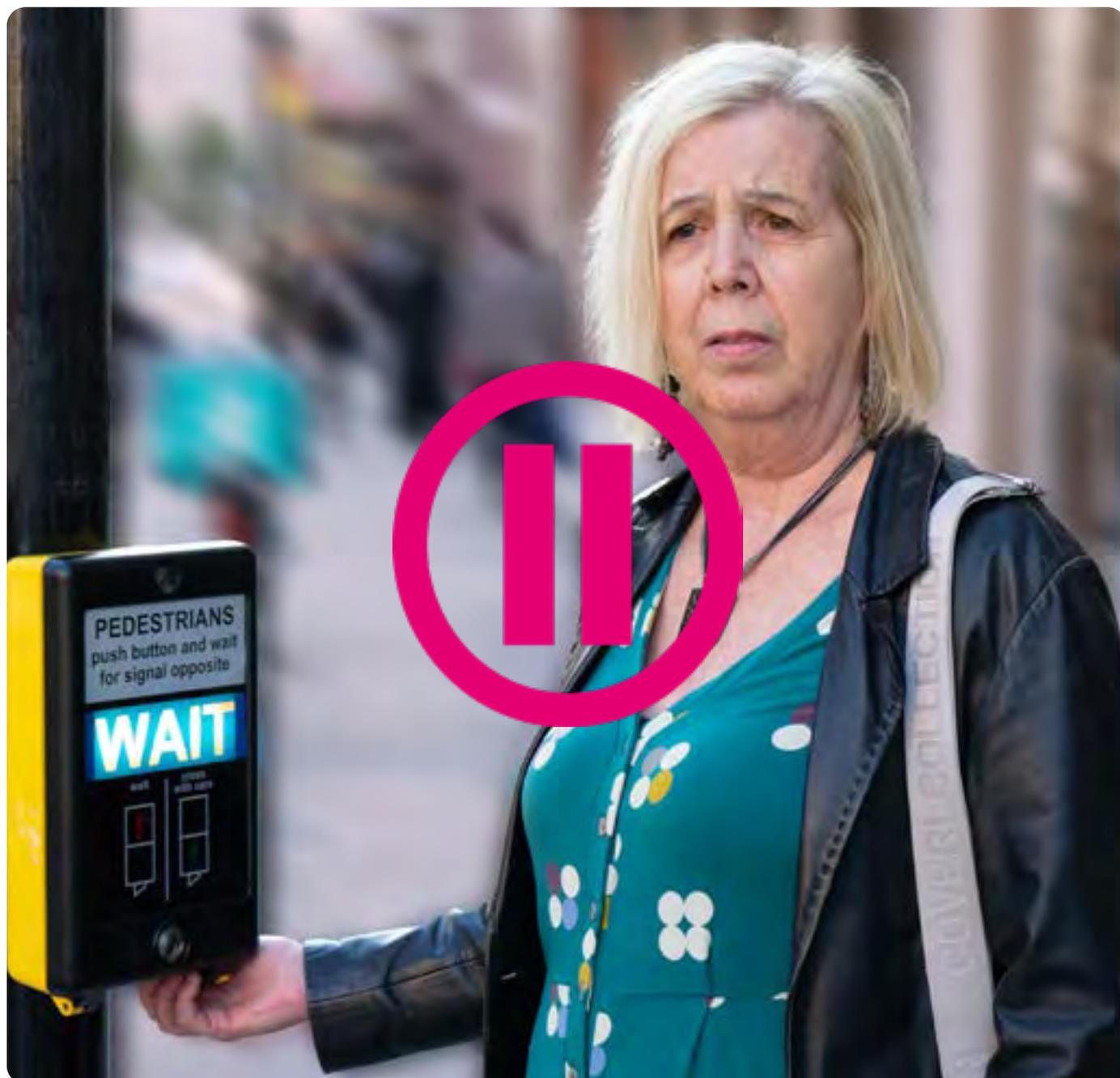


# Life on Pause

Delayed support still leaving blind and partially sighted people at risk



**R N I B**

See differently

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# Foreword



Sight loss doesn't have to put life on pause. Everyone should have the skills and support to live life to the fullest, but many people don't realise what it takes to adapt to sight loss.

Currently, vision rehabilitation is a completely hidden service, flying under the radar at the crossover between health and social care. RNIB wants to change this by raising public and political awareness of the life-changing impact of proper support, which equips people with sight loss with a comprehensive set of skills, both practical and emotional, for independent living.

In March 2024, RNIB launched the Out of Sight campaign, calling for comprehensive, effective support and reablement services to be offered consistently to blind and partially sighted people across England. We have been delighted by the support shown for this campaign. So far, over 25,000 people have signed our petition calling on the Secretary of State for Health and Social Care to commit to ensuring blind and partially sighted people get the support they need, when they need it.

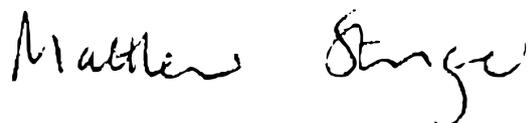
RNIB has also heard powerful personal stories from people explaining why this campaign matters to them, some of which are shared within this report. This campaign supporter put it better than I ever could:

**"I signed the [Out of Sight] petition because I have experienced the life changing support local authorities can offer... I was taught how to use a cane and how to stay safe when walking around. Without that support I would have been unable to work, socialise or do any activities outside of the home. The thought of others being denied this essential service is heartbreaking."**

We want to thank local sight loss organisations, service providers and local authorities for their participation in this survey for another year. As there is no national oversight of these services, their contributions play a vital role in building a clearer picture of vision rehabilitation across England. The data and trends gathered through this process are invaluable in understanding and improving support for blind and partially sighted people.

These services and the hard-working staff delivering them still do not have the profile they require, either within local authorities or as part of the national social care system. Blind and partially sighted people are being let down as a result, having their lives put on pause as they wait for support.

Now is the time to press play. RNIB urgently calls on the Government, local authorities and service providers to work with us to make sure vision rehabilitation services are strong, consistent and ready for the future.



**Matt Stringer,**  
Chief Executive Officer

## Executive summary

RNIB's latest research reveals ongoing delays and staffing gaps in vision rehabilitation services across England. In RNIB's view, local authorities are not meeting their legal duty under the 2014 Care Act to prevent, reduce and delay the need for care.

A campaign supporter told us:

**"I signed the Out of Sight petition because I have experienced the isolation, distress and devastating dependency caused by a significant reduction in my sight. Help, when it was eventually given, made a huge difference. I want timely support to be provided to others, to enable them to live in the best way possible."**

The findings of RNIB's Freedom of Information (FOI) request in winter 2024 present some concerning trends in rehabilitation provision:



- **17 local authorities (20 per cent)** had people waiting over a year to receive just an initial assessment of the services they need.
- **85 per cent of local authorities** did not complete vision rehabilitation assessments within the RNIB recommended 28 days.
- **38 local authorities** told us assessments are not always conducted by qualified Vision Rehabilitation Specialists.
- **24 per cent of local authorities have unfilled specialist roles**, with 44 vacancies across 33 authorities, straining already overstretched teams.

Local authorities are facing significant challenges in recruiting specialists into vision rehabilitation. With stretched budgets, many are increasingly relying on non-specialists to supplement support for blind and partially sighted residents. This, combined with the absence of national guidelines on how to deliver effective services, has resulted in widespread problems accessing comprehensive vision rehabilitation across England.

Although vision rehabilitation meets the definition of reablement, it is currently excluded from National Institute for Health and Care Excellence (NICE) guidance on this topic, leaving the service without clear standards and leading to considerable variation in delivery. RNIB has repeatedly raised this issue with NICE, which maintains that the difficulties stem from poor commissioning.

Our research found **75 per cent of local authorities** support RNIB's call for

**Our research found**

**75%**

**of local authorities support RNIB's call for NICE-led quality standards to ensure consistent and effective commissioning**

NICE-led quality standards to ensure consistent and effective commissioning, and zero local authorities told us they do not support this recommendation. RNIB will therefore continue to call for NICE intervention to ensure consistent and effective vision rehabilitation services.

The current disparity in support is leaving thousands without the skills they need to live independently, risking accidents, job losses, isolation and mental health crises. Properly resourced vision rehabilitation supports blind and partially sighted people to thrive by keeping people safe, in work, and living independently. Early intervention is proven cost-efficient, with up to £9.33 saved per £1 spent. The Government must therefore spend to save by properly resourcing vision rehabilitation as a matter of urgency, if they are to meet their ambition of keeping people in work, and maintain their focus on prevention.

With an independent commission into adult social care now underway, it is the ideal time for the UK Government to address the gaps in vision rehabilitation services in England.

To further delay reform of vision rehabilitation risks putting thousands of blind and partially sighted people's lives on pause without the vital support they need to live life independently.

### **We are asking the UK Government to:**

1. Commission the National Institute for Health and Care Excellence to develop guidelines and quality standards for vision rehabilitation.
2. Subject vision rehabilitation services to the same regulation and monitoring as other adult social care services. This could be done within the current legislative framework and by extending the remit of the Care Quality Commission.
3. Recognise the skill and expertise of Vision Rehabilitation Specialists (and Qualified Habilitation Specialists) by making Vision Rehabilitation Specialists a regulated profession.
4. Encourage better integration of services, by strengthening the links between secondary and social care settings, with a guaranteed route into vision rehabilitation for everyone who needs it, while ensuring blind and partially sighted people are informed of their rights and the services they can expect to receive.

RNIB will continue to raise awareness of these services and call on the Government, alongside local authorities, to ensure vision rehabilitation services are properly funded, consistently delivered and accessible to all who need them.

## Introduction

It is estimated that 1,880,000 people in England are living with sight loss severe enough to have a significant impact on their daily lives [1]. Moreover, around 23,000 people per year receive a Certificate of Vision Impairment (CVI) in England.

RNIB carried out research with 400 people with eye care needs and/or sight loss to explore their experiences of being offered or receiving care and support [2]. For those with significant and permanent sight loss there was recognition of the importance of early access to support, both emotional and practical, as this may have enhanced their quality of life whilst living with changes in their eye health and/or sight loss. As such, our work in developing the Eye Care Support Pathway emphasises the importance of supporting blind and partially sighted people at all stages of their eye care journey to live life independently [3].

Vision rehabilitation, a structured programme of support and guidance, is a specialist-assessed adult social care service, funded through the local authority. This care package, including support and equipment, allows blind and partially sighted people to grow and develop as individuals. With the proper support, people can move around safely, adapt their workplaces, cook, and continue to enjoy their hobbies. Vision rehabilitation also plays a vital role in promoting mental wellbeing by reducing isolation, empowering blind and partially sighted people to pursue personal goals, and to find and stay in employment.

## Our research

Vision rehabilitation is the only specialist-assessed service not monitored or inspected by care regulators. This means no national data is collected on service provision. To address this gap, RNIB conducted a Freedom of Information (FOI) request to all upper-tier local authorities in England to obtain the most accurate picture of current service provision.

This is the second year RNIB has conducted this research, with last year's FOI forming the basis of the inaugural Out of Sight report [4].

### The FOI request covered the following key themes:

- The amount of people receiving vision rehabilitation
- The age breakdown of those receiving vision rehabilitation
- The average waiting times for vision rehabilitation assessments and support
- Detailed information on the support available
- CVI management
- How vision rehabilitation is provided – and by whom – across local authorities
- Workforce capacity and current vacancies

The overall response rate was **91 per cent**, with 139 out of 153 local authorities responding to our FOI. Two local authorities who pool resources provided a shared response, resulting in a total of 138 responses.

# What is vision rehabilitation?

Vision rehabilitation supports people with new ways to stay independent including getting out and about safely and building the emotional resilience which is often needed to adapt to sight loss. This support can help someone experiencing what could be a sudden change in vision or life circumstances with the support to retain their skills, confidence and sense of self.

A campaign supporter told us:

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**"[Vision rehabilitation] helps you believe in life... believe that you can do things again... stops you from sinking and helps you get the skills to make steps forward again."**



Effective vision rehabilitation is achieved by providing a package of services, including:

- mobility or white cane training
- emotional or peer support
- technology training to use phone accessibility features or screen-reading software
- support to complete daily tasks, such as cooking.

Each person is assessed on their individual needs and receives a tailored package of support to meet the desired outcomes.

Speaking of their vision rehabilitation experience following sight loss, a campaign supporter told RNIB:

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**"[Vision rehabilitation] support brought a sense of enablement back. Learning how to use my cane, navigate around the home, and travel into the city has greatly increased my confidence. After all the support I've received, I feel ready to support others facing sight loss."**

Campaign supporters also told us:

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**"Vision rehabilitation helped me cross roads I didn't think I could... in the near future, I will learn how to catch a bus into town for the first time in over 10 years."**

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**"This is a very important service, and I hope that with my new skills, I can get out of the house more independently."**

## The problems in accessing vision rehabilitation

The 2024 Out of Sight report laid bare how vision rehabilitation services are simply not granted the same level of significance as other adult social care services, despite being a lifeline for many blind and partially sighted people. Findings revealed that access to support post-diagnosis via adult social care is effectively a postcode lottery across England.

This situation continues to worsen due to growing demands on already stretched resources locally and the increasing prevalence of sight loss. Unfortunately, RNIB continues to hear of occasions where lengthy waiting times are leading to accidents and injury.

Therefore, there remains an urgent need for clarity concerning which skills and support should be provided through vision rehabilitation and a mechanism to ensure everyone who needs the support receives it.

## Who can access vision rehabilitation?

The Care Act 2014 [5] and associated guidance place a legal duty on English local authorities to prevent, reduce and delay the need for care and support.

Anyone can express a need for vision rehabilitation. The provision of an assessment to identify need doesn't depend on the severity of sight loss, nor is a CVI required, which is a common misconception. Local authorities have a legal duty to carry out an assessment where there is "an appearance of need" for care and

support and individuals can self-refer to their local rehabilitation team for help if they wish. Referrals can also come from secondary care settings, following diagnosis, or from other health and care settings.

Sight loss is a spectrum and every eye condition affects sight differently. The impact of vision changes varies depending on how a person uses their sight in daily life. No two experiences are the same, even with the same condition at a similar severity, so a tailored personalised package of support is essential.

RNIB research shows that the notion of 'independence' itself is not static; it can fluctuate from day to day and evolve in response to a range of contextual factors. Some examples include changes to your location, regional differences in resources, day-to-day changes in vision, further deteriorations to your sight and external circumstances beyond your control. Additionally, life events like having a baby, losing a partner, changing jobs or retiring can also have an impact on an individual's sense of independence. This further confirms RNIB's belief that support must be holistic and tailored to an individual's circumstances, with the option to self-refer back into the service if needed.

Despite the legal right to this support, every year thousands of people with sight loss don't receive the support they need to thrive. Without the skills needed to carry out tasks safely, people are put at risk of potentially fatal accidents, mental health crises and unnecessary job losses.

## How many people are missing out?

The gap between the health and social care system means many people are missing out altogether. RNIB research from 2023 showed 44 per cent of blind and partially sighted people had never received vision rehabilitation support in their lifetime. If this figure was representative of the entire adult registered blind and partially sighted population, at least 115,000 people would have been left without the support they're entitled to.

## Spend to save. The cost benefits of vision rehabilitation

Early intervention reduces the need for referrals to other, more costly services, improving health outcomes and saving lives. Research [6] shows an inadequate service will cost local authorities more in the long run:

- In 2017, a cost-benefit analysis found if just 25 per cent of expected positive outcomes were experienced by service users in Surrey, for every £1 spent on providing vision rehabilitation services, there was a cost reduction, avoidance, or deferral of **£9.33**. Of this, **£8.63** was saved within health and social care budgets alone.
- Examples of cost savings include: people enabled to stay in their home longer, reduced accidents and A&E visits, fewer home GP visits, reduced use of mental health services and community transport, and less need for care from family and friends.

RNIB research from 2023 showed

# 44%

of blind and partially sighted people had never received vision rehabilitation support in their lifetime

Fundamentally, vision rehabilitation is a preventative service which prevents, reduces and delays additional costs to the NHS and social care services. It also opens greater opportunities for blind and partially sighted people, empowering them to enjoy fuller life experiences.

A local authority told us:

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**"[We are] passionate about providing vision rehabilitation services for people living with sight loss in order to promote independence and enable people to live safely and with a good quality of life. We consistently see the positive impact of rehabilitation services which prevent, reduce and delay the need for paid support."**

Despite sight loss being closely linked with age, there are around 84,000 registered blind and partially sighted people of working age. By equipping blind and partially sighted people with the skills to live confidently and independently, while fulfilling personal goals and ambitions, vision rehabilitation can also allow people with sight loss to remain in and re-enter employment.

A campaign supporter shared:

**"[Vision rehabilitation] has granted me greater independence, allowing me to commute into London for work and generally feel more confident in my ability to travel independently. Had vision rehabilitation not been available or even more difficult to obtain than it was... I would not be employed full-time, doing the job I do."**

People with sight loss can succeed in a wide variety of jobs across almost all employment sectors. There are blind and partially sighted secretaries, car mechanics, nurses, chefs, personal trainers, scientists, stockbrokers, MPs, journalists, web designers and teachers. Just like anyone else, with the right experience, and in some cases necessary extra tools like assistive technology, there's very little that a blind or partially sighted person can't do.

Leaving employment can have a major impact on a person's quality of life, both financially and in terms of wellbeing and sense of purpose. Research indicates that lower employment rates for people with sight loss cost the UK economy billions per year [1] [7].

If the Government is to meet its commitment to prioritise prevention and continue supporting people into work, as set out in the Get Britain Working White Paper, it must first resource the services which support people with sight loss to contribute effectively to the workforce.

A campaign supporter told us:

**"Without cane training I wouldn't be doing what I'm doing now, working, going to gym classes, trying new things. Cane training gives you back your independence, makes you feel that you belong again, and you are free, because your cane is like your best friend."**

Collectively blind or partially sighted people receive around £460 million in personal income every month [8]. This reflects a significant pool of untapped spending power. Too often, a lack of access to vision rehabilitation limits blind and partially sighted people's ability to move around confidently and independently. By investing in effective rehabilitation, helping people navigate their community and surroundings with confidence, blind and partially sighted individuals would have greater access to shops, restaurants, and services. This would not only improve quality of life but also unlock greater participation in the economy, benefiting both businesses and society at large.



# Our latest findings on vision rehabilitation services

## Patchy records

As with last year's research, we found significant variation in how local authorities handle data, including differences in what information service providers store and their ability to respond to our queries. This inconsistency makes it difficult to compare performance across local authorities meaningfully. A lack of clear guidelines on how to deliver services and a lack of national oversight or monitoring further contributes to these challenges, making it harder to ensure consistent and transparent data handling across local authorities.

RNIB believes that all service providers should be able to supply essential information about the services they provide to blind and partially sighted people and demonstrate accountability in meeting their legal requirements.

Responses to our FOI suggest that when services are outsourced, whether to a local sight loss organisation or another provider, local authorities often have limited oversight of the service being delivered. While they remain legally responsible, they may not always actively monitor the quality or effectiveness of the support provided. This is a worrying trend for the future of services. We believe it is vital for commissioners to be fully aware of what the authority is providing locally to ensure the merits of delivery are well understood and budgets are protected.

## Support is still on hold

When people receive vision rehabilitation, its impact can be transformational. Blind and partially sighted people must receive the right support when they need it, rather than waiting months, sometimes years and potentially facing greater care needs by the time it is delivered. The Out of Sight report detailed the serious consequences of delayed support. Since the campaign has been active, we have been overwhelmed by the amount of people who have shared their personal experience, highlighting the life-changing impact it can have while also noting the challenging waiting time.

Campaign supporters told us:

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**"I'm aware of how long people wait for support as I work for a sight loss charity. I see the effects every day, as people try to come to terms with their condition and just want help to move on. Sensory teams are under resourced and overwhelmed and sadly many people wait so long, they become incapacitated due to physical or mental health issues which wouldn't have occurred if they had support at the right time."**

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**"I signed the petition because my mother had to wait 16 months for a visit from the Vision Rehabilitation Specialist, despite being in urgent need of an assessment. During those 16 months, she declined physically and emotionally so that, by the time the assessment took place, there was little that they could offer her in the way of support."**

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“I was fortunate to receive mobility training quickly in places I’ve lived over the years. Even waiting a couple of weeks was difficult as I’m one of these people who like getting out and about. ”

When being referred into vision rehabilitation services, there are generally three stages to receiving support:

1. Initial contact from local authority to explain what support is available and make an appointment.
2. The assessment of needs.
3. Provision of support.

The FOI found waiting times for all three stages to be far beyond what is acceptable. RNIB believes blind and partially sighted people should receive initial contact, by telephone, within two working days of the local authority’s receipt of a CVI, referral or self-referral for support, to ensure that specialist assessments are completed within 28 days.

A Vision Rehabilitation Specialist told us:

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“I sometimes contact people who have been waiting for a year to be seen, people are really angry and why shouldn’t they be.

I have had to unpick a years’ worth of trauma. Trauma which wouldn’t be there had I seen [them] when [they] first self-referred for support.”

Of the 86 local authorities who provided a numerical breakdown:

**20%**

(17 Local Authorities) had people waiting over a year for a vision rehabilitation assessment.

Indeed, when the FOI request asked local authorities to provide how long people had to wait for initial contact from the local authority, following the local authorities’ receipt of a CVI or request for an assessment, within the 2023 / 2024 financial year, in most cases the wait was far longer than 2 working days. Of the 119 local authorities who provided this data, 32 per cent reported a response time of more than ten working days.

The FOI request then asked local authorities how many people experienced given waiting times between referral and receiving a specialist vision rehabilitation assessment in the 2023 / 2024 financial year.

Of the 138 responses to the FOI:

- **86** provided this numerical breakdown of individuals’ waiting times
- **22** provided an average waiting time across their local authority
- **30 local authorities** informed us this data was either unknown or recorded in a way which was not reportable in the format we requested.

Of the 86 local authorities who provided a numerical breakdown:

- **72 (85 per cent)** did not complete all of their vision rehabilitation assessments within the RNIB recommended 28 days.
- **17 local authorities (20 per cent)** had people waiting over a year for a vision rehabilitation assessment.

RNIB believes urgent action is needed to reduce the waiting list for vision rehabilitation support.

### Workforce challenges remain

In last year's Out of Sight report, RNIB expressed concerns about ongoing threats to the specialism of vision rehabilitation. Across England, local authorities have reported a shortage of the specially qualified staff, with recruiting and retaining Vision Rehabilitation Specialists remaining a major challenge.

A Vision Rehabilitation Specialist told us:

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**"We [had to] keep fighting for staff... Unless vacancies were filled, the situation was only going to get worse."**

Last year's report found nearly a quarter (22 per cent) of local authorities had an ongoing vacancy for Vision Rehabilitation Specialists. This has remained largely unchanged, with 24 per cent of responding local authorities reporting vacancies. However, recent figures indicate that the number of vacancies has increased. This year, 33 local authorities reported a total of 44 full or part time roles vacant compared with 31

local authorities last year, when there was a total of 32 vacancies open. This means that 12 additional or new positions remain unfilled in an already overstretched workforce, putting even greater pressure on those still delivering services.

Local authorities told us:

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**"We have had difficulty recruiting to our vacancy despite numerous adverts, both externally and with the Rehabilitation Workers Professional Network."**

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**"We need more workers to improve the capacity. We are always working to improve our service to the people we serve. We are always willing to get involved with initiatives where invited."**

As RNIB documented last year, local authorities are responding to the ongoing challenges to recruit already qualified Vision Rehabilitation Specialists by using non-specialists to supplement their service offer or by operating their services with only one member of staff.

The concerning trend of utilising non-qualified practitioners is growing. Over 55 of the responding local authorities explicitly referenced their use of vision rehabilitation assistants and / or apprentices who are still training to receive their full qualification in vision rehabilitation while delivering frontline support. Several local authorities have also told us of their intention to adopt the apprenticeship model in the near future.

A local authority told us:

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**“There is a real challenge in recruiting Vision Rehabilitation Specialists. Being aware of this challenge, the local authority has commissioned a ‘grow your own’ model to increase the number of rehabilitation specialists as part of this contract.”**

As with previous findings, vacancies and reliance on other members of staff mean the delivery of rehabilitation and the completion of assessments to understand what support should be put in place are being undertaken by those who are not fully qualified in vision rehabilitation. 38 of the responding local authorities told us that vision rehabilitation assessments are not always conducted by qualified specialists. Therefore, 28 per cent of local authorities rely on non-specialists to undertake vital assessments. We have great concerns that such assessments may fail to recognise the full needs of the individual being assessed, potentially leading to inadequate or ineffective support.

RNIB is greatly concerned about the lack of proper investment into vision rehabilitation and the knock-on effect not only on blind and partially sighted people, but on those who work hard to deliver services. With large numbers of vacancies, small teams, and management structures that may not fully understand the specialist nature of the work, Vision Rehabilitation Specialists are under immense and unsustainable pressure.

RNIB heard from a Vision Rehabilitation Specialist who is a lone worker. They spoke openly of the challenges they faced when working alone or within small teams, to deliver an entire local authority’s provision. The consequences of these staffing shortages directly affect blind and partially sighted people relying on support.

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**“Small teams and lone workers have to prioritise. [The local authority] had a policy to only see those who were registered, we had to draw a line... The impact [of stretched resources] is we just had to firefight. We were dumbing down our profession.”**

A Vision Rehabilitation Specialist told us:

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**“I started the conversation about burnout [among other Vision Rehabilitation Specialists], as someone had to, and the floodgates opened... If nobody looks after Vision Rehabilitation Specialists, nobody is looking after the service users they’re supposed to support.”**

RNIB firmly believes there is an urgent need to formally recognise the role and value of qualified Vision Rehabilitation Specialists. Regulation would ensure that all professionals delivering support are working to a high, consistent standard, are accountable for their work and have ongoing access to training to develop their skills. As fully documented in last year’s report, unlike similar roles like Occupational Therapists, Vision Rehabilitation Specialists remain an unregulated profession, with specialists going without the prestige and

continuing professional development that regulation would bring.

When responding to our FOI, unprompted, a local authority told us:

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**“The local authority supports the recommendation that Vision Rehabilitation Specialists are made a regulated profession.”**

A Vision Rehabilitation Specialist told us:

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**“There needs to be appropriate time given to self-improvement.”**

RNIB appreciates the ongoing challenges in securing qualified specialists to deliver vision rehabilitation. The innovative approach taken by local authorities to grow their team through apprentices must be recognised. However, there needs to be appropriate support in place for apprentices, who are learning a complex skillset while in post and contributing to the delivery of the service.

A Vision Rehabilitation Specialist told us:

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**“You have to ‘grow your own’ effectively... We need to hone newly qualified workers’ skills... If you jettisoned people into lone working, small teams with low pay and without supervision – they will leave the profession.”**

RNIB is concerned at the potential unintended consequences of the ‘grow your own’ approach when not managed carefully. As this specialist highlights, being left to work beyond one’s capabilities early in a career can have

dangerous implications for individuals experiencing sight loss. While interim support from non-specialists is welcome, there will always be the need to have one-on-one vision rehabilitation conducted by specialists who are trained to recognise and support the needs of people with sight loss. This aligns with obligations outlined in the Care Act.

RNIB is also concerned by the ongoing reduction in team sizes. In some cases, the scale of this reduction is shocking. In one local authority, we heard that a team of once nine staff is now operating with just one part-time employee. This is leading to service limitations not based on individual need but rather on resource constraints. This means having to limit the service which can be offered and to who services can be delivered, rather than meeting the need of an individual according to their circumstances.

A Vision Rehabilitation Specialist told us:

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**“Peer support is so important, but it had to go, I just didn’t have the time.”**

In the example above, where peer support has been lost, this will have removed a vital mechanism for wellbeing for local blind and partially sighted people. Our online community routinely tell us that learning from the lived experiences of others not only boosts their positivity but also alleviates concerns held by their family, friends, and loved ones [9].

In a 2024 Focus Group, RNIB was told:

**"I think the most important thing is speaking to people with the same condition to share experiences. So often you can feel isolated and like no one is there to help you. If you've got people who've had the condition for a long time, they will have experienced things – they can give you advice and say, well, in my experience is just this and this."**

The loss of services like this due to staff shortages will be degrading the quality of support received by those affected.

As mentioned, there are no eligibility requirements to meet the threshold to receive vision rehabilitation, and certification and registration of sight loss is not a prerequisite to receive support. However, RNIB increasingly hears reports of services being restricted to registered individuals as a means to prioritise resource, as documented earlier in this report. We are concerned that services are thus being withheld from those who may need them the most. Such practices also potentially breach the Care and Support Guidance which makes it clear that an individual's access to care and support, which would include vision rehabilitation, is not dependent on registration (see para 22.2) Local authorities must comply with this Guidance.

### **Disparities in service offering**

As with last year's research, findings show that the most common type of support blind and partially sighted people receive is focused on the practical aspects of sight loss, such as

long cane training and how to use low vision aids. Each of the local authorities responding to the FOI confirmed they provide daily living skills (such as cooking, dressing and cleaning), orientation and mobility training as part of their vision rehabilitation offer.

However, there remain other types of support which the FOI found are still not routinely provided through vision rehabilitation which RNIB considers essential for some blind and partially sighted people to live fully independent lives. In RNIB's view, the provision of these services is also likely to be a requirement of the Care Act.

These include:

- Technology support
- Emotional/psychological support
- Support or advice for family and carers
- Teaching of braille/braille learning services
- Provision of 'high tech' equipment such as tablets

Instead, local authorities are signposting to other organisations who offer these services or directing to charitable grants which can be accessed.

The increased use and reliance of technology across society has provided incredible opportunities for independence among blind and partially sighted people. In order for all to benefit and stay in employment, where applicable, digital skills must be routinely provided through vision rehabilitation support after sight loss.

## The fight for national guidelines continues

A core aim of the Out of Sight campaign is for the National Institute for Health and Care Excellence (NICE) to create quality guidelines for the provision of effective vision rehabilitation, in line with other areas of adult social care.

As outlined in last year's in-depth report, there is currently no universal service standard defining what 'good' vision rehabilitation should look like, nor a standard against which local authorities can be measured. We have seen the knock-on effect of this in the varying quality of provision provided across England and the disparity in service offering, as highlighted above. Clear, defined standards would enable local and national consistency in vision rehabilitation and help end the postcode lottery of support.

Thus far, in the absence of NICE Guidelines, and as a result of a clear need for defined standards, the Royal Colleges as well as RNIB, the sight loss sector and Association of Directors of Social Services (ADASS), have developed various guidelines. Some of these date back to 2002. While useful for a short time for those who adopted them, the reality is these had no statutory backing or monitoring and have not been successful in improving overall access to, or the standard of, available vision rehabilitation services. On the contrary, provision has continued to deteriorate. In our view, an intervention from NICE is therefore now essential.

In 2014, NICE created a Guideline on intermediate care including reablement. In deciding what services were in scope for the Guideline, NICE used the National Audit of Intermediate Care which defines reablement as:

"Assessment and interventions provided to people in their home (or care home) aiming to help them recover skills and confidence and maximise their independence. For most people interventions last up to 6 weeks. Reablement is delivered by a multidisciplinary team but most commonly by social care practitioners."

Despite vision rehabilitation falling firmly within this definition and being explicitly referred to as a form of reablement in the Care and Support Guidance, NICE excluded these services from the scope of the Guideline. This was despite this issue being repeatedly raised by sight loss organisations at the time the Guideline was in development.

RNIB has repeatedly raised this omission with NICE in our most recent exchange of correspondence. NICE has yet to provide a satisfactory explanation for this decision and we have also since raised this matter with the Department of Health and Social Care.

NICE has stated that the difficulties with vision rehabilitation stem from commissioning problems, as opposed to there being a need for guidance. However, in RNIB's research, 103 of local authorities who responded

(75 per cent of respondents) confirmed they would support the development of guidelines so they could better understand what services they should be commissioning, and not one local authority told us they did not support this recommendation.

Local authorities told us:

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**“Guidelines would align vision rehabilitation with other recognised health and social care provisions, reducing disparities and strengthening the sector’s role within integrated care systems.”**

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**“[We] support creation of good guidelines that can help shape and enhance equality rehabilitation services for people living with sight loss in the country.”**

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**“Guidelines to ensure a universal approach for rehabilitation would be beneficial to all service areas to ensure an equal service regardless of place of residence.”**

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**“Consistency is very important to avoid postcode lotteries and to ensure that if people move between local authorities, there is the ability to share standardised information.”**

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NICE has stated the evidence base for vision rehabilitation is insufficient to develop clear recommendations. However, we believe there are several resources (such as those mentioned above) which could form the basis for guidance. There is also a wealth of professional expertise available to feed into the creation of quality guidelines from bodies including the Rehabilitation Workers Professional Network and local authorities themselves who have expressed support for this policy recommendation.

RNIB stands ready to support the development of national guidelines.

## The Casey Commission

The establishment of the Independent Commission on Adult Social Care, led by Baroness Casey, is a welcome recognition of the reform that social care services so desperately need.

Preventative services have long suffered from low visibility and priority within local authorities and are planned and commissioned separately from NHS England rehabilitation services. It is vital that this review fully considers the long-term role of reablement services, including vision rehabilitation, in any future National Care Service.

The usual focus on the costs of domiciliary and residential/nursing care risks sidelining these services, which will continue to be underappreciated and under resourced. Continuing this way would be to overlook the services

that are a primary way of achieving the Government's ambitions for people to remain independent and stay in work.

Speaking to RNIB, a Vision Rehabilitation Specialist described their career-long struggle to advocate for appropriate investment in services, often to commissioners who prioritise more traditional forms of adult social care:

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**"We're often fighting against traditional care, fighting for personal budgets, arguing the importance of accessing the community as a personal need."**

Vision rehabilitation and our policy recommendations must be embedded within the Government's plans for social care reform, and understood as part of the Casey Commission's investigation into social care support for working age adults. We will monitor developments in this area.



## Recommendations

RNIB continues to call on the Secretary of State for Health and Social Care to urgently review vision rehabilitation services and ensure all blind and partially sighted people can access the support they need to live life to the full. We need national oversight of services to ensure they are consistently delivered to the required standard. To achieve this, we ask that they:

1. Commission the National Institute for Health and Care Excellence to develop guidelines and quality standards for vision rehabilitation.
2. Subject vision rehabilitation services to the same regulation and monitoring as other adult social care services. This could be done within the current legislative framework and by extending the remit of the Care Quality Commission.
3. Recognise the skill and expertise of Vision Rehabilitation Specialists (and Qualified Habilitation Specialists) by making Vision Rehabilitation Specialists a regulated profession.
4. Encourage better integration of services, by strengthening the links between secondary and social care settings, with a guaranteed route into vision rehabilitation for everyone who needs it, while ensuring blind and partially sighted people are informed of their rights and the services they can expect to receive.

## Conclusions

RNIB recognises the invaluable work of the professionals who deliver vision rehabilitation. We greatly appreciate all the support the Out of Sight campaign has received from across the vision rehabilitation workforce and wider adult social care sector. Together, we must raise awareness of these life-changing services, which can significantly strengthen the package of post diagnostic support available for blind and partially sighted people.

The findings within this report highlight to commissioners and decision makers that urgent action is needed to ensure that the future of vision rehabilitation services is secure.

We recognise adult social care faces many challenges and local authorities are experiencing severe budgetary constraints. However, without meaningful reform and safeguarding for the future, RNIB is concerned that vision rehabilitation services will suffer the gravest consequences.

The current trend of streamlining and rationing which services can be provided, and to whom, must not continue. Research shows that investment into these services results in cost savings with costs reduced and avoided elsewhere in the health and social care system.

The economic benefits of vision rehabilitation, along with the direct benefits for blind and partially sighted people, are too strong to ignore. With a new commission into the future of social care reform in place, RNIB firmly believes now is the time to press play.

## References

1. Deloitte Access Economics, "The economic impact of sight loss and blindness in the UK adult population" (2013). Available at: <https://rnib.in/eislbuk-2013>
2. People's experiences of accessing Eye Care services. RNIB (2023). Unpublished report for RNIB. Available on request.
3. RNIB, "Eye Care Support Pathway Insight Report" Available at: <https://rnib.in/ecspir-2023>
4. RNIB, "Out of Sight: The hidden scandal of vision rehabilitation services across England". Available at: <https://rnib.in/out-of-sight-2024>
5. HM Government, Care Act 2014. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>
6. RNIB and OPM Group, "Demonstrating the impact and value of vision rehabilitation". Available at: <https://rnib.in/divvr-2017>
7. Fight for Sight, "Time to Focus". Available at: <https://www.fightforsight.org.uk/media/voaj1bxm/time-to-focus-report.pdf>
8. RNIB, "Understanding Society 2025: comparing the experiences of blind and partially sighted people to rest of the UK population". (2025).
9. RNIB, "The emotional impact of sight loss," Available at: <https://rnib.in/eiss-2024>

## Appendix

Local authorities' waiting time for initial contact, following the receipt of a CVI or request for an assessment, within the 2023 to 2024 financial year:

- 1 to 3 days: 43 local authorities
- 4 to 10 days: 38 local authorities
- 11 to 20 days: 21 local authorities
- 21 to 31 days: 7 local authorities
- 1 to 3 months: 8 local authorities
- 4 to 6 months: 2 local authorities
- Over 7 months: 0 local authorities
- Mix of response times: 9 local authorities
- Information Unknown or not recorded in a reportable way: 10 local authorities

### Method of initial contact with service users:

- A telephone call from generalist team: 18 local authorities
- A telephone call from sensory team: 86 local authorities
- By post: 10 local authorities
- Other: 11 local authorities
- A telephone call from generalist team and a telephone call from sensory team: 2 local authorities
- A telephone call from generalist team and by post: 1 local authority
- A telephone call from sensory team and by post: 6 local authorities
- Information unknown: 4 local authorities

### **Do Vision Rehabilitation Specialists always complete vision rehabilitation assessments?**

- Yes: 100 local authorities
- No: 38 local authorities

### **Waiting times for a vision rehabilitation assessment (based on responses from 86 local authorities):**

- Less than 28 days: 8,914 people
- 1 to 2 months: 5,240 people
- 3 to 4 months: 2,998 people
- 5 to 6 months: 865 people
- 7 months to 1 year: 860 people
- Over 1 year: 107 people

### **Average waiting times from 22 local authorities who provided this data:**

- Less than 28 days: 5 local authorities
- 1 to 2 months: 5 local authorities
- 3 to 4 months: 6 local authorities
- 5 to 6 months: 0 local authorities
- 7 months to 1 year: 2 local authorities
- Over 1 year: 2 local authorities
- Mix of times: 2 local authorities

### **Support for national guidelines for vision rehabilitation:**

- Do Support: 103 local authorities
- Do Not Support: 0 local authorities
- Unsure: 21 local authorities
- Did not answer: 14 local authorities

### **Budget changes between 2022 to 2023 and 2023 to 2024:**

- Increased: 37 local authorities
- Decreased: 7 local authorities
- Stayed the same: 57 local authorities
- Information Unknown: 37 local authorities

### **Method of conducting specialist vision rehabilitation assessments:**

- Face to Face: 87 local authorities
- Over the phone: 1 local authorities
- Combination of both: 41 local authorities
- Information Unknown: 9 local authorities



## Contact us

RNIB is keen to talk with policy makers and local authorities about how to ensure every blind and partially sighted person gets access to the vital skills and support they need to thrive.

**Please contact us:**



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