

National Occupational Standards

Sensory Services:

Standard 9 - Undertake habilitation/ rehabilitation interventions to meet the needs of people who are vision impaired

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STANDARD 9 - UNDERTAKE HABILITATION/ REHABILITATION INTERVENTIONS TO MEET THE NEEDS OF PEOPLE WHO ARE VISION IMPAIRED

ELEMENTS OF COMPETENCE

1. Work with the vision impaired person and other key people to identify their needs and aspirations to promote independent living and agree the habilitation/ rehabilitation programme
2. Deliver the interventions identified in the habilitation/ rehabilitation programme including orientation and mobility training, communication and low vision aids and therapy and daily living equipment and training
3. Review and evaluate the habilitation/ rehabilitation programme of interventions with the vision impaired person.

ABOUT THIS STANDARD

This standard is about undertaking habilitation/ rehabilitation practices and the provision of habilitation/ rehabilitation activities. For this standard you will be expected to work in partnership with others to identify, assess, plan, take action and evaluate the interventions.

The standard can be relevant for all levels. Sections of the standard can be used for induction purposes, professional development and for training.

The terms habilitation/ rehabilitation are used in their broadest sense in this standard and anyone who works across the spectrum of sensory impairment will at some point do some work with individuals that will be of a habilitation/ rehabilitation nature.

Although the primary responsibility for your professional development rests with you, the standard also requires management support to facilitate the continuing professional development of the workforce.

Evidencing your performance, knowledge and understanding

The **performance criteria** sections under each element and the **knowledge and understanding** section indicate areas that you should be able to evidence in relation to your performance or knowledge and understanding.

Values underpinning the whole of this standard

The values underpinning this standard have been derived from the key purpose statement¹. You must work within the principles and values of the relevant service standards, guidance and codes of practice/ conduct for health and social care in the four countries to achieve this standard.

Key principle

Communication underpins the entire standard and all the standards in this suite. It is vital that those working in the field of sensory impairment with children, young people and adults have the necessary and appropriate skills to communicate effectively with people who may use a range of communication tools/ techniques or methods. This standard relates to those working with vision impaired people and all communication must be appropriate to their needs. It is also important that workers recognise the need for specialist communication skills and the risk of miscommunication.

Knowledge and understanding

The knowledge and understanding of this standard will relate to country specific regulatory requirements and codes of practice applicable to the scope of your work and those of colleagues. It will also relate to your role and to the level of responsibility you have within your organisation to undertake activities to achieve a high quality service.

KEY WORDS AND CONCEPTS

This section provides explanations of the key words and concepts used in this particular standard. Note, in National Occupational Standards it is quite common to find words or phrases used that you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. Therefore, we would encourage you to read this section carefully before you begin working with the standard and to refer back to this section as required.

¹ The key purpose of the sensory services workforce is to empower people who use these services to maximise their independence, opportunities, strengths and skills.

Active support

Support that encourages the vision impaired person to maximise their independence and promotes lifestyle choices. In the case of children and young people this would also be relevant to the role of parent/ carer or the children themselves as a part of their own care planning process.

Communication

This standard makes it explicit that you:

- Must have the skills to be able to effectively communicate with the vision impaired person, or in a case where specialist communicators are needed arrange for these to be put in place
- Should use the individual's preferred means of communication both receptively and expressively in the most appropriate format and should listen actively
- Need to be constantly aware that communicating with a vision impaired person will be complex and that the risk of misunderstanding is significant

Constructive feedback

Feedback that is a two-way process that is communicated in the most appropriate way to the person receiving it to inform their personal development and growth. The standard requires you to seek constructive feedback to inform your own development. In the case of those working with children and young people, there will be opportunities for feedback directly to or from children and young people and their representatives.

Complex needs and sensory impairment

Complex needs refers to cases of multiple disability. Multiple disability is "where one impairment has a *knock on effect* on one or more disabilities. This means that they are compounded. Multiple disability requires a radically different approach from that employed by workers whose training has traditionally focused on the medical aspects of each separate impairment. A knowledge of the possible consequences of the individual impairments is required, and the skill to know which technique to use, adapt or combine and when new approaches need to be adopted to cope with the multiplicity of problems and prejudices".

(Source: CCETSW 1993)

Development opportunities

These are encouraged as part of induction and continuous professional development (CPD) and include a variety of methods, e.g. training courses, educational programmes, qualifications, coaching, mentoring, action learning sets, reading, self-directed learning, secondment opportunities and personal and professional support.

Disadvantage, discrimination and social exclusion

This relates to race, gender, religion, sectarianism, language, age, class, disability (including sensory disability), poverty, culture, belief and sexual orientation.

In practice you must take account of the relevant policies and procedures within your organisation or agency.

Empowerment

Empowerment is a process of enabling individuals (children, young people and adults) who are at a disadvantage at both personal and organisational levels to gain more autonomy and control over their lives.

Functional Assessment

A functional assessment measures how well an individual uses their senses to perform routine tasks in different places and with different materials throughout a day.

Guidance

Guidance can be national, local or organisational.

Individuals

In the standard "individual" refers to children, young people and adults who are vision impaired and who may require health, and/or social care and children's, educational or training services. It also refers to advocates and interpreters or people who work with them to express their views, wishes or feelings and to speak on their behalf.

Issues

Issues means, what impacts on the vision impaired person or is relevant to their experience. The use of the word "issue" does not imply a difficulty, but simply an aspect of the person's life that is the focus of the current work.

Key people

Key people includes family, friends, carers, social worker, support worker, role model, befriender, advocates, habilitation/ rehabilitation workers, communicator guides and others with whom the individual has a supportive relationship.

Partnership working

The process of working collaboratively with other professionals or organisations, e.g. Optometrists, Eye Clinic Liaison Officers, Hospital Departments, those in education or training, Local Societies and Voluntary and Community Services (Third Sector Organisations) to raise the profile of vision impairment issues and to offer appropriate support.

Professional knowledge

Refers to knowledge regarding the specialist area of your work and how to apply it to practice.

Rehabilitation/ habilitation

Rehabilitation involves a wide range of support that aims to maximise independence, skills and confidence. Rehabilitation can involve helping people to regain abilities or functions lost due to illness or injuries.

Habilitation defines the coordinated use of medical, social, educational, and vocational measures to help people develop their functional ability. This contrasts with helping people to regain abilities lost due to illness or injuries rather than people who have been born with impairments.

Rights

The rights that individuals have to:

- Be respected
- Be treated equally and not be discriminated against
- Be treated as an individual
- Be treated in a dignified way
- Have privacy
- Be protected from danger and harm
- Be cared for in a way they choose
- Have access to information about themselves

- Communicate using their preferred methods of communication and language

In the case of children and young people, they have the right to be actively involved in the decisions that affect them.

Risks

Risk is the inevitable consequence of people taking decisions about their lives. But it means different things to different people. There is no one definition. In social care, as in the rest of life, risk can be viewed negatively. Because of perceptions of risk which may or may not be real, a person might be prevented from doing things which most people take for granted. So perceived risk must be tested and assessed against the likely benefits of taking an active part in the community, learning new skills and gaining confidence. What needs to be considered is the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, well-being and choice, it should be possible for a person to have a support plan which enables them to manage identified risks.

A decision about the perceived or actual risk needs to be taken in conjunction with the person using services themselves, as well as the professionals involved. Just as taking a risk is a personal choice, levels of risk are perceptions, and a judgement about an acceptable level of risk should be a joint decision.

Services

Refers to services provided by your own organisation or other agencies.

Significant others

Is used here to mean any individual(s) whom the individual wishes to involve in their care programme. This may include partner, relative and/or friend, but also includes other members of the community or other workers such as volunteers, other care practitioners, an advocate, an interpreter, and a police or prison officer. For regulatory reasons, in the case of children significant others are likely to be family members unless the child is subject to a care order.

Social Model of disability

The Social Model of disability says that disability is caused **by the way society is organised**, rather than by a person's impairment or difference.

The Social Model of disability looks at ways of **removing barriers which restrict life choices** for people with impairments* or differences.

When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

Disabled people developed the Social Model of disability because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living.

(* Impairment is defined as the limitation of a person's physical, mental or sensory function on a long-term basis.) Extract from *children in the picture* www.childreninthepicture.org.uk/au_socialmodel

Sources of information

Will include a wide variety of current information. For example from:

- Professional organisations, e.g. professional bodies, trade associations and trade unions
- Professional contacts, e.g. colleagues, mentor, supervisor, tutors/lecturers and researchers
- Written sources, e.g. professional journals, research reports and policy documents
- Networks such as black and minority ethnic groups to consider cultural issues, e.g. fasting, festivals and priorities

Supervision

Supervision involves a process of supportively reviewing a person's work decisions to develop their practice. It can be formal, informal, provided from within your organisation, provided from outside your organisation, (Note, it is recognised that supervision in relation to work with children and young people is different to the supervision of work with adults).

Support

Refers to the support you provide. It includes: verbal explanation, written information, accompanying the individual or arranging for this to happen.

Transitions

Transitions are daily and intermittent changes in a person's life that may affect their well-being, the way they behave and develop and their ability to continue to learn and cope with other changes.

There are two major types of transitions: the first includes transitions within daily life, for example with adults moving from and to home/ the provision to a day centre, and for children going from and to home/ the provision to school. They also involve changing activities and routines within the day where there are differing expectations and requirements from the child, young person or adult.

The second is intermittent and involves a significant change for the person. These transitions can be divided into three categories. First, those that are common to most people; for example, when people move from one form of accommodation and living environment to another. Second, those that are shared by a significant number of peers, such as families separating. Third, those that are personal and may not be shared or understood by others.

For children and young people, the first will include transferring between years in the same school, or college or transferring from one school to another. It could also include transitional experiences such as physical changes, e.g. the onset of puberty. The second may be their parents divorcing. The third being in foster or residential care, having a parent or carer who abuses drugs or alcohol, or being a young carer.

(Source: Leadership and management NOS Ref: LMC B3)

Values and principles

Are those specified by: professional bodies, government, your employer, service users and their carers and by relevant national bodies.

Vision Impaired

In this standard vision impaired is a generic term. It refers to people (children, young people and adults) with sight impairment, severe sight impairment and includes people who are blind, partially sighted or Deafblind.

1 Element 1 - Work with the vision impaired person and other key people to identify their needs and aspirations to promote independent living and agree the habilitation/ rehabilitation programme

Performance Criteria

You need to show that according to your level of experience and seniority you:

- a) Work with the individuals and other key people to undertake an appropriate functional assessment
- b) Explain the purpose of a functional assessment to the individual and key people and how it informs a habilitation/ rehabilitation programme
- c) Support individuals, to put across their point of view and voice any concerns they might have
- d) Support the emotional needs that may be identified by individuals
- e) Agree the proposed outcomes of the habilitation/ rehabilitation programme with the individual and other key people
- f) Plan, with the individual and other key people, a programme of interventions to meet the agreed outcomes towards independent living
- g) Explain and discuss the planned interventions and record the decisions agreed.

2 Element 2 - Deliver the interventions identified in the habilitation/ rehabilitation programme including orientation and mobility training, communication and low vision aids and therapy and daily living equipment and training

Performance Criteria

You need to show that according to your level of experience and seniority you:

- a) Undertake a risk assessment with the individual and other key people in relation to the person and their environment
- b) Prepare the individual and other key people to undertake the agreed programme of activities
- c) Listen and where possible act upon any fears and concerns expressed by the individual in respect of expectations
- d) Deliver or enable the agreed interventions and monitor progress
- e) Record progress on outcomes including feedback from the individual and other key people
- f) Make agreed adjustments to the habilitation/ rehabilitation programme based on feedback from the individual, key people and other professionals and your own professional judgement.

3 Element 3 - Review and evaluate the habilitation/ rehabilitation programme of interventions with the vision impaired person

Performance Criteria

You need to show that according to your level of experience and seniority you:

- a) Discuss each individual programme of intervention based on the individual's agreed outcomes for independent living
- b) Liaise with other key people and professionals to obtain their views
- c) Evaluate the level of achievements against agreed outcomes with all key people
- d) Co-ordinate an agreement about future expectations regarding your continued involvement and the level of support
- e) Record actions at every stage of the process, including evidence of the views of individuals and other key people
- f) Seek feedback on satisfaction levels from all those involved.

KNOWLEDGE AND UNDERSTANDING

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice for the performance described in this standard.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to show that you know, understand and can apply in practice according to your level of experience and seniority:

A. CORE VALUES

Use and develop methods and systems to communicate, record and report

1. Legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality and sharing of information when communicating, recording and reporting with individuals, key people and others
2. Knowledge and practice that underpin the holistic person-centred approach which enables you to work in ways that:
 - Place the individual's preferences and best interests at the centre of everything you do
 - Provide active support for the individuals
 - Recognise the uniqueness of individuals and their circumstances
 - Empower individuals to take responsibility (as far as they are able and within any restrictions placed upon them), and make and communicate their own decisions about their lives, actions and risks
3. Methods and ways of communicating that:
 - Support equality and diversity
 - Support the rights of people to communicate in their preferred way, media and language
 - Are ethical and adhere to any codes of practice relevant to your work

- Respect other people's ideas, values and principles
 - Ensure people's dignity and rights when identifying and overcoming barriers to communication
4. How to manage ethical dilemmas and conflicts for individuals, those who use services and staff/ colleagues, about communication, recording and reporting
 5. How to challenge information, documents, systems, structures, procedures and practices that are discriminatory, especially in relation to individuals' communication and information needs.

Contribute to the development and maintenance of healthy and safe practices in the working environment

6. Legal and organisational requirements on equality, diversity, discrimination, rights, confidentiality and sharing of information when contributing to the development and maintenance of healthy and safe practices in the working environment
7. Methods and ways of working that:
 - Support equality and diversity when contributing to the development and maintenance of healthy and safe practices in the working environment
 - Are effective when dealing with, and challenging information, documents, systems, structures, procedures and practices that are discriminatory
 - Are ethical and adhere to any codes of practice relevant to your work
 - Respect other people's ideas, values and principles when contributing to the development and maintenance of healthy and safe practices in the working environment.

Take responsibility for the continuing professional development of self and others

8. Up-to-date knowledge and practice of legal and organisational requirements for equality, diversity, discrimination, rights, confidentiality and sharing of information and to how update and develop your own, and the practice of other staff on these
9. How to access training and development to enable you to manage ethical dilemmas and conflicts for individuals, those who use services and staff.

B. LEGISLATION AND ORGANISATIONAL POLICY AND PROCEDURES

1. Country, UK, EU legislation, statutory codes, standards, frameworks and guidance relevant to habilitation/ rehabilitation practice and related fields, including multi-disciplinary and multi-organisational practice, data protection and confidentiality of information
2. International law and social policy, including policy on social care, education, health, housing and welfare rights
3. Demographic and social trends
4. Policies on diversity, discrimination and promoting independence and autonomy of children, young people, adults, families, groups and communities and research on their effectiveness.

C. THEORY AND GOOD PRACTICE

In relation to self

1. Standards within your own work and the sector
2. Learning theories, teaching methods and learning styles for your own use
3. Theories about reflective practice and methods that are effective in monitoring your own performance
4. Apply professional knowledge, teaching skills and learning theory and techniques to the intervention
5. Evaluate the application of professional knowledge, teaching skills and learning theory and techniques.

In relation to information

6. Policies, procedures and regulatory requirements for the security and confidentiality of information
7. How to access and use information and communications technology (ICT) and other electronic systems that may help in the collection of information
8. Understanding of social care, social work, social services and structures
9. Lessons learned from both serious service and practice failures and from successful programmes
10. Systems for monitoring quality.

In relation to habilitation/ rehabilitation

11. Principles, theories and methods of habilitation/ rehabilitation practice
12. Theories about the impact of authority and power in the habilitation/ rehabilitation role
13. Historical perspectives of habilitation/ rehabilitation and social welfare
14. Habilitation/ rehabilitation context and professional practice
15. Contemporary issues and trends in habilitation/ rehabilitation
16. Understanding of why people use habilitation/ rehabilitation and social care and health services
17. Psychological and sociological explanations of:
 - Human growth and development and the factors that impact on it including full lifespan, i.e. child development to gerontology concept development
 - Mental health and well-being
 - Social interactions and relationships
 - Discrimination and oppression
 - Human behaviour
 - Self-determination and motivation
18. Functional low vision assessment and the skills required to carry this out
19. Low vision devices and therapy
20. Medical aspects of deafness, blindness and visual and hearing needs including medical advances and the associated functional implications of:
 - Anatomy and physiology of the eye
 - All eye conditions and treatments
 - Use of functional vision
 - Therapeutic approaches
 - Colour contrast
 - Lighting
 - Equipment

- Processes for registration for a vision impaired certificate
 - General anatomy, physiology and the impact of a range of health issues including dual sensory loss
21. The demarcation between habilitation/ rehabilitation and optical practice
 22. Optics and the visual system
 23. Interpretation of reports of the clinical examination
 24. Deafblindness
 25. Physical and learning disabilities
 26. Sensory motor functioning
 27. Systems of orientation and mobility
 28. Personal management for vision impaired people
 29. Home management for vision impaired people
 30. Recreation, leisure, employment, education and housing for vision impaired people
 31. Range and applications of specialist equipment including accessible technology, assistive technology and those which are a support for vision
 32. Therapeutic intervention/ training
 33. Development, administration and supervision of orientation and mobility programmes
 34. Orientation and mobility skills and techniques including sighted guide skills:
 - Pre-cane skills
 - Indoor mobility
 - Outdoor mobility
 - Symbol cane techniques
 - Guide cane techniques
 - Long cane techniques
 - Orientation techniques (including use of auditory location, kinaesthetic, haptic and tactile discrimination)
 - Route development and planning

- Equipment – electronic aids to orientation and sonic equipment
35. Application of professional knowledge and skills to the habilitation/ rehabilitation processes of:
- Reading and writing
 - Telephone
 - Typing
 - Braille and moon
 - Information technology
 - Social interaction
 - Dual sensory loss
 - Household organisation and labelling
 - Cooking
 - Cleaning
 - Laundry
 - Personal care
 - Management of medication and health conditions
 - Finances
 - Housing adaptation/ access needs
 - Caring for dependents
 - Shopping
 - Accessing leisure, education and community facilities
 - Accessing and maintaining work
 - Hobbies and interests
 - Evaluation.

In relation to children and young people

36. Theories and methods of promoting personal, social and emotional well-being with children and young people
37. Theories and methods of good assessment practices for use with children and young people
38. Theories of pedagogy including strategies and instructional methods for use with children and young people

39. Managing risk and protecting children and young people from harm
40. The social, emotional and psychological impact of hearing loss, sight loss and failing sight on the individual and the family, e.g. gender issues and parental role
41. The importance of involving key people, in particular parents (who often have extensive skills and knowledge), as well as other significant other people in the child or young person's life
42. Methods of working across age ranges and differing needs
43. Understanding the role of habilitation work with children and young people
44. Consider issues of identity, delayed effects of change and be aware of possible signs that someone is going through a particular life transition
45. Know about the likely impact of key transitions, such as divorce, bereavement, family break-up, puberty, move from primary to secondary school, unemployment and leaving home or care
46. Understand patterns of transition from childhood to adulthood and appreciate that it may be different from your own past experiences
47. Understand that children and young people with disabilities or additional educational needs may need extra support to manage transitions and know when to seek specialist advice
48. Know that children and young people can be influenced by their peer group
49. Psychological and sociological explanations of:
 - Human growth and development and the factors that impact on it including full lifespan, i.e. child development to gerontology concept development
 - Mental health and well-being
 - Social interactions and relationships
 - Discrimination and oppression
 - Human behaviour
 - Self-determination and motivation.

In relation to communication

50. Methods of consulting with different groups including children and young people and adults, their organisations or groups and actively listening to their feedback
51. Methods for collecting, analysing and interpreting feedback to enable decisions to be made about your support
52. Understanding of the impact of multiple impairments. Be aware of the potential for miscommunication in these circumstances and therefore carefully plan how you will communicate with the individual and use or arrange the most effective communication methods
53. Having the skills to plan communication in advance and making sure either you have the necessary skills in place or have access to the specialist communication skills needed
54. Be aware that individuals may prefer to express themselves using a different mode of communication compared with how they prefer to receive information and adapt how you communicate accordingly
55. Be resourceful when overcoming barriers to communication and barriers restricting the independence of the people you support
56. Recognising and facilitating each person's choice and use of the language and/ or form of communication
57. Communication systems
58. Other modes of information gathering, e.g. Wireless for the Blind Equipment, Talking Newspapers (local and national) and Talking Books Services
59. Maintaining the trust and confidence of individuals and key people by communicating in an open, accurate and understandable way.
60. Know how to encourage significant others and key people to support the individual
61. Know how the nature of the relationship between the significant other(s) (or key people) and the individual may alter the extent to which you ask them to be involved, or the individual would wish for them to be involved.

In relation to partnerships and collaborative working with others

62. Theories and methods about working in collaboration with the main groups of people using services
63. Theories of poverty, unemployment, health, needs and other sources of discrimination and disadvantage and their impact on social exclusion
64. Theories about the impact of discrimination and oppression and the methods of working with diversity
65. Knowledge of the range of local and appropriate national habilitation/ rehabilitation resources and services
66. Methods of multi-disciplinary working
67. Organisational structures, policies and procedures for referral
68. Methods for recognising, assessing and managing risk
69. Awareness of power issues in various work settings and the impact these have on service outcomes, e.g. domiciliary settings, sheltered housing settings, etc.