The Housing and Support Needs of Adults Aged 18-55 with Impaired Vision:
a good practice guide

The Housing Corporation
Thomas Pocklington Trust
University College London

Disclaimer

This guide gives general guidance on the housing and support needs of adults aged 18- 55 with impaired vision. It is based on research carried out at University College London between March 2003 and February 2005, jointly sponsored by the Housing Corporation and Thomas Pocklington Trust. The two year study involved questioning 240 blind and partially sighted adults living in London, Tyneside, the West Midlands and the Bristol area about their housing and support requirements, and talking to 90 stakeholder organisations in the four regions who were responsible for the delivery of housing and support services to visually impaired adults. The full research findings on which this guidance is based can be read in a series of reports that are available both on the UCL website and on the websites of the research sponsors. Whilst every reasonable care has been taken in preparing this guide, the publishers and the authors cannot assume responsibility for any errors or omissions.

Acknowledgement

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PURPOSE OF THE GUIDE

This guide, written by Julienne Hanson, Professor of House Form and Culture at University College London (UCL) and jointly funded by the Housing Corporation and Thomas Pocklington Trust, aims to provide examples of good practice in housing and support services for adults with impaired vision. It is based on research carried out between March 2003 and February 2005 by a research team based at UCL, comprising Julienne Hanson, Dorota Osipovic, Kyla Moore, John Percival and Khalil Rehman.

The research had three principal components. At the large (population) scale, a search was conducted into existing data sources on the prevalence of impaired vision among adults of working age, in order to estimate the numbers of people affected.

At the medium (organisation) scale, 23 London based housing and service providers participated in in-depth interviews and another 67 stakeholder organisations from Tyneside, the West Midlands and the Bristol area attended workshop events to address the question of how to improve housing and support services for visually impaired adults.

Finally, at the small (personal) scale, 121 visually impaired adults living in London participated in a questionnaire-based survey of their housing and support needs. Thirty representative informants were subsequently re-interviewed, in-depth, to gain additional insights into the circumstances of their daily life. The London-based study was supplemented by telephone interviews and focus groups with XX adults living in Tyneside, the West Midlands and the Bristol area. The aim of this extension to the London study was to identify the common themes that underpin the provision of housing and support services for visually impaired adults living in England today, and to gain an understanding of any specific, local issues that need to be addressed by regional housing and service providers.

The objective of the research as a whole was to provide information and knowledge that will enable mainstream and specialist housing and service providers to meet the needs of their visually impaired clients more effectively.

STRUCTURE OF THE GUIDE

The scope of the research and its outcomes are very diverse. This guide has been therefore been organised into chapters that address different audiences:

Chapter 2, 'What everybody needs to know' gives general guidance on .

Chapter 3, 'What visually impaired adults have told us', presents a user-centred perspective of housing and support services, drawing on service users' experiences to show where their needs currently are not being met

The following four chapters, 4-7 inclusive, provide information for general and specialist housing and service providers.

Finally chapter 8, 'Where to find out more' draws general conclusions and gives advice on where to find further, relevant information.

Each chapter concludes with a good practice summary. Where relevant, case studies are provided which demonstrate examples of good practice. These are not intended to be definitive and are given simply to illustrate a range of current innovative approaches to housing and service delivery.

Checklists?

Appendices?

What everybody needs to know about visual impairment

WHAT THIS CHAPTER WILL COVER

1) The objective of this chapter is to introduce relevant background information about visual impairment that stakeholders and blind and partially sighted service users should find useful and informative. Topics covered include what is currently known about the prevalence of impaired vision in the population at large, the experience of sight loss, the disadvantages in life that may be associated with impaired vision and generic issues that underpin good practice in housing and service provision for visually impaired adults of working age. The chapter concludes with good practice recommendations that arise from a consideration of these issues.

PREVALENCE OF IMPAIRED VISION

2) The issue of how to measure the prevalence of visual impairment is extremely complicated. There are many reasons that prevent a straightforward comparison of results between existing studies of visual impairment. Among them are differences between data sources in terms of the age range covered, geographical area, date of data collection and the kind of data gathered.

3) One problematic issue that prevents a direct comparison of the results from different data sources is the definition of visual impairment itself. There are several different approaches to defining visual impairment. In addition to definitions based on specific medical eye conditions, other definitions are based on what the person can and cannot see, or on a person's self-assessment of his/her eyesight.

4) We identified seven sources that provide reliable information on the prevalence of visual impairment::
   - Register of Blind and Partially Sighted People;
   - Royal National Institute for the Blind Estimates;
   - Labour Force Survey;
   - Health Survey for England;
   - Disability Follow-up to the 1996/97 Family Resources Survey;
   - British Household Panel Survey;
   - General Household Survey.

Details of these sources are listed in Appendix X, Data Sources on Prevalence of Visual Impairment.

Register of Blind and Partially Sighted People

5) According to the Register, in the year 2003 there were 311, 905 people in England who were registered as blind or partially sighted. They constituted 0.63% of the English population. Adult visually impaired people (aged 18-64) comprised 19% of all those registered. The vast majority of visually impaired people were older, and people aged 65 and over comprised nearly 78% of all those registered.

Royal National Institute for the Blind Estimates

6) The RNIB's estimated proportion of the entire UK population who are eligible to be registered as blind and partially sighted is 2%. This equates to just over one million people. There are 138,621 people in the 18-64 age range who are eligible to be registered as blind or partially sighted. Generally, the RNIB figures are much higher than the respective figures from the Register. For example, the RNIB's estimate for England is almost three times higher than the figure from the Register. According to the RNIB, 910,160 people across England are eligible for registration as blind or partially sighted. In the age group 18 to 64 there are 116,081 people who fulfil the criterion of being 'registrable' as blind or partially sighted.

Labour Force Survey

7) The LFS provides an estimate of the number of people in the whole population of working age in Britain who have 'difficulty in seeing'. In autumn 2001, 136,000 people reported 'difficulty in seeing' as their main disability. They constituted 0.36% of all people of working age (36,882,000) and 1.9% of all disabled people (7,121,000). 60,000 of those reporting 'difficulty in seeing' as their main disability were in employment. The employment rate for people with visual impairment constituted 44.3%, compared with employment rates of 47.9% and 74.8% for all disabled people of working age and all people of working age respectively.

The Health Survey for England

8) In terms of a 'seeing disability' three categories of people have been distinguished by this survey: those who 'can recognise a friend at four metres' – 'no disability'; those who 'can recognise a friend at one metre

but not four metres' – 'moderate disability' and those who 'cannot recognise a friend at one metre' – 'severe disability'. According to this index, an estimated 2% of men and 3% of women aged 16 and over in England have either a 'moderate' or a 'severe' degree of seeing disability, with severity equally divided between those with a moderate and severe 'seeing disability'.

Family Resources Survey

9) According to the results of a Disability Follow-up Study based on this survey, in Great Britain 3.5% of men and 5.3% of women aged 16 and over had some degree of 'seeing disability'.

British Household Panel Survey

10) The BHPS includes a question on whether people have any 'difficulty in seeing', other than needing glasses to read normal size print. According to this survey, 5.4% of people aged 16 and over in the United Kingdom interviewed in 2002-2003 reported 'difficulty in seeing'.

General Household Survey

11) One of the questions in this survey enables all those who report 'eye complaints' to be recorded. According to the results of the 2002 GHS, 1.9% of people aged 16 and over in Great Britain reported a longstanding condition that relates to the broad category of 'eye complaints'.

12) As we have seen, estimates of impaired vision vary widely, from under 1% to over 5% of the general population. The most important factor to take into consideration is the age range included within the estimate. Four in every five people with impaired vision are older people aged 65 or older. This should be borne in mind when utilising prevalence studies to estimate the need for housing and support services among adults of working age.

THE NATURE OF SIGHT LOSS

13) It may be helpful for those who provide housing and services for people with impaired vision to know how they perceive the world, particularly as only one in every twenty people with impaired vision has no sight at all. The remainder have some residual vision that enables them to see to different degrees. Our informants stressed that housing and service

providers need to recognise this individual difference, both with respect to needs associated with impaired vision and also by acknowledging people's preferences in how these needs are addressed.

14) Generally speaking, the result of different eye conditions will mean that people will experience the following types of impaired vision (Barker et. al., 1995):
   - Loss of central vision and the ability to see fine detail;
   - Loss of peripheral vision so that it is not possible to see to either side or up and down;
   - Severe short sightedness, so that perception of the world is blurred;
   - Oscillations of the eyeball, so that objects cannot be brought clearly into focus;
   - Sensitivity to bright light, dazzling glare or night blindness.

15) The term 'visual field' refers to everything that can be seen when looking directly at an object. A person with good eyesight will see the object in clear focus, but will also be aware of things above, below, and on either the object of direct attention, as well as things that are nearer or further away. There are two main types of sight loss; loss of sharpness across the entire visual field and loss of vision in some areas of the visual field. However, this distinction is not clear cut, and there may be some overlap in individual cases.

16) Loss of sharpness across the entire visual field results from conditions like diabetic retinopathy. Loss of sharpness in the visual field will mean that the picture of the world is degraded. If the loss is small, the world will appear slightly blurred, and objects will appear to be unclear and out of focus. If the loss is considerable, the world will be perceived as fuzzy and indistinct. Severe loss in the sharpness of the visual field will mean that objects merge into an image of 'splodges, blurs and indefinable shapes, all coming together in a kaleidoscope of moving patterns and tones' (Barker et. al, 1995, p.22).

17) Loss of vision can occur at the centre of the visual field or at the periphery. Loss of central vision is the most common form of age-related sight loss. It is associated with conditions like cataract and macular degeneration. This type of impaired vision makes it more difficult to see clearly what things are, perceive fine detail, recognise faces across the street or do close work. Objects will be perceived in a generalised way, but textures and details will merge into an indistinct mass. Perception of colour may also be affected. However, peripheral vision is seldom affected, so that the individual will still be able to move about and negotiate the built environment without experiencing too much difficulty.

18) The use of colour and tonal contrast will help someone with poor central vision to distinguish objects from their background. So will a technique known as 'eccentric fixation', (ibid., p.26) where, instead of looking directly at an object, the observer looks at it obliquely using peripheral vision. The object will appear blurred, but sufficient information may be gathered to identify the way ahead. Whilst effective, this technique is difficult to acquire in later life.

19) Peripheral vision helps people to recognise where they are in the environment. With a loss of peripheral vision, sometimes called 'tunnel vision', a very small central area of the visual field remains, so that it is not possible to identify hazards in the built environment. Barker (ibid., p.30) suggests that, contrary to popular perception, loss of peripheral vision does not mean that the central image is surrounded by an area of darkness, but that the actual area seen is reduced.

20) An individual with reduced peripheral vision will therefore have to 'scan' the environment at every step, in order to locate any visual information that is needed to move about safely. Moving objects, and objects that are either low down or overhanging, pose a danger to someone with poor peripheral vision, as they may not be noticed in time to avoid a collision. It is more difficult for someone with peripheral sight loss to see in the dark or in poor light conditions.

21) With some eye conditions, both central and peripheral vision may be affected, producing 'patchy' vision. This will vary from individual to individual, so that people will see the world in different ways depending on the size and shape of the patches of sight loss.

22) There are several eye conditions that are made worse by glare, the most common of which is cataract. Barker (ibid. p.27) uses the image of driving a car with a dirty windscreen into the evening sun, as a metaphor to describe the effect cataract can have on vision. Just like the dirt, cataract causes the light to scatter, so that the 'driver' is 'blinded' and it is impossible to see 'the road ahead' clearly. Glare can be minimised by the good design of natural and artificial lighting.

23) Although most people benefit from more light, provided that it is free from glare, there is a small minority of people with impaired vision who experience light as painful. Brighter light is therefore not the best recipe for everyone.

24) Our study suggests that the variety of eye conditions among adults of working age is far wider than among the older age groups, where well understood conditions such as macular degeneration, glaucoma and diabetic retinopathy occur more frequently. Half of those we spoke to had

other significant health problems in addition to sight loss that adversely restricted or affected their way of life. Housing and service providers need to be aware that, compared with older people who are the majority of service users, clients in the younger age groups will have a different spectrum of eye conditions and may also have a complex cocktail of health concerns.

THE EXPERIENCE OF SIGHT LOSS

25) We found that the quality of life for those individuals who lost their sight later on in life decreased dramatically at the onset of their sight loss. Seven broad dimensions of life were affected by the onset of a visual impairment; education, employment, mobility, need for readjustment, independence, communication, and relations with others.

26) Many informants felt strongly that, at the onset of their eye condition, they lost out on education opportunities. Acquiring vision impairment was seen as an obstacle on the academic career path and a barrier limiting opportunities to study. For most people, the main problem was the fact that they were no longer able to make use of basic skills, such as reading and writing, which they used to take for granted. Other people mentioned the difficulties they had encountered using computers.

27) So far as employment is concerned, many of our informants struggled to find and maintain a job. Others feared that they had become unemployable or that they will never be able to find a job that will provide enough money to support their lifestyle, so that eventually they will be forced to lead their entire lives on benefits.

28) Another big issue was mobility. Specific problems like getting out and about, bumping into things and difficulty crossing roads were mentioned. Several people were faced with the fact of not being able to drive any more, which meant losing another skill that they had previously taken for granted.

29) Many informants pointed out the need to rearrange their lives and make a total readjustment to their new circumstances. One informant described this situation as a necessity to 'learn everything again', including all the aspects of living in a society. Regardless of whether their sight deterioration was gradual or rapid, all our informants had to go through a painful and demanding process of readjustment.

30) For many informants the loss of independence was a big issue. The fact which upset them most was that that they were no longer able to look after

themselves and they had to rely on help from others in many life situations.

31) Another important issue was communication. At the onset of visual impairment, losing one of the senses is experienced as very disturbing. Sensory deprivation has suddenly disabled the use of a powerful communication tool, that of visual contact with other people. For example, informants mentioned their inability to read facial expressions. Not only did communication with other people suffer, but it was also more difficult to orientate in the reality around them, for example by not being able to see colours or identify things. These communication constraints, along with other factors, led to a feeling of social isolation often mentioned by informants.

32) The last area raised by informants relates to engaging in relationships with other people. People who lost their vision during their childhood years recalled the fact that they were not able to play with other children from the neighbourhood. They had to go to specialist schools. Others noted having problems with making the fact of their visual impairment known to their family, friends and acquaintances. People with late onset sight loss reported that old friends 'just melted away' and that it was difficult to establish new relationships with other people.

33) All these observations can be summed up in a general statement that the quality of life for those individuals who lose their sight in the course of their lives decreases dramatically. This indicates that there is a need for a slightly different approach in understanding the support needs, including psychological support needs, of those who have had an experience of the sighted world prior to vision impairment as opposed to those who have been blind since birth.

VISUAL IMPAIRMENT AND DISADVANTAGE

34) Apart from the obvious factor of sight loss, adults with impaired vision are at a disadvantage in several ways when compared with the population at large. This needs to be borne in mind by housing and service providers, in order to ensure that existing disadvantages are not reinforced by institutional practices.

35) In our sample, we found a linear association between age and having additional disabilities. Only one third of the youngest age group of our informants aged 18 to 25 reported having additional disabilities, but this proportion grew steadily in the older age groups and reached three

quarters of the oldest informants aged 50 to 55. This relationship holds in the population at large.

36) Considerably more visually impaired adults are single than in the population at large. Conversely, the proportion of married people among visually impaired adults is smaller. As a result, the proportion of visually impaired adults living in one-person households is higher than in the general population. In our sample, the older our informants were, the more likely they were to live alone or in smaller households. Such a situation might potentially exacerbate feelings of loneliness and isolation among older VIPs

37) There is some evidence that visually impaired people enter relationships as a slightly older age than the rest of the population. However, this may be mediated by cultural factors. For example, the proportion of informants who had a partner at the moment of research was highest among people of Asian background, many of whom were young.

38) It would also seem to be the case that women with a visual impairment are less likely to have children than women within the population at large, hinting at disadvantage in respect of the personal sphere of life such as building a relationship or starting a family.

39) The employment rate among people with impaired vision is considerably lower than in the general population (44% as opposed to 75%). Adults with impaired vision are disadvantaged with regard to labour market opportunities when one considers both employment and unemployment rates. This affects purchasing power, access to housing and need for support services.

40) Visually impaired adults are less likely to own their own home than the population at large. They are also at a disadvantage in terms of their access to better quality, more spacious housing. There is a tendency for housing providers to accommodate visually impaired people who seek housing in the social rented sector in properties suited for single living only. This reinforces the status quo, and makes it difficult for visually impaired adults to better themselves with respect to housing.

41) Visually impaired adults are quite move-averse. Once they find suitable accommodation, they tend to stay there longer on average than sighted people. This could be attributed to difficulties in obtaining suitable accommodation, or in learning a new environment.

GENERIC ISSUES

42) Stakeholders and visually impaired informants highlighted a number of common concerns and also concurred about the most appropriate ways to address these. Whilst they will be addressed in detail in the chapters that follow, it may be useful to highlight four key generic issues here, because they underpin the good practice guidance that follows.

43) The important generic issues identified by all the participants in the research, and that inform this guide, include:

hierarchy of disability;
- increased understanding of needs;
- greater collaboration between service providers;
- development of more 'tailored' services;
- targeting resources;
- in-service training;
- communication with visually impaired people;
- opportunities for visually impaired people to participate in society; and
- community based provision.

Hierarchy of disability

44) Informants expressed the view that their visual impairment was not taken so seriously by society in general and service providers in particular, as were the needs of people with a physical disability. Experts refer to this as the 'hierarchy of disability', where some impairments are given greater prominence and attention, whilst others are given scant attention and disregarded. Compared with physical disability, sight loss is perceived by service providers to be a low priority. This may be a result of the way in which disability awareness training has paid greater attention to the needs of people with restricted mobility, but it is also likely to result from target setting within departments in terms of their response to disability equality and awareness issues.

45) As a result, people with impaired vision feel stigmatised with respect to all other disabilities. This inequity appears to be related to the fact that impaired vision is often a 'hidden disability' in that visually impaired adults do not look different. People with impaired vision have to struggle all that harder to have their needs recognised and to obtain the help they need.

46) Many informants were of the opinion that society as a whole has not moved sufficiently in respect of social inclusion. Society at large appears insufficiently considerate of the needs of blind and partially sighted people. Several informants commented that society at large should be better

informed about how to relate to people with impaired vision. However laudable, this is unlikely to have much impact unless supported by policies to ensure that visual impairment issues are 'mainstreamed' within organisations and institutions that deal with the general public, so that this is reflected in institutional strategies, policies and targets.

Increased understanding of needs

47) Adults with impaired vision feel strongly that their needs are not understood by housing and service providers, and the majority of stakeholders in housing and service provision agree that this is indeed the case. Unless a service provider has a basic understanding of needs, it is difficult to know what kind of service it is necessary to provide or how to identify gaps in service. All the stakeholders consulted in this research would like to have improved 'contextual' information, such as prevalence, needs, demand and numbers, so that they could target services more effectively.

48) Stakeholders also agreed about the value of a detailed 'needs assessment' of clients at the outset, and the importance of capturing this information on an integrated data management system, in order to provide a seamless service across housing, heath and support services. It was acknowledged that this would need to be updated regularly, to reflect people's changing circumstances.

49) Improved IT systems are therefore seen as an essential tool to keep track of needs, such as who requires large print, regardless of age. Service providers recognise the need for dedicated time and resource to be devoted to finding out more about what visually impaired adults of working age actually want and expect, but they struggle to meet this need when faced with competing demands from other client groups.

50) If providers have scant information about needs, then adults with impaired vision are further disadvantaged and excluded from making informed choices about available options. Stakeholders would welcome a better appreciation of the circumstances of adults with impaired vision, so that they could be treated more inclusively. A key to increasing knowledge is to involve people with vision impairment in the consultation process, so that they have a greater say in the way services are run.

Greater collaboration between service providers

51) It was widely recognised that closer collaboration between service providers is the key to achieving many of the improvements that both the

providers and the users of housing and sensory support services would like to see take place. In the case of statutory agencies, stakeholders regularly liase with internal departments, although not all have a specific remit to work with vision impairment and place more emphasis on work with physical disability.

52) In terms of external liaison, there appears to be a close link between social services departments and voluntary sector organisations. Housing sector organisations also value liaison with voluntary sector organisations in regard to policy and practice issues. Yet despite recent initiatives to encourage closer integration, joint working between housing and social services departments is still partial and patchy, and integration with healthcare is almost non-existent. Organisational changes are leading to a closer alignment between housing, social care and health service providers, but the pace of change is generally acknowledged to be too slow.

53) Specific housing and social care initiatives are discussed later, but the point to emphasise here is the need for improvements in partnership between key agencies. Yet, despite many obstacles outlined by stakeholders, such as the lack of resources and IT support systems, there are clear intentions to do things better and develop more integrated, user-focused services. Examples of good practice include service providers' involvement in purposeful networking. These processes typically include an emphasis on diversity and equality issues, and require managers to make an 'equality assessment' of service users, so as to set targets for meeting needs and planning appropriate services.

Development of more 'tailored' services

54) Many stakeholders talked of the need for extra resources, to provide more intensive work, reduce waiting lists and pressure of work, and provide better services. Stakeholders highlighted a number of specific and practical resources that they would like to see developed. These include, on the one hand, a funding mechanism that would assist in the purchase by visually impaired adults of major pieces of equipment, such as CCTVs, and, on the other, resources to set up an inclusive housing and welfare rights advice service. A number of stakeholders wish to see more IT training opportunities put in place, increased support to assist with educational pursuits, and provision of volunteers to help with daily living tasks.

55) One very important service development advocated by a significant number of stakeholders is improvement to 'transitional' work, defined as the engagement of stakeholders in assisting young adults with impaired

vision successfully to achieve the transition from childhood/adolescence to greater independence as an adult. A better transition service would equip young people who are leaving secondary level education speedily to pick up on adult care services that assist with independent living. In this context, a voluntary sector stakeholder drew attention to the need for proactive work to be carried out in schools, so that young people and their parents are provided with adequate information about housing options and contacts. This is essential if adults of working age with a visual impairment, particularly those with disabilities, are not to be placed inappropriately in residential care settings, where their chances to develop independent living skills are severely reduced.

Targeting resources

56) The targeting of resources is important in bringing about policy initiatives in the field of vision impairment that meet the needs of young service users. The ways in which stakeholders target their resources can make life easier and more secure for those who are made more vulnerable because of their impairment or disability. Examples include introducing a single maintenance contractor for a property, so that the tenant has only one firm to deal with, and, hopefully, establishes trust in that contractor. Empowerment can also be achieved through development of direct payment systems, which enable service users to take more control in choosing and managing support services, such as services to help with reading and processing bills.

57) Extra resources can assist better targeting strategies. Examples here include recruiting an additional rehabilitation worker to help tenants develop daily living skills or setting up training initiatives, including computer use, that help visually impaired adults to enter the world of work.

58) Resources are not necessarily limited to those provided in-house. Social services resources that allow a team member to attend the monthly meeting of the local support group for visually impaired adults can provide the much-needed kick-start to get such a group established.

In-service training

59) Visually impaired adults and service providers agreed that there was a large unmet need for in-service training for everyone involved in the delivery of support services to people with sight loss.

60) So far as statutory stakeholders are concerned, both social services and housing departments commonly referred to the availability of 'disability

awareness training', which would normally include a component on sensory impairments. Such training is typically of a general (non-specialist) nature, and is directed at all council staff and, in some cases, may also include councillors and service users. The various activities may include regular provision of awareness training to social work teams in the community, such as home carers, and staff in day centres. These may be supplemented by less formal talks given at team meetings.

61) Housing departments more often emphasised the 'priority' attached to awareness training to meet their obligations in respect of the Disability Discrimination Act, as well as equal opportunities training. They rarely received specific training on sensory impairment, although vision impairment may be addressed as part of a range of training directed at staff involved in delivering support or in relation to 'diversity training', which usually includes disability and sensory impairments.

62) In most voluntary organisations, in-service training is usually a prerequisite for new staff. Some of these training programmes tend to be 'inward facing' and could benefit from training that is multi-agency.

63) A number of stakeholders indicated that they provide training to outside agencies and community groups. This can take many forms, from working informally with local minority ethnic societies and day centres to raise awareness, to carrying out formal sensory awareness training in health and social care departments that require specialist knowledge about visual impairment. Some stakeholders have a more commercial remit, providing relevant visual awareness training to companies.

Communicating with visually impaired people

64) Service providers identify the need among visually impaired adults for greater access to information so as to make informed choices about employment, education and housing options, as well as access to services. Visually impaired adults may be losing out on support as they are sometimes reluctant to contact social services departments or specialist services for fear of being 'labelled', or because of the perceived stigma that is still associated with disability within mainstream society. Stakeholders recognise that adults with impaired vision may also require support to identify opportunities to participate in ordinary activities of daily life, to receive emotional support, to deal with correspondence and to manage family matters such as child care.

65) Stakeholders are usually able to provide a wide range of formats to communicate with visually impaired service users, mostly in a 'reactive way', once particular needs are made apparent. Virtually all stakeholders

referred to provision of written information in large print as normal good practice. However, many stakeholders perceive telephone contact to be the communication of choice with regard to vision impaired clients. Telephone contact is thought to be especially useful in the early stages of information gathering. This is particularly the case in respect of initial contacts with visually impaired service users. At this stage, service users should always be asked about their preferred method of communication, which should be used thereafter.

66) There are good reasons why adults of working age require more, not less, direct communication from stakeholders, which has a direct consequence in terms of increased service provision. Stakeholders need to move from a 'reactive' to a 'proactive' mode of communication, actively seeking to increase choice for clients. Innovative methods for communicating with visually impaired service users, such as a 'talking notice board', should be considered in addition to normal media like large print, audiotape, Braille, and computer disc. Language interpreters may be needed to assist with the communication of information to visually impaired adults from minority ethnic groups. Whatever approach is taken in regard to the provision of information, it is necessary to have systems in place that prompt staff about specific communication needs.

67) Access to information is also about access to services, and everyone involved in our consultations made this point very strongly, often remarking on the inequality and disadvantage experienced by visually impaired adults of working age in comparison with their sighted peers. There was a general feeling that easy access by people with vision impairment to support and advice is still 'very much a lottery'. Information is important because it enables individuals to make informed choices about their housing and support options, and not 'feel that specialist housing is the only option'.

68) Service providers indicated that access to information also helps visually impaired adults to consider employment and education options, leisure facilities and technology, from IT to microwave foods in the supermarket. Access points for provision of information is also an issue, and one that has to be sensitively considered. Younger people with sight loss are reluctant to go through social services or specialist organisations as they do not want to be 'labelled', so could therefore be losing out on useful information and support.

Creating opportunities for visually impaired people to participate in society

69) As with information needs, 'access' is a word that also regularly arises in discussions about activity and participation by adults of working age who

happen to have impaired vision. A number of social services stakeholders consider that mobility, daily living skills and access to normal activities such as shopping, are central to the quality of life of visually impaired adults. So too, they say, is access to employment opportunities, an important step toward independence.

70) Support is needed so that people with vision impairment are able to return to study or work, or change career, or simply to help them answer self-directed questions such as: 'what do I do with my day?' or 'what are the opportunities open to me?' All too often, these sorts of questions get relatively little airing, compared to the need for equipment or other practical services. Another issue that stakeholders and service users agree is too often ignored is that of the need for emotional support.

71) Independence is about being able to do things, by oneself or with assistance, but it also a state of mind, and loss of sight at a young age can be traumatic. Loss of sight is more than a loss for younger people. It is also a threat to their self-identity, an enforced change, which has to be accepted and lived with. There is a huge unmet need for counselling services in this respect. A related unmet need is for social contact, a dimension that may be 'ignored' by service providers, which is worrying, as people can become withdrawn from society.

72) Providing support requires that stakeholders consider a range of relevant needs and, preferably, adopt a holistic approach to meeting those needs. After all, as stakeholders and service users indicate, services such as careers advice, transport and appropriately located housing, overlap to the extent that they affect opportunities to be socially active, in employment and other aspects of daily life.

73) Any holistic approach to support needs would also have to take account of reading as a significant issue, particularly in regard to assistance needed to deal with correspondence. This requires a confidential service that visually impaired adults can rely on to help read business-type post, deal with bills, fill in forms, etc.   All too often, people with sight loss have to put up with hard pressed rehabilitation workers, or depend on family members, or, sometimes, whoever is available, to help with correspondence. This was thought to be an unsatisfactory state of affairs that could be improved through provision of a dedicated service, to help people with vision impairment manage their correspondence with greater privacy and control.

74) Families where parents are visually impaired may require childcare support, or there may be a need for support to children who are, themselves, providing care to visually impaired parents. Individuals in both

these situations need to be helped in different ways, so that independence is respected and supported.

75) Family issues in respect of housing needs are discussed later, but here it is useful to flag up two points raised by service providers. These are first, that parents of young visually impaired people often lack a clear understanding or appreciation of what their child can achieve, and, second, that young people with serious light loss may doubt their own abilities to be more independent. In regard to both points, it is important to empower young people to say what they want, and to be aware of the concerns and perspectives of all family members.

Community based provision

76) Looking to the future, there is an impetus in the field of sensory impairment work, to develop community based centres that provide various resources. Several of the service providers that we spoke to are involved with plans for new multi agency sensory resource centres that will offer a range of services, including computer access and complimentary therapies, to attract adults of working age with impaired vision, and be open in the evenings as a community resource.

77) Other community based initiatives include linking social services departments together with local optometrists, to bring low vision services out of the hospital and on to the High Street. Many of the social services departments we spoke to would like to see low vision services provided in the local community, rather than 'just through the hospital system'. These initiatives are likely to develop further, with the input of new health money, and will hopefully ensure that low vision services in the community work closely with rehabilitation services in a more concerted way.

SUMMARY AND RECOMMENDATIONS

78) All stakeholders should consider the importance of holistic assessments of need, and therefore work together to accomplish this in relation to the housing and support needs of visually impaired adults.

79) All providers should, as a matter of course, develop more opportunities for consultation with adults of working age with impaired vision, so that their needs and expectations can be more clearly understood.

80) All providers should embrace good practice guidelines in respect of disability mainstreaming, diversity and inclusion, as well as legislation such as the Disability Discrimination Act, in a way that reflects the particular needs of minority ethnic visually impaired people, and those with additional disabilities.

81) Transitional work, to assist young adults with impaired vision to move towards greater independence, requires a co-ordinated, concerted, multi-agency approach, with shared aims and goals that are explicitly stated and evaluated. All stakeholders should be aware of their particular contribution to effective transitional work, and be committed to improving collaborative practice.

What visually impaired adults have told us

WHAT THIS CHAPTER WILL COVER

1. The guidance given throughout this report is based on user-centred research. During the winter of 2003 and the spring of 2004, 121 adults with impaired vision who were living in London participated in a structured, but open-ended questionnaire. Thirty of them were subsequently re-interviewed in-depth, to flesh out the quantitative data derived from questionnaires.

2. A second wave of fieldwork in the autumn and winter of 2004 recruited another XX participants living in Tyneside, the West Midlands and the Bristol area to the study. These informants either took part in a focus group or responded to a telephone interview. The format for these was identical to that of the in-depth interviews. All the informants were within the 18-55 age range.

3. In this chapter, we focus on what users have told us about what it is like to live with visual impairment. Starting with an overview of the characteristics of our informants, the chapter will consider what it is like to live with impaired vision, coming to terms with the initial diagnosis, everyday life with impaired vision, the need to harness a range of support services, changing needs at different life stages and finally the issues that are raised by users in relation to staff training and awareness.

THE EVIDENCE BASE

4. In our user needs studies, we achieved a balanced sample of informants, in terms age, gender, ethnicity, income, employment, socio-economic position, degree and type of impaired vision, nature and cause of additional disabilities or impairments, and the stage in life at which informants had begun to experience significant sight loss. In terms of their accommodation and use of services, we achieved an appropriate mix of locations and housing settings that reflect the diversity of accommodation in London and the regions, and a mix of tenure, household composition, support and social networks.

Health and quality of life

5. Quantitative information from the London sample revealed that half reported having other significant health problems apart from sight loss, which adversely restricted or affected their way of life. The majority of those with additional disabilities reported multiple health problems. There was a positive relationship between age and the chance of having additional disabilities in addition to sight loss. Despite this, nine out of ten described themselves as having an 'optimistic' perspective on life. A similar proportion felt that their life was very good, good or OK.

Benefits and rehabilitation

6. Only three informants were not registered as either blind or partially sighted. Almost all of our London informants received at least one of the benefits available for people with impairments and disabilities. The most popular types of benefit were a free travel pass and the Disability Living Allowance, received by nine out of ten of informants.

7. Two thirds had received some kind of training or rehabilitation in order to adjust to impaired vision. The most common forms of rehabilitation included mobility training, long or white cane training, training in independent living skills and guide dog training. However, only one in ten of those we spoke to in London had received training in the use of a computer or information technology.

Employment

8. The employment rate for our sample was 43%, almost exactly the same as the Autumn 2001 Labour Force Survey figure (44%) reported earlier. However, six in every ten visually impaired adults aged 26 to 35 were in paid employment. The proportion of employed informants in other age groups was much lower and oscillated around 35%. More than half of those informants who had vision impairment since birth or since their childhood or teenage years were in paid employment, compared with only one fifth of those who became impaired during their adulthood.

9. Visually impaired adults with additional disabilities can be perceived as doubly disadvantaged in terms of access to employment and their financial situation. Only three in every ten were in paid work compared with six out of every ten who had no additional disabilities. Nearly twice as many people with additional disabilities felt that they were left struggling financially, compared with those without any additional health concerns.

Income

10. We found a strong direct impact of having paid work on the financial situation of individuals and we also uncovered a number of disadvantaged groups within the sample of working age people with impaired vision. Visually impaired adults who were not in paid work, persons with multiple disabilities, people belonging to Black ethnic minority group and those with a late onset of a vision impairment were in a more vulnerable position in terms of access to work and what is associated with that, bettering their financial situation. People who became visually impaired during their adulthood were the least likely to have paid work and they were also in the worst financial situation. Students and persons who described themselves as unable to work because of a disability were also in less favourable financial circumstances.

11. Half of our informants described their financial situation as one where they were 'managing'; that is, just meeting their living expenses. Two in every ten were 'living comfortably', but three in every ten were 'struggling'. Seven in ten revealed that there were areas of their life where they needed to spend more money, but could not afford to do so. Unmet needs included adapted household equipment, low vision aids and assistive technology, computers, ICTs and specialised software, redecoration and adaptations to the home and holidays or visits to relatives.

12. The financial situation of the White group was relatively the best, followed by that of Asian informants and interviewees from 'Other' ethnic groups. Black informants were characterised by the worst financial situation out of all ethnic groups.

13. We encountered a small number of people, relatively poorer than the rest of our informants, who needed to spend extra money on decent food and clothing. The consumption habits of visually impaired people, like any other group in society, depend on their relative financial situation and how they relate to the hierarchy of goods. When people can afford to buy basic goods and satisfy their basic needs for food, clothing and housing, then their preferences turn to the purchase of adapted equipment, alterations at home or more luxurious goods. However if people's basic needs have not been satisfied then this becomes the priority.

Activities and interests

14. Almost everyone we spoke to travelled to places that were further away from their home than walking distance. Only two individuals did not use public transport. However, nearly a third of those who answered felt that

their home was insufficiently close to employment opportunities and a quarter felt that their home was not close enough to leisure settings.

15. Though our informants reported going out and about a great deal and participated in a wide range of hobbies and interests, two thirds would like to get out and about more. We identified a desire on the part of large numbers of younger vision impaired adults living in London to get out and about more, to participate more in all of the activities we asked them about, including work, education and leisure. This was a significant area of common ground with informants living in the regions. In this respect, nearly a quarter of those questioned mentioned that an escort or someone to go out with would be the greatest single resource that would help them to get out and about more.

16. Three quarters of adults with impaired vision living in London felt that they were sufficiently in touch with other people. This means that a quarter felt deprived of social contact, indicative of a significant unmet need on the part of adults with impaired vision to engage in more social interaction. Though the telephone was the preferred means to keep in touch for almost everyone, Internet use was also quite widespread for this age group. More than half the sample would like to make more use of the Internet. Nearly one in three already used email every day or regularly and nearly half would like to make more use of email.

Social Inclusion

17. Four out of every five London informants agreed with the statement that many blind and partially sighted people feel left out of society. Nearly two thirds of those questioned felt that their impaired vision prevented them from participating effectively in local community and neighbourhood life as much as they would have wished, and a third felt that it prevented them from participating in national and political life.

18. Six out of seven felt that people are not sufficiently aware of the problems faced by blind and partially sighted people and just under half agreed with the statement that the public is helpful towards blind and partially sighted people. Less than half of all younger adults took the view that organisations that help blind and partially sighted people are effective.

19. Nine out of ten visually impaired adults in London agreed with the proposition that blind and partially sighted people need more help than is currently provided, over three quarters felt that blind and partially sighted people do not know where to turn if they have a problem. People living in the regions concurred with these feelings, and felt that their situation was not understood or appreciated by sighted people.

COMING TO TERMS WITH IMPAIRED VISION

20. Most interviewees who were not blind from birth spoke about having had to adjust to deteriorating sight either quickly, if the condition had a rapid onset, or over a number of years. People who became visually impaired as an adult talked of the devastation of sight loss, their initial denial and difficulty accepting the loss, the unresolved feelings that sometimes spilled over to adversely affect friendships, and the blow to their self-esteem and self-identity.

21. None of these consequences are particularly surprising, yet few people had been offered any form of help to deal with them. Informants ran a whole gamut of emotions, from initial shock and grief, through loss of confidence, loss of friends and social networks, and loss of privacy, self-respect and dignity.

22. Loss emerged as an important, defining and unifying experience with respect to impaired vision. Other issues touched on by many informants that are relevant here were the lack of support at the outset, developing coping strategies, personal resolve in dealing with stigma, adjusting to a lower standard of living, lowered expectations on the part of mainstream society and the pernicious issue of being reduced to a stereotype.

23. A point made by several interviewees was that many of the issues raised above could perhaps have been brought into better focus by a more sensitive intervention at the time of diagnosis. All too often people interpret the medical diagnosis that 'nothing more can be done' as a judgement on their whole life not just their sight, which may plunge them into abject despair. The only factor that most people with sight loss have in common is the hospital visit. This points to the need for a fully joined-up service between health, social services sensory impairment teams and maybe even housing, at the point where people are initially diagnosed with visual impairment, that is, at the hospital eye clinic.

Case Study: Gloucestershire County Association for the Blind (GCAB) – Hospital Information Service

GCAB is an independent charity working throughout Gloucestershire (except in the City of Gloucester which has its own Association). GCAB operates from a resource centre in Cheltenham, where visitors are welcomed to see a wide range of equipment. (Open 9-4 Monday to Fridays)

The Hospital Information Service operates in four hospitals in the county and has 18 volunteers available to offer information and support to patients and their relatives/friends at 50 eye clinics a month. The co-ordinator of the service, at the request of the ophthalmologists, carries out visual awareness training for third year medical students at the Gloucestershire Clinical Academy as well as VA training for other hospital staff. The vast majority of new clients are introduced to GCAB via this service. A consent form has been adopted, with the approval of consultants, for patients to agree to their details being passed to the organisation.

Other activities include 5x2 hourly Member Information Group sessions at various locations around the county - topics include, home and personal safety, advice about benefits, talking books, and an opportunity to "try out" a range of aids and equipment. Visual awareness training is also provided for care home staff and other groups on request.

EVERYDAY LIFE WITH A VISUAL IMPAIRMENT

24. Many issues were raised here, but the most important by far was that of access to information about services and support. Other areas of everyday life that were highlighted by informants included policy issues in respect of service provision for people with impaired vision, user representation in organisations that deliver services, harnessing a range of support services, learning how to offer and receive help and staff training issues.

Availability of information

25. Unmet need for information ranged from lack of knowledge about the nature of medical conditions and the way the direct payment scheme operates, to questions of eligibility for council housing, giving a clear indication that visually impaired adults and their families are deprived of some very basic and potentially life-enhancing factual information.

26. Areas of pressing need for information on an ongoing basis include education and employment opportunities, finding suitable housing, help with transport or mobility training, support and training in life skills and the more general availability of good quality care

27. Informants with impaired vision are not always able to get out and about to seek information through the normal channels that are available to the sighted world. Accessing information in person can prove insuperably difficult where offices are sited in areas of the city centre that are not easily reached by public transport, or in out of town or edge of town locations. Problems do not stop on arrival as, whilst housing service providers are

now accustomed to think about the location and layout of their premises in respect of wheelchair users, they seldom consider the needs of visually impaired people.

28. Accessing information remotely can be equally difficult. Although computer use is rising among visually impaired people, not everyone has access to a computer, some essential information is not provided over the internet and few of the organisations that do provide services for visually impaired people by this method have ensured that their website is as easy to navigate by someone with impaired vision as it is for a sighted person.

29. Information on visual impairment should therefore be more readily available in mainstream locations that are well used by visually impaired adults, such as doctors' surgeries, opticians, libraries and even supermarkets.

Information that is timely

30. It is important that information is provided in a timely manner, so that people with impaired vision are not put at a disadvantage compared with sighted peers. Timely information also means providing it at the most appropriate time for the recipient to be ready to take it on board. Lack of timely information can affect the ability of the individual to cope, practically and emotionally, with the trauma of deteriorating eyesight. Another important consequence of lack of timely information at the time of such emotional crisis, was the difficulty in arguing for individual rights. Finally, where information is not provided in a timely manner, people with impaired vision are likely to lose out on access to support.

Information that is clearly written and in a suitable format

31. As well as providing timely information in people's preferred medium of communication, it is important to ensure that it is written in plain English (or other language of choice) not in confusing jargon. It is also important that information is provided in the right format, be that large print, Braille, on audiotape, CD, by email or as a telephone response.

Information and minority ethnic issues

32. Particular issues arose in respect of adults with impaired vision coming from the black and minority ethnic communities. Visually impaired adults from ethnic minorities are likely to be living with more distant relatives, in an overcrowded home, with little knowledge of the English social welfare

system and lacking the most basic information (especially in their own language) about how to access housing or support services. This combination of factors is exacerbated by their lower take up of support services, itself a product of insufficient information.

33. Even for those immigrants who have been settled in this country for many years, information is not always readily available. Informants from minority ethnic communities are beset by uncertainty about their right to ask for information and the process by which they are able to do so. It is important to access information as part of a proactive service available to minority ethnic communities.

34. There may be particular reasons why people from minority ethnic groups do not seek or receive timely information that could help secure provision of much needed support. The availability of staff who understand the needs of various minority ethnic communities, is crucial. All relevant front-line staff require a sufficiently broad understanding of attitudes to disability, if they are to provide information in an accessible and proactive way, as well as assess need more holistically.

Consistency in the implementation of policies relevant to visual impairment

35. Consistency of service delivery is a prerequisite, if people with impaired vision are to be enabled to move easily, confidently and competently from one area of the country to another. Without this consistency, people are either forced to jettison their existing knowledge of service provision at each move and to start again from the beginning, or remain in one place locked into their existing support system.

Collaboration and consultation between support services

36. A dominant theme in respect of users' preferences for everyday support service delivery is the importance of co-ordination and collaboration between relevant providers. What is required, therefore, is less a simple response to a problem and more a strategy for better management of issues.

37. Despite recent moves in local government to encourage organisations to work in partnership, the users feel that the dominant ethos is still very much a 'silo mentality'. Several informants reported frustrating experiences of a lack of co-ordination between the agencies and individuals who were trying to deliver services such as finding a house or obtaining access to work.

Consulting service users

38. Interviewees often went further than simply highlighting the need for better inter-agency collaboration. They also argued that a dialogue should be taking place with the individual service user, as part of a partnership approach. Such provider-user consultation is also helpful in sharing information and developing both service users and professionals' knowledge.

39. In addition to advocating consultation with individuals, interviewees also referred to the potential benefits of providers' collaborating with representative groups of people with vision impairment, to *'find out what they need'*. Such a forum has the potential for informing service providers about ways of targeting resources more effectively.

40. Service users complain that professionals often make assumptions rather than ask what they need. Services appear to be defined first, and then the users are made to fit to the services on offer, rather than the other way around. Issues that users raise in respect of consultation included the need to recognise individual difference, an act that inevitably brings in its wake a commitment to holistic assessment.

41. The most basic factor in providing satisfactory support services for people with impaired vision is to acknowledge the centrality to the process of a user-centred approach. This is strongly linked to the principle of not making assumptions about or stereotyping service users. Users require service providers to see them as individuals with complex needs, and to involve them in the process of meeting those needs.

Holistic assessment

42. The fact that providers do not seem to appreciate the range of factors that underlie an individual's situation, and that often they seem unable to look for the person behind the forms and procedures is not, of course, unique to people with vision impairment. However, there are good reasons why this population requires a holistic approach to assessment.

43. One obvious reason is the fact that no two people with the same eyesight condition are going to have the same needs. This is not only because people are individuals, but also because the consequences of sight loss are varied and complicated. A holistic assessment, then, should include a purposeful dialogue between provider and service user, in order that individual circumstances are clearly understood. This need for dialogue also has to include other professionals that may be involved in a person's situation. Such dialogue would also reduce the likelihood of assumptions

about the general needs of people with vision impairment, and it is integral to better collaborative work by professional stakeholders.

HARNESSING A RANGE OF SUPPORT SERVICES

44. Interviewees indicated that there is a need for a wide range of support services, to enable them to properly care for others or for themselves, on an emotional as well as practical level. However, they reported that support tended to be very much a 'hit and miss' affair, and that they were dependent on finding the 'right person' in an organisation who was able to 'get things done'.

Personal support at the outset

45. It is quite a common for someone newly diagnosed with impaired vision to be contacted by phone or given a home visit, offered one or two low cost items such as a talking watch, and told to get in touch if there were any further problems. A common complaint is that no one explains at this stage what options are open to them, and so people have to do their own research to discover what resources are available. The preferred option is for someone to explain the options and leave relevant information so that there is time to digest it after having come to terms with impaired vision.

46. Where professional staff on sensory impairment support teams are not adequately trained, or admit not to know a great deal about impaired vision, this is perceived as '*insulting*'. Having to explain to a stranger issues that are still quite 'raw' and painful is not only irritating but suggests that the issue is not taken seriously by those who purport to be experts.

47. At the same time, a number of interviewees who had contact with *'special needs'* staff found their help relevant and focused, and compared this favourably with the assistance from staff who appeared to have no specialist knowledge, and who appeared unsure who they should ask for assistance. This can make it difficult to simply phone a department to make enquiries or ask for help, and in this context a number of interviewees spoke of unhelpful or rude staff who seemed obstructive rather than resourceful.

Peer group support

48. Contact with others who have vision impairment is not necessarily a regular occurrence, certainly not for those who live in mainstream housing.

Such contact can offer peer support and the inspiration to take new directions in life. Peer groups can also be seen as a way to bring needs to the attention of service providers by forming a *'lobbying group'* to give the local vision impaired community the potential to influence the development of better services.

Role of voluntary organisations

49. Voluntary organisations are generally considered to be supportive. However, several interviewees and focus groups expressed concern over the indeterminate nature of funding, and the extent to which these organisations rely on dedicated individuals as opposed to organisational structures, to ensure continuity of support. People are concerned that services may be withdrawn at short notice if a funding stream dries up or a key individual leaves the organisation.

Proactive support

50. Where proactive support services are provided, difficulties are anticipated and therefore made more manageable. It can help to counter the tendency to play safe, to venture only so far and accept limitations, but in this respect such support may have to be offered more than once if it is to overcome people's initial fears and anxieties. It was often stated that when providers of support services are not proactive, this limits the potential for knowledge about and, therefore, access to, potentially useful sources of assistance.

51. It was both a surprise and a disappointment to some interviewees that their status as a person registered as blind or partially-sighted did not, as a matter of course, bring forth a more pro-active service, one that would automatically check their eligibility for financial benefits, to enquire about any changes in their family or home situation, and needs that may have arisen as a result of any changes.

Learning how to offer and receive help

52. Obvious though it may be, it is very important to recognise that young people with a disability or impairment do not see themselves primarily as service users, and that their asking for help does not come naturally. Interviewees remarked adversely about being made to feel like supplicants when asking for support that, enshrined in government programmes, they felt they should have been entitled to.

53. Clearly, the giving and receiving of help are learned behaviours, which when carried out ineptly can cause offence. Offers of support to this, as indeed every other age group, need to be carried out with grace and tact. Learning how to offer assistance in a way that does not come across as condescending should be a normal part of staff training but young visually impaired people may also need support and advice in accepting help with grace and dignity.

AT, low vision equipment and ICT

54. There is a wide range of assistive technology (AT) and low vision equipment on the market to enhance people's remaining sight, but most effective equipment is very expensive. Statutory services rarely offer this as standard, and there are few opportunities to 'try before you buy'. Interviewees would welcome more opportunities to hear about potentially useful technology, to try it out in their own home for a short period of time in order to see if they 'got along with it', and to have assistance in purchasing those items that were found to be helpful.

55. The difficulties of making this technology ubiquitous are manifold and include letting visually impaired adults know of its existence, acquainting them with the capabilities of the technology, trying it out to see if it is an appropriate response to an individual need, installation and maintenance issues and finally, but importantly, affordability. One suggestion was for one of the large computer companies (like Microsoft) to set up a charity to make the technology more widely available to people with disabilities, as for this group ICTs hold out a life transforming potential.

56. At the same time, the importance of low-tech interventions should not be forgotten, as these also have the power to transform lives. In this respect, visually impaired people are disadvantaged because only a fraction of normal print material is available in accessible formats. This is one area of life where technology could be harnessed by provider organisations to increase the volume of resources for visually impaired people and so widen choice.

> **Case Study: Newcastle Society for Blind People - IT Training and Education Support.**
>
> Newcastle Society for Blind People is a long established local society serving visually impaired people living in Newcastle upon Tyne. Over recent years it has supported younger service users through a variety of services such as Tactile Art at the Laing Gallery, and through the provision of on site IT training with tutors running accredited courses.

The Society has supported a young service user to change from a music degree course to one on fashion design (using the on site CAD computer facility). Another service user was assisted with computer and Braille skills during a PGCE training course. An increasing amount of support for younger services users in this area has meant that the Society has developed strong links with the local university and Newcastle's Education unit. Additional examples of assistance include helping a visually impaired person gain a place on a Master's course in a high technology subject and providing placements for trainee social workers and rehabilitation officers – all partially sighted.

With this focus on education and IT, some of the Society's visually impaired users have become administrative volunteers, giving support in the task of raising funds for individual clients needing to acquire CCTV and IT for home use and also supporting members on aspects of starting up a new business.

The Society has experienced a doubling of demand over the last few years from mainly the older age group. To counter any potential effect on service delivery, it is now working to raise funds to employ a dedicated young persons' officer.

Home maintenance

57. Interviewees living in all types of tenure referred to difficulties in summoning timely help with repairs and maintenance, and with monitoring the effectiveness of the ensuing work. Although people with vision impairment may not be able to see the results, a properly maintained and cleanly decorated home and garden gives a positive impression to the world at large, and is therefore important to self-esteem.

58. Help with maintaining the home environment can even be a problem within supported housing schemes or other designated housing for people with vision impairment. Informants complained of the need to make repeated phone calls before receiving a service, which, when it arrived, was often of a poor standard.

59. Once maintenance workers are in the home, there clearly needs to be an effective system for monitoring their work, if blind and visually impaired people are not to be taken advantage of. It is important that people with impaired vision feel secure and safe in the presence of maintenance workers. People with impaired vision have a heightened need to feel that the people working in their home are reliable and can be trusted.

60. Council, housing association or private building contractors and home 'handypersons' regularly enter people's homes. Reported problems include entering the home unannounced, moving items about so that the familiar pattern of household objects is disturbed, and leaving sharp shards of metal and glass on floors and work surfaces. Interviewees stressed that it would be nice if they could routinely be given the opportunity to be shown, feel and inspect work done in their home.

61. It is particularly difficult for adults with impaired vision to cope with having lots of different, unfamiliar people coming into the home. There was a general feeling that it would save a lot of stressful explanation if care workers were aware of people's VI. At the same time, some informants felt vulnerable to exploitation and so were very unwilling to let unfamiliar people into the home. There is therefore a need for a register of trusted home workers.

CHANGING NEEDS AT DIFFERENT LIFE STAGES

62. Interviewees indicated that any major changes to their needs and aspirations are likely to arise as their life circumstances alter. Key transitions identified in this respect are the transition from living with family to independent housing, access to employment, settling down, accessing support that is appropriate to an adult lifestyle, leading by example as a visually impaired parent, adjustment to middle age, later life issues including bereavement and the availability of good quality care. It may be appropriate to offer an automatic needs reassessment at these times.

The transition to independent housing

63. The transition to a new home is said to be one of the most stressful life-change events we encounter. For those with vision impairment who are embarking on their first move away from the family home, it is also potentially hazardous and disorientating, as well as anxiety provoking and intensely exciting. Most importantly, it requires careful consideration and preparation. In order to face the challenges of a move to a different home and location, there may well be a need for support before, during and after the move.

64. Difficulties arise if housing providers only allow a limited time to view and then consider an offer of accommodation. The usual local authority procedure, of giving applicants a few days to view and then decide on an offer, can put people with vision impairment and other disabilities at a

serious disadvantage. In this context, interviewees also raised their concern that a refusal of an offer is likely to result in their name being put back down the weighting list.

65. Procedures are also thought to be inflexible in regard to updating individuals on the progress of their applications for housing. Visually impaired people need to be kept informed of their progress on the waiting list, and be given time to mentally prepare for an expected offer, as well as to have someone accompany them to the viewing.

66. Ideally, such applicants should have the opportunity to view more than one offer, so they can compare what is on offer and decide which might better meet their particular, sometimes complex, needs. Without such flexibility, the whole prospect of taking this crucial first step towards independence can appear daunting, and may conspire to keep young people within the family home.

Access to employment

67. Generally, a picture emerged that people of working age with vision impairment have good reasons to stay in or find work but experience obstacles because of attitudes towards their impairment. Secure employment can be a key to obtaining or maintaining secure housing. Informants spoke of continually striving to find a job and taking opportunities to ask about prospects whenever they presented themselves.

68. The belief is quite widespread among adults with impaired vision that employers are generally too cautious and sometimes discriminatory, despite the DDA, which in some cases has led to more interviews but seems to have made little or no concrete difference to people's prospects of employment.

69. The initial motivation required to gain employment can be affected by uncertainty that a job will be available after training. Informants were understandably dubious about the value of embarking on training if the prospective course tutors could not confidently assert that vision impairment would not be an impediment to subsequently finding a post.

70. Motivation to find work in middle age can be just as strong as in youth but it's strength may falter as the individual struggles to compensate for so many changed experiences and losses. A 'mentor' could possibly help people in this position, someone who would help the individual to 'focus' on what they are good at and interested in, provide a sounding board

where ideas could be developed and encouraged, and help the individual keep abreast of relevant information about local activities and initiatives.

Engaging in an age-appropriate life-style

71. Regardless of the length of time they have been without employment, adults with vision impairment harbour an ambition to secure a job, no doubt to improve their standard of life and social inclusion but also because this is expected of independent people of working age. Similarly, it is important to overcome the loss of self-esteem that can accompany vision impairment as an adult, through striving to maintain social relationships or begin new ones.

72. There are implications here for services to take account of issues that may not be covered within the scope of current provision, and to consider, for example, ways to equip visually impaired people to start up their own businesses. In addition, more concerted thought could be given to counselling services and other support systems that enable people to articulate their own concerns, at different stages in life, perhaps through the use of 'mentors', who we discussed earlier.

73. We all move through stages, as our lives unfold and our identities are moulded by a mix of individual desires and social custom. However, these life stages cannot be taken for granted by people with disabilities, who may feel stuck at an earlier stage than they would like, perhaps having to live their life *'day to day'* rather than with the hope and prospect of a secure future. In this respect, there is a pivotal role for support that helps the individual confidently to move forward, at whatever stage of life they have reached.

Support that is appropriate to an adult lifestyle

74. One of the problems inherent in existing service frameworks for people with sight loss, is that they may be designed to cater for older people with impaired vision, who are the majority of service users. This may result in young people with impaired vision being offered services that are inappropriate to their age and lifestyle.

75. For example, offering a younger adult 'meals on wheels' as a way of meeting a need to eat regularly is clearly a service that is inappropriate for younger people, and possibly inappropriate, in a modern society, for people of all ages. Service providers need to be aware of this issue, and should try to match services to people's aspirations for their lives, rather

than offering an existing service aimed as meeting the needs of an older, frailer age group.

Parenting skills

76. Several vision impaired parents who had young children were experiencing difficulties in respect of parenting and were not receiving guidance in respect of parenting skills. We identified a lack of support services specifically to support the learning and development of children living with a lone, vision impaired parent, or where both parents were visually impaired. It became apparent that many visually impaired parents had an uphill struggle obtaining skilled, appropriate and timely support with regard to child care issues or personal needs for counselling.

77. Parents who become visually impaired in later life have to adapt to their children's new situation as well as their own sight loss. For those whose children inherit the same eye condition, priorities in life may be indivisible from those of their dependants, and so they become more child-centred, nurturing and educative than might otherwise have been the case. In this guiding role, it is vital that parents stay independent and keep their resolve, now and in the long term.

78. It may not be realistic for parents with impaired vision to maintain independence without some assistance, but timely information, advice and support, not least a move to more suitable housing, can help them to remain as independent as possible. A move to more supportive housing may hold out the prospect of maintaining a confident parenting role, while reassuring children that there is help at hand if required. This prospect may become more attractive as parents age and children become more independent.

Adjusting to middle age

79. Some people whose vision was impaired from birth or childhood had learned to live with sight loss from an early age and so did not perceive themselves to be disabled but independent. Often this independence is maintained with parental support. However, new circumstances begin to impinge on the lives of such people, as their parents age and are less able to provide the accustomed level of support. This requires a re-appraisal, involving formal services, perhaps for the first time.

80. Social services sensory support teams need to react sensitively to these circumstances, bearing in mind that these visually impaired clients may be

unused to accepting formal support and that consideration also needs to be given to the capabilities and feelings of the senior generation.

Later life issues

81. For those whose vision becomes impaired in their more mature years, other difficulties present themselves, such as that of finding ways to meet people in a similar position in order to engage in social relationships.

82. As people with vision impairment enter later life, those who are experiencing dissatisfaction with their social life or in respect of their access to services, may consider one solution to be the rekindling of closer ties with family members or more supportive communities, a step that can perhaps be relied upon to offer necessary companionship, support and quality of life.

83. The motivation to move may follow an increasing realisation that independence and confidence, as well as quality of life, have been adversely affected by life in a busy, densely populated, urban area that offers little respite from noise and obstacles that encroach on her peace of mind.

84. Balanced against the attractiveness of a quieter life are the difficulties of assessing the prospect of securing social housing, the availability of public transport, and the drawback of specialist housing. Housing and service providers need to be aware of these issues when counselling people with impaired vision.

85. Everyone experiences personal tragedies at some time in their life. For people with impaired vision the loss of a sighted partner can represent the loss of their 'eyes' for a second time. These and other significant losses, such as ill health or mobility problems, prominent in the lives of older people, present a cocktail of challenges to emotional well being. Our interviewees drew on personal characteristics, such as self-reliance, stoicism and self-determination to help them cope with such challenges.

86. As visually impaired people move into late middle age, later life issues begin to take on a new significance. This is of course no different to the situation of sighted people, but living with impaired eyesight may mean that the transition to the 'third age' is a period of particular anxiety, uncertainty and urgency, as care needs rise and confidence / competence begin to be eroded.

87. People with vision impairment are not alone in calling attention to the variable quality of private agency home care provision, which social

services departments commission on behalf of clients. However, the trustworthiness of such staff can be particularly problematic for clients who have sight loss and are unable to see what is taking place in their home. Informants were especially concerned at the carers' lack of training in issues directly relevant to impaired vision. Agency carers should routinely receive sensory impairment awareness training, in order to address such concerns.

88. The variable availability of professional care was another concern, which suggests that reliability of staff involvement in the care of people with vision impairment is a key requirement. Yet, despite the problems encountered accessing services and low staffing levels within sensory impairment teams, interviewees highly value the work carried out by individual rehabilitation officers. People talked of the struggles they had in managing daily tasks and building confidence, and had a great deal of praise for these professionals, who help you *'to carry on'*.

STAFF TRAINING ISSUES

89. Perhaps the most often repeated message from interviewees in respect of having their needs recognised by housing officials and support workers, in order to access suitable housing and support options, is the necessity for these professionals to receive an adequate level of insight through training.

90. Interviewees refereed to a lack of awareness on the part of all the agencies and organisations with which they came into contact. An overriding theme that emerged from in-depth interviews and focus groups is the need for housing and support staff to be better trained so that they become more aware of the issues involved with visually impaired people accessing services.

91. Many of the people we spoke to therefore felt that disability awareness training or visual awareness training should be given a higher priority by housing and service providers. Three groups in particular were singled out as needing a regular, ongoing programme of visual awareness training. These were the front line staff of organisations that deal regularly with visually impaired adults, people who regularly come into the homes of visually impaired people and service providers in the community.

92. Front line staff are the 'face of the organisation' and as such they can do much to promote a positive image, or alternatively they can convey a very negative impression of an organisation if they get things wrong. Such front line staff, need regular disability awareness training as part of their

induction course, within an ongoing training programme. Training was also mentioned in respect of domiciliary workers and service providers in everyday situations such as local shops.

93. The importance of providing a training programme, rather than a one off event, was stressed not only because people's memories need refreshing from time to time, but also to cope with staff turnover.

94. *Better trained staff are likely to know of and put into effect simpler and more economic solutions than less well informed staff. The employment of more visually impaired staff will improve sensitivity to needs and should lead to the delivery of appropriate services. Without such initiatives, there is a danger that staff will make assumptions that are not accurate or helpful.*

95. Several informants made the point that visual awareness training was one area where they had an unrivalled expertise, and would be in a prime position to assist in staff training. There is a clear role here in all large organisations, for a visual awareness training officer, to work alongside the disability rights officer that already exists in many businesses to safeguard the organisation's duties in respect of the DDA.

One stop shop

96. Many informants came up with the idea of a one stop shop / yellow pages / single point of contact for all issues; someone who understood visually impaired people's needs. Identifying one source of information was perceived to be an initiative that could be personally empowering.

97. Informants also considered the usefulness of council departments having one or two people available who could *"specially deal with the needs of visually impaired people"*. There should also be professionals in place to act as a link between separate departments. The person in such a role would be very useful in terms of ensuring a more seamless service but could also help users become more aware of the different roles and responsibilities of various staff.

Case Study: North Somerset Council – Care Connect
North Somerset Council recently decided to create a 'one stop shop' and one point of contact to access its Adult Social Services. The primary aim was to deliver a phone based service, which would be easily accessible to residents, many of whom are affected by limited transport links in rural areas.

The service is called Care Connect and provides a first line of support to users and those seeking help on a range of issues that may involve Social Services, including sensory impairment and people who are visually impaired. The Care Connect team is constantly evolving and updating its knowledge base to ensure that it is in the best possible position to direct users to the appropriate resource or interventions.

The team deals with enquiries including:

1) Referrals to organisations within the Supporting People initiative.
2) Access to voluntary sector and community organisations
3) Security issues for older people
4) Community meals
5) Carelink
6) Basic help and advice for housing enquiries
7) Charging enquiries and benefits advice
8) Search for Residential and Nursing Homes in the area (including current vacancies)
9) Information on local transport schemes
10) Information and advice on home care
11) Information on Day Care
12) Advice on home energy conservation
13) Complaints, suggestions and compliments
14) Recording incidents of general, racial & homophobic abuse.

At present, Care Connect is essentially a 'signposting service' with a 'front end' customer service focus. However, it is now considering developing the service further to include more 'back end' processes which would give quality assurance that enquiries, once referred on, are being dealt with effectively and that users are not simply passed around on a telephone chase. Also under potential consideration is extending the service to include second line support in specific areas of social services, thereby facilitating a much quicker and effective response to users' needs.

SUMMARY AND RECOMMENDATIONS

98. Adults of working age with impaired vision consider the provision of housing and services to be most effective when delivered as part of a unified service.

99. Policy in respect of housing and services for visually impaired adults should be standardised within a national service delivery framework, to eliminate the 'postcode lottery'.

100.   Housing and service providers should be aware that a significant proportion of people with impaired vision will have additional disabilities. Our informants tell us that where their additional disabilities are visible, such as reduced mobility or being a wheelchair user, this is assumed to be their most significant impairment and impaired vision tends to be given a lower priority. It is important that the individual's needs are assessed holistically.

101.   Hospital eye clinics need to develop a more holistic appraisal of needs, rather than simply concentrating on the clinical diagnosis.

102.   Information in the period immediately after diagnosis needs to be given sensitively, in the light of the profound emotional as well as practical consequences that accompany sight loss. Counselling should be offered routinely to help people to adjust.

103.   Information should routinely be provided for people with impaired vision in a wide range of formats

104.   Information on visual impairment should be more readily available in mainstream locations that are well used by visually impaired adults, such as doctors' surgeries, opticians, libraries and even supermarkets.

105.   It is important to access information as part of a proactive service available to minority ethnic communities.

106.   Inter-agency working should be facilitated, with the user at the heart of the process. This is unlikely to happen unless resources are ring-fenced to encourage joint working.

107.   Services for visually impaired people need to be more proactive, and part of this should be to develop innovative ways to involve visually impaired people in service development and delivery.

108.   Particular effort needs to be put into supporting visually impaired adults seeking employment. This is particularly important to people with additional disabilities, from ethnic minority communities and those with late onset sight loss, all of whom are disadvantaged with respect to employment opportunities.

109.   There is a pressing need for an 'escort' service, to enable visually impaired adults to get out and about. This could be implemented within a wider initiative to foster greater social contact for people with impaired vision.

110.

What architects need to know

WHAT THIS CHAPTER WILL COVER

1) The design of housing for people with impaired vision need not be very different from the design of the general housing stock. Good housing design is usually invisible, supporting the occupant without drawing attention to itself. All homes should be well designed in this respect, but the reality often falls well short of the ideal.

2) However, there are areas where the specific requirements of people with impaired vision need to be taken into consideration, where a little more thought at the design stage or when adapting an existing property for a visually impaired occupant can result in a vastly improved environment in use. This chapter therefore provides guidance to architects, town planners and designers about how to ensure that our homes and neighbourhoods meet the needs of visually impaired people. The advice that it contains is based on inclusive design principles.

3) House builders and mainstream housing associations may feel that the information and guidance reported in this chapter does not apply to them but, to the extent that all homes need to be 'visitable' by someone with impaired vision, the issues that are raised illustrate the importance of designing homes that are accessible and inclusive for everyone.

4) The chapter opens with a definition of inclusive design and goes on to consider the urban context, the pedestrian environment, management of the public realm and the design of the 'home patch'. It goes on to consider the exterior design of the home, space in the home and interior design issues. The chapter concludes with a summary and recommendations.

INCLUSIVE DESIGN

5) Inclusive design means creating environments and products that are usable by all, without the need for special adaptations. An inclusive environment is one in which all users, whatever their abilities, are able to carry out their everyday activities comfortably, effectively and safely. Inclusive design of housing sets out to provide homes that are safe, convenient, equitable and enjoyable to use by everyone, regardless of their age, ability, ethnicity or gender

6) By placing people at the centre of the design process, inclusive design celebrates human diversity and difference. It provides flexibility in use and, where a single design solution is unable to accommodate everyone, it offers people a choice. Adopting inclusive design principles should ensure that the needs of adults with visual impairment are considered at the design stage or whenever existing buildings are adapted to new uses.

THE URBAN CONTEXT

7) The overall planning and organisation of today's towns and cities is changing in ways that disadvantage people with impaired vision. The trend to industrial estates, out of town shopping centres and business parks is widening the trip distances between home, work and leisure activities. Decentralisation is set to increase. Town planners need to be aware that the trend to low density, dispersed towns accessed primarily by the car decreases the integration of vision impaired people within mainstream society and results in increased transport costs, most notably taxi fares.

Town scale

8) Because of the effects of decentralisation, adults with impaired vision are well aware of the value of 'compact cities'. Some would have liked to live in a small-scale, village neighbourhood, but recognised the drawback that amenities are concentrated in larger towns and conurbations. Living in suburbia or on a large, peripheral housing estate can be experienced as almost as isolating, or perhaps even more isolating, than living in a rural or village setting.

9) A small town setting may be the most appropriate scale for people with sight loss, since most towns are able to support a local theatre, swimming pool, information centre, library etc. However, this has to be set against the capacity of the major cities to offer diversity and choice in life chances of all kinds.

10) Most visually impaired people weigh up these differences and make a trade off between perceived security and social stimulation that is compatible with the stage of life that they have reached. Housing providers should seek to locate housing for vision impaired people in such a way as to offer clients a choice of residential scale from small, provincial towns to larger, metropolitan centres.

Pace of change

11) Some interviewees mentioned changes that had occurred to their neighbourhood since they had moved in, which had decreased their overall satisfaction with their residential area. For example, local convenience shops had closed due to competition from larger retailers, so that people were forced to go further afield for provisions, or alterations to the public transport system had resulted in an area becoming less accessible.

12) The escalating pace of change has a disproportionate impact on adults with impaired vision. This may add to their sense of powerlessness and social disengagement. Whilst it is notoriously difficult to foresee such changes, vision impaired people may find it worthwhile to consult the local area plan, unitary development plan or speak to their local planning officer, to determine any relevant planning policy relating to the area where they live.

Traffic

13) Several informants commented on the increase in traffic in their local area in recent years. This is making it increasingly difficult for people with impaired vision to move about safely in the urban environment. In addition to speed, traffic noise is a major consideration, as high levels of ambient noise may make it difficult to orientate and concentrate, when leaving the safety of home to venture out and about.

14) Living on a main road is therefore not a good choice for someone with impaired vision, not only because of the additional risk posed by heavy traffic but also because of the disorientating and draining effects that fast cars, traffic noise and environmental pollution have on people's wayfinding and navigation skills. Increased vulnerability to crime is also a factor to take into account when locating housing for people with sight loss on or close to a busy main road.

15) When selecting a property that is suitable for a vision impaired occupant, careful consideration needs to be given to the layout and character of the surrounding road network, and whether there are safe crossing points on nearby busy roads.

Controlled road crossings

16) Many informants described anxieties about crossing the roads in the immediate vicinity of their home as a result of heavy and fast moving traffic, and would liked to have seen more controlled road crossings. There was a general opinion that cars take priority over pedestrians and that insufficient attention is paid by local councils to road safety issues.

17) More controlled road crossings should be provided, that are adapted to the requirements of visually impaired people. Other suggestions in this respect include more audio (bleeping) crossings and allowing more time at controlled crossings to get across the road safely. Some wanted fewer dropped kerbs and more level pavements at street crossings. Guide dog users, on the other hand, pointed out that their dogs have been trained to stop at the kerb and so these need to be clearly marked.

Inclusive design of public transport

18) Transport links are vital to developing or maintaining important social contact or activities. Informants made telling points about the poor design and management of public transport, not only in relation to where the bus, train or tube stops are located, but with respect to the accessibility of the whole service by people with impaired vision.

19) There is an urgent and pressing need for more accessible buses and trains. Measures in this respect include, for buses, more suitable bus shelters, 'talking' bus stops, more visible destination boards at bus stops, larger and more legible bus numbers and destination signs on the front of the vehicle, more flat floor buses or better ramps on buses to make them accessible, and voice announced arrival at bus stops. For tubes and trains, suggestions include more visible underground and overground station signs and clearer announcements at train stations.

20) Drivers and conductors require disability awareness training. Reported difficulties include buses that will not stop on request, and conductors who refuse to say where the bus is going to or where the driver is dismissive and disrespectful.

THE PEDESTRIAN ENVIRONMENT

21) Adults of working age with impaired vision go out and about frequently, and their trips span over a large range beyond immediate vicinity of the home. It is therefore important that the pedestrian environment is designed so as to make it user-friendly for people with impaired vision. This guide introduces principles that should result in a more accessible pedestrian realm. However, the design of an inclusive pedestrian environment for people with impaired vision is a specialist matter, so advice should be sought from an expert when designing an accessible urban street system.

Well designed street system

22) Interviewees stressed the importance of having an external environment that is well designed in respect of a clear, accessible, legible pedestrian network, with good visual cues to aid orientation. Many have had mobility training to help them to get out and about, but it should be remembered that it may take several trips with a trained mobility guide to learn each new route. The modern trend for making changes to the established pedestrian networks within town centres is therefore a particular problem for people with impaired vision.

23) Large, empty open spaces are particularly disliked because they are experienced as disorientating. To aid orientation, there should be a clear delineation of property boundaries and driveways by the use of walls, fences, hedges, gates, and by soft and hard landscaping. Guide dogs are trained to use environmental cues such as kerb lines, and so they do not 'work' well in anonymous road environments that lack clear spatial definition. If possible, shared routes for pedestrians and cyclists should also be avoided.

Pavements and paths

24) 'Walkable neighbourhoods' that are safe and attractive for adults with impaired vision need firm, level and even surfaces underfoot, ramps rather than steps wherever possible, no obstructions and controlled road crossings. Kerb lines need to be consistent in terms of the depth of the kerb. The colour and texture of the pavement edge should clearly distinguish the pavement edge from the road surface. Small upstands, which are a trip hazard, should be avoided.

25) A range of hazard pavements is available to alert visually impaired people to dangers in the pedestrian environment. Each type of pavement gives a different message, be it to alert someone to a hazard like the top of a flight of steps that requires caution, directional guidance paving to take someone along a prescribed route, blister paving to show pedestrians where it is safe to cross the road, or cycle way paving laid on shared pedestrian and cycle paths. Instructions for these can be found in specialist manuals. All too often, hazard pavements are not correctly installed, which can be more dangerous than not having anything at all, so these should be specified and installed by firms with specialist expertise.

26) Desire lines marked across larger urban spaces by a change in surface finish to guidance paving will help visually impaired people to navigate

these more safely and confidently. The communal areas of housing schemes also need to be designed with the needs of people with impaired vision in mind. There is a trend in some housing developments and even in some managed town centres for shared vehicle and pedestrian access. Unless 'safe' areas to walk are delineated by a change in surface colour, texture or tone, these shared urban spaces can prove difficult to negotiate or even dangerous for people with impaired vision. So are steep gradients on roads and paths. Where footpaths are on a steep gradient, resting places should be provided at regular intervals.

Street furniture

27) Well-designed street furniture can provide 'landmarks' and 'signposts' that assist orientation, but badly designed and inappropriately located street furniture can be a hazard for vision impaired people. Seating, rubbish bins, post boxes and phone booths, lighting columns, street bollards and signage should be positioned out of the main directions of travel, and should colour contrast with their surroundings. Despite the ubiquity of the mobile phone, local phone boxes should be better maintained, to ensure that these remained in working order.

28) Poorly positioned bollards are particularly dangerous for someone with sight loss, as walking into one can cause damage to the lower legs and knees. It is particularly dangerous to link lines of bollards together with chain or rope. Drainage grilles, manhole covers and gratings should not be put on a pedestrian route, but offset out of the line of travel. They should be flush with the surrounding surface and set at right angles to the principal direction of travel, so that long canes do not get trapped.

External steps

29) A problem was raised by several interviewees in respect of the potential danger of negotiating external steps and staircases, where the steps are indistinguishable from the walls. Interviewees talked of having had falls and accidents going up or down external flights of steps, which are often poorly lit.

30) Stairs should be colour contrasted with their surroundings so that the leading edge of the steps stands out. Re-marking in this way should be a regular feature of maintenance, monitored by the service provider. Colour contrasted stair rails further aid orientation and provide an added sense of security. External steps should be well and evenly lit throughout the day and at night. The underside of flights of external steps should be marked or protected, so that visually impaired people do not walk into them.

Street lighting

31) Good street lighting and security lighting are important, and the illumination of areas around the home patch is especially valued in respect of orientation and safety. This was an issue that was frequently raised in the context of living on large, disorientating and potentially intimidating housing estates, where people would sometimes lack the confidence to step outside their own front door at night.

32) So far as general street lighting is concerned, the aim should be to achieve a well-lit route with an even illumination level, and that does not create glare or suffer from uneven pooling of light and dark areas. Care should be taken to ensure that lighting columns colour contrast with their surroundings, and do not act as a focus for street furniture that someone with impaired vision may unknowingly walk into.

Signage and planting

33) People with impaired vision regret the decline in the everyday practice of ensuring that every house has a number on the gate, and they point out the value of tactile signage to identify street names and key local services, such as the dentist or doctor's surgery. Tactile signs that use raised or colour contrasted lettering, should be consistently positioned at a suitable height so that a vision impaired pedestrian can locate and read them.

34) Appropriate planting that has a distinctive shape, colour, aroma or texture will help people with impaired vision to find their way around their local environment and identify the different properties within their home patch. However, care should be taken to ensure that this does not interfere with free passage or become a trip hazard. The choice of planting should be slow growing, low maintenance, and should not make the surrounding pavements slippery. Planting should not be allowed to become overgrown, as it could offer a hiding place for the perpetrators of street crimes.

MANAGEMENT OF THE URBAN REALM

35) Much is made in the popular press of the failure of local councils to maintain roads and streets in a good state of repair, resulting in inconvenience to pedestrians, a rise in accidents and an increase in compensation claims. The consequences for visually impaired adults are more profound, and may result in their becoming prisoners in their homes. This is a matter of public awareness and education, as much as it is one of good design.

Blocked pavements

36) Cars and motor bikes parked on the pavements around the home are frustrating and sometimes dangerous obstacles to movement. Placing rubbish, wheelie-bins and dustbins on the street for collection can cause a real trip hazard for someone with impaired vision. Front gates should not be left open, so that they protrude onto the pavement. Home owners and local councils need to trim hedges and overhanging branches that obstruct the pavement and clear away slippery leaves that present a slip hazard. Members of the general public should be more willing to give directions and people with small children should be more aware of the fact that they may not be seen by someone with impaired vision.

Public Utilities

37) Providers of public utilities like electricity, water and gas need to be aware of their obligations in respect of ensuring the safety of pedestrians, when digging holes in roads and pavements. They should be made aware that their work is a potential hazard to people with impaired vision and needs to be well-protected. Scaffolding is another problem that building contractors need to be made aware of.

Commercial premises

38) Shopkeepers and commercial organisations need to be aware of the potential hazard caused by projecting pavement displays and advertising sign boards and should ensure that awnings, hanging baskets and signs do not obstruct safe passage at head height.

HOME PATCH

39) Location of housing is the most significant issue of all for people with impaired vision, the intuitive response regarding questions about the significance of housing in people's lives. A satisfactory housing location is one that offers proximity to important amenities, people and transport links. Location of housing can play a crucial role in helping visually impaired people develop a greater sense of independence, security, social inclusion and belonging, and so the character of the 'home patch' is an issue that should be very carefully considered by housing designers when

building new housing schemes, and by housing providers when considering offers of accommodation to such applicants.

Proximity to shops, facilities and transport routes

40) Most visually impaired adults do not drive, so being near to public transport and local amenities is crucial. There are strong feelings among service users that housing providers simply do not appreciate just how important proximity to key facilities is to adults with impaired vision. As a result, there is a widespread feeling of powerlessness with regard to obtaining accommodation that is in a good location.

41) Informants pointed out the importance of understanding the layout of the whole area they will be moving to, not just the accessibility of any essential daily journeys they may need to make. This may be something that a sighted housing or mobility advisor may not understand, and so they may concentrate on essential journeys and not think ahead to the wider need for leisure and socialisation.

42) Proximity is not only beneficial in respect of the practicalities of daily living, such as shopping, exercising and keeping appointments, but is also important in helping foster a sense of social inclusion. Housing providers should therefore locate housing for vision impaired people in integrated locations that are well served by public transport.

Safe and secure neighbourhood

43) Most people pay attention to their feelings of personal safety and security when moving about within their neighbourhood. Adults with impaired vision are no different from the population at large in this respect, but impaired sight has implications for how people perceive and assess risk. Adults with impaired vision are aware of the need for vigilance and extra security, particularly if they consider their neighbourhood to be relatively unsafe.

44) Seven out of every ten people we spoke to felt very or fairly safe in their neighbourhood in respect of its physical features and six out of ten felt so in respect of street crime and sexual assault. About one in four felt fairly or very unsafe in their local neighbourhood due to poor design or antisocial behaviour.

45) Safety in the neighbourhood is related to the amount of distracting information that needs to be processed, something that sighted people take for granted. In a busy neighbourhood, it is possible for a visually

impaired person to experience information overload, which heightens their sense of vulnerability.

46) Some visually impaired adults feel themselves to be a target for break-ins or muggings, especially if they are living on large, anonymous housing estates. To counter this, a door entry system, community alarm, an intercom or CCTV should be provided, and backed up by robust doors and windows with adequate locks. These factors should be borne in mind when making offers of accommodation to people with impaired vision.

47) We found that people with additional disabilities are more likely feel less safe in their neighbourhoods in terms of street crime or sexual assault that those with just impaired vision. The older our informants were, the less likely they were to feel safe in their neighbourhood.

48) People who felt physically unsafe in their neighbourhood were mainly concerned about poorly maintained pavements, uneven or unclear curbs, inadequate street lighting and poorly designed road crossings. Some informants mentioned the local council's duty in respect of street maintenance and cleansing. Another need was for more controlled road crossings. High contrast bollards and contrast strips on steps and curbs were thought to be helpful but, interestingly, only one individual mentioned the need for more textured crossing points, which may indicate that this aspect of street safety has now been implemented by most local councils.

49) Obstacles in the street such as rubbish, unguarded road works or overhanging branches contributed to people's insecurity. However, better levels of awareness among the general public and more considerate treatment by drivers, cyclist and pedestrians were also mentioned as factors that would increase physical safety.

50) Higher levels of street lighting were considered helpful in respect of crime reduction. However, some people felt that their personal insecurity in their neighbourhood could only be resolved by a move.

51) The single most important factor that people felt would make a positive contribution to reducing their personal vulnerability to crime or assault was to have a more visible police presence on the street. Better neighbours and a more cohesive local community were also stressed by a few individuals. People mentioned the need to be accompanied by an escort in respect of personal safety. Having a guide dog was also felt to be a deterrent in respect of street crime and anti-social behaviour.

Good neighbours

52) While living in a an anonymous area can make people with impaired vision feel more vulnerable, there is no doubt that living in a settled area, where a high proportion of local people are longstanding residents, does a great deal to enhance many vision impaired people's sense of safety and security within their local area. A good situation is one where there is *"a kind of village feeling"* and where people are well known. Where there is a local Neighbourhood Watch scheme in operation people feel this to be beneficial. Housing providers should be aware of these factors when making offers if accommodation to people with impaired vision and should not make offers of 'hard to let' properties in areas that are known to be insecure or to suffer from high levels of anti-social behaviour.

Familiarity and inclusion

53) Having an easy familiarity with the area in which we live is pleasant for everyone, but it is vital for someone with impaired vision. This is clearly most important in respect of personal safety. For people who are guide dog users, familiarity with a locality is important not only because it assures their own safety, but also because it affects the effectiveness with which their guide dog is able to work.

54) Where a neighbourhood is known and familiar to people with vision impairment, they become a familiar sight to neighbours, passers-by and local shopkeepers. This sense of belonging reinforces safety and reduces the sense of social stigma that, for some, seems to be a by-product of sight loss. Many housing providers do not appreciate how much effort is needed to 'learn' a new locality and so they may offer adults with impaired vision accommodation in an unfamiliar neighbourhood.

55) Familiarity with the layout of their home and neighbourhood enables adults with sight loss to produce a 'mental map' that boosts confidence and competence, both when going out and about and to manage activities of daily living.

EXTERIOR OF THE HOME

56) In the immediate environs of their home, people with visual impairment appreciate drives and paths that are easily distinguished from other surfaces and that help to guide them from their home to the street. It may be appropriate to 'personalise' the exterior of people's homes through the use of different front boundaries and gates, individually chosen planting and the design and/or colour of the front porch or front door.

Drives and paths

57) Pathways around the home should be hard, smooth, level and non-slip, even when wet, and this may involve re-surfacing worn or uneven paths. Colour contrast and texture can be used to indicate the different areas of the external environment, including where it is safe to walk and which areas to avoid. Where a path runs close to a wall, it should be differentiated by using contrasting colours for the path and the adjacent wall. Surface materials that make different sounds underfoot can help people with impaired vision to orientate themselves when out of doors. Sound can also be used to detect the approach of a stranger.

Outside lighting

58) Porch lighting should be provided to illuminate the entrance to the home after dark. Additional, sensor activated security lighting around the home that also provides an audible signal inside, is a valued security measure that can be used to indicate when someone is approaching the house after dark. Lighting to the side and rear of the home should be considered, especially where there are external paths that may be used after dark. For people with a guide dog, the dog run needs to be illuminated so that they can let the dog out to 'spend' after dark.

Garden space

59) Garden space is helpful in providing an alternative to the usual four walls, and can be particularly important for those who have additional disabilities as well as sight loss. A garden is also valued as an escape from the home setting by those who cannot afford to go out much. Having a garden is therefore not a luxury, but something that really can improve the quality of life of adults with impaired vision. The design of the garden as a sensory environment can considerably enhance vision impaired people's enjoyment of their outdoor environment.

60) Eight out of every ten informants we spoke to said that a garden was either very important or quite important to them. Our informants also indicated that a garden or an open space is of a greater importance for people with a low income. For visually impaired adults with a low income, acquiring a garden has a greater 'marginal utility' than for those who can afford to go out more often or engage in other (often costly) activities and ways of spending a free time.

Guide dog run

61) Ground-floor accommodation, with generous rooms and an enclosed dog run in the garden is a practical necessity for someone who is a guide dog

user. This should not be taken to mean that it is impossible for someone without a garden to have a guide dog, but as an indication that the dog is easier to manage if it can be let out at will. Not having a garden can lead to a degenerating problem shift where the lack of a garden means that the individual cannot have a guide dog. Not having a guide dog degreases motivation to get out and about and to do so safely. Not going out increases social isolation. Conversely, having a guide dog can be a massive boost to confidence.

Ground versus upper floor accommodation

62) Many adults with impaired vision strike a conscious balance between access issues and their sense of safety and security at home. Living above ground level undoubtedly adds to some people's sense of security in their own home, but others may feel *"trapped"* by living at an upper level. On the other hand, people with reduced mobility or a guide dog may need or prefer a flat on the ground floor. Housing providers need to appreciate that people are individuals in this respect and should not be prescriptive either in excluding visually impaired adults from ground floor accommodation, or alternatively, on insisting on it.

SPACE IN THE HOME

63) Half our informants, living in all types of housing, said that they did not have enough space in their current home and three in every ten informants said that they had insufficient privacy in their home.

64) Insufficient space is one of the top priorities for people with sight loss. They require additional space or flexible space in order to balance competing needs for entertainment, support, hobbies and assistive technology, and all this in an environment that is hopefully free from impediments and hazards. The problem of insufficient space is particularly acute for single people living in social rented sector, as the official view is that these people only require a one bedroom flat.

Space for low vision equipment

65) Interviewees most commonly raised the need for additional storage space, often in the context of low vision equipment and items that need to be carefully placed, out of harm's way. Ideally, low vision equipment is best kept to one room, out of the way of general thoroughfares and circulation spaces, so that it does not become an obstacle. This is not equipment that

a sighted individual would need to accommodate. Braille books and 'talking books' also require a great deal more storage space than conventional books.

66) As well as potentially causing an obstacle, low vision equipment, if not discretely located, can draw attention to an occupant's disability and symbolise their difference. Vision impaired people therefore agree that it is preferable to have a room specifically dedicated for low vision aids and equipment.

67) Another reason for needing adequate space for equipment is that more people now work at home, a practice that is growing in society at large and one that is likely to include a high proportion of people with vision impairment, who find it more difficult to secure employment in the mainstream job market. Many visually impaired people believe that housing providers do not really understand that the need for extra space for equipment is a requirement not a luxury.

Space to accommodate overnight guests or carers

68) A common theme arising in studies of disability and housing, and one certainly endorsed by this study of adults who have sight loss, is the preference for a separate, 'spare' bedroom that can be used by family, friends or carers. People with multiple disabilities are, perhaps, most obviously in need of extra space to accommodate carers, but the need for extra space can be a great help to those with vision impairment who require occasional informal care.

69) Given the inaccessibility of much of the mainstream housing stock, having a spare bedroom means that visually impaired people can at least invite people to stay, thereby normalising social relationships that able bodied people take for granted. Friends who are not local may be more inclined to visit if they can stay over, a very common refrain and one that emphasises the unmet need for company and sustained friendships experienced by many with sight loss.

Space to be sociable and space to be private

70) It is very important for people with vision impairment that every opportunity is available to be socially included. Space in the home is relevant, in as much as limited space reduces the possibilities to associate with guests and interact normally as a host. This can be a concern for those who live in supported housing schemes, particularly for those who tend to be

vulnerable to social withdrawal or isolation. Clearly the amount of space that is available for entertainment has an impact on use and enjoyment of the place as a home. Visually impaired adults often envisage their ideal home not with pretensions of grandeur but with fairly normal aspirations, to live in an ordinary but sufficiently spacious property.

71) Space is also necessary in shared households to guarantee that occupants have sufficient privacy. In this respect, more visually impaired people who were out of work felt that they did not have enough privacy at home compared with those who were in paid employment. Those whose income left them struggling financially were also more disadvantaged in terms of the perceived amount of space they had to accommodate their daily needs and the amount of privacy they enjoyed.

Space to be free from harm

72) People with vision impairment are more likely to experience confined spaces as potentially hazardous, with small, unseen objects, or larger items of furniture, causing obstruction and possible accidents. The shape and layout of rooms can pose a hazard if these are irregular or badly designed. Square or rectangular shapes are preferable.

73) In this respect, respondents with a congenital sight loss felt relatively safer in terms of the physical design of their homes than those who lost their eyesight during childhood, teenage years or adulthood.

74) The proportion of our informants who felt very safe or fairly safe in terms of crime at home decreased steadily as age increased. In this respect the attitudes of visually impaired people do not differ from the general population. Only 7% of informants with no additional disabilities saw any reasons to feel fairly or very unsafe at home in terms of crime, whereas this proportion was much larger among people with multiple disabilities as nearly one third reported feeling fairly or very unsafe in their own home.

Flexibility

75) Flexibility is an important design principle to bear in mind, as this makes it possible for a property to be adapted to individual needs, or to be altered as the occupant's sight or health needs change. This point is particularly relevant in respect of people with a condition that is known progressively to deteriorate, to cope with the additional low vision equipment that is needed to keep in touch with the world, and so that the home can be adjusted to deteriorating sight where necessary. People's homes need 'future proofing' to safeguard independence in the light of a degenerative

condition, as well as 'retro-fitting' to bring the home up to a decent standard of living.

INTERIOR DESIGN

76) The general principles of interior design in respect of blind and partially sighted people are simple to remember and implement; they are to make things bigger, bolder and brighter. Three more things that will make a difference are to keep the layout simple, accentuate the physical features of the environment to make them clearer, and provide good, glare free lighting so that people with some residual sight can make the most of it. Good lighting and colour contrast are simple, inexpensive and effective measures that can make a great deal of difference to the lives of visually impaired people. Adults with impaired vision also regard it as important to have a clear, logical layout.

Lighting

77) Well-designed lighting need not be expensive, and it is often a low-tech modification that can dramatically improve quality of life in and around the home. There is a common misconception that higher than usual light levels will help everyone with impaired vision to see better. However, this is not the case, and housing providers should be aware that some people are seriously adversely affected by light and find even modest levels of illumination painful. Lighting in the homes of people with impaired vision needs to be tailored to their personal requirements, and so adjustable lighting that offers people choices is preferable to a standard, one-size-fits-all solution.

78) Unlike the design of much ordinary domestic lighting, artificial lighting for people with impaired vision should not create an uneven distribution with pools of light and shadow, as this can be experienced as uncomfortable and disorientating. People find the corners of rooms particularly difficult to light well, and it may require a combination of ceiling mounted and wall mounted lighting to resolve this problem to give an even distribution of light within the room.

79) Glare, in particular, can cause real pain for people with some eye conditions and should be avoided. Spotlights are generally not recommended, but carefully adjusted task lighting can be used to good effect to supplement ambient lighting.

80) Lighting is particularly important in the kitchen, a room where there is an obvious potential for accidents. Here, adequate illumination levels can have a major impact on people's capacity for self-care. Lights that shine directly onto the kitchen worktop are more useful that ceiling mounted lights. Spotlights will make a specific area of the work surface brighter whereas fluorescent lighting will light the whole work surface evenly. Bare lamps should not be installed, as these cause glare.

81) Automatic lighting may benefit some people. This can be achieved with infra-red sensors, but it is expensive to install. Adapting to changes in light level can pose a serious problem for people with certain eye conditions, such as tunnel vision. Switching off main room lights and using only side lights to reduce the overall illumination level will not help this condition, as the light that remains will be uneven. It is therefore helpful to keep light levels the same throughout the home.

82) People who find bright lights distressing may find a dimmer switch on the hall light particularly useful in this respect, as it can be used to adjust the lighting level up or down as necessary, in making the transition from outdoors to indoors or when moving about from room to room in the home. Dimmer switches are particularly useful, as they enable the individual to control the lit environment of their home. Generally, switches should be placed on the opening side of the doorway so as to be within easy reach as a person comes through the door, and should contrast in colour or tone with the background wall on which they are placed.

83) Obtaining adequate lighting may boil down to something as simple as selecting the correct bulb for the purpose. The most common light bulbs are tungsten filament bulbs. The higher the wattage, the brighter the light emitted and the hotter the bulb gets, so care needs to be taken to avoid direct contact with the bulb as this may cause burns. Higher wattage bulbs also use more electricity, a factor to be taken into account by people on low incomes. Clear light bulbs may be uncomfortable; frosted or white bulbs may be better. Daylight bulbs are more expensive but may suit some people.

84) Halogen lights are an alternative to filament bulbs. They are very bright indeed, but they are also more expensive to buy, get very hot and use a lot of electricity. Fluorescent bulbs are expensive to buy, but inexpensive to run. They can give off more light than ordinary bulbs of the same wattage, do not get hot, come in daylight colours and last up to eight times as long as a filament bulb. Selecting the right bulb to suit individual needs is often a matter of trial and error.

85) When installing lighting, care should be taken to avoid trailing leads and not to overload the system. Finally, issues arise in respect of lighting maintenance. The lighting is only effective if the bulbs are easy to change.

Colour and tonal contrast

86) Colour and tonal contrast, especially when combined with good lighting, can make an enormous difference to a visually impaired person's ability to understand and 'read' their surroundings, but this is not necessarily appreciated by the sighted world. Good use of colour is not just a matter of decoration or even of taste. It can make the difference between being able to move about safely at home and being totally unable to navigate the domestic interior. Everyone likes to feel that their home is well presented, but housing providers need to understand that redecoration may be a necessity not a luxury.

87) Ceilings, walls, floors, doors and openings are critical surfaces that should be differentiated from one another to facilitate easier navigation and wayfinding, Shiny, high reflectance surfaces like gloss paint cause glare. This is confusing and visually disorientating for people with impaired vision and hence should be avoided. Matt or sheen surfaces are therefore preferable to gloss finishes. Objects stand out better against plain or muted, small-scale patterns, but blend into big, bold patterns. Most visually impaired people like their room to be painted in light colours, but bright white is not a good choice as this can cause glare.

88) It is easier to pick out the major features of the room like doors, walls, ceilings and the floor if they are decorated in tones or colours that contrast with one another. If fixtures, fittings and furniture are also selected to colour contrast with the background colour scheme, this will enable them to be easily located and identified. If a border is placed round the edge of a room, or along the length of hallways and corridors, this can help the walls to stand out. However, people with impaired vision stress that the use of colour and tone should not be so pronounced as to make their home look abnormal to sighted people.

Living room

89) The living room does not normally pose much of a hazard, provided that the furniture is pushed to the walls and the centre of the room is kept clear. The principles for interior decoration are similar to other rooms in the home. Walls should be decorated in pale tones with a matt surface finish, and the surface should be comfortable to touch as some visually impaired people find their way by feeling along the wall. Flooring should be plain, and bold busy patterns should be avoided as this may cause disorientation. A plain finish also helps someone with a visual impairment to find small items that have been accidentally dropped on the floor. Pale

ceilings help to brighten the room and cast a more even light. Large areas of clear glazing should be marked out with a band or motif at eye level so that they are visible to someone with poor sight, and full-length mirrors should be avoided as these could produce disturbing distortions to the space in the room.

Bedrooms

90) As many adults with impaired vision also have additional health problems, it should be borne in mind that some people may need to spend a great deal of their time in their bedroom. The lights should be controllable from the bed, and there should be adequate provision of switches, task lighting, bedside phone, TV points and electrical sockets for a radio, clock or computer. It may be appropriate for the room to have an entry phone point or CCTV. There should be plenty of storage space. Any door handles or drawer knobs should colour contrast with their background. Built-in wardrobes should have sliding doors and be fitted with an interior light. Built-in furniture should have rounded edges to prevent accidental injury.

Kitchens

91) Everyone appreciates a well-designed kitchen, but the kitchen can be a particularly hazardous place for people who have vision impairment, with ordinary furnishings and equipment experienced as potential impediments and hazards. It is important that the correct layout of the kitchen is adhered to in respect of a safe, comfortable and efficient relationship between the sink, cooker, fridge and the surrounding work surfaces. The sink needs to be close to the cooker hob but there should also be a clear work surface on either side of the hob so that heavy or hot pans can be transferred easily from the cooker to the sink or an adjacent worktop. Workspace should be provided next to the fridge, so that items can be easily lifted out and set down safely.

92) Kitchen units should contrast with the colour or tone of any adjacent wall or floor surfaces, and the door and drawer handles should contrast with the units themselves. This helps a visually impaired person easily to find their way around their kitchen. The work surfaces themselves should be plain, non-reflective, and contrast in colour or tone both with the floor and adjacent wall surfaces and with the fronts of kitchen units. The front of the work surface should have a rounded edge to minimise the risk of bumps and bruises. If this colour contrasts with the work surface and the front of the below worktop units, the edge will be easier to see.

93) Some people find shelves in the kitchen are more of a hazard than cupboards. Glass shelves are particularly difficult to see, and so should be avoided. Cupboards with sliding doors are safer than those with side hung doors, which can be left open, making for a collision hazard. It may be necessary to define the edges of worktops and high level cupboard doors with paint or tape.

94) Adequate natural and / or artificial lighting is particularly important in the kitchen as poor lighting levels could result in increased accidents in the home. The lighting in the kitchen should be adaptable and evenly distributed to prevent an uneven spread of light over the work plane. If required, extra task lighting may be installed under the wall mounted units in the kitchen to help illuminate the work surface and prevent someone from working in their own shadow. If fluorescent lights are specified in the kitchen to give a bright, even spread of light on the work surfaces, they should be fitted with a diffuser to protect the eyes from glare. Installing dimmer switches is a good way to provide adjustable lighting to suit people's individual requirements.

95) It may be helpful to place the sink under the kitchen window to maximise the use of natural light. If so, the kitchen window catches and coverings should be easy to reach and operate and window coverings should be adjustable to reduce glare. The hot and cold taps should be consistently positioned throughout the house, and easily distinguished from one another by feel, for example by raised H and C lettering. Lever action taps may be easier to operate than screw taps. Alternatively, mixer taps can be provided.

96) Fitted kitchen equipment and 'white goods' should be selected with accessibility in mind. Dials should have clear numbering or lettering for people with some vision, and tactile information will be of assistance to those with seriously impaired vision or no sight. 'Talking' equipment is popular among adults with impaired vision, but less intrusive audible clues, such as the number of 'clicks' on a dial, may be equally acceptable. Controls on the front of equipment may be easier to read than controls located on the side or top. The design of the oven, hob and grill should be given especially careful consideration. Some manufacturers now make white goods that are inclusively designed and incorporate features to assist people with visual impairment. It may be necessary to train the householder in the use of any new equipment.

Bathrooms and toilets

97) The bathroom is another potentially hazardous area in the home that needs to be well designed for everyone. The safety features that protect

people with impaired vision against accidental injury are also likely to be appreciated by other members of the household. Care should be taken to avoid making the bathroom look unwelcoming and 'institutional'.

98) One area of potential hazard is the bath or shower. Accidents can occur whilst getting into and out of the bath, or when using a shower mounted inside a bath. One way of avoiding this problem would be to provide a level access to the shower, with a non-slip finish underfoot. However, some blind and partially sighted people are unwilling to install a walk-in shower because their partner or their children prefer a bath. Where there is sufficient space, families may benefit from having both a bath and a walk-in shower.

99) Where there is a walk-in shower, this should colour contrast with its background, and have tactile, audible and visual controls. It should be possible to adjust the height, direction and force of the shower head. If the shower has a screen, the leading edge of the screen should contrast with the rest of the screen to prevent someone with impaired vision from walking into it. If there is a shower curtain, this should contrast in colour or tone with the adjacent surfaces.

100) Colour contrast is important throughout the bathroom. Wall and floor surfaces in the bathroom should be non-reflective, with a matt or soft sheen, to reduce glare, and should also be waterproof and easy to clean. Flooring should be easy to clean, waterproof and non-slip. Bathroom / WC fixtures and fittings, such as the toilet, wash hand basin, bath or shower tray, towel rail, toilet road holder and soap dish, etc., should all colour contrast with the walls and floor against which they are positioned. The toilet seat should also contrast in colour with the WC pan. This helps someone with impaired vision easily to locate and distinguish the various items of equipment. Providing an extractor fan that operates when the bathroom light is switched on will not only reduce condensation but will also indicate to people with no vision that the bathroom light is on.

101) A large flush handle should be provided on the side of the WC cistern that is further away from the wall. A plunger washbasin plug is easier for someone with impaired vision to locate and use than a loose plug or a plug that is on a chain. The specification for the taps should be similar to that for the kitchen. Consideration should be given to a thermostatically controlled hot tap to prevent accidental scalding.

102) Only a small number of adults with impaired vision in our survey made use of bath aids, and these tended to be older respondents. However, a colour contrasting grab rail may be useful within the shower cubicle and / or on the wall adjacent to the bath to help people getting into and out of the shower / bath. The wall and the fastenings need to be

strong enough to take the weight of an adult. Plastic coated rails are warmer to the touch and metal rails.

103) The space between the bath and washbasin can be *'unhelpfully tight'*, particularly if the occupant requires personal assistance in respect of grooming routines or other aspects of care. Bathrooms are rooms that are often cramped and yet contain glass objects and large furnishings, an environment, therefore, which can be especially hazardous to those with sight loss. Extra shelving may be required by the bath, shower or wash hand basin to store items safely and accessibly.

Entrance, circulation and floor finishes

104) The thresholds to the front and back door should ideally be level or, if there is an upstand, this should contrast in colour and tone with the adjacent floor surfaces. Front door mats should be firmly fixed, to prevent tripping. Where people require it, good illumination levels are particularly important in preventing trips in halls and falls on stairs.

105) Matt floor finishes such as carpet or vinyl are preferable to shiny surfaces and the colour should contrast with the walls. One informant recommended *"wooden floors"* (laminate) because they were light, non-slip and easy to keep clean. Changes in floor finish can be used to indicate different areas of the home. Carpet that has a strong directional weave, pile or nap should be avoided, as these types of floor finish are difficult to negotiate with a wheelchair, walking frame or pushchair and are also harder to clean.

Stairs

106) It is important that a visually impaired person with residual sight is enabled to distinguish the difference between the riser and the stair tread. This can be achieved by colour contrast, and by highlighting the nosing of the stair at the edge with paint or with a white plastic strip to further aid the distinction between the stair tread and the riser. Reflective materials such as polished metal strips are not suitable for this purpose, as they may be slippery and can also cause disorientating glare.

107) As poor lighting can be a contributory factor to misreading where to place one's feet on the stairs, it is important to ensure that there is adequate lighting in the stair well. The recommended level of lighting on stairs in communal circulation areas is an illuminance level of 100 lux; however, an illuminance level of 150 lux may be more appropriate in accommodation for people with impaired vision. In this respect, it is

important to maintain the lighting by regularly cleaning, checking and replacing the bulbs and fittings, as if this is neglected the emitted light level will be correspondingly reduced.

108) The stairs themselves should not be too steep, and they should have an adequate 'rise' and 'going' so that strain is avoided and there is plenty of room to place the feet flat on the stair. Open riser stairs that are confusing, or spiral stairs that disorientate, are not suitable for the homes of most visually impaired people.

109) In both domestic and communal situations, handrails should be provided to both sides of the stairs that have a comfortable, circular or oval section and are contrasted in colour or tone with the adjacent wall surfaces. A wood or plastic finish is warmer to the touch than a metal handrail. The fixings for the stair rails should allow for continuous hand contact with the handrail. The handrail should continue for 300 mm beyond the top and bottom stairs, to provide extra support and guidance.

Internal lifts

110) Where a lift is included in specialist accommodation for people with impaired vision, the lift landing area should be defined with respect to the surrounding floor area by a contrast in the colour and / or texture of the floor covering. This helps people with a visual impairment to see where the lift doors are. Changes in the floor finishes should be flush to prevent tripping.

111) Some people with impaired vision become confused when entering a lift, due to the dark interior. The sensation can be like stepping into an open, unguarded lift shaft. The lift interior should therefore be well lit and the floor should contrast with the walls in colour or tone. The emergency communication system in the lift should include an audible response to emergency calls, such as a voice, tone or bell, as someone with impaired vision may be unable to see a visual indicator which signals that their call has been received and that help is on the way.

Doors and doorways

112) Doors, door furniture, windows and window fittings may all need slight modifications to suit visually impaired users. Negotiation of small flats can be made more difficult by narrow doorways, and it may be appropriate to install wider than normal doors, such as those specified by the providers of Lifetime homes. However, others did not like wide doors.

113)   Doors pose a collision hazard for people with impaired vision, especially if they are left ajar. They need to be distinguished by colour contrast from the surrounding walls and door frames, to accentuate their presence. Some of our informants had removed their internal doors, to allow easier internal access and to prevent the potential for painful collisions. Others had installed hooks to hold their doors open.

114)   Internal doors should therefore be self-closing, or hinged to open flat against an adjacent wall. Another solution may be to install sliding or folding doors. If a door has glazing, this should be of toughened glass. Sliding glass doors pose a hazard because it can be very difficult to tell whether the doors are open or shut. Adding an attractive, coloured transfer can make it easier to see if the doors are closed.

Door furniture

115)   Door furniture includes hinges, house numbers, door locks, doorbells, door handles, bolts, safety chains, letterboxes, letter cages, etc. Door furniture should be well positioned, colour contrasted with the background surface of the door, and should be easy to 'feel', find and operate. The letterbox should be placed in the centre of the door at a convenient height and a letter cage used to catch incoming mail, so that mail does not build up behind the door and become a trip hazard. Door handles should be of a lever-action type and should contrast in colour or tone with the door itself. Doors should be hung consistently throughout the home.

Windows

116)   Many people with sight loss prefer large windows and high levels of natural light. If this is done, care must be taken in respect of orientation to avoid glare. However, too much light can be painful for some people with impaired vision, especially direct sunlight that can cause glare. It is therefore important that individuals can control the amount of natural daylight coming into their home.

117)   Fully adjustable, vertical window blinds are the best means to achieve this. However, blinds should not be regarded as a substitute for curtains, which are better option for heat retention and to provide a more homely atmosphere. Outward opening windows should not be used next to a pathway on the ground floor, as these can easily be left open and walked into by accident.

Window fittings

118)   Window catches and fastenings must be easy to use. Particularly on the ground floor, locking windows that have a restricted opening may provided added security. Small *'fiddly'* keys that are difficult to use but easy to lose should not be specified.

Switches and sockets

119)   It is generally helpful to people with impaired vision if the design and location of switches, sockets and environmental controls is consistent throughout the home, as this makes them easier to find and identify. It is possible to obtain light switches and electrical sockets in which the actual switch colour contrasts with the switch plate as well as the background wall surface. If this is not possible, painting a contrasting strip round the outside of the switch or socket enables it to be picked out from the wall.

120)   Switches and sockets should be set at waist height, so that they are easy for people with impaired vision to locate and reach. Because people with impaired vision rely to a greater extent than sighted people on assistive technology for information and communication, their need for electrical sockets may be correspondingly greater, and so housing providers should ensure that there are plenty of power points in properties intended for visually impaired people.

Environmental controls

121)   Clearly, it makes sense for environmental controls, such as the domestic boiler, central heating system and timers, room thermostats, stopcocks and fuse boxes, to be easy and safe to access and simple to operate. However, in mainstream housing these are often located in inaccessible positions under the sink, or in a corner cupboard, and so they may need to be moved if someone with impaired vision moves in. In new homes, domestic controls should be placed in accessible locations, but out of harm's way. Audible, tactile and visual cues to operating these will be of assistance to people with impaired vision.

122)   Setting programmable timers for central heating and hot water systems can be difficult for someone with sight loss, as the controls are usually small and fiddly. This problem can be overcome by specifying equipment with an embossed tactile indicator or large, high visibility markings.

123)   Thermostats for heating and hot water should be set at a sufficiently low temperature to avoid burns or scalding. Hot pipes and radiators are a potential source of burns, and so these should be boxed in to prevent someone with impaired vision from making direct contact with dangerously hot surfaces.

124)   Electric meters and fuse boxes should not be placed high up on the wall, where they can only be accessed by a stepladder or by standing on a chair. Meters and fuse boxes should not protrude at head height, where someone can bump into them.

125)   Normally, the service metres for the gas, electricity and water supply should be accessible from the outside of the property. People with impaired vision may find it difficult to take their own readings and they may also find it difficult to check the credentials of the meter reader, especially if identity is not produced in an accessible medium for communication. Locating metres outside the home will reduce the risk of unauthorised people gaining access to the interior. However, it is advisable to check first with the occupant, as some visually impaired people have told us that they would prefer to have their meters indoors.

Smoke detectors

126)   Ceiling mounted, free-standing, battery operated smoke detectors can cause problems for people with impaired vision, as replacing the batteries can be difficult and dangerous. People may be tempted to stand on a chair or stepladder to reach out of the way equipment of this kind. A mains operated alarm with a back-up emergency battery is therefore preferable to a simple battery operated, ceiling mounted unit.

Internal security

127)   Nine out of every ten informants felt very or fairly safe in their home in respect of the design of its physical features, but only seven out of ten felt safe at home in terms of their perceived vulnerability to crime and harassment. About one in ten felt fairly or very unsafe because of the way their home was designed and nearly a quarter felt so in respect of vulnerability to crime or harassment.

128)   In respect of physical safely in the home, the factor that was most often mentioned was the need for additional space which, it was felt, would make moving about much safer.

129)   The features that people suggested would make them feel safer and less open to harassment in the home included an alarm system, more secure doors, locks, windows and catches, better outside lighting, a locked security gate, a panic button, CCTV entryphone or intercom and a smoke alarm. However, several people felt that their problems could only be solved by moving to a better area or to a home with a secure garden.

130)   It is important to install a secure door entry intercom system in homes where there is communal access. However, in the light of visually impaired people's concerns about safety, it should be borne in mind that a home security system provides reassurance for anyone who is unable to see well enough to identify callers to the home. A door entry system or community alarm system, together with a robust front door with adequate locks, helps foster a greater sense of safety and security, and should therefore be considered a basic requirement, not just for people living in communal access homes or in the inner city, but in all types of housing and in all locations. Security gates are also valued, but the opening mechanism of any gates that are provided should be easy for someone with impaired vision to operate.

131)   Within the home, a burglar alarm system that is linked to a call centre and local police may provide extra peace of mind. Such systems are becoming more sophisticated, with a voice link to determine what response is required. Where technology is used to provide added security, consideration needs to be given as to how the system will be maintained as well as to where it will be installed.

HOME ADAPTATIONS AND ASSISTIVE TECHNOLOGY

Adaptations

132)   Despite the fact that many of the measures described above are simple and cost effective, we found that only half of our informants had actually made any physical alterations or adaptation to their home to help them cope better with impaired vision. This finding was not related to tenure. The rank order of the physical changes made to people's homes was to furniture, lighting, decoration, floor finishes, fixtures and fittings and space layout.

133)   Just over four in every ten informants had made simple changes to their furniture arrangements like pushing the furniture to the walls to open up the centre of the room, adding extra shelves or getting rid of clutter.

134)   Four in ten had made changes to their lighting. Most of these had installed brighter lighting. Other measures included adding task lighting, installing fluorescent lighting or making light levels more controllable through a dimmer switch. Simple changes made by several people included the use of daylight bulbs, removing lamp shades, installing an outside light at the front door or back door, adjusting the light sockets so that they were easy to reach, and either using wall lights instead of ceiling lights or, on the other hand, removing glaring wall lights. One in ten of those who had made changes took measures to reduce the natural or artificial light levels in their home. Many of those who changed their lighting had made several adjustments, perhaps indicating that lighting is more amenable to fine-tuning or individual tailoring to suit personal requirements in different areas of the home.

135)   A quarter of informants and half of those who had made any changes at all, had increased the amount of colour contrast in their interior decoration or redecorated their home in lighter, brighter colours.

136)   Only one in five had made changes to the floor finishes, by installing non-slip flooring, removing loose rugs and mats, laying a lighter wood strip or laminate floor or carpet tiles that can be individually replaced.

137)   Fewer than one in five had made any changes to fixtures and fittings, by aligning light switches and power sockets so that they were always in the same place, installing switches that were easy to operate, painting a line around the light switches with photo-luminescent paint so that the location of the switch could be easily identified in the dark, increasing the number of electrical sockets and adding extra sockets in the kitchen. Three individuals had acquired easy to operate window catches or windows that were easy to open and close.

138)   Fewer than one in five had made changes to the layout of their home. The most popular changes were to the doors, either by removing unnecessary or dangerous doors, wedging internal doors open or altering their position so that they were more convenient for circulation. Another popular change, for those who could afford it was to install a walk-in shower. One or two informants had installed a downstairs toilet.

139)   Demand for a guide dog is higher in the younger age groups than in later life. 14% had a dog and another 22% would like a guide dog. As having a guide dog has implications in respect of housing this is an important finding. Several informants were unable to have a dog due to other limiting disabilities such as being a wheelchair user or because their current home was unsuitable for, or had inadequate facilities for a guide dog.

140)   Amongst the alterations that people had made to their home to accommodate their guide dog were making a dog run /pen, erecting fences and gates to stop the dog escaping from the garden, building a toilet area, arranging a special place for the dog to sleep in, and setting aside cupboard space for the dog's supplies.

141)   The two most important housing-related factors that prevented those who would like a dog from acquiring one were insufficient space to accommodate a dog and the lack of a garden. Lifestyle factors, such as awareness that being a dog owner would be restricting, or not feeling physically active enough to own a dog, were also preventing several people from taking the plunge.

142)   The low take-up and low-level nature of home interventions may relate to perceptions among many adults with sight loss that they are not sufficiently 'in control' of their current home setting. However, four out of every ten people we spoke to were dissatisfied with the physical state of their home, pointing to a large unmet need in this respect. These individuals mentioned a wide range of problems that made their current home unsatisfactory. The list was extensive and included, in rank order from the most to the least mentioned: better colour contrast, better lighting, a walk-in shower, improved window design, improvements to external stairways, walkways and lifts, a separate or larger kitchen, more space, a better laid out kitchen and more appropriate furniture.

Assistive technology

143)   Because of the high costs of assistive technology, many VIPs with a low income cannot afford to purchase it. Even so, by contrast with the low take up of home adaptations, seven out of ten interviewees had acquired aids and equipment to help them at home. The rank order of popularity of assistive technology was for talking gadgets, ICT solutions, textural information, extra security, adapted telephone and bath aids. Unlike older vision impaired adults, younger visually impaired people had more use for 'high-tech' solutions and were less attracted to low level interventions.

144)   Talking gadgets were the most popular form of technology for this age group. Even so, only six out of every ten informants had any talking gadgets in their home. The most popular talking gadgets were a clock, talking books and newspapers and kitchen scales. The next most popular items were a microwave or a conventional oven, followed by a talking watch or calculator.

145)   Three in every five informants owned some form of ICT (low vision equipment, an adapted computer or a voice-activated computer). Several individuals who read Braille had specialised equipment for this purpose. Others had a document scanner, CCTV, or a screen magnifier.

146)   Two out of every five informants had added textural information to domestic equipment and controls, mainly to kitchen white goods.

147)   Relatively small numbers of vision impaired adults had either taken advantage of customisation in telecommunications technology or alternatively could find a product that was suitably adapted to their requirements. The most popular options here were a mobile phone, large digit phone, a phone with memory to store frequently used numbers, a phone with high contrast numbers, talking identification for callers, a cordless phone and a telephone that records conversations. The inference is that, wherever possible, vision impaired adults prefer to use a mainstream product and only opt for a customised one when this affords a perceived benefit.

148)   One third of those questioned had introduced extra security measures into their home. Interestingly, six in every ten people with a congenital vision impairment had installed extra security measures compared with under one third of those who lost their sight as a teenager or as an adult. The most popular security measures were a smoke alarm, intercom or CCTV. Traditional 'target hardening' (adding window locks or door locks, security chains, a security gate, London strip (to prevent the door from being opened with a jemmy) and window grilles) was perceived by a substantial minority to be an important, perhaps more affordable or more reassuring, alternative to technology. Nonetheless, the low take up alarm technology, particularly of smoke alarms, which are inexpensive and relatively simple to install, could be a cause for concern.

149)   Bath aids were found to be of use to less than one in ten of informants. No one in this age group had bath boards, a more common solution to older people's bathing requirements. These would appear to be mobility-related not a requirement of impaired vision. bathing is not a serious or problematic issue for this age group even though many have multiple, often seriously limiting disabilities.

150)   In practice, we found that adults with multiple disabilities were more likely to make adaptations to their home environment than other groups. However, special attention has to be given to the needs for physical adaptations and the acquisition of suitable aids and equipment for visually impaired adults with additional disabilities, as this group also emerged as having particularly wide and unsatisfied needs in these two areas.

151)   The actual rate of physical adaptations was the lowest among informants with no vision. Nevertheless, people who had a vision impairment since birth were the most satisfied with their home in terms of aids and equipment, while those who became visually impaired during childhood or teenage years were the least satisfied. We also found that those visually impaired people who were struggling financially were more dissatisfied with their homes in terms of aids or equipment.

152)   On the other hand, visually impaired people living with a partner engaged less often in making physical adaptations to their homes than those without a partner, perhaps as a result of compromise between personal and family needs. The Black minorities were the least satisfied in terms of the physical adaptations and equipment they possessed in their homes to facilitate their lives with a visual impairment.

SUMMARY AND RECOMMENDATIONS

153)   The housing needs of adults of working age with a visual impairment are often complex, with service providers citing the importance of the interior home environment (for example, features such as lighting and staircases), the neighbourhood environment (for example proximity to local services and transport), as well as housing related support needs (including assistance with DIY and managing bills).

154)   Detailed housing requirements reflected the importance of three particular issues: space, home maintenance and location, which, in various ways, influenced opportunities to be socially included, safe and self-determining in daily life.

155)   Planners, architects and designers should adopt inclusive design principles, not only when designing housing specifically for people with visual impairment, but also when designing public and community spaces.

156)   Town planners should consider the adverse impact that low density, dispersed towns accessed primarily by the car has on the lives of visually impaired adults. Strategic plans should encourage measures that increase the integration of visually impaired people within mainstream society.

157)   Housing providers should develop a portfolio of housing that is suitable for visually impaired people and that offers a choice of residential scales and settings.

158)   Vision impaired people should consult their local area plan, unitary development plan or speak to their local planning officer, to find out about any planned changes to the area in which they live.

159)   When selecting a property that is suitable for a vision impaired occupant, attention needs to be given to the layout and character of the surrounding road network, including the location of safe crossing points on busy roads.

160)   More controlled road crossings should be provided, that are adapted to the requirements of visually impaired people.

161)   Public transport systems need to be designed in such a way as to make them accessible for people with impaired vision. This includes access to information and timetabling, as well as access to transport interchanges and vehicles. Transport staff should be given regular disability awareness training to support good customer care.

162)   Expert design advice should be sought to ensure that the public urban realm is accessible for all, including people with impaired vision.

163)   Good management of the urban realm should ensure that it is safe for people with impaired vision. This should be supported by campaigns to raise public awareness about the dangers of creating trip hazards by leaving obstructions to free passage on the pavement.

164)   Housing providers should endeavour to locate housing for vision impaired people in safe, integrated locations, with good local shops and amenities, and that are well served by public transport.

165)   Thought should be given to the external environment of the home so that it is convenient and safe to use. A garden is a feature of particular value to adults with sight loss in terms of safety, amenity and enjoyment, provided that is not too difficult to maintain, and it is a practical necessity for guide dog users, who should be provided with a secure dog run.

166)   Housing providers should not be prescriptive either in excluding visually impaired adults from ground floor accommodation, or alternatively, on insisting on it.

167)   The design of housing for people with impaired vision needs to be sufficiently spacious to accommodate their furniture and possessions, to entertain or accommodate overnight guests, to move about safely and to be sociable.

168) Housing intended for visually impaired people should be designed with flexibility in mind. A clear and logical plan will assist orientation indoors.

169) Housing for visually impaired people will need future proofing against the changing needs resulting from degenerative eye conditions as well as retrofitting to bring the home up to a decent standard.

170) A greater proportion of two bedroom units for single people with impaired vision should be provided by the social rented sector.

171) Lighting in the homes of people with impaired vision should be tailored to their personal requirements. People with impaired vision should be offered a home consultation by a lighting specialist as a standard component of a package of support.

172) Homes for occupation by people with impaired vision should be fitted out and decorated so as to make the best possible use of colour and tonal contrast. Householders should be consulted about this, so that the appearance of the home meets their requirements.

173) Internally, the design should follow inclusive design principles, and needs to be specified and detailed in consultation with the occupants, to ensure that the home environment is tailored to their needs and is easy to use, maintain and manage.

174) Incoming occupants to a property should be provided with a 'starter pack' in their preferred medium of communication, that explains the operating and maintenance instructions for a property. Training should be offered, on a 'need to know' basis, for visually impaired adults at the time they move into a new property, on how to operate the home.

175) A network of regional 'demonstration flat', designed according to inclusive design principles and equipped with a range of assistive technology for people to try, should be set up to illustrate good practice for people with visual impairment. This could be an important resource for designers, housing and service providers, as well as visually impaired people and their families.

What housing providers need to know

WHAT THIS CHAPTER WILL COVER

1) Interviewees spoke at length about housing options, including a wide range of options for living in the mainstream. Most of our informants were tenants of the council or housing associations, but some in-depth interviews were also conducted with homeowners. In this respect, informants felt that there was insufficient guidance to direct local authorities and house builders towards the inclusive design of house types accessible to visually impaired people.

2) The chapter will begin by presenting key facts and figures from our user needs research before reviewing users' experiences of the most popular options for housing today, including home ownership, renting from a registered social landlord and renting from a private landlord. It will go on to consider providing a service in the social rented housing sector, before turning to the process of finding a home, including support in finding suitable accommodation. Finally a number of initiatives will be introduced that should improve service delivery.

KEY FACTS ANF FIGURES

3) Exactly half of our sample of visually impaired adults lived alone. Most of the rest were living in small households with one or two family members.

4) When asked to describe the tenure of their home, only three in ten described themselves as homeowners, either outright or with a mortgage. Seven in every ten rented their home, either from a housing association (31%) a Local Authority (23% or a private landlord (12%). The balance between owner-occupation and renting for our sample is therefore the inverse of that of the population at large, where currently seven out of ten householders are homeowners, 14% rent from the council, 7% from housing associations and 11% from private landlords, (GHS, 2002).

5) The median time that the people in our sample had lived in their current home was 5 years. For all types of tenure, in the general population the average stay at one address is 4 years, (SEH). The median number of years that someone has stayed at their accommodation is known to vary by tenure. The median number of years for homeowners in the general

housing stock is 7.2 years. For the social rented sectors this figure is 3.6 years, and for the private rented sector the median stay is just 1.6 years. The comparable figures for those in our sample were 18 years, 5 years and 2 years, respectively. The informants in our study therefore tended already to have had a longer length of residence at their current address than the population at large living in equivalent tenure. This could be attributed to difficulties in obtaining suitable accommodation and /or in learning a new environment.

6) The younger people in our sample were more likely to share a home with their parents, but someone in the 40-49 age group lived with their father and woman in the 50-55 age bracket lived with her mother. In both these homes, the senior generation would have been in their sixties or seventies. One should not assume that adults with impaired vision of any age who are living with their parents are in a dependent relationship.

7) A significant number of the vision impaired adults in our survey were 'found a place' somewhere within their family where they could be accommodated, often whilst waiting to be re-housed. How this was achieved related to ethnic identity. White British informants were more likely to live with close relatives whereas BME informants were more likely to live in a household that also included more distant relatives.

THE NEED FOR HOUSING CHOICES

8) It was generally agreed that there should be a choice of housing options for people with impaired vision because, *"one person's cup of tea may not be another person's cup of tea"*. However, people's housing choices are intimately linked to their financial position, and this is in turn strongly dependent on their employment prospects. These three factors form a triangle of circumstances that largely determine the housing choices open to people with impaired vision.

9) Unsurprisingly therefore, relatively more visually impaired adults on low and middle incomes felt that they did not have sufficient choice in selecting their current accommodation, than those from the highest income group. In this case this subjective perception corresponded with a more objective measure of the number of properties informants considered before deciding on the current one.

10) Housing providers acknowledge that more housing options with transitional support is needed at different life stages - for younger people as they move into adulthood, and from the sighted to the visually impaired world for those who experience sight loss later in life. Service users leaving specialist schools need support to establish an independent

network of friends and a local social network. More support is also needed at the point of diagnosis, other than advising on simple low cost aids. Stakeholders recognise the positive impact that transitional housing schemes with holistic support and a time limited residency will have in enabling younger visually impaired adults to leave home, as a stepping stone to fully independent living in the local community.

The experience of home ownership

11) Home ownership is an aspiration for a significant proportion of adults with impaired vision, though for some it is a goal that they recognise they may never achieve personally. It is, nonetheless, a realisable option for sighted peers and in this respect, some adults with impaired vision could be perceived as severely disadvantaged in the current housing market. Home ownership is not an 'easy option' for most people with impaired vision. Most homeowners had struggled to find a suitable property, in a system that is not tuned in to the needs of people with impaired vision.

12) The percentage of those who personally owned their accommodation was the highest among White informants (27%) and the lowest among Black minorities (4%). The highest proportion of homeowners in our sample of informants was among those adults with sight loss who declared that their monthly income allowed them to meet their expenses comfortably.

13) A free-market mortgage is prohibitively expensive for many adults with impaired vision, and those on state benefits are unlikely to see this as a realistic option. Opportunities to purchase were perceived to be dependent upon regular employment. Home-ownership was considered as a heavy responsibility, particularly in a situation where continuity of employment could not be assumed.

14) Nearly one third of the working age adults with a vision impairment who were in paid employment personally owned their accommodation whereas among those who were not in paid employment only 10% owned their homes. However, it is interesting to note that even those interviewees who were in employment were cautious about the prospect of taking on a mortgage, chiefly because they did not consider their job or future employment status sufficiently secure. Often, this concern was a realistic consequence of a worsening sight condition. An offer to purchase may also be turned down because impaired vision is associated by the vendor with a higher risk of not completing the sale.

15) Estate agents tend to make assumptions about which properties are suitable for visually impaired clients, so that they are not offered the same range of properties as a sighted person. We identified a need for

awareness training among estate agents to prepare them for the task of negotiating a purchase on behalf of a visually impaired client. The suggestion was made in this respect that support services should be involved with the larger estate agencies to improve their services for people who are blind and partially sighted.

16) For some homeowners, having the freedom to choose where to live was perceived to be very important to their personal autonomy and self-esteem. Another of the perceived benefits of home ownership was having complete control over the decoration and furnishing of the accommodation. Other informants also mentioned the sense of belonging to a 'knowable' community was a positive attribute of home-ownership.

17) However, these benefits have to be set against the higher maintenance costs associated with home ownership. Homeowners reported that the mechanisms for accessing grants to adapt their property or install assistive technology are cumbersome and slow.   Most had financed essential improvements to help them manage at home with a disability out of personal resources.

Renting from a social landlord

18) For many, the council is perceived to be the first port of call when seeking accommodation, the only route to having 'a home of one's own'. The common perception is that renting from the council will ensure that the tenant will be offered a 'joined up' service. However, this expectation was not always fulfilled.

19) Current council 'points' systems for allocating properties on the basis of need are not obliged to put in place a mechanism for recognising impaired vision. The current weightings systems do not take sufficient account of the needs of visually impaired people, or of their difficulties in finding alternative sources of accommodation. Other reported problems with social housing include the fact that some councils are not prepared to consider people's transport needs, do not take seriously people's need for a ground floor flat and generally do not take account of people's individual requirements as a person with impaired vision.

20) Council tenants spoke bitterly about the lack of consideration given to their impaired vision, and the consequent lack of 'points' and low weightings given to sight loss. Housing associations are not necessarily any more helpful. One informant reported having contacted thirty-seven different housing associations without success.

21) Where councils nominate tenants to housing associations, people feel that this system leads to insecurity as to the conditions under which they will be re-housed. However, some housing associations are praised for their willingness to adapt a standard property for a tenant with sight loss. Others mention efforts by housing associations to ensure that information is provided in an appropriate format. Some housing association tenants receive a high priority for home maintenance because of their disability.

22) We identified a huge unmet need for more social housing and support to be made available for people with all levels of disability. The process of accessing council accommodation is one that is characterised by long, lonely waits, followed by a 'snap decision'.

Renting from a private landlord

23) Experiences in the private rented sector were very varied. For those on low incomes or state benefits, alternatives to social housing are difficult to contemplate. Private rented housing, near to public transport links and shops and facilities, is likely to be too expensive. Furthermore, private rented housing is perceived as less secure.

24) One advantage of renting privately is that it provides an opportunity to share a flat with friends. However, fewer than one in twenty of the informants in our sample were living in a flat-share with friends or flatmates. For many young adults, living for a period of time in a home shared with unrelated friends or flatmates is a normal aspect of the single life. It would seem that some younger vision impaired adults are missing out on this aspect of living independently and forming new relationships.

25) Because of the way in which the benefits system operates in respect of rent arrears, some private landlord are unwilling to rent accommodation to people on benefits, a considerable drawback for people with impaired vision. Not all lettings agencies are prepared to accept people on benefits onto their listings. Several people reported having been refused accommodation by private sector landlords because they were *'on benefits'.* Other landlords were unwilling to consider someone with a guide dog.

26) Another consequence of low income, or reliance on housing benefit, is that an individual's options to improve their housing situation are restricted, especially in regard to space requirements. This obviously has repercussions for people's use and storage of low vision technologies.

27) Housing providers recognise that housing issues are inextricably linked with employment and thus with economic power. Several of our informants

were in an impossible position, as they could not afford to buy and they were too low a priority to be considered for council or housing association housing, but at the same time their welfare status excluded them from the private rented housing sector.

PROVINGING A SERVICE IN THE SOCIAL RENTED SECTOR

*28)*Key challenges identified by housing providers relate to housing supply, which can be linked with the development of new housing options and choices, and understanding the procurement of aids and adaptations, in particular the processes involved from both a user and stakeholder perspective. Another key variable is ensuring value for money.

Accounting for prevalence

29)Housing sector stakeholders, in particular, have difficulty in extrapolating data about adults of working age with a visual impairment. Reasons include the relatively small proportion of visually impaired service users who are below retirement age, inadequate information retrieval systems and the lack of awareness of needs arising from vision impairment. Some of the difficulties mentioned by housing departments are a consequence of those experienced by their social services colleagues, particularly if there is reliance on the latter for figures. However, housing departments also have their own challenges.

Invisibility of housing needs.

30)Housing providers admit that the housing needs of adults of working age with a visual impairment are largely unknown. One housing association apologised for the lack of detailed information in response to survey questions, and admitted that vision impairment, certainly amongst people of working age, 'hasn't impacted greatly on our corporate consciousness'. Another housing association commented that it is not aware of vision impairment as an issue that affects housing need.

31)Housing providers need to be more proactive in asking tenants about any needs that may arise as a result of vision impairment, as well as informing tenants of their willingness to try to help meet those needs. Standard questions, aimed at getting to know more about tenants' needs, should explicitly include reference to vision impairment.

32)A number of social services departments we spoke to made the point that housing providers are insufficiently aware of the housing needs of people

who have vision impairment. One such department said that the local housing department is more concerned with entitlement to housing than the appropriateness of the offer, and went on to criticise the fact that the housing department has few specialist workers to assist in processing applications by visually impaired people with a housing need. Most stakeholders confirm the view that housing providers lack experience of the needs of people with impaired vision. Stereotyping and lack of awareness are widely reported as areas of common ground.

33) Such deficiencies in awareness of housing need are not a new phenomenon. The Housing Corporation (1995:14) identified the problem when it remarked on the problem of 'absence of accurate information on the incidence and needs of visually impaired people to provide a base for policy development and provision of appropriate housing'. Unfortunately, the situation does not seem to have improved a decade later.

Hierarchy of disability

34) Service consequences arise from the hierarchy of disability, introduced earlier, which place visually impaired people at a disadvantage with respect to housing and related services. A number of stakeholders reported that housing providers do not seem to respond to the needs of adults of working age with a visual impairment unless there are other issues, such as a disability, and that housing providers are generally more geared up to wheelchair users and people with mental health problems than they are to the needs of visually impaired tenants.

35) For example, one housing association, providing both general needs and supported services, pointed out that it is more geared up to dealing with needs that arise in the case of people with physical disabilities rather than those with vision impairment, and gave, as an example, the fact that there is a design and adaptation team working in respect of those with physical disability, but no equivalent for people with vision impairment.

36) Another housing association echoed this point in regard to its general needs housing but suggested that it is less the case with respect to its supported housing. This organisation went on to say that necessary adaptations are supplied if recommended by an OT. This may be a problem, however, if OTs are assigned to work primarily with physically disabled people, with no remit to assess the needs of visually impaired tenants. This puts visually impaired people at a disadvantage, in that they may require such specialist help in order to feel safely oriented in a new home environment. Housing departments commented on the 'pressure' to concentrate on needs arising from physical disability rather than sensory

impairment, partly because of the DDA's emphasis, as they interpret it, on the former.

Assessing housing need

37) Responses from housing providers indicated that resources are allocated on the (deceptively) straightforward basis of housing need. Stakeholders stated that housing need, in the context of people with a limiting long term illness or physical disability, is primarily determined through the medical assessment process.

38) As far as the needs of visually impaired people are concerned, housing providers may routinely take advice, or request specific information, from the sensory impairment team within social services departments, or from a supporting agency. This is not always the case in housing departments, however, and managers are aware that the situation may be inequitable, in that personnel whose work can inform the allocation process, such as occupational therapists, are more likely to be assigned to those with physical disabilities rather than those with vision impairment.

39) Furthermore, housing departments tend not to have a specific allocation policy in regard to people with vision impairment and it is left to the individual to decide if the offered property is suitable. The contention of housing associations, that local authorities have assessed the relevant needs and priorities of nominated tenants, may therefore be an assumption rather than reality.

40) The availability of housing is also a fundamental factor, but so too, according housing departments, is the 'balancing act' between the service users' needs, the number in the household requiring housing, the necessary support network and the urgency of the application, all contextual factors that have to be taken into account. Given this impressive list of considerations, it is interesting to note that none of the housing documents received in the course of carrying out this research actually refer to vision impairment or its consequences for housing need or priority.

41) In the documentation that was scrutinised in connection with this research there are regular references to physical disability, learning disability, mental health problems, lone teenage parenthood and the needs of children leaving care. While housing departments may rightly want to avoid labelling people who have a vision impairment as needy, their literature does not seem to acknowledge vision impairment as an issue that has any consequence at all for housing demand, housing need or development of housing strategy.

Reconciling disability and independence

42) There are significant challenges in re-balancing housing and services in favour of younger visual impaired adults, as older visually impaired adults have more established services. There is a need to look beyond initial preconceptions when faced with a request for support and housing. Young visually impaired people have similar issues to their sighted peers; they may develop frustrations living with their parents and may feel trapped. An additional aspect is the needs of visually impaired adults living with ageing parents, who also have their own needs.

43) In some parts of the country, younger visually impaired people are not referring themselves to social services or the voluntary sector. In this respect, service providers acknowledge that it is important to remove the stigma attached to seeking help from social services in order to give confidence to younger visually impaired adults. Understanding needs to extend to wider family relationships. For example, sighted partners may not seek support because their vision impaired partners may then perceive them as not being able to cope.

44) A key assumption that needs to be challenged is the perception among stakeholders that visual impairment is not a significant disability. So too is understanding that visually impaired service users may not consider themselves to be 'disabled' and so they may not want to be a 'bother'. This extends to recognising that visually impaired adults may have multiple disabilities, in which case stakeholders should not presume to prioritise the most obvious impairment such as a 'learning disability' as 'more important' than visual impairment, but rather should respect the user's preferences in this respect.

Housing demand

45) Demand for social housing outstrips supply in many areas of the country, with waiting lists running into thousands. In some cases Local Authorities are struggling to fulfil 'statutory' obligations in respect of housing certain groups of people who command greater priority than a visually impaired adult who may already be resident in some sort of accommodation.

46) The problem is exacerbated because Local Authorities in many parts of the country have experienced a decline in the supply of better quality social housing due to tenants' exercising their right to buy. Many larger council homes have already been transferred into private ownership as the

consequence of the 'right to buy' policy, which is leaving an increasing stock base of one bedroom flats which is unsuitable for most visually impaired adults.

47) However, the structural change in social housing, through stock transfer and arms length management organisations, may offer better opportunities for new development. Housing providers suggest that a quota should be set aside in new developments, for housing for visually impaired and other disabled client groups. All new homes should be designed to be 'more accessible, inclusive and easier to adapt' if ever the need should arise.

48) For some service providers, limited housing supply is a very important and pressing issue locally. In rural areas, a key issue is the supply of affordable homes which is exacerbated by limited development opportunities. Where development is taking place, it is often done for open market sale. However, this is now leading to better use of 'planning gain'. Nevertheless ,this posed a question as to what type of housing should be built, for whom should new developments be targeted, and how can they be tailored for individual need.

49) A creative approach to increasing housing supply was evident in some areas, with one group mentioning that shared ownership had been considered but was expensive from both a provider and user perspectives and was now more of an 'afterthought' and not a mainstream option. Some housing providers look for opportunities to 'unlock' housing assets. Where people (particularly older people) are living in large properties but are unable to afford their upkeep, consideration can be given to refurbishing them and either developing self contained space or 'house sharing.'

50) It was agreed that more larger properties, with two bedrooms, should be developed for visually impaired people. Achieving this within current funding mechanisms is a challenge that needs to be tackled, including how to obtain enough housing benefit to pay the higher rents commanded by larger properties, providing developers with greater incentives to build these properties and increasing the availability of disabled facilities grants.

Housing requirements and problems

51) Some stakeholders acknowledge their lack of understanding of the housing needs of adults of working age with a visual impairment. Nonetheless, there is an appreciation of the importance of appropriate housing, that takes account of location, space requirements, floor level

and adaptations, as well as awareness of the ways in which housing can support independence.

52) As far as location is concerned, housing providers are aware of the need for visually impaired people to remain in a familiar area, close to support networks, shops and public transport. They also stress the importance of safety and security issues, particularly the need for good street lighting, to reduce the vulnerability of adults of working age with a visual impairment when out at night.

53) Despite these understandable perspectives, there was a perception that housing providers do not always take the issue of location as seriously as is necessary. One social services department commented that location may be no more than a matter of convenience for sighted people but is a very significant issue for those with vision impairment, and yet it is a 'struggle' to get housing providers to give this issue serious merit. A voluntary sector provider endorsed this view, and referred to clients who have been inappropriately housed in areas where crime is high and personal safety an issue of concern.

54) With respect to spatial requirements, a housing department manager pointed out that sufficient space may be required to accommodate equipment, or a guide dog. A colleague in social services spoke of the importance of garden space, particularly when visually impaired parents have children whose outdoor play they wish to supervise, in an accessible and safe setting. Another housing department also recognised these requirements but observed that in their particular local authority district, people with disabilities and sensory impairment are, like many tenants, living in overcrowded conditions. Overcrowding may be an issue worthy of more attention, and recent research indicates that most disabled people live with families in special needs housing that often provides only one bedroom (Barnes and Mercer, 2003).

55) Floor level was often discussed in respect of the disadvantages for those with vision impairment living in high rise accommodation, an issue thought to be of significance whatever the age of person with sight loss. Stakeholders advocated that adults of working age with a visual impairment should not be offered accommodation above the second or third floor, and only then if there is a reliable lift. A voluntary organisation spoke of clients who are housed in tower blocks, which it finds 'inappropriate' and unacceptable. Others spoke of the difficulty experienced when managing stairs that are not easily seen, and the need for painted markings to make them more visible.

56) Adapting the environment can be crucial to disabled people's access to appropriate housing and their confidence to live independently. Housing

providers may not be aware of disability facility grants, or specialist housing scheme resources, that may assist people with vision impairment to adapt their home to meet their particular needs.

57) One housing department listed a number of environmental changes that can assist visually impaired people more easily manage the home. These include: good lighting, coloured stair raisers, clearly marked glass doors, and colour contrasting carpeting, doors and windowsills. However, in the experience of another housing association, there is more provision of equipment and adaptations for tenants with hearing loss (such as flashing lights, and induction loops in offices) than there is with regard to those with sight difficulties. This stakeholder was aware of only one adaptation that had been carried out where vision impairment was the issue, out of a total of 300 adaptations. In this one case, a family's home lighting had been changed so that an even spread of strong lighting was made available.

58) Procedural issues that stakeholders believe affect the access of adults of working age with a visual impairment to housing include: the long waiting times involved with re-housing; the 'bidding system', which relies on applicants picking a property from a newsletter and phoning to bid, which people with vision impairment find difficult to use, and the need for a reorganisation of the lettings system, so that there is both an operational and development responsibility for addressing specific needs arising from vision impairment.

59) However, the point was also made that it is possible to go 'over the top' in providing housing adaptations and so forth. Many of the adaptations people with impaired vision need tend to be minor. Stakeholders also made the point that, in their view, the needs of people with impaired vision in respect of housing and support are not dramatically different from the needs of sighted people, in that some of the experiences of people with impaired vision (needing more police, not feeling safe) would equally apply to their sighted peers.

Housing for visually impaired people with additional disabilities

60) In respect of multiple disability, vision impairment is treated by housing providers as low in the hierarchy of disabilities and may be neglected, particularly when compared with services for people with a physical disability. This results in inequitable housing and support services for adults of working age with a visual impairment. Additionally, resources are required to ensure that those adults of working age with a visual impairment who have additional impairments or disabilities receive inclusive services.

61) In regard to cultural sensitivity, housing providers acknowledge the importance of the views and social norms of different cultures, but also consider that minority ethnic groups need to have a better understanding of sight loss and associated services. Issues that are perceived to have particular significance for ethnic minority communities include meeting their information and communication needs, as well as the issue of neighbourhood safety.

62) Stakeholders report that the problems all visually impaired people face are often amplified if the individual concerned is from a minority ethnic group. This is certainly likely to be the case in regard to the question of access to information about the housing process, which is restricted if English is not the first language. Communication problems could stem from poor verbal communication but in many cases this is likely to be compounded by over-reliance on the part of service providers on communicating with ethnic minority communities through translated written information, which is not helpful if people have difficulty reading.

63) Service providers explained that visually impaired people whose English is limited often do not know where to turn for basic support. For example, when they have a leaking tap or problem with their heating, they may be unable to access a plumber. Stakeholders therefore advocate more research about translation and interpreting services for minority ethnic groups, particularly as there is so little in the way of 'Talking Book' type services that are available in any language other than English. Furthermore, providers argue the case for recruitment of staff who can communicate in the languages of service users.

64) It may be feasible to provide a minority ethnic home visitor in an area where a particular language is spoken. The problem with this idea is the fact that visually impaired individuals from minority ethnic groups are often dispersed, making it even more difficult for them to access services or community support.

65) A number of housing providers referred to 'equality impact assessments', whereby the local authority assesses new policies and service functions in respect of race, disability, gender, age and sexual orientation. These are expected to have an unspecified impact on service provision for people from minority ethnic groups who have vision impairment.

THE PROCESS OF FINDING A HOME

66) Nearly half of the service users we spoke to had actual plans to move in the near future. People tend to give several reasons for wanting to move house, and so the idea of a move takes shape progressively. As several factors in favour of moving accumulate, it begins to impose itself as a possibility in people's minds.

67) We found that the youngest visually impaired persons were extremely dependent on help from other people (e.g. parents) and institutions (e.g. special schools) regarding their housing situation. This fact is of crucial importance as a successful transition into independent adult life depends heavily on acquiring the skills and means that allow managing accommodation without the necessity of relying on family or support organisations.

Reasons to move home

68) The two most numerous reasons for moving that were given by our interviewees were to move to independent housing and to move to a larger home. Other popular reasons for moving are to suit changing family needs and to be nearer family. The next most important drivers for a move are to move to a better neighbourhood, to be nearer to a place of work, to live with a spouse or partner and to live in a smaller or less expensive home. Some people move because the landlord requires it or to become an owner-occupier. Small numbers move to be nearer to a place of study, to be further away from family or nearer friend, or to move into supported housing. Only one individual gave the reason for moving as to move in with friends.

69) For those who are planning to move home, several kinds of help are perceived as being instrumental in facilitating the move. Better financial products and more affordable housing are two very obvious ways to make moving easier. More information is also regarded as important. Finding a good job is a factor that enables some individuals to move.

70) People are seen as key agents in helping people move house. These include partners, family, friends, the local council, social services, housing associations, landlords, estate agencies, mortgage advisors, social workers and VI charities.

Difficulties experienced when moving home

71) Two in every five of those we spoke to had experienced serious problems in looking for a home. Worryingly, this included cases of outright discrimination against someone with impaired vision. Difficulties

encountered in accessing housing services include the need for basic knowledge, procedures that are flexible, to take account of family issues and the transition to independence, and recognition of urgent housing need. Other obstacles include the high price of housing, the lack of a job, long waiting lists, unsupportive family, and finding a local children's nursery or a home close to public transport.

72) Informants who have a good job are anxious about giving up work to move to an area where they want to relocate, but where employment prospects are uncertain. Others are worried about finding a property that is suitable for a guide dog. Wheelchair-users are concerned about the difficulty of identifying a property that is both wheelchair accessible and also adapted for someone with sight loss.

73) Several people reported problems negotiating with their local council housing department. The problem encountered most often is the difficulty of accumulating sufficient 'points' to move up the waiting list to a position where there is a realistic possibility of being offered accommodation.

74) Actually finding a place is experienced as difficult by a small number of people, either because they do not have anyone to help them look at properties or because they do not have enough information to make an informed choice. The design of the built environment itself is also perceived to be an obstacle by some informants, as few homes and localities are designed to include vision-impaired people. Allied to this is the fear of exchanging a known locality for an unfamiliar one. Some people had trouble finding a home of the right size. There are not many suitable properties available which limits choice.

75) Some properties viewed were discovered to be totally unsuitable, which implies a lack of understanding on the part of the housing provider. The length of time to find an appropriate home was a problem for some people. Others remarked on the amount of bureaucracy and form filling that was involved. Some informants had general fears about knowing what to expect in respect of the process of finding a home. Providers should ensure that members of staff receive broad, regular training, so as to offer a more user-friendly and holistic assessment of housing need.

Involvement in the process of moving

76) Seven out of every ten informants had personally been involved in finding their current home. A third of all those we interviewed were therefore not involved in finding their current home. In over half of the cases where someone else took the decisions, it was the informant's choice not to be involved. This left a quite substantial minority who would have liked to be

personally involved in finding their home but were not able to exercise this preference.

77) Only half of those who answered, had looked at more than one property when obtaining their current home. Effectively, these individuals had not exercised a choice so much as taken what was offered. There is a strong association between being in council owned property or renting from a housing association, and only having viewed the current home. Almost three quarters of all council tenants and just over half of all housing association tenants had only ever been offered one property at a time and had only considered their current home at their last move. No one who rented from the council had looked at more than three properties. Unsurprisingly, then, over half of all those we spoke to felt that they did not have enough choice of accommodation. Most sighted people look at more than one option when moving home, and so it is not unreasonable when people with sight loss also feel the need for choice.

Routes and obstacles to finding a home

78) By far and away the most frequent route to finding a home, used by over a third of our sample, is through a housing provider. The next most popular form of house hunting is through an estate agency. One in ten found their current home through family and the same proportion were helped by friends. Small numbers had found their home with the help of a social care professional or through a newspaper advertisement or on the Internet.

79) Only one in ten of our informants felt that housing providers understand the needs of people with impaired vision. The overwhelming opinion was that most of the housing offered to people with impaired vision was simply not appropriate for their needs. Estate agents as well as registered social landlords were criticised for their lack of awareness. Both social and private providers were seen to think in stereotypes, and not to consider individual needs.

80) Providers were criticised by many informants for thinking only about the suitability of the property and not its location. For example, some informants expressed the view that their need to live in a safe and familiar neighbourhood, near to a place of work, or close to family and informal carers was simply not understood or appreciated by housing providers when offering them accommodation.

81) The lack of choice of properties, which could mean that people felt pressurised to accept an unsuitable property rather than risk going back to the bottom of the waiting list, was another area where it was felt that housing providers could take a more sympathetic approach. One

individual was only offered inconvenient and impractical bed and breakfast accommodation. A few informants intimated that some providers might deliberately offer clients with impaired vision properties that they knew were unsuitable or difficult to let, in the belief that someone who could not see would be more likely to accept the tenancy than a sighted person who could see the obvious defects.

Design issues

82) Access was a major concern, as were estate layout, street lighting, stairways and external steps. Some informants had been offered accommodation on a very busy road with high speed traffic and no suitable crossing points locally. Others had experienced being offered housing remote from public transport.

83) The view was expressed that providers should routinely inform their vision impaired tenants about changes to the local environment that would place them at risk. The example was given of a bus stop that was closed for three days but no one was informed. The disincentive of having to '*learn*' a new area was not understood and so some people reported having been offered housing only in an unfamiliar area and not in the area where they were currently living. In this respect, the lack of mobility training was seen to be an issue.

84) Within the home, the need for and cost of adaptations was a major source of misunderstanding and difficulty. Generally, it was felt that housing providers were more concerned about the potential costs of adapting the home or the extra effort that would be required to make the property suitable for a vision impaired tenant, than they were about ensuring that someone was suitably housed.

85) The additional concerns of people with sight loss in respect of safely and security were another source of misunderstanding on the part of housing providers. A specific instance of this was a provider who was not prepared to provide the tenant with a more secure front door. Home maintenance was mentioned by some people, who felt that housing providers may not be aware of the additional difficulties someone with impaired vision may experience in identifying and dealing with minor repairs.

86) Space was a particular issue in respect of the need to store Braille books, low vision equipment and in two cases the need for a support worker, which, it was felt, the housing provider did not appreciate. For people who were guide dog users, this sometimes became an issue with housing providers as they did not understand the needs of the dog. The need for a ground floor flat with a garden was not appreciated. The impact that the

lack of a guide dog could have in restricting someone's mobility, was not understood.

Management issues

87) Housing providers' procedures were considered by some not to be friendly to people with impaired vision. For example, people were asked to come to collect things from the provider's office rather than being offered a home visit. The length of time that it took for some providers to respond to or act upon people's concerns was considered to be another example of the general lack of awareness of what it is like to have impaired vision. Waiting lists and 'points systems' for allocating properties were considered not to take the particular housing needs of visually impaired people sufficiently into account and that as a consequence people with sight loss were seriously disadvantaged with respect to other groups.

88) Communication generally was felt to be *'appalling'*. A specific example of this was the practice of sending information to clients in a small print format. Another was of offering a map of the area to someone whose impaired vision meant that this was useless. Estate agents assumed that everyone could read 'for sale' boards and, apart from the internet, it was felt that all information provided in the private sector was geared to sighted people.

89) Even where communication was produced on audio tape, this did not necessarily offer information and advice that was appropriate for someone with impaired vision. On the phone, no allowance was made for the fact that someone with impaired vision could not see things and clients were not given sufficient time on the phone to interact constructively. Other problems included not being *'allowed to speak for myself'* or that the provider *'did not listen to what was being said'*. Some had experienced being passed from person to person within the organisation, which they attributed to providers' not wanting to take responsibility for making a decision.

90) In terms of access to information about housing, our informants from the Black ethnic group, informants with multiple disabilities, those who did not participate in the labour market, and those who were struggling financially appeared to be in a disadvantaged position, as they were more likely not have sufficient information about their housing options than other VIPs.

91) People with different degrees of sight loss did not differ considerably with regard to their top three choices of possible sources of information about renting or buying opportunities. However the responses to the question as to whether there were any other sources of information differed between

the subgroups, with people with seriously impaired vision referring to a far wider range of sources for information than those with mild or moderate vision impairment or no vision at all.

Lack of training

92) Lack of training, particularly of front-line staff, was seen to be both an issue and a way forward for housing providers. Support staff were felt not to be adequately trained in disability awareness to appreciate the needs of vision impaired clients and, where disability awareness training was given, this was perceived to emphasise physical disability rather than sensory impairment.

93) As a consequence of ignorance, housing providers were perceived to make unwarranted assumptions about the needs and preferences of vision impaired clients. One informant expressed the opinion that this did not apply to executives who, on the whole, were more sensitised to the needs of people with sight loss. However, it was suggested that ideals expressed in the board room sometimes translated in to *'lip service'* when it came to implementing policy.

94) The fact that not all vision impaired people *'look disabled'* was seen to be a problem for some providers, who simply did not believe that the informant had a disability. Another example that was given of the general lack of understanding on the part of housing providers was that they often overlooked people's requirements in respect of sight loss because of their other disabilities. Some informants perceived these issues to be a matter of social justice.

95) Informant stressed the need to be treated equally to other potential tenants, and observed that people should neither over-compensate for nor fail to take due account of the needs of vision impaired people. One informant reported having been refused independent housing altogether by a provider. Another had become cynical, expressing the view that housing providers did not care, so long as their tenants had a roof over their head.

IMPROVEMENTS TO SERVICES WHEN MOVING HOME

96) When helping a vision impaired client to access suitable accommodation, housing providers may find it informative to obtain an understanding of the type and range of homes that people with impaired vision have previously lived in. Hearing about people's previous housing experiences may help to

defuse the assumption that everyone with impaired vision must have led a narrow and sheltered life.

97) Particular issues that affect visually impaired service users when looking for a home include knowledge of what is available and how to access it, making services more accessible, viewing accommodation, and having a choice of accommodation.

98) Conversations with users revealed a number of ways in which housing providers could facilitate the process of finding a home by making small adjustments to the ways in which they currently operate. These low cost adjustments have the potential to make a great deal of difference to visually impaired people's lives. They include operating housing allocation procedures more flexibly, recognising particularly urgent housing needs and helping incoming tenants with the process of access audit and housing appraisal.

99) Better understanding of the issues should enable housing and service providers to give timely and appropriate information and advice that will prevent vision impaired people from choosing a home that is ill-suited to their needs. However, this has to be set against the fact that many visually impaired adults may lack information, as a result of which they may be unsure of what housing is available locally.

Basic knowledge of provision and procedures

100)   We identified widespread uncertainty about housing and services entitlements, and how the different housing and support options work in practice. For example, although housing associations are increasingly assuming importance as a major provider of social housing, there is uncertainty, in the minds of young people with vision impairment, about how they differ from council housing departments, both in terms of what they offer and the level of tenant control they allow.

101)   Similar points were made in relation to private landlords, with informants wondering if services such as occupational therapy assessments and the provision of a ramp or an intercom, would be available to private tenants in the same way that they are to a council tenant. Accurate information about what can be expected from registered social landlords and private landlords should be provided as standard, if people with needs for adaptations and assistive technology are to make confident and informed decisions, about their housing options.

102)   Generally, there are indications that adults with vision impairment may have an insufficient understanding of how services are provided and

how they may change, in different circumstances, with the result that informed and suitable decisions are difficult to make. Many people are not aware of their entitlements. Housing providers should not assume that their role is well understood and should explain how their procedures work, in a simple but not condescending way.

Making services accessible

103)　　Several informants report that current housing application procedures amount to a bureaucratic and inflexible system. Well designed, large print application forms are difficult to obtain. Even where a form is available in a large print format, the box to enter personal details is seldom large enough for people's requirements.

104)　　Some social housing landlords are at fault in not providing basic tenancy documents in accessible formats. To make matters worse, service users can be made to feel that they are a nuisance for requesting information, particularly if the front-line officers are busy and do not feel they have the time to deal with specific communication needs. There are implications for training here, which will be addressed later.

105)　　Housing associations, as well as councils, are criticised for letting people know about available housing in a printed flyer that visually impaired people cannot read or on an internet website that visually impaired people cannot access. Without either verbal briefing or information in a suitable format, many people with vision impairment are disenfranchised and unable to develop a more active or proactive role as users of housing or other community services. Housing providers could be more proactive themselves in advertising their services in outlets where older and disabled audiences are concentrated, thus raising awareness of the issues linking sight loss to housing options.

106)　　The sheer quantity of information required to move home or alter a property is daunting, as is the cumbersome nature of the procedures. Informants refer to a general inability to get things done, lack of communication between agencies, long winded procedures and information that is mislaid and that has to be repeated. These bureaucratic inefficiencies affect everyone, but people with sight loss are often bewildered, confused, helpless and unable to intervene in what appears to them to be an impenetrable process.

107)　　However, we encountered several informants who were very 'clued up' about the advice that visually impaired people who are considering moving home need to hear. Useful advice extends to just about every aspect of moving, from negotiating the property market to many of the

aspects of inclusive and interior design highlighted earlier. This invaluable 'knowledge bank' of what to look for in a suitable property, is based on personal experience over the years, including trial and error. Several informants spoke of the 'mistakes' they had made in their early housing career, when they had not been so wise and knowledgeable. There may be a role here for more experienced people to mentor younger adults in how to prepare for moving home and how to make suitable housing choices, or to act as expert clients for housing providers who aspire to make their services more effective.

Help in viewing accommodation

108)	One informant with expertise in this respect, stressed the importance of 'assisted viewing' of properties. No one in our sample mentioned having received this kind of service to help them to understand the layout and features of their current home at the time of moving. This service would be of great assistance to visually impaired adults and the larger housing associations should consider training designated staff to assist in this way.

Operating procedures flexibly in regard to family issues

109)	There is often a reluctance by housing providers to look seriously at the needs of applicants, particularly those who are living at home with parents, because they are deemed to be adequately housed and not, therefore, a priority. However, this may be an untenable situation for those with disabilities or impairments and their parents. The latter may feel burnt out from years of worry and support and ready for a less demanding middle age, while the former may be finding they have an increasingly fragile hold on the confidence and motivation needed to achieve independence, notwithstanding their keen desire for this to happen.

110)	Inflexibility was frequently encountered with respect to local authority 'points systems', which were often applied rigidly with no concession to people's legitimate but exceptional needs. We have seen in an earlier chapter of this report that adequate space is a necessary precondition for a satisfactory domestic situation, but space rules are usually applied rigidly without consideration of special needs. Inflexibility is also apparent in regard to visually impaired parents who may have particular requirements because of family responsibilities.

111)	Similarly, information requested on the form to establish any medical priority for housing provided little scope for impairment issues,

relating mostly to physical problems and medication. Forms have no space for mitigating circumstances like the need for a particular type of housing, medical need, staying in the same area or wanting to move closer to family for support and care. We therefore recommend that forms are altered to allow more scope for the expression of individual need, and that this is backed up by greater flexibility in interpreting and acting on the information provided.

Recognition of urgent and particular housing needs

112)   As parents and spouses, people with vision impairment are inevitably going to face family responsibilities with which they may, at times, require both speedy and practical assistance. Informants have complained that, on occasion, little help of any kind was forthcoming and what was offered was so limited and procedurally inflexible as to be almost degrading. Of course, people with vision impairment do not necessarily want to be seen as special cases, but a certain amount of flexibility is required, so that housing provision, which can be instrumental, as well as cost effective, in bringing people into closer contact with sources of support, is made more readily available when needed.

113)   It is crucial that housing providers recognise the special requirements that may arise in respect of people who have sight loss and, perhaps, an additional disability, and to understand how these affect urgent housing need. Interviewees stated that housing providers should understand the seriousness of housing need when it is known that their sight is likely to deteriorate significantly in a relatively short time. It is also the experience of a number of interviewees that housing providers do not seem to understand the importance or the housing consequences of having a guide dog.

114)   In some respects, vision impairment does not appear to be on providers' radar, in the sense that providers do not consider sight loss as a significant impairment or disability. Indeed, a number of interviewees emphasised how sensory impairments are given scant attention in comparison with more noticeable and perhaps better understood problems, such as mobility difficulties. Interviewees spoke of the demoralising effect of having their needs seemingly ignored.

115)   Inadequate attention to visually impaired people's urgent and particular housing needs can amount to discriminatory practice. A number of interviewees talked of the difficulties with accessing housing assistance as discriminatory, and likened the discrimination experienced by people with vision impairments to that of racial discrimination.

Housing audit and appraisal

116)　　More often than not, when a visually impaired person is offered accommodation that property will need to be modified in order to make it suitable for the incoming occupant. This process can be long-winded and complex.

117)　　Interviewees suggested that the process would be simplified if all the adaptations were specified at the time they had their first 'inspection tour' and before accepting the accommodation, so that everyone could agree the specification, and who pays for the adaptations, before accepting the offer and signing a tenancy agreement. Making adaptations before moving in is the most practical strategy for people with impaired vision because they then only need to learn the layout of the home once. An agreed list of modifications that the housing provider ensures are implemented before the property is released for occupation would therefore take a lot of the uncertainty out of the process of moving.

118)　　Informants spoke of the value of having an ordinary structural inspection or construction survey of the property before they moved in. This service would be appreciated on a regular ongoing basis, to keep the property in good condition.

INITIATIVES TO IMPROVE SERVICE DELIVERY

119)　　Housing providers drew attention to the importance of planned operational changes as a means to improve service delivery. They feel that planned operational changes will result in improved information retrieval systems, as well as other unspecified outcomes to be recommended as a result of 'Best Value' and 'equality assessment' exercises. Finally, stakeholders refer to community based developments, such as resource centres and initiatives to bring low vision services out of the hospital setting.

Improved information systems

120)　　Local authority housing departments are insufficiently aware of particular needs, and blamed, in part, the IT system, which does not identify, monitor or aggregate issues that may be pertinent to tenants with vision impairment. Information systems in the social rented sector may only contain very basic details about tenants.

121)　　Housing associations also vary in regard to the quality of information held. One such stakeholder identifies visually impaired

tenants at sign-up but this is not collected on their data systems. Another general needs housing association admitted it has never looked at the issue of vision impairment prevalence, and has not been prompted to by local authorities, which nominate tenants. The relevant manager went on to say that there may be information within the association but she has not been made aware of it, perhaps because of imperfect internal communication.

122)   Mechanisms for identifying the true picture of need should be improved, as visually impaired people do not always see their visual impairment as a disability. Greater flexibility is required in defining who are the service users and there is a need to involve service users in defining users' needs. At the same time, visually impaired people's needs have to be balanced against those of other vulnerable groups.

123)   One of the housing departments we spoke to is amending its computer systems in order to collect more detailed information on individuals' communication needs, whether they arise through disability, sensory impairment or because English is not their first language. Another housing department, with a high proportion of housing stock over 50 years old, is currently developing a full database of adapted properties, to help quantify the scale of provision and improve monitoring arrangements.

124)   Some housing departments have suggested that an integrated database management system could more effectively track tenants' moves and indicate associated factors such as vision impairment, even if this is not a presenting problem. One housing department stakeholder has such an IT system already, and is able to provide a breakdown of the numbers of tenants who are blind or partially sighted.

125)   Stakeholders also raised challenges in respect of the availability and information about suitable housing stock for visually impaired adults. There is a need for housing associations to develop a database of adapted properties.

126)   The menu of housing products also needs to be expanded to meet people's varied needs. Advice is needed on how to adapt social housing so that it is suitable for visually impaired people. It was also suggested that visually impaired people should be able to choose a home in the private sector and still qualify for key support services. Any database of adapted properties to match against the demand for housing from visually impairment clients needs to be kept up-to-date.

Inter-agency working

127)   Stakeholders recognise that this as an important challenge, particularly in the context of local government reorganisation. Joined up working between many agencies, let alone between close departments like social services and housing, is not easy and is particularly difficult in a non-unitary authority. Greater interaction is required between health, housing and support agencies through networking. Many housing and service providers are not aware of what services are available in partner agencies and organisations.

128)   Housing and service providers acknowledge the need for a 'seamless' service, which is not just about housing but encompasses all other support and advisory agencies – the concept of a 'one stop shop' is often mentioned in this respect. It is also stressed that responsible service provision is not about doing good to people, it is about working in partnership to meet users' needs' – something that can be a difficult message to get across.

129)   Another substantive area of concern to housing and service providers is the Supporting People agenda. Generally, there is support for the principles of Supporting People, and its ethos implies that organisations and agencies have a responsibility to work together. Supporting People teams in some areas of the country are struggling to understand how to serve visually impaired people, as information systems are not picking up service users effectively on housing applications.

130)   Housing departments often cited social services departments as the object of purposeful liaison. Some local authority housing departments regularly make contact with their local sensory team regarding specific requirements and suitability of possible housing offers. However, a cautionary note was sounded that although there may be regular liaison with the housing department, the social services team may not be sufficiently 'connected' to housing to ensure mutual understanding. Regular liaison should lead to effective communication but, as suggested, this is not necessarily the case if understanding of problems and goals is not shared across these large council departments.

131)   Social services and housing departments also cited occupational therapists (OTs) as a body regularly liased with, although, again, views varied as to the quality of the collaboration. Most housing departments mentioned the usefulness of OTs' input into the assessment of the housing adaptation needs of people with physical disabilities, and their lesser role in respect of visually impaired people. OTs' limited role with visually impaired service users prompted one social services stakeholder to suggest that there needs to be 'tracking' of younger clients and OT involvement, in order to fully understand the apparent limitations of the OT role with this client group.

132)   Housing departments and associations also referred to voluntary sector organisations as important in terms of regular working relationships, both in respect of policy issues but also practical assistance, such as arranging Braille translation of publications. Housing departments also singled out important partnerships with the medical assessment service and hospital discharge teams. Housing sector stakeholders emphasise the importance of partnerships, by highlighting the missed opportunities that can arise when partnerships are not carried forward, either because respective roles are not clarified or because 'joined up' funding mechanisms are not in place.

133)   Reducing competing interests, particularly between voluntary organisations, is a matter of some concern. Agencies may act 'territorially', each advocating mainly for their own organisation and it services. Even voluntary organisations have small groups of users, each of which has its own issues, interests and agendas. Voluntary groups, GPs and charities should be encouraged to liaise with housing associations. There is potential for more multi-agency working between housing providers who are expert in delivering housing schemes and organisations experienced in visual impairment, who can act as 'managing agents.'

134)   Some stakeholders gave examples of purposeful collaboration and networking in regard to good practice and service development. An example of this is collaborative work between a housing department and their local disability advocacy agency, to produce a housing leaflet aimed at disabled people, informing them of the range of services available. This initiative had been prompted by the Disability Discrimination Act (DDA). This same housing department also collaborates closely with social services colleagues in respect of sharing improved information systems.

135)   Another housing department emphasised its recent research, in conjunction with the social services department, into the housing needs of people with physical disability and/or sensory impairment, and additionally referred to a homeless review, which highlighted the need to develop associated work with people who have a sensory impairment or disability. Specialist housing development was mentioned by one voluntary sector stakeholder, which has recently collaborated with a social services department and a housing association to develop a supported housing project with extra care services, catering for adults of working age with a visual impairment with a learning disability.

Caseworking

136) Housing organisations are also interested in the client-centred approach to good practice. This includes consulting on important decisions that need to be made or any major change to the property or the tenancy agreement, and engaging in direct contact with visually impaired service users through increased use of home visits. Housing sector stakeholders also highlighted the need to share good practice in the context of knowledge development.

Case Study: Housing Advocacy and Support Service

Action for Blind People enables blind and partially sighted people to transform their lives through work, housing, leisure and support. It recognised that decisions about housing 'should not be restricted by visual impairment because there are so many factors that influence housing decisions.'

In response it set up a housing and advocacy service under the name "Your Choice". It is a service run by Action for Blind People to support blind and partially sighted people of any age to enjoy the home environment of their choice. Your Choice provides a number of services including:
- Information and support in choosing a new home;
- Advice and assistance in managing the transition to a new home. This may include mobility and orientation training and advice about low vision aids and equipment;
- Information provided in a range of accessible formats;
- Access to a range of Action for Blind People services and other local services including benefits advice;
- Ongoing support.

Action believes in a 'client led' and holistic approach to supporting visually impaired people. It develops an individual programme in a partnership between the visually impaired user and the Your Choice co-ordinator. The service tries to ensure that the user is fully informed of all the housing choices available and that all the information from potential housing providers is made available in the right formats.

The intention behind Your Choice is to develop trust and confidence with clients and effective partnership working with different agencies ranging from housing providers to doctors and the police. In 2004/05, the service has a target of supporting some 187 clients, working with some 22 partnerships to achieve this.

"Stephen has macular degeneration and has been registered blind for one year. He first contacted the Your Choice team because he wanted to move out of his unsuitable accommodation. Stephen informed his co-

ordinator that he had applied to the Council but had been awarded only 5 points – 55 points short of the 60 required. Stephen's main concerns were his inability, due to issues of safety, to manage the coal fire in his property, the sole source of his heating and hot water. It also transpired that his windows had been nailed shut by a previous resident. All the issues had been reported earlier but had not been addressed."

Your Choice involved the Decent Living Standards team in respect of the condition of his flat and also called the repairs line to fix the problems with his heating. As a result of the relationship Your Choice built up with Stephen, he disclosed that he was more or less house bound and was also concerned about putting on weight which may lead to future health problems. The service found Stephen a local blind society to get out more and meet people. The Decent Living Standards inspector confirmed that the flat fell below accepted standards but it would be 2005 before work could start. He therefore recommended that Stephen be re-housed in a new property. Your Choice involved an occupational therapist, who wrote a report to recommend that Stephen also be re-housed. He will now be moved into more suitable council accommodation and feels very positive about the future. In addition he has been recently approved for a guide dog and through Action's Welfare Rights Service is receiving all the benefits he is entitled to.

Support when moving home

137)   Housing and service providers advocate a more holistic approach to needs assessment, with an emphasis on the pre-tenancy sign up phase. Attention should be paid to explaining the allocation process, time frames and what will actually be involved, and consideration should be given to 'one point of contact'. Simple 'checklists' and 'banks of best practice' should be developed and referred to by staff.

138)   Housing providers also need to be more pro-active in providing post tenancy support for visually impaired people. A programme of visits by housing or tenant officers should be planned and communicated to users. Questions should be asked as to why visually impaired householders are not asking for repairs or home improvements, and the assumption should not be that a visually impaired person understands how to order repairs or is able to specify the work required to adapt their home where this is necessary.

Inclusive design

139)   Stakeholders recognise that better design standards should be developed, that conform to Lifetime Homes standards, but augmented by new standards specifically to support visually impaired people. Adopting inclusive design for new housing developments may mean that the unit cost is more expensive, and developments often require 'gap' funding for adaptations which would not normally be provided for by Local Authorities or the Housing Corporation in their grant calculations. There was a suggestion that the Housing Corporation should offer some support on this issue.

140)   Additional challenges identified are in respect of dealing with architects who sometimes ignore suggestions from access consultants concerning visually impaired people. It was also pointed out that many housing developers want to build smaller properties under Section 106 agreements, which would not be suitable for visually impaired tenants who have high expectations about bigger living space.

141)   Housing providers acknowledge that there is a need to adapt people's existing homes because of familiarity, particularly if sight loss is late onset and there are sighted family members. At the same time, many providers feel that more purpose built accommodation with extra support is required to counter the potential for adults with sight loss to live a 'lonely' life, particularly for 18-55 olds as the bulk of such housing is for older people over the age of 55.

142)   Access to aids and adaptations needs to be managed more effectively. In many instances housing providers are unaware of what can be provided and the onus is on the service user to 'ask' for it. Assessments for adaptations and assistive technology are usually made through an occupational therapist, as they are perceived as being able to offer the right advice and 'unlock funding'. However, in reality, as one stakeholder put it, rehabilitation workers may possess more specialist knowledge of visual impairment and would be better placed to specify what would be most appropriate for an individual client. Promoting the use of Access Auditors/Vision Impairment co-ordinators will ensure that visually impaired people receive good advice, as will developing a checklist of the housing requirements for visually impaired people.

Neighbourhood safety

143)   One of the social services providers we spoke to has worked with visually impaired asylum seekers, who have often been emotionally or

psychologically traumatised, a factor which they have to live with in addition to loss of sight. Such clients require a great deal of sustained help to build confidence and develop a sense of security. We found anecdotal evidence that harassment, sometimes extended to disabled people, is compounded with racial abuse for those visually impaired people from minority ethnic backgrounds.

144)   Another housing department is meeting with black and minority ethnic disability groups and the police, to work out a system for reporting such incidents. Service users' fear of attack is likely to be increased, say stakeholders, if they live in deprived neighbourhoods, with physical access limited by poorly lit roads and through-ways between buildings.

145)   This stakeholder also raises the issue of overcrowding, which is a particular problem for minority ethnic visually impaired people. In our study, Asian informants were the least likely to live alone and the most likely to be a part of large households. Nearly 40% of Asian informants lived in the overcrowded conditions of having less than one habitable room per person in the household, whereas only 2% of White informants lived in the same conditions. Conversely, only 13% of Asian informants formed one person households compared with over half of White and 62% of Black informants living alone. Living in overcrowded households makes it more difficult to keep track of items that are being constantly moved, and this severely curtails their independence.

Training and awareness raising initiatives

146)   Service delivery needs to be informed by a better understanding of the needs of visually impaired people. Choice based lettings systems that are being introduced in several areas of the country often exclude visually impaired people from accessing housing opportunities because of the way in which they operate.

147)   Awareness training and greater user input into service delivery are recognised as important challenges. Housing providers are urged to listen to the users and their needs, rather than having their own ideas as to what might help, and to adjust accordingly to the particular needs of the individual and their circumstances. Greater awareness could be effected through housing journals. It is also acknowledged that marketing and advertising various agencies and support services for the visually impaired community to potential service users is not easy.

148)   Housing sector stakeholders typically provide induction and ongoing in-service training on disability issues, while those from the social care sector provide training of a more specialist nature. Social care

stakeholders also offer training to external organisations such as health services, minority ethnic and other community groups. More needs to be done to ensure that staff receive regular updates on disability awareness.

149)　　People with sensory impairment may face particular difficulties accessing council services. An initiative to test this assertion is through a 'mystery shopping' exercise, conducted to increase understanding of key issues relevant to sensory impairment. This could be carried out by local voluntary association members, who go unannounced to housing offices to investigate how the office environment caters for people with particular physical or sensory needs. In one case we came across, the result has been an increased awareness by housing staff of the importance of lighting in offices.

SUMMARY AND RECOMMENDATIONS

150)　　Supported housing is unlikely to meet all of a tenant's social needs and other support systems may be required to ensure social inclusion.

151)　　Providers need to ensure basic information about housing services is available to young people with vision impairment, and operate procedures flexibly, so that people's requirements are speedily and sensitively facilitated. Housing staff require adequate training so that they can meet needs in an appropriate and user-friendly way and offer a person-centred holistic assessment.

152)　　Adequate domestic space, good home maintenance and appropriate location all play an important part in enabling young people with vision impairment to have housing that maximises prospects for social inclusion, independence and security.

Recommendations to all registered social landlords

153)　　Housing providers across the sectors need to assess and more clearly understand the housing needs of adults of working age with a visual impairment.

154)　　In this respect, housing organisations should be provided with more sophisticated IT and information retrieval systems, which should be kept up to date and regularly monitored.

155)　　There should also be more training and educational opportunities made available, to help increase the level of awareness of sensory impairment; social services colleagues could assist in this respect.

156)   Stakeholders should complete profile surveys, to gather basic information about tenants and prospective tenants, and incorporate questions that seek to sensitively probe the needs that may arise for those with vision impairment.

157)   Housing providers should develop accurate records / registers of tenants who have disabilities and impairments, including sight loss.

158)   Housing providers across sectors should also be aware of the range of services that may address the needs of people who have vision impairment. In this respect, they could usefully collaborate with social services sensory impairment teams and voluntary sector specialist organisations.

159)   Housing providers across sectors should give vision impairment a higher profile within housing conferences, workshops and networking events.

160)   Housing providers should consider the possibility that there is a 'disability hierarchy' that demotes the relative importance of needs arising from vision impairment, in comparison with physical disability or other health/social needs, and ensure that services take full account of sensory impairment as a significant issue.

161)   Housing providers should establish a database of adapted properties so that they can allocate provision sensibly, rather than wasting money on installing and then taking out assistive technology for each individual occupant.

162)   An information sheet should be made available to anyone taking over a tenancy, giving details of how to obtain adaptations and who to contact in case of 'special needs'.

163)   Housing providers across sectors should be more proactive in identifying and helping to supply necessary domestic improvements to the home environment, without necessarily referring adults of working age with a visual impairment to social services departments. This may require organisational changes to the ways in which funding is obtained for home improvements.

164)   Larger housing providers should employ a 'man in a van' who can be contacted by phone and called in at short notice for a small charge, to cope with minor maintenance problems.

Recommendations to Local Authority Housing Departments

165)   Where agreed with service users, vision impairment should be included in the personal data that accompanies an individual's 'nomination' to a housing association.

166)   Along with the regulator, housing departments should more closely monitor housing associations, in respect of the suitability of their resources for adults of working age with a visual impairment.

167)   Housing departments should consider a broader interpretation of the DDA so that sensory impairment assumes a higher strategic profile.

168)   Departments should broaden the role of OTs so that they work more closely with tenants with vision impairment.

Recommendations to Housing Associations

169)   Housing associations should raise their need for more 'joined up' funding from key sources, such as the Housing Corporation and Supporting People, to promote supported housing development opportunities.

170)   Housing associations should discuss with the regulator, as well as with local authorities and user groups, how their housing resources can best be used and developed so that the needs of adults of working age with a visual impairment are properly catered for.

Recommendations to the Housing Corporation

171)   There should be closer monitoring of housing associations, so that their knowledge, practice and strategic development in regard to tenants with vision impairment is evaluated and reviewed on a regular basis. This is one way that stakeholders themselves think their awareness and practice can be advanced.

172)   The Housing Corporation should work more closely with Supporting People arrangements to provide funds so that support housing initiatives can be developed in regard to adults of working age with a visual impairment.

What specialist housing providers need to know

WHAT THIS CHAPTER WILL COVER

1) One of the issues that we were specifically required to investigate is the attitudes and preferences that adults with impaired vision have about specialist housing, with or without support. The majority of interviewees we spoke to were living in mainstream housing, and so we were exposed to a range of opinions on specialist housing rather than a range of experiences of specialist housing. It is important to recognise this when reading the chapter that follows. Where informants are speaking from first hand experience of living in accommodation supplied by a specialist housing provider, this is indicated in the text.

2) So far as attitudes and preferences regarding non-specialist housing options are concerned, interviewees involved with in-depth interviews were asked specifically about shared ownership schemes, but also provided views about owner-occupation, renting from a private or social landlord and designated, non-supported accommodation, as well as the influence of income on housing choice.

3) One issue that emerged during discussions was the confusing nature of the terminology involved in these issues. Terms such as specialist, special, and specialised were all used by interviewees to refer to housing targeted at a particular group of people, such as older people or people with impaired vision. The chapter therefore opens with a discussion of terminology.

4) It goes on to consider specialist housing today, users' perceptions of specialist housing, and rethinking this option. Mainstream alternatives are also reviewed, before looking to the future in order to make recommendations about how specialist housing could feature as an attractive option for adults with impaired vision.

TERMINOLOGY

5) The term 'specialist' will be used throughout this report to refer to accommodation that is limited to some pre-defined group, such as people with impaired vision. This is usually, but not invariably purpose-built, see below.

6) An alternative term, 'designated', has been used to refer to housing that is an ordinary, mainstream home on an ordinary street that has been purchased by a specialist housing provider and adapted for occupation by people with impaired vision, but without support. In all external respects, designated housing is indistinguishable from mainstream housing and it is not set apart physically from the rest of the local community. Because it is anonymous and offers complete independence, this concept proved popular among the younger participants in our survey.

7) The term 'purpose-built' implies that the design of the built environment has been actively fine-tuned to, or tailored to, the requirements of the designated community for whom the housing is intended. This is also how the term 'purpose-built' will be used in this report.

8) Most new specialist housing is purpose-built, but there are many examples where this is not so, particularly in older people's housing where a large proportion of the building stock has been adapted from another function. For example, in the care home sector the most common building form is derived from the conversion and extension of a large family home. In this case, the conversion may not be well-suited to the particular needs of the older residents.

9) The third term, 'supported', implies that the accommodation carries with it a commitment to offer such help and support as might usually be needed by the community of people housed. The actual nature of the support is likely to vary according to the needs of those accommodated, but might include a mixture of personal care, nursing care, help with activities of daily living, rehabilitation and training, training in life skills or help into the job market.

10) Support need not be tied to specialist settings but, as the government's supporting people scheme has recognised, can occur in all types of housing including ordinary mainstream housing.

11) Within this context, the issue of 'specialist services' for people with impaired vision was raised, in addition to that of specialist housing. There was general agreement among users that these were inadequate, and that their needs were not properly understood by society at large. Service users fear that separate services for people with impaired vision may decrease social awareness about sight loss and lead to complacency on the part of mainstream society.

12) Specialist housing and services are perceived by a minority of visually impaired people to contribute to a climate where institutionalised and discriminatory attitudes to people with impaired vision are adopted by society at large. The view is quite widespread that specialist housing in

some sense contributes to the maintenance of barriers within society, between the sighted world and the visually impaired world.

13) A small number of the interviewees we spoke to had not come across the concept of specialist housing before, and so they were intrigued to hear that this possibility even exists. This suggests that housing providers still have a job of work to do in effectively disseminating their services to their target client group.

SPECIALIST HOUSING TODAY

14) Although most informants were aware that this type of housing exists, several spoke about the total absence of specialist provision locally, which seriously limited their options as to where to live, both now and in the future. In many parts of the country there are no purpose-built, specialist schemes locally for adults with impaired vision. Elsewhere, there are just one or at most two schemes, that may be restricted to particular categories of resident, such as people with guide dogs or sheltered schemes for the over 55s.

15) Where such schemes do exist, information systems and data retrieval are not so much of an obstacle as for mainstream housing providers. Most specialist providers have a small portfolio of properties, and data on these is readily available. They are more likely to know their clients well and to provide a more personal service. Specialist stakeholders from the voluntary sector are also more likely to have figures on their housing stock and visually impaired client base to hand.

16) Specialist housing associations and voluntary sector organisations that provide housing, tend to take a more direct responsibility for provision of domestic features than mainstream registered social landlords. They are more likely to emphasise the importance of user involvement when decorating and refurbishing.

USERS' PERCEPTIONS OF SPECIALIST HOUSING

17) Interviewees consider there to be both advantages and disadvantages in living exclusively with other visually impaired people, particularly in regard to purpose-built housing schemes. The perceived advantages include help towards independence as well as the availability of support and cost-effectiveness.

18) A major concern was that of location, in that specialist housing may not be conveniently situated with respect to transport and amenities. Other issues include the danger of being set apart from the rest of mainstream society and the perceived lack of choice in supported housing solutions. This leads to suggestions about widening the social mix in specialist settings for people with impaired vision to include sighted inhabitants, people who have a range of disabilities or who have children.

19) We also found that privacy emerged as a particular problem for those informants who were actually living in specialist housing. A greater proportion complained of a perceived lack of privacy than was the case in ordinary, mainstream homes.

Security

20) Personal safely and security was seen as one of the important factors that might trigger a move into specialist housing. Nonetheless, there was a strong consensus that the onus should be placed on mainstream society to ensure that people with impaired vision are not marginalised or excluded just because they are fearful for their safety. An increased need for security was linked by some informants to growing older. Specialist housing was perceived to be an attractive option for older people of a nervous disposition.

Support

21) Many interviewees living in mainstream housing shared the view that a potential benefit of living with others who have vision impairment is the ready supply of understanding and support, in an environment where *'you can tell each other all your problems'* and where speedy staff assistance is available.

22) One positive attribute is the belief that common life experiences, most notably shared sight loss, will produce a sense of solidarity among the tenants of specialist housing that is somehow absent in society at large. Another suggestion is that sheltered housing will be more suited to someone who is less go-ahead, and who needs more security and support to cope with impaired vision.

23) Conversely, interviewees suggested that while strong family ties exist, or close friends are available to help, these would obviate the need to think about specialist housing. There was a common feeling that specialist accommodation for people with sight loss is, therefore, most beneficial for those who would otherwise have no-one to care about them, such as

people who live alone without family support, or who are widowed or who are getting older. However specialist housing was also seen as an alternative to family support, relieving them of the burden of care.

A stepping stone towards greater independence

24) There was a widespread view among our informants that specialist housing had the potential to ease the transition from the family home to independent living. Specialist housing may provide a useful step forward, a transitional stage as regards obtaining the necessary confidence and skills that enable greater independence.

25) One perceived target group for specialist, supported housing is young adults on the threshold of independence, a first stage after leaving the family home where they young person would be autonomous but in a supportive, nurturing environment. Transitional housing is also seen as an important stage in leaving special education.

Being set apart - a threat to self-reliance

26) Interviewees spoke at greater length of the potential disadvantages of life in specialist housing, mainly in connection with worries about being set apart from the ordinary community, and the possible threat this might pose to self-reliance. Even where the advantages of having support to hand were acknowledged, this usually went hand-in-hand with concern about becoming socially segregated.

27) It was very common to hear interviewees, particularly but not exclusively those living in mainstream housing, talk of specialist accommodation for people with vision impairment as somehow *"closed off"* and inward-looking, insufficiently in touch with the wider world beyond the scheme. Part of the concern expressed by interviewees was their knowledge that specialist housing looks different from ordinary housing, which further separates the occupants of such schemes from the mainstream.

28) However, a much more commonly expressed concern at being set apart from the wider world was the fear that greater dependency could naturally ensue. There is a perception that self-reliance is at risk in specialist, supported housing schemes. Help may be too readily available, affecting people's motivation to think and act creatively and with initiative.

29) Many younger people harbour a particular concern that that life in a supported housing scheme would undermine the independence they strive to achieve, as well as their choices to behave in certain ways and take

risks. Views were expressed that supported housing should encourage people at all stages in life to continue to develop their skills in a progressive way.

30) Without the facility and expectation that people's normal expectations would be to move to increasingly less supportive housing, there is a danger that specialist, supported housing becomes more akin to an institution. The suggestion was therefore made that this option should be time limited, perhaps to a period of five years, to make it clear that the normal expectation is for tenants to move on into the mainstream.

31) Even where this was not the expectation, as would be the case in specialist housing for older people, it was nonetheless considered important to provide an environment in which people are helped to achieve their full potential, rather than one in which it becomes tempting progressively to slide into greater dependency.

RETHINKING SPECIALIST HOUSING

32) The most common stereotype associated with specialist housing is 'sheltered' housing for older people, the type of housing that is numerically the most prevalent form of purpose-built accommodation in the UK, and this association was transferred by some to the concept of specialist housing for people with impaired vision.

33) There is widespread agreement that traditional sheltered housing has become outdated, and that newer forms of housing and support, such as 'extra care' housing, are more appropriate to today's generation of older people. This concept is currently being promoted by a number of agencies, including central government, as a viable alternative to both sheltered housing and residential care. It remains, nonetheless, a model of provision that is aimed at older people.

34) Interviewees recognised that a proportion of older people with impaired vision might find this an attractive housing choice in later life, though few had actually reached the life stage when this form of housing was an option for their own immediate future. There was widespread agreement that, alongside changes in the built form of specialist, grouped housing for older people with impaired vision, changes would also be required to the management of such schemes to make them more user-led and less institutional.

35) Other options for change include the idea of transitional housing with support, mentioned earlier, both for people leaving the family home for the first time and for more mature adults who had recently lost their sight, and

for people on low incomes. More innovative approaches include the suggestion that housing should be provided that caters for a mixture of disabilities, as well as housing that mixes visually impaired and sighted tenants and housing to support families, particularly lone parents with sight loss. Views were also expressed on the value or otherwise of residential care.

Extra care housing for people with impaired vision

36) Extra care apartments are designed from the outset to accommodate a range of age-related impairments. The premise upon which they are based is that good design can minimise the medical conditions and disabilities associated with ageing. The aim is to provide an enabling environment in which older people can come to terms with increasing frailty, whilst continuing to enjoy active, independent and fulfilled lives. Residents can join the community whilst they are fit, with a degree of security that they can then 'age in place', though in many cases they are already experiencing a problem in living a fully independent life.

37) An important ingredient of most extra care residential settings in the UK is that the development should be part of a lively, urban locality, close to the kinds of local amenities that older people patronise. The boundaries between home and neighbourhood are minimised and residents are encouraged to remain independent, mobile and connected to mainstream society, if they so wish.

38) Extra care is not just a type of housing, but a service that allows older people who might benefit from a more sheltered environment to remain in control of their own home and their own front door. An essential ingredient is that support is to hand that can be tailored to the needs of individual tenants or occupants, so that they can request as little or as much help in their own home as they need to remain independent.

39) Normally, the service does not extend to close nursing care. This is provided by 'care in the community' as if the client were living independently in mainstream housing. The costs of care are therefore shared with local support services and so the building can be smaller and more domestic in scale. Depending on the extent of the shared facilities, most extra care housing comprises about 60 bed spaces. Smaller schemes cannot afford generous common amenities, and the service charge to residents for twenty-four hour support and care is correspondingly higher.

40) Though most of the people we spoke to were not ready to consider sheltered housing, some admitted that there continues to be a role for

extra care housing in today's fast paced, modern society. The factors that were identified as positive attributes - security, companionship and support - were perceived as increasing in attractiveness for people in later life, and interviewees envisaged that these might eventually come to dominate their concerns as younger adults about being set apart from society at large.

41) Even at a younger age, people consciously weigh up the pros and cons of living in mainstream or a specialist housing on the basis of how strongly they are motivated by expressing their personal freedom, autonomy and independence as against their need for security and support. Housing providers also should evaluate their 'offer' on these criteria.

42) Looking forward, some home owners would consider renting from a specialist provider because it was recognised that DIY, gardening, decorating would be taken care of and included in the rent / service charge. Security in respect of home management and maintenance is therefore an important plus factor to be set alongside personal security.

43) However, it was stressed that the support going into the home setting needs to be reliable, a factor that some felt could not be taken for granted in these times of swingeing cuts to services. It was also considered important that support should be available in a way that did not prejudice independence. At the same time, a warden or scheme manager was seen as invaluable at times where, due to sight loss, competence is eroded. The precise balance between housing and support needs to be carefully considered, not as a 'one size fits all' package, but so that there is variety and choice in support services and how these are tailored to meet individual requirements.

Transitional housing with support

44) Specialist housing appears to have a pivotal role to play in emancipating young people from their family, by offering independence is a secure and supported environment. Setting a time limit to this form of transitional housing was generally considered to be a good thing, in that this would hopefully encourage young people to achieve independence as their confidence grew.

45) For someone young, moving to an urban location for the first time in search of education or work can be a daunting prospect and, under these circumstances, specialist housing with support can afford a secure environment while establishing a new way of life and circle of friends. It was also perceived as a source of emotional support for younger adults, in which case the role of the warden might have to mutate to something more like a 'mum'.

46) In this respect, it may be appropriate to rethink the concept of a flatshare, as not everyone leaving their family for the first time aspires to live alone. This could be linked to novel forms of tenure, to help people build up a deposit and move on to a home of their own.

Housing as an aspect of rehabilitation

47) A second, related group whom interviewees thought might benefit from specialist provision were more mature adults who had recently lost their sight and who were living alone without an informal support network. Here, it was envisaged that specialist, supported housing might play a role more akin to intermediate care, with a correspondingly larger measure of rehabilitation and retraining in life skills.

48) In both these cases, of people leaving the family home and more mature adults needing to adjust to impaired vision, specialist, supported housing was seen as a positive option because of its perceived potential to help tenants access services and secure greater independence. This was felt to be more likely to occur if there were rehabilitation workers on site, and if tenants had access to arts, crafts and other ordinary community activities in a climate where proactive rehabilitation was encouraged, rather than reactive support

Housing for people on low incomes

49) Interesting, only one or two informants perceived specialist housing to be a solution to the widespread problem of 'affordable housing'. Although, in practice, affording the first home is possibly the main obstacle that young visually impaired adults have to face up to on the threshold of life, the idea that this problem should be resolved by entering a specialised environment was not at all popular among our interviewees.

Housing that caters for a mixture of disabilities

50) Recent changes in the frameworks for support, which include a shift in thinking from a service that caters for 'special needs' to an inclusive, person-centred approach to service delivery, have begun to challenge current attitudes to the way in which both housing and services are delivered. Both housing providers and disabled people see the merit in a more inclusive approach to balanced community building in specialist housing.

51) One of the problems that is perceived with traditional specialist housing for people with impaired vision is that it presents itself as a *"community of blind people".* This makes it unacceptable to people who do not categorise themselves in this way. Interviewees remarked that where everyone in the community has impaired vision, people are *"all in the same boat"* and so cannot engage in informal support and help for one another, on a mutually reciprocal basis.

52) Where people's abilities and impairments are different, they can build on each other's strengths and compensate for one another's weaknesses. This is seen to be an advantage over residential settings that cater for 'special needs'. Some informants therefore suggested that a mixed community of sighted and visually impaired people would be an attractive prospect, though there was a concern that the option would appear more attractive to visually impaired people than to their sighted peers. If there were housing that catered for a mix of vision impaired and sighted people, it could become possible option thus extending choice for people whose friends and family are sighted.

Case Study: Thomas Pocklington Trust - Specialist Centre for Younger People with Sight Loss.

Wolverhampton Social Services, Sensory Impairment recognised that there was significant demand for housing and support of younger people with physical disabilities in the city. The outcome was to commission a new supported housing centre in partnership with Thomas Pocklington Trust and Touchstone Housing Association.

The centre consists of a new block of 14 flats being built by Touchstone Housing Association, with a grant from the Housing Corporation. A key objective identified at the outset was that the scheme should be more inclusive in its range of tenants. It was felt that serving a diverse range of tenants requiring collective specialist housing and support would have a better chance of securing funding and longer term sustainability. Therefore it is designed specifically for adults between the ages of 18 and 60 with a visual impairment, visual impairment with physical disabilities or sighted but with physical disabilities.

The aim of the scheme is to ensure that the tenants are enabled to live as independently as possible in their own homes and can stay as long as they like. It is the first service of its kind in the city. Wolverhampton Social Services will be funding the care and support service and Thomas Pocklington Trust will manage the flats and will provide 24 hour care and support to all the tenants from a staff team who will be based on the same site. This will include a member of staff awake in the building overnight.

All the flats have two bedrooms and are very spacious. There is a shared conservatory/lounge, a large shared garden and easy access to a new resource centre for people with physical and sensory disabilities which is being built on the same site.

The three partners contributed in sharing expertise. Touchstone already had a good understanding of developing adapted housing suitable for people with physical disabilities and was quickly able to put together a design plan. This was overlaid with input from Thomas Pocklington Trust in respect of design features such as lighting and colour finishes. There was strong emphasis on collaborative work on design issues with architects very early on between Thomas Pocklington Trust and Touchstone Housing Association.

The flats will be ready for occupation in March 2005.

Specialist, supported housing for parents with children

53) Although the prevailing view of interviewees was that specialist, supported housing is most appropriate for those with few family ties, there was also a view that there may be benefits for visually impaired parents with young families. The majority of specialist housing schemes are not designed with young children in mind, but were envisaged as suited to single people or couples with no children. Some informants with young children would have welcomed the opportunity to live in a supported housings scheme but they do not feel that current specialist schemes are able to cater for young children, who might be perceived by other residents as disruptive.

54) The availability of housing that also offered ready support was perceived as particularly useful for young parents who are visually impaired, who may well need "a lot of help". Some parents, especially lone parents in this situation, would welcome a supportive community and greater understanding of their position. However, there was a general feeling that for this to be possible, conventional "ghettoised" specialist housing had to change, as if would be unhealthy to bring up children in an institutional atmosphere.

55) Another suggested role for housing that catered for parents and children, was that it could be a transitional form of housing where the family moved in and the children moved out. In this respect, the sighted children of a visually impaired lone parent suggested that specialist, supported housing would provide reassurance when they were ready to leave home, in that that they could leave home knowing that their mother was living in a supportive setting. However, it is not clear how this would work in the long term, as in all likelihood such a scheme would become a "Peter Pan'

community where none of the original inhabitants moved on but 'aged in place' together.

Residential Care

56) One option that was regarded very unfavourably by this age group was residential care. This option was not much spoken about by our informants. In this respect, a distinction was drawn between support and responsibility. Whilst people could envisage a situation in which they might need support, most could never foresee circumstances in which they would be prepared to relinquish responsibility and self-determination.

MAINSTREAM ALTERNATIVES TO SPECIALIST HOUSING

57) Interviewees involved with in-depth interviews and focus groups were asked specifically about shared ownership schemes, but also provided views about designated, non-supported accommodation, as well as the influence of income on housing choice. So far as shared ownership was concerned, the themes that emerged related to affordability, comparisons with the private sector alternatives, the possible restrictive nature of shared ownership schemes and the extent that they gave value for money.

Shared ownership

58) Shared ownership was thought of positively if the alternative was renting long term, so long, of course, as there is sufficient and reliable income to sustain this option. However, many of those who knew something of shared ownership considered that it would be too expensive, even with a regular income. It was perceived to have many of the same drawbacks as owner-occupation, like being beyond most visually impaired people's means. It was also perceived as more complicated than a conventional mortgage, and so perhaps not worth the extra trouble.

59) Some who would otherwise be interested in shared ownership, described a work pattern beset by interruption and implied that this could be repeated in the future, thus making their pattern of work too unpredictable to consider the shared ownership options. There was a view that because future work prospects and, therefore, reliable income cannot easily be guaranteed, embarking on shared ownership would be a risky venture and one not to be lightly undertaken.

60) One reason why shared ownership is less favoured in comparison with obtaining a conventional mortgage is that the latter is perceived as more

simple and private, suggesting that there is a connection in some people's minds between social housing and limitations on confidentiality.

61) Interviewees were concerned that they would be limited to certain geographical areas because of where shared ownership properties are located, and may therefore be unable to exercise choice, for example in relation to desired proximity to important transport links or facilities such as health centres. Interviewees also made the point that their preferred location of housing, near to public transport, schools and other amenities, would probably prove too expensive, even on a shared ownership basis.

62) Shared ownership may not seem good value when you are young, live in affordable social housing and feel that there are better things on which to spend your money, even if you have an income that could, potentially, secure such ownership. Those with this viewpoint did not rule out the possibility of shared ownership later in life but did not have property ownership as a serious objective, a *'top priority'* at the present time.

63) In this respect, young people with vision impairment may be no different to sighted peers of a similarly modest income, in that purchasing a property, even if on a shared ownership basis, is a relatively expensive proposition, albeit one that may yield benefits in the longer term, and is of insufficient priority compared to managing the here-and-now. However, shared ownership did emerge as one way in which specialist housing providers could help people with impaired vision to step onto their first rung of the housing ladder.

Case Study : Bromford Housing Group – Shared ownership and access to mainstream housing opportunities.
Bromford Housing Group is dedicated to the provision of affordable housing and associated care and support services. Its key role is to develop and manage rented, shared ownership and other homes and it is a registered social landlord. It currently manages or provides support to over 14,500 homes across Central England, the South Midlands and surrounding counties to the South West and South East. One of its specific aims is to be a major provider of special needs housing and associated care and support packages particularly in providing for vulnerable young parents, people with mental health needs or with learning disabilities, and both young and older people needing support.
It is a strong supporter of the movement away from care in institutional settings to accommodation based in the community. Many young adults with physical and or learning disabilities live with their parents. Parents and carers are often anxious about what will happen when they can no longer support their child and wish to make their future secure as possible. Conversely, young adults are keen to access choices for independent living. In some instances,

home ownership rather than mainstream renting provides the only means of obtaining the right kind, size and location of property, to support and enable independent living.

To answer this need, Bromford has recently developed a new shared ownership support scheme for people with learning and physical disabilities. Following its participation in this research project, it is working to ensure that people who are visually impaired also have access to this service.

The concept of owning a share can work well for people with disabilities as they can often get a mortgage to buy half of the property and rent the other half from the Group and, dependent upon their circumstances, can receive Housing Benefit to pay the rent. The initial capital can also be made available from:

- The disabled individual, who may have some money but not enough to buy a house outright;
- Parents, who can put up the capital to help provide a share of a home;
- A trust fund sufficient to purchase part of a property;
- Regular receipt of income support by clients who want housing choice, but otherwise have limited capital.

Bromford seeks to provide a holistic approach through a range of specific support services from procuring a suitable property, providing initial adaptations and subsequent on going repairs and maintenance.

Suitable properties can be identified from Bromford's existing or new housing stock or the Group is willing to buy second-hand properties on the open market.

They can buy an older property and sell on a share (this is called an 'existing satisfactory dwelling') or buy a property that needs work doing, repair and adapt it, and then sell it on as shared ownership (this is called 'purchase and repair'). For parents seeking to retain a close link with their children, properties could be located close by to the family home. It may also be possible, particularly with parents with high value equity in their existing home to 'downsize' to a smaller home whilst releasing funds to support a smaller flat for their disabled child or children.

The Group will take responsibility for ongoing maintenance and repairs and because the customer is effectively 'renting' a proportion of the property, the cost of maintenance and other care services may be paid through housing benefit and other benefits that a disabled person may be entitled to. As long as the customer does not take up 100% of the equity over a lifetime period, Bromford can continue to provide a care and support package.

Once the disabled person has moved in, Bromford's specialist Home Ownership staff will make regular visits to provide help and support and financial information and advice on paying the mortgage, rent and service charge. They will also:

- Monitor housing benefit payments and speak to the benefits agency and housing benefit department if a client needs more information or advice;
- Carry out property inspections and repairs;
- Insure the building (but not the contents);
- Deal with any issues about the shared ownership lease and the home;
- Keep in contact, especially in the first few weeks of home ownership, to make sure the shared owner has settled in;
- Regularly visit to check everything is OK.

For parents and carers, the Group, subject to mutual agreement can ultimately act as financial guardians for young disabled adults. This scheme, due to go live in mid 2005, provides an innovative opportunity for disabled adults, particularly young people to live independently in a mainstream environment.

Designated non-supported housing for people with vision impairment

64) A number of interviewees lived in flats within ordinary houses that were designated for the use of tenants with vision impairment, with no staff on site. Relevant interviewees positively endorsed this provision and there were few, if any, criticisms of the actual setting. Those with experience of these kinds of setting liked the combination of normality and support that this type of provision offers.

65) Informants value the anonymity of this type of housing solution, which was contrasted with the distinctiveness of specialist, purpose-built housing. People living in this situation are pleased to be living in an ordinary street of terraced houses, alongside visually impaired neighbours but within the community at large.

66) There would appear to be more scope in this less supportive setting for residents to have a greater sense of control over the kind of modifications they prefer to live with. They are able to influence environmental changes as and when preferred, rather than living in a situation where bright contrasting colours, for example, are automatically used on doors and walls.

67) Although fellow tenants value their independence and do not necessarily have anything in common with each other, apart from vision impairment, they nonetheless derive a sense of security knowing that their neighbours are *'in the same boat'*, as regards their vision impairment, which gives

them some extra confidence. It is also important to that the landlord, a specialist provider of housing for visually impaired people, is empathetic to the needs of tenants.

LOOKING TO THE FUTURE

68) Several informants described instances from their early years where blind and partially sighted people were treated as an object of pity by sighted people, and were institutionalised in large numbers. This 'folk memory' of what it used to be like to be blind is possibly more common than is realised. Similar images have been found to exist in the population at large with respect to 'old people's homes'. This 'collective memory' may go some way to explain people's ambivalence to wards current models of specialist housing.

69) On the whole, people are happy to see specialist housing as one of the options available for adults with impaired vision, so long as it turns out to be an option and not a solution. Asked to consider a range of possible options if they should ever need to move, informants rated the following six options very differently:
   1) Specialist, purpose built housing for VI but with no support on site;
   2) Specialist, purpose built housing for VI with support provided on site;
   3) A mixed community of VI and sighted people;
   4) A mixed community of disabled people;
   5) A care home just for residents with VI;
   6) A general care home for all types of resident.

70) The most popular option was to move into a purpose-built, grouped but mixed community of vision impaired (VI) and sighted people. The next most popular options, with rather little to choose between them, were housing exclusively for people with impaired vision that also offer support and living in a mixed community of disabled people.

71) A less popular option was purpose-built housing for vision-impaired people that did not offer any support. Even though informants express the view that they would like to live as independently as possible, most recognise the usefulness of having help at hand when needed.

72) No one at all opted for a residential care home as a definite option, and only one in ten informants was prepared to consider this possibility at all. Nine out of ten of those we questioned would never consider either of the care home options. Nevertheless people who lived alone were slightly more accepting of this option than those not living alone.

73) Visually impaired people of all ethnicities prefer as "normal" a home environment as possible as part of a mixed community, the option that

most closely resembles mainstream housing. However, those with congenital eyesight impairment are more welcoming than other subgroups towards option of living in specialist, purpose built housing for VIPs, perhaps reflecting previous positive experiences of similar situations.

74) Looking to the future, informants could envisage a situation where there will be a lot more choice available throughout the country than there is now, providing a greater variety of accommodation, not just for people with impaired vision but for anyone who needs a specialist, supported housing environment as an alternative to residential care. Specialist housing will be more acceptable if it is better packaged and targeted to cater for tenants' diverse needs, abilities and levels of independence.

SUMMARY AND RECOMMENDATIONS

75) As we have seen, a number of our interviewees alluded to the belief that the current model of specialist housing for people with vision impairment is too one-dimensional in its present form, with schemes attempting to cater for too wide a range of people under the one roof, people who cannot all be expected to get on with each other or benefit from the same provision.

76) Staff could not be expected to deal with people equitably, preoccupied as they were with those who were dependent and most in need. In this respect, some interviewees living in specialist, supported housing took the view that the staff colluded with this situation, by focusing their energy upon the small number of tenants who had the greatest levels of dependency, probably because they themselves were under-resourced and under pressure.

77) Most informants therefore suggested that there ought to be different types of specialist, supported housing that distinguish between the range of clients. Specialist housing for young people with vision impairment can usefully be packaged to reflect diverse needs, abilities and levels of independence:

78) First, providers should look to an updated model of extra care housing for older people with impaired vision, with staff on site or on call;

79) Second, they should provide housing that is much closer to the mainstream, tenanted by visually impaired or disabled adults who do not need regular help, but would benefit from a supportive landlord and a contact point for information and assistance.

80) A third strand of housing for vision impaired people would be provision available on a shared ownership basis. This would have the attraction of

helping the large numbers of visually impaired people on low incomes whilst at the same time acting as a *'springboard'* to home ownership.

81) The common denominator is that interviewees envisage new forms of housing, that bring different sections of society together on a basis of interdependence and mutual support rather than set them apart.

82) However, if packages of housing are to be made available in different ways to visually impaired people who have diverse needs and aspirations, there must be a parallel change in the mind-set of professionals, some of whom tend not to see the individual person but just the impairment.

83) Young people with vision impairment consider housing options such as shared ownership in the context of affordability, choice and privacy. Designated, non-supported housing for visually impaired people appears to offer such attributes, and is positively endorsed by interviewees who live in such settings.

What service providers need to know

WHAT THIS CHAPTER WILL COVER

THE SUPPORT CONTEXT

It is important to consider the context within which support services have developed in recent years to meet the needs of adults with impaired vision. A raft of benefits and legislation has been put in place with the intention of raising the quality of life of people with sight loss. For the most part, users are aware of the innovations in housing and service delivery that service providers are attempting to implement with varying degrees of success. The initiatives listed below were raised by service users as important to them, and have been grouped thematically into legislation and benefits, measures to ensure a more inclusive built environment, developments in assistive technology and changing social attitudes.

Relevant legislation and benefits that impact on the lives of visually impaired people include; the Blind and Partially Sighted Register, the Disability Discrimination Act, the Disability Living Allowance, Mobility Allowance, Supporting People and Direct Payments.

Initiatives in respect of change within the built environment include; stock transfer from local authorities to housing associations or arms length management organisations (ALMOs), Part M of the Building Regulations that legislates for accessibility in the built environment and has recently been extended to the design of all new homes, and the concept of Lifetime Homes.

Assistive technology (AT) has been defined as 'any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed.', (Cowan and Turner-Smith, 1999). Initiatives than affect visually impaired people include; improvements in information and communication technologies, smart homes and 'telecare', and the 'low tech' option of owning a guide dog.

A lack of awareness on the part of society at large to visual impairment has been touched on earlier in this guidance, especially the 'hierarchy of disability. This can be countered by measures to 'mainstream' disability awareness.

The expectations of adults with impaired vision have been raised by the recent developments in the social context for disability described above. Service users have assimilated a 'social' definition of disability and embraced normalisation and living independently. Compared with older people with sight loss, our younger

informants present themselves as a more radical constituency, attuned to a discourse where 'rights' have replaced 'needs' and there is a strong ethos of equality and social justice.

A political climate has been created in which government is pushing hard for change, through a raft of recent measures such as Supporting People, Direct Payments, joined-up thinking, breaking down the 'silos' between service providers etc. This is putting an enormous strain on service providers, who are struggling to deliver a better service to more people with fewer resources.

Visually impaired users are aware that services increasingly are target driven and that service providers are tasked to meet targets, in order to demonstrate value for money. This has the side effect of marginalising aspects of service provision that are not enshrined in strategic plans and measured by targets. Service providers admit that sensory impairment services are not prioritised to the same extent as those for other groups, and to this extent users' perceptions that their needs go unacknowledged are reinforced by institutional structures and resource allocation policies.

At the same time, adults with impaired vision are becoming increasingly pessimistic about society's commitment to equality and inclusion. There is a danger that debate could polarise into an 'us and them' situation, and indeed our informants do talk about 'them' and 'they' with respect to housing and service provision and also about 'the system'. Stereotypes therefore exist on both sides. Unless the standards of service delivery are raised along the lines directed by the current policy context, this will only serve to increase visually impaired people's feelings of powerlessness and alienation.

KEY FACTS AND FIGURES

The nature of people's support networks is complex and multidimensional comprising both informal and formal sources of support. The actual need for support, whether that support is provided by formal or informal sources, the amount and intensity of support, and the number of specific areas of life where support is needed, may all vary according to whether the visually impaired person has additional disabilities to sight loss, is in work, has congenital sight loss or acquired vision impairment later in life, and the severity of sight loss. Other factors that influence support needs include ethnicity and gender, but not age.

Ability to manage at home

Two thirds of the visually impaired adults of working age that we questioned, rated their ability to manage at home as good or very good. Only five people altogether admitted to poor or very poor capacity to manage at home. However, two thirds of those we spoke to were receiving informal support in their home from relatives and friends and half said they had support from professionals. Over three quarters of the sample were receiving assistance of some kind at home, from many different kinds of formal and informal service provider. The most numerous assistance was from a sensory impairment team keyworker.

Unsurprisingly, visually impaired adults of working age with multiple disabilities required more support than visually impaired people without additional disabilities. Just over a half of all the respondents with multiple disabilities that we questioned, regarded their ability to cope with visual impairment as good or very good. The corresponding figure for the subgroup of people without any additional disabilities was much greater, and constituted eight out of every ten respondents.

Visually impaired adults who had a paid job were generally more satisfied with their general level of managing at home than adults with sight loss who stayed out of the labour market. Visually impaired people who work, also lead more independent lives than their vision impaired peers who do not work. More informants who were not working received informal support from friends and neighbours and formal support from social care professionals than those who were in paid employment. More of the less well-off respondents than the better-off individuals received support from neighbours and social and health care professionals, a factor that is itself closely linked to being in paid employment.

Informants who were visually impaired since birth had greater confidence and managed better at home than those whose vision became impaired later on in their life. Relatively fewer people with a congenital sight loss received support from neighbours and health and social professionals than did those whose vision became impaired in childhood or adult life.

The ethnic groups varied in their ability to cope with their visual impairment. Nearly eight out of ten White respondents described this ability as good or very good, whereas only seven out of every ten Asian and just four out of ten Black respondents did so. In comparison with the White ethnic group, Black and Asian ethnic minorities relied more heavily on informal support and help from family members. The proportion of people receiving support from social and health care professionals was also the highest among Black ethnic minorities, at seven out of every ten compared with half of White informants and four in every ten Asians.

Perhaps surprisingly, there was no obvious relationship between severity of impairment and the amount of professional support people were receiving. People who had mild or moderate impairment were just as likely to be receiving support services as those who described their sight loss as serious. However, people who had no vision and people who had been blind from birth were only

half as likely to be receiving support services as those with a mild, moderate or serious visual impairment. The question at issue, then, is whether this is genuinely due to these groups' greater independence. To answer this, it is necessary to look at cases of individual need.

Support in specific areas of daily life

In addition to assessing people's general ability to manage at home, we asked informants to assess their support needs in eight specific areas of daily life:
- using the kitchen;
- using the bathroom;
- personal care;
- getting about indoors;
- getting about outdoors;
- routine domestic tasks;
- home maintenance;
- other.

Despite, or perhaps in order to maintain, the widespread ideology of leading an 'independent life', three quarters of the sample required support in three or more areas of their home life to maintain their independence. So far as activities of daily living were concerned, the most difficult area was home maintenance, which nearly three quarters of the sample found difficult. However, almost as many reported difficulty in getting about out of doors and assistance with domestic tasks. There was no relation observed between the number of areas in life where support was needed and age. However, across the board women consistently appeared to require more support - Dorota, or is this more types of support - than men.

As before, people with additional disabilities required more support on seven out of these eight dimensions of possible support. Nearly nine out of every ten informants with multiple disabilities expressed a need for support in several (i.e., three or more) different areas of life, whereas the corresponding figure for people with no additional disabilities was seven out of ten. People who were working also came across as requiring less support than those who did not work in such areas of life as operating in the kitchen and bathroom and assistance with getting about inside the house.

The group of informants needing least assistance with getting about outdoors was those who were visually impaired since birth. However, seven out of every ten people with later onset sight loss who said that they did need help in this respect were getting it, whereas only three out of every ten of those who needed help but were blind from birth were actually helped to go out and about. There is a clear message from this that because service providers assume that people with a congenital eye condition present as a more independent group, they

For example, six out of every ten visually impaired people who had serious vision impairment needed assistance with personal care, things like matching clothes or distinguishing soap from shampoo. The proportion of informants who needed help with home maintenance was also very high amongst people with seriously impaired or no vision.

The more severe the visual impairment, the more likely a person was to require assistance with getting about outdoors. Nine out of every ten adults with no vision needed assistance with this.

Stakeholders should therefore not assume that the needs for support of younger adults with sight loss are any lower than those of older people. Instead there should be a provision of generic packages of support that can be further tailored to meet the needs of each individual.

Unmet support needs

Over half of informants said there were areas of their life that were adversely affected by their impaired vision and where they would like to receive more help, but where they were not currently receiving it.

Unmet need was for practical support. Nearly half needed help from a home handyperson and about a third of unmet need was for a cleaner.

Following the pattern established above, unmet need for support services was high among people with multiple disabilities. Seven out of every ten visually impaired adults with multiple disabilities said that they would like to receive additional services, compared with five in every ten people with no additional disabilities other than sight loss.

There were relatively more informants among non-working people who would like to receive more help and who felt that they were not getting it. The income subgroups did not differ markedly with respect to their willingness to pay privately for additional help at home. However they did differ with respect to having additional help from family and friends and social care professionals, in that the group that was worst off financially was more likely to require extra help from professional sources than from family and friends.

What about congenital eye conditions here? Seven out of every ten of informants with no vision and six out of ten informants with serious vision impairment felt that there were areas of their life where they would like to receive some more help, but were not getting it. Moreover, over half of respondents who had no vision at all and half of those with serious vision impairment would like to receive other forms of assistance, which were not explicitly mentioned in the questionnaire. And congenital here too? This further consolidates the picture of unmet support needs, particularly among people with congenital eye conditions and no residual vision.

Our consultations show that stakeholders themselves are well attuned of the support needs of people with additional disabilities. …….

A specific and significant area of unmet need was for a guide dog. The smallest proportion of informants who actually had a guide dog was amongst people with a late onset vision impairment, whilst the greatest proportion of guide dog owners was among people whose sight became impaired during childhood. There was a positive relation between the severity of people's visual impairment and guide dog ownership. This was also the case with respect to unmet need for a guide dog. Also, more than one third of informants with multiple disabilities would like to have a guide dog, compared with less than one in five of those with no additional disabilities. Being in unfavourable financial circumstances adversely influenced one's chances of having a guide dog, not only because of the upkeep but also because of the need for a (more expensive) larger, ground floor property.

None of the Asian informants had a guide dog and none of them wanted one whereas about a third of White and Black respondents who did not have a guide dog at the time of the survey wanted one. We established that this was a result of differing cultural attitudes towards dogs.

Contributing factors to disadvantage

We have established that there are a number of factors that increase the likelihood that people with impaired vision will suffer disadvantage, over and above that associated with the severity of their visual impairment. Factors that increase the likelihood of disadvantage include being female, unemployed, having multiple disabilities, having no vision at all or a congenital sight loss,

having late onset sight loss or being from a Black ethnic background. Housing and service providers need to be aware of these factors when assessing an individual's housing and support needs.

PROVIDING SENSORY IMPAIRMENT SERVICES

Accounting for prevalence

Social services departments expressed some doubts about the usefulness of estimates of prevalence, particularly if they are based on a loose definition of vision impairment. Nevertheless, there is broad agreement that department registers of local residents who are blind or partially sighted may reflect a moderate underestimate, and it is useful to have accurate basic data. Indeed, a few social care stakeholders indicated that there may be a significant underestimate of prevalence.

The primary difficulty highlighted by social service departments is that of extrapolating data pertinent to the age band 18-55, from the local social services register of visually impaired people. This partly arises because information retrieval systems are unsophisticated or have insufficient data stored. It is also the case that social services departments work primarily with older visually impaired people, and may therefore have less ready access to data about adults of working age with a visual impairment. Indeed, one team's caseload over the previous 12 months indicated that only 16% of visually impaired clients were aged below 55.

The disability hierarchy

This has already received attention with respect to housing, but is also a factor that impacts on sensory impairment services, especially when competing for scarce resources with services for people with physical or cognitive disabilities. One social services manager, in addition to commenting that there is a general lack of appropriate services for people who have impaired vision, made the point that the needs of visually impaired people 'are often not addressed or take second place' when other conditions are presented.

This viewpoint was echoed by several social care stakeholders, who consider that physical disability is 'always' considered the priority, partly because vision impairment is a 'non-visible disability'. One consequence, according to this stakeholder, is that those with a physical disability, such as stroke patients, who have acquired vision impairment, are often not referred to an ophthalmologist nor do they routinely have their needs assessed with reference to sight loss.

Social services departments generally held the view that there is a hierarchy of client groups, which results in small staff compliments to work with people who have a physical disability and even fewer staff to work with people who are visually impaired. A similar point was made by one of the voluntary organisations when it commented that, in comparison to physically disabled people such as those who use wheelchairs, the needs of visually impaired people are more 'subtle', for example improved lighting and decoration, and that as a result this client group 'loses out'.

Another issue put forward by social services departments is that visually impaired people with additional needs can be overloaded by visits from different teams/agencies asking them similar questions, and treating each impairment/ disability separately. Stakeholders suggest that there should be more collaboration between relevant professionals, such as joint visits by rehabilitation workers and OTs, so that they work more closely together to provide a seamless service to those whose needs are complex.

The predominant emphasis on disability also puts those with sensory impairment at a disadvantage as far as the application process is concerned, as the award of medical points, the usual screening method for judging housing need and releasing resources, is not applicable for those with vision impairment unless they have a disability or other more commonly accepted indicators of housing need.

Lack of experience of impaired vision

It is important for local councils to understand the needs of visually impaired adults, as their services are not always accessible to this group. Furthermore local councils do not necessarily know how to advise or who is able to give advice. Local Authorities may assume that there are large, expert organisations (like the RNIB) that they, and also service users, can turn to for advice. In this respect, stakeholder stressed the need for a Directory of Services in each area.

Not only do service providers, especially front line staff, need more education regarding the needs of users, but also providers need to ask for more information from service users. It is important for service providers to remember that vision impaired adults have different needs at different stages of their life. Another specific point relates to cultural issues of information dissemination in ethnic minority communities.

Hierarchy of disability

Service providers are strongly in agreement that impaired vision is indeed perceived to be a 'lesser' form of disability. Stakeholders also confirm that impaired vision is a 'forgotten disability', in that people with physical needs are 'seen' and so their needs met first. As a result, people in the greatest need often do not get enough help. Impaired vision is seen to be a 'side issue' and therefore it is often ignored by housing and service providers. Visually impaired adults are often also given a low priority, as their disability is perceived either as not critical or not substantial.

Transport needs

There is general agreement among service providers that access to good and reliable public transport is an issue that affects the ability of people with impaired vision to access services. This point is particularly pertinent to stakeholders who have experience of serving the needs of clients in remote, rural areas as well as those living in towns. Transport from outlying villages to the town centre is a rural issue, where declining availability of transport often means that it can take a whole day for a visually impaired adult to attend a health related appointment, potentially jeopardising their longer term health. Another point made from a service provider perspective, is that no account is taken of the high per unit cost of serving a dispersed, rural population which may lead to 'rate capping'.

Wherever they are living, young people want to get out and enjoy themselves by going into the city centre, and that this needs to be facilitated by good transport links. Although transport issues surfaced as a key constraint for users living within rural areas, it is also the case that there are poor transport links in some urban environments. This is blamed on heavily deregulated transport provision. Stakeholders describe how transport issues limit visually impaired people from joining support groups.

Another concern is that there are not enough rehabilitation workers to help with mobility and orientation training. Some 1/3 of visually impaired people were considered by one stakeholder group to be 'still stuck in the house'. This illustrates the importance of considering the 'knock on' effects of making improvements in specific areas of service delivery in isolation from a holistic consideration of all the users' requirements. For example, adults with impaired vision are perceived by service providers to be more 'at risk' of social isolation because it is so difficult for them to get out and about. Different modes of transport therefore need to be accessible, to facilitate their use by vision impaired adults.

Because, transport influences housing choices, the need to be near public transport may mean that suitable housing locations for VIPs are in more 'risky' areas where they are highly accessible and more vulnerable to anti-social

behaviours. Service providers confirm that visually impaired adults are being offered properties in poor areas. Some estates are undesirable but are near other amenities. The real challenge is to find a property where both the location and the design of the home interior are suitable for the needs of the visually impaired person.

Space

Many service providers acknowledge that insufficient space is an important issue for many visually impaired people. However, it is assumed that single people generally need a one bedroom flat with a small bedroom and no space for visitors. Accommodating guide dogs is also a problem. However, delegates at workshops tempered these views by the observation that insufficient space is a problem for all clients in the social rented sector, and not just for people with impaired vision.

Housing choices

Service providers made the point that an individual's preference for either 'supported' or 'mainstream' housing is a matter of individual choice. Some people prefer 'specialist' accommodation while others do not. In this respect, having a choice of housing circumstances is a real issue, as not all areas are able to offer any purpose-built accommodation for vision impaired adults.

Adopting a holistic approach

Adopting a holistic approach is important in service delivery for adults with impaired vision, using policy frameworks to bring health, housing and social services together.

Choice based lettings and housing choice

New and more flexible ways of increasing customer choice and marketing rented accommodation have been implemented in many areas, primarily operating through collaborative platforms with other registered social landlords, and usually described as a 'choice based' lettings system on a first come first served basis. These are predominantly web based and service providers expressed concern that the methods used in terms of allowing people to access potential tenancies and the way these were allocated were potentially excluding visually impaired people.

In respect of access, there is concern that these systems are only available to those who were 'computer literate'. If choice based lettings are to work, it is vital that vulnerable user groups such as visually impaired adults are assisted to access the system and view properties. If Friday is selected as the 'new lets day' this will pose problems for visually impaired people in communicating effectively and in a timely manner in respect of organising transport and viewing properties.

Allied to this are a number of similar comments raised in all the regions, concerning how properties are being allocated. One of the barriers to accessing allocations is that users are unable to understand how the system works. Staff are not sure how to incorporate the needs of visually impaired people into their 'points systems', some of which operate on a banding principle. This is complicated by the fact that the number of service users is small, all impairments and 'disabilities' are dealt with together in respect of housing and specialist accommodation may be very limited.

In high demand and low supply regions, allocations are directed to priority areas such as homelessness. In other areas, the issue of statutory need is linked to asylum seekers, some of whom have sight loss. This is of particular concern, as once they have established some of form residency they will lose their statutory right to housing and will consequently enter the mainstream social housing registers. Where general demand for social housing is high, low demand properties in 'bad' areas that are perceived to be unsafe from an anti-social point of view may be offered to visually impaired people. They are also quite likely to be offered a home that is poorly located or constrained for space, usually a one bedroom flat.

Inter agency working

Many stakeholders commented that there could be more effective collaborative working practices. In some areas, social services do not refer enough visually impaired people to the Supported Housing team for appropriate support and access to housing choice. Similarly, another stakeholder commented that there is poor liaison with health services and in particular eye clinics, where people who are not registered will come.

In some regions, there are several main local authorities, each of which has a different way of working. This means that there are variable standards between service providers locally. Visually impaired people may be treated very differently, which can be a source of bitterness.

Whilst most service agencies are geared up to record and serve visually impaired children and young people under 18 years old, there appears to be no formal handover to 'adult' social services. Often, the needs of children and older people are given a higher priority and as a result VI adults and other similar groups get

left out. The point is that where resources are limited, priorities are allocated to delivering output targets that are high on the Government's agenda.

Organisational Structures

Stakeholders serving unitary authorities commented that the large size of the authority made it an unwieldy partner. It is difficult for professionals, let alone service users, to understand who you need to speak to. Contacts frequently move, and the structure of the organisation keeps changing. All of this means that communication is unnecessarily difficult. In one region, the local government unitary authority structures were described as 'Kafkaesque'. It was suggested that a Borough structure is needed, related to funding mechanisms. Some non-unitary did seem able to offer various arrangements to deliver services more flexibly locally.

HOUSING RELATED SUPPORT

Identifying Need

Understanding the needs of visually impaired service users was recognised as a weakness by many of the stakeholders. Staff in local housing offices were not trained to understand needs associated with sight loss. From a service planning perspective a lack of understanding of the social care aspects meant exclusion from resource allocation and prioritisation – greater knowledge of assistive technology, aids and adaptations would help to ameliorate this. In this respect it is felt that service providers need to share their knowledge of service user needs.

In the Midlands, one stakeholder felt that 'little is known about the needs of this age group (adults), especially in Birmingham'. Concern was expressed about the reliability of estimates of prevalence, as perhaps they did not include adults with multiple disabilities or living with families. In Bristol, an example was given how, following the closure of a long term care hospital, many visually impaired service users were placed in residential care with little understanding of their actual needs. Another example, also in Bristol, was that the lack of identifying need meant that a specific purpose built housing scheme for VIPs was under subscribed by vision impaired tenants and had to be opened up to sighted people. In most regions, there was a low percentage of ethnic minorities with sight loss but nevertheless they were considered to be a neglected group.

Communication

Service providers raised concerns about ineffective communication due to poor utilisation of appropriate formats for impaired vision. In some areas of the country, even the local eye clinic still sends out information in small print.

Housing officers are beginning to undergo disability awareness training associated with the Disability Discrimination Act, which means an even greater demand for ensuring the right kind of training to include awareness of the needs of visually impaired people.

Social exclusion and isolation

There is concern that poor transport, coupled to the poor location of services and housing for visually impaired people, are conspiring to exclude visually impaired people from social and service networks such as support groups. Social isolation is often thought of as a rural issue, but it happens in cities too; perhaps it is as much of an issue or even more so than in the countryside.

Case Study: Gloucestershire County Association For The Blind (GCAB) – Visiting Service

GCAB is an independent charity working throughout Gloucestershire (except in the City of Gloucester which has its own Association). GCAB operates from a resource centre in Cheltenham, where visitors are welcomed to see a wide range of equipment. (Open 9-4 Monday to Fridays)

One of the services GCAB offers is a Visiting Service. Approximately 2,300 visually impaired people are known to GCAB. They are divided into four areas, each with a designated, paid part-time co-ordinator, who visits them at home, at clubs and at visual awareness sessions run by the Social Services Sensory Services Team. They offer support, help and advice; demonstrate equipment; liaise with other organisations (including other care organisations, VI clubs/societies, Social Services, Deaf Association, DEA and Access to Work, local colleges and leisure groups); and help with AA and DLA applications, etc. They aim to try to find ways to meet the individual's wants. The need for volunteer visitors (for companionship, reading mail, helping with shopping, etc) is identified and suitable, GCAB trained people (about 100 at present) are introduced. The role can be summed up as that of a "caring friend".

Transitional support

Two of our events were hosted at two major VI residential centres, the RNCB (Hereford) and Queen Alexandra College (Birmingham). The issue of transitional

support was raised in that there was no recognition by housing and service providers that students leaving QAC would behave differently than sighted students, a majority of whom would not want to return to live with their parents. It is assumed by housing and support services that visually impaired students will return home, and thus they are perceived as a 'low priority' for housing need. This contradicts the ideal that young visually impaired people should be enabled to move on and become independent whilst they still have youth on their side. A lack of transitional support means that young visually impaired people may be uncomfortable moving out of a supported environment to live more independently amongst the wider community.

Delivering support services

The issue of additional support provisions was flagged strongly by some support service providers. There is clear demand for additional support services but in some parts of the country this is being cut for those under 65. Younger service users are expected to ask non statutory agencies, such as the RNIB, for support and these do not necessarily have a local office.

Direct payments.

The majority of service providers we spoke to felt that the system of procuring direct personal care and services by 'disabled' people is not working for visually impaired users. In many instances, the rules are either selectively applied, or interpreted by local authorities in such a way as to exclude services for visually impaired adults that would be considered as 'personal', which would make them ineligible for direct payments. The system is perceived as being difficult to administer, and more support is needed to train visually impaired adults to understand the system.

There appears to be very little collaboration between the two areas – that of Supporting People, which dealt with housing care, and Direct Payments, that targeted personal or social care. Various agencies are perceived as 'fighting their corner', which worked against collaboration. It is felt that more flexible funding solutions are necessary.

Communication and training for stakeholders

Poor communication and dissemination to users of services and rights to benefits was an area of common agreement between many of the delegates at our stakeholder events. In respect of black and minority ethnic communities, delegates flagged up the point that availability of information for ethnic minorities

is very important. It is important to understand the circumstances where it is appropriate to rely on extended family members for interpretation and where it is necessary to seek the assistance of a neutral third party.

Management or systems information does not flow properly between service agencies to flag up users' preferred communication formats, and stakeholders were sometimes missing the obvious methods, such as using the telephone, to speak with service users. Some delegates were concerned at the poor quality and knowledge base of care staff and home improvement services, who were usually more experienced in dealing with older people. A suggestion was put forward for some basic maintenance training for those visually impaired people who had the ability.

Users were also challenged to be more open and less defensive about their visual impairment. It was admitted that agencies could perhaps use more acceptable terminology, such as 'special needs' or 'sight loss', instead of visual impairment or blindness. One stakeholder raised the point that there is a contradiction in that visually impaired people do not want to be 'labelled' but at the same want stakeholders to be automatically alerted to the fact that they are dealing with a visually impaired individual.

Employers were identified as stakeholders who needed training to remove the fear about visually impaired people, either that could be potential employees or existing employees who had recently become visually impaired.

There was some debate about the concept of what equality and diversity training meant or should include. The view was expressed that knowledge of specific impairments is sometimes more important than generalised awareness training or disability awareness training.

Advocacy and service support

Many of the delegates recognised the potential and challenges presented by the range of services required to tackle and support 'life' stage problems. Stakeholders commented that it is difficult to recruit volunteers to cope with delivering support, but some statutory agencies appear to take the view that these tasks should be taken on by the voluntary sector. Questions were raised as to the viability of social services and local authorities 'outsourcing' service provision to voluntary agencies. On the positive side, it was felt that this would help remove the stigma of seeking help from social services, improve accessibility and offer more flexibility of services to visually impaired adults. Two key stakeholders in North East (Northumberland County Association for the Blind) and South West (RNIB Bristol) had already gone down this road.

Delegates offered a range of service examples that needed to be delivered to improve the quality of life of VIPs, such as counselling, where a visually impaired person loses employment and faces financial and personal difficulties, or reassurance that they could remain active and introducing them to new friends. It was felt important by many delegates to offer interventions and financial advice both to younger visually impaired adults starting out in life, and to older adults that may have suffered sight loss in later life but were faced with existing mortgages and other financial commitments.

Understanding independence and choice.

Delegates outlined a number of challenges dealing with life experiences, such as over protective parents, transitional support for younger visually impaired adults returning from education or facing extended residency within the family. It was felt that stakeholders had the responsibility to offer much more comprehensive housing and support options for service users and their families, to respond to a wider variety of circumstances than is currently catered for at present.

Delegates raised comments in respect of perceptions of specialist versus general housing provision. There was a concern that 'sheltered' housing had negative connotations and needed 'rebranding'. Service providers recognised that many visually impaired people felt that specialist housing provision may create a 'ghetto' mentality. An interesting comment was directed at key stakeholders who had significant resources (such as Thomas Pocklington) that these organisations should concentrate on helping visually impaired people to 'stay put' in existing housing and by offering the finance to fund adaptations, instead of building collections of specialist schemes, or by promoting access to shared ownership schemes.

Rural Context

A key requirement of our work was to include some diversity in respect of stakeholders delivering services within urban and rural environments. Some common threads were identified in respect of rural issues. Delegates felt strongly that there was a lot of commonality in terms of service delivery issues between the urban, intermediate and rural areas. A common response was that visually impaired people in urban and rural areas share many of the same problems, such as wanting not to have to live with family and the lack of choice in housing.

Transport was the biggest differential identified between the rural and urban operating environments. Delegates commented on how much time could be taken up in either waiting for local buses or extended journey times as transport providers sought to maximise passengers by planning circuitous routes. Even so, many providers would end up including travel through the city centre, which

prolonged journey times even more. Rural stakeholders feel that transport is simply not geared up to where services users needed to get to, in order for them to access services in respect of visual impairment. Edge of town/city locations also have inadequate transport.

An intervention that some voluntary support organisations had tried was offering volunteer drivers to assist visually impaired adults, whereby half of the costs would be met by the organisation. However, some of these organisations had struggled to raise the money to do this.

Another point raised by service providers wass that visually impaired people often receive a low level of mobility allowance, but in a car based society this is not enough to provide parity in terms of travel opportunity, and so they recommended that the higher mobility rate should be mandatory. Inadequate transport contributes to social exclusion as service users are unable to form or attend support groups.

Of course, the issue of transport affects service organisations as well as service users. The increased transport unit costs in trying to deliver effective services to anyone within a rural setting.

Housing Provision and Choice

Housing choices and affordability issues afflict many rural areas and their populations, irrespective of sensory impairment. It may be cheaper to build social housing outside in rural areas, but because of poor transport links it would be unsuitable to do so for visually impaired people. One interesting suggestion was that services users could be housed in rural clusters and thus service delivery should be easier. However, other delegates raised doubts as to whether service users would prefer this, because of the perceived stigma attached to group housing.

Housing Related Support

Awareness and prevalence of visually impaired adults was not adequately understood by many statutory service agencies, particularly in more rural areas. Because of their low numbers, they are 'hidden' on the ground. Another important point is the poor economic prospects for visually impaired adults living in rural areas. Although funding for work training is available, it does not usually lead to a job at the end of the training period. Most of the work currently available in the countryside is low level and not well paid. Coupled with a shortage of good employment opportunities in rural areas generally, there is only one real option - to move to the city. Access to suitable housing and prioritisation on the housing

register is likely to be very low in rural areas, leaving a visually impaired adult with not much choice and hope.

The concept of a 'one stop shop' may be fine for urban areas, but not in a fragmented rural area because of poor transport and overlap with Parish councils which requires greater co-ordination. A suggestion was made that local staff in existing service frameworks such GPs and library services in rural areas need to be trained to act as 'sign posts' to specialists who can then pick up the baton.

Better Design of the Built Environment

Up to date databases of adapted properties to match against the demand for housing from visually impairment clients are considered essential to better service delivery. Service organisations also highlighted the potentially positive impact of designing a stop gap housing scheme with holistic support and time limited residency to enable younger visually impaired adults to leave home, as a stepping stone to fully independent living in the local community. Promoting the use of Access Auditors/Vision Impairment co-ordinators and developing a checklist of housing requirements are other measures that should support visually impaired adults in accessing suitable housing, along with better design standards conforming to Lifetime Homes standards but augmented by new standards specifically to support visually impaired people.

Supporting Stakeholders to Deliver Better Services

Many of the stakeholders we spoke to were in favour of more flexibility in respect of funding arrangements by the Housing Corporation. Better training is required for stakeholders about visual impairment and housing and support needs. and More effective networking and collaboration is needed between service agencies. The idea of having a special needs/VI champion in housing organisations, plugged into a regional network, received strong support from service providers, along with influencing Local Authority Housing strategies to ensure the inclusion of people with disabilities in general and with visual impairment in particular. It was also felt that more pro-active communication between agencies and users would help, alongside better use of database management and ICTs.

Supporting Service Users Directly

Tracking visually impaired people from the point of diagnosis to the end of their lives in order to provide a 'seamless service' was advocated by some service providers, as was the provision of more flexible services, depending on the specific needs of individuals. There is a clear role for eye clinic officers as advocates for visually impaired adults at the point of diagnosis. There was support for a national scheme emulating Anchor Housing's 'Staying Put' service,

to assist users to stay in their existing housing. Other ideas that received strong support from service providers were greater post tenancy support for users, and more user input into the setting of housing and assistive technology allocation policies. Greater effort should be put into dismantling existing barriers to housing and services.

Inclusive provision.

Stakeholders commented that services for adults of working age with a visual impairment need to be more inclusive of those with additional needs arising from other impairments or disabilities. Social services departments commented that there should be more emphasis on rehabilitation work with visually impaired people who also have hearing loss, so that they are assisted in taking advantage of every low vision resource available, so as to enhance use of whatever sight they have. Additionally, deafblind service users may require additional staff to help them attend to particular needs. This is particularly the case in regard to communication needs, which may also be an issue for visually impaired people who have a learning disability.

Unmet communication needs can put adults of working age with a visual impairment with additional impairments at a double disadvantage, as, according to social services departments, they are less likely to be registered as blind or partially sighted, which further reduces their ability to access information and services. Stakeholders themselves often require expert advice in order to assist service users with additional needs, and some regularly refer to specialist organisations.

Transition to independence

Having your own home is one of the cornerstones of independence in our society. For those at the younger end of the age spectrum, independence may be undermined by prolonged dependence on the family. This situation may come about, according to one social services manager, because there is insufficient 'semi-supported housing' available to adults of working age with a visual impairment who hope to take the first steps towards independent living. Such opportunities may also be limited, commented a housing provider, because of inadequate 'Supporting People' funding mechanisms.

In the opinion of a voluntary sector stakeholder, parents often want their visually impaired children to have greater access to independent, supported housing rather than residential care homes, and become very anxious about the lack of opportunity for more appropriate housing. Parents may also be over-protective, and one social services stakeholder talked of people in their 40s who have not been allowed to do anything, so that when parental care is no longer possible, it may be difficult to learn skills and adapt to a new environment. This is one more

example, perhaps, of the importance of close collaboration between stakeholders, so that complex social care and housing needs can be tackled.

Dealing with stigma

Providers of support services for people with vision impairment, should be aware that a sense of stigma may accompany young people's natural disinclination to seek help, and provide necessary information, advice and support that is proactive, collaborative and rationalised.

Vulnerability.

Stakeholders emphasised the priority attached to significant levels of risk in determining allocation of resources. This may include the risk of physical harm but also mental or emotional vulnerability, which may arise at the onset of sight loss when individuals find it difficult to contain their anxiety about impaired vision. Loss of sight may be sudden or traumatic, for example if it is the result of an accident or violence, more likely to be the case with younger people. Vulnerability may be particularly acute if the person lives alone, without family or other support systems.

Work related issues.

Social services departments also referred to the priority attached to those who are of working age. adults of working age with a visual impairment may require advice, assistance and mobility training, particularly if they have recently moved to a new area, or if their sight loss threatens their livelihood and ability to sustain employment. Stakeholders stressed the importance of work to adults of working age with a visual impairment's sense of control and independence and because 'so much hinges on this aspect of life'.

Engaging in voluntary work might be quite common among visually impaired people as it provides personal satisfaction and a feeling of involvement in the community. Some informants perceived voluntary work as a bridge into the world of work and were anxious to engage in it to broaden their CV. Some informants were doing voluntary work for institutions and organisations catering for visually impaired people's needs and several expressed a desire to contribute to the VI world.

Minority ethnic communities

A point commonly made by stakeholders was that families from all cultural backgrounds may be over protective of their visually impaired offspring. This is understandable if, as is sometimes unfortunately the case, families have had to bring up visually impaired children without information, advice or professional assistance. In ethnic minority households, according to one social services provider, self-reliance and a certain defensiveness can be compounded by a reluctance to allow outside agencies to help.

There appear to be two important reasons why this is sometimes the case, both indicating the need for greater mutual understanding between professionals and families from minority ethnic backgrounds. First, there is the need for greater awareness by stakeholders of the fact that normative assumptions, which underpin service provision such as rehabilitation work, may not be shared by families from different cultures. An example given was that of an Asian family, horrified that a young female relative is expected to try out her white stick in public, with a male rehabilitation worker, unaccompanied by a family member. Such experiences possibly contribute to the perception that 'a lot of national/ voluntary agencies for VI people are aimed at a mainly white population'.

The second point, suggested by various stakeholders, is that minority ethnic families have, themselves, to become more aware of vision impairment and its implications, as well as the ways in which service providers can be of assistance. This is not necessarily a straightforward proposition, as minority ethnic communities may harbour feelings of general negativity in respect of disability, an issue that may affect scope for independence and which has to be approached with cultural sensitivity by stakeholders. These factors may account for the viewpoint, expressed by some stakeholders, that ethnic groups 'are not always very good at asking for support' and that they can be isolated or excluded from services, but communication has to be an additional key issue.

Targeting resources

Social care stakeholders refer to priority allocation when adults of working age with a visual impairment present as vulnerable, especially if they are at risk of physical harm, mental distress or if there are risks attached to living alone. Provision of resources to help visually adults of working age with a visual impairment gain access to employment is also given a high priority.

INITIATIVES TO IMPROVE SERVICE DELIVERY

Improved information systems

One important theme to emerge from our consultations was the difficulty of extracting information about the specific needs of younger visually impaired people. For example, a manager within a statutory agency informed us that unless vision impairment is the client's main disability and qualifies him or her for the highest care component of the Disability Living Allowance, the agency will have no record of, and therefore be unable to identify, those service users with a vision impairment. This admission may indicate that there are necessary priorities in storing information, particularly for an organisation with thousands of clients. It could also suggest that limited information retrieval systems are restricting an organisation's knowledge of its visually impaired clients, a point echoed by stakeholders, as we discuss later.

Another difficulty arises if information systems are not kept up to date, a situation cited by one social services senior practitioner, who explained the considerable delay in her team's processing of BD8 referrals (referrals from ophthalmologists to social services departments, recommending that a person is eligible to be registered as blind or partially sighted).

Case Study: Newcastle Social Services Directorate – Implementation of a new referral and identification process for sight impaired people

The introduction of a new referral and identification process for sight impaired people has created significant opportunities for people to be referred to social services much earlier than via the old BD8 route. To ensure the smooth implementation of the new process in Newcastle, the social services directorate worked closely with the local optical committee, a service user group and the Royal Victoria Infirmary eye department through the eye clinic liaison officer.

They consulted with the service user group and the local society for blind people about the customisation of the Letter of Vision Impairment (LVI). The manager of the sensory support team made a presentation about the new process to the Local Optical Committee and their chairperson later distributed the customised LVIs to local opticians, explaining how they should be used. The manager of the sensory support team and the eye clinic liaison officer made a presentation to the eye clinic staff about the referral of vision impairment. The eye clinic liaison officer and the director of ophthalmology worked with the ophthalmologists to ease the introduction of the new Certificate of Vision Impairment (CVI). The implementation process lasted three or four months with the whole system fully functional by April 2004.

Any issues arising are tackled via the eye clinic liaison officer steering group.

The Directorate is doing further work to monitor the number of referrals made via these three routes (DB8, LVI and CVI) to try and draw some comparisons with the previous year's referrals.

Inter-agency working.

Social care stakeholders refer to the development of partnerships with health services, as well as neighbouring social care stakeholders, so as to provide more seamless services and to ensure effective work with minority ethnic groups.

Social services respondents to this survey regularly cited local and national voluntary organisations as the agencies with which they most often liase, not surprising, given the broad social care remit of these statutory and non-statutory bodies. After voluntary sector organisations, social services stakeholders most often liase with health related services, employment agencies and contractors that provide aids and equipment.

In turn, voluntary sector agencies often cited their strong link with social services departments, defined by one as 'the first and most important point of contact', followed by health services. Another voluntary agency explained the benefits of encouraging closer working practices with social services, achieved through a deliberate policy of encouraging volunteers to drop in at local offices and build good working relationships with key staff. Another voluntary sector organisation emphasised their close working relationship with health services, particularly in relation to accessing services by clients with additional impairments or disabilities. The largest voluntary sector provider in this survey gave more emphasis to liaison with housing agencies than the other stakeholders from this sector.

Purposeful networking

Networking assists good practice in regard to meeting social needs, and one of the social services departments mentioned its close contact with a local sports and social club, which provides sports and social opportunities for adults of working age with a visual impairment. Education is another enterprise benefiting from close collaboration, as another social care stakeholder indicated when explaining the network developed with adult education services. As a result, adults of working age with a visual impairment now have access to computer classes, and the use of screen readers and large fonts. Another social services stakeholder has good links with a local community college, and works with it to encourage adults of working age with a visual impairment to attend various courses.

Networking is also important in achieving good practice with regard to health needs, and partnerships between social care agencies and health service providers are important in respect of planning to meet needs arising from physical disability or vision impairment.

Casework.

Stakeholders described good casework practice, and their views tend to focus on three elements: holistic work, specialist leadership, and the client-centred approach.

Social care stakeholders spoke of making good use of team members so that 'holistic assessments' are carried out. A detailed example was provided by one social services department, which described work with a young, employed man from a minority ethnic background. The rehabilitation worker did sustained work, in a holistic way, to help him 'rebuild his life', so that he could deal with sight loss and work again and be adequately housed. This case work approach, according to the team manager, is not necessarily the normal practice of rehabilitation workers, who sometimes see their role as more circumscribed and limited to mobility training, orientation work and use of aids.

Other complex cases were quoted where practical, emotional and multi-agency work had been carried out. A voluntary sector stakeholder, referring to its housing service, described its holistic approach, in that it takes on board the wider issues facing adults of working age with a visual impairment, including accessing work opportunities, developing support systems, and finding appropriate accommodation when looking for work. This stakeholder's housing service also includes IT centres, which are used by tenants to access the Internet and develop IT skills.

Professionals with a sensory impairment remit tend to assume a specialist lead responsibility with regard to the totality of the stakeholder's work with a particular client. An example was provided by a social services stakeholder. The sensory team's work with a young female asylum seeker, who was blind and pregnant, involved taking the 'lead' on a community care assessment. As a result, the team managed to influence policy development and operational practice, across the department's child care and adult disability services.

Good practice in regard to the client-centred approach to casework was reported by a social care agency, when that stakeholder said that it would address the needs of all service users differently, according to need, and gave as an example its ready response to an increasingly active and outward looking service user, who required more travel training. A social services manager spoke of the department's refinement of the assessment procedure, which is now more transparent, with clients more centrally and actively involved in the process. Another social services department carries out a thorough assessment process,

whereby every individual is assessed in a needs-led way, as advocated in national service standards issued by the Association of Directors of Social Services.

Improving knowledge

One stakeholder's social services staff, keen to learn more about the social, educational and employment needs of ADULTS OF WORKING AGE WITH A VISUAL IMPAIRMENT, are attending relevant workshops. Implicitly and explicitly, stakeholders indicated that good practice initiatives are a direct result of targeting resources.

Case Study: Newcastle Social Services Directorate – Service user consultation and involvement in service planning

When the Association of Directors of Social Services (ADSS), standards of social care for sight impaired adults were published, Newcastle Social Services completed the baseline questionnaire along with a small group of service users. They also have a multi – agency Sight Impairment Strategic Planning Group (SISP) in Newcastle. The group went through the Social Services response to the baseline questionnaire and agreed an action plan. This covered a wide range of tasks, some of which were taken forward by the manager of the sensory support team.

In the SISP group it was decided to concentrate the main efforts on the first two standards which focus on service user consultation and service user involvement in service planning, as these were two areas where there was a lot of scope for developing practice further.

Firstly Social Services developed a service user consultation strategy. This recognised all the work that went on as a matter of routine as well as specific consultation exercises. The hope is to move to the point where there is an annual consultation event with service users. Social Services will also regularly review and update the consultation strategy itself.

There were also plans underway to carry out research into the needs of people with sight impairment in the New Deal area of Newcastle and it was agreed that when this was completed it would form the basis for a service planning event with service users.
Members of SISP and the researchers from Northumbria University made up the steering group for the New Deal research. The research was planned to find people not currently known to the services and to be participatory. Once identified, a number of sight impaired people became actively involved in the research, attending meetings to plan the presentation of the initial report and

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taking a leading part in that event. A large number of sight impaired people attended the event and the initial report was well received.

The final draft of the report was published in July 2004. It was discussed in the SISP group and a dissemination strategy agreed.

Social Services made a plan for the development of a multi-agency service plan involving service users. It was decided to prepare a composite report which would include the findings from the New Deal research, from a counselling pilot study completed the previous year and from the DOH survey of the experiences of service users with a physical or sensory disability, carried out in social services earlier this year. This report, called "Shaping Your Services," is in its final stages and will be disseminated to research participants and relevant agencies. Newcastle Social Services intend to invite service users to join a group to work on developing a multi- agency service plan designed to address the issues raised in the three pieces of research.

SUMMARY AND RECOMMENDATIONS

Availability of timely information and support is critical to individuals' ability to manage the emotional and practical consequences of sight loss, as well as enable people from minority ethnic groups to increase awareness of relevant services. Services that are proactive, collaborative and seamless are likely to assist in this respect.

Social care agencies should develop more confidential 'reading' services, perhaps provided by specially recruited and trained volunteers, to help adults of working age with a visual impairment deal more confidentially with correspondence and bills.

Social care agencies should work together to promote opportunities for, and access to, work experience, as adults of working age with a visual impairment are likely to be under-employed.

Social care agencies should develop more counselling services to help those who have difficulty adjusting to sight loss, and more community-based low vision services.

Social services departments should consider alternative ways to disseminate information of potential use to adults of working age with a visual impairment, perhaps through resource centres, GP surgeries, community centres, libraries, post offices etc, so that adults of working age with a visual impairment do not

have to rely on contact with this statutory organisation, which some resist because of associated stigma or a fear of being 'labelled'.

Social services departments are aware of the importance of family work, particularly in respect of work to help allay fears that may undermine the independence of adults of working age with a visual impairment. Successful work needs to be built on, so that parents are receptive to what their visually impaired child can achieve and allow a certain amount of risk taking, and so that adults of working age with a visual impairment develop confidence in their abilities.

Sensory impairment teams need to pursue scope for more group work, particularly at the time of registration, so that information and support is available at this crucial time, in a setting that offers peer support as well as professional input.

Where to find out more

However, these recommendations can only go so far in addressing the challenges identified by the participants in the survey. Overall conclusions can also be drawn from the stakeholder survey with respect to the climate within which all service providers currently operate. The increased need for service providers to demonstrate effective resource allocation by achieving the government's many targets and performance indicators, whilst laudable in promoting accountability and transparency, may also be leading to less desirable, unforeseen effects. In this respect, despite a commitment by most stakeholders to follow the 'social' model of disability (Imrie and Hall, 2001), the language, procedures and practices that regulate day to day contact with clients and service users tend to emphasise their disability and neediness, rather than their rights and entitlements. This, in turn, may erode the effectiveness with which a holistic and client-centred approach can be implemented. Service providers need to be aware of this in order that their services maintain an approach that empowers and does not degenerate into a culture of dependency.

Data Sources on Prevalence of Visual Impairment

1. REGISTER OF BLIND AND PARTIALLY SIGHTED PEOPLE

Local Authorities are obliged to keep a register of blind and partially sighted people who live in their area. The statutory definition of blindness is that a person should be "so blind as to be unable to perform any work for which eyesight is essential". There is no equivalent definition of partial sight but, in practice, this category refers to persons who are "substantially and permanently disabled by defective vision caused by congenital defect, illness or injury." For people to be registered as blind or partially sighted they must first undergo an examination by a consultant ophthalmologist.

The advantage of the register of blind and partially sighted persons is that it is based on objective measures of a person's field of vision and vision acuity. However registration is a voluntary process and not everybody who is eligible to register as either blind or partially sighted will do so. Therefore the register underestimates the prevalence of visual impairment. Moreover, the definitions of the categories 'blind' and 'partially sighted' are ambiguous as there are cases of people who are registered as 'blind' who have some vision and, conversely, there are people who are registered as 'partially sighted' but have little or no vision at all.

The most recent publication contains statistics on persons registered with Local Authority Social Services Departments in England as being blind or partially sighted at March 2003. The data are compiled from the triennial return of form SSDA 902, submitted by Local Authorities to the Department of Health. All 150 Local Authorities in England are asked to complete from SSDA 902 in respect of the situation prevailing at 31 March of the relevant year.

Publication: "*Registered Blind and Partially Sighted People*:", Year ending 31 March 2003. England, December 2003. London: Department of Health, National Statistics.

Web link: http://www.dh.gov.uk/assetRoot/04/07/23/38/04072338.pdf

2. ROYAL NATIONAL INSTITUTE FOR THE BLIND ESTIMATES

The Royal National Institute for the Blind (RNIB) has calculated estimates of the prevalence of visual impairment based on the results of a 'needs survey' carried out in 1991 by the RNIB, and subsequently extended to 2001 Census data. From this, the RNIB has published figures that estimate the proportion of blind and

partially sighted people that are likely to be 'registerable' as blind or partially sighted.

Findings from the original 1991 RNIB needs survey have been published. The RNIB estimates have not been published in a printed version. However the electronic version, 'United Kingdom: Prevalence estimates based on 2001 Census data', is available on-line from the RNIB intranet (accessible in RNIB Research Library only).

The RNIB has recently commissioned a study to evaluate the reliability of their own estimates and to assess the figures available from other sources of statistical data on visual impairment. The evaluation study is currently being carried out by researchers from the London School of Hygiene and Tropical Medicine. The findings of this evaluation will become available in March 2005.

Publication: Ian Bruce, Aubrey McKennell and Errol Walker, 1991. *"Blind and Partially Sighted Adults in Britain: the RNIB Survey volume 1"*, HMSO.

Web link: http://iris/xpedio/groups/public/documents/iris/prevexp.hcsp

3. LABOUR FORCE SURVEY

The Labour Force Survey (LFS) is an ongoing, quarterly household survey conducted by the Office for National Statistics. The LFS is based on a systematic random sample of private addresses in Great Britain. Each quarter about 60,000 households are surveyed. Among the core questions repeated every quarter are questions about disabilities. These include the number of people who mention 'difficulty in seeing' among other health problems and the number of people who report 'difficulty in seeing' as their main disability.

The Labour Force Survey (LFS) data sets and documentation are available to download from Data Archive UK.

Publication: Allan Smith, Breda Twomey, 2002. *"Labour Market Experience of People with Disabilities. Analysis from the LFS of the characteristics and labour market participation of people with long-term disabilities and health problems",* Labour Market Trends, vol. 110, no 8.

Web link: www.data-archive.ac.uk

4. HEALTH SURVEY FOR ENGLAND

The HSE is an annual survey commissioned by the Department of Health and conducted by the National Centre for Social Research and the Department of

Epidemiology at UCL. The survey is designed to monitor trends in England's health. It is based on a representative sample of the population of all ages living in private households in England. In 2001, interviews were obtained from 15,647 adults aged 16 and over and 3,993 children resident in 9,373 households. The 2001 HSE collected information about five main dimensions of disability: locomotion, personal care, seeing, hearing and communication. As the HSE is a representative survey, it provides reliable estimates for different health indicators in the English population.

One of the aims of the Health Survey for England is to estimate the proportion of the population with specified health conditions. A number of core questions are included every year, but in different years the survey focuses on different health issues. In 1999 the focus was on health and ethnic minority groups; in 2000, on the health of older people. HSE data sets (the latest is from 2002) and documentation are available to download from Data Archive UK.

Publication: V. Madhavi Bajekal and Alison Prescott, 2003. *"Health Survey for England 2001: Disability",* The Stationery Office.

Web link: www.data-archive.ac.uk

5. FAMILY RESOURCES STUDY

The Family Resources Survey (FRS) is a continuous national survey sponsored by the Department for Work and Pensions and carried out jointly by the Office for National Statistics and the National Centre for Social Research. The FRS has an annual target sample size of 24,000 private households across Great Britain. It collects information on a wide range of household and individual characteristics.

In 1996/97 a follow-up survey of disabled respondents was conducted. Over 7,000 disabled people who took part in the 1996/97 FRS were asked to take part in a Disability Follow-up Survey. The aim of the Disability Follow-up Survey was to provide reliable estimates of the prevalence of disability, as well as information on the characteristics of disabled adults aged 16 and over in Great Britain. It contains questions measuring what respondents can and cannot see, the age when difficulty in seeing first occurred and whether the difficulty in seeing is getting better or worse.

The FRS and the 'Disability Follow-up to the 1996/97 FRS' data sets and documentation are available to download from Data Archive UK.

Publication: E. Grundy et al., 1999. *"Disability in Great Britain: Results from the 1996/97 Disability Follow-up to the Family Resources Survey",* Department of Social Security, Research Report no. 94, Corporate Document Services.

Web link: www.data-archive.ac.uk

6. BRITISH HOUSEHOLD PANEL SURVEY

The British Household Panel Survey (BHPS) is a large-scale, ongoing longitudinal survey of the British population. The BHPS is carried out by the Institute for Social and Economic Research, incorporating the ESRC Research Centre on Micro-Social Change, at the University of Essex. The main aim of the survey is to provide information about the social and economic change at the individual and household level in Britain and to enable researchers to analyse the causes and consequences of changes in the social and economic characteristics of individuals and households.

The BHPS was initially designed as an annual survey of adult (aged 16 and over) members of a representative sample of the British households. The first wave of the study was conducted in 1991/92 and was based on a national sample of 5,500 households, which resulted in approximately 10,000 individual interviews. The same individuals were approached in subsequent waves of the survey and, if they split-off from the original households, all adult members of their new households were also interviewed. Up until now, the results from 12 Waves of the survey are available in the Data Archive UK. The Institute for Social and Economic Research has also published a working paper on disability, based on the 1991-98 BHPS.

Publication: Taylor, Marcia Freed (ed.) with John Brice, Nick Buck and Elaine Prentice-Lane, 2004. *"British Household Panel Survey, User Manual",* Volume B 12: Codebook. Colchester: University of Essex.

Publication: (Stephen P. Jenkins, John A. Rigg, 2003. *"Disability and Disadvantage: Selection, Onset, and Duration Effects"*, ISER Working Papers, Number 2003–18).

Web links: www.data-archive.ac.uk and
http://www.iser.essex.ac.uk/bhps/index.php

8. GENERAL HOUSEHOLD SURVEY

The General Household Survey (GHS) is a continuous survey of people living in the private households in Great Britain conducted annually by the Office for National Statistics. Each year the GHS sample contains around 13,000 private

addresses in the United Kingdom. The aim is to interview all adults aged 16 and over at every household. The main objective of the survey is to collect the data on a range of topics regarding the social and economic characteristics of individuals and households. The results from the GHS are often used by government institutions and other organisations for planning, policy and monitoring purposes.

The GHS consists of a household questionnaire and an individual questionnaire, which must be completed by all adults aged 16 and over resident in the household. The individual questionnaire contains questions on health. Respondents who report a long-term illness or disability are asked an open question 'what is the matter with you?' The answer is coded by the interviewer during the interview using a computer-assisted coding frame. Later on these coded answers are collapsed into categories according to the International Classification of Diseases (ICD10). One of the categories distinguishes those who report 'eye complaints'. General Household Survey (GHS) data sets and documentation are available to download from Data Archive UK.

Publication: Leicha Rickards, Kate Fox, Caroline Roberts, Lucy Fletcher, Eileen Goddard, 2004. *"Living in Britain. Results from the 2002 General Household Survey",* National Statistics, no. 31, London TSO.

Web links: www.data-archive.ac.uk and
http://www.statistics.gov.uk/lib2002/index.html