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**The Needs of Visually Impaired People Resident in  
the London Borough of Enfield**

**Report No 4: The Final Report**

**By  
Irena Papadopoulos and Karen Scanlon**

**Research Centre for Transcultural Studies in Health**

**EXECUTIVE SUMMARY**

**May 2002**

# **PUBLICATION INFORMATION**

## **THE ENFIELD VISION PROJECT**

### **The Needs of Visually Impaired people Resident in the London Borough of Enfield**

Report Written by:

(I)Rena Papadopoulou  
*Head of Research Centre for  
Transcultural Studies in Health,  
Middlesex University*

Karen Scanlon  
*Research Centre for  
Transcultural Studies in Health,  
Middlesex University*

Published by Middlesex University  
Bramley Road  
London N14 4YZ

May 2002

ISBN 1 85924 250 2

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British Library cataloguing in publication data. A catalogue record of this report is available from the British Library

## **FOREWORD by Enfield Vision**

Some time ago a number of blind and visually impaired people living in Enfield formed a local group for the purpose of discussing their problems. In 1997 this group was given charitable status with the specific aim of improving the lives of blind and visually impaired people in Enfield through identifying needs and proposing solutions.

It was soon realised that a clear statement of proven needs was essential together with practical suggestions for implementation if real improvements were to be achieved.

Using funds provided by the Enfield & Haringey Health Authority a research project was set up to obtain proof of the various service and information needs of a wide section of visually impaired people living in the London Borough of Enfield.

It was not practicable for Enfield Vision to provide either the manpower to carry out the day-to-day research or the necessary expertise to run such a potentially complex project. However we were fortunate to have on our doorstep the resources of Middlesex University who were able to provide such staffing, support and expertise as the project required. The role of Enfield Vision was to direct the project, devise the rules of conduct and to ensure that the initial objectives were achieved.

We believe the report shows this to be the case. The needs of visually impaired people differ from those of sighted people; we need specific services which are not required elsewhere; e.g. documents produced in accessible format i.e. large print, tape, Braille or on disk, and we need our attention drawn to the availability of services – information in leaflet form is quite useless if we cannot see the leaflet! Service and support staff must be aware of what is available and must have the means of disseminating information quickly to individuals, their families and groups.

The report clearly identifies the every day needs as perceived by those people with a degree of impaired vision and suggests how the local

authority, the health authority and other service providers can significantly improve their services.

We believe the improvements will be significant for the community as a whole and will on the whole be inexpensive to provide. There will of course be some additional costs but the benefits to the community could be considerable and in the long run there should be reductions in the cost of service support because visually impaired people and their families will be better able to fend for themselves.

Obviously we are initially concerned with the needs of visually impaired people but there are many others who are fully sighted and need services but for a variety of reasons cannot read and who would benefit from some of the proposals for improving communication channels and methods.

Only the service providers can implement the suggestions but Enfield Vision and its members would welcome any opportunity to assist with the planning and implementation of proposals and to provide advice on specific improvements.

We look forward to discussing the report with you and receiving your reactions!

Pat Askew (Mrs)  
Chair, Enfield Vision

# Executive Summary

## Aims and background of the Study

In the UK, there are around one million people who are visually impaired (Bruce et al, 1991). Almost 90 per cent of people with a serious sight problem are over the age of 60 (Evans, 1995). It is suggested that as the numbers of older people in the UK increase, there will be a corresponding increase in the prevalence of visual impairment. The number of blind and partially sighted people aged 65 and over has been estimated to increase by approximately 25% in the next 20 years (Low Vision Consensus Group, 1999). Such increases in the prevalence of visual impairment in the UK will have a big impact on the level of services provided by health and local authorities. These authorities will need to predict and plan the level of services to meet the needs of their visually impaired populations.

The Office of National Statistics (ONS, 1997) found that of the UK's estimated one million people with a registerable sight impairment, only 354,150 people were registered Blind and Partially sighted in UK. This suggests that a large number of visually impaired people are not known to local health and social services and are not accessing specialist support.

Enfield Vision was set up with a strong determination to improve the lives of the visually impaired people resident in Enfield. In order to do this, the organisation considered it important to conduct an assessment of the needs of the visually impaired people as a matter of urgency. Such baseline information is a fundamental pre-requisite to the fight against discrimination and to the attainment of the necessary changes in services and attitudes.

The Enfield Vision Research Study aimed to investigate, describe and analyse the health and social welfare needs of the visually impaired people living in the London Borough of Enfield. The study commenced in

January 1999 and was completed in May 2002. The study was jointly funded by the Barnet, Enfield and Haringey Health Authority and the London Borough of Enfield Social Services Department, and was conducted by Middlesex University on behalf of Enfield Vision. It is hoped that the findings presented in this report will enable policy makers and service providers to address the needs of this marginalised group in more effective, disability sensitive and competent ways.

### **Aims of the study**

1. To conduct a needs analysis of visually impaired people in Enfield;
2. To assess whether current health and social care provision is appropriate and relevant to the needs of visually impaired people in Enfield;
3. To investigate examples of 'good practice' in other parts of the country;
4. To make recommendations to the Health and Local Authorities, regarding needed improvements in existing services, and the possible provision of new and appropriate services.

### **Conceptual Framework**

The guiding principles of the research study were derived from the emancipatory and participatory approach to disability research. In terms of the Enfield Vision Research Project, the motivation and aims of the study originated from the visually impaired people themselves. They sought collaboration with the researchers, all of whom are sighted and employed by Middlesex University, in order to complement their expertise. Visually impaired people were part of the research team and throughout the project were able to make decisions and retain control of the research processes.

A further influence on the research design was the work of Seedhouse (1997). His '*Foundations Theory for Health Promotion*' was adapted to provide the principles for this study's framework which we called the '*Foundations for Achievement for Visually Impaired Persons*'. According to our framework, people can function successfully in society and reach

their optimum level of autonomy and well-being, if their foundations are solid and complete.

## **Methodology**

This research project has used a qualitative methodology, as it aims to produce in-depth understanding, meaning and context to the needs of visually impaired people in Enfield.

## **Methods**

The study used a multi-method approach to data collection. This included:

- 1) Focus groups;
- 2) Audio diary accounts;
- 3) In-depth individual interviews with visually impaired people;
- 4) Interviews with informal carers of visually impaired people;
- 5) Survey of local and national organisations providing services for visually impaired people;
- 6) Website surveys;
- 7) Analysis of local policy and other documents available during 1999 and 2001; and
- 8) In-depth interviews with local service providers.

## **Sample Size**

A combination of snowball and quota sampling was used.

- Six (N=6) focus groups were held during September 1999 and February 2001, which included a total of forty nine (N=49) participants;
- Ninety (N=90) in-depth semi-structured individual interviews with visually impaired people;
- Twenty four (N=24) carers of visually impaired people were interviewed; and
- Three (N=3) visually impaired participants provided audio diary accounts;
- in-depth interviews were carried out with (N=30) local service providers.

Total number of participants = 196 \*

(\* 15 of the total participants have been counted twice as they were both interviewed and took part in a focus group)

### **Characteristics of visually impaired interview participants**

Of the total number of visually impaired interview participants (N=90) forty six (n=46) were female and forty four (n=44) were male. Age groups were broken down by stages of life relevant to visually impaired people: school age, post school age/early adulthood, mid-life and elders. There were fewer participants in the youngest age group and older age group 65-74 (Table 1).

**Table 1: Age group of participants**

<b>Age Group</b>	<b>Number</b>	<b>%</b>
12-18	10	11%
19-64	37	41%
65-74	14	16%
75 plus	29	32%
<b>Total</b>	<b>90</b>	<b>100%</b>

Sixty five (n=65/72%) participants were registered and twenty five (n=25/28%) were unregistered. Twenty seven (n=27/30%) experienced sudden loss of sight, thirty five (n=36/40%) experienced gradual loss of sight and twenty seven (n=27/30%) were blind since birth or from early childhood.

Forty (n=40/44%) participants were from minority ethnic groups. These included: Black African (5); Black African Caribbean (3); Black British Guyanese (1); East African- Indian (1); British Indian (1); Half-Indian (1); Indian (2); Pakistani (1); Iranian (1); Asian (Sri-Lankan) (2); German (1); French (1); Greek Cypriots (5) and half Greek Cypriot (1); Irish (4); Italian (4); Jewish (4); White South African (1); and Turkish Cypriot (1).

Twenty participants (n=20/22%) were in employment and 21 (n=21/23%) were unemployed or not seeking employment, and eighteen (n=18/20%) were in education.

Fifty seven (n= 57) of the participants were living in owner occupied accommodation, twenty eight (n=28/31%) in rented accommodation and three (n=3/3%) in sheltered accommodation.

## **Survey of organisations that provide services for visually impaired people at local and national level**

The specific aims of this survey were to:

- Seek the perceptions of service providers regarding the needs of visually impaired people;
- Gain information regarding the problems of the visually impaired people as perceived by service providers;
- Gather data about solutions, and practices of service provision regarding the needs and problems of visually impaired people;
- Create a directory of organisations that provide services for visually impaired people, which will be made available to visually impaired people in Enfield.

Data was collected through a postal questionnaire, which was sent to 74 selected organisations. Full details about the questionnaire and the results of this survey are to be found in Report No.2 of this project entitled 'The needs of visually impaired people resident in LBE: A survey report of local and national organisations'. (ISBN 1 85924 178) The report can also be found on the following websites:

<http://www.mdx.ac.uk/www/rctsh/envproj/final.htm>

<http://website/lineone.net/~enfieldvision/homepage>

## **Findings**

**1. The findings from the in-depth interviews with visually impaired people, which constitute the bulk of the findings, are combined with those from the focus groups and interviews with carers.**

### **Health Services**

#### **a) Hospital ophthalmology Services**

Fifty eight (n=58/64%) of the interview participants reported that they currently attend a hospital ophthalmology service. The participants

described their experiences of receiving pre-clinical ophthalmology care services; ophthalmology care services; and follow-up ophthalmology services. They suggested that in order for visually impaired people to receive their optimum ophthalmology service the following components must be met:

➤ *Pre-clinical ophthalmology care services*

- Quick access to appointments
- Hospital has expertise, resources and time to deal with patients

➤ *Ophthalmology care services*

- Good communication between patient and health care professional(s) that consists of:
  - Positive staff attitudes
  - Good patient-doctor relationship
  - Adequate consultation time
  - Interpretation for non-English speaking patients
- Adequate tests, investigation and correct diagnosis
- Access to appropriate treatment
- Access to low vision aid clinic
- Access to registration
- Accessible hospital environment
- Access to information and explanations regarding:
  - eye condition(s)
  - tests and procedures
  - medication and treatment patient receives
  - practical matters

The participants also made the following suggestions on how information should be provided:

- Information should be in plain English
- Information should be in different languages
- Information should be in alternative formats

- Information should be provided at the time of diagnosis

➤ *Follow-up ophthalmology services*

Participants suggest that visually impaired people require follow-up ophthalmology services that consists of:

- Regular check-ups
- Referrals of specialist cases to Moorfields
- Direct referral to specialist social worker
- Referrals of patients to low vision aid clinic

**b) Optometry Services**

Thirty three (n=33/37%) interview participants reported that they currently use optometry services, twenty five (n=25/28%) did not use optometry services and thirty two participants (n=32/35%) did not provide an answer. The participants identified the following components for receiving good quality optometry services:

➤ *Good communication between patient and optometrist that consists of:*

- Positive staff attitudes
- Adequate consultation time
- Good patient-practitioner relationship

➤ *Adequate level of tests and investigation*

➤ *Access to information and explanations*

➤ *Correct diagnosis of eye condition(s) and referral to hospital eye unit*

**c) General Practitioner (GP) Services**

Ten (n=10) participants reported that they have been to their GP regarding problems with their eyes. They identified the following components for receiving good quality services from GP's regarding eyes:

➤ *GP has awareness and understanding of the needs of visually impaired people*

- *Patient receives information about eye conditions*
- *GP makes referrals to optometrists or hospital ophthalmology department where appropriate*

#### **d) Generic hospital services**

Participants considered generic hospital services to be of good quality if their staff had positive attitudes towards visually impaired people. Four (n=4) participants reported that they experienced positive staff attitudes when they were inpatients in generic hospital services, but five (n=5) participants reported experiencing negative staff attitudes.

### **Psychological Impact**

The research participants described their following psychological reactions to sudden loss of sight:

- Shock
- Denial and disbelief
- Sense of loss
- Despair
- Self-pity

They also reported on the subsequent reactions to sight loss:

- Mourning
- Depression
- Consider committing suicide
- Bitterness and anger
- Fears and anxieties
- Lose faith in God
- Belief that it is God's will

The interview participants identified the following components and sub-components that need to be fulfilled, in order for a visually impaired person to overcome the above psychological reactions to sight loss and achieve their optimum level of psychological adjustment:

- *Personal Characteristics*
  - Positive personality
  - Self-confidence

- Happy with appearance and body image
- Able to trust others
- Privacy

➤ *Process of adjustment to visual loss*

The participants indicated that they were able to begin the process of adjustment by experiencing one or more of the following:

- Confronted with an event, problem, or decision that instigates a process of adjustment
- Learned to accept sight loss over time
- Received rehabilitation

Participants also identified the need for:

- *Access to counselling services;*
- *Access to social support networks; and*
- *Positive attitudes of others*

## Registration

Half of the interview participants were registered blind, less than a quarter were registered partially sighted and just over a quarter were not-registered (Table 2).

**Table 2: Registration status of the interview participants**

Registered Blind		Registered Partially Sighted		Not registered	
Number	%	Number	%	Number	%
45	50%	20	22%	25	28%

The participants identified the following components needed in order for visually impaired people to receive a good quality registration process:

- *Registration needs of non-registered visually impaired people are addressed*

Many of the participants who were not registered reported having no knowledge of the registration process and what it means to be registered. Some reported that they would like to be registered but have

not been informed or encouraged by their ophthalmic consultant to do so.

➤ *Registration is voluntary and personal decision*

A number of barriers were identified which prevented some visually impaired people becoming registered, such as the difficulty of coming to terms with or denial of sight loss, the fear of being labelled and stigmatised when registered and the fear that registration could restrict life choices and opportunities.

➤ *Registration is advantageous*

70% (n=45) of participants who were registered, as either blind or partially sighted, reported that registration is advantageous because it entitles them to special privileges, such as support services, financial benefits and equipment and aids, which enable them to live independently.

➤ *Positive attitudes of others towards registration*

Many participants reported experiencing negative attitudes from others for being registered as blind or partially sighted and indicated that this made them feel "less normal".

Participants also recognised that the registers of blind and partially sighted people helps Enfield Social Services to plan service provision for the future.

## **Social Services**

In order for a visually impaired person to achieve an optimum level of service from Enfield Social Services the following key components that are needed:

➤ *Satisfactory Assessment*

The participants described a satisfactory assessment as one that:

- Is conducted soon after registration
- Responds to urgent needs
- Is comprehensive, and
- Is part of a cycle of assessment and re-assessment

➤ *Good Communication between the service user and Social Services*

The participants identified the following characteristics of good communication:

- Positive staff attitudes
- Accessibility and regular contact
- Follow-up of service user after given time period
- Records are kept up to date
- Referrals are made from other service teams within Social Services to the Visual Impairment Team

➤ *Adequate support services*

The participants suggested that Social Services departments providing adequate support services to visually impaired people are those which have:

- Availability of experienced trained staff
- Provision of emotional support
- Rehabilitation services - that include mobility training, daily living skills, provision of and training in the use of aids and equipment, and communication skills training.
- Provision of concessionary travel
- Provision of activities for visually impaired people
- Provision of assistance with benefit applications
- Provision of advocacy
- Accessible information on services available

The participants reported that they require information regarding:

- Services provided by Enfield Social Services
- Assessment procedure and assessment outcome
- Local clubs, groups for visually impaired people
- Activities and holidays for visually impaired people
- Library services and Talking Newspaper
- Local and national voluntary organisations for visually impaired people
- Rehabilitation/habilitation services
- Aids and equipment

- Adaptations for home
- Financial benefits
- Education and training opportunities
- Employment and career opportunities
- Support for carers

➤ *User involvement*

Just under half (n=43) of the interview participants suggested that there should be more user involvement in the planning, development and decision making processes regarding the services provided by Enfield Social Services for visually impaired people.

## **Personal Care and Daily Living Activities**

Twenty (n=20) interview participants reported to have problems with managing their personal care independently. The majority of participants reported to have difficulties with at least one or more daily living activities, whilst over half (>45) of them reported to have difficulties with most of their daily living activities. The participants reported that the following components are needed in order for a visually impaired person to manage their personal care and daily living activities and achieve their optimal level of personal well being:

➤ *Personal characteristics*

- Self confidence
- Level of vision
- Good health status and no additional disabilities
- Organisational skills

➤ *Accessible information on foods, household products and medication*

➤ *Use of specialist aids and equipment*

➤ *Provision of and access to adaptations*

➤ *Access to carer and family support*

➤ *Access to other support services*

Many of the participants reported that they need access to the following support services:

- Cleaner
- Chiropodist
- Gardener
- Home delivery shopping

➤ *Positive attitudes of staff in shops and other amenities*

## **Aids and Equipment**

The visually impaired interview participants identified the following components as important in enabling visually impaired people to make the best use of the aids and equipment that are available to assist them with daily living activities:

- *Access to information and advice about specialist aids and equipment*
- *Access to information from manufacturers and suppliers about aids and equipment*
- *Access to affordable aids and equipment*
- *Access to loan schemes and subsidised purchase schemes*
- *Provision of basic aids and equipment from social services*
- *Opportunity of using aids and equipment on a trial basis*
- *Positive attitudes of others towards visually impaired people's use of specialist aids and equipment*

## **Accommodation**

The majority of participants (64%) reported living in owner occupied accommodation. Table 3 provides the accommodation tenure of the interview participants.

**Table 3: Accommodation tenure**

<b>number</b>	<b>%</b>
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<b>Owner Occupied*</b>	57	64%
<b>Rented Council Accommodation</b>	16	18%
<b>Rented Housing Association accommodation</b>	2	2%
<b>Rented RNIB accommodation</b>	2	2%
<b>Residential college</b>	1	1%
<b>Private Rented accommodation</b>	8	9%
<b>Sheltered accommodation</b>	3	3%
<b>Other</b>	1	1%
<b>Total</b>	<b>90</b>	<b>100%</b>

In order for a visually impaired person to achieve their optimum level of accommodation and personal well being the following components must be fulfilled:

➤ *Access to information about housing issues*

The participants reported that visually impaired people require information relating to the following:

- Terms and conditions of tenure
- Entitlement criteria for council and housing association accommodation
- Information regarding adaptations provided by Enfield Social Services and Enfield Housing Services
- Information in a variety of alternative written formats and audio

➤ *Accessible and safe home environment*

The participants identified the following features of a safe and accessible home environment:

- Spacious and tidy kitchen and bathroom
- Grab rails in the bathroom
- Handles on the stairs or markings on the stairs to assist visually impaired people using the stairs
- Adequate Lighting
- Use of colour contrast
- Intercom
- Lift (where appropriate)

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\* Includes 14 participants who live in their parents/family owner occupied

- Community alarm
- No obstacles in immediate area outside home
- *Access to, and availability of, affordable accommodation, and*
- *Access to adaptations, and*
- *Adequate maintenance and repair of accommodation*

The following types of maintenance and repair are needed by visually impaired people:

- Decorating
- Gardening
- Cleaning
- Replacing or repairing of doors and windows
- Replacing or repairing of roof
- Replacing or repairing of heating

Participants also identified the importance of having:

➤ *Accessible and safe local neighbourhood environment -*  
That has the following characteristics:

- Safe pavements
- Safe roads
- Adequate street lighting
- Neighbourhood watch schemes
- Sense of community
- Positive attitudes of neighbours

➤ *Access to amenities*

Visually impaired people need easy access to the following types of amenities in the place where they live:

- Shops
- Post office
- Transport
- Leisure facilities
- Place of worship

- Laundrette
- GP surgery, optometrist

➤ *Access to support in sheltered accommodation*

Only three (n=3) participants reported to live in sheltered accommodation. They identified the following support services that they receive: housekeeper, nurses, meals, social activities and community alarm. However participants also reported that they experienced the following problems with the support they received:

- Staff see visually impaired people at their own convenience
- Visually impaired people lose their independence and may become institutionalised
- Security levels are not high enough and need to be improved

➤ *Access to carer/familial support, and*

➤ *Positive staff attitudes*

## **Communication**

In order for a visually impaired person to achieve their optimum level of communication the following components are needed:

➤ *Ability to read and write, including Braille and Moon*

The majority of participants (n=80/89%) reported that they had some difficulties with reading and writing. Many participants (n=51) reported that they needed extra time to carry out activities such as reading, writing or using the computer compared with sighted people, and some (n=20) reported that they were dependent upon others to do their reading and writing for them. Only twenty (n=20/22%) participants reported using Braille although many stated that they would like to learn Braille. Twenty-nine participants (n=29/32%) reported using low vision aids to help them to read. Participants described how frustrated and upset they were at not being able to read and write properly.

➤ *Access to information in alternative formats*

Participants reported using the following types of alternative formats:

- Talking newspaper
- Radio
- Television
- Large print
- Braille
- Tape

➤ *Access to, and ability to use specialist equipment*

A number of other needs were also identified when communicating with others:

- *Opportunities to socialise*
- *Self-confidence in being able to talk to others*
- *Positive attitudes of others*

## **Mobility**

In order for a visually impaired person to achieve an optimum level of mobility, the following components must be fulfilled:

➤ *Personal characteristics:*

The interview participants reported that some or all of the following personal characteristics influence a visually impaired person's level of mobility:

- Age
- Gender
- Level of vision and type of visual impairment
- Personal health status
- Level of self-confidence
- Willingness and necessity to take risks
- Personal familiarity with local environment

➤ *Provision of, and access to mobility training*

These figures indicate that of the total number of registered Blind and partially sighted participants (n=65) just under half received mobility training (n=30/46%), and that of those who did receive mobility training the majority (n=26/87%) were registered blind. Female participants were

slightly more likely to receive mobility training than male participants, and that of those who did not receive mobility training (n=35) approximately two-thirds (n=23/66%) had additional disabilities.

The participants identified the following indicators of good mobility training:

- Positive attitude of Rehabilitation Officer
- Mobility training is not rushed
- Training is comprehensive
- Training is provided by trained/qualified rehabilitation officers
- Visually impaired person has option to update their mobility training

➤ *Accessible and safe environment*

The participants suggested that an environment is safe and accessible if it meets the following criteria:

- Safe roads
- Safe pavements
- Adequate lighting
- Appropriate colour contrasts
- Disabled friendly buildings
- Disabled friendly services, and
- User Involvement

➤ *Provision of, and access to public transport and other forms of transport (see Transport section below)*

➤ *Use of mobility aids*

Over half (n=49/54%) of the participants reported using mobility aids. Of these participants the majority were registered blind (n=32/65%) and over half (n=27/55%) were male. Over three-quarters of the participants who reported using mobility aids use a white stick (n=37/76%).

Forty one (n=41/45%) participants reported that they did not use any mobility aids. The reasons given include:

- Embarrassment and self-consciousness
- The perceived stigma attached to using white stick

- Their pride prevents them from using a white stick
- Denial of visual impairment/ Do not consider eye sight bad enough to require use of white stick
- No public consideration irrespective of use of white stick

➤ *Positive attitudes of others, and*

➤ *Access to support networks (See Sense of Belonging Section)*

## **Transport**

The participants identified the following components needed in order for a visually impaired person to use transport to their optimum benefit:

➤ *Personal characteristics*

The following personal characteristics influence a visually impaired person's ability to use public transport services:

- Age
- Gender
- Level of vision
- Personal health status and additional disabilities
- Level of self confidence
- Familiarity with local environment and transport services
- Personal safety

➤ *Access to public transport services*

Buses were the most frequently used mode of public transport by participants but some participants (n=15/25%) reported using all three modes of public transport. The underground and/or trains were the least popular mode of transport used by participants. They described accessible transport as being transport that is:

- available
- reliable, and
- has a direct route to destination

➤ *Accessible and safe transport environment*

The participants identified the following features of an accessible and safe transport environment for visually impaired people:

- Safe stations
- Standardised bus stops and bus shelters
- Standardisation of layout and design features on buses, underground and trains
- Adequate lighting
- Use of colour contrast in design features and on stairs

➤ *Access to information*

The participants identified the following types of information that visually impaired people require regarding transport services:

- Adequate signage information
- Audio announcement information
- Pre-travel information
- Information regarding alternative concessionary travel

➤ *Access to support and assistance*

The participants identified the following types of support and assistance they require when using transport services:

- Staff assistance
- Assistance from significant others
- Assistance from members of the public

The following needs have also been identified:

- *Access to concessionary and alternative modes of transport services*
- *Access to concessionary travel on public transport*
- *Positive staff attitudes*

## **Personal Safety**

The participants identified the following components needed in order for a visually impaired person to achieve their optimum level of personal safety:

➤ *Personal characteristics*

The participants suggested that a person's age, gender, level of vision, their familiarity with local area and their ability to trust others affects their personal safety. Children and older participants reported have a greater

number of falls than participants of working age and participants who were registered blind were more likely to have falls and accidents than participants who were not-registered and had low vision. More female participants reported being more frightened of being attacked, which affected their level of confidence and independence. Participants reported feeling safer in areas they were familiar with but found it difficult to trust others because they did not want to put their personal safety at risk.

➤ *Accessible and safe environment (See Mobility section)*

➤ *Accessible and safe home environment*

Just over half of the participants (n=46) reported feeling safe in their homes. Nineteen participants (n=19) reported having falls in the home. These involved falling down stairs, falling over obstructions and falling in the bathroom and kitchen. Twice as many women suffered falls than men. Fourteen (n=14) participants reported having accidents in the home. These involved burning themselves, breaking things, and banging into things. Six times as many women reported having accidents. Participants reported that having adaptations made to the home can make their home environment safer.

➤ *Accessible transport services*

The components of accessible transport services were described in the Transport section above.

➤ *Access to mobility training and mobility aids*

These issues were reported earlier in the Mobility section.

➤ *Accessible information on foods, household goods and medication*

These issues were reported earlier in the Personal Care and Daily Living Activities section.

➤ *Access to carers and social support networks*

Issues relating to this theme component are discussed in the sections Sense of Belonging and Carers below.

➤ *Access to support services*

Having access to the ‘Community Alarm’ was considered to be an important support service for vulnerable visually impaired people that helps to protect their personal safety. Six (n=6) participants reported that they received the community alarm, four of whom lived in sheltered accommodation.

The following needs were also identified:

➤ *Use of specialist aids and equipment*

Issues relating to this theme are discussed in Aids and Equipment section.

➤ *Positive attitudes of others*

➤ *Sense of community where they live*

## Education

Table 4 provides details of the educational status of the eighteen (n=18) interview participants who were in education at the time of the interview.

**Table 4: Number of interviewee participants currently in education**

<b>Type of Education</b>	<b>Number (n)</b>
Full time mainstream primary	1
Full time specialist primary	2
Full time mainstream secondary	5
Further education	4
Further education (specialist)	2
Higher education	4
<b>Total number currently in education</b>	<b>18 (20%)</b>

In order for a visually impaired person to achieve an optimum level of education, the following components must be fulfilled:

➤ *Personal characteristics*

The participants identified the following personal characteristics that influence a visually impaired person's ability to achieve educationally:

- Gender
- Ethnic background
- Level of vision

- Level of self confidence in educational abilities
- Ambitions and aspirations

➤ *Provision of specialist schools/colleges for visually impaired children and young people*

Three (n=3) participants, all of whom are registered blind, reported that they currently attend specialist schools and colleges for the blind. A number of participants (n=8) reported that there should be some provision of specialist day, and/or residential schools or colleges for those visually impaired children who are blind or those with additional disabilities who cannot be catered for in mainstream schools.

➤ *Assessment of need*

Of the total number of participants who reported that they were currently in education (n=18), eleven (n=11/61%) received an assessment of their educational needs and seven (n=7/39%) did not receive an assessment. Of those who received an assessment of their education needs most were satisfied with their assessment.

➤ *Adequate resources*

The participants identified the following resources that visually impaired students require to enable them to perform well educationally:

- *Specialist equipment*
- Accessible materials
- Extra study time
- Help with costs

➤ *Adequate support services*

The participants identified the following support services that visually impaired students may require:

- Access to specialist worker/department
- Provision of specialist support teacher
- Provision of specialist support services

➤ *Accessible physical environment of place of education*

The participants described an accessible building as being one which has adequate signage, sufficient colour contrast (especially on stairs)

and has adequate lighting. Ten participants identified the need for schools, colleges and universities to have accessible buildings.

➤ *Positive attitudes of staff and other students*

Seventeen of the participants who were in education (n=17/94%) reported that teachers and staff had positive attitudes towards them. They describe a teacher/school staff with positive attitudes as one who is understanding, supportive, caring, approachable, patient and tolerant. Some participants reported that teachers and other staff lacked awareness and understanding of their needs. Ten (n=10/55%) participants reported that their peers had positive attitudes towards them and six (n=6) participants reported that they had experienced negative attitudes from other students in the form of teasing and bullying. This tended to happen when participants were younger.

➤ *Access to support networks*

Nine (n=9/50%) participants stated that they received support from their peers at school/college/university.

➤ *Access to information*

Some participants (n=5) reported that visually impaired people need access to a range of information relating to specialist training courses available to them, and that they require more career advice.

## **Employment**

Twenty participants (n=20) reported that they were currently employed, six (n=6) were unemployed and seeking employment and fifteen (n=15) were unemployed and not seeking employment. In order for a visually impaired person to achieve their optimum level of employment the following components must be fulfilled:

➤ *Personal characteristics*

The participants identified the following personal characteristics that influence a visually impaired person's ability to obtain employment and achieve their optimum level of employment:

- Gender
- Ethnicity
- Level of vision

- Level of self-confidence
- Level of qualifications
- Decision to inform employer of their visual impairment
- Ability to trust others

Of those participants who were currently employed there were slightly more males than females and over half (n=11/55%) were white British, whilst the rest were from minority ethnic groups. Of the total number of participants who were unemployed and seeking employment or unemployed and not seeking employment one third were white British and two thirds were from minority ethnic groups. Participants who were registered as either blind or partially sighted represented 75% of the total number employed. Participants reported that being confident in their abilities enabled them to obtain employment and achieve their full potential at work. Of those who were employed (n=20), only one participant (5%) had no qualifications but of those participants who were unemployed and seeking employment (n=6) all had qualifications, with a third (n=2/33%) having degree qualifications, and that of the total number of participants unemployed and not seeking employment (n=15), few had no qualifications (n=2/13%) and few had high qualifications (a-levels, degree, etc) (n=3/20%). The majority of participant's, who are currently employed (n=15/75%), reported that they declared their visual impairment to their employer and it did not affect them getting their job.

➤ *Access to information and support in order to obtain employment*

Participants reported that visually impaired people need the following types of information and support to assist them in obtaining employment:

- Access to information and support on how to apply for job and in job search
- Access to alternative methods of accessing employment
- Access to careers advice
- Access to training and/or education to obtain skills needed for employment

➤ *Equality of opportunity in the job market*

Most participants who are currently employed (n=14), reported that equality of opportunity does not exist for visually impaired people in the job market, and so visually impaired people are restricted in the type of work they do.

➤ *Access to alternative forms of employment for low-medium skill/ability*

Participants identified the need for visually impaired people, of low to medium skill or ability, to have access to the following alternative forms of employment:

- Supported government employment schemes
- Voluntary employment
- Self employment
- Jobs with shorter working hours

➤ *Adequate resources*

Participants identified the following resources that visually impaired people need to enable them to achieve their full potential in employment:

- Extra time allocated to complete work
- Allocation of study time
- Provision of specialist equipment and aids

➤ *Access to support in employment*

Participants reported that visually impaired people need access to the following types of support when in employment:

- Assessment of needs at work
- Support assistants/workers
- Access to introductory training to job
- Access to training and personal development in job
- Regular supervision and appraisals

Participants also identified the need for:

➤ *Equality of opportunity for promotion, and*

➤ *Access to information about employment rights*

➤ *Positive attitudes of employers and work colleagues*

The majority of participants who are currently employed (n=14) reported that their employers have positive attitude towards them and had an

awareness of disability issues and adopt an employee-focused approach. Many participants (n=12) reported that their work colleagues have negative attitudes towards them, two of whom experienced bullying.

➤ *Accessible and safe working environment*

Visually impaired people need to be able to work in an accessible and safe working environment that has all of the following characteristics:

- Accessible layout of office
- Adequate Lighting
- Colour contrast in building
- Adequate signage and labels

Participants also identified the following benefits to an individual of being in employment:

- Work is enjoyable
- Work is stimulating and interesting
- Work is rewarding
- Provides structure to an individual's day
- Enables individual to meet other people
- Keeps an individual's mind and body active
- Promotes personal well-being
- Promotes self-confidence
- Gives individual a sense of purpose, self-respect and dignity
- Provides status in community
- Provides individual with opportunity to progress in society
- Provides financial security and independence

## **Finances and Financial Benefits**

Fifty-three (n=53/59%) interview participants reported that they received financial benefits and thirty three (n=33/37%) interview participants did not receive financial benefits. In order for a visually impaired person to achieve their optimum level of finances and financial benefits the following components need to be fulfilled:

➤ *Adequate level of income*

➤ *Access to information and advice about financial benefits*

Visually impaired people require information and advice which has the following characteristics:

- Comprehensive information and advice
- Information available in alternative formats
- Accessible information
- Information and advice that is updated regularly

➤ *Access assistance in applying for financial benefit*

Having access to assistance when applying for financial benefits enabled some participants to achieve their optimum level of financial benefit. They reported receiving help from a variety of sources, such as social worker/rehabilitation officer; visual impairment/disability voluntary organisations; and carers and family.

➤ *Individual's benefit entitlement should be reviewed periodically*

Visually impaired people have their benefit entitlements reviewed periodically in order to take account of any changes in their circumstances.

➤ *Positive attitudes of others*

A few participants (n=6) reported that they felt many sighted people in society hold negative attitudes towards them receiving financial benefits, suggesting they are "scroungers" and are a "burden to society".

➤ *Access to information from financial services*

A number of participants reported problems in accessing certain types of information from financial services, such as personal letters and information on services and policy documents.

➤ *Access to alternative banking methods*

Participants reported using the following banking methods in order to manage their finances:

- Cash machines
- Banking on line

- Telephone Banking

However, they recommended that these banking methods be made more accessible to visually impaired people.

- *Accessible environment in financial Services buildings*

A few participants (n=6) reported that the financial services buildings they use are accessible for visually impaired people, because they have adequate signage and colour contrast. However some participants did not find their buildings to be accessible. (See also section Mobility above) Some participants suggested that banks and building societies should have a helpdesk near their entrance where visually impaired and other disabled people can obtain assistance.

## **Social Activities**

In order for a visually impaired person to achieve their optimum level of social and leisure activities the following components must be fulfilled:

- *Access to independent leisure activities*

Participants want to be able to undertake certain leisure activities independently. Many research participants reported that were able to participate in and enjoy the following types of leisure activities independently, such as painting, walking, swimming, going to the gym, watching television, listening to music, using the computer and reading. However, others reported difficulty in carrying out such leisure activities independently.

- *Access to and availability of social leisure activities*

Many research participants reported that socialising was one of their main leisure activities. Only a few participants reported that they were able to participate in social activities such as going to the pub, theatre, cinema, bingo and discos. Some participants reported that their ability to socialise was dependent upon others taking them to social events or having transport provided to take them. However, many participants reported that they participants in few or no leisure activities. Others reported that they were prevented from taking part in sports because of the lack of access and availability.

- *Access to specialist leisure activities*

Many participants reported a lack of specialist leisure and social activities for visually impaired people in Enfield and suggested that they would like more specialist social and leisure activities to be provided for visually impaired people on a daily or weekly basis.

➤ *Access to and availability of holidays*

Over half of the research participants (n=46) reported that they have been on a holiday recently. All participants reported that they travelled with someone and many stated that they would not travel on their own. The types of difficulties that visually impaired people encounter when on holiday include:

- reading information signs/boards at airports/train stations
- speaking different language
- asking for help/directions
- dealing with foreign currency
- learning the layout of hotel

The reasons why some participants (n=22) did not go on holiday were that they were too old, were not able to afford to go on holiday and did not have anyone to accompany them.

➤ *Access to specialist holidays*

Just under a third of the research participants (n=28) reported that they would like to go on a specialist holiday organised for visually impaired people.

➤ *Access to low vision aids and specialist aids and equipment*

See section on Aids and Equipment above.

## **Sense of Belonging**

The participants identified sense of belonging as one of the main factors that promotes a visually impaired person's health and well being. In order for them to reach their optimum level of sense of belonging the following components need to be fulfilled:

➤ *Access to familial support*

Participants who reported that they do not have access to familial support, or that their family contact was limited as their families live far away, reported feeling isolated, lonely and depressed.

➤ *Access to social support networks*

Many participants reported that their main social support networks were with other visually impaired people, which gave them a sense of belonging and enabled them to share experiences and learn from one another.

➤ *Sense of community where they live*

Many participants reported that where they lived provided them with a sense of community, because they were familiar with the area and knew many of their neighbours. However, some participants (n=27) reported that they do not feel a sense of community in the area they live. They identified the following features of not having a community: not knowing your neighbours, lack of respect from neighbours, unsafe local environment, fear of crime, unable to trust neighbours and negative attitudes of others.

➤ *Belonging to a religious community*

A small number of participants reported that they felt a sense of belonging due to being a member of a religious community.

➤ *Belonging to a minority ethnic group*

Some participants from minority ethnic groups reported that they felt their ethnic community was their main social support network, and provided them with a sense of belonging

➤ *Belonging to clubs, groups and societies*

Nearly two thirds of the research participants (n=56) reported that they belonged to clubs, groups and/or societies, which were for older people or were related to their visual impairment and/or minority ethnic group.

➤ *Contribution of visually impaired people to local community*

A number of participants reported that by contributing to their community they felt a greater sense of belonging. The types of activities that participants were involved in include providing awareness training to sighted people; giving talks at community events; being a volunteer assistant, providing peer support for other visually impaired people and doing volunteer work in the community.

➤ *Accessible and safe local environment*

See sections on Accommodation and Mobility

## **Privacy and Dignity**

The research participants identified the following components, which enable a visually impaired person to achieve their optimum level of privacy and dignity:

➤ *Ability to communicate with others in privacy*

➤ *Ability to read letters and deal with correspondence*

Many participants reported difficulties reading letters and correspondence and so were dependent on others to read their letters for them. They indicated that this caused them much frustration because they were unable to retain privacy over certain aspects of their lives.

➤ *Ability to manage own finances*

Many of the participants reported that they were unable to manage their finances independently and relied on others to assist them.

➤ *Access to own living space*

Participants who had access to their own living space were better able to retain a level of independence, privacy and dignity than those who did not.

➤ *Positive attitudes of others*

Participants have identified positive attitudes of others as an important component for nearly all of the main theme components that are discussed in this report. They suggest that negative attitudes of others can adversely affect a visually impaired person's dignity and can make them upset and depressed.

## **User Involvement**

Participants recommended that in order for a visually impaired person to achieve their optimum level of user involvement, the following components need to be fulfilled:

- *Visually impaired people are involved in decisions regarding the services they receive*
- *Service providers effectively consult with visually impaired people*
- *Visually impaired people are involved in the planning, development and decision making processes regarding provision of services for visually impaired people.*
- *Visually impaired people are involved in public awareness and education campaigns, and in visual impairment awareness training*
- *Representation of visually impaired people on relevant council committees*
- *VI user groups/organisations are active in representing the needs of visually impaired people*

## **Carers**

Thirty two (n=32) of the visually impaired participants reported that they had an informal carer, who was usually their spouse/ partner or family member. We interviewed twenty four (n=24) of the informal carers. Twenty of these carers were females (n=20) and four (n=4) were males. However, eight (n=8) visually impaired research participants reported to be a carer for their spouse/ partner or family member.

The following components were identified as being important in enabling carers to fulfil their caring role:

- *Access to information and advice*

Carers of visually impaired people reported that they need information regarding services available for visually impaired people in Enfield, information regarding useful aids and equipment and information regarding day centres for disabled and older people. The majority of carers (n=28/31%) reported that they would like to receive more information regarding support services available for them.

- *Carers assessment*

Only one (n=1) participant reported that she received a carer's assessment from Enfield Social Services.

➤ *Access to emotional and practical support*

The majority of informal carers (n=23/96%) who were interviewed and all the visually impaired participants (n=8) who were themselves carers, reported that they did not receive any emotional support and indicated that they would like to receive some.

➤ *Access to support services*

Only two (n=2) of the eight (n=8) visually impaired participants who reported that they are carers for their significant other receive any support services. Half (n=12) of the informal carers who were interviewed reported that they would like some support services to help them take care of their visually impaired significant other.

➤ *Access to respite services*

Only a few informal carers (n=3) and two (n=2) participants who were themselves carers, reported that they had accessed respite services for the person they cared for.

➤ *Adequate rehabilitation for visually impaired people*

Some of the informal carers who were interviewed (n=6) reported that, when their visually impaired significant other received rehabilitation, they became less of a burden because they were able to do many more things on their own.

## **Findings from survey of organisations**

Despite all the efforts of the research team the response to this survey of organisations was rather disappointing, particularly from national organisations and Enfield statutory service providers. The quality of the responses received was also varied. Both national and local organisations failed to provide information on some of the sections of the questionnaire. The research team anticipated that small sections of the questionnaire might not be relevant to all organisations. On the whole, responses were provided to closed questions whilst the open questions were answered briefly and in general terms. This is not surprising as

many of the local organisations which responded provide services for the wider community, to specific ethnic groups, or to specific age groups and so on. Visually impaired people who use such services do so not because of their visual impairment but for other reasons such as those of the third age using Age Concern.

Although most respondents reported not to have any system in place to enable them to assess the needs of their visually impaired users, 40% of them have reported to be using a number of monitoring systems to ensure the quality and relevance of their provision. This, in theory, should provide these organisations with need related data.

Many of the responding organisations appear to have a good insight into the needs of the visually impaired users in terms of basic needs, information needs, education and sense of belonging needs, yet almost 20% of the organisations reported that they are often unable to respond to these needs, due mainly to lack of resources.

It is encouraging that there are research projects into the needs of visually impaired being carried out. It is important to ensure that such projects are disseminated widely and acted upon.

## **Findings of interviews with key service providers**

### **A. Health Services**

#### **Enfield Primary Care Trust (PCT)**

##### **Chief Executive of Enfield Primary Care Trust**

The Chief Executive of Enfield Primary Care Trust (PCT) reported that Enfield PCT is responsible for commissioning and providing care for residents of Enfield. This includes acute care, community care, long-term care, health promotion, and working with the voluntary sector and local authority, in meeting the obligations of the NHS Plan and the National Service Frameworks.

The priorities of the PCT are older people and mental health. They do not regard visual impairment as a specific care group, but it is likely that

visually impaired people will be catered for under the services for older people. There is a new National Service Framework (NSF) for diabetes currently being developed, which will have more specific guidance on what should be provided for visually impaired people.

Enfield PCT have taken on responsibility for commissioning of services previously carried out by Enfield and Haringey Health Authority. However, this does not include specialist areas such as optometry. The PCT commissions a small cataract service and commissions general ophthalmology from local trusts and Moorfields. Barnet, Enfield and Haringey Health Authority remain responsible for optometrists. In the future there may be some services that are provided pan-health authority, when the health authority merges with Camden and Islington Health Authority in April 2002.

## **Barnet, Enfield and Haringey Health Authority (BEHHA\* -previously EHHA)**

### **Assistant Director of Planning for Community Care, EHHA**

The Assistant Director of Planning for Community Care is responsible for services for older people, people with physical disabilities and sensory impairments, carers, winter planning for older people and Accident and Emergency services.

Enfield and Haringey Health Authority purchase ophthalmology services from North Middlesex Hospital, Moorfields Eye Clinic at St Ann's Hospital and Chase Farm Hospital. Services are purchased related to activities to date, as quasi for need. The health authority developed a new service specification for acute ophthalmology services over 18 months ago.

### ***Services provided for visually impaired people***

The Assistant Director of Planning for Community Care reported that the EHHA provide the following ophthalmology services:

- Accident and Emergency Services

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\* As from April 2002 will be known as North Central London Health Authority

- Ophthalmology Services
- Health Promotion
- Prevention – for older people and accidents

Ophthalmology Services are insufficient due to the lack of finances available. EHHA do not invest in prevention services for eye services, or proactively seek out the needs of visually impaired people. EHHA has done some health promotion work around glaucoma in Haringey. This involved conducting a pilot research project in collaboration with Moorfields Eye Hospital, Health Promotion and the Haringey Council. The aim of this study was to try and reach people from minority ethnic groups who do not have access to health care.

### **Data Collection**

EHHA collect and have access to epidemiological data relating to the eyes in the public health data. This can then be compared with the data have on ethnic use of services, which helps the health authority understand and recognise the level of unmet need there is in the community.

### **Senior Manager Community Care- Enfield and Haringey Health Authority**

The key responsibilities of the Senior Manager for Community Care are to be the health authority's strategic lead for physical disabilities and sensory impairments; to produce in conjunction with Enfield Social Services, the Joint Strategy & Investment Plan (JSIP) for people with physical and sensory impairments, which gives details of the plans the EHHA has made to meet the needs of its disabled population; and to be the Health authorities strategic lead for intermediate care including services for people with physical disabilities and/or sensory impairments.

The Joint Strategy and Investment Plan for Physical Disabilities and Sensory Impairment (JSIP) is an action plan and an implementation plan, which will be implemented jointly across health and social services through the Joint Commissioning Group (JCG). It is envisaged that Enfield PCT will be given responsibility for implementing the JSIP

strategy along with Enfield Council, but that the overall strategic overview will stay with the health authority.

## Ophthalmology Hospital Services

### North Middlesex Hospital NHS Trust

The three consultant ophthalmologists and Head Orthoptist at North Middlesex Hospital Eye Unit were interviewed as part of this study.

The North Middlesex Hospital Eye Unit provides the following services for visually impaired people:

- *Outpatient services*: that include adequate clinical assessments of patients to the eye unit
- *Fast Track Glaucoma Clinic*: This enables optometrists in the community to refer patients suspected of having glaucoma, to the hospital glaucoma clinic, without having to be referred through the patients GP.
- *Diabetic eye screening service*: which optometrists can refer patients directly too.
- *Orthoptic Community Screening*: In Enfield, there is a community screening program for children under eight years old, that links in with community services for children. This enables orthoptists to detect eye problems in children a lot earlier, and then refer them directly to the hospital ophthalmologist paediatrician. GPs can also refer children to community screening or to the hospital.
- *Low Vision Aid Clinic*: The Low Vision Aid Clinic provide low vision aids to patients.
- *Operations/Treatment*: The consultants perform a number of treatments and operations for adult eye patients.
- *Certification and registration of patients who are legally eligible to be registered blind or partially sighted*: The consultant ophthalmologists are responsible for certifying legally eligible patients as registered blind or partially sighted. For every BD8 form that is completed by a consultant ophthalmologist, they receive a payment from Enfield & Haringey Health Authority (EHHA). The ophthalmologists are aware

of the psychological impact that diagnosis or registration can have on patients, and is aware that some of these patients require professional counselling.

- *Referrals:* The consultant ophthalmologists refer patients to Midsight (Middlesex Association for the Blind), a voluntary organisation for the visually impaired, who are available at the eye unit to talk to patients about registration, give them advice and information and get them in contact with social services. The consultants reported that they are not able to become too emotionally involved with patients, and have to be frank with them regarding their eye health. Therefore, if a patient shows any signs of being emotionally upset by a diagnosis or shows any signs of not being able to cope or adjust to a sight problem, consultants will refer them to Mid-sight.
- *Information:* The consultant ophthalmologists provide patients with information leaflets about eye conditions and organisations that provide help and advice to them.

### ***Problems with existing services***

The consultant ophthalmologists and Orthoptist identified the following problems with existing services:

- *Lack of continuity of care*
- *Lack of adequate staffing*
- *Problems with registration process*
- *Poor Data Collection*
- *Children not being referred quickly enough from GPs or optometrists*
- *Patients non-attendance at appointments*
- *Need for interpreters*

### **Consultant Ophthalmologist and lead Clinician, Moorfields Eye Clinic, St Ann's Community Hospital**

The Consultant Ophthalmologist and lead Clinician is responsible for managing the Moorfields eye clinic at St Ann's Community Hospital. He reported that they provide the following services:

- Have three specialist clinics – cataract, glaucoma and retina

- Have primary care clinics which examine patients to find out what eye problems they have so that they can be referred to the appropriate specialist clinics
  - Provide information to people in a range of different formats
- The clinic receives funding for its services based on the level of activity for the previous year.

### ***Problems with existing services***

- *Inadequate resources*
- *Obstacles to registration*
- *Process of registration:* It takes a long time for the BD8 form to get from the hospital to social services. There is also a lack of patient understanding of the registration process. The legal definitions of blind and partially sighted are outdated, and the definitions of registration do not represent what visual impairment means to people.
- *Treatment:* Moorfields Eye Clinic is unable to provide laser treatment at St Ann's Community Hospital, instead patients have to be referred to Moorfields Eye Hospital in London.
- *Communication with patients:* The lead clinician reported that many patients who are from minority ethnic groups have language difficulties, and some require interpreters. He also reported that because consultants are under so much pressure to see as many patients as possible, they do not have enough time to talk to their patients. This is a major quality care issue.

## **Optometry Services**

### **The Assistant Director of Planning for Community Care**

The Assistant Director of Planning for Community Care reported that the majority of local optometrists are very dedicated to what they do. They are very good initiatives with the local optometry services in Enfield and Haringey, for example the diabetic eye screening.

The Assistant Director reported that she is not happy that many optometrists are now running two waiting lists, one for patients who pay and one for patients who don't pay. This is because optometrists feel

that they receive inadequate funding for full eye tests for those patients who get it free. Optometrists have flexibility to balance their need for income by having some patients who pay more and some patients who the government pays less for. Money for patient's free eyes tests comes from the government. The optometrists also believe that with the money they are given, they cannot do all the tests they should do. So some older people are having some of their tests for nothing and then having to pay on top for the rest of the tests.

### **Optometric Adviser, Enfield & Haringey Health Authority**

The Optometric Adviser is responsible for:

- Enhancing optometric services in the community and ensure equity of access for patients, across the whole area.
- Working with all elements of the ophthalmic profession as well as other health-care professionals, particularly GPs and pharmacists.
- Providing training for optometrists in certain specialities.
- Facilitating co-management schemes for conditions such as Diabetes, Glaucoma, and Cataract and Low Vision Aids.
- Working with other optometric advisers and relevant Health Authority staff, across the country, so that there is a coordinated approach on optical matters.

#### *Types of Low Vision Services Provided*

The Optometric Adviser has developed and set up a Low Vision Aid scheme in Enfield and Haringey, which was launched on July 1<sup>st</sup> 2001. There are currently nine optometrists who are qualified to assess patients for low vision aids. Six LVA kits and charts have been distributed according to the geographical location of the practitioners, so that they can distribute low vision aids to patients on loan.

EHHA re-launched the Glaucoma Referral Scheme on 1<sup>st</sup> March 2001. This enables optometrists who suspect a patient of having Glaucoma to refer them directly to the Glaucoma Clinic, at the North Middlesex Hospital NHS Trust. The new protocol for Glaucoma speeds up this process greatly.

## **Optometrists in Enfield**

Three optometrists, based in different areas of Enfield – Edmonton, Enfield Wash and Southgate, were interviewed as part of this study. Only one of the optometrists reported that they were part of the new LVA scheme, and had received training and been accredited as a LVA provider. One optometrist reported to be part of the Diabetic Screening Scheme, whereby any patients who have diabetes receive an eye examination once a year. All three optometrists were aware of the Fast Track Glaucoma Referral Scheme. All the optometrists reported that few of their patients are registered blind and partially sighted, and approximately 5-10% of their patients has low vision. Only one optometrist reported that they provide information leaflets regarding eye conditions or information in alternative formats for visually impaired patients.

## **General Practitioner Services**

### **Assistant Director for Planning- Primary Care, Enfield and Haringey Health Authority (EHHA)**

The Assistant Director for Planning-Primary Care is responsible for supporting General Practitioners (GP's) to provide services for people, including those with a visual impairment; supporting GP's to continuously improve the quality of their services; and to commission specific services to support GP's, as and when required.

#### *GP Services for visually impaired people*

GP's in Enfield are linked up with a network of optometrists who provide eye screening for diabetic patients. This scheme was commissioned by joint finance, and is now funded through mainstream funding.

EHHA commission interpreting services for GP's where appropriate.

They have introduced a telephone interpreting service, which is available to all GPs. This enables GPs to communicate with a patient when making an appointment or during a consultation.

#### *Information*

EHHA provide all critical information in Braille format, and respond to requests for information in Braille. They also provide information in a range of different languages.

### *Problems with existing services*

GP's do not systematically collect any data on visual impairment.

### *Planning and Development*

- EHHA are supporting Enfield Disablement Association (EDA) in a research project to assess the needs of people who have the combined disabilities of visual impairment and deafness. The aim of this study is to try and obtain the level of need of this group.
- There is in place a continuous programme for improving and upgrading GP premises to make them more accessible for people with disabilities, including visually impaired people.

## **Enfield Social Services**

### **Service Manager for Disability, Enfield Social Services London borough of Enfield**

The key responsibilities of the Service Manager for Disability are to commission and manage services for people with physical disabilities and sensory impairments. This includes the Occupational Therapy (OT) service, which is for people of all ages, and the Care Management Assessment Team and the specialist workers attached to that, including the visual impairment workers and rehabilitation officers, workers for the deaf and HIV workers. The Service Manager is also currently covering the operational side of learning difficulties, but is not responsible for commissioning for services for learning difficulties. The Service Manager believes that disability is an area that has been underdeveloped by Enfield Council in the past, and within the last year the manager has had their role curtailed, which has meant that the moves towards development have been impeded.

## ***Planning and Development***

- *Structural changes:* There will be changes made shortly to the management structure of Enfield Council. Within social services there has been a proposal to separate out commissioning from service centre management.
- *Joint Strategy and Investment Plan:* The Service Manager has been involved in the Joint Strategy and Investment Plan for Physical Disabilities and Sensory Impairment (JSIP).
- *EDA Transport Review:* Enfield Social Services provided funding to EDA [Enfield Disablement Association\*] to conduct a review of transport service for disabled people in Enfield.
- *Data collection:* Enfield Social Services lacks information relating to the needs of visually impaired people. It needs to establish mechanism's to collect information about the needs of different population groups and improve data collection systems.
- *Service centre plans and team plans*

Each service centre has a centre plan and within each service centre there are team plans. All these plans are linked into the overall council plans, such as the Council's Vision; Objectives of the Council Management Team; and the overall group strategy for social services. The Centre also want to improve communication with other service centres, in order to identify and intervene earlier with visually impaired people who are using other services.

- *Mid-Sight Advice and Information Service*

Enfield Social Services supports the Middlesex Association for the Blind 'MID-SIGHT' advice and information service to visually impaired people at the North Middlesex Hospital NHS Trust. The MID-SIGHT service was funded for 3 years, but not the rehabilitation officer. However, one of the rehabilitation officers does attend the eye clinic at certain times.

- *Social Worker for visually impaired*

A generic social worker has been employed by Enfield Social Services and will be trained as a specialist social worker for the visually impaired.

- *Accessibility:* The Service Manager has been involved in carrying out DDA accessibility audits of council buildings, and has ensured that Swan

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\* Enfield Disablement Association has recently changed its name to Enfield Disability Action

Annexe building has been made more accessible for people with disabilities.

- *Communication Issues*

A communications group was set up, which included representatives from the London Borough of Enfield, the health authority and user groups. The remit of this group was to address the communication issues of people with a visual impairment and people who are deaf or hard of hearing, when trying to communicate with Enfield Council.

***Type of services purchase***

The Service Manager for Disabilities manages an overall budget for care purchasing, but the actual decision about the level of services an individual receives is decided by the Team Manager for Disabilities. The disability team leader manages the disability team's budget for equipment. Other service centres manage their budgets differently.

***Monitoring and evaluation***

Enfield Social Services collect information about the clients that are seen by social services and ask clients to complete 'Customer Care Feedback Questionnaires'. The fundamental review of the council this year is regarding 'Customer Satisfaction'.

The service centre plans of Social Services are also assessed in Best Value exercises and fundamental reviews. Social Services use the European Quality Foundation Model (EQFM), when carrying out fundamental service reviews. This model identifies 9 areas that are reviewed and assessed. The service centre for physical disabilities and sensory impairments has recently carried out a pilot best value exercise. The results from this exercise have fed into the development of service centre plans. The Social Services Inspectorate Standards for visual impairment services are also used to evaluate services.

**Team Leader for Physical Disabilities and Sensory Impairment, Rehabilitation Officer and Social Worker - Visually impaired**

The key responsibility of the Team Leader for Physical Disabilities and Sensory Impairments is to manage the specialist teams for physical

disabilities and sensory impairments. There are three specialist workers who work with people who have a visual impairment. Two are qualified rehabilitation officers and the third person who is unqualified but has vast experience of working with visually impaired people and has done some courses on mobility training. The service centre for Physical Disabilities and Sensory Impairments also has four generic social workers who work across the whole physical disabilities and sensory impairment team

### ***Services provided by Enfield Social Services***

#### *- Criteria for access to services*

Enfield Social Services deal with people of all ages who have physical disabilities or sensory impairments, but only provide care packages to adults. The service cuts across other group, such as older people and children, and provides services to them. People can self-refer, or be referred from outside organisations.

#### *- Assessment of needs*

Any visually impaired person who makes contact with social services is entitled to an assessment of their needs and the provision of rehabilitation services. These services remain outside the temporary eligibility criteria. People who have received services from social services in the past are able to contact Social Services if they need help or if circumstances change. Assessment cover areas such as personal care needs, daily living skills, mobility needs and will also cover employment issues. The rehabilitation officer/social worker will look at all the needs of a person and try to address them. Not all assessments are linked to full care packages or full service. The team leader monitors the level of assessments carried out by the visual impairment team, as they have to approve and sign the assessment reports.

Both the Rehabilitation Officer and Social Worker for the visually impaired raised their concerns that Enfield Social Services in the future might take away the specialist assessment and get general social workers to carry out assessments, which some other local authorities have adopted. They also reported their concerns that management is asking them to just carry out assessments of people and provide rehabilitation and then leave the person to manage him or herself. The

visual impairment team would feel unhappy about doing this, as they believe it would compromise the welfare of the visually impaired person. The team feels that some clients need more support in order to become independent.

- *Care Package*

The Team Leader reported that following an assessment some clients may be referred for an assessment for a community care package. In order to receive a community care package, a client would have to meet the eligibility criteria – in which they have to be considered at high risk or high need. People who are assessed as 'high need', need constant supervision and cannot attend to their personal care needs without assistance. They also need assistance throughout the day in order to maintain basic functioning of life. Social workers are also involved in negotiating with health services on the level of support that is provided for clients.

- *Specialist Equipment:* The visual impairment team undertake an assessment of what equipment people need and will provide them with some basic equipment.

- *Rehabilitation*

The rehabilitation officer reported that following assessment the rehabilitation officers will provide any rehabilitation that is needed, such as independent living skills, communication skills (including learning Braille and Moon) and mobility training. They will also provide one to one support to enable a person to become independent. The Disability Team Manager reported that the visual impairment team does not get many requests for mobility training. This was disputed by the rehabilitation officer and social worker for the visual impaired, who reported that this was one of the most important needs of visually impaired people and that they were unable to meet the demand for mobility training.

- *Emotional Support:* The social worker-visual impairment and rehabilitation officer reported that they provide basic counselling, and if appropriate, refer a person to the counsellor at Middlesex Association for the Blind (MAB).

- *Information*

The Rehabilitation Officer and Social Worker-Visual Impairment reported that Enfield Social Services provide information in large print, Braille and tape formats, and information is also available in different languages. However, clients must request their preferred format. The council do not send out anything in tape. Enfield Social Services obtain useful leaflets from the RNIB and distribute them to clients. People can access information about what is going on in the borough through the Enfield Talking Newspaper.

- *Staff Awareness*

For the past year, sensory specialists in the team and one of the rehabilitation officers have been involved in providing corporate disability awareness training across all the different council groups. This is helping to promote awareness and understanding amongst council staff of the needs of disabled people, including the visually impaired. All staff on the front line (reception and back up support staff) have received disability awareness training.

- *Referrals to other organisations*

The visual impairment team will make referrals to the following:

- Disability Employment Advisor (DEA) and sometimes take a person to see them.
- Middlesex Association for the Blind – for counselling and for aids and equipment

***Problems with existing services***

- *Levels of staffing*

Both the Rehabilitation Officer and Social Worker for Visually Impaired reported that the visual impairment team provides a good service within present budget constraints. The visual impairment team feels that budget constraints is causing stress amongst staff, and that the staff are carrying caseloads which are too large and having to deal with too much paperwork. Enfield employed a social worker that was to be trained in visual impairment but after a year, the social worker still has not begun any training.

- *Restructuring*

The Rehabilitation Officer and Social Worker for Visual Impairment both raised their concerns that with recent restructuring the post of rehabilitation officer has been removed, therefore when the two rehabilitation officers leave they will be replaced by generic social workers, who will only have received some rehabilitation training. Both workers feel that this has undermined their profession and the important part they play in meeting the needs of visually impaired people.

## **Accommodation**

### **Service Development Manager, Housing Department - London Borough of Enfield (LBE)**

The London Borough of Enfield (LBE) Housing Services have over 13,000 properties in Enfield and have in excess of 1,000 units which are sheltered blocks for older people. Reardon Court provides sheltered accommodation for older people and people with disabilities who require high levels of care, which is a joint project between housing and social services. Housing is allocated on a needs basis and needs are assessed on a variety of levels using a points system.

### ***Services provided for visually impaired people***

Enfield Housing Services do not provide any specific services for visually impaired people but try to target service to meet the needs of people with disability. However, a visually impaired council tenant who has received an Occupational Therapy assessment that states they require some adaptations to their property, may receive a whole range of adaptations. Staff try to match visually impaired and disabled people to properties that have already had adaptations made to them.

- *Information:* Visually impaired residents can receive information relating to housing services in Braille or tape format. All Enfield Housing Contact Points and buildings are accessible to disabled people.

- *Staff Awareness:* Enfield Council has recently had disability awareness training and training about the DDA, and some staff are learning to do sign language.
- *Working with others:* Housing management staff work closely and do some joint work with, colleagues from Enfield Social Services and Enfield and Haringey Health Authority.

### ***Planning and development***

Enfield Housing Services want to improve their data collection because they want to have a central database that has details of council properties, information about the tenants, and details of the adaptations made to the properties. This would enable housing officers to match disabled people on the housing list with properties that are already adapted.

Enfield Housing Services have carried out a Disability Audit of all office accommodation and carry out a five year rolling programme of audit of all council housing properties. Enfield Housing Services also carry out an occupancy survey to ensure that the people in council properties are still considered to be in housing need. Part of this survey has a section on disability.

## **Mobility and transport**

### **Director for Environment Services, London Borough of Enfield**

The Director for Environment Services reported that the specific services that LBE provide for visually impaired people include traffic systems- in terms of the lighting and the pedestrian crossings. In 1999/200 60% of Enfield's pedestrian crossings had facilities for disabled people.

However, Enfield hopes to have 70% of pedestrian crossings with facilities for disabled people by 2005. The current policy of Environment Services is that all new Zebra crossings, Pelican crossings, and signalised junctions have coloured (buff or red) tactile paving and drop kerbs automatically put in for visually impaired people. Some pelicans and signalised junctions also have revolving tactile (knurled knobs) units under the 'Press & Wait' box on the signal pole, which tell visually impaired people when it is safe to cross.

The Director believes that the main needs of visually impaired people, in relation to the environment, are drop kerbs, safe pavements and accessible pedestrian crossings. He identified the following problems he believes that visually impaired people encounter:

- on-street parking
- some revolving tactile units are vandalised
- street clutter
- poor footpaths
- inadequate street lighting

Enfield Environment Services are responsible for the following:

- Improving accessibility to Council Buildings
- Building control and licensing
- Shop Mobility scheme
- Making the public aware of safety issues, such as the recent *'Protecting Vulnerable People at the Doorstep Campaign'*

Enfield Environment Services are currently proposing the introduction of licensing of trading on the high road, which is in the process of consultation. The Director believes that licensing would actually remove a lot of street clutter because it could be controlled. During 2001/02 there will be improvements made to the accessibility of Enfield Civic Centre for disabled people. Unfortunately Enfield Council does not have the resources to improve all pedestrian crossings in the borough but instead relies on maintenance grants to cover these costs.

The Director also reported that the council has a joint consultative committee that includes representatives from disability groups, which meets with bus companies and WAGN (West Anglia Great Northern) train services to discuss issues around transport provision in Enfield. This is where issues relating to disabled people's access to transport are discussed.

The Director for Environment Services reported that most staff through their professional associations would be aware of the needs of disabled

people, including the visually impaired, and there where appropriate he sends staff on local disability awareness courses.

### **Assistant Director for Environment Services, London Borough of Enfield**

The Assistant Director for Environmental Services reported that the Environmental Services Group covers:

- *Planning policy* : The group controls development through planning applications and building applications and so on, and will try and pick up any problems in planning applications. The group will try to ensure that any new plans take account of the needs of disabled people.
- Any building/road developments will incorporate making crossings and pavements accessible for disabled people.
- *Policy relating to environment* in a broad sense - things like air quality, contaminated land and conservation. It also deals with a whole range of cleansing activities, such as emptying dustbins, keeping the streets clean and so on.
- *Environmental health group* has a community protection team that deals with things such as obstructions on the highway and vehicle crossovers.
- *Environmental sustainability* is a separate team, which is responsible for driving policy and sustainability.

Also within the Department for Environment there is a Transport Policy and Planning Group. The group work with public transport operators to try and improve public transport in Enfield, and try to ensure that their services are accessible for disabled people. They are also responsible for creating disabled parking bays. Although Blue [previously orange] badges are issued by social services the group does contribute to policy on disabled parking bays.

### **Temporary Manager Park Avenue Disability Resource Centre**

The Temporary Manager of Park Avenue Disability Resource Centre is responsible for managing the administration of the concessionary travel service for the London Borough of Enfield. The types of concessionary travel that are available for disabled people are the blue disabled parking badges and the freedom passes. The concessionary travel service is

widely used by visually impaired people. They can either phone and be sent an application form or they can make an appointment to receive help from one of the outreach workers in filling out the application forms. The application forms are only available in normal print.

In order for a person to be approved for concessionary transport, Park Avenue require evidence of an individual's disabilities and health problems, such as a letter from a doctor or a signature from a Visual Impairment Officer from Enfield Social Services, indicating that the information on an applicant's form is correct. Visually impaired people can access information relating to the criteria for freedom pass and taxi card, but not the blue disabled parking badge. Park Avenue Disability Resource Centre refuses to disclose information relating to the blue badge criteria because they believe that some visually impaired people may be tempted to put down false information. According to the temporary manager of Park Avenue, there are some visually impaired people who are putting false information on their application forms in order to be granted the full entitlement.

## Education

### **The Officer for Special Educational Needs (SEN), Enfield Education Services, London Borough of Enfield**

The key responsibilities for the Officer for SEN are:

- To manage the SEN budgets
- To manage the provision of support services for children with SEN
- Chair SEN Panel, which makes decisions on the allocation of resources to children with SEN
- To work closely with colleagues in Enfield Social Services and health services in providing appropriate services for children with SEN

### ***Services for visually impaired students***

The Officer for SEN reported that Enfield Educational Services provide the following services for visually impaired students:

- *Assessment of need*

- *Individual Educational Statement*
- *Specialist Support Services*
  - Specialist equipment and aids – CCTV, Large Computer Screens; Specialist computers; Braille; tape recorder
  - Specialist teachers
  - Specialist advisory teachers
  - Classroom Assistants
  - Extra time with student
  - Mobility training and advice
  - IT training
- *Special Needs Register for Schools*

All schools are required by law to keep a Special Needs Register.  
Schools

### **Head of service for the Able Centre, Middlesex University**

The key responsibilities of the Head of Service are:

- To develop, run and maintain disability support services at Middlesex University for students with hearing, vision, speech, mobility, mental health, or medical health problems or disabilities.
- To develop the disability policy of the university
- To provide disability awareness training for members of staff
- To develop the university's policy on physical access

### ***Services provided for visually impaired students***

The Head of Service at the Able Centre reported that Middlesex University provides the following support services for visually impaired students:

- CCTVs (electronic magnification system) in all libraries
- magnifying software on computers
- Braille
- Recording studio
- Comprehensive scanning facilities for putting text on to tape or onto the computer
- Assessment of students' need

The university has recently received a grant for £200,000 from HEFCE (Higher Education Funding Council for England) to develop the disability support services. Thus there will be five new posts created: Head of service, Disability Officer and 2 Peripatetic contact officers, and an officer specialising in dyslexia. All new staff will receive visual impairment awareness training.

## Employment

The Disability Employment Advisor (DEA) for Enfield Employment Service is the only DEA for the whole of the Enfield borough. She works as part of the North Central London Disabilities Services Team, which covers the areas of Westminster, Camden, Haringey, Hendon, Islington, Hornsey and Enfield. The key responsibility of the DEA is to assist people with a wide variety of disability or health problems into returning to work.

### *Services provide for visually impaired people*

The DEA conducts assessments of visually impaired client's needs. The assessment covers areas such as the client's situation to date, their health situation, their previous work history and what type of employment they are seeking. Where appropriate the DEA refers clients to training organisations, some of which are residential. These courses can also last up to one year and can help people obtain skills they need to return to work, and/or help people obtain independent living skills. The DEA also provides help and assistance to visually impaired clients with job search and organises interviews with employers. They will assist a visually impaired client to make travel arrangements and attend job interviews or training courses. The Employment Services does produce some information leaflets in large print and in a variety of languages

The 'Access to Work' scheme is run by the disabilities services team centrally. It allocates disabled people with specialist equipment that can help them in their employment. The scheme depends upon the amount of people that are waiting for support and how fast they can be supplied. More information about the scheme can be obtained from the regional

office. According to the DEA there is a great need amongst disabled people for the access to work scheme.

### *Problems with existing services*

The DEA identified a number of problems with existing services. Firstly there is no rehabilitation or training courses provided locally, which prevents many visually impaired people from accessing these types of courses. Also the work preparation training that is provided by the central disabilities team does not specialise necessarily with visual impairment and so may be difficult for visually impaired people to carry out. The DEA also suggested that there are a lot of visually impaired people who are not signing on, and thus are unknown to the DEA and the employment service. Finally, the services provided by the disability services team services are being stretched because of limited resources and larger caseloads. One reason for this is that Enfield Social Services, who used to assist visually impaired people in finding employment, are now unable to provide this level of support to clients.

## **Financial Benefits**

The reception team leader at Edmonton Benefits Agency has responsibility for managing the daily running of the reception and ensuring the service runs efficiently.

The Benefits Agency provides benefit forms and benefits to people claiming benefits. The Benefits Office has a Braille package of information about benefits that people usually phone up for. However, there is not a great demand for these packages. If a person is registered blind they are entitled to an extra disability premium. The premium depends on what problem they have, and it a disability premium on top of the benefits they are already getting. The assessment for benefits is done in Blackpool and Wembley

The office reception collects data on the people that come in everyday, but these are not broken down into different groups such as disabled.

The reception team leader for Edmonton Benefits agency reported that they do not have many regular clients who have a visual impairment.

#### *Staff awareness of disability*

There is a training package available for the Benefits Agency staff, where they receive training in dealing with vulnerable groups. The reception team leader has not nominated any of her staff to go on this training since her appointment.

## **Social and Leisure Activities**

### **Principle Librarian, Community Services, London Borough of Enfield (LBE)**

The Principle Librarian for Community Services, London Borough of Enfield, is responsible for:

- Developing the LBE's House Bound Service to disabled people, older people, and people from minority ethnic groups.
- Developing LBE's library services for disabled people, including those with sensory impairments, older people and people from minority ethnic groups
- Organising the annual public library users survey

#### Services provided for visually impaired people

Enfield library services provide the following services to visually impaired people:

- Large print books
- Audio books
- Free postal cassette service
- *Accessible information*
- Provision of individual tailored computer training for people with a sensory impairment at the Jules Thorn IT/Multi-Media Centre for the Sensory Impaired.

### *Jules Thorn IT/Multi-Media Centre for the Sensory Impaired.*

The London Borough of Enfield received funding from the Jules Thorn Charitable Trust 3 years ago for the establishment of an IT/Multi -Media Centre in the Ordnance Road Library and the refurbishment of this library. The principal librarian has carried out a number of interviews with service users in order to evaluate the services provided by Jules Thorn IT/Multi- media centre. The evaluation exercise has found that there is a general satisfaction amongst visually impaired service users with services provided by the Jules Thorn IT/Multi- media centre, and that people are very happy with the trainer.

Some of the issues raised by these interviews were:

- Need to allocate more time for individual training
- Need to reduce waiting list
- People might have problems travelling to Ordnance Road Library
- Only have one trainer, who is able to provide training in the morning 4 days a week. Due to reorganisation of library staff, the trainer is required to provide counter duty in the afternoons.

### *Planning and development*

There are no specific national or local library policy documents for visually impaired people. However, one beneficial development for visually impaired people is that the government plans to implement the 'People's Network Scheme', in which the government will provide libraries with more computers in order too increase the public's access to the Internet. Enfield Library Services also has a long-term plan for updating all computers with appropriate software for the visually impaired.

### *Staff awareness*

The principle librarian has a good awareness and understanding of the needs of visually impaired people from her experience of providing library services for the visually impaired. All librarian staff receives disability awareness training.



## Recommendations

Order of priority	Priorities for action during 2002-2003
1a	<p>Enfield PCT should facilitate the provision of a professional counsellor to be available for patients who experience difficulties coming to terms with their sight loss and for parents of children with visual impairment. In collaboration with Enfield Social Services this provision should include some outreach work and the setting up of peer support groups. (See ADSS standard 3.4)</p>
1b	<p>Enfield PCT in collaboration with Enfield Social Services should facilitate the development of an information pack for patients/service users that includes information on:</p> <ul style="list-style-type: none"> <li>- eye conditions, possible treatments and low vision aids;</li> <li>- certification and registration;</li> <li>- support services available to patients, their families and carers; and</li> <li>- practical information and advice.</li> </ul> <ul style="list-style-type: none"> <li>▪ This information should be available in large print, Braille and audio formats, and in other languages.</li> <li>▪ All health and social care professionals- ophthalmologists, optometrists and GPs, community nurses, reception staff, generic and specialist managers, residential, day centre and domiciliary staff, and Enfield Social Services, should be aware of and have access to this information and distribute it.</li> </ul>
1c	<p>Enfield PCT should facilitate ophthalmologists in developing local good practice protocols in preparing patients for registration and informing them of the registration process and the benefits of being registered.</p>
2	<p>Enfield PCT in collaboration with health and social care professional and voluntary organisations should develop the following referral protocols:</p>

	<ul style="list-style-type: none"> <li>- So that optometrists are allowed to refer patients straight to hospital without having to go through the patients GP;</li> <li>- So that ophthalmologists refer patients (registered and non-registered) to Mid-sight or Enfield Vision for practical advice and information;</li> <li>- So that ophthalmologists refer patients to professional counsellors where appropriate;</li> <li>- So that ophthalmologists and optometrists refer, where appropriate, patients to the low vision aid clinic at North Middlesex Hospital or local optometrists who are low vision service providers.</li> <li>- So that community nurses, reception staff, generic and specialist managers, residential, and day centre and domiciliary staff are aware of how to make referrals to ophthalmology services and to Enfield Social Services</li> </ul>
3	Enfield PCT, North Central London Health Authority (NCLHA) and local hospital trusts should facilitate the provision of visual impairment awareness training to ophthalmology staff, generic hospital staff, and staff in Enfield. This could be provided by Enfield Vision.
4	Enfield PCT should facilitate local hospital ophthalmology departments to agree a time-frame in which they complete and dispatch BD8's to Enfield Social Services, taking into account ADSS standard 4.7, and which is acceptable to Social Services. This should be included as part of the hospital NHS Trusts service level agreement with Enfield PCT.
5	Enfield Social Services should establish a resource centre for visually impaired people, where the visual impairment rehabilitation/ social work could provide comprehensive rehabilitation/ habilitation services with groups of people that are newly registered and provide activities for visually impaired people. This could be incorporated into the program of activities that take place at Park Avenue Disability Resource Centre.
6	Enfield Social Services and local health providers should provide large expensive equipment to visually impaired people on loan or at a reduced cost and enable visually impaired people to use specialist aids and

	equipment on a trial basis to ensure they are able to make effective them.
7	Rehabilitation training should include safety issues, inside and outside home environment including self defence training.
8	LBE Environment Services need to monitor and significantly improve accessibility of the environment.
9	LBE Environment Services need to carry out an audit of "street clutter" recommended by British Heritage, and then look at ways to improve planning process of where street furniture is placed, whilst also comply with Department of Transport guidelines.
10a	LBE need to promote the use of audio announcements by service providers.
10b	Enfield PCT, NCLHA and local NHS Trusts need to promote the use of audio announcements.

#### **Other priorities**

GPs should implement the ADSS Standard 2.6, which recommends that as part of the 75 plus health screening they include a thorough assessment of vision, and if relevant make a referral.

Enfield PCT should promote the diabetic eye screening service amongst GPs in Enfield to ensure that all patients with diabetes are examined regularly.

Enfield Social Services should update their registers regularly and keep a record of non-registered clients. Their performance in doing this should be independently monitored.

Enfield Social Services visual impairment team and older persons team need to identify and monitor those older visually impaired people who have multiple

disabilities or health problems, and refer them for home care services or provide them with information on support services that can provide assistance with daily living activities.

Manufacturers, including pharmaceutical companies, must urgently address the need to provide visually impaired customers with accessible information regarding their products

RNIB and other organisations for the visually impaired should work with designers and manufacturers in making visually impaired friendly labels. They should also explore the possibility of producing labels and other marking devices to enable visually impaired people to identify household products, food and medicines.

Enfield Social Services to provide more information about adaptations and carry out assessments of visually impaired people's need for adaptations.

Enfield Social Services in collaboration with Housing Services should create a register of approved workmen, tradesmen and gardeners that visually impaired people can contact.

Enfield PCT, BEHHA and LBE websites to be made more accessible for visually impaired people.

LBE Environment Department should consult with voluntary organisations that visually impaired people are represented, when consulting the public with regard to developments in Enfield.

Enfield Social Services in collaboration with Enfield Vision should make family carers more aware of the safety issues that visually impaired people encounter

All utility service providers should receive visual impairment and disability awareness training as part of their professional training

Enfield Education Services, in collaboration with Enfield Local Education Authority need to have independent monitoring of all education providers in Enfield in line with the SEN and Disability Act (2000). This states that by September 2002 it became unlawful for them to discriminate against disabled people or students by treating them less favourably than others and be required to provide certain types of reasonable adjustments to provision where disabled students or other disabled people might otherwise be substantially disadvantaged. From 1 September 2002 education providers will also be required to provide the appropriate auxiliary aids and services to meet the needs of their disabled students.

Enfield Educational Services should improve information giving to students and parents on the types of services and support available for them, including financial grants and benefits they are entitled to.

A multi-disciplinary approach to providing employment training for visually impaired people should be developed that involves local colleges and training providers, DEA, local voluntary organisations, Enfield Social Services and specialist education and training providers.

The Employment Service need to improve and increase the provision of specialist equipment for visually impaired people who are eligible under the "Access to Work" scheme.

Financial service providers should make bankcards more user friendly, promote different methods of payment and promote alternative banking methods to enable visually impaired people to manage their finances independently.

Benefits Agency, in collaboration with Enfield Social Services and Enfield Visi should provide assistance to visually impaired people in applying for financial benefits.

Enfield Leisure Services, in conjunction with Enfield Social Services, should ensure that all visually impaired people receive information regarding the types of general and specialist leisure activities and holidays available to visually impaired people.

Enfield Leisure Services, in conjunction with Enfield Social Services, need to increase the provision of specialist leisure and social activities for visually impaired people in Enfield, particularly for the young and middle-aged.

Local voluntary organisations, in collaboration with Enfield Social Services, need to develop mechanisms for identifying visually impaired people who are isolated and develop a strategy for providing peer support services and befriending schemes for them.

All statutory and non-statutory service providers should ensure that they have a "User Involvement Strategy", which includes representatives from different groups in the local community, such as visually impaired people.

**Recommendations from:** *Survey of organisations that provide services for visually impaired people at local and national level*

1. The establishment of a system of networking between national and local organisations for visually impaired people and local organisations that do not specialise in services for visually impaired people. **(See Diagram 1)**
2. The development of a referral system between local organisations for visually impaired people and other local organisations. **(See Diagram 1)**
3. That local voluntary and statutory organisations that provide health and welfare services should keep a record of their users who are visually impaired.
4. That existing monitoring systems of local voluntary and statutory organisations which provide health and welfare services, should be modified to include a specific but standard section requiring some basic data on users who are visually impaired.
5. We recommend that every local voluntary and statutory organisation which provides health and welfare services should have a charter for visually impaired people detailing the services they provide for visually impaired people and the expected standards of service provision.

***Rationale for recommendation 1 & 2***

- The local organisations for visually impaired people would utilise their expertise to provide information, advice and training relating to visual impairment issues to local organisations that do not specialise in this field.
- A quick recording and assessment system should be developed and introduced by local organisations that do not specialise in services for visually impaired people. This would allow efficient and fast referral of visually impaired people to organisations such as Enfield Vision which specialise in this field.

### ***Rationale for recommendations 3,4 & 5***

Systematic data collection about the numbers of visually impaired people using the various voluntary and statutory services would enable service providers to formulate a realistic picture about the size of this particular population and its specific needs. This will also provide important information about the quality of services provided to visually impaired people in Enfield and provide comparison between service providers.

**Diagram 1: Model for local service provision by the voluntary sector**

