

Housing for People with Sight Loss

This factsheet is for readers who are involved with general needs and supported housing, including extra care housing: commissioners, providers, managers of housing with care and/or support. In the main, it covers rented or part-owned housing although owner-occupied housing is also touched upon.

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1 Introduction

This factsheet is for readers who are involved with general needs and supported housing, including extra care housing: commissioners, providers, managers of housing with care and/or support. In the main, it covers rented or part-owned housing although owner-occupied housing is also touched upon.

General needs housing providers are all likely to have residents who have sight loss, and numbers will increase as the population ages. Sight loss affects each individual, their needs and their preferences differently. Research suggests that people with sight loss are likely to have other health and care needs, including long-term conditions or disabilities. This presents a challenge to providers to look at each individual person, not just their disability. This factsheet provides the following:

- useful research findings about the needs and interests of people with sight loss which will help those involved in housing to respond better
- case studies describing different support services and housing provision, and vignettes shedding light on the lives of individuals with sight loss.

This factsheet draws largely on research commissioned by Thomas Pocklington Trust including:

- a study undertaken by University College London into the housing and support needs of people aged 18-55 with sight loss
- a study undertaken by University College London and the University of Bristol into the housing, care and support needs of older people (over 55) with visual impairments living in a variety of settings
- studies of domestic lighting undertaken by the University of Reading's Research Group for Inclusive Environments
- a design guide for housing for people with sight loss, written by Habinteg.



Unless otherwise mentioned, the research findings referred to here come from the University College London studies. Copies of Pocklington research publications are available at www.pocklington-trust.org.uk.

We are most grateful to those individuals and organisations who took the time to provide information for case studies and vignettes.

2 How widespread is sight loss?

Various approaches to defining and measuring sight loss make it difficult to produce definitive estimates of the numbers of people affected. In addition, not everyone has regular eye tests nor does everyone who is eligible register as sight impaired.

Based on a review or research¹, it has been estimated that some 2 million people are affected by a range of temporary and permanent eye conditions which affect their everyday lives. This includes those people registered as severely sight impaired (blind) or sight impaired (partially sighted)² and a larger group of people whose daily life is affected by significant sight loss but who do not fall into these narrow registration categories.

At the end of March 2006, 364,615 people across Britain were registered as having impaired sight.³

The most recent estimates of the prevalence of sight problems in the UK were published by RNIB in January 2008.⁴ Most evidence is available about older people, with less evidence (and therefore much more cautious estimates) about people of working age and children.

The older someone is, the more likely they are to have a sight problem.

¹ R Tate et al (2005) The prevalence of visual impairment in the UK: a review of the literature RNIB.
http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_researchstats.hcsp

² Someone can be registered as 'severely sight impaired' (formerly 'blind') when, with corrected vision, they can read only the top letter of the eye chart from three metres or less. Someone can be registered as 'sight impaired' (formerly 'partially sighted') when, with corrected vision, they can read only the top letter of the eye chart from six metres or less. Registration sets in motion referrals for rehabilitative support in the home and the wider community, the provision of low vision equipment, and an assessment of social care needs by social services.

³ To present a figure for Britain RNIB collated registration statistics in England, Wales and Scotland (collected and presented by the Government Statistical Service Information Centre, the Data Unit for the Welsh Assembly and local authorities in Wales, and The Scottish Government). See:
http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_researchstats.hcsp

⁴ These are based, in the main, on Tate et al (2005) The prevalence of visual impairment in the UK: a review of the literature. RNIB,
http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_researchstats.hcsp

Two further key sources are:

- van der Pols et al (2000) Visual acuity measurements in a national sample of British elderly people. The National Diet and Nutrition Study (NDNS), British Journal of Ophthalmology; 84: 165-170.

- J Evans (2002) Prevalence of visual impairment in people aged 75 years and above in Britain: results from the MRC trial of assessment and management of older people in the community. British Journal of Ophthalmology; 86: 795-800. Also see footnote 9.

Given the normal ageing processes of the eye⁵, most of the 13 million people in the UK aged over 60 could benefit from action to improve their vision at home, including design, lighting and adaptations.

In the age group 65-74:

Around 300,000 people have sight loss which meets the registration criteria⁶. Around 800,000 people have sight loss which significantly affects their everyday life.⁷

In the age-group 75+:

Around 600,000 people have serious sight loss which meets the registration criteria.

Around 1,200,000 people have sight loss which significantly affects their everyday life.⁸

Some 2 million people in the UK have sight loss that affects their everyday life. An MRC study⁹ estimates that 1 in 8 people aged over 75 and 1 in 3 people aged over 90 have serious (registerable) sight loss.

Most people over 75 with sight loss are women. This is because they have a higher level of visual impairment than men and also make up a larger proportion of this age-group.¹⁰

Figures for people of working age with sight loss are very difficult to estimate but three sources give us a broad-brush picture:

- A round estimate of 80,000 people were registered with sight impairment across the UK in 2005-06.¹¹
- In April-June 2006, the Labour Force Survey found there were 112,000 people who had 'difficulty seeing'.¹²
- In October 2004-September 2005, the Annual Population Survey found that 2.55 per cent of the working population had 'difficulty seeing'.¹³

⁵ R Weale (1963) *The ageing eye*. London HK Lewis

⁶ Visual acuity < 6/18

⁷ Visual acuity < 6/12

⁸ See RNIB statistics section 4.3:

http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_researchstats.hcsp#P216_14802

⁹ J Evans et al (2006) *Prevalence, causes and impact of sight loss in older people in Britain*, Thomas Pocklington Trust, Occasional paper, no 8. Also see footnote 4.

¹⁰ J Evans et al (2006) *Prevalence, causes and impact of sight loss in older people in Britain*, Thomas Pocklington Trust, Occasional paper, no 8. Also see footnote 4.

¹¹ This estimate is rounded because of differences in reporting years and age-bands used across the UK.

¹² <http://www.leeds.ac.uk/disability-studies/archiveuk/DRC/DRC%20Disability%20Briefing%20May%202007.pdf>

¹³ Office of National Statistics; 2004 — 2005 Annual Population Survey. Distributed by the Economic and Social Data Service. Crown Copyright material is reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland.

Figures for children also have to be treated with caution but it is estimated that 10,400 children have sight loss which meets registration criteria, and 25,000 have sight loss which significantly affects their everyday life.

3 Sight loss, social care and housing needs

3.1 Assessment of housing, care and support needs

The effects of sight loss on an individual vary from person to person. People with similar sight loss conditions are unlikely to have the same needs.

“I do feel resentful that blind people and the partially sighted are all grouped together. We all have individual needs so any assessments should take account of particularities. For example, the issues affecting people in their home will depend on factors like whether the person was previously sighted, the way partial sight affects them, their age, what they did normally prior to sight loss and so on. Personality has a part to play too – I know one person with very limited sight who manages to sew, garden and cook.”

For a person with sight loss, assessment of their housing, care and support needs by housing, social care and health agencies, in conjunction with the individual, should ensure that these needs are met and that the person benefits. It is most important that the different agencies work together as much as possible in order to avoid duplication and to address each person's needs.

Someone with sight loss can request a housing needs assessment from their landlord or via social services. They are likely to need adaptations and/or to move to another property.

“I'm 85 and am registered partially sighted because of age-related macular degeneration. My husband had a stroke last year which makes it very difficult for him to get upstairs. Although there's a stair lift there are three more stairs to climb and I used to have to support him. We've now got some more rails fitted from occupational therapy. The bedroom radiator was on the blink too. But Action for Blind People has helped me to get Warm Front grants to install and pay to use a brand-new full central heating system.”

“I'm 27 and a single parent. I've got diabetes and diabetic retinopathy. I've also got a serious bowel problem which means I have to visit the toilet up to 30 times a day. Until recently I worked as a home carer. I have a privately rented house in a village. It's split level on the ground floor and also has very steep stairs. The toilet is upstairs. A few months ago I had a haemorrhage in my eyes and I've lost any useful sight I had. Now I'm registered blind. My daughter and I have been staying at my parents' since then because I don't feel safe climbing stairs

anymore. I'd like to be housed in single-level accommodation in town, close to my family."

"I live in a maisonette and my front door is up two flights of stairs from the street door. I asked for a housing transfer about three years ago because I have bad osteoarthritis in my hips and knees. This year I developed hereditary retinal dystrophy in both eyes. I have to move before I lose my sight. Finally, after a lot of pushing from my community care occupational therapist, I've been offered a one-bedroom bungalow in my village. I am worried because the bungalow has been broken into and the water cylinder stolen for the copper. The property was flooded and the flooring, plaster and new kitchen were all ruined. My moving-in date has been moved back because of this."

Points of good practice for all housing needs assessments include the following:

- Assessments should take place as soon as possible after the onset of significant, serious sight loss. (More than one meeting may be necessary to form a complete and detailed assessment)
- The person with sight loss must be placed at the centre of the assessment to ensure individual circumstances are properly understood and addressed
- Specific advice should be provided that is tailored to the person's particular sight loss and other needs
- A good data management system should be used to keep track of needs, plans and responses
- Proper reviews and follow-up are essential in order to take account of a person's changing circumstances and needs. These may also serve to keep people up-to-date with new developments and modifications, and offer support and signposting to other services. Where an individual is in receipt of housing-related support (usually through the Supporting People programme) they will have their support needs reviewed annually
- At the first assessment the person's preferred method of communication should be identified and then used until needs change and assessments are reviewed

"I live and have to cope independently. Reading correspondence is a major difficulty. Someone comes to my home at frequent intervals to go through letters, documents and bills but time is always limited. It would help enormously if regular correspondents recorded my visual needs on their database and so knew to send letters in the appropriate font size and type face."

3.2 Money

People with sight loss incur costs related to needs for home care and other support services, low vision and assistive technologies, alternatives to public transport and accessible information such as talking books (for which there is a charge in some areas). Financial pressures – and information about options for different financial circumstances - affect housing choices.

“At the age of 35, I bought my own home, a single bedroom leasehold maisonette. At that time, I had a reasonable degree of residual vision. Over the next 22 years, I progressively lost that and about three years ago I became totally blind. My home is situated in a very convenient cul-de-sac. As part of my adjustments I applied to Guide Dogs. Among other things, Guide Dogs cited the small space in my home as making my use of a dog unsuitable. Considering a move, to a larger flat or house, has been a major concern of mine. The additional cost - of about £100,000 - is beyond my means. Being still active and 58 years of age, I do not consider myself suitable to go into an ‘old people’s home’. I know my way around my home town of the last 24 years. With no sight, my 28 years teaching experience are unlikely to get me another job. I am living on incapacity benefit and my teacher’s pension, but that will not get me a mortgage. I don’t really want to leave my local connections for a cheaper area even if it means a larger home.”

Comment: although this person is living in leasehold accommodation s/he would be eligible to apply for rented accommodation that might better meet her/his needs.

3.3 Information and communication

People of all ages with sight loss need accessible information to make informed choices about employment, education and housing options, as well as access to services. They may require information in different formats, including large print, audiotape, Braille, deafblind manual, electronic files and computer discs, pictures for people with learning disabilities, talking notice boards and temporary or permanent hearing loops. Housing staff can introduce these formats by working in partnership with local societies for visually impaired people and local authority visual or sensory impairment teams.

Information must also be readily available in mainstream locations which are well used by visually impaired people (for example, doctors’ surgeries, libraries and so on). Housing staff can ensure that information about housing options is widely disseminated in these, and other venues, and available to local societies for visually impaired people and local authority visual or sensory impairment teams.

Information in different languages needs to be routinely provided in proactive services that may reach people in black and minority ethnic communities. Language interpreters may be needed.

Research shows that older people have little up-to-date information about equipment, housing options, sources of support (including social care) or financial benefits that can assist them. There is widespread ignorance among older people and those who support them about the effects of late onset visual impairment and the factors which might affect people's experiences and reactions. Few older people receive benefits advice and many may be missing out on extra income that could reduce financial pressures.

North Somerset Care Connect

The Care Connect service is a good example of a local authority switchboard which signposts callers with sight loss to the local visual impairment society. Care Connect offers impartial advice and is the first point of contact for all social care inquiries within North Somerset. The service is friendly: staff take the time to have a conversation with the caller and to give them different ideas. The caller may be guided towards North Somerset's own social care services or other voluntary, statutory or private sector organisations for help. Many enquiries involving sight loss are referred to the local (Woodspring) Association for Blind People.

The Elderly Accommodation Counsel

This national organisation has links to the DH Housing Learning and Improvement Network. A website provides information on a range of housing options and is used by many of the major providers to market their housing. EAC also provides a telephone housing advice service.

See www.housingcare.org.

3.4 Location, design, environment

Location, flexible design and a safe and secure environment are of great importance to people with visual impairment. People differ, though, in what they perceive as safe and secure.

“I'd prefer to have an upstairs apartment – it would make me feel safer. I know most people with vision problems have a walk-in shower but I'd prefer a bath. A bath makes me feel much safer and then I can relax.”

People who work want their home to be located in a familiar area, close to public transport and local amenities.

Older people place high value on their home's familiarity, convenience, location and social connections and are generally reluctant to contemplate

moving. Older people who are living in overcrowded housing with members of their extended family may wish to move to larger accommodation where their needs can be more easily met. Most people with sight loss express mixed feelings about moving to an age-specific or disability-specific housing scheme. They are no different from anyone else in their desire to stay put in their own homes for as long as possible, with appropriate home support when needed.

Research shows that, in general, homes with flexible space are able to accommodate changes in the needs of people with sight loss but that, in particular, people with sight loss

- of working age need space inside and out to store low vision aids and assistive technology, and sometimes for guide dogs
- in older age need space for the same reasons, and are particularly keen to accommodate friends and family and to reciprocate help which visitors give through space to entertain them confidently and put them up overnight.

Further general information on design principles and extra care housing is given in the Housing LIN's factsheet 6.

<http://www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=1629>

Drawing on its commissioned research and working with Habinteg and BRE Pocklington published a Design Guide for people with sight loss.¹⁴ The Guide fills a gap in support and guidance for Lifetime Homes to address sensory impairment. The Guide, aimed at architects, designers, builders and others involved in housing, covers every aspect of making a home easier and safer to live in. Full of practical recommendations, it shows how to design out potential obstacles by considering such things as the way doors open, the shape of hall turns, and the type of hinges that will best reduce hazards. It highlights the use of texture and contrast, and explains the need to avoid high shine surfaces which cause glare. It offers simple solutions to the problems of wayfinding, how to use light to enhance low-levels of sight, and the best shapes and sizes of controls, handles, and taps.

¹⁴ Thomas Pocklington Trust and Habinteg Housing Association (2008) Housing for People with Sight Loss – A Thomas Pocklington Trust Design Guide. IHS BRE Press, Ref: EP84, ISBN 978-1-84806-029-6, Paperback, £40. Available from www.ihsbrepres.com or IHS BRE Press, Willoughby Road, Bracknell RG12 8FB, Tel: 01344 328038, Fax: 01344 328005, Email: brepres@ihs.com A summary of the findings is available at <http://www.pocklington-trust.org.uk/research/projects/researchfindings/rf17.htm>

3.5 Responsive housing application and allocation systems

Moving house is stressful and can be even more so for people with sight loss if their particular needs are not met. Housing providers can go a long way towards helping tenants or part-owners with sight loss by having a responsive application and allocation system. This would include the following:

- Good information, in a range of formats, about what housing is available
- Updating prospective tenants on the progress of their housing applications
- Giving prospective tenants extra time to arrange a viewing of the property, including being accompanied by someone
- Always giving applicants the opportunity to view more than one prospective home so that they can compare what is on offer and decide which might better meet their particular needs
- Where necessary, allowing visually impaired tenants extra time to plan their move and, if possible delaying tenancy start dates so that a tenant's costs are reduced
- Addressing issues related to maximising vision and managing sight loss before the tenant moves in (for example, providing suitable lighting, décor and adaptations)
- Use of housing management systems which identify tenants or applicants with sight loss and which trigger services to respond to this
- Provision of choice-based lettings which allow applicants for social housing (and tenants who wish to transfer) to apply for vacancies. This should be supported by use of a wide range of advertising channels (regular mailings, telephone and personal responses to customers, information and communication technologies and websites, and property shops)
- Use of approaches like priority cards, targeted advice and support, and a banding system based on 'levels of need' that reflects and targets sight loss.

3.6 Daily living and domestic tasks

Relatively low-level interventions can enable people with sight loss to achieve greater autonomy.

Informal help is the first choice of most people who need assistance. Older people particularly value this because it means they can work with their helper and offer something in return.

Older people with visual impairment are less able than sighted older people independently or confidently to carry out activities of daily living.¹⁵ Research shows that:

- older people with poor vision or who are registered blind are five times more likely to have difficulties with these activities than people with excellent, very good or good vision¹⁶
- the activity with which most older people have difficulty is cooking, followed by dressing, washing, feeding themselves and using the toilet
- taking medication can be difficult
- people with visual impairment in their 70s frequently perform activities of daily living at a level more commonly associated with people in their 90s.¹⁷

Research shows that three-quarters of people with sight loss of working age find home maintenance difficult. Nearly half need help from a home handyman. About a third have an unmet need for a cleaner. Having small jobs done, such as changing light bulbs and hanging curtains, is highly valued. A confidential reading service to deal with correspondence and general finances is required by many people with sight loss.

“I couldn’t manage without all my gadgets. My grandson says I’m a gadget freak! I’ve got a talking clock, a reading machine, raised knobs on the cooker and an alarm for filling cups as well as lots of easy-to-use things in the kitchen.”

“Standard magnifiers didn’t work for me anymore but now I’ve got a ‘monomouse’ which shows print on my television. It means I can deal with my correspondence again.”

¹⁵ Activities of daily living include, for example, dressing (including putting on shoes and socks); walking across a room; bathing or showering; eating (including cutting up food); getting in or out of bed; using the toilet (including getting up or down). ‘Instrumental’ activities of daily living include, for example, using a map to work out how to get around in a strange place; preparing a hot meal; shopping for groceries; making telephone calls; taking medications; doing work around the house or garden; managing money (such as paying bills and keeping track of expenses).

¹⁶ J Nazroo and E Gjonça (2006) An investigation into the circumstances of older people with sight loss: analysis of the English Longitudinal Study of Ageing. Thomas Pocklington Trust Occasional Paper, no 9.

¹⁷ J Hanson, M Johnson, J Percival, R Zako (2006) Housing and support needs of older people with sight loss – experiences and challenges, Thomas Pocklington Trust Occasional Paper no 1.

3.7 Getting out and about

Almost three-quarters of working age people with sight loss have difficulty getting about outdoors. Older people with poor vision or who are registered blind are five times more likely to be unable to walk a quarter of a mile than those without a visual impairment¹⁸. Nearly a quarter of older people never or rarely go out to the local shops and three-quarters say they would like to get out more. Many find it very difficult or impossible to use public transport, especially if unaided.

Escorts and guides can help orientate and guide a person and support them to develop confidence in getting around, managing uneven pavements and hidden hazards. An escort or guide is also often valued as someone to advise on shopping and who may offer companionship when outside the home. Local authority visual or sensory impairment teams and local societies for visually impaired people may provide this resource and work with housing providers to extend its impact.

3.8 Social contact and support

Poor health, declining mobility, impaired vision and hearing loss all reduce social contact, wellbeing and inclusion for older people. For many people, isolation may become associated with a largely unmet need to talk informally with a trusted person outside the family about the emotional and social consequences of their sight loss or other conditions. When support and befriending is provided, it is highly valued.

“I’ve got a friend who comes once a week. We met through the Sensory Support team. I do look forward to when she comes. We always have a good laugh, and sometimes a cry.”

Where they exist, peer support groups, social and activity groups offer information, social contact, participation in activities, mentoring, practical support and for many people are lifelines to the outside world. These groups are important for social care and wellbeing and inclusion and offer wide ranging and preventative help.¹⁹

“I go to the Teesside and District Society for the Blind day centre to meet up with other people and go on outings. They give me other help too. My sight is a problem and I’m 83, but I’m not housebound like you might think!”

For some people with sight loss, social contact may be possible in the house through telephone support, over the internet and the use of text-to-speech

¹⁸ J Nazroo and E Gjonca (2006) An investigation into the circumstances of older people with sight loss: analysis of the English Longitudinal Study of Ageing. Thomas Pocklington Trust Occasional Paper, no 9.

¹⁹ J Percival (2003). Meeting the needs of older people with visual impairment: social care or social exclusion? Thomas Pocklington Trust., Occasional Paper No 2.

software on phones and computers, and through telebefriending and chat room schemes. Local authority visual or sensory impairment teams, local societies for visually impaired people and Age Concern branches can provide information on local services.

“I have been living alone for a few years and I find life difficult due to my visual impairment and learning difficulty. I now find walking a problem due to trouble with my legs. Living alone is lonely so friends by email is really a big lifeline.”

4 Social policy and practice

Legislation and benefits increasingly focus on inter-related policy and practice across health, social care, support and housing. The Government is committed to:

- supporting people to maximise choice and control in relation to their housing and support arrangements (for example, the Department of Communities and Local Government Supporting People programme)
- people maintaining control over their health, care and support (for example, the 2006 Department of Health social care White Paper, ‘Our health, our care, our say: a new direction for community services’ and the 2007 Putting People First concordat between central and local government, the NHS and social care, the 2008 Office for Disability Issues Independent Living strategy)
- promoting healthy life and ageing (for example, the 2006 Department of Health report ‘A new ambition for old age: next steps in implementing the national service framework for older people’)
- improving the life chances of disabled people (the 2005 joint report ‘Improving the Life chances of Disabled People’ from the Department for Work and Pensions, Department of Health, Department for Education and Skills, and Office of the Deputy Prime Minister; the 1995 and 2005 Disability Discrimination Acts).

4.1 ‘Supporting People’

This programme began in 2003, drawing together nine different funding streams which help vulnerable people maintain or develop life skills, or enhance active ageing.

The boundaries between housing-related support services and other health and/or social care services are not always clear. Each local authority has discretion regarding use of Supporting People resources and as a result there is variation in the type and amount of support available to people with sight loss living in different areas.

Action for Blind People North East

Housing-related support for visually impaired people in Redcar & Cleveland

Action for Blind People is a national charity providing free and confidential support for blind and partially sighted people in all aspects of their lives and works with housing providers and others to improve support for people with sight loss.

In April 2007 the North East team began an outreach housing-related support service, available across all housing tenures to people living within the borough of Redcar & Cleveland, and funded by Supporting People. Its key aim is to enable visually impaired people to maintain or regain their independence, and to identify and access practical solutions to improve their housing situations. The service is available to people who are registered for sight loss or whose sight significantly affects their ability to resolve their own housing difficulties. Action also works with housing providers and other agencies to raise awareness of issues affecting people with sight loss and bring about positive change.

Most people using the support service come via the point of diagnosis clinics held weekly by Action at seven hospitals throughout the region. This early intervention identifies and minimises risks which could result in more costly future intervention, such as hospital admission. As a result of this contact, urgent needs can be identified and prompt referrals made to specialist support services such as sensory support, other social work teams, occupational therapy services and education.

Other people using the service refer themselves or are referred by social services or other bodies. Action holds regular surgeries throughout the area (for example, in libraries and the local blind society) to ensure that the service is accessible to as many people as possible.

The most common support provided by Action for Blind People is related to:

- independent living skills
- physical disability-related issues around the home
- home safety and security concerns
- rehousing support and homelessness
- property maintenance or disrepair
- home energy efficiency
- income and benefits (including attendance allowance, disability living allowance and council tax)
- organising information in someone's chosen accessible format

- assistive information technology
- disabled parking badge applications
- talking books and accessible audio players.

4.2 Direct payments and individual budgets

Direct payments use social care money to allocate cash payments instead of social care services to those people assessed as eligible to receive funded care services. Local Authorities have a legal duty to make direct payments. This means that councils must make a direct payment to eligible individuals who are able to provide consent. Direct payments should be discussed as a first option at each assessment and each review.²⁰

None-the-less take-up has been low and the Government is committed to increase their uptake and to developing legislation and activity to support that²¹.

Individual budgets²² give people greater breadth of choice about how they receive their care package. This can be via a cash direct payment, services commissioned by the local authority or a broker who manages the budget on an individual's behalf, or a combination of both. This increased choice means that the individual is at the centre of the support planning process as the person best placed to understand their needs and how to meet them.

Individual budgets include social care money and a number of other income streams (Access to Work, Disabled Facilities Grant, the Independent Living fund, Integrated Community Equipment fund, Supporting People fund). A pilot project in 13 areas involved the Department of Health working with the Department of Work and Pensions and the Department of Communities and Local Government.

People with sight loss may have complex home support needs. Enabling them to choose and manage how and what type of support services they receive could ensure that their needs are better met than via existing systems. Older people with sight loss, and perhaps with dementia, may need more support to manage individual budgets.

“I have been able to employ my neighbour to spend time with me going through my letters and paying my bills when they arrive. This is so

²⁰ Further information at:

<http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/Directpayments/index.htm>

²¹ See for instance: Putting People First. A shared vision and commitment to the transformation of Adult Social Care. DH 2007.

²² Further information at:

<http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/Individualbudgets/index.htm>

much better than before when I had to wait for someone to come in for one hour every fortnight. Now I feel on top on all the paperwork. I feel a great sense of relief.”

5 Housing policy and practice

5.1 Inclusivity and sustainability

Inclusive design focuses on the design of the built environment rather than on an individual's impairment. An inclusive environment aims to support use by everyone, regardless of age, gender or disability. It does not attempt to meet every single need but, by considering people's diversity, aims to break down unnecessary barriers and exclusion.

In February 2008 the Department for Communities and Local Government published a new housing strategy addressing the challenges of an ageing population, 'Lifetime Homes, Lifetime Neighbourhoods'²³. This incorporates the Lifetime Home standards (see below), but these focus on issues associated with physical disability, such as the use of wheelchairs, and sensory disabilities are largely left uncovered.

The strategy also includes plans to develop a national rapid repair and adaptations service and to provide more funding through the Disabled Facilities Grant to enable more people to make adaptations to their homes.

In December 2006 the Department for Communities and Local Government produced the Code for Sustainable Homes, a new national standard for the sustainable design and construction of new homes. It includes key elements of design and construction which will act as the basis for Building Regulations in relation to energy use.

The Code includes Lifetime Home standards that centre on designing flexible and convenient homes where people can continue to live as their needs and abilities change.

By meeting Lifetime Home standards, developers and builders will meet Part M requirements of the Building Regulations that ensure buildings are accessible to and usable by everyone. Part M dovetails with the Disability Discrimination Act 2005 which addresses people's needs for adaptations that help create barrier-free environments.

Measures to ensure a more inclusive built environment that may support people with sight loss are bolstered by developments in assistive technology and telecare.

²³ A CSIP Housing LIN Policy Briefing (2008) describes the strategy.

5.2 Supporting independence and wellbeing

Sheltered housing, introduced after the Second World War, is the most widespread form of purpose-built accommodation for older people. Recent evidence suggests that some schemes are no longer popular, particularly if the accommodation is small or the scheme is inconveniently located. Design and adaptations, such as those supported by RNIB's Visibly Better accreditation scheme (Appendix 2) and recommended in Pocklington's Design Guide²⁴ (use of colour contrast, control of light and glare, and tactile signage), can make sheltered housing more accessible, user-friendly and popular for people with sight loss.

Extra care housing has been developed to provide housing, care and support within the same building or on the same site. Most provision is for older people but some schemes include accommodation for younger people with learning or physical disabilities. It aims to provide security and extra support whilst enabling a resident to live as independently as possible in their own home (rented, shared ownership or outright ownership). Increasingly, schemes act as a 'community hub' by also providing a range of services for their local communities.

To support the development of extra care housing, the Department of Health set up the Extra Care Housing Fund which provides capital for new developments and remodelling of existing buildings. The Department of Health also commission the Housing Learning and Improvement Network (LIN) to provide support and advice to commissioners and providers through meetings and online good practice and factsheets.

The DH has funded a programme of research about extra care housing and its impact. Information and contact with developing findings is available via the research programme at PSSRU or the CSIP Housing LIN. For more information see:

<http://www.icn.csip.org.uk/housing/>

http://www.pssru.ac.uk/pdf/ech_res_nl.pdf

<http://www.pssru.ac.uk/projects/echi.htm>

At the time of writing, research about extra care has not focussed specifically on the experiences of people with sight loss living in extra care housing or appropriate service responses and Pocklington hopes to commission such research in 2008/09.

²⁴ Thomas Pocklington Trust and Habinteg Housing Association (2008) Housing for People with Sight Loss – A Thomas Pocklington Trust Design Guide. IHS BRE Press, Ref: EP84, ISBN 978-1-84806-029-6, Paperback, £40. Available from www.ihsbrepres.com or IHS BRE Press, Willoughby Road, Bracknell RG12 8FB, Tel: 01344 328038, Fax: 01344 328005, Email: brepres@ihs.com A summary of the findings is available at <http://www.pocklington-trust.org.uk/research/projects/researchfindings/rf17.htm>

Research commissioned by the Joseph Rowntree Foundation into social wellbeing and extra care housing identified a range of factors that play a positive part.²⁵ The following emerged as particularly important themes:

- friendship and social interaction within a scheme and maintaining social networks in the wider community
- on-site facilities (shops, restaurants, communal areas, hairdressers, beauty salons, gardens and day centres) are important venues for social interaction
- design, location and layout (in particular, a safe, dry and level central route through the scheme around which a range of facilities are arranged)
- a person-centred approach to care provision with key worker systems supporting social well-being and a flexible approach to spending time with tenants
- engagement with the local community (where tenants use a range of amenities in the community and community members use resources within the scheme)
- the role of family members, even those who don't live locally, as an important source of social contact, and practical and emotional support for many tenants.

These findings were reinforced in Pocklington's research about the housing experiences and social exclusion of people with sight loss.²⁶

5.3 Living in the community

Shared ownership is an option to make home ownership accessible to people on low incomes living in mainstream housing.

Bromford Housing Group and Beacon Centre for the Blind, Dudley

Bromford is working with the Beacon Centre for the Blind in Dudley to redevelop the Beacon Centre's site into a 21st century state-of-the-art complex. The handover is planned for June 2009. Some land is being sold off for private development, allowing a capital receipt from the sale to contribute to the capital costs of the new facilities. The rest is being redeveloped to offer:

- a day centre and charity shop, activity centre, recreation hall and gym, visual aids resources shop, securely fenced guide dog run,

²⁵ S Evans and S Vallely (2007) Social well-being in extra care housing. Joseph Rowntree Foundation.

²⁶ J Percival (2003). Meeting the needs of older people with visual impairment: social care or social exclusion? Thomas Pocklington Trust., Occasional Paper No 2.

after school club, IT suite, and conferencing facilities. The Beacon Centre for the Blind will own and manage these.

- an extra care scheme with 71 two bedroom apartments available for shared ownership and rent. The apartments will provide wet rooms with showers, wheelchair accessibility and assistive technology. Bromford will manage all housing and lease-related services, with the Beacon Centre for the Blind providing flexible care and support packages to the residents living there.
- shared facilities at the extra care scheme (restaurant, bar, lounges, shop, hairdressing and beauty salon, assisted bathing, guest suite, facilitated reception, scooter charging facilities, sensory garden and greenhouse)
- a covered walkway so the extra care scheme residents can use the Beacon Centre and users of the Beacon Centre can use some of the extra care facilities
- a quadrant shape to the extra care scheme, providing a secure sensory garden in the centre of the scheme
- flexibility, with two bedrooms allowing the flats to be used in different ways to meet current needs and future expectations
- design features of particular importance to older people and people with a visual impairment (use of natural light, assistive technology, symbols, talking notice boards, dado rails, colour coding on floors and walls).

Working in partnership with the local council and the Beacon Centre, Bromford have developed an allocations policy for the extra care scheme allowing for a balanced community of age and care.

The shared ownership properties will be marketed to people who have a visual impairment and are over 55. Bromford will support the prospective purchaser through the whole process using the Home Ownership for Long-term Disabled (HOLD) principles. The HOLD team will support the prospective purchaser in choosing their property, assessing finances to ensure that they have the revenue to live there, organising a mortgage if required, carrying out benefits checks and helping to organise any fairer charging issues. Help is usually on hand from the HOLD team for up to 6 months after the resident has moved in to ensure that they are coping with daily life and managing financially.

A range of stakeholders, including existing service users and strategic partners, have been actively involved in the design of the new development to ensure it meets the needs and aspirations of all parties. Tactile models were used in addition to coloured drawings at consultation events, and information in large print and Braille, questionnaires, one to one interviews and a 'talking newspaper' continue to be used by Bromford.

Telecare offers support and reassurance through electronic sensors and automated devices linked through a telephone system to 24 hour monitoring and response services. Events that cause an unacceptable level of risk may trigger an automatic response (such as shutting off water or gas) or trigger action by staff trained to deal with alerts.

Many telecare devices are used by older people, some of whom will have serious sight loss and more will require prescription spectacles.

Typically, devices and sensors are fairly 'low-tech' and inexpensive and there is a growing body of evidence of their value. Developments are ongoing and government support, through the preventive technology grant, has ensured that provision has increased.

Much more on telecare is available on the CSIP Housing LIN website <http://www.icn.csip.org.uk/housing/index.cfm?pid=231>

and on the CSIP Telecare LIN website. www.integratedcarenetwork.gov.uk/telecare

Many people with sight loss use assistive technologies that maximise their vision or compensate for loss of vision. To find out more about the value of telecare Pocklington has commissioned work to assess its value to people with sight loss.²⁷

5.4 Community and neighbourhood

For many people, houses have to be altered, and perhaps refurbished, to meet changing needs associated with ill health or disability. Where adaptations can be made, people can stay in their neighbourhood and community.

i-Health Smart, Sustainable Housing project, West Bromwich

In Sheffield, 30 people with different impairments told the Ergonova design consultancy about the barriers which prevent them from living full, autonomous lives in their homes. Analysis indicated a five-stage sequence in using any neighbourhood, home or its contents: find it, reach it, understand it, relate to it and not be intimidated, and control it.

Ergonova suggests that this sequence may well provide a clear and easily applied method for exposing and 'designing-out' the barriers in non-inclusive homes, utilities, systems and products. The i-Health team, the Black Country Housing Association and Ergonova are working with Advantage West Midlands to refurbish a house using specifications based on the sequence.

²⁷ J Barlow and R Curry (2007) Telecare and people with sight loss. Thomas Pocklington Trust Research Discussion Paper 1.

When built, a group of people with impaired sight, hearing, movement/dexterity, understanding or mental health will compare it with their own houses for ease of use and inclusivity. They will use the 'triple walkthrough approach' to check the extent to which they can:

- find, reach, get around and escape from the home
- communicate with and control all the devices and systems within and around the home from wherever they are
- use all the specific functions within the home (kitchens, bathrooms etc).

The idea is that there is scope for major refurbishment work to be undertaken which can be done sustainably and inclusively, and which will benefit everyone.

Appendix 1 - More about sight loss

Sight loss – causes and effects

Only about one person in 20 with impaired vision has no sight at all. The others have some level of residual vision.

Eye conditions, and their stages, have different effects, and these vary between individuals and circumstances.

Impaired vision can be described broadly in the following groups:²⁸

- Loss of central vision and the ability to see fine detail (for example, macular degeneration). This type of sight loss makes detailed work, such as recognising faces or reading, very difficult.
- Loss of peripheral vision so that it is not possible to see to either side, or up and down (for example, glaucoma). Getting around is a particular problem for people with this kind of sight loss because it is more difficult to spot potential hazards.
- Severe refractive error (for example, short-sightedness) so that images are blurred.
- Oscillations of the eyeball (for example, nystagmus) so that objects cannot be brought clearly into focus.
- Sensitivity to bright light (glare) or night blindness (for example, retinitis pigmentosa) which can bring about extreme disorientation.

People of working age experience a wide variety of eye conditions, including congenital and genetic conditions. Diabetic retinopathy is the main cause of blindness in people of working age in industrialised countries. About 12% of people who are registered blind or partially sighted in the UK have diabetic eye disease.²⁹

Amongst people over 75 with sight loss, the main causes of sight loss are:

- Age-related macular degeneration (36 per cent)
- Refractive error (32 per cent)
- Cataract (25 per cent)
- Glaucoma (8 per cent)³⁰

Sight loss is not an automatic or inevitable consequence of ageing for all, and much can be treated.³¹ Refractive error and cataract, for example, can be

²⁸ Based on: Barker et al (1995) Building Sight: a handbook of building and interior design solution to include the needs of visually impaired people, RNIB.

²⁹ University of York NHS Centre for Reviews and Dissemination (1999) A review of retinopathy. Effective Health Care.

³⁰ J Evans et al (2005) Prevalence, causes and impact of sight loss in older people in Britain, Thomas Pocklington Trust, Research Findings, no 10.

treated with appropriate spectacles and/or cataract surgery. Unfortunately, many older people with treatable impairment have not had their eyes tested and are unaware that treatment could benefit them.

The most common eye conditions

Macular degeneration (MD) is common among older people (age-related macular degeneration – AMD) affecting nearly 4 per cent of people over 75 and about 14 per cent of the population over 90. There are two types: dry MD which develops slowly and currently has no treatment, and wet MD in which the extent of vision loss varies enormously but can be very severe. MD causes progressive loss of central vision. Straight lines can become distorted and blank or dark spots can occur in the centre of the vision. Difficulty is often experienced in reading, writing, watching television, cooking, sewing, undertaking other detailed tasks involving seeing small objects, and recognising faces. Having macular degeneration means that the person will have to use their peripheral vision more. Optical aids which magnify can be very helpful. The larger the image, the more likely it is to fall on the unaffected area of the eye and be seen. Low vision services for this large group of people are very important.

Cataract is a clouding of the lens inside the eye which produces blurred or cloudy, sometimes yellow-tinged, vision. Glare becomes increasingly problematic. More than half of people over 65 years of age have some degree of this condition. All aspects of daily living including general mobility, household tasks, recognising faces and night travel can be affected by the condition. Most cataracts, though, can be treated surgically and there is a good success rate.

Glaucoma is a group of conditions that cause gradual degeneration of the cells of the optic nerve which carries information from the eye to the brain. It causes blank patches just off the centre of the visual field. In advanced stages the blank patches get bigger and merge, narrowing the field of vision and leaving only a small part of the central vision. This gives a 'tunnel vision' effect. Glaucoma has a major impact on mobility.

Retinitis pigmentosa (RP) is a group of hereditary eye disorders with a number of symptoms. Sight loss is gradual but progressive. The most common first symptom is difficulty in seeing in poor light. A common second symptom is loss of peripheral vision. (In some RP-related conditions, central vision is lost first.) Detailed tasks and reading become difficult and bright lights and glare become increasingly problematic.

Diabetic retinopathy is linked to diabetes mellitus and affects the fine network of blood vessels in the retina. There are two types: maculopathy and

³¹ J Evans, A Fletcher, R Wormald (2004) Causes of visual impairment in people aged 75 years and older in Great Britain: an add-on study to the MRC Trial of Assessment and Management of Older People in the Community. *Br J Ophthalmology*. 88: 365-370.

proliferative. Maculopathy affects the central vision, making it difficult to recognise faces, see fine detail and read small print. Proliferative diabetic retinopathy is a rarer condition. It causes blurred and patchy eyesight, and without treatment can cause total loss of vision.

Sight loss concurrent with other disabilities and conditions

Sight loss concurrent with another disability or condition creates more severe difficulties than in either condition alone.

Some eye conditions are directly associated with another condition. Some disabilities or significant health problems occur separately. These disabilities and conditions include hearing loss (with sight loss known as dual sensory impairment or deafblindness), learning disabilities, physical disabilities, head injury, degenerative conditions and mental health difficulties. People of working age tend to have a different mixture of disabilities and illnesses from those of older people. For everyone with sight loss, though, the likelihood of having another disability increases with age, just as it does in the general population.

Some people with sight loss may experience other health or care issues such as alcoholism, drug use or homelessness.

- Seventy per cent of registered blind and partially sighted people have other disabilities or long-term health problems.³²
- About a third of people with sight loss aged 18-25 in the UCL working age sample have additional disabilities or significant health problems.³³
- About three-quarters of people with sight loss aged 50-55 in the UCL working age sample have additional disabilities or significant health problems.³⁴
- More than four in five older people with sight loss also have one or several longstanding chronic complaints.³⁵
- More than half of older people with sight loss have one or more seriously disabling conditions.³⁶

³² http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_researchstats.hcsp

³³ J Hanson (2006) Meeting the Housing and Support Needs of Adults aged 18-55 with sight loss: a good practice guide for housing providers in the sight loss sector. Thomas Pocklington Trust, good practice guide no 1. This draws on the larger report at footnote 34.

³⁴ J Hanson (2005) The Housing and Support Needs of Adults aged 18-55 with Impaired Vision: a good practice guide. The Housing Corporation and Thomas Pocklington Trust. This informed a good practice guide (footnote 33).

³⁵ J Hanson et al (2006) Housing and support needs of older people with sight loss – experiences and challenges. Thomas Pocklington Trust Occasional Paper no 1.

- Older people with poor vision or who are registered blind are three times more likely to report their health as only poor or fair.³⁷
- An increased level of visual impairment is associated with an increased risk of falls³⁸.

Three of the most significant other disabilities and conditions that affect people with sight loss are outlined below: hearing loss, dementia, and emotions accompanying sight loss.

Hearing loss

Having both sight and hearing loss affects individuals in different ways and no two individuals have the same experience. Few people are completely deaf and completely blind and most have some use of one or both senses. Other people have additional physical and/or learning disabilities. Amongst people who are registered blind or partially sighted, 43 per cent have a hearing loss and this likelihood increases with age.³⁹ Sense estimates that, on the basis of varied research, across people of all ages some 240,000 people have dual sensory loss.

Some people are born with concurrent sight and hearing difficulties (a congenital condition caused by, for example, rubella or CHARGE). Others are born with a genetic condition (such as Usher syndrome) which means they lose their sight and hearing progressively. People with Usher syndrome are deaf (either profoundly or partially) from birth and then lose their sight through retinitis pigmentosa.

But most people with both sight and hearing loss acquire one or both in later life. Their needs may differ from those whose visual and hearing impairments began earlier in life.⁴⁰

People with dual sensory loss experience severe isolation and difficulties including:

- communication (following a conversation may be difficult or impossible, using large print may be tiring or there may be no means to read)

³⁶ J Hanson et al (2006) Housing and support needs of older people with sight loss – experiences and challenges. Thomas Pocklington Trust Occasional Paper no 1.

³⁷ J Nazroo and E Gjonça (2006) An investigation into the circumstances of older people with sight loss: analysis of the English Longitudinal Study of Ageing. Thomas Pocklington Trust Occasional Paper, no 9.

³⁸ J Nazroo and E Gjonça (2006) An investigation into the circumstances of older people with sight loss: analysis of the English Longitudinal Study of Ageing. Thomas Pocklington Trust Occasional Paper, no 9.

³⁹ RNIB:

http://www.rnib.org.uk/xpedio/groups/public/documents/PublicWebsite/public_researchstats.hcsp updated 29 January 2008.

⁴⁰ L Hodges and G Douglas (2007) Hearing and sight loss: a review of the issues facing older people. Thomas Pocklington Trust, Research Findings No14.

- feelings of isolation, depression, anger
- getting out and about
- daily living (looking after themselves, doing shopping, reading post, enjoying leisure pursuits)
- access to information and finding out about the world around them
- filling time (if watching television, reading and familiar hobbies are not longer possible)
- other physical and/or learning difficulties.

Learning disabilities

About 30% of people with learning disabilities have significant sight impairment.⁴¹ In addition, people with learning disabilities are less likely than the general population to have had an eye test. They may not know they have a sight problem and they may not be able to tell others, yet even a small deterioration in vision can cause major problems.

People with learning disabilities who have Down's syndrome, congenital rubella syndrome or cerebral palsy may have some form of sight loss from birth. Other people lose their focusing ability at an earlier age than the general population and are more susceptible to particular eye conditions (especially severe and uncorrected refractive errors, cortical visual impairment⁴², cataract, keratoconus⁴³, self-injury, glaucoma and detached retina).

Further information about housing for older people with learning disabilities can be found in factsheet 3.

<http://www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=1631>

A range of other information about learning disabilities is available on the Housing LIN website.

<http://www.icn.csip.org.uk/housing/index.cfm?pid=237>

Dementia

Dementia is an acquired and progressive problem which usually begins in later life. It affects thinking processes, the ability to carry out everyday activities, and behaviour. A rough (and conservative) estimate is that about 3

⁴¹ M Lindsey (1998), Signposts for success in commissioning and providing health services for people with learning disabilities. Department of Health.

⁴² Also known as cerebral visual impairment, this is visual difficulty caused by damage to the visual cortex or visual pathways. It can be associated with the learning disability or acquired through brain damage.

⁴³ This occurs when the cornea thins, causing the central part to bulge forwards in the shape of a cone.

per cent of people aged over 75 have both dementia and sight loss.⁴⁴ In most cases dementia and sight loss develop independently.⁴⁵

People with concurrent sight loss and dementia face a number of difficulties including⁴⁶:

- problems speaking and understanding, making communicating difficult and increasing isolation
- increased susceptibility to noise and changes in light intensity
- problems understanding (and so in learning how to use) new routines, systems or equipment
- an increased risk of falls
- problems with certain aspects of vision which affect mental performance and activities of daily living (and may contribute to the incidence of hallucinations)
- anxiety and depression, together with a decline in self-esteem and sleep disturbance
- problems undertaking everyday activities which maintain independence and quality of life.

Further information about supporting people with dementia in extra care housing can be found in factsheet 14.

<http://www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=1621>

A range of other information about dementia is available on the Housing LIN website.

<http://www.icn.csip.org.uk/housing/index.cfm?pid=718>

Emotions accompanying sight loss

The emotional effect of sight loss varies from individual to individual, regardless of age, but effects are likely to be influenced by age and life experiences. A person with sight loss may suffer anxiety, depression and feelings of profound loss. Losing vision may be accompanied by the loss of abilities previously taken for granted: independence and mobility; leisure activities and social contact; education and employment; reading, writing and other communication.

⁴⁴ R Jones (2007) Dementia and serious sight loss. Thomas Pocklington Trust, Occasional paper, no 11.

⁴⁵ R Jones (2007) Dementia and serious sight loss. Thomas Pocklington Trust, Occasional paper, no 11.

⁴⁶ In 2007 Pocklington commissioned a study by Kings College London into the experiences of people with concurrent dementia and sight loss. It is expected that findings will be published in 2008. Follow-on research is likely.

Appendix 2 – Some useful sources of information, advice and services for people with sight loss and those who work with them

Action for Blind People

Helpline: 0800 915 4666

www.actionforblindpeople.org.uk

Action for Blind People is a national charity which provides free and confidential support for blind and partially sighted people, their friends and relatives, whatever their age or eye condition. Support can range from finding a job, applying for benefits, housing issues, aids and adaptations, holiday breaks or information on local services.

Action has housing co-ordinators based within action teams in twelve regional locations across England. They provide practical support to help visually impaired people resolve their housing difficulties and to ensure that people can live safely and independently within the home environment of their choice.

For issues outside its area of expertise, Action works with a network of partners. People are guided to the right partner, with Action checking to ensure the service was the right one and helping to solve any problems.

CommunicAbility

www.communicability.org/

Helps people with disabilities to overcome their communications problems, mostly by small grants to buy pieces of equipment. This usually means supplying mainstream equipment such as text phones for people with hearing problems, screen magnifiers for people with visual problems, door-entry phones for house-bound people, simple communication systems for autistic children, or fax machines for people with speech problems.

CSIP

The Care Service Improvement Partnership of the Department of Health

Housing LIN www.icn.csip.org.uk/housing/

Telecare LIN www.icn.csip.org.uk/telecare/

i-House

<http://medilinkwm.co.uk/news/display.php?id=314>

Local authority sensory or visual impairment teams

Contact adult and older people's social services teams in local authorities. Team members will include vision rehabilitation officers.

Local societies for visually impaired people

<http://www.nalsvi.cswebsites.org/>

<http://www.nalsvi.cswebsites.org/default.aspx?page=1112>

Look Up

0800 121 8900 (Monday to Friday 10am to 4pm)

<http://www.lookupinfo.org/>

Look Up, a collaboration between SeeAbility (the Royal School for the Blind) and RNIB, provides information about eye care and vision for people with learning disabilities. It has produced a useful factsheet about adapting accommodation for people with learning disabilities and sight problems

<http://www.lookupinfo.org/index.php?id=318>

RNIB

Helpline: 0845 766 9999

www.rnib.org.uk

Visibly Better (comprehensive accreditation scheme for residential and nursing homes, and for providers of sheltered housing)

www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_visbetter.hcsp

RNIB National Health and Social Care Team offer a range of events about sight loss at various dates and venues. For example:

http://www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_dementiacourse.hcsp

Tel: 0121 665 4243

Rehabilitation officers for people with a visual impairment (ROVIs), rehabilitation workers or mobility officers

These professional staff can be contacted through Social Services.

Their aim is to help visually impaired people to remain or become as independent as possible. They can advise about registration as severely sight impaired or sight impaired, and about CVI (certificate of visual impairment). They can help visually impaired people to learn new skills to continue with many daily tasks. This can range from how to move around with greater safety and more confidence to cooking. Sometimes special equipment can help or a different technique may be needed. ROVIs can assess and advise. ROVIs also see people referred to low vision clinics. They can put people with sight loss in touch with other useful services, such as talking newspapers and local and national organisations.

Sense

General enquiries: 020 7561 3383/4

www.sense.org.uk

Sense is the charity concerned with deafblindness. It works with people who may be congenitally deafblind or have developed their sensory impairment later in their life. It also works with people who have a single sensory impairment and additional physical or learning difficulties.

Sense offers a wide range of services for adults aged between 18 and 65 years, and also older people. Services include advocacy, breaks, day opportunities, living options, one-to-one support to learn and develop, support in the community and holidays.

Factsheets are available on the website covering, for example, causes of deafblindness, and hearing and sight loss in older people.

Sense is currently running a campaign called Fill in the Gaps to support older people with hearing and sight loss. Information is available for relatives, people working in residential or domiciliary care, and social services.

[Living the Good Life: helping family members recognise the signs of deafblindness](#)

Information for people with relatives who don't see and hear too well. Includes practical advice and support.

[Seeing me: recognising dual sensory loss in residential or domiciliary care](#)

Information to help people working in domiciliary or residential care home recognise the signs of dual sensory impairment. Includes practical advice and support.

[Information for social services older people's teams](#)

Practical information and support, including toolkits, checklists and posters in English and Welsh.

The 'See Me, Hear Me' campaign aims to support deafblind people's families campaigning for their deafblind family member(s).

Thomas Pocklington Trust

General enquiries: 0208 995 0880

www.pocklington-trust.org.uk/

Thomas Pocklington Trust, co-sponsor of this factsheet, is the leading provider of housing, care and support services for people with sight loss in the UK. Each year it also commits around £700,000 to fund 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, home care services, resource centres and community based support services.

A *Positive about Disability* and an *Investor in People* organisation, it is adopting quality assurance systems for all services to ensure it not only maintains quality standards, but also seeks continuous improvement in line

with the changing needs and expectations of our current and future service users.

Pocklington works with local authorities, registered social landlords and other voluntary organisations to expand its range of services.

The 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, improving and developing service outcome as well as focussing on public health issues. Publications disseminate findings widely.

Research findings are applied in pilot service developments that test new service models and develop best practice and increase understanding of sight loss.

Building on research about the housing experiences of people with sight loss Pocklington has published, through BRE press an innovative design guide: **Housing for People with Sight Loss – A Thomas Pocklington Trust Design Guide**

Thomas Pocklington Trust and Habinteg Housing Association and published by IHS BRE Press, Ref: EP84, ISBN 978-1-84806-029-6, Paperback, £40. Available from www.ihsbrepres.com or IHS BRE Press, Willoughby Road, Bracknell RG12 8FB, Tel: 01344 328038, Fax: 01344 328005, Email: brepres@ihs.com

An overview of the Guide is available as Pocklington Research Findings number 17 on www.pocklington-trust.org.uk .

Guidance to support housing managers and others to involve tenants in auditing their homes and housing for its appropriateness for sight loss is planned for publication in 2009.

Other publications directly related to housing for people with sight loss are referenced in this factsheet and include the following:

Meeting the housing and support needs of people aged 18-55 with sight loss: a good practice guide for housing providers in the sight loss sector.

Thomas Pocklington Trust, November 2006

This contains two particularly useful checklists for housing staff.

- Housing needs assessment: a checklist for use with visual impaired service users (location, approach and entry to the accommodation, space requirements and layout of the accommodation, lighting and colour contrast, detailed design)
- Design checklist for assessing the suitability of accommodation for adults of working age with impaired vision (location, approach and entry to the accommodation, space requirements and layout of the accommodation, lighting and colour contrast, detailed design)

Lighting the homes of people with sight loss: an overview of recent research.

Thomas Pocklington Trust, Occasional Paper 13, September 2007

Other Housing LIN publications available in this format:

- Factsheet no.1: **Extra Care Housing - What is it?**
- Factsheet no.2: **Commissioning and Funding Extra Care Housing**
- Factsheet no.3: **New Provisions for Older People with Learning Disabilities**
- Factsheet no.4: **Models of Extra Care Housing and Retirement Communities**
- Factsheet no.5: **Assistive Technology in Extra Care Housing**
- Factsheet no.6: **Design Principles for Extra Care**
- Factsheet no.7: **Private Sector Provision of Extra Care Housing**
- Factsheet no.8: **User Involvement in Extra Care Housing**
- Factsheet no.9: **Workforce Issues in Extra Care Housing**
- Factsheet no.10: **Refurbishing or remodelling sheltered housing: a checklist for developing Extra Care**
- Factsheet no.11: **An Introduction to Extra Care Housing and Intermediate Care**
- Factsheet no.12: **An Introduction to Extra Care Housing in Rural Areas**
- Factsheet no.13: **Eco Housing: Taking Extra Care with environmentally friendly design**
- Factsheet no 14: **Supporting People with Dementia in Extra Care Housing: an introduction to the the issues**
- Factsheet no 15: **Extra Care Housing Options for Older People with Functional Mental Health Problems**
- Factsheet no 16: **Extra Care Housing Models and Older Homeless people**
- Factsheet no 17: **The Potential for Independent Care Home Providers to Develop Extra Care Housing**
- Factsheet no 18: **Delivering End of Life Care in Housing with Care Settings**
- Factsheet no 19: **Charging for Care and Support in Extra Care Housing**
- Factsheet no 20: **Housing Provision and the Mental Capacity Act 2005**
MCA Information Sheet 1: Substitute Decision-making and Agency
MCA Information Sheet 2: Lawful restraint or unlawful deprivation of liberty?
MCA Information Sheet 3: Paying for necessities and pledging credit
MCA Information Sheet 4: Statutory Duties to Accommodate
- Factsheet no 21: **Contracting Arrangements for Extra Care Housing**
- Factsheet no 22: **Catering Arrangements in Extra Care Housing**
- Factsheet no 23: **Medication in Extra Care Housing**
- Factsheet no 24: **Social Well-Being in Extra Care Housing**
- Factsheet no 25: **Nomination Arrangements in Extra Care Housing**
- Case Study Report: **Achieving Success in the Development of Extra Care Schemes for Older People**