## Introduction

Before we make a decision about accreditation, we undertake an impact assessment to understand likely effects on different groups, and the wider health system. We begin to gather the information required for the impact assessment when a Register first applies for accreditation. We consider any changes to impacts when we renew accreditation, and when taking other decisions that affect accreditation status such as imposing Conditions or suspension.

A key part of the impact assessment is consideration of equalities. The Equality Act 2010 imposes a legal duty, the Public Sector Equality Duty on all public bodies to consider the equality impact of its policies and decision making. The duty is known as the Equality Duty and it requires a public authority, in the discharge of its function to consider the following three aspects which form the basis of the duty:

* Consider the impact and eliminate unlawful (direct or indirect) discrimination and any other conduct prohibited under the Equality Act 2010.
* Advance equality of opportunity between people with protected characteristics and those who do not share these characteristics
* Foster good relations between people with protected characteristics and those who do not share these characteristics.

This means that public bodies must consider equality impact on individuals protected under the Equality Act 2010 in carrying out their work. The Authority, therefore, needs to be always mindful of the public duty when carrying out its oversight role which includes the approving of registers. It needs to have ‘due regard’ to the needs to balance the three aspects which make up the Equality Duty when achieving its goals.

The Equality Impact Assessment is an important tool/mechanism for demonstrating ‘due regard’ through the consideration of evidence and analysis, actual and potential to identify positive and/or adverse impacts. The key groups we need to consider when making our decisions are, sex, age, ethnicity, disability, religion and belief, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy, and maternity.

## Impacts

### Equalities impacts - summary

We reviewed information provided by the RWPN, including that presented on the RWPN’s website. The RWPN highlights section four of its *Code of Ethics and Professional Conduct* which specifically relates to Equality and Diversity and its requirements for its registrants as an example of how they are seeking to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equalities Act 2010. The *Code of Ethics and Professional Conduct* makes clear that discrimination is not acceptable and that registrants should promote equality. It includes clauses such as:

* 4.9 To highlight and bring to the attention of those in position of influence, any policies or activities that introduce or contribute to the disadvantage or exclusion of people with visual impairment in our society
* 4.14 To ensure practice is equitable and that they do not act out of prejudice against any person or group on the basis of ethnicity, class, status, sex, sexual orientation, age, disability or beliefs etc.
* 4.23 To support policies and practices that promote equality and aim to assist individuals, families, groups and communities in the pursuit and achievement of access to services and resources that enhance visual, emotional and functional wellbeing, independence and safety.

The RWPN stated that it doesn’t collect equalities data on its registrants and therefore has ‘insufficient evidence to gauge how registration would impact people in the following groups: gender reassignment, marriage and civil partnership, pregnancy and maternity.’ The RWPN does not collect data on service users either.

To understand the impact of accreditation on different groups, we reviewed wider evidence including that gathered for Standard 1b. It is important to note that there are gaps in the research, the majority of the studies that have been conducted have focused on adults so there I limited data on children and young people. Many of the studies had low sample numbers and very few had any demographic information on the study participants. However, we know that service users all have some form of sight loss and are likely to be vulnerable. Service users could be any age and include children and those over 65 years old, some may have other disabilities such as deafness or decreased mobility. The research showed that there is also an increased risk of depression in those with sight loss. Specific impacts we have identified for different groups are summarised below.

The RWPN provides assurance for the vision rehabilitation workers and vision habilitation specialists on its register. Accreditation would benefit service users and employers who could be further assured that the RWPN has robust processes in place to ensure its registrants meet its standards. The RWPN highlight the difficulties that some Local Authorities have with waiting times. Research has shown that timely interventions are important to positive outcomes, so increasing the number of practitioners could have positive impacts on all those using the services. The RWPN hope that accreditation with the Authority will raise the profile of vision rehabilitation workers and vision habilitation specialists resulting in more people choosing these professions. This will lead to a bigger pool of vision rehabilitation workers and vision habilitation specialists for Local Authorities to employ from and should lead to a reduction in waiting times.

The RWPN has a safeguarding policy in place which is published on its register. It does not currently require its registrants to get Disclosure and Barring checks as part of its registration criteria, as the majority of registrants will be employed and will get that through their employers. However, should the number of self employed registrants go up this may become a factor that the RWPN will want to consider. The Authority are currently conducting a pilot into DBS checks that may result in further recommendations for Accredited Registers.

Age

The Royal National institute for Blind People (RNIB)’s sight loss tool indicates that the majority of people with sight loss in the UK are over 60 years old. The RWPN predict that accreditation will raise the profile of vision rehabilitators and ‘encourage health and social care professionals such as GPs, eye clinics, Occupational Therapists and Social Workers, to make referrals.’ Research has shown that vision rehabilitation can have a positive impact on this group, often reducing the need for additional care at home. Vision rehabilitation helps people by increasing their mobility and move safety round the built environment and is thought to decrease the risk of falls. Therefore, having a positive impact on this group who are more susceptible to significant injury from falls and therefore more likely to need long hospital stays.

The RNIB estimate that there are more than 25,000 children under 16 who are blind or partially sighted in the UK. Vision habilitation specialists work with those under 25 years old including children who are still at school and those within higher education settings. The vision habilitation specialist supports pupils and students to develop the skills that allow them to gain ‘qualifications, socialise with their sighted peers and join in social events’ that require them to be able to travel and have some independence skills.

### Disability

The RWPN noted that ‘the profession has a higher proportion of blind and partially sighted workers than other health and social care professions and [that] training bodies have worked well to support visually disabled students.’ The RWPN hope that raising the profile of the profession would encourage wider interest from people with other types of disabilities to join.

In the UK, there are almost 2 million people living with sight loss, of these, around 360,000 are registered as blind or partially sighted in England[[1]](#footnote-2). The RWPN also highlighted that there is a chance that service users will have other disabilities or illnesses particularly given the incidence of sight loss in the elderly. As noted under Standard one there is also a link between sight loss and depression. The RWPN confirmed that it ‘is a partner organisation for a project currently underway with Cardiff University. The purpose of this project is to review the appropriateness of using the PHQ4 depression and anxiety screening tool during assessments, and if it is deemed appropriate, what training is required for practitioners.’ The RWPN reported that it will produce guidance for its registrants once the outcomes of the project are clear.

### Race

Skills for care state that people from a BAME background represent approximately one fifth of the social care workforce (add ref). However, the RWPN estimate that the number working in vision rehabilitation and habilitation is much lower. The RWPN ‘hope that accreditation raises the profile of the profession alongside other health and social care professions to attract a younger workforce and a workforce that is more culturally diverse

The RWPN highlighted that the prevalence of visual impairment is thought to be higher amongst people from poorer communities and from ethnic minority communities, places in society where inequalities already exist. Sight loss exacerbates these inequalities as it can result in a reduction in access to information and to opportunity. Vision rehabilitation workers and vision habilitation specialists help to address some of this by supporting service users in gaining confidence in mobility, in navigating through their environment and in becoming proficient in the use of commuters, tablets and reading braille. RWPN highlight paragraph 4.5 of its Code of Ethics and Professional Practice which states that registrants are ‘to engage in the pursuit of equality by identifying, seeking to alleviate and advocating strategies for overcoming disadvantage to service users with visual impairment.’ In this way RWPN’s registrants are also required to advocate on behalf of their clients to help them overcome any barriers and to improve their access to information and opportunity.

There is also growing evidence that some eye conditions may affect some minority groups more due to a genetic component[[2]](#endnote-2).

Sex

The RWPN estimate that the workforce has a higher proportion of women and that raising the profile of the register could lead to more males choosing the profession. The RWPN highlight anecdotal evidence that they ‘feel that a greater number of disabled male workers would particularly benefit younger men who lose their sight, for whom role modelling of adaptive equipment and role modelling of social role would be beneficial.’

There is no evidence to suggest that the prevalence of sight loss occurs more in any one group.

Religion and belief

As noted above There is also growing evidence that some eye conditions may affect some minority groups more due to a genetic component.

The RWPN note ‘that cultural and religious attitudes to concepts such as “rehabilitation” may have interpretations that are different to the traditional model. We recognise that health messages and interventions are often communicated more effectively from someone with a deep insight into cultural attitudes and practices. We hope that accreditation will promote the profession as desirable for training, which, in turn will help delivery of services to harder-to-reach communities.’

#### Impacts on groups with protected characteristics

*Age*

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| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Neutral | Young people and elderly people | Vision habilitation specialists work with those who are under 25 years of age. The RWPN have highlighted this within its risk matrix and noted its safeguarding policy. Another possible mitigation to the risks is the requirements for DBS checks. These are not currently required by the RWPN as the majority of its registrants are employed and so will be required to get these checks anyway. The RWPN do however state that the number of self employed on its register may go up.  | Following the completion of the Authority’s pilot on DBS checks, we will update the registers on any new requirements. This may result in registers needing to make changes.  | 21 February 2022 |

*Disability*

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| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Negative | All people with sight loss. | During our assessment of the RWPN’s website and the documentation on it. We noted that it may not be as accessible as it could be. | We have suggested recommendations for the RWPN to review the information presented on its website, including any documentation such as the complaints process to ensure that it is fully accessible to all service users. | 21 February 2022 |
| Negative | People with learning disabilities | During the assessment the RWPN highlighted that some of their service users may have learning disabilities and so some of the documentation may not be accessible to this group. | We have suggested recommendations for the RWPN to review its documentation and decide which would be useful to have in an easy read format. | 21 February 2022 |
| Neutral | People with poor mental health | We highlighted the link between sight-loss and poor mental health. The RWPN stated that it was a partner organisation in a study into the use of specific tools in assessing depression and that it will produce guidance once this study has completed. | Once the study has completed, produce guidance for registrants on depression and poor mental health. | 21 February 2022 |

*Gender reassignment*

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| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
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*Marriage and civil partnership*

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| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
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*Pregnancy and maternity*

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| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
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*Race*

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| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
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*Religion or belief*

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| --- | --- | --- | --- | --- |
| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
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*Sex*

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| --- | --- | --- | --- | --- |
| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
|  |  |  |  |  |

*Sexual orientation*

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| **Type of impact**  | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
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### Cost and market impacts – summary

The RWPN is reviewing its fee structure to ensure ongoing financial viability. This will likely cause a small increase in fees paid by registrants and in some cases employers from 2023. The RWPN do not think this will have a significant impact on registrants or employers. This is also unlikely to be passed onto service users as the majority will access services through their local authorities and so will not be required to pay for them. There are a small number of freelance workers who will charge a small fee for their services, this will likely by paid by the employing agency such as a university of school and so will not be paid by the service user. There is no evidence that accreditation will have a significant impact on costs to the service user, there may be a small impact on registrants and employers.

The RWPN are hopeful that accreditation will result in registration with them will become an industry standard and therefore a requirement of employment. If this were to happen, this could result in increased costs for those vision rehabilitation workers and vision habilitation specialists who are not currently registered.

The RWPN appears to be the only register holder for rehabilitation workers in the UK. There is a professional body that registers habilitation specialists and there is the possibility that if accredited people will choose to register with the RWPN over the other non-accredited body. While this could have a negative impact on the other register due to a loss in registrants, it benefits the public for these people to choose a register that falls under the programme, and it could incentivise other registers to join. No other market impacts have been noted.

### Social and environmental impacts – summary

RWPN practitioners work within the NHS, social services, educational settings and voluntary services. RWPN foresee the positive impacts to employers of accreditation being assurance of the quality of practitioners in who they employ, employers can be assured that practitioners on the register are keeping up to date through CPD. RWPN also hope that accreditation will lead to recognition that the profession requires greater workforce planning and so increase the numbers working within the profession.

The RWPN have noted some positive impacts of the interventions including:

1. The employer and/or service user can be assured that the registrant has met RWPN’s registration standards. Having completed the required training and maintaining their skills and knowledge means that registrants can have a positive impact on ‘a person’s ability to contribute to society. Any individual who regains confidence, self-esteem or skills is better able to contribute to society and to reduce the costs of their own (and others) treatment, care and support. This might be in connection with reduced cost of falls, reduced mental health costs, reduced visits to the GP, reduced care packages, reduced need for carer support etc.’
2. The RWPN believe that accreditation will raise the numbers of professionals, this will allow registrants to spend more time on supporting each service user, allowing them to ‘join society on an equal footing’.
3. The RWPN state that ‘whilst registration builds-on professional responsibilities, it also raises status.’ Accreditation through the programme ‘has the potential to attract: equality of respect in care management teams (with Social Workers and Occupational Therapists and Physiotherapists for example); better pay through recognition of the risks and responsibilities; better quality and more regular supervision based on an improved recognition of the risks and responsibilities; enhanced workforce numbers through greater desire to choose vision rehabilitation and habilitation as a profession and to commit to the training to qualify. The longer-term effect should be a raising in standards that benefits clients: a raised professional profile will mean clients are able to understand what they should expect from a service and should be able to raise concerns regarding registrants who they feel do not meet professional standards.’

There is no evidence that accreditation will have any environmental impact.

## Decision

The Panel noted the actions above and considered the Conditions and Recommendations highlighted as part of the assessment. The Panel agreed with these actions and did not identify any others when making its decision to accredited the RWPN with Conditions.

1. <https://www.nhs.uk/conditions/vision-loss/> [↑](#footnote-ref-2)
2. <https://www.sciencedirect.com/science/article/abs/pii/S0531513105008423> [↑](#endnote-ref-2)