This publication presents research findings from a study carried out by Gillian Ward, Darren Awang, Carol Campion, Paula Dring and Carol Bryce from Coventry University.

The two-stage study explored how undergraduate and postgraduate education of occupational therapists could be enhanced to improve services for people with sight loss.

Stage 1 of the research found that:

- A third of qualified occupational therapists surveyed felt their education had not provided them with sufficient knowledge on sight loss for their first post.
- On leaving education, only 2% of participants said they felt confident in assessing and giving advice to people with visual impairment, whilst 59% described themselves as being not at all confident or barely confident.
- A quarter of respondents found that their sight loss training needs had not been fully met post-qualification in terms of Continuing Professional Development opportunities.
- Sight loss was viewed as a secondary diagnosis during assessment, and a quarter did not include sight loss routinely within their assessments.
Stage 2 of the research found that:

- Almost all of the responding Higher Education Institutions (HEIs) (95%) providing occupational therapy undergraduate education said sight loss was only partly addressed in their curriculum, with nearly two-thirds (63%) stating it had a low priority.
- 47% felt sight loss deserved more emphasis due to the increasing numbers of older people and reflections made as part of participating in this research.
- None of the participants felt their graduates were well prepared to work with people who have sight loss.
- 79% of participants felt that barriers existed to increasing the level of sight loss education for occupational therapists, particularly in relation to curriculum pressures and the availability of expertise.
- Almost all participants felt that extra resources related to sight loss would be helpful for their HEI.

**Background**

Occupational therapy is a profession that aims to promote health and wellbeing through occupation. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to support participation better. Estimates from the RNIB (2005) indicate that approximately two million people in the UK have significant sight loss, with 95% of these people aged over 65. It is likely that occupational therapists encounter a wide range of people with varying degrees of sight loss through their work in a variety of health and community environments.
Method
The research team carried out a two-stage survey. University ethical approval was gained to undertake the research.

Stage 1 identified the training needs of occupational therapists by examining awareness of sight loss within occupational therapy practice and exploring development needs.

An online survey was developed, piloted and emailed to members of two College of Occupational Therapists Specialist Sections – ‘Older People’ and ‘Housing’. 241 out of 840 members completed the survey (27.7%). Quantitative and qualitative data were collected.

Stage 2 of the study aimed to identify the content of the occupational therapy curricula offered by Higher Education Institutes (HEIs) that related to sight loss and visual impairment, and additional resources that may be required to support this education. All 30 HEIs in the United Kingdom (excluding the pilot site) offering a BSc (Honours) Degree in Occupational Therapy were contacted to take part in a telephone survey. A total of 19 participants were interviewed, making the overall response rate 63%.

Findings
Stage 1
Significantly, there were no strong statistical/correlational differences between the two Specialist Section groups within the sample, suggesting that the need for education was broad across both memberships.

Sight loss education pre-qualification
60% of participants said that sight loss had been included in their undergraduate education. This was mostly related to visual impairment linked to another condition e.g. as a result of stroke (hemianopia). Far fewer participants had any education that focused on interventions that occupational therapists might use with older people who had sight loss to improve their occupational performance and independence.
When asked whether their education had provided them with sufficient knowledge for their first post, nearly two-thirds said ‘yes’ but a third said ‘no’. More strikingly, only 2% of participants said they felt confident following their education in assessing and giving advice to people with visual impairment. The previous educational training that members received in general had not engendered confidence in assessing people with sight loss needs.

**Sight loss education post-qualification**

Despite opportunities to engage in sight loss-related CPD post-qualification, the response was mixed with over a quarter finding that their sight loss training needs had not been fully met.

Therapists viewed sight loss as a secondary diagnosis during assessment and surprisingly, given the sample population in the survey, a quarter did not include sight loss routinely within their assessments.

Over a third said they lacked confidence in sight loss assessment. Although three-quarters viewed environmental adaptation as part of their role, 88% would usually refer on to a Visual Impairment Team for further assessment and intervention.

Almost all participants considered training on sight loss to be useful.
Stage 2

All HEIs included elements of sight loss implicitly within their programmes of study. However, the way this was incorporated into the curriculum varied depending on the educational approach used, access to sight loss expertise and level of study of the students.

Almost all (95%) said sight loss was only partly addressed in their curriculum with nearly two-thirds (63%) stating it had a low priority. Over half felt that sight loss required the same emphasis as it currently had within their programme but just under half (47%) felt it deserved more emphasis because of the rising numbers of older people and reflections made as a result of participating in this research. None of the participants felt their graduates were well prepared to work with people who have sight loss.

Improving the profile of sight loss within OT curricula

Over three-quarters (79%) of participants felt that barriers existed to increasing the level of sight loss education for occupational therapists, particularly in relation to curriculum pressures and the availability of expertise. If the barriers of time and resources were removed, participants felt that curricula could include greater emphasis on assistive technology/equipment, occupational performance and sight loss and problem-solving approaches. Other resources could be utilised, such as visiting lecturers from practice, charities, voluntary groups and people with sight loss. Just under half currently had involvement with sight loss charities.

Almost all participants felt that extra resources would be helpful for their HEI. The majority of participants were unaware of the latest standards concerning sight loss and following the interview, over a quarter now felt that sight loss needed an increased emphasis within their curriculum. None of them felt that it required less emphasis.
Conclusions
There was strong evidence that qualified occupational therapists and HEIs would welcome the development of further educational opportunities relating to sight loss. It was evident that the profile of sight loss and interventions to improve occupational performance has been, and remains, generally low within occupational therapy educational curricula.

HEIs providing occupational therapy undergraduate education recognise the value of including sight loss but, as space within existing curricula is constrained, additional resources would be required to raise the profile of sight loss at undergraduate level.

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How to obtain further information
A report in the form of an Occasional Paper entitled Improving outcomes for people with sight loss: identifying the Continuing Professional Development needs of Occupational Therapists is available from:

Thomas Pocklington Trust
5 Castle Row, Horticultural Place,
London W4 4JQ

Telephone: 020 8995 0880
Email: info@pocklington-trust.org.uk
Web: www.pocklington-trust.org.uk

Copies of this report in large print, audio tape or CD, Braille and electronic format are available from Thomas Pocklington Trust.
Background on Pocklington

Thomas Pocklington Trust is a leading provider of housing, care and support services for people with sight loss in the UK. Each year we also fund a programme of social and public health research and development projects.

Pocklington’s operations offer a range of sheltered and supported housing, residential care, respite care, day services, resource centres and volunteer-based community support services.

We strive to improve continuously the quality standards in our operational centres to meet the changing needs and expectations of our current and future service users. We are proud to be an Investor in People and a Positive about Disability organisation.

Our research and development programme aims to identify practical ways to improve the lives of people with sight loss by improving social inclusion, independence and quality of life, and improving and developing service outcomes as well as focusing on public health issues.

In this publication, the terms ‘visually impaired people’, ‘blind and partially sighted people’ and ‘people with sight loss’ all refer to people who are blind or who have partial sight.