accurate and timely manner  | decreasing | **6**L 2I 3 | Employer/Rehab/Hab |
| Failure to update professional skills and knowledge | Risks include harm from poor professional practice; inability to inform clients and family of recent developments in skills, technology, sources of practical, emotional and financial support (the last refers to benefit entitlement related to vision and/or disability) | **9**Likelihood 3 impact 3 | Existing controls; Changes in professional skills are very rare, so the majority of risk in relation to these are covered elsewhere in this matrix. The exceptions to this are 1) increased use of technology, some of which can be life-changing, especially in relation to communication/interaction 2) developments in the design of street layouts particularly affecting bike-pedestrian interactions.. Registrants are encouraged to update their knowledge of a wide range of subjects they are required to advise on (and where *not* to offer an opinion). There is a growing emphasis on finding out more about technology and RWPN’s CPD scheme places emphasis on understanding the role of tech in daily living. RWPN to ensure that gaps in knowledge and skills in new areas of learning have suitable training to meet professional needs: Since 2020 RWPN has delivered a number of on-line free training opportunities in access technology which are stored on the website. In 2022 RWPN is planning a webinar to look at O&M practice with respect to bike lanes.Effectiveness of mitigation: reduced risk of giving out of date information and greater confidence in delivering accurate and timely advice and skills training. Better understanding of risk and risk-reduction in relation to teaching orientation and mobility around bike lanes. | decreasing | 6L2I 3 | Employer/Rehab/Hab/RWPN |
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