

HEREFORDSHIRE ASSOCIATION FOR THE BLIND

England & Wales · Charity number 220171

Details

Other names HEREFORDSHIRE COUNTY ASSOCIATION FOR THE BLIND,
HEREFORDSHIRE VISION LINKS

Status Registered

Legal form Other

Registered 1963-10-08

Register [View on the Charity Commission register](#)

Contact

Address Herefordshire Association For The
Blind
36 Widemarsh Street
Hereford
HR4 9EP

Phone 01432352297

Email VISIONLINKSOFFICE@GMAIL.COM

Website www.visionlinks.co.uk

Activities

Objects: TO PROMOTE THE WELFARE OF THE BLIND AND PARTIALLY SIGHTED PERSONS RESIDENT IN HEREFORDSHIRE.

Activities: Early help-long term support for blind and partially sighted community of Herefordshire that can help the public living with sight loss.We offer a home visiting service where a volunteer offers simple practical help to a visually impaired person.A hospital information service at Hereford Eye Unit (County Hospital)Rehab and Mobility Service contract with Herefordshire Council.

Classification

- **How:** Provides Human Resources, Provides Buildings/facilities/open Space, Provides Services, Provides Advocacy/advice/information, Other Charitable Activities
- **What:** General Charitable Purposes, Disability, Amateur Sport
- **Who:** Children/young People, Elderly/old People, People With Disabilities

Geography

- **Area of benefit:** HEREFORDSHIRE
- Herefordshire

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£145,057	£155,361	-	-
2024-03-31	£150,477	£155,086	-	-
2023-03-31	£187,875	£142,175	-	-
2022-03-31	£109,147	£137,440	-	-
2021-03-31	£178,834	£115,463	-	-

Trustees

Name	Role	Appointed
GLYNN BAILEY	Chair	2015-10-27
Alan Leary		2013-10-10
Andy Bailey		2014-07-09
Debbie Baker		2019-10-31
Deborah Payne		2019-10-31
Elena Tanner		2017-10-18
Kevin Smith		2019-10-31
Robin Dunford		2018-10-18
TONY FORD		2012-05-25

Linked charities

- HAMPTON GRANGE HOME FOR THE BLIND (220171-1)

HEREFORDSHIRE ASSOCIATION FOR THE BLIND

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Accounts

Herefordshire Vision Links ANNUAL REPORT 2024/2025

Staff

John Eden	(Chief Executive)
Julie Cavanagh	(Volunteer Co-ordinator)
Isobel Powell	(Resource Centre Officer)
Tom Shufflebotham	(Rehab and Mobility Officer)
Daniel Sergent	(Administration and Membership)

The organisation has a Trustee Board of 9, five of whom are Vision Impaired.

Resource Centre

Visitor numbers to the Resource Centre as the initial point of contact with the organisation remain strong, with the added strength of the Action Deafness operation alongside improving the impact of HVL amongst their client group, and bringing cross-disciplinary solutions to presenting clients. The Resource Centre provides information, advice, demonstration and sales of a wide range of aids and appliances, including kitchen, orientation and communication equipment. We offer new products from accredited suppliers, demonstrations (by suppliers) of high-value equipment - on site or at the clients home, and also refurbish and offer for re-use equipment that has been donated (eg screen readers, text to audio equipment and CCTV magnifiers). We take in donations of pressed stock which can be safety checked and cleaned prior to re-use, reissue or given for a donation.

IT Cafe

HVL offers an IT Drop-In for users of pads/laptops and smartphones - either supporting the induction given by the supplier, or where bought remotely, demonstrating the accessibility features for the client. Following the COVID period, a number of clients moved into use of technology and needed to be inducted and trained rapidly - HVL operated the Tech Cafe as a regular event, but as demand has stabilised, the sessions are now demand-led and are usually based on referrals from the Rehab and Mobility Officer. This service has been reorientated to undertake domiciliary visits with the R&MO, as many sessions require internet connectivity in order to operate.

Clubs and Activities

- The transition of the HVL 'non-contract' provision from an organisation that does things 'to' people, to one that works 'with' people is now fully embedded in the culture of the organisation. We encourage the founding and development of 'self-organised' groups meeting the needs individuals and groups.
- Increased membership of the monthly, and bi-weekly groups - there has been an injection of new members, in the craft, reading and willow weaving groups, together with particularly strong take-up of the monthly social coffee mornings, held on the Third Thursday.
- **Membership Activities** : the members of HVL enjoy a number of events exclusively for them - the Christmas and annual Barbecues being the 'mainstays' of the calendar. Together with Race-days at Hereford, Skittles and Ten-Pin Bowling, Lunch events and speakers, equipment demonstrations and trips to Sight Village and Sight and Sound Shropshire, the calendar is quite full.
- The **Braille Learners Group** has operated on a 'demand only' basis for the last year, or so, although the students on placement from the Royal National College have all had brailing skills, with some enthusiastic users, and trainees using the system during their work experience. - despite Braille being perceived, as 'old technology'. We benefitted from the donation of two brailing machines from a former teacher of the Vision Impaired, which has allowed learners to take home a machine on loan to hone their skills. We have also assisted a potential technician for brailers to gain experience stripping down and rebuilding a brailing machine!
- The quarterly 'Hard of Hearing Group' and 'BSL' groups meets in HVL on Mondays, led by the Hereford A/D hub volunteers.

Sensory Contract

- Variety in the origin of referrals to the sensory service - this is a critical development in the Rehabilitation and Mobility Activities that we undertake - it seems that the service now feels very much more 'established' as health professionals and social care teams are now referring to HVL as a matter of routine. The main sources of referral are:

Victoria Eye Unit (NHS WVT)
 HC via ART Social Care Teams
 Occupational Health Team
 Action Deafness
 SpaMedica

BBR Optometry - bi-directional referrals NHS Low Vision Scheme)
 Social Prescribers (Medical Practice-based)
 H&WFS
 Look-UK
 Taurus Herefordshire GP Surgery

Referral Volumes (formal)

Year	2020	2021	2022	2023	2024	2025
CVI via WVT VEU	54	78	137	132	75	114
Professional Referrals	6	4	BBR 5 2 other	BBR 5 2 other	BBR 17 4 other	other 35

Pre-COVID, the referral levels were upwards of the 2022 and 2023 figures.

There is a significant variation across the referrals from WVT VEU between the date of consultation with an Eye Specialist and the processing and transmission of the CVI to HVL. This has an impact on the quality of the conversations we can have with patients, as the benefits of early intervention can be lost. The effect of late referrals to us can mean clients experience mental health issues, confidence problems and modify their behaviour and develop coping strategies, which may in themselves be risky.

Register of SI & SSI Persons

HVL also maintains the Register of Sight and Severely Sight Impaired Persons, and consequently has an opportunity to offer the services of our Rehab & Mobility Worker as well as other HVL services, and those of other agencies working in this area, including Herefordshire Talking News, Deaf Direct and the Low Vision Service. We have noted a reversal in the incidence of SSI clients over SI clients. The impact of COVID on the patient awaiting or undergoing treatment has been arrested. We predicted in the 2024/5 report that the SSI figure may fall back, and so it has proved. The positives for clients is that intervention at an earlier stage can result in a slower deterioration, or deterioration substantially halted. The new SpaMedica facility in South Wye means that capacity for routine & elective surgeries can be undertaken in volume. HVL met with the ECLO from the SpaMedica group who confirmed the referral protocols and the future trajectory of their involvement county-based services.

Over the last 6 years, the proportions have been:

2019-2020	2020-2021	2022*	2023*	2024*	2025
SI 49%	SI 37%	SI 39%	SI 41%	SI 31%	SI 46%
SSI 51%	SSI 63%	SSI 61%	SSI 59%	SSI 69%	SSI 54%

* Registration recorded in 'calendar' year rather than 'contract' year

Registerable referrals have remained high across the reporting period, and the slight reduction in SSI categorisation is balanced with an increase in referrals for 'Low Vision' clients who don't currently meet the clinical and legal test for categorisation as SI or SSI.

The variety of sources from which referrals come has also increased, with social prescribers, TAURUS Healthcare and SPAMedica starting to appear in our reporting statistics.

There is also much work undertaken by community optometrists to correct sight problems before involving the VEU at Hereford Hospital.

Waiting Times

HVL and Action Deafness report no waiting time for services across the disciplines. RNIB's new Freedom of Information report shows 20 per cent of local authorities (17 authorities) had people waiting over a year to receive just an initial assessment of the services they need; 85 per cent of local authorities did not complete vision rehabilitation assessments within the RNIB-recommended 28 days and 38 local authorities told us assessments are not always conducted by qualified Vision Rehabilitation Specialists.

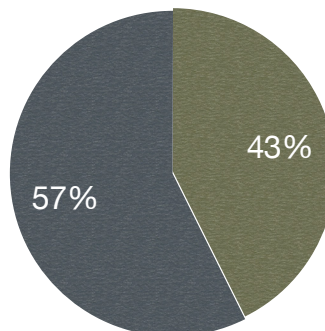
Herefordshire Sensory Service maintains a 'no-waiting' client base, all of whom are contacted within a couple of working days of receipt of the CVI. An initial phone assessment and domiciliary visit is carried out within a very short time, and common equipment is issued on first visit. Clients requiring follow-up or technological support are visited by both our tech specialist and Rehab Officer, ensuring that client has the best possible outcomes from our engagement. Bespoke equipment (long canes etc) are available on backorder and usually available to the client within a couple of days.

Age Related Macular Degeneration (AMD)

AMD across all variants accounts for nearly 60% of all referrals - this is partly due to the age profile of Herefordshire, and the incidence of AMD in the general population. As population gets older, incidence of AMD is likely to increase, requiring additional provision and resources in the future.

AMD / other conditions

	age-related macular de-generation Wet/Dry	Everything Else
Total	31	23



Joint Working

HVL works in partnership with Action Deafness on a formal basis, by referral from The Victoria Eye Hospital, BBR Optometry (Low Vision Scheme), via Community Health Services and Occupational Health. We have a small number of self-referrals and the remainder for Social Work Area Teams of Herefordshire Council.

We also participate in events with Herefordshire Disability United, The HC 'Making it Real' Board, Local Optical Committee, Herefordshire Healthwatch, Carers Partnership Board and HVOSS subject-specific forums in the sphere of Adult Social Care.

Look-UK

Look-UK rent an office at HVL to run administrative functions, and we are working with them to expand their operations in Herefordshire. We are keen to work on the transition from statutory education/placements into adult/tertiary education or work, including the complementary services that HVL can offer.

We benefit from having the Sensory Team based in one building, accessible through the Resource Centre - we share many clients, and it is appropriate that we are able to cross-refer internally, amongst staff who work very well together. We are able to effectively assist clients with appliances that are of benefit across both communities, particularly telephony and use of IT. We are looking to integrate our face-to-face offer via the Resource Centre, so the centre becomes the one-stop venue for all sensory issues, irrespective of age.

Aids and Appliances / Technology

We continue to support and monitor the client transition to Digital/Bluetooth hearing appliances and supporting technology - certain equipment makes sharing living space with a 'fully hearing' client more bearable - eg volume of television or audio equipment can be set very low with the use of Bluetooth feeds to hearing aids.

We have installed several blue-tooth appliances in contexts where one or other party can be frustrated by the limitations of old technology. We are also able to assist clients with the accessibility software available on SMART technology - especially televisions, if the bluetooth software is installed. If not, we provide the appliance and the software - often controlled by a mobile App.

NHS Low Vision Scheme

The Low Vision Scheme includes assessment of visually impaired service users, and supply of non-digital magnifiers and other non-digital visual aids to support activities of daily living. Access to low vision services is not dependent on certification of visual impairment as people are better able to use low vision aids if they are able to access them as soon as possible. HVL refers to the LVS if the client would benefit from non-Digital equipment that would be issued free under the NHS LVS. The service is provided through BBR

Optometry, Andrew Jelley (Bromyard and Tenbury), Hayward and Miller (Ledbury) and Scotts (Kington and Ross on Wye).

SOCIAL POLICY / CAMPAIGNING

Universal Credit

A number of VI service users have been assisted with the transition from ESA to UC - the process is straightforward, however, the payments cycle for UC is monthly, whilst that for ESA is fortnightly. One client who also lives with mild learning disability has found the transition to a new payments regime quite traumatic, especially as her rent-top up to her housing provider is made fortnightly. Council Tax is not rolled into Universal Credit, whilst Housing Benefit is, making it essential for clients to check on payments to ensure they don't fall into arrears. [under the 'old regime, Housing Benefit and Council Tax Benefit were claimed together] Client also receives PIP, which is an indefinite award. A Universal Credit online account was set up for the client.

Rail

Clients have varying experiences of travel assistance - the main issue is not usually at major transport interchanges or the initial point of departure, but at changes and alighting at unstaffed stations. One client alighted at a station with a footbridge and track crossing, but no lifts. Client needed to cross the line, but with no staff, and the train having already left, client had to wait until someone else came to the station to assist with luggage across the footbridge. On contacting the rail company was told that the guard or driver would have assisted in opening the track crossing gates. The other option suggested was for the client to travel to the next staffed station or one with lifts and double back to her intended destination! Client had never been informed that she was required to request this option. In other cases, the assistance had boarded the train and given the client every assistance getting to a connecting service.

Bus travel

HVL is undertaking feedback from clients who use buses on a regular basis - the main pick-up points in the city (Railway Station/Bus Station/ St Peter's/Maylord/Broad St etc) all have display boards, allegedly in 'real time' for clients. Alongside this, there are Q-code plates at stops across the county, that can be scanned and information downloaded. The issue is the consistent placing of boards and Q-code plates, and the audio presentation of information if NOT using the Q-Code on audio function. The Zipper bus has announcements for upcoming stops, but other providers don't, so VI clients can be at a disadvantage. Railway Stations have information points, which provide a connection to recorded information on expected services, plus an option to speak with a customer services adviser. These call points are also used to summon assistance/report an emergency.

Streetscene

The 'In My Way' report, which is the second in a series spotlighting blind and partially sighted people's experience of getting around, is based on a survey of nearly 1,200 UK wide respondents, along with focus groups. The report highlights that, while the street environment is crucial to blind and partially sighted people being able to make the journeys they want and need to, significant barriers to getting around mean that more than half (61 per cent) say that they are not able to make all of the journeys they want or need to. Just 9 per cent strongly agree that they feel safe making independent walking journeys in their neighbourhood.

The five biggest barriers to pedestrian journeys reported by blind and partially sighted people were:

- cars or other vehicles parked on pavement: 82 per cent (this will be addressed through legislation)
- cracked, uneven or otherwise poor quality pavement: 71 per cent
- temporary or movable obstacles like bin bags or a-boards: 56 per cent (licensing is required, but usually given)
- shared space with cyclists or e-scooter riders: 52 per cent (this is particularly an issue in St Owen Street and High Town)
- lack of accessible pedestrian crossings: 44 per cent.

Persistently encountering these barriers can be exhausting, causing anxiety and making every day journeys even more challenging. In some cases these are also causing injuries that can be serious - 11 per cent of those who told RNIB they'd been injured by a street obstacle in the previous three months said they had injuries serious enough to need hospital treatment, including for broken bones and broken teeth.

We have local evidence of premises encroachment onto pavements causing difficulties, and poor, unmaintained pavements making mobility with a long cane particularly challenging. We have evidence of appalling pavement conditions in South Wye, Herefords - so bad in one area that the client moved house due to uneven surfaces and standing water in bad weather making travel unpleasant and dangerous.

Certification as SI or SSI

The BBC R4 programme 'In Touch' ran an item relating to the Certification process for clients with a vision impairment - describing the different procedures in various nations of the UK. In Wales and Scotland, the CVI can be issued by ophthalmologists working in community settings - eg High Street providers like Vision Express and Specsavers. In England, the certificate can only be completed by a consultant at the Eye Hospital. This means that clients are often waiting months to receive confirmation of diagnosis and a prognosis that is limited and limiting, and often with no clinical intervention possible/available from the NHS. Many eye conditions can be safely certified by community practitioners and doesn't negatively affect the resources requirement, but positively impacts the waiting lists for clients for whom a clinical intervention might be contemplated. HVL will be campaigning for this modest change in process to improve outcomes, reduce waiting times and allow clients to secure support and advice from agencies like ours. It will also improve the information and advice given to clients immediately following an appointment in the community, as often there is a significant interval between community and hospital appointment, which can leave client without advice and equipment that can be to their positive advantage.

Hearing Impaired Clients

The change from analogue to digital hearing aids via the NHS in Herefordshire has now benefitted new referrals to the service. All clients are now using Signia or Oticon technologies, which include the peripheral technologies such as warning and alert sirens, as well as communication technologies for the mobile phone and television. Bluetooth tech has revolutionised the accessibility across a number of platforms, and the 'failure' rate for technology is very low. The main cause of client return to the service is need for replacement batteries - most of which can be installed by the client or carer, with guidance.

HI Case Study

The service was approached by a client who currently uses an 'old' format alarm, which she cannot hear any more - we demonstrated a new appliance, and client actually requested a reduced volume, such was the improvement in audibility. The client has family living nearby, but had become concerned when she wasn't answering her door - the fixed doorbell meant that it was inaudible when she was in the garden. We suggested testing the range of the receiver from the front door, so she could take the receiver outside when gardening. We supplied a Chimeflash device, energised the bell push, which can be placed using adhesive pads, and suggested her son install the batteries when she returns home.

Action Deafness

Sally Joyner is looking to widen the client profile of Action Deafness, which, as an organisation is heavily focussed on BSL users. Those people are profoundly deaf, and have often lived with severe deafness from birth. Those with acquired hearing loss are not necessarily able to take up BSL quickly and need other strategies and appliances to improve communication etc. We have supported Sally in this endeavour - HVL is a 'trading style' which embraces a constituency greater than simply the 'blind'. Sensory loss is for most people, a journey, and strategies and services need to engage at the earliest possible stage to enable a seamless transition through the phases of loss.

Feedback and Client Opinions

Clients who are dealt with through the Sensory Team are contacted around one month following completion of the care plan actions to secure feedback on the inputs made by HVL. The questionnaire is standard across all service users and covers hard and soft outcomes.

Mr W is registered as SSI. He spoke so highly of Tom and the service he provided. Very impressed! Tom also gave a follow up call to make sure Mr W was completely happy. Mr W knows where we are if he needs us again in the future.

Mr H is registered as SI.

He feels very well supported and has had excellent advice and help from Tom.

I spoke to Mrs H as Mr H is VERY hard of hearing. He is registered as SSI.

Mrs H feels that her husband is very happy and content really and she has been very happy with Tom's intervention. Feels that BBR cannot help too much at this stage with magnifiers but grateful for the information anyway.

Mrs R is registered as SSI.

Has help at home and 10 children of which most live fairly locally.

She really enjoyed Tom's visit and is happy to get in touch with us again if she needs any further information/visits.

At first, Mr B declined a visit but Tom phoned him back and assured him it would be a good idea for a chat. Mr B really appreciated this and found the visit so helpful and spoke highly of Tom and how professional and friendly he is. Extremely happy with the visit.

Mrs F is SI and has had wet AMD. No injections anymore as there is nothing more the hospital can do to help.

She has a lot of other medical conditions and does not go out and about anymore.

I will follow up with Tom to see if he/we can take her some coloured over-shield glasses to try as the glare is too much for her.

Very nice lady who spoke highly of Tom's visit.

Mrs C enjoyed Tom's visit - she said 'he was very knowledgeable and professional'.

She is not registered at the moment but this was a referral through BBR. Waiting for paperwork to come through. Mrs C is interested in attending our coffee mornings so has given permission for me to phone her monthly to remind her of when and where.

Volunteers

HVL enjoys the support of a large body of volunteers, who support clients in domiciliary contexts as well as at events and activities, including the craft group, reading group, braille learners group, willow weaving group, crochet group, coffee club, external visits, race meetings, skittles evenings and centre-based membership events. Volunteers provide clients with continuity of attention, particularly in rural areas, and self-organised social groups meet in Ledbury and Ross of Wye, supported by the central team at HVL.

Trustees

The Trustee Board has totally revised the whole suite of Organisational Policies, spearheaded by Glynn Bailey, who has significant experience in this area. The result is a coherent and readable policy structure that reflects best practise across the various strands of organisational activity.

We continue a programme of remedial work to the building, with refurbishment of one room on Floor 2 completed, lavatory refurbishment on floor 2 and associated improvements in energy efficient lighting, which should improve the environment in some areas and give assurance as to the safety and security of the premises.

Glynn Bailey
Chair of Trustees

John Eden
Chief Executive

January 2026

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IT Cafe

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Sensory Contract

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We have recorded an increase in the proportion of clients recorded as SSI over SI - seemingly, delays in treatment arising from the COVID standstill have resulted in deterioration in visual acuity, and registration in the 'severe' category of sight impairment. The proportions may fall back to pre-COVID levels as hospital services return to normal.

Over the last 5 years, the proportions have been:

2019-2020	2020-2021	2022*	2023*	2024*
SI 49% / SSI 51%	SI 37% / SSI 63%	SI 39% / SSI 61%	SI 41% / SSI 59%	SI 31% / SSI 69%

* Registration recorded in 'calendar' year rather than 'contract' year

Waiting Times

HVL and Action Deafness report no waiting time for services across the disciplines.

Joint Working

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We also participate in events with Herefordshire Disability United, The HC 'Making it Real' Board, LOC, Herefordshire Healthwatch and HVOSS subject-specific forums in the sphere of Adult Social Care.

Talking News

The co-location of HTN to the HVL premises is close to completion, with production of regular editions of the TN being commenced in October. The handover from the retiring trustees of HTN is not wholly complete, with some banking arrangements yet to be finalised. A survey of existing subscribers was undertaken by our RNC placement trainee and new subscribers added to a newly created database. There

was no information in hard-copy from HTN at point of handover regarding the number and identity of subscribers....

Four new trustees have been elected, two of whom are severely sight impaired.

Look-UK

Look-UK rent an office at HVL to run administrative functions, and we are working with them to expand their operations in Herefordshire. We are keen to work on the transition from statutory education/placements into adult/tertiary education or work, including the complementary services that HVL can offer.

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Feedback and Client Opinions

Clients who are dealt with through the Sensory Team are contacted around one month following completion of the care plan actions to secure feedback on the inputs made by HVL. The questionnaire is standard across all service users and covers hard and soft outcomes.

Mrs R was so impressed with Tom's visit. She gave him a firm 10/10!!

Gill very happy with Tom's visit. She is aware of HVL and will be in contact if anything changes for her.

Very happy overall with contact from HVL and Tom's input. Loves her talking books from RNIB.

Very happy with Tom's visit but has had a think about applying for AA and a BB - have let Tom know so he can make the follow up for referral for these

I spoke to Mrs G's son, Terry, as Mrs G has impaired hearing and cannot take calls very well. Terry was very impressed with Tom's home visit to his mother and will be in touch again if Mrs G needs anything else from HVL.

Mary W has not yet been registered as awaiting notification form VEU. I will email Liv to chase up. She was referred by BBR - Nick Rumney. Mary so happy and impressed with Tom's visits and has visited us in the past so knows where we are if needed in the future. So grateful for our help and products received.

Miss K has since bought a private hearing aid which is working for her very well. She did not like the NHS ones.

Tom sat with her when DWP visited to assess for AA - which she now has been awarded.

Client very happy with our service and talked very highly indeed about Tom's visit.

Declined coffee morning club at present but can still use the bus to get into town when needed.

No need for HTN as can manage printed paper.

Mrs F very happy with the USB player and now getting books from RNIB. She has purchased new, private hearing aids which she is very pleased about.

Mrs F very happy indeed with Tom's input and communication.

Mrs F would like to try HTN and coffee mornings run by HVL. Mrs F is happy to receive HTN. Happy with Tom's visit but does fall asleep during RNIB talking books! Not confident to attend coffee mornings at present but will consider them in the future.

Mrs J is very happy with service provided and thought Tom was lovely.
I have added her name to the coffee morning list and will text her monthly to remind her when they are.
She is wanting to use the bus to get to Hereford from Leominster from where she lives in a flat.
Not interested in HTN.
Has yet to contact BBR regarding Low vision assessment.

*Mr S has dry AMD but did not know what it was. I explained to him on the phone.
He does not like the sound of memory sticks for talking books so i am sending him some CDs to try.*

Very happy with Tom's visit - 10/10!

Reg as SSI.

*Has been to BBR and as a result of this, his wife is also having her eyes tested at the same place.
Very happy with Tom's visit.willow*

Volunteers

HVL enjoys the support of a large body of volunteers, who support clients in domiciliary contexts as well as at events and activities, including the craft group, reading group, braille learners group, willow weaving group, crochet group, coffee club, external visits, race meetings, skittles evenings and centre-based membership events. Volunteers provide clients with continuity of attention, particularly in rural areas, and self-organised social groups meet in Ledbury and Ross of Wye, supported by the central team at HVL.

Trustees

The Trustee Board has totally revised the whole suite of Organisational Policies, spearheaded by Glynn Bailey, who has significant experience in this area. The result is a coherent and readable policy structure that reflects best practise across the various strands of organisational activity.

There is a programme of remedial work to the building being undertaken, which should improve the environment in some areas and give assurance as to the safety and security of the premises. We are replacing a boiler from the 1970's with a new condensing boiler, for the top two floors of the premises. The boiler for the ground and first floors was renewed around 5 years ago, following failure of the previous appliance.

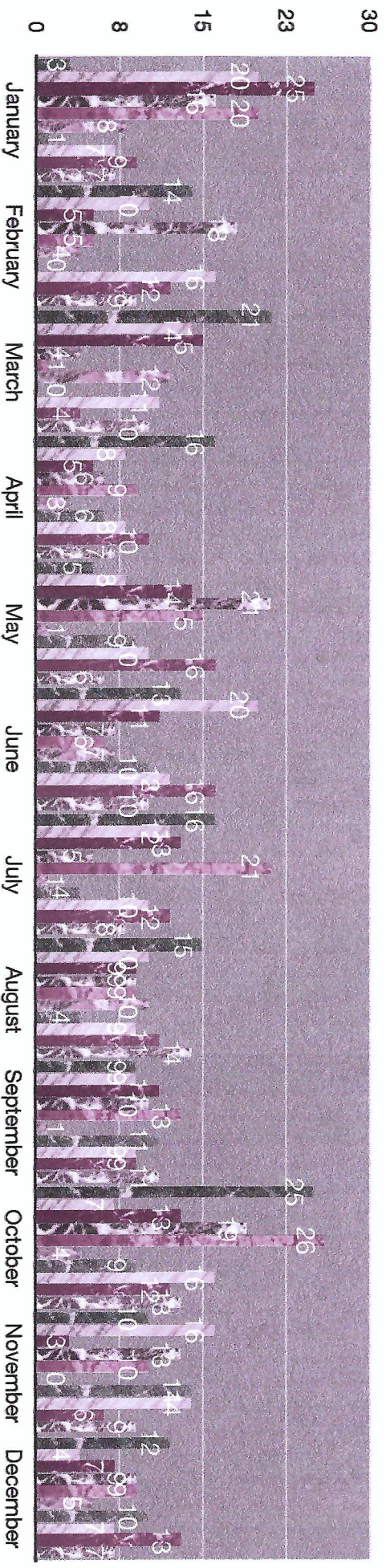
Glynn Bailey
Chair of Trustees

John Eden
Chief Executive

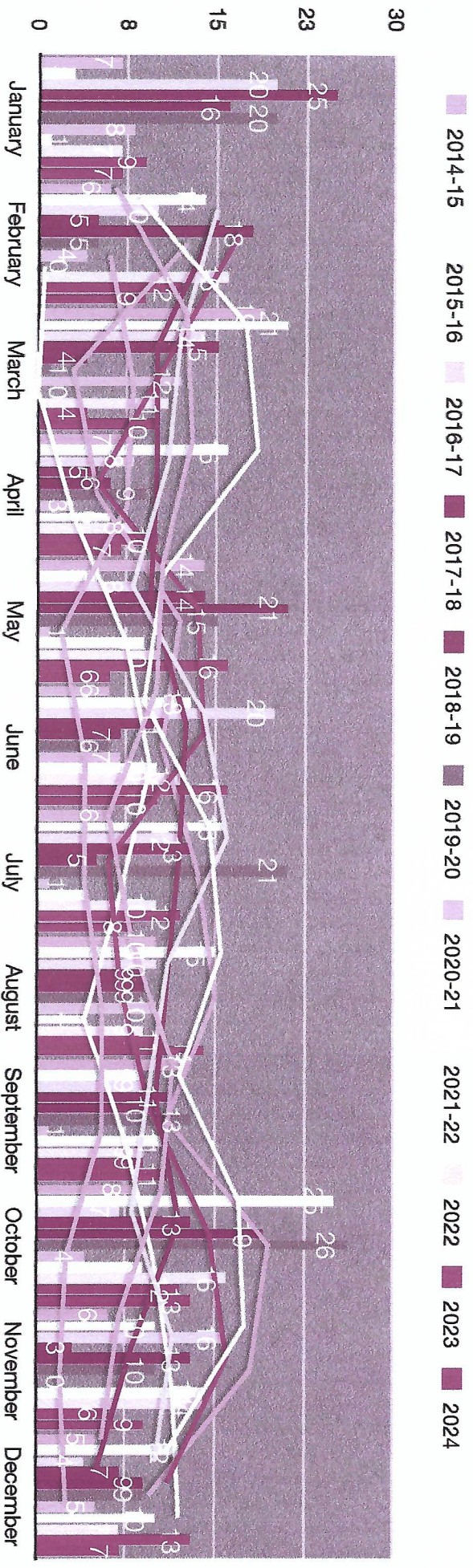
Certificates of Vision Impairment Received 2014-2024

Month	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022	2023	2024
January	7	3	20	25	16	20	8	1	7	9	7
February	6	14	10	5	18	5	4	0	16	12	9
March	19	21	14	15	4	1	12	0	11	4	10
April	7	16	8	5	6	9	3	6	8	10	7
May	14	5	8	14	21	15	1	9	10	16	6
June	6	13	20	11	7	6	7	10	12	16	10
July	6	16	12	13	5	21	1	4	10	12	8
August	10	15	10	9	9	9	10	4	9	11	14
September	13	9	9	11	10	13	1	11	9	9	11
October	8	25	7	13	19	26	4	9	16	12	13
November	6	10	16	3	13	10	0	14	14	6	9
December	5	12	4	7	9	9	5	10	7	13	7

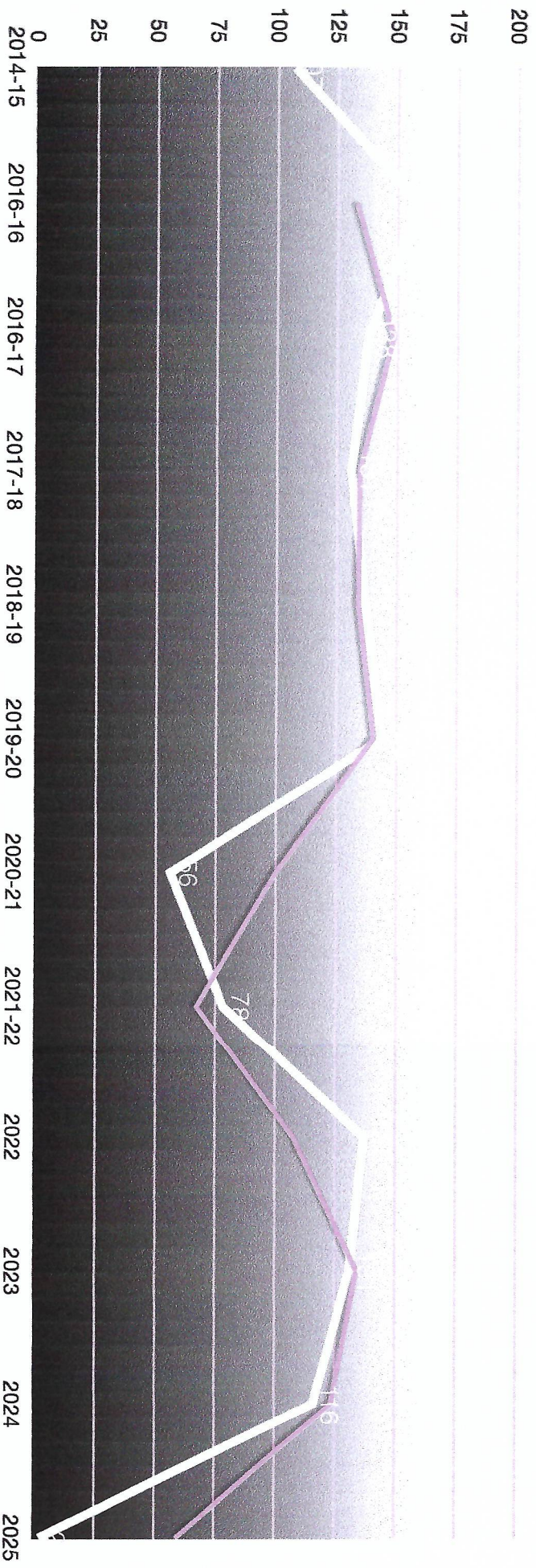
CVI Referrals - 2014-2024 (Graphic)



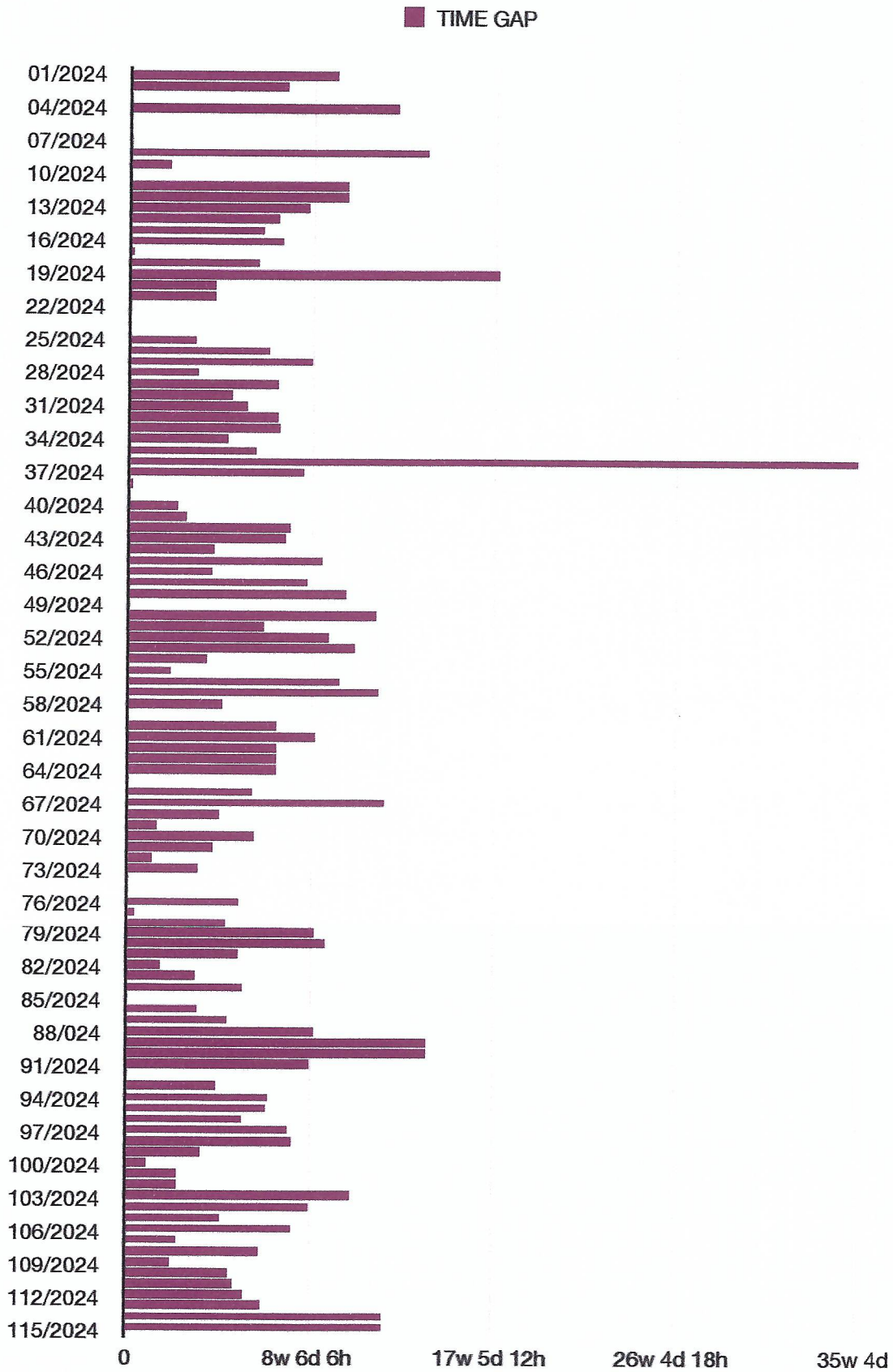
Moving Average by Month 2014-2024



Moving Average - Annual : 2014-2024



Processing times at WVT (NHS) for CVI referrals to Herefordshire Vision Links



Client Feedback

All client are telephoned and asked to give feedback across the following standard questions, including a 'score' relating to the service that has been provided, including comment upon the Care Plan drawn up between the service user and the Rehab and Mobility Service.

HVL Sensory Impairment Service Client Satisfaction and Feedback Questionnaire

Question	5*	4*	3*	2*	1*	
Were you Happy with your personal care plan and the activities and services provided with it?	23					
Where you happy that the team explained the services and have provided enough information or referred you to other organisations if relevant?	23					
Did the sensory team arrive at the appointed time that was stated?	23					
Where you satisfied with the quality of information provided to you, and do you feel better informed about the services H.V.L offer	23					
Did you receive any equipment and/or mobility aids from H.V.L	22				1	no A&A issue
Where you happy with the equipment provided? and was its use fully explained to you	23					
Do you feel that you better informed about the equipment available to you?	23					
Do you feel safer within your home as a results of the sensory team working with you	23					
Do you generally feel more confident in your mobility?	17					
Do you generally feel more independent and able to cope with daily living?	17					

Work Plan / Timescales

The Sensory Team does not have a waiting list across either discipline, currently.

Vision Impaired From date of receipt of a CVI (or next working day, if a weekend) to initial client contact is around 24-48 hours, with the fastest turnaround of CVI - domiciliary visit - assessment - issue of equipment being as low as 6 days (which inevitably includes a weekend!)

We respond to equipment returns and exchanges within 24 hours of request, and offer collection, postal delivery, free return label or client can drop items off at Vision Links. Equipment needing specialist attention (eg talking watches) can usually be turned around within 5 days, with a loan device available for the client in the meanwhile.

Hearing Impaired From date of referral, initial contact is made within 24 hours and domiciliary visit is arranged - subject to the equipment being 'in stock' we can often meet client requirements on one visit, but this very much depends on the type and age of hearing aid supplied to them (if they wear aids.)

HEREFORDSHIRE ASSOCIATION FOR THE BLIND

England & Wales - Charity number 220171

Accounts

HEREFORDSHIRE ASSOCIATION FOR THE BLIND

t/a Herefordshire Vision Links

Narrative Report Year 2022-2023

Staff & Trustees

There were no changes in the complement or roles of staff or trustees for the Year 2022-2023.

Chief Executive : John Eden
Chair of Trustees : Glynn Bailey
Treasurer: Alan Leary

Quality of Life

The service seeks to deliver advice, support, training and aids and appliances to allow clients to meet self-identified and assessed objectives arising during the assessment process. For VI clients, there are usually a number of challenges that stimulate take-up of the service (the service having been referred to by the VEU at Hereford County Hospital, or the Low Vision Service). These are usually, but not exclusively:

- coping with mobility and orientation within the home / common outdoor routes
- addressing matters of personal nutrition / orientation in the domestic kitchen etc
- communication and integration - dealing with correspondence, maintaining links with community.

For HI clients, the degree of hearing functionality can be improved with the provision of amplification equipment and integrated alarm systems. In certain contexts, the successful issue of equipment can result in clients coming engaged in group settings and feelings of isolation reduced. This is most startling in a nursing home context, where one particular client had become a cause for concern, exhibited signs of depression and anxiety, was issued with an appliance to complement her prescribed hearing aid, and found she was, once again, able to engage with group discussion and activities.

Delays and Reduces the Need for Support

Clients with visual impairment who are offered an assessment can invariably be assisted to maintain a high degree of independence, consistent with their existing domestic situation. The approach by the rehabilitation officer is to ensure that clients are able to carry out daily living activities safely, and where possible, reducing the need for third-party interventions on a regular basis (e.g., shopping, preparing meals, addressing issues of personal hygiene, dealing with household business — bills etc). A client already in residential care will rarely require significant intervention, but will often want to explore subscriptions to RNIB Talking Books, Herefordshire Talking Newspaper, and radio equipment via Wireless for the Blind.

A client in the early stages of sight loss / degeneration can often be 'pre-alerted' to the issues that will present, and can up-skill to address challenge as they arise. This may be utilising 'Eccentric Vision' which is a recognised technique to utilise remaining peripheral sight amongst those with degenerate central vision. We operate a '*Living with Sight Loss Course*' which is an RNIB moderated 4-week course for those with Vision Impairment. The syllabus covers:

Certification, Registration, Concessions	Eye Health
Assistive Technology - Desktops, Tablets, Phones	Emotional and Mental Health
Practical Skills [domestic/household] & Equipment	Mobility outside the home
Welfare Benefits and Allowances	Local Support and Agencies
Personal Sight Loss experience	

Trainers include: HVL, BBR Optometry, VEU Hereford Hospital, and Service Users who have received services from the Sensory Team.

Clients are encouraged to engage with HVL on the 'Association' side — with activities and events geared to service users.

For Hearing Impaired clients, the significant risks and compromises to safety arising from hearing loss range from failing to hear the doorbell (low risk) to failure to hear smoke alarm / baby monitor / intruder alarms etc (high risk). There are issues around access to health services — e.g.: inability to use telephone to seek advice, or maintain appointments. There is a risk of isolation/withdrawal from community because of the inability to interact aurally.

The assessment looks to mitigate the immediate effects of hearing loss, particularly where there is residual function — we will issue equipment which digitally enhances sound and minimises ambient noise, so that clients can use telephones, listen to broadcast media, hold conversations in person, and also alert clients to identified risks, for which equipment has been supplied and installed (Smoke alarm / doorbell/telephone / alarm clock/baby monitor etc) HI assessments include questions/observations around abuse, neglect, quality of life, reduction in choices available to client, withdrawal/independence compromised

Quarter 1

The Vision Impaired Sensory Service is returning to broadly pre-pandemic levels of referral, with numbers broadly in line with the pre-pandemic, with 34 hospital referrals with CVI. There is still some traction to be achieved on the HI side, with all sessions at satellite clinics suspended. There has been a good take up of services on direct/self referral, principally via Action Deafness Information Line, with reference made to the local service in Hereford.

Meetings and activities have restarted across both disciplines, with social / coffee meetings on the third Monday and Thursdays of the month for HI and VI clients respectively. The art and craft, book and braille learners group have been operating throughout this report period and have seen new members joining.

We have hosted a student from Hereford and Ludlow College on placement from her NVQ Health and Social Care course. The student worked across a number of areas of the Sensory Service and other aspects of the Vision Links activities. Client consent was sought for the student to observe orientation training, domiciliary visits, equipment issue and induction and the social and activity groups run by Vision Links.

We are currently trialling domiciliary IT support visits from our TechCafe IT specialist, where appropriate, to set up clients with new or changed technology for use in the home. The technologies tend to be aids to communication and connection with home hubs/broadband. This work is identified as part of the care plan and is undertaken by our resident tech wizard in collaboration with our Rehab and Mobility Officer. We have two clients who have moved home within the authority area who will need assistance 'reconnecting' to their broadband providers, and in some cases, an update of settings etc.

The Monday Sessions operated by AD through the Resource Centre are seeing improvements in footfall - the numbers are approaching those pre-pandemic, and the monthly social group is also picking up.

Case Studies

Mr P was referred to AD by Wye Valley NHS Audiology Department. He wears hearing aids due to a moderate bilateral sensorineural hearing loss. Mr P lives by himself in a retired living scheme in Hereford and although the main hall had a hearing loop, he was still struggling to hear conversations. This meant he was missing out on the coffee mornings and group sessions held within the scheme, leaving her feeling isolated and lonely.

Mr P was also unable to have a conversation on the telephone with his family and friends as he could not hear what they were saying. This was particularly distressing as his family live far away and she was missing out on their news and companionship.

We helped Mr P by installing a telephone amplifier to help him reconnect with his family and friends. We also provided a Sonido personal listener which drastically improved his hearing when having conversations with his friends at the scheme's social events.

Alongside this, we helped Mr P to set up his new iPad so that he could have another form of communication with his family. Mr P was able to surprise his daughter by 'Face-timing' her – his daughter was over the moon that her Dad had been able to get in touch. Mr P's loneliness diminished and he was able to enjoy a social life again.

While supporting Mr P, we were also informed by a Wellbeing Advisor at the scheme that their loop system in the main hall was not working. We went to view this and found that it was not working to full capacity and

was faulty. We therefore provided advice to fix the loop system so that other hearing aid users at the scheme would get the communication support they needed.

Mr M, a VI client lived in a rented property requiring substantial modernisation that was unlikely to be undertaken within a reasonable time. His family had lived there for decades and the rent was extremely modest. Client wanted help to liaise with the local authority and the potential housing provider to secure a bungalow in a Herefordshire Market Town. Client was concerned about affordability of rent, any benefit issues and the costs of moving. The client would need intervention from HVL to address issues around benefits, paying bills and later, orientation in and around the home, and into town for day to day needs. He does have a personal assistant for a few hours per week. Client was already 'on the books' as a fairly independent service user, but moving house for the first time in a lifetime required psychological and emotional support as well as practical help. We addressed some of the immediate issues around his existing property, including advice on how to deal with the Landlord, supported client in securing a bungalow in his home area, and are in the process of delivering orientation training for routes from his new property to the centre of town, and key services. Client's PA has been helped by our Tech Support to configure the broadband connection to clients iPad and phone, and is successfully communicating via digital media.

Client attended Resource Centre with carer - he was looking for a replacement pair of overshields that had been issued a number of years ago. Client had now retired to Spain and called in on the 'off-chance' that we would be able to provide a new pair. Developments in design and effectiveness meant that he could now secure a tint better suited to his particular needs, and he was happy to purchase the replacement set to take back abroad. The client required a heavier tint due to the prolonged exposure to sun, which wasn't really a factor in the UK! Client also returned several cases of Audio Books that had been privately purchased, and were donated to HVL for the use of other service users. Client's wife is his main support, and although he has some vision, glare reduces the acuity of his remaining sight.

A HI client had been issued with a suite of hearing devices a number of years ago, and the belt-worn receiver had become intermittent in use. We examined the battery compartment of the device and found corrosion in the contacts which occasionally prevented a secure electrical connection. The technician cleaned the connections and re-tensioned the contacts, making the receiver operate correctly. A number of household devices were connected to the receiver, including doorbell, phone and some alarms. We asked the client to occasionally inspect the contacts to ensure they were bright and suitably tensioned, and to check the effectiveness of the connecting appliances on a regular basis. If necessary, the technician could assist with a home visit to do an appliance 'MoT'.

We have received a donation of two braille machines from former staff members at RNC Hereford to help support the Braille Learners Group based at HVL. The machines are worth around £900 each new, including VAT, although somewhat less for a Registered learner

Positive Experiences of the Service

VI Clients

Clients have contact with a small staff team on both VI and HI parts of the contract — this initial contact is 'incoming' from a medical referral — clients are contacted by letter initially, offering the service of the Rehab and Mobility Team, with a follow-up phone call in due course to establish the service requirement and determining a time for a formal assessment. We always undertake the assessment at the home of the client, to ensure that we can determine the circumstances of the client, and we can be shown how they cope with activities. We can also see clients with relatives or carers in attendance, which is useful and encourages a common approach to problem solving, and to ensure clients 'take in' all the information that we provide. We note the involvement of other agencies, particularly personal assistants (employed by the client and fairly common in the Vision Impaired Community) and domiciliary care staff, who can inform strategies introduced to assist clients, and to raise awareness of VI issues.

We have undertaken a number of training sessions at care homes for staff who deal with VI clients on a regular basis.

Clients who complete a cycle of intervention are sent a client satisfaction survey, that can be shared with carers and family members. We are moving towards a telephone approach to feedback, as the physical questionnaire is not returned in sufficiently high numbers to allow for comparison across service contexts.

HI Clients

Clients have a high degree of satisfaction with the service, and there is less ongoing requirement for service because many of the common challenges can be overcome with the issue of aids and appliances. There is far less of a 'relationship' between HI officers and clients compared with VI staff, due to the extended nature of the programme of learning that might be required.

Safeguarding

The assessment undertaken in a domestic context gives a unique perspective into the physical and emotional safety of the client. We assess the nature of any primary relationships to ensure clients are not exploited or disadvantaged, unreasonably restricted or limited in aspiration. We try to address issues of carer behaviour that try to mitigate the clients challenges and make things 'easier' for carers and relatives.

We have identified and resolved issues around disrepair and electrical safety in private-rented accommodation and addressed an issue of financial exploitation by a co-resident in a private-rented house of multiple occupation. This matter was escalated to the police and action taken. HVL supported the client following the disclosure, accompanied the client to the bank to secure the account and encouraged the client to report the matter to the police. The client now lives in his own accommodation, in a setting where there are a number of VI clients in close residence and where there is plenty of support available.

Narrative Report

Quarter 2

Case Studies

VI client living in social housing has handrails and various mobility aids within the home - is now finding she requires a ramp to access her property. We have obtained consent from client to approach her social housing provider and to ask her Social Worker to expedite the improvement to her property.

VI client with mild learning difficulties attended RC with parent and personal assistant. He has experiences a significant loss of sight over the last month, or so. We discovered that the mother had pressed the NHS to refer to WVT, who have now accepted the clients limitations and has received a CVI registration, with details being taken 'over the phone'. HVL confirmed that the client would enter the Sensory Service upon receipt of the CVI, but as there were immediate difficulties with glare and perception in daylight, we issued a pair of tinted over-shields which the client found provided immediate relief. R&M Officer contacted client wishing a couple of days of the initial contact.

VI attended to ask letter received from HC regarding £150 heating payment to be credited against Council Tax Bill. Letter was in standard, not large font. Application process was online, however, client could not apply as process does not allow use of 'Safari' as internet browser. Client required help to make application, and to scan the bank statement required. HVL organised the application via Android device and attached proof of ID etc to form.

We are liaising with RNIB with regard to a mutual client who has recently gone through relationship breakdown and has two young children, both exhibit challenging behaviours. The client is awaiting a care package being put together, but wanted some extra support whilst awaiting this development. Through local intelligence, we knew some of the historic links enjoyed by the family have been lost/changed during the COVID epidemic, and HVL has tried to stimulate re-engagement with those people/groups. We have also encouraged the client to link with some of our social groups, and some activities in her home area provided by third party groups.

HI client attended RC during a VI session with issues around telephone communication. CI has some hearing loss, and the substantive work has been done with regard to hearing aids etc but client had an issue with using the phone with hearing aids. She finds it easier to use the phone without hearing aids in place, but the amplification on her home phone isn't strong enough. HVL suggested either a phone amplifier, that could be used in conjunction with her existing handset, or a new fixed line phone with improved built in amplification. Client interested in both options. We also suggested using a bluetooth enabled device that could connect with hearing aids, but her devices 'appear' to be unable to be used in this way. Client happy to discuss 'old tech' option of in-line amplifier with Resource Centre.

HVL received a cryptic enquiry from ART relating to correspondence they have received. The correspondence did not originate from HVL, but ART has assumed that HVL will become involved. We have not discovered the origin of the letter to HC. The client's CVI was attached, and the consultant has put some detail in the narrative section regarding a stroke and spinal injury. ART was intending to correspond with the client to determine whether the falls alarm was required. Meanwhile, we await the arrival of a CVI from the usual route, and there will be assistance and advice that we will be able to give the client relating to his sight loss and independent living.

HVL was approached by HMG/Taurus with regard to assistance for a client to attend a trial at Crown Court. It transpired that the client was not involved in the trial as a witness, but appeared to want to attend as a member of the general public. Most resources available via the Court Service or Victim Support are

targeted at those who have active roles in the Court process, and there was no funding/personal support available to help the client attend. HVL does not have the resources to provide non-critical support for activities where the client isn't a core participant.

Summary Feedback:

Satisfied or Very Satisfied with service	(4 or 5 on scale 1-5)	96 %
Confidence in Daily Living / Mobility	(ditto)	92%
Care plan - explanation & completion	(ditto)	94%
Equipment	(ditto)	95%
Timekeeping/timeliness	(ditto)	96%

Sensory Service Q3

Case Studies

HI client lives alone in rural, semi-detached accommodation with moderate to severe hearing loss. She already has a number of aids and appliances to help her with alarms etc, but was having particular problems hearing her television. She has bluetooth enabled hearing aids and has to have the television volume set very high to hear programmes, to the annoyance of her neighbours! We attended with HVL personnel who assisted with identifying the particular solution for this client, who has a non-SMART flatscreen TV, and the factory accessibility options did not include bluetooth technology. The TV did have the usual AV and SCART terminals, but the bluetooth applause we were due to fit was AV or HDMI only. IN the event, we had some 'old stock' of AV to SCART converters with us and were able to get the client up and running. Client can now watch TV with the set volume at 0 and transmission to her hearing aids. It also means she will not miss a doorbell or other alarm due to ambient noise and sound from the TV.

VI client lives in a rural location, husband died within last 12 months and had dementia. Client has some vision and has been assisted by the team in the past, especially with kitchen equipment, bump-ons and talking appliances. She is now struggling with printed correspondence and needs something to help with this. She finds the large square magnifier quite fatiguing to hold, so we suggested three options for her to try - a stand magnifier of about 2x magnification, a sheet magnifier of between 2 and 3x mag., and a screen reader, which is a more significant appliance, not unlike a PC. The other options would be an Optilec camera to speech appliance, not unlike a transistor radio. The client does have an iPad, which she does use and is reasonably competent with increasing font sizes etc. Our tech specialist has helped the client to use the pad to photograph her correspondence and then use the gallery function to maximise the text, so she only has to deal with one application/appliance. Client is happy with this solution.

VI client lives in residential accommodation in Hereford and is an enthusiastic reader and was finding reading print challenging. Age Concern contacted HVL to ask about providers of audio books - we gave the options of RNIB talking book service, HVL audio book library or the County Library Audio Book collection. Age Concern liaised with HVL and we provided material (on cassette - the client's preferred option!) for her to use. There have been a number of loans subsequently.

VI client is a long cane user and needed replacement of the nylon tip, which is designed to wear as the cane is used. The client thought that she might like to try a 'marshmallow' tip rather than the 'ball' type. Client immediately found that the tip 'caught' in pavlors and paving stones, whereas the ball tip would roll over. We suggested reversion to the ball tip, but also noticed that the cane appeared to be too short for the client. It is possible that the client has picked up another person's cane at an event etc and is not having orientation issues as the device is the wrong length. Client returned to be properly measured following her holiday. [Use of the cane is designed to accompany route training, and distractions such as cane jamming or catching can distract from the clients assessment of their location on any given journey.]

HI client had issues with his privately-purchased hearing aids - there was BlueTooth compatibility on his devices and his home appliances were fine, but in locations with hearing loops installed, he was encountering connectivity issues - especially hearing sound on only one ear and finding streaming music impossible. We looked at clients phone, which was about 3 years old, and we identified that there were some software updates needing to be installed. We helped client to install the updates but there were still issues, and we concluded that his phone operating system may be technology developed after the hearing aids were supplied, and this can mean lack of connectivity. We concluded that most hearing loop installations were compatible with his existing phone because his phone was younger, but he must have bought his phone just at the cusp of system change and it has meant the the very up to date apps and services are difficult or impossible to access! Client is contemplating an upgrade to his phone ,and is now aware of the need to confirm the appropriate generation of operating system and other software to achieve his goals.

[In some cases, a lack of connectivity is a result of the bluetooth software being to be re-matched/re-booted, usually by turning the hearing aids off and on again.]

Other Activity

HVL were contacted by Torfaen CBC regarding a potential disposal of aids and appliances from their VI Centre at Llantarnam (the location of VI support in Education, it seems). We were asked if we would accept demo model screen readers, talking microwaves and a blackboard camera as a donation. We agreed and collected 5 screen readers and overhead devices from them, together with some kitchen equipment which was demo only, so in excellent condition.

We have tested some of the kit and awaiting new power supply for two pieces, but expect to have them available reasonably soon. TBC has said they will contact us if there is further equipment for which they have no use. HVL is hoping to steer the this equipment towards younger VI service users, in consultation with HC and Look-UK.

In a separate development, the family of a deceased service user (who was a retired dentist) donated back to HVL all the equipment the father had bought when his sight deteriorated. All equipment was in excellent condition, with original boxes and instructions etc, including a HD screen reader, media player, and a superb VI Roberts radio.

The total value new of the equipment donated is approximately £6,000.

We recently hosted two tech mornings with supplier of aids and appliances - the approach of suppliers and manufacturers has shifted towards a 'brokered' encounter via an agency such as HVL. The result is that the attendees have more than just a casual interest in the technology and are intending to make a purchase at some point. (These appliances are usually big-ticket items). It enables potential purchasers to try out equipment in a quieter environment, and bring materials that they wish to access to try out with the equipment. Hand-held equipment is the direction of travel, but there are still clients wanting substantial equipment (at substantial prices, oftentimes!) With HVL hosting this kind of event, there is a complete absence of pressure selling or competition between trade stands at an exhibition.

HVL hosted a student on placement from Cambridge University Faculty of Medicine recently and gave her an insight into the work of the Sensory Team. With client agreement, student accompanied staff on home visits, was taken through the referral and assessment process, shown the range of aids appliances, including optical solutions and client induction to them. The student looked at the role of the Liaison Officer at the Wye Valley NHS Trust, the certification process and the links with the Low Vision service, the collaborative work with local ophthalmologists and the potential for ophthalmologists in private practice to be a point of referral from general practice, and from within the community, especially for eye emergencies.

Social Policy

We are working currently with RNIB with regard to the closure of ticket offices across the rail network. There is concern that accessibility to the public transport system may be compromised with the lack of staff at defined locations. There is further concern about security, concerns that are already evident in areas where there are driver-only trains. The move to D-O trains together with peripatetic station staff may have a direct negative consequent, particularly on clients who are vulnerable and who require passenger assistance. PA is a valued and (fairly) reliable service to vulnerable and disabled travellers, and fewer staff must surely put the provision of this service at risk.

Ticket offices are not just about selling tickets. They provide a reliable first point of contact for many kinds of staff assistance such as arranging sighted guidance through the station and safely on to the train, to advising on any changes to journeys. Modernisation of our railways doesn't just mean apps and touchscreens; modernisation means inclusivity and not leaving anyone behind. These proposals must be scrapped.

[Note: Hereford railway station is operated by Transport for Wales, under Welsh Government control currently, so the 'English' TOC's proposals won't necessarily apply here.....]

We attach correspondence containing client feedback from Mrs Large, which covers a number of ways the Sensory Team intervention benefits clients.

We attended a meeting at the County Hospital of all service providers across the Vision Impaired Sector, including most of the Consultants from the Victoria Eye Unit. It is expected that that these events will be twice-annually and will cover areas of service development and mutual concern.

Narrative Report Q4

The level of activity across the service and organisation in at or near pre-COVID levels, with the tech advantages and operating practices adopted during the pandemic being adopted permanently, resulting in a positive advantage for service users. The number of referrals to the VI side are the second highest since

the service began in 2014. Fortunately, increased efficiencies have ensured that waiting times do not revert to pre-Commissioning levels (approx 12 weeks).

There have been a number of significant supplier availability and pricing issues over the last few months, with some items becoming difficult to source, including 'Communiplayer' USB stick players which are on 6 month back-order, King's Audio no longer trading, and prices of most electronic items have increased. HVL has spent considerable time in sourcing alternative, cost-effective providers, but not all products on the market are suitable or designed with VI clients in mind. We have secured some supply on the spot-market, but that means commitment to purchase without a client in mind, and for higher value stock, isn't always appropriate. Availability of non-VI goods (eg Big Button Telephones) which are suitable for VI clients have increased in price over the recent six months.

We are now working to identify stock arising from the full adoption of bluetooth technology for Hearing Aid wearers dealt with through the Audiology Clinics at Hereford Hospital. Each Health Trust makes its own arrangements with regard to this, so surrounding counties are at a different stage in adoption, which can be interesting for clients who are seen at Hereford Hospital but who live in Powys.

We are liaising closely with LOOK UK to bridge the gap between school-age/college age students and post-statutory education. LOOK now see an office at 36 Widemarsh Street and holds events here for families with school-age children. HVL also provides our Art and Craft Tutor to run occasional sessions for students in our dedicated space. There are definite benefits in the co-location and we expect a more joined-up approach when the transition takes place towards the adult R&M service.

Case Study - Communication and Safety

Client living in rural location in north of county had issues with the quality of her phone line, which she uses for regular contact with her daughters, both of whom live within about half-hour of her home. She uses the phone to organise shopping, medical appointments and social events. Upon attending, we identified issued appliances connected to the incoming line. There was interference on the line which made it difficult for conversations to be conducted. An examination of her installation showed a mixture of socket 'doublers', extensions into the living room and to the upstairs of the property. Cables had been run under carpets, and when all 'add-on's' had been removed, the service from the main socket was found to be trouble free. We advised a replacement extension to the living room, with the wiring permanently fixed, rather than 'loose' under rugs, where it was subject to movement and damage. This was achieved cost-effectively, and client reports that her line is now trouble-free. Client has other appliances and deliver to home services provided by Vision Links and RNIB, and is well-supported by relatives.

When leaving the property, we noticed significant splash back from agricultural vehicles passing over potholes in the road surface, causing water to splash onto her front door and run under the door onto a tiled floor, creating a slip hazard. The house stands about 8 feet away from the kerb, and elevated about 3 feet, so not immediately adjacent to the road. When we raised this issue with the client, she confirmed that she had contacted Balfour Beatty who were aware of the problem.....

Case Study - Communication / Accessibility

Client has some general vision, but loses definition for detailed work.

Client has been trained at RNC on Microsoft IT, with 'JAWS' software being installed on his desktop.

Alongside the PC he also has an iPad, which he uses for social media applications. He is now volunteering with an organisation who have Apple PC's with manufacturer-installed accessibility software, and he has difficulty with the menus to tailor the 'text-to-speech' software to his requirements. Also, the machine he uses currently has a hot-key functionality, which inadvertently switches the voice-over software off, resulting in isolation from the machine and any applications.

Firstly, we recommended reducing the pace of speech on the voice-over software, then:

- optimise screen resolution and contrasts
- reduce number of ICONS on desktop
- increase sizing of frequently used ICONS and clickable command buttons
- remove 'hot-key' functionality
- personalise magnification and zoom functions on text in processing and spreadsheet applications

Client reports better accessibility and improved experience using Apple IT, but the 'back-stop' might be the installation of Dragon Voice Recognition Software which will reduce the reliance on the keyboard. Client still has issues with the 'Edit' and Spelling and grammar check functions, and likes to check work as he goes along, however the pop-up prompts aren't visible to him. The quickest solution would be to have a tablet or phone to use for spell-check, meaning no further windows/menus need to be opened.

Case Study - Orientation

Client moved house within the City, taking him to a home adjacent to the Great Western Way. Client is experienced long-cane user and routinely navigates North - South on the GWW with no difficulties. He still

uses some retail services nearer the Ross Road, about a quarter-mile from his new home. The difficulties he faces are those around footpath tactile marking and definition of access points along the GWW. In theory, with route-learning / mobility sessions, client would be able to navigate, however, there are no tactile markings across most of the GWW, meaning that client has wandered into areas that are clearly unsuitable and possibly hazardous to VI clients.

We have found a route that is the least hazardous to a long-cane user, bringing the client South and around the Hereford Academy, around and from which is installed tactile paving, ultimately leading to a pedestrian crossing across the Ross Road.

Client had expressed concern around the attitude of some users for the GWW around 'shared-space' and some negative comments from cyclists and other pedestrians around his VI status. Client considering a body-worn camera to help address this.....

Case Study - Wellbeing and Independent Living

Client live alone and is keen to join with a community group with outdoor activities. Client thinks that the group should provide a sighted-guide to allow involvement in weekly meetings. Client has perceived some reluctance to provide this assistance and feels that the group are not behaving in an inclusive way.

We considered the activity, the voluntary nature of the group and their maturity, and the clients particular situation with regard to support, and considered that using some of the Personal Independence Payment which is claimed and received, would be appropriate. This would allow client to participate in the event, and have trained and independent assistance.

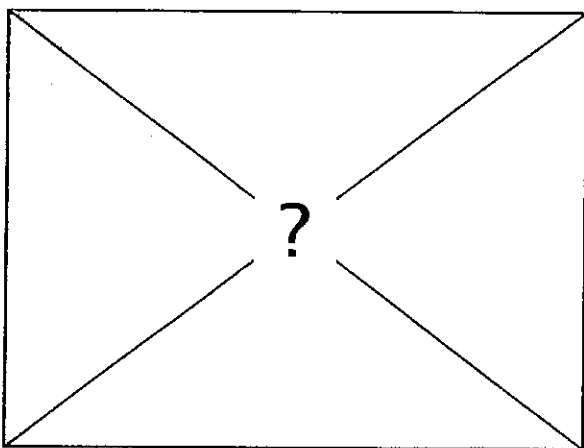
We have to remind clients that PIP is not 'income' like salary or benefits, but an allowance to assist with daily living and should be applied as such.

Community Hall Hearing Loop

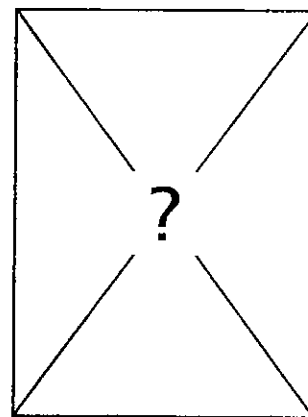
We were able to assist a Community Hall in the restoration of the hearing loop in their main hall, which is used by a number of diverse groups, including people with sensory loss. During refurbishment, the loop cable had become stretched across a doorway and had subsequently broken. HVL arranged for the system to be reinstated and tested and confirmation from Hearing Aid wearers that the system was back up and running. HVL/Deaf Direct had installed the loop several years previously.

VI Placements

We have been fortunate to have 2 students from the Royal National College on work placement in the last month. Max was a Business and Admin student, and Jack on the 'Aspire' programme. Both students experienced the various aspects of the work at HVL and also helped plan 2 'Meet the Team' events to be held in Leominster and Ross on Wye in the near future. This involved data manipulation on spreadsheets and identifying accessible and available premises from which to run the event.



Max outside Vision Links at the **end** of his placement!



Jack getting to grips with data!

Narrative Report

Feb-Apr 2023

Client was seen by VI Rehab and Mobility Officer in November 2022 and was issued with a range of simple equipment as part of the assessment. At a 'Meet the Team' event, client attended to inform HVL that subsequent to his assessment he had suffered a TIA which had affected his mobility and to a small extent, his sight. He was a very active person before his health issues, being a committed long distance road cyclist, often completing 60 miles in a morning. Client has now adopted the use of a wheeled 'walker'

to maintain his balance, but which still lets him get out and about. Client confident in its use. However, client's sight has deteriorated with particular challenges around glare, particularly in strong sunlight. We also tested his reading of standard sized print with a hand held magnifier, which he found did help, but the restricted field did frustrate him. Client agreed that better lighting, some amber overshields and a hand held magnifier would be of benefit to him. We arranged follow up by the Rehab Worker and client was signed off the service in April 23.

At the same 'meet the team' event, the team received very positive feedback about the service from three people - two clients directly and a carer of a third. All were effusive in their appreciation of the service and of the work of Tom, the R&M worker.

Client attended HVL with PIP reassessment form. Upon reviewing the papers, our previous work on a successful appeal, and the Judge's comments about the clients condition, we completed a re-application. This client should not require regular reassessments as she is registered SSI and uses an orientation aid, which should automatically attract a higher award of the mobility component. Client reported success in the application around 2 weeks following our assistance and the additional finance means the client can continue with getting help with travel and attending social events and meeting family. We have asked client for copy of the award letter to determine whether it is an 'indefinite' aware of time limited, with date of review .

HVL attended a Nursing Home to give presentation and support to residents with living with VI. Upon meeting the group (of about 10 residents) a number also exhibited issues with hearing. We enquired of the staff about a hearing loop, as we are able to use portable loops if notified. The home was due to have some internal remodelling and changes to room use and the reinstatement of the loop system. We confirmed with the Management that the traditional loop system may not be a medium to long term solution as bluetooth technology cannot mesh with a loop. (Other public buildings are facing similar challenges) We advised a return visit to check on the efficacy of their existing system and suggest technologies that could support bluetooth hearing aid users.

Client contacted HVL regarding problems with her big button landline phone. During a 'meteorological event' her phone had stopped working and she was having difficulties contacting people. Client did not have a mobile phone, but husband is at home and made contact with us. Client had received visit from Rehab and Mobility Officer who had shown them both cordless and fixed big button landline appliances. We took both to client and she confirmed they had only ever had an fixed landline, and felt the BT big button phone would be their preference (as against the BT cordless offer) Client lives in a rural location, and although not isolated, would find it difficult to reach the outside world with no phone and without a partner/carers.

Client attended Resource Centre with neck loop for Sonumax listening device. The neckloop that also acts as an antenna had several breaks which client had repaired with electrical insulating tape. The Sonumax model client has is now obsolete, so we checked our returned appliances, but didn't have a compatible headset. We referred client to the HI Equipment Officer, who assessed client's current equipment provision and was able to provide a new appliance which was compatible with the rest of his issue.

Client is long-standing VI service user, who has been registered for many years. Client has suffered from mental health issues on occasion over time and one of the consequences of this is his withdrawal from community and social activities. HVL has maintained contact with client (with difficulty) offering support and encouragement as he had temporarily returned home to Leominster. Upon recovery, he resolved to leave Leominster as soon as possible and locate back to Hereford. However, his original accommodation had been given up and he was fortunate in securing a far better standard of accommodation close to the City Centre and support networks. This has resulted in his re-integration into activities both at HVL, and as a blogger and audio contributor to the Talking Newspaper.

Other Activity

HVL has successfully brokered a 'three-way' partnership between HVL, the Talking Newspaper and Reach Community Radio to produce and distribute TN to VI clients in the shire. The studio at Saxon Hall will be the home for TN for the foreseeable future, and the range of matter committed to record will be widened to include podcast-quality articles on a wide range of topics. HVL has secured for TN two VI trustees, who have taken over from two retiring TN trustees, and also three 'readers ' for TN, introducing opportunities in TN for vision impaired service users/clients for the first time. The 'station manager' of reach is vision impaired, and three of the Reach volunteers are similarly living with degrees of sight loss/or are severely sight impaired.

We have received a number of 'soft' referrals from the RNIB in respect of clients who have previously been clients of the rehab and mobility service. We find that these clients are either not asked, or not disclosing that they have received as assessment and follow up interventions and equipment from HVL. We think that

the RNIB are 'recycling' clients to boost the statistics of their contact teams, as apart from one client (who won't engage with the service, missing several agreed appointments) they are clients who have received the service of the R&M officer and the work has been concluded (and the client happy). The RNIB is always surprised when HVL quotes back the scale of our interventions and the level of client experience with HVL.

We are working closely with LookUK to provide support for client transitioning to the Adult R&M services, often with a transfer to further/higher education. We have received intelligence that one learner had lost equipment upon leaving statutory education and who was needing to secure new/replacement technology. This equipment assisted client with communication and was an unexpected and surprising development.

We have hosted two, and have timetabled a third Eye Professionals Meeting, essentially to support the work of agencies working with young people living with sight loss. Attendees include Low Vision Specialists, Third-Sector organisations, and Herefordshire Council Education. HVL isn't directly involved with service delivery to this client group, but does support carers and stocks equipment that may be of value to young adults, particularly those looking to live independently.

We have met with West Mercia Women's Aid who are keen to establish a referral and support conduit for their clients to get support for sight-related matters from HVL. There are nationally-reported cases of VI clients being manipulated and controlled in relationships, and suffering violence and financial disadvantage as a result. WMWA is looking for independent advice and assistance when a VI client requires advice, equipment or guidance, in extreme cases, a relocation to our strict is required.

We have received information via a third-party regarding a legal intervention being required where a VI client had made a will without the advantage of a copy in accessible format prior to signing. The clients wishes were not detailed sufficiently in the will, with the potential for the legal resolution of the dispute to reduce the estate available for distribution being eroded significantly. We have suggested to the third-party that separate legal advice is sought and the solicitor handling the probate is not acting for anyone save the estate of the deceased. Therefore, in order to give effect to any challenge another advocate needs to be involved, but we cautioned over the potential reduction in the value of the estate.

A Braille Learners Group has restarted at HVL, with refresher support for existing brailers and support for those wishing to learn.

HEREFORDSHIRE ASSOCIATION FOR THE BLIND

England & Wales - Charity number 220171

Accounts

Herefordshire Vision Links 2021/2022

Chair of Trustees : Glynn Bailey

Deputy Chair of Trustees : Andy Bailey

Treasurer : Alan Leary

Chief Executive: John Eden

Rehab and Mobility Officer [VI] : Mark Brock (*to June 2022*) Tom Shufflebotham (*from Aug*)

Volunteer Co-ordinator : Julie Cavanagh

Resource Centre : Isobel Powell

Admin and Activities : Dan Sergent

Hearing Impaired Officer [employed by Acton Deafness] Sally Joyner

Activities and Events 2021-2022

The lifting of COVID restrictions in 2021 was not met with an immediate enthusiasm or appetite for the resumption of 'on-site' clubs and activities, or visits and trips to places of interest. The footfall to the Resource Centre finally reached pre-COVID levels mid-2022. A number of on site clubs - Coffee Club / Weaving / Craft / Book groups resumed mid-2022, although across all activities, vulnerable clients with other disabilities/health conditions were reticent initially as they were shielding.

HVL relaunched its Coffee Club, meeting on a Third Thursday, and the ambition is to develop this into a bi-weekly event, with a light lunch to be offered in partnership with a local supermarket.

The Macular Society at national level has not restarted local/area meetings, including at HVL, due to the ongoing concerns around COVID and social distancing. The stated ambition is to resume the monthly meetings as soon as it is practical.

Volunteers continue to work in the community supporting clients with a wide range of activities, including mobility and transport, communication, social organisation, shopping and supporting independent living in a variety of ways. Event volunteers have resumed their roles in supporting VI clients in involvement in HVL organised trips and events, on-site clubs and meetings.

The Trustees and Staff would like to thank all volunteers for their commitment and dedication through the exceptional COVID pandemic.

Sensory Service 2021

Overview

The service continued to deliver support and equipment throughout the year, initially restricted to COVID-secure client encounters, with lock-downs having effect on ability of the Rehab Team to progress with care plans in some cases. Mobility sessions with VI clients, which necessarily involve working in close proximity to an individual was not possible in all cases, although clients who had already embarked on long cane training (for example) were able to be tutored at distance to maintain their confidence and develop skills. We increased monitoring of online communications and telephone services, including notifying service users of particular services available to them, assistance and concessions that were available, and liaising with the Eye Clinic Liaison Officers around administration of registrations, which had been largely abandoned during the heart of the epidemic.

In most cases, waiting times for aids and appliances were relatively low, as it was possible to modify approaches to induction and training in equipment, often using carers and family members to explain uses and help with non-technical installation. For hearing impaired clients, we loaned portable loops where required and continued to recommend personal listeners and TV Listening devices to improve audibility. Whilst room loops are still an option for clients, it can be difficult to discern a particular conversation in a busy environment, so a personal loop or listener can often produce better results. For Vision Impaired clients, many of the solutions are fairly 'low-tech', with the emphasis on quality lighting, magnification equipment, communication aids and mobility equipment. As restrictions eased, the issues around VI domiciliary visits relaxed and both strands of the service were able to complete full assessments in the home environment. From mid-2020 to mid-2021, we were able to engage with clients without delay, often contacting clients to begin the assessment process on the day the referral was made. This was due to the

low level of referrals, allowing the service to be 'up to date'. The number of home visits on the Hearing Impaired side was very low, mainly to repair or replace time expired or faulty equipment.

Case Study (Client Registered July 2021)

Client lives in semi-rural property on outskirts of Ledbury with his wife. Client is a twin and is visually impaired to the same extent as his bother. Client can discern outlines but not details, such as facial features or the television. Client has had diagnosis of cancer about four years ago and has undergone treatments and is attending monthly follow up appointments. Client reports negative impact of treatment on his eyesight, which accelerates deterioration, and it is only in last couple of weeks that client is feeling better, with everything happening so fast. Client has seen Low Vision specialist and has magnifier, but tends to using audio books and listens to radio and television a lot. Client has SIRI and finds it 'very useful'. Client has difficulty preparing hot drinks and is able to manage the microwave, although client's wife does all meal preparation and cooking.

We determined that client would benefit from membership of RNIB Talking Books - a free service, and a form was provided for completion, which client and wife happy to complete. Client would be issued with a USB player so that he can access the Talking Books on flash drive.

Client would benefit from a talking watch, liquid level indicator and some tactile marking of his kitchen appliances.

Client felt he was not ready for long cane training yet, but client's wife felt sighted guide training would be very useful for her.

We referred client internally to our TechCafe co-ordinator, who was going to introduce and advise client on availability of scan and read equipment, including booking a free demonstration from one or two suppliers. We also advised initiating the accessibility software on the iPhone, and app's that can be downloaded for use on the device.

This client is ably supported by his wife, however, a client presenting with these issues living alone would be vulnerable, and the incoming resources required to enable him to live at home would be significant. If such care was unavailable or infrequent, it is likely that the client will suffer deterioration in his medical condition. In these cases, it is important for us to engage with and support the partner of the VI person, as the key to success lies in training them up to the challenges.

Case Study

Client has recently moved from South Wye to Tupsley into bungalow accommodation and is well known to HVL as a social and service user. Client is single, sight impaired and uses a long cane. Client had major issues around the conveyancing around her move and spent 3 weeks in the Green Dragon Hotel due to delays and errors on behalf of legal services. We supported the client before and during the move to accelerate the process, and now support the client in setting up her new IT equipment to allow for online shopping etc, which client has not done before. Our TechCafe specialist helped client procure and commission a new iPad, helped her with settings suitable for her level of vision and sorted out her WiFi and online security settings. Client is not a luddite, but has not used IT to any great extent before. She is competent in most aspects of daily living, but wanted the greater convenience afforded by online services etc.

Case Study

Client is sight impaired and lives in housing association property close to the Courtyard Theatre. She suffers from mild learning disabilities and displays as very anxious. Client has a number of pets that are the focus of her affections. She does have a sister living in the city who offers her support, but the sister has her own health problems. Client has lost two of her pets which caused her to be very upset and she sent text messages to HVL to relay her distress. Upon restarting the clubs and activities, we included client in a soft advertising exercise and client has accessed the activities, feeling more positive and sense of belonging once more. Her anxiety has diminished somewhat and she looks forward to the social time she has at HVL. Client had also damaged her symbol cane, and a new cane was issued.

This client could very easily fall into Residential Care, the mental health and learning disability issues compound the challenges she faces and with the right support across housing, social care and third sector agencies, there is no reason for this to happen. However, some issues in her neighbourhood cause her anxiety and this results in her going 'off-grid' sometimes.

Staffing

We were pleased to appoint a very experienced and skilled Rehab and Mobility Worker for the Sight Impaired in August 2021, Tom Shufflebotham, who has worked the majority of his career with Powys County Council Social Service Dept made an immediate start with clients and has proved to be a very effective mobility officer. Tom has qualifications in wider disability as well as in VI spheres, and is able to work with clients with complex disabilities, and multiple conditions. We were sorry to see Mark Brock leave, who took up a role in his home town of Monmouth, working for Sight Concern Cymru. Mark was very well liked and respected as a Rehab Officer and clients were sorry to see him leave.

We were also sorry to see Alex Gerrard leave Action Deafness (previously Deaf Direct) as the Equipment Officer, who had sector wide respect and long experience in working for the Hearing Impaired. Alex now works as a joiner - a skill he refined during the first two lockdowns! Alex was succeeded by Roxanne O'Doherty who moved on fairly quickly to a role as an interpreter for the deaf in Birmingham, for which she was qualified. Sally Joyner was recruited from Shropshire to take the role, and has been instrumental in restarting the client support groups meeting on Hereford.

Clubs and Activities

The 'full' range of activities and services through the Widemarsh Street premises was restarted in September 2021, with a full programme of craft & art groups, reading group, braille learners group and social groups meeting. Take up has been steady, with significant caution and reticence amongst some VI clients to re-engage, due to COVID. We ensured that we kept contact with our members and clients, particularly those who have not returned to use of public transport, as there was a risk of isolation and disengagement. External activities, such as trips and visits were scheduled where the risk was considered low.

Referrals and Third Party Relationships

Hospital services were severely impacted by COVID 19 and restrictions in frequency of clinics at the VEU meant that referral levels were much lower in the earlier part of the year. The data below shows the significant reduction in referrals. The Hearing Impaired service was particularly affected as the work of the satellite clinics in the county towns were suspended throughout the period, and have not restarted. Clinics at the Hospital restarted, and referrals began to flow, and the work rate picked up beyond the period of this report.

Private Practice Optometrists and Audiologists were closed during the early stages of the pandemic, and this had an impact on the NHS Low Vision Service, to which HVL makes referral on a fairly regular basis. We did pick up on a number of clients who had been unable to secure appointments with private practice optometrists, or where the waiting times were excessive, so the Resource Centre was able to assist with equipment for issue to registered clients, or for sale to non-registered clients.

The availability of equipment and appliances from UK-based suppliers held up during COVID, however, significant delays were experienced for supplies originating in Canada, the EU and the far East. The combination of COVID and Brexit led to extended lead times, although some stock already available was issued to clients. Bespoke items, such as orientation canes were repaired to increase longevity, where possible, and pre-owned donated stock was used to plug gaps.

The ECLO role at the Hospital was not occupied for part of 2021, as Val Humphries resigned, and with limited clinics, the full time role was not recruited until late in 2021. We have had meetings with the ECLO to speed up transmission of CVI referrals, and these are now processed digitally and a hard copy follows. A great deal of the referral and reporting records were transferred to digital processes during COVID, and this has reduced the contact times still further.

Comparative Referral Numbers for the VI service since Sensory Contract 1 - 2014-2017

Total Registrations to SI/SSI Register	
	Number
2014-15	107
2016-16	159
2016-17	138
2017-18	131
2018-19	137
2019-20	144
2020-21	56
2021-22	78
2022	56

HEREFORDSHIRE ASSOCIATION FOR THE BLIND

England & Wales - Charity number 220171

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HEREFORDSHIRE VISION LINKS TRUSTEES ANNUAL REPORT 2020/21

Trustees during the year

Glynn Bailey (Chair)
Andy Bailey (Deputy Chair)
Debbie Baker
Kevin Bound
Robin Dunford
Tony Ford
Alan Leary (Treasurer)
Debbie Payne
Ellie Tanner
Derek Wright

Staff during the year

John Eden (Chief Executive)
Mark Brock (Rehab and Mobility Officer)
Julie Cavanagh (Volunteer Co-ordinator)
Isobel Powell (Resources Co-ordinator)
Dan Sergent (Events and Membership)

On March 16th 2020, the Chief Executive and Trustees took the decision to restrict access to the Vision Links premises at 26 Widemarsh Street, Hereford, as the prevailing view was that the COVID situation was deteriorating, and close contacts in confined/indoor spaces should be minimised or avoided. The decision affected the social groups and clubs that meet at Vision Links. In any case the Trustees were a week ahead of the government, who asked everyone to remain at home/work from home if possible. The entire staff team was asked to remain at home, and the Sensory Service face to face service was temporarily switched to telephone and equipment supply until the guidance caught up with the pandemic.

Following the Chancellor's decision to offer Furlough support, the CEO and Trustees immediately placed all staff on furlough, except for the Rehab and Mobility Officer. Upon lifting of restrictions for the first time, it was determined that restrictions were still adversely affecting normal operation, so the decision was to continue with furlough funding until the viability of activities other than the Sensory Contract could be assured. Staff were rolled on and off flexible furlough until well into 2021. Consequently, we offered a collection/delivery service option from the Resource Centre, together with support for self-organised groups in the Vision Impaired Community, as and when they required assistance. HVL did a lot of work connecting clients with delivery services for food and essentials, and gave regular updates on what was to be improving, and often innovative solutions from large retailers and small independent producers and suppliers. A lot of help was given navigating online ordering systems with major supermarkets - smaller suppliers tended to provide boxes of produce for a fixed sum via city and rural hubs, and we were able to connect clients with these services. We also made referrals/connections to local volunteers who came forward in number to assist in the community, to collect shopping, prescriptions etc. We issued the Office mobile for services users to contact the team, especially during the early lockdown - this meant that existing clients already had a message divert options (via HVL switchboard) to the Rehab Officer, and new referrals/non-contract clients could use the mobile. In fact, a significant number of clients used Messenger and other online platforms to make and continue communications.

The Vision Links Facebook page was very helpful in disseminating information to the VI community, particularly around access to food and medical supplies etc. The CEO and Trustees reviewed the situation on a regular basis and the Chair, Vice-Chair and Treasurer were involved in service changes/staff requirements throughout. For the entire period covered by this report, the COVID pandemic has affected service delivery, service take up and referral levels.

Sensory Service (Herefordshire Council Contract)

The Sensory service has been impacted significantly by the current pandemic - we have had to change the way the clients needs are assessed and how to deliver appropriate solutions. The number of clients referred by the hospital reduced somewhat at the outset of the lockdown, with all clinics and non-essential hospital activities being suspended/cancelled. The resulting reduction in CVI referrals has meant that we can concentrate on fully supporting clients who are already in the system, and reduce waiting times for service.

As hospital services re-opened, CVI referrals have re-commenced, although the reduction in clinics over the 'holiday' period, and the reduced consultant availability has meant that we have some capacity to reduce waiting times, and concentrate on completing work suspended earlier in the quarter. The ECLO role - based at the Eye Unit - was on hold earlier in the summer - firstly, all 'non-clinical'/essential staff were told to work from home, and secondly, there was a recruitment exercise to appoint a new person to the post. This was to be Val Humphries, who is known to Vision Links and has done joint work with us over a few years.

Many VI people are still reluctant to fully socialise/engage with services, and demand for our activities and events services is low, although for home visiting and volunteers-led client support it is an improving picture.

The Rehab and Mobility Officer did devote a significant amount of time to telephone assessment and support - where it was possible to do it. For certain eye conditions, the limitations on a client are fairly consistent, and the techniques and appliances that will be of value are similar (eg Macular Regeneration) it is the extent of limitation rather than the type of limitation that needs to be ascertained. Mark Brock has undertaken socially-distanced work with clients - often taking advantage of the good weather to see clients outdoors - this has kept the level of waiting time within tolerances, although a winter pandemic/second phase could have a significant impact.

The amount of time (and resources) applied to telephone work increased by approximately 75% over the latter 2 months of this report. The Resource Centre continued to process stock orders and mail or deliver requests for aids and appliance issue/renewal, and statistically, the last two months have seen issue levels at broadly pre-COVID levels. We were fortunate that two items from overseas suppliers were in the UK just as lockdown commenced, so we had around six weeks' worth of lighting available for issue, and sufficient spares for long canes over the first few weeks of lockdown. Availability and order processing with our suppliers is running better than pre-COVID at time of writing.

Referrals 2020/2021

Referrals were down to 54 from an annual expectation of around 140 - Low Vision Scheme referrals were down to six, when we would expect many more. The hospital was diverting most capacity to addressing the COVID situation, so clinics were fewer, and private practice optometrists were affected by restrictions in non-essential trading etc. The Rehab and Mobility Service took the opportunity to eliminate waiting times, already modest, with the average wait being a matter of a couple of days before the first contact.

Quarterly Contract Meetings

The Contract Management Meetings were held quarterly, as customary, with meetings via Zoom taking place throughout 2020 and early 2021.

Redhill Rehab Centre

HVL is intending to be a regular user of the proposed Redhill Centre, operated by Herefordshire Council, together with involvement from the NHS. Several meetings via Zoom were held to determine the scope of the scheme and the input from vision and hearing impaired service professionals. This centre is situated to the south of Hereford City and will be to the advantage of a sizeable population in the south of the City and wider South Herefordshire.

Thanks

The Trustees and Chief Executive would like to thank staff, volunteers and service users for their forbearance during the COVID pandemic - we ensured that critical services were maintained, and where possible, client requests for help were met.

