Requirements for the Provision of Adult Vision Rehabilitation

Position Paper of the Association for Education and Rehabilitation of the Blind and Visually Impaired (AERBVI)

Approved 2024 by the AERBVI Board of Directors

1. Introduction

Adults with congenital or acquired vision loss require and are entitled to appropriate instruction in low vision and nonvisual techniques and strategies. The Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) is providing this paper to inform employers and practitioners about the need to utilize university-trained, discipline-specific vision rehabilitation professionals (referred to in this paper as qualified vision rehabilitation professionals) to provide this instruction, alert employers and practitioners to liability exposure when those providing services are not qualified to provide a particular service, and describe opportunities to obtain or create qualified vision rehabilitation professionals.

Although this paper is limited to services for adults due to the differences in service delivery systems for children and for adults, it is AER’s position that every person who experiences vision loss is entitled to receive services from professionals who have completed a discipline-specific university vision rehabilitation program (qualified vision professionals) and it is AER’s position that certified professionals should be utilized. Certified professionals have demonstrated established competencies and are required to participate in continuing education, which helps to ensure a current knowledge base and awareness of trends in aging and vision loss.

* 1. Description of the Issue:

1. A person of any age can experience vision loss for a variety of reasons including a health condition or injury. Vision loss affects every aspect of a person’s life and can cause risks to health, financial security, and independence.
   * 1. A person who loses the ability to read and sign documents or to access banking information is at risk of financial exploitation. Adults beginning rehabilitation training frequently describe family members and other caregivers having taken over signing checks and managing their finances.
     2. A person who loses the ability to read medication labels and instructions and administer medication properly at appropriate times faces significant challenges with medication compliance.
     3. Small print on phone buttons become difficult to read for many, increasing social isolation and limiting the ability to access emergency services.
     4. The inability to move independently may exacerbate existing health conditions and could lead to the onset of additional health conditions or disabilities. Unless and until orientation and mobility skills are obtained, a person may be reliant on a family member or caregiver to move within their own home and community.
     5. Adults can experience a “mobility disability” if they are not able to drive or access other transportation. This can affect all aspects of a person’s life, including loss of employment, inability to obtain needed supplies, withdrawal from volunteer and social activities, and an inability to keep medical appointments.
     6. Families often experience a shift in dynamics when one member is not able to manage their own transportation, employment, or activities of daily living. This can lead to a rupture or dissolution of the family leaving the person without an adequate support system.
     7. Employers may not be aware of or be willing to provide reasonable accommodations. People can leave employment unnecessarily or avoid seeking employment if they think it is not an option.
     8. Qualified vision rehabilitation professionals have graduated from university preparation programs with both theoretical and clinical components specific to their profession. Accredited university programs align with established standards preparing practitioners to provide assessment and instruction addressing the risks listed above including information access and independent travel skills. Education addresses causes of vision loss, psychosocial issues, and strategies for community integration along with skills to live and work independently.
   1. A historically underfunded and fragmented service provision system with little professional accountability and low numbers of qualified vision rehabilitation professionals has led to service provision by individuals who are not qualified to provide vision rehabilitation and an expectation by employers that practitioners qualified in one profession will provide services in another. Recruitment challenges do not exempt an employer from hiring qualified practitioners or requiring that employees obtain proper qualifications.
   2. Limited numbers of organizations providing vision rehabilitation services to adults lead to reliance on extremely limited employment options, which can create a situation where a practitioner is not able to effectively negotiate for conditions that allow them to work within their scope of practice and according to their code of ethics.
   3. Adults who are not aware of vision rehabilitation professions can be provided improper services. Aging networks, human service agencies, and healthcare professionals may not have adequate awareness of appropriate services for each discipline, and should be empowered to provide basic information about vision loss and commonly available resources including information about services from qualified professionals.
   4. Liability considerations for agencies who hire unqualified vision professionals:
   5. An employer who hires an employee who is not qualified through an accredited University or recognized certification has no rubric by which to measure the competency of the employee. Likewise, such an employer has no standard by which to ensure uniformity of service delivery among their staff or quality of service received by their clients, if challenged. By not requiring their staff to be qualified, by definition, their employees have not met a minimum requirement to show competency in:
      1. How to assess the needs of and instruct a client who is blind or has low vision.
      2. Instruct a client who is Deafblind or who has additional disabilities.
      3. How to help a client or their family to adjust to the psychosocial aspects of vision loss.
      4. How to instruct a client in the use of optical or electronic magnification.
      5. How to instruct a client in learning adaptive writing techniques, or provide instruction in braille or refreshable braille displays
      6. How to access computers and telecommunication with the use of assistive technology.
      7. How to instruct a client in how to orient to a room, home, school, or place of employment
      8. How to instruct a client to cross a street or travel within a community.
      9. How to instruct a client in the use of public transportation and technology to access those transportation services.
      10. How to instruct a client in cutting techniques or how to determine the doneness of food.
      11. How to Instruct a client in the organization and management of medications with vision loss.
      12. And much more….
   6. To allow an employee to work without the appropriate education including providing services outside their scope of practice exposes the employer to a liability claim for the inappropriate provision of services.
   7. It is inappropriate for a practitioner to provide training in the provision of vision rehabilitation services more appropriately obtained through a university program. A practitioner can provide mentoring and internship supervision, but cannot provide training which would conflict with the code of ethics they have committed to uphold.
   8. Requiring a certified professional to work outside their code of ethics and scope of practice creates an untenable situation by jeopardizing their certification, risking the loss of the employee and the ability of the employer to provide appropriate services.
   9. An employee who is required to engage in activities outside their scope of practice and/or conflicting with their code of ethics has a responsibility to communicate with their employer to attempt to remediate working conditions. Constructive dismissal can be considered to have occurred if these attempts are unsuccessful and the employee is placed in an impermissible situation.
   10. Obtaining qualified professionals
2. Reaching qualified professionals

It is usually necessary to recruit beyond a local or even regional population in order to yield qualified candidates due to the high degree of specialization and limited number of university programs.

To reach appropriate candidates, a listing must be placed in a source directed toward vision rehabilitation professionals.

Providing an appropriate job description

Job duties need to be within the scope of practice of the professional being recruited.

Offering adequate compensation

It is likely that a new employee will need to relocate, and a hiring bonus to cover moving costs may need to be provided.

Salary and benefits should reflect parity with related service professionals and consider the scarcity of qualified vision rehabilitation professionals.

Expenses for continuing education and recertification should be an additional benefit.

Creating qualified providers

Many university programs offer grants and scholarships, and many have significant distance education components.

Employers might consider in-house scholarships in exchange for a commitment to remain under employment for a set time.

Collaborative programs between universities and agencies could support internship completion by providing internship settings and mentorship.

Funding from federal, state, and nongovernmental sources may be available for training and scholarships to support staff education.

1. Qualified providers are more likely to be retained when formal qualifications are valued by the role and responsibilities the staff is awarded, including a higher rate of pay as well as opportunities for continuing education and professional engagement.

**Resources:**

**Professional advancement:**

The Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) is a professional membership organization dedicated to professionals who provide services to persons with vision loss.

<https://www.aerbvi.org/>

The Older Individuals who are Blind — Technical Assistance Center:

<https://www.oib-tac.org/>

TVI Teacher Standards

<https://www.teachingvisuallyimpaired.com/teacher-standards.html>

National Research and Training Center on Blindness and Low Vision:

<https://www.blind.msstate.edu/>

APH Access Academy:

<https://www.aph.org/webinars-for-everyone/>

**Higher education programs for practitioners:**

AER Accreditation Program for programs at institutions of higher education:

<https://www.aerbvi.org/higher-education-colleges-and-universities->

Higher Education Orientation and Mobility Preparation Programs:

<https://www.usomsa.org/om-programs/>

Teacher of the Visually Impaired Personal Prep Programs

<https://www.teachingvisuallyimpaired.com/professional-preparation-programs.html>

**Accreditation for agencies and schools for the blind:**

AER Accreditation Program for agencies and schools for the blind:

<https://www.aerbvi.org/organizations-agencies-and-schools-for-the-blind->

**Certification information and verification:**

Academy for Certification of Vision Rehabilitation & Education Professionals:

<https://www.acvrep.org/>

National Blindness Professional Certification Board (NBPCB):

<https://www.nbpcb.org/>

**Job posting opportunities:**

Academy for Certification of Vision Rehabilitation & Education Professionals

<https://www.acvrep.org/jobs>

AER Job Exchange:

<https://www.aerbvi.org/job-exchange-ql>

Northeast Resource Center for Vision Education (NERCVE):

[NERCVE Job Board](https://www.nercve.org/professional-development/job-search)

Council for Exceptional Children:

[CEC Career Center](https://jobboard.specialedcareers.org/jobseekers/)

**Funding sources:**

Rehabilitation Services Administration:

<https://rsa.ed.gov/about/programs>