

# 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.

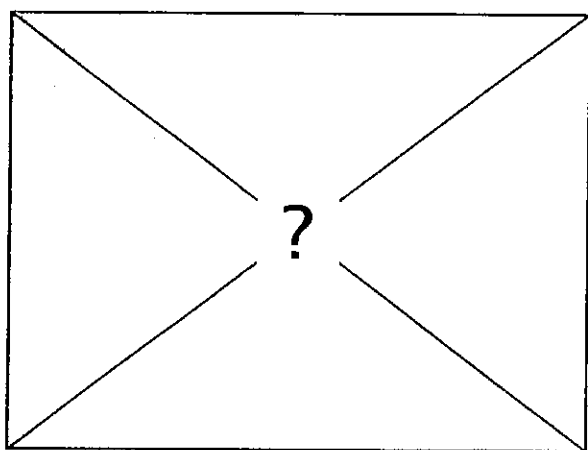
We have to remind clients that PIP is not 'income' like salary or benefits, but an allowance to assist with daily living and should be applied as such.

### **Community Hall Hearing Loop**

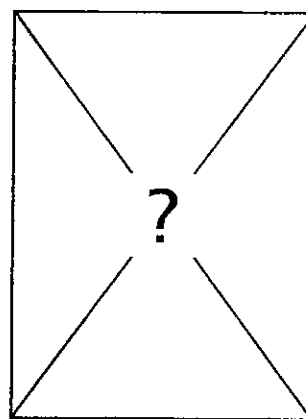
We were able to assist a Community Hall in the restoration of the hearing loop in their main hall, which is used by a number of diverse groups, including people with sensory loss. During refurbishment, the loop cable had become stretched across a doorway and had subsequently broken. HVL arranged for 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' award 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 an 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 street 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 client's 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.



