## Introduction

When we first accredited the RWPN’s register in March 2022, we carried out an Impact Assessment (dated [10 February 2022](https://www.professionalstandards.org.uk/sites/default/files/attachments/Accredited%20Registers%20Impact%20Assessment%20%28RWPN%29%2010%20February%202022.docx)). Following our full renewal assessment completed in May 2025, we have updated this impact assessment to reflect three years of accreditation and the findings from our renewal assessment against Standards 1 to 9. The Panel decided to renew the RWPN's accreditation with 11 Conditions and 14 Recommendations, recognising both the register's positive contributions to public protection and areas requiring improvement. This updated assessment reflects both the organisation's achievements and the new challenges identified during the renewal assessment.

This updated impact assessment reflects the findings and recommendations of our recent work, derived from:

* The RWPN’s full renewal assessment covering Standards 1 to 9. For more information see our [Guidance on Renewals](https://www.professionalstandards.org.uk/sites/default/files/attachments/Guidance%20for%20Accredited%20Registers%20-%20Renewals%2C%20Targeted%20Reviews%20and%20Outcomes%20July%202021_1.pdf).
* Our assessment of the RWPN against the new Standard 9 – [Equality, Diversity, and Inclusion (EDI)](https://www.professionalstandards.org.uk/sites/default/files/attachments/Report%20on%20consultation%20outcome%20on%20introducing%20EDI%20standard%20for%20Accredited%20Registers%202023_1.pdf).
* Recent evidence from the RWPN’s recent publications and committee meetings

Below, we show how RWPN’s accreditation affects different groups, including people with protected characteristics.

## Impacts

### Equalities impacts - summary

We previously reported that the RWPN’s main service users are individuals of any age with some form of sight loss, who often have additional needs such as mobility or mental-health support. Information received from the RWPN’s recent collection of data confirms that registrants themselves are from diverse backgrounds, with a potentially higher proportion of practitioners with disabilities (especially visual impairments) than in many other health or social care professions. This information has, for example, led to development of guidance for mentors supporting visually impaired students, as well as initiatives around “difficult conversations” training to ensure no discrimination arises where a trainee requires accommodations.

These developments indicate that accreditation continues to have a positive impact overall, helping RWPN address unmet needs (e.g. mental health, accessible information) and draw focus to equality, diversity, and inclusion within the profession.

The RWPN has acknowledged gaps in some areas of reporting, for example pregnancy/maternity or gender reassignment and aims to encourage more disclosure within its future surveys.

The RWPN’s recently published [EDI Policy Statement](https://www.rwpn.org.uk/resources/Documents/RWPN%20EDI%20Policy%20Statement.docx.pdf) highlights its commitment to welcoming and valuing all individuals, particularly those from underrepresented or disadvantaged backgrounds. It goes beyond the basic legal standards of the Equality Act 2010 by embracing both equality, ensuring fair treatment, and equity which acknowledges that different people need different levels of support. The policy pledges zero tolerance for discrimination based on any protected characteristic or broader aspects such as socio-economic status or neurodiversity. It also highlights practical steps like providing accessible digital information, collecting demographic data to monitor progress, and actively listening to member feedback.

Age

The Royal National Institute for Blind People (RNIB)’s sight loss tool[[1]](#footnote-2) 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 safely around the built environment, and is thought to decrease the risk of falls. Therefore, it can benefit this group who are more susceptible to significant injury from falls and more likely to need long hospital stays.

The RNIB estimates 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 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.

In addition, recent RWPN committee discussions have led to new guidance for mentors working with younger trainees—particularly useful when individuals are self-employed or working outside local authority structures. This helps ensure that the needs of under-25s are fully recognized and that mentoring reflects best practice.

### 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 (around 360,000 are registered as blind or partially sighted in England[[2]](#footnote-3)). 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 in our Standard One assessment 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.

The RWPN’s recent EDI survey findings noted respondents identifying as having disabilities, including visual impairments, which highlights the accessibility of the profession and the importance of continuing to improve inclusive practice. The RWPN achieved a 70% response rate to its 2024 EDI survey, with 58 respondents disclosing a disability and 27 identifying as visually impaired.

### Race

Skills for Care state that people from a BAME background represent approximately one fifth of the social care workforce[[3]](#footnote-4). However, the RWPN estimate that the number working in vision rehabilitation and habilitation is much lower. The RWPN aims for accreditation to raise its profile 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, which sight loss can exacerbate by reducing access to information and 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[[4]](#endnote-2).

Recent EDI data confirms that some registrants do come from a range of ethnic backgrounds, though representation remains modest. As a result, RWPN has highlighted culturally competent practice in its CPD discussions and is considering ways to share EDI data with employers and training providers.

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 from the traditional model. We recognise that health messages and interventions are often communicated more effectively by 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 deliver services to harder-to-reach communities.’

Recent data shows modest representation from a variety of faith backgrounds; however, many prefer not to disclose religion. RWPN’s new EDI Policy Statement commits to continuing efforts in cultural sensitivity and ensuring no individual is disadvantaged due to their religious beliefs.

#### Impacts on groups with protected characteristics

*Age*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Neutral | Children / Young People (vision habilitation) - Adults over 60 (vision rehabilitation) | RWPN's register includes both rehabilitation and habilitation specialists, ensuring accreditation covers all ages. Enhanced profile via accreditation supports timely interventions. New mentorship guidance addresses the specific needs of younger professionals and trainees, particularly those working outside traditional local authority structures. | Continue monitoring effectiveness of DBS arrangements and mentorship guidance implementation. Evaluate ongoing impact of enhanced professional recognition on referral rates and training outcomes. | Ongoing  (Updated May 2025) |

*Disability*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Positive | People with sight loss, People with additional disabilities (e.g. learning disabilities, deafness, mental-health needs)  Practitioners with disabilities, including visual impairments. | EDI survey reveals 58 respondents disclosed a disability; 27 are visually impaired. RWPN strongly supports disabled professionals entering and staying in the workforce. Accessibility improvements successfully implemented including enhanced website accessibility with screen-reader compatibility, larger fonts, and flexible CPD submission formats (video, audio alternatives). Partnership with Cardiff University on PHQ4 depression screening tool ongoing, with guidance to be produced following research completion. | Complete implementation of remaining accessible policy formats including easy-read versions. Finalise and implement depression screening guidance following Cardiff University research completion. Continue supporting disabled professionals through enhanced mentorship and workplace adjustments. | Ongoing  (Updated May 2025) |

*Gender reassignment*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Neutral | Transgender practitioners and service users | Limited disclosure in EDI survey data makes assessment difficult. EDI Policy Statement includes specific commitment to supporting transgender individuals. No evidence of discrimination, but small sample size limits comprehensive evaluation of potential barriers or specific needs. | Continue encouraging voluntary disclosure to improve understanding. Ensure EDI training includes transgender awareness and monitor for any discrimination issues through complaints processes. | May 2025 |

*Marriage and civil partnership*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| None identified | Married practitioners and those in civil partnerships | No specific impacts or issues identified. EDI Policy Statement includes commitment to non-discrimination on this basis. | Continue monitoring through EDI data collection for any emerging issues. | May 2025 |

*Pregnancy and maternity*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Neutral | Pregnant practitioners and those on maternity leave | Limited data available as this was identified as a gap in EDI reporting. No specific issues identified through complaints or feedback, but RWPN acknowledges need for better data collection in this area. | Improve data collection on pregnancy and maternity experiences. Review policies to ensure appropriate support for practitioners during pregnancy and maternity leave, particularly for freelance practitioners | May 2025 |

*Race*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Positive | BAME practitioners and service users | RWPN's EDI survey indicates modest but growing ethnic diversity among registrants including British Asian, African, and Caribbean backgrounds, though overall representation remains limited. Many eye conditions disproportionately affect certain ethnic groups, highlighting importance of culturally competent care. Cultural competency guidance developed and integrated into CPD programmes. Partnership with BAME Vision established to address barriers and promote diverse recruitment. | Continue implementing cultural competency training in CPD programmes and strengthen partnerships with organisations like BAME Vision. Monitor progress through annual EDI data collection and work with training providers to address barriers to diverse recruitment and retention. | Ongoing  (Updated May 2025) |

*Religion or belief*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Positive | Religious minority groups (service users, professionals | RWPN's EDI data shows modest representation across multiple faiths, though many registrants prefer not to disclose religious information. Published EDI Policy Statement demonstrates commitment to non-discriminatory practice and cultural sensitivity in care delivery, especially relevant where rehabilitation approaches may differ due to cultural or religious practices. | Continue non-discriminatory approach as outlined in published EDI Policy Statement. Monitor potential barriers through ongoing data collection and ensure cultural sensitivity training addresses religious considerations in care delivery. | Ongoing  (Updated May 2025) |

*Sex*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Positive | Women (majority workforce) - Men (underrepresented) | RWPN's workforce remains majority female based on EDI survey data. Enhanced professional recognition through accreditation may help attract more men to the profession. Male practitioners provide valuable role-modelling for younger men adjusting to sight loss, supporting both practical skill development and psychological adjustment. | RWPN to monitor gender diversity in recruitment through annual EDI surveys. Work with training providers to understand barriers to male participation and implement targeted outreach where appropriate. Track effectiveness of male role-modelling in service delivery. | Ongoing  (Updated May 2025) |

*Sexual orientation*

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| **Type of impact** | **Group(s) affected** | **Description** | **Actions required** | **Date identified** |
| Neutral | LGB+ practitioners and service users | Small number of registrants identified as LGB+ in 2024 EDI survey, with many opting not to disclose. No evidence of workplace discrimination or barriers to practice, but limited data makes comprehensive assessment difficult. EDI Policy Statement includes commitment to non-discrimination based on sexual orientation. | Continue voluntary data collection to build understanding of any specific needs or barriers. Monitor through complaints processes for any discrimination issues and ensure EDI training addresses sexual orientation considerations appropriately. | Ongoing  (Updated May 2025) |

### Cost and market impacts – summary

Following initial concerns about financial sustainability at accreditation, the RWPN successfully implemented fee structure changes agreed at its July 2022 AGM. The organisation now maintains appropriate reserves and has demonstrated long-term financial viability, as confirmed through our review of the Condition issued at its initial accreditation in 2022.

Current registration fees reflect the true cost of maintaining professional standards while remaining accessible to practitioners. The RWPN has implemented flexible payment options (quarterly and six-monthly) to support registrants during periods of economic pressure, without compromising the register's sustainability.

The majority of vision rehabilitation services continue to be accessed through local authorities at no direct cost to service users. A growing number of freelance practitioners charge modest fees, typically paid by employing agencies such as universities or schools rather than individual service users.

The renewal assessment identified an anticipated increase in self-employed practitioners, particularly from underrepresented groups. While this supports workforce diversity, it creates additional administrative requirements for the RWPN, including enhanced verification of insurance arrangements and professional standards compliance. These costs are manageable within the current fee structure.

The RWPN remains the primary register for vision rehabilitation and habilitation specialists in the UK. The register's established status and demonstrated commitment to equality, diversity, and inclusion positions it well to attract practitioners from diverse backgrounds, supporting the broader workforce development goals identified in our assessment.

In light of Standard Nine, the RWPN also anticipates a small but growing number of self-employed (freelance) practitioners, including from underrepresented groups. This may increase administrative tasks, such as checking insurance or DBS policies, but is not expected to have a major impact on overall costs.

The renewal assessment identified specific challenges related to the growing number of freelance practitioners, leading to Conditions requiring enhanced verification of professional indemnity insurance (Condition 5) and clear requirements for individual complaints procedures (Condition 6). These measures ensure freelance practitioners maintain equivalent professional standards to employed practitioners.

### 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 they employ; employers can be confident 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, increasing the numbers working within the profession.

The RWPN have noted that these interventions can positively affect a person’s ability to contribute to society. Individuals who regain confidence, self-esteem, or core skills often reduce their need for extra treatment, care, or support (for example, fewer falls, lower mental-health costs, fewer GP visits, and smaller care packages).

The RWPN believe that a larger pool of professionals will allow registrants to spend more time supporting each service user, enabling them to ‘join society on an equal footing.’

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 within care management teams, better pay, and enhanced workforce numbers through greater interest in vision rehabilitation and habilitation as a profession.’ The longer-term effect should be a raising of standards that benefits clients, while also making it clearer to service users what they should expect from a registered professional.

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

As RWPN continues to implement its EDI policy, there may be a further boost in workforce diversity, which can help ensure support reaches communities that previously faced barriers in accessing rehabilitation services. This social benefit aligns with the broader aims of public health and social care.

## Decision

The Accreditation Panel found that the RWPN met or could meet with Conditions all Standards for Accredited Registers. We decided to renew accreditation with 11 Conditions and 14 Recommendations.

Positive findings included: The RWPN's register benefits users by enabling access to qualified professionals who help visually impaired people gain independence. The RWPN has systems in place to ensure that only appropriately qualified practitioners are listed on its register and provides appropriate routes to raise concerns through comprehensive complaints procedures with lay involvement. The RWPN demonstrates commitment to equality, diversity and inclusion through data collection and policy development.

Areas requiring improvement included: Register accuracy and information display, quality assurance mechanisms, enhanced verification processes for freelance practitioners, and development of internal policies for whistleblowing, anti-bullying, and recruitment. The Panel recognised that continued accreditation with Conditions maintains positive benefits for practitioners, employers, and service users while ensuring identified administrative weaknesses are addressed. The Conditions provide clear timeframes for addressing gaps while building on the organisation's demonstrated commitment to professional standards.

1. <https://www.rnib.org.uk/professionals/research-and-data/sight-loss-data-tool/> [↑](#footnote-ref-2)
2. <https://www.nhs.uk/conditions/vision-loss/> [↑](#footnote-ref-3)
3. <https://www.skillsforcare.org.uk/news-and-events/blogs/investigating-the-issues-facing-the-bame-workforce-and-the-impact-of-covid-19> [↑](#footnote-ref-4)
4. <https://www.sciencedirect.com/science/article/abs/pii/S0531513105008423> [↑](#endnote-ref-2)