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Thomas Pocklington Trust
Housing and support for people with sight loss

Effective Home Improvement Agencies services for people with sight loss: a development project

This research paper is summarised from research by Eric Laverick and Christina Longden, Foundations, and Karen Croucher, York University. The contributions made by Jane Rosser McBane, Lisa Aigarni and Sam Collins, Foundations, and Christine Oldman, York University, are acknowledged.

Introduction

Thousands of people in Britain today experience some degree of sight loss. Although more predominant later in life (over 70 per cent of people with a visual impairment are aged over 75), this impairment can arise from illness or disability at any age. Visual impairment affects people from various backgrounds, social economic conditions, ethnic profiles and ages. However, all people with a visual impairment share a common concern to remain in their own homes, safe, secure and independent.

For people with sight loss living in their own homes can be difficult at times due to property design and availability of equipment. The RNIB survey (RNIB 1991) confirmed that they are more likely to have a low income and poorer housing conditions, for example some 5 per cent of the respondents, mainly older people, had no inside toilet.[1]

Home Improvement Agencies (HIAs) are small, not-for-profit organisations funded and supported by local and central government. They provide advice, support and assistance to older, disabled and vulnerable homeowners and private sector tenants. They help to repair, improve, maintain or adapt homes to meet the changing needs of clients, so they can remain independent in their own homes. Clients are mainly older people, many of whom have a sight problem. In 2003 there were 227 HIAs in England covering 247 local authority (LA) areas.

[1] Bruce I, McKennell A and Walker E (1991) *Blind and partially sighted adults in Britain.* London: RNIB.

In 1999, the Centre for Housing Policy at the University of York and Care and Repair England carried out a joint preliminary study, funded by Thomas Pocklington Trust (Pocklington). This study concluded that HIAs were not dealing sufficiently with the issues surrounding visual impairment and were not yet effectively meeting the needs of these clients. It was recommended that a further developmental study be carried out. Pocklington funded this second project, carried out by Foundations, the national co-ordinating body for HIAs, in conjunction with the Centre for Housing Policy at the University of York.

This second study had three aims. These were:

- to ascertain the levels of awareness amongst visually impaired adults, their relatives and their support networks regarding HIA services;
- to consider ways to improve the quality of HIA service delivery to visually impaired adults; and
- to identify staff training needs specifically regarding services for visually impaired adults.

In order to achieve its aims, the project, which lasted 18 months, included both research and intervention phases with six HIAs and their local partners. As a result a comprehensive Good Practice Guide was produced and widely distributed. Visual impairment awareness training courses for HIA staff were also developed within the Foundations training programmes.

Previous research

The earlier preliminary study (Jacob, 1999) focused on four HIAs, to discover to what extent visually impaired adults could access home improvement services.[2] This research also assessed the quality of these services and made recommendations for improvements.

The study found that visually impaired clients greatly appreciated the work of the HIAs. However awareness of the work of HIAs was generally poor amongst people with sight loss, voluntary sector organisations and health and social care professionals. Problems identified included the following:

- Intervention usually involved improvement of building/housing conditions rather than smaller modifications that improve independent living for visually impaired clients.

[2] Jacobs C (1999) *Setting the agenda: HIA services to people with visual impairment.* Centre for Housing Policy, University of York, and Care and Repair England.

- HIAs did not maintain records to identify clients with visual impairment.
- HIAs work with limited resources.
- HIA staff needed visual impairment awareness training, as clients' needs were not being clearly identified.

The initial study concluded that even after receiving services from a HIA, visually impaired people could still be at risk of injury both inside and outside the home. Whilst modest in scope, the research findings were significant with key areas recommended for detailed analysis in a second study. These were:

- Communication with the client. Communication channels between the HIAs and visually impaired clients were limited. They were not targeted as a group and information was not available in appropriate formats. For example, over half of those surveyed had experienced problems in reading communications from the HIAs.
- Knowledge and skills of HIAs. There was a lack of awareness amongst HIA staff to the signs of visual impairment. They did not record information on these clients' needs and had insufficient awareness of what these needs might encompass. It was felt more information on specific grants and benefits for visually impaired people could be made available.
- Individual responses. The findings demonstrated the need to ensure that people with sight loss are treated appropriately and as individuals.
- Funding and resource inconsistency. Inconsistencies in funding eligibility between local authorities and across geographical boundaries were also discovered. A general lack of resources for grant-aided work was apparent and HIAs needed to be more proactive in overcoming these problems.
- Partnership and joint working. The initial study identified a lack of joint working between HIAs and other organisations. Detailed research in the second study and its recommendations could be used as a framework for good practice for HIAs. It could also inform the development of HIA policy and practice.

Home Improvement Agencies

The first study identified a lack of awareness amongst HIA staff about the impact of visual impairment. HIAs do not focus on one particular type of client. Traditionally they provide repairs, adaptations and improvements. Increasingly they are also offering home security, safety checks, handyperson, gardening and decorating services, hospital discharge schemes, energy efficient work and support services.

HIAs visit the homes of clients, advise on the work needed, discuss funding and welfare benefits, and help clients complete the relevant forms. They then appoint reliable contractors and oversee their work.

HIAs differ in structure and background. Most are quite small. The services they offer and their performances vary across the country. But they all work as an advocate for the client, rather than representing a statutory organisation. Foundations is the national co-ordinating body (NCB) for HIAs in England. It was appointed by the Office of the Deputy Prime Minister (ODPM) in 2000. It acts as an advisor and co-ordinator of activities and training for HIAs, represents the sector nationally and collects data returns for all HIAs.

Traditionally HIAs have been partially funded by central government, matched by resources from local authorities, although this has always been limited with funding sought from additional sources. Since 1 April 2003 HIA funding no longer comes directly from central government, but has been transferred into local Supporting People grants administered by local authorities. As a result HIA services for homeowners and private sector tenants should receive greater recognition as key components of local Supporting People strategies. This funding however will only account for around a third of the money HIAs require to deliver their services. They will continue to seek match funding from local housing, social services, health services, charities and other relevant sources. The introduction of Supporting People means that there will be pressure on HIAs to prove their worth working with a wider range of clients. Many may work within Supporting People to refine service delivery to meet local strategies.

In the past, HIAs have not focused on meeting specific or specialist needs such as those of people with visual impairment. This project is one attempt to encourage HIAs to think more about the needs of clients beyond the usual characteristics associated with HIA service users.

Nationally a serious backlog of private sector properties requires urgent repair and attention. Changes in Housing Regulations have

meant financial responsibility has shifted further towards the householder; local authorities are being encouraged to provide access for people to low cost loan facilities or equity release schemes rather than simply relying on grants. This provides a number of challenges to HIAs, which are under discussion within the sector.

Current legislation for delivering adaptations for people in need is strong, but HIAs are aware of resource limitations. Following the introduction of the Regulatory Reform Order (RRO), the Disabled Facilities Grant (DFG) remains the only grant within the housing renewal system that a local authority must continue to award if eligibility criteria have been met. As the DFG is means tested, most HIA clients will not be greatly affected, although some younger disabled adults can find that their contribution to the cost of works is prohibitively high.

Nationally the system for delivering adaptations is characterised by long delays. In February 2003 the ODPM and Department of Health (DoH) produced a consultation paper on how to deliver adaptations.

This consultation paper has been considered by the HIAs. However, the focus of the guidance is on adaptations for physical rather than sensory disabilities. The paper also refers to the introduction of disability housing registers, which would be used in matching need and supply. Despite the large demand for accessible housing, adapted housing can stand empty because there is no framework connecting the potential user with a home adapted to meet their particular needs.

During the course of the research, the HIA sector became the subject of an ODPM policy review, with Foundations being commissioned by the Government to conduct research on the future structures and commissioning arrangements for the sector. The research confirmed that over time government funding to support HIAs has decreased in real terms and that accessing additional funding is time consuming and precarious. It also confirmed that HIA services should expand to provide more comprehensive coverage across the country; and that larger organisations, covering wider geographical areas while maintaining local delivery points, would be more productive and cost effective.

Detailed recommendations addressed how to strengthen and expand the sector, and stabilise funding. Following the review, the Government has announced its intention to see the sector grow in the way recommended in Foundations research, and has committed additional funding for the expansion of the sector over the next three years. Improving and expanding their services to visually

impaired adults should enhance the reputation and recognition of HIAs within their local Supporting People strategies as they expand and develop.

The current research: project structure

The main project took the social model of disability as a key point of reference. The social model does not focus on the disabled person's impairment or condition but addresses their needs as an individual. According to RADAR (2002), "The social model of disability identifies the barriers which disabled people face in their everyday lives which prevent their full inclusion. The barriers may be due to physical and environmental factors, to attitudes, discrimination and stereotyping, to the way society is organised, to inaccessible communication and more."[3]

Generally the alternative medical model of disability prevails in society at large. Unlike the social model, this does not challenge the terminology and attitudes behind impairment and disability. Meeting the housing needs of visually impaired people is also an equal opportunities issue addressed in law through the 1995 Disability Discrimination Act which has been implemented in recent years. The HIA sector has always maintained a strong philosophy of advocacy for their clients and equal opportunities in their delivery of services. The emphasis on the social model was therefore to enhance their existing skills and knowledge.

The project had four main objectives:

- To examine critically the existing quality and range of HIA services in relation to the needs of people with visual impairment.
- To establish the scale of the problems facing visually impaired people when accessing HIA services.
- To develop a good practice guide for HIAs.
- To test the guide with potential users and other key informants.

The research was conducted in the Midlands. All HIAs in East and West Midlands were invited to participate. Black Country Care and Repair, Age Concern Warwick Care and Repair, Care and Repair (Central Notts HIA), Anchor Shropshire Care and Repair, East Cambridgeshire Care and Repair and Chesterfield HIA all participated in the study.

The first part of the project was a baseline research phase, reviewing relevant epidemiological, policy and research literature. This was

[3] RADAR (2002). *Crossing the Boundaries*. London: RADAR.

followed by semi-structured interviews to ascertain awareness and responsiveness of HIAs to visual impairment and to identify ways to improve services. Interviews involved HIA managers and staff, visually impaired HIA clients, visually impaired people who were not clients of HIAs and representatives of visual impairment organisations. Some interviews were conducted by telephone due to the small sample sizes and difficulties in identifying and contacting some organisations.

The research carried out in 1999 had not engaged with visually impaired people who did not know about or who had not received HIA services. In the baseline research efforts were made to contact visually impaired people who had not been clients of HIAs to understand the barriers to accessing HIA services and to gauge unmet needs amongst people who were visually impaired. This proved to be problematical and only three non-clients were subsequently interviewed.

The second element of the project was a development phase designed to develop good practice within six pilot HIAs and draw on this experience to develop good practice guidelines for wider dissemination. Design briefs were prepared for disability, equality and visual awareness training, and technical design and assessment training. Two one-day sessions of visual impairment awareness training were held. Twelve people from the HIA pilots attended the first session and sixteen the second. The technical visual impairment training course was attended by seven technical officers and managers from the pilot HIAs.

A draft intervention plan was produced incorporating the following themes identified during the research:

- Promotion of HIA services to visually impaired people.
- Access to HIA services for visually impaired people.
- Access to HIA office building/visiting clients.
- Service delivery to visually impaired clients.
- Technical services and the use of contractors and partners.
- Appropriate design and adaptations for visually impaired people.
- Record keeping and monitoring.
- Client satisfaction and follow up work.

The next stage involved formulating a list of visual impairment organisations and establishing contact to involve them in the research. There were difficulties due to the diversity of these organisations. However contact was achieved with organisations

in all the geographical areas and meetings were organised between Foundations, the HIA and the social services visual impairment team for each area. The six HIAs followed up further contacts that had been provided during the course of these meetings.

During this period a final intervention plan was produced, from which each HIA was given its own individual plan. Intervention ran for nearly six months. The six HIAs were asked to keep diaries and records of contacts with visually impaired clients and expert organisations, of all events undertaken, progress and achievements made, case studies encountered and literature accessed. During a second round of progress visits by Foundations project workers, data was gathered and recorded. A final round of visits was conducted with the HIAs to gather final case study material, and to attend home visits with HIAs in order to observe the working practices of each HIA.

Throughout the intervention phase, the information gathered was assessed for inclusion in an overview to the draft Good Practice Guide. The Good Practice Guide was drafted by Foundations. The final stage of the project conducted by the University of York was designed to ensure that the draft guidelines were relevant to the intended audience, and represented a consensus of good practice. A series of interviews were conducted to identify areas for improvement in the draft guide. Thirty individuals were interviewed face-to-face (either individually or in a group) or by telephone, and brought different perspectives to the testing of the Good Practice Guide.

The HIAs, especially those who had not been involved in the development project, brought the perspective of the intended users of the Good Practice Guide. They commented on the usefulness and practicality of the recommendations and offered insights into how practice might change. Social services teams and voluntary sector organisations brought expertise in visual impairment and commented on the good practice elements.

Literature review of the baseline research

The baseline research was conducted during the first six months of the project. It was designed to collect primary and secondary data which would then inform the consequent development project. Despite copious amounts of literature on housing policy for special groups, there remains a considerable gap regarding information about the needs of visually impaired people (Bull, 1998).[4] This

[4] Bull R (Ed) (1998) *Housing options for disabled people*. London: Kingsley.

literature review drew from a similar review carried out for Pocklington by the Age Concern Institute of Gerontology (Wright and Tinker, 2000).[5]

A key problem for organisations providing housing related support for people with visual impairment is that traditionally local authorities have known little about the numbers of people with visual impairment within their own geographical area. Some authorities have relied on national data, for example the OPCS Disability Survey 1985 (Martin *et al*, 1988).[6] However using such studies can be problematical. There is no consistently adopted definition of visual impairment: a medical definition of disability is used and major local temporal and national demographic changes are often excluded. The OPCS survey estimated that nine per 1,000 population have a visual impairment, yet other sources provide different statistics. The RNIB needs survey (Bruce, 1991) estimated that 11 per 1,000 have visual impairment and that 1 in 24 of those aged 65-74 have sight problems rising to a level of 1 in every 7 of people over 75.[7] Two other noteworthy surveys are by the RNIB (RNIB, 1998) and the 1994 General Household Survey.[8] [9] More recent prevalence estimates for people over 75 are included in research published in 2002 (Evans *et al*, 2002).[10] This indicated about one in eight people over 75 and more than one in three people over 90 were visually impaired.

Increasingly local authorities are carrying out housing and support needs surveys within the context of the implementation of Supporting People. Whilst useful, there remain problems regarding local data collection of visual impairment statistics. For example, the RNIB needs survey estimated the number of adults in private households with problems severe enough to lead to registration was several times higher than the number actually registered with local authorities.

[5] Wright F and Tinker A (2000). *The housing needs and aspirations of visually impaired older people*. London: Age Concern Institute of Gerontology.

[6] Martin J, Meltzer H and Elliot D (1988) *The prevalence of disability amongst adults*, report 1. London: HMSO.

[7] Bruce, et al, (1991) op. cit.

[8] Baker M and Winyard S (1998) *Lost vision: older visually impaired people in the UK*. London: RNIB.

[9] OPCS 1994: General Household Survey: HMSO.

[10] Evans J, Fletcher A, Wormald R, Siu-Woon Ng E, Stirling S, Smeeth L, Breeze E, Bulpitt C, Numes M, Jones D and Tulloch A (2002) *Prevalence of visual impairment in people aged 75 years and older in Britain: results from the MRC trial of assessment and management of older people in the community:* British Journal of Ophthalmology 2002; 86: 795-800.

Surveys have found that most people do not experience an overnight deterioration in their vision, rather a gradual loss of vision. Total blindness is rare and, of the million visually impaired people in Britain, 95 per cent retain some sight. The incidence of visual impairment increases with age, although with differing definitions of visual impairment. Surveys vary widely in their results. However all of the surveys examined agreed that women are more likely than men at all ages to experience sight problems. Many people with a visual impairment also have other disabilities. The OPCS survey estimated that as many as 22 per cent of adults with a disability reported that at least one of these disabilities was sight loss.[11]

Currently there is little data about the impact of visual impairment on an individual. However it is clear that visual impairment is a significant risk factor for falls of older people leading to fractures and sometimes death. Social isolation can also increase with sight problems (Cooper *et al*, 1995; HEA, 1999).[12] [13] A recent and extensive study of the needs of older people with sight loss (Hanson *et al*, 2002), also funded by Pocklington, provides evidence that older people with visual impairment are less able than their sighted peers to carry out independent daily living activities.[14] Although many of those interviewed had not made changes to their homes, those who had were convinced of the benefits. Many were reluctant to move. This was because their current home was their preferred home for life. The research also identified a significant need for greater and more accessible information covering a range of topics, including housing options.

Tenure is important when researching visual impairment. The existing structure of tenure in England determines the housing and support options that are available to individuals. The tenure information and housing provision is quite poor for this group. Wright and Tinker (2000) in their study for Pocklington analysed the Department of Environment survey data on tenure.[15] Although the data was limited, research showed that visually impaired people were less likely to be owner-occupiers than sighted people and that housing satisfaction levels were also lower.

[11] Martin et al (1998) op. cit.

[12] Cooper S, Sharpe K, Barrick J and Crowther N (1995) *The housing needs of people with a visual impairment*. London: RNIB.

[13] Health Education Authority (1999) *Older people, visual impairment and accidents*. Fact sheet 3, London: HEA.

[14] Hanson J, Percival J, Zako R and Johnson M (2002) *Housing and support needs of older people with visual impairment-experiences and challenges*. Occasional Paper. London: Thomas Pocklington Trust.

[15] Wright F and Tinker A (2000). op. cit.

The original rationale for the existence of HIAs was the belief that poor housing conditions such as damp, poor insulation and fuel poverty had a negative effect on the health of vulnerable, particularly older people. People with visual impairment may also have safety problems arising from badly maintained houses. Community Care plans often give low priority to the needs of visually impaired people (Lovelock and Powell, 1995) and sheltered housing is not a suitable option for many disabled people.[16] However, the Elderly Accommodation Counsel database is beginning to identify sheltered schemes with features that are helpful to visually impaired people. Visually impaired people also need to live in reasonably safe areas close to public transport routes and other facilities. For older people with a visual impairment, terrain is extremely important and shopping a major concern.

The RNIB design guide *Building sight* (Barker *et al*, 1995) was important to this project.[17] It advised that the ideal home for people with visual impairment should incorporate certain design features focusing on layout, levels of light, colour contrast, texture and tactile coding and signage. The disabling impact of visual impairment can often be reduced by changes in interior finishes, layout, lighting and building design. This report suggests that visually impaired people generally require twice the amount of light as sighted people. However, for some eye conditions the light level may need to be decreased. The RNIB also published *Better housing management for blind and partially sighted people*, another useful source.[18] Assistive technology can also help people with visual impairments achieve more independence and rely less on personal carers (Cowan and Turner Smith, 1999).[19] However the perception of stigma may need to be addressed before these items can be installed.

There is surprisingly little on clients' views on adaptations, although Heywood's report *Money well spent* (2001) and the work of Oldman and Beresford (1998) on the housing needs of families with disabled children are exceptions to this.[20] [21] Heywood reported that the

[16] Lovelock R and Powell J (1995) *Shared territory; assessing the social support needs of visually impaired people*. York: Joseph Rowntree Foundation.

[17] Barker P, Barrick J and Wilson R (1995) *Building sight:* London RNIB.

[18] Derbyshire F (1999) *Better housing management for blind and partially sighted people*. RNIB.

[19] Cowan D and Turner Smith A (1999) *The role of assistive technology in alternative models of care for older people*. Appendix 4 of *Alternative models of care for older people. Research* Volume 2 of the Royal Commission on the Funding of Long Term Care. London: Stationery Office.

[20] Heywood F (2001) *Money Well Spent: the effectiveness value of housing adaptations*. Bristol: The Policy Press.

[21] Oldman C and Beresford B (1998). *Homes fit for children: housing, disabled children and their families*. Bristol: The Policy Press.

majority of adaptations installed for older people are extremely simple, for example a grab rail by the front door. The report *That bit of help* (Clark et al, 1998) showed that older people want help, not care.[22] For example they want interventions that make a difference between confidence and anxiety. Over three-quarters of those consulted in Heywood's study (2001) said there had been a positive effect on their health.[23] Oldman and Beresford's findings were similar but concluded that the needs of the whole family had to be considered, as housing and disability was not just about access within and in and out of the home.[24]

Recently the Joseph Rowntree Foundation funded a major programme into the needs of disabled children entitled *Home is where the start is: the housing and urban experiences of visually impaired children* (Allen *et al*, 2002).[25] Many points were also relevant to the needs of adults. For example, the immediate environment of surroundings can be as important as the interior of houses. The definition of housing need must be broad enough to accommodate many factors including what housing means to people. It is not only low-income disabled people who are in housing need. The impairment itself means that middle-income people are also in need.

Findings from the primary baseline research

The second element of the baseline research involved interviewing key informants including members of HIA teams, visually impaired HIA clients, and organisations of or for visually impaired people. These interviews were conducted to ascertain the level of awareness of visual impairment, the needs of visually impaired people within HIAs and to identify ways in which practice could be developed and improved. The interviews with the HIA staff in the six HIAs involved focused on contextual issues, working practices and awareness of visual impairment. Contextual issues identified by the HIA teams included:

- Size of the area and the number of district councils covered by the HIA.
- The type of HIA (for example, independent, managed by registered social landlords (RSL) or local authority managed).

[22] Clark H, Dyer S and Horwood J (1998) *That bit of help*. Bristol: The Policy Press.

[23] Heywood F (2001) op. cit.

[24] Oldman C and Beresford B (1998) op. cit.

[25] Allen C, Milner J and Price D (2002) *Home is where the start is: the housing and urban experiences of visually impaired children*. York: Joseph Rowntree Foundation.

- Focus of current work (for example, improvement and repair, adaptations, sources of funding and main client group).
- Implications of Supporting People.

Working with different housing districts with different funding policies makes it difficult for HIAs to provide the same level of service to all clients. Territorial injustices can be particularly difficult in delivering services to visually impaired clients who are more likely to want adaptations and other modifications to their homes. Only one agency worked on a countywide basis, which the manager felt placed them in a good position with regard to Supporting People. Housing and support needs are a particular problem in rural areas, (Oldman, 2002).[26]

The type of HIA appeared relevant to delivering services to visually impaired clients. The three independent agencies felt they were better placed to work with organisations that have contacts with people who have a visual impairment. All the agencies had a similar client profile (predominantly older people), although one area had a caseload of 40 per cent black and minority ethnic clients. This client profile was mainly set by ODPM grant conditions based on social priority cases most of whom are older people. However the government is now encouraging HIAs to help younger disabled clients. The research found that all six agencies could work harder at reaching out to this particular group.

Managers were generally enthusiastic about Supporting People, but had varying views on the impact on their agency. All the HIAs held strong views on the principles guiding their work. They stressed that they were entirely user-centred and that safeguarding public money was not their primary concern. The interviews focused on the following working practices: meeting ODPM targets, accessing services, referral processes, assessment processes, joint working and perceived barriers to effective practice.

As HIAs are part of a national network and adhere to performance indicators, day to day practices in the agencies were similar. The agencies generally seemed to meet all the targets set (monitored by Foundations and reported to ODPM annually), but differed in the work they carried out and in the relative roles of caseworker and technical officer.

An issue for the development project was to explore the extent to which ODPM targets sufficiently recognise degrees of difficulty which working with visually impaired people may involve. The issue of publicity would need addressing in the context of the

[26] Oldman C (2002) *Support and housing in the countryside*. London: The Countryside Agency.

development project as it was rarely undertaken. Whilst most HIA offices were situated in central locations, disabled access to and within the offices was poor. The agencies felt this was a minor point as the primary contact with the clients was in their homes. Referral patterns were complex. Although self-referral to the HIAs was the most common process, referrals could come from occupational therapist, social worker or GP intervention. How HIAs receive referrals is clearly relevant to this project.

An important finding was that assessment for adaptations was not an elaborate process and often carried out by other organisations such as social services. The role of the HIA was more technical, carrying out the specification and suggesting appropriate adaptations. This assessment was not very user-centred or protracted. Housing repair work usually required less assessment attention than adaptations.

Although all HIAs engaged in considerable joint working, their contacts with disability organisations were usually fairly limited. Restricted funding was the biggest barrier to achieving effective working practices. This resulted in unacceptable delays for clients. Agencies were unable to meet clients' needs adequately. This case study from the Good Practice Guide illustrates the difficulties with funding and input of the HIAs.

Case Study A

Black Country Care and Repair were contacted by the hospital discharge team regarding a client, Mr R, with visual impairment who had been discharged to a nursing home (costing approximately £450 per week) pending work being carried out to his home. The work involved installing two additional power sockets to cater for his medical machines. Local health services, social services and local authority housing all refused to pay for the work. Black Country Care and Repair used their hardship fund to pay for the work so the client could return home as soon as possible. The grand total of the work amounted to £70 to supply and fit the power sockets.

Other problems included availability of reliable contractors, extracting sufficient information from clients, and occasionally, attitudes to disabled people.

Many HIA teams had limited awareness of visual impairment, both in terms of the numbers who were already HIA clients and how better to meet their specific needs. The definition of visual

impairment is critical as many staff worked with a concept of total 'blindness' and/or registration. They were unaware that clients may have a degree of visual impairment. Agencies did not record at any point whether a client was visually impaired. Their staff were not necessarily utilising the most up-to-date assessment forms from Foundations.

In the focus groups delivery of services and communication were seen as key issues. Clients could not read plans as well as financial and legal documentation, nor could they adequately appraise the completed job. Staff had only a limited concept of the social model of disability and did not use the publication *Building sight*.[27]

For the baseline research 25 visually impaired people were interviewed, of which 22 were already HIA clients, whilst three were non-clients contacted through the list of talking newspaper recipients in Chesterfield. Four lived in local authority housing and 21 lived in private sector accommodation; 14 were women and 11 men; 17 were over pensionable age; 12 lived with a spouse or another family member and 13 lived alone. This sample is probably not quite representative of visually impaired people. If it was, more women would have been included. The number under pensionable age is quite high bearing in mind the usual HIA client profile, as is the number living with others.

From the interviews it was clear that assessment was insufficiently comprehensive, missing opportunities to meet all needs. Whilst clients' physical disability needs may get picked up, visual impairment needs may not. The development project would therefore need to consider careful assessment and record keeping so that it is clear for whom the job is done.

Damp was a common housing problem, and in seven cases major work was carried out (for example, central heating installation, new doors, floors, ceilings and windows, damp proofing). In some cases re-housing was required. Re-housing people with visual impairment needs very careful planning and ongoing support as learning to live in another house may not be easy. The most common adaptation need was to make bathing, toileting and climbing stairs easier.

The Good Practice Guide includes a variety of case studies that illustrate good practice in design and adaptation.

[27] Barker P, Barrick J and Wilson R (1995) *Building sight*. London: RNIB.

Case Study B

For the past eight years, Black Country Care and Repair have been fixing white grab rails on white ceramic tiled walls within the bathrooms/toilets of clients referred via social services. At the design and assessment training course, organised by Foundations and run by RNIB JMU Access Partnership, attended by their technical officers, the importance of using contrasting colour schemes for people with visual impairment was highlighted.

Immediately following the course, the impracticality of white grab rails became evident while working with a visually impaired client. After consultation and negotiations with social services, use of a range of alternative coloured coatings for the grab rails and handrails was agreed and organised with the manufacturers/suppliers at little extra cost. All clients are now offered these options which are proving to be more effective.

The majority of clients had been unaware of HIAs and what they could do. Over half of the sample (15) had not contacted the agency themselves. Clearly this was a key finding. The development project would therefore have to work with professionals who may have as low level awareness of visual impairment as the agency staff. However, as with the earlier study in 1999, people generally enjoyed their visit from the HIAs, although again, assessment often proved to be a problem and more information could be made available to the clients. Delays in getting adaptations carried out caused problems. It was not uncommon for people to wait for a year before their adaptations were in place. Generally the supportive role of HIAs during the job was very much appreciated.

Most people involved in the research had very poor vision and some other disability or illness, which had often been the reason for the agency's initial involvement. Home visits by the agencies should therefore check for all impairments and difficulties. Significantly, people felt that they managed round the house very well, learning techniques to cope. They agreed that access to more assistive equipment would generally make things easier. Overall expectations were low. Some clients appeared to have unmet needs after a job had been completed which they were reluctant to raise. Some participants reported that falls and subsequent injuries were not uncommon. They did not think that much could be done about this. A number of participants stressed the importance of things around the house staying in the same place, a critical issue for HIAs to address when instructing contractors. The most common unmet need was for light although some people felt their sight loss was

such that lighting would make little difference. Closer working with the University of Reading lighting project during the second stage of the project was helpful in testing this perception.

Generally, most people were very satisfied and felt that the work was beneficial. This project endorsed the conclusion of the previous project, that assessment needs to be ongoing because needs change. The work helped people feel safer and more independent; houses were warmer, more comfortable and less damaging to health. Interestingly, people felt that accidents had been averted. Where lighting had been improved, corresponding improvements had been made to their lives. It is difficult for HIAs to ensure total satisfaction with the completed work. People with visual impairment find it especially difficult to appreciate what is going to be done in their homes and will not always be able to evaluate the completed work. Considerable thought would therefore need to be given in the development phase to appraisal, and agencies face a huge task in raising awareness of their work.

Considering the perspective of the specialist visual impairment organisations proved to be less successful. Not only was it very difficult to access these organisations, but they seemed to have as limited awareness of the role of HIAs and their current practices as the HIAs had of visually impaired organisations. Six people were interviewed, of which three were working for organisations for visually impaired people (social services) and the other three worked in organisations who represented visually impaired people (for example, charities) and were themselves visually impaired. Interestingly, the three professionals were more vocal about younger visually impaired people, raising the issue that visual impairment in later life is considered normal. Whilst respondents were aware of the social model of disability, it seemed unlikely that their service delivery was based on its principles. All respondents were critical of the lack of resources available to people with disabilities and the professionals were aware that referral mechanisms were under developed.

The baseline research phase - as intended – highlighted the key issues that the development project needed to address, and reinforced the findings from the early research. Awareness of the needs of visually impaired people appeared to be low among HIA teams participating in the research. Conversely, awareness of HIAs is low amongst people with visual impairment. The baseline research identified the following areas where services could be developed:

- Raising awareness of visual impairment and the specific needs of visually impaired people among HIA teams.

- Raising awareness of public, health and social care professionals on what HIA services can offer.
- Improving access for visually impaired people to HIA services.
- Improving needs assessment processes to take account of visual impairment.
- Promoting specialist technical and design skills among HIA teams.
- Better joint working between HIAs and other services for people with visual impairment.

These six areas formed the themes around which the intervention phase of the project was based. The baseline research phase identified a number of contextual factors, including funding difficulties. In the light of this the project has endeavoured to produce workable and achievable recommendations.

Findings from the development intervention

The development phase consisted of the production of intervention plans for each HIA, implementing those plans and recording outcomes of intervention. Each pilot HIA was assigned two themes. However as live cases progressed with clients, the HIAs inevitably addressed some of the other themes in order to deliver their services. Detailed findings from the development phase have been incorporated in the Good Practice Guide, (see the section below entitled further information).

Raising awareness of visual Impairment

This can be achieved through a combination of training, practical engagement and interaction. The majority of HIA staff in the project sample felt better equipped and more confident about their ability to work more effectively in the future in this area. Increased contact with appropriate support groups and statutory agencies also raised the awareness of visual impairment issues with HIA staff and all six HIAs reported an increased awareness of visual impairment as a result of the project.

Raising awareness amongst other professionals about Home Improvement Agency services

The baseline research project established that visually impaired people along with voluntary organisations and health and social care professionals that support them, have little awareness of the existence or work of HIAs. The intervention phase identified key local organisations and people with whom visually impaired people come into contact. These included:

- **health services** (ophthalmology, optometry, general practitioner services and Primary Care Trusts);
- **social services** (teams for visual impairment, rehabilitation workers, occupational therapists); and
- **voluntary organisations** (local organisations for the blind, national specialist organisations, disabled living centres, National Association of Local Societies for Visually Impaired People – NALSVI, Vision 2020UK).

Variation in local service provision, organisations and networks made this task complex. The key findings of the intervention were that:

- social services are the key organisation with which HIAs should build partnerships because of their statutory duties and their role in the commissioning and delivery of services;
- there is a clear need for more co-operation and joint working between all key local organisations;
- developing successful partnerships will take time and effort;
- little information about HIA services is available at local specialist organisations;
- a two way process of raising awareness must take place, to improve services;
- information about HIA services must be made available at a wide range of venues/outlets, in a range of formats; and
- building successful local partnerships is essential. Despite initial problems in establishing links, the HIAs found satisfaction from the resulting understanding and partnership.

Improving access to HIA services for visually impaired people

A central aim and challenge for HIAs is to ensure that their services are equally accessible by all vulnerable groups in the local community, including those people with a visual impairment. Key findings from the intervention were:

- Although HIAs already work with clients whose needs arise from their visual impairment, agency staff are often unaware of it. This may be because people do not always volunteer that they have a visual impairment; inadequate assessment process by statutory authorities; lack of awareness of the HIA staff; or simply because the majority of visually impaired people are not registered with the local social services department.

- Proactive assessment work by the HIAs, resulting from their raised awareness, was a key reason for an increase in identifying clients with visual impairments.
- For improved access and increased referrals, key issues need to be addressed. These are raising the awareness of agency staff around the issue of visual impairment. This includes raising public, health and social care professionals' awareness of what HIA services can do, building partnership working and two-way referral procedures between key organisations and HIAs, and targeting visually impaired people with selective promotional material and publicity for HIA services.
- Some HIAs were already working to their maximum capacity and felt unable to take on further referrals.

Improvements in partner organisations

The intervention pilots also discovered a number of key issues relating to partner organisations and the referral process. These had an impact on overall access to HIA services for visually impaired people. They were:

- Social services occupational therapists are key within the assessment process for adaptations. However, concentration on physical disabilities may mean that specific needs arising from visual impairment may be overlooked.
- Visual impairment teams or sensory needs teams in social services carry out an assessment of need that may result in the provision of equipment, training for learning daily living skills, providing low vision services and assisting with mobility. However, usually, they do not refer visually impaired clients for HIA core repair and adaptation services.
- Whilst individuals could establish access to HIA services via a number of other routes (for example via opticians, eye clinic staff and district nurses) they did not yet have sufficient knowledge of HIA services to recommend them.

Improving communication and needs assessment processes to take account of visual impairment

The intervention phase used the social model of disability as a continual point of reference. Training and interaction with specialist organisations encouraged HIAs to improve their methods of discovering whether a person was experiencing sight problems. They highlighted, for example, looking for clues and asking sensitive questions during a home visit. The intervention found that the pilot HIAs were beginning to utilise this approach to good effect.

Age Concern Warwick Care and Repair, who were involved in this, agreed a protocol for carrying out a more effective assessment of clients' needs and reaching an agreed solution to help them. This included joint visits, partnership working, regular consultations, involvement of all agencies, and concentrating on offering alternatives and examples to ensure that correct and informed decisions are always made in order to benefit the client.

Better joint working between HIAs and other services for people with visual Impairment

The pilot HIAs looking at this theme made similar discoveries to those previously detailed. All the professionals who were involved in the project agreed that referral mechanisms were under-developed. The intervention pilots found that improving joint working could be fairly straightforward once the necessary organisations had been identified and provided that the HIA was willing and able to persist in chasing organisations for a response. Useful pointers for better joint working included face-to-face meetings with partners, joint visits, joint training sessions and better communications.

The pilot HIAs also felt that the introduction of Supporting People would encourage potential partners to become more proactive in contacting the HIA and find out more about their area of expertise.

Case study C from the Good Practice Guide illustrates that the time spent developing a good working relationship with the local authority grant officers pays dividends. It resulted in a positive outcome arising from changed prioritisation, flexibility and awareness of visual impairment.

Case Study C

Mr B is 50 years old with a visual impairment and his wife is his carer. They also have a son with special needs. Mr B made a grant enquiry to the borough council for replacing his living room floor which had woodworm. The borough's home repair assistance grant policy prioritised people over 60 on an income related benefit. The case was passed to Chesterfield HIA who noted Mr B had a visual impairment. The floor was found to be in a dangerous structural state and presented a health and safety hazard to all the family, particularly to Mr B. The situation was highlighted to the grants staff. They agreed to a home repairs assistance grant application, which received high priority because of the health and safety risk. The work was carried out as a matter of urgency and a referral was also made to Warm Front for insulation measures.

Promoting specialist technical and design skills among HIA teams

Two of the HIAs focused on this theme. There is a wealth of design guidance for adaptations in general, although it is mainly more appropriate to public buildings and much less relevant to visually impaired people generally.

As HIAs work with clients in the private sector, practical solutions will need to be carefully worked out. All six of the HIAs involved sent their technical officers on a design and assessment training course covering the importance of lighting, use of contrasting colour schemes, textured surfaces and external environment. It was organised by Foundations and delivered by JMU Access Partnership. It was found that awareness of visual impairment issues was the most important element in ensuring delivery of a high quality technical service to people with visual impairment. It was also felt that future joint visits to the client should always include a technical expert to ensure effective design solutions are achieved.

The findings of this stage of the project, notably comments on use of space, lighting and decoration and finishes, were included in detail within the Good Practice Guide. The University of Reading has conducted an initial study on lighting in the homes of people with sight loss. This confirmed the need for accessible lighting advice and options. As soon as they begin to work with a client key members of staff need to know full details about the client and their home.

Guidance to contractors on good practice when working for visually impaired clients

The baseline research indicated it could be difficult to encourage actively contractors regarding good practice, as their main motivation would be commercial. However, as HIAs mainly work with approved contractors selected for reliability and trustworthiness the likelihood of a cowboy contractor is greatly reduced. There would, however, be a continued need to outline the key issues when working with visually impaired clients as some contractors use sub-contractors. The Good Practice Guide suggests that:

- the contractor should be informed of clients' preference for communication and establishing contact with them;
- additional health and safety issues should be considered; and
- there should be more time to explain adaptations for a visually impaired client.

Record keeping and monitoring

During the intervention phase record keeping and monitoring proved to be controversial. HIA practitioners expressed reluctance to diagnose the impairment of individuals and were unconvinced about the necessity of keeping records of clients who had a visual impairment. Following their training they agreed the client's own descriptions of their impairment should be added to manual records kept with the agency or shared with the contractor; and on the electronic monitoring information system (MIS). It was also agreed that broad explanations of the manifestation of certain eye conditions be included in the Good Practice Guide's appendices, rather than as a checklist within the guide itself. Foundations will review the recording of the impairments and health problems of clients in any future developments of the MIS database, to ensure that HIAs are using the social model of disability. Practical tips to recording this information on the MIS have been included in the Good Practice Guide.

Client satisfaction and follow-up work

The baseline research identified that HIAs provided insufficient opportunities for clients to express their views on completed work, and not always in the most appropriate format. The Good Practice Guide therefore included alternative options for gaining effective feedback from clients, both with and without a visual impairment.

The intervention also found that follow-up of clients with visual impairment was not adequate. The Good Practice Guide therefore includes suggestions for developing systems to ensure that clients are aware of how and when they can establish contact with the HIA. It also encourages HIAs to develop a specific follow up system for cases where an individual has identified that their need might change over time.

Testing the Good Practice Guide

This stage of the project was designed to ensure that the Good Practice Guide was relevant to the intended audience and represented a consensus of good practice. Amendments were incorporated as a result of feedback from the informants.

- Responses to the resulting draft Good Practice Guide were mostly very positive. Respondents felt the document had been well researched, key topics and issues were addressed and the good practice recommendations were accurate.
- Informants from organisations working with and representing visually impaired people and social services teams were glad to see the emphasis on the social model of disability, and on identifying and responding to the needs of each individual.
- HIAs that had not participated in the development project valued a document that covered the key points. This is because it provided hard information about the prevalence of visual impairment that could support requests for additional resources, as well as suggesting ways in which HIAs could make their service more responsive to their clients.
- The HIAs that had participated in the development project were concerned that certain elements of the Good Practice Guide would be difficult to implement in practice. Developing partnership working with other agencies, and where additional resources appeared to be required (for example the provision of training), were considered particularly problematic areas.
- All the HIAs felt it was important to know that people working in HIAs, who understood the role of HIAs and their working practices, had generated the Good Practice Guide. Many liked the inclusion of case studies as it lightened the text, and presented situations they were likely to encounter in their work.
- Many respondents felt that some of the recommendations could be applied to a number of client groups, not just those with visual impairment.

The main concern was to ensure that the Good Practice Guide did indeed reflect good practice. The emphasis on the individual needs assessment was felt to be crucial and was welcomed by the respondents. Some fine-tuning of the Good Practice Guide was highlighted along with some minor issues regarding style, development, implementation and future evaluation.

Perhaps the only consistently negative comment related to the length of the Good Practice Guide, which had been produced in a

large font. This inevitably made the document appear lengthy and raised a concern that the format of any Good Practice Guide should be presented in a way that is acceptable and accessible to the intended audience. There was also some confusion amongst the informants as to the intended audience of the document.

Clearly, changing working practices is a challenge both for organisations and the individuals working within them. Most informants within the HIAs fully recognised that their service had not been taking account of the needs of visually impaired people, and that the recommendations in the Good Practice Guide could assist in improving their services. In considering the practicalities of implementing the Good Practice Guide a number of obstacles were identified including financial constraints, staffing, waiting lists and the diversity in the size and scope of the HIAs.

Implementing recommendations with resource implications would be problematic for most HIAs (especially for those with severely constrained resources). As staff time is already seriously stretched, to dedicate staff time to training and other tasks would also slow down jobs and increase waiting times.

One of the recommendations of the Good Practice Guide is to promote the HIAs service to visually impaired people more widely. This was seen as a problem for many HIAs simply because current demand exceeded available resources. Promoting the development of partnership working in the context of considerable variation in service and other aspects of a national guide was likely to prove difficult.

Many informants, although supportive of the recommendations for good practice, recognised the general tension between advocating a service based on responding to each individual's needs and producing guidelines which might be construed as prescriptive. Some clients simply refuse services or adaptations recommended by professionals for a variety of very personal reasons and preferences.

The HIAs that were involved in the development project had mixed views about their experiences. Generally the training sessions were felt to be of most use to new and relatively inexperienced staff. Importantly, awareness of visual impairment in the HIAs had improved, and the HIAs felt that given the constraints on their resources, services had become more responsive to the needs of visually impaired people. Furthermore, some of the recommendations in the Good Practice Guide had become embedded in practice and HIAs had become more aware of the need for greater awareness of other client groups.

Conclusions and recommendations

The completion of the Good Practice Guide marked the end of a complex project. However, it also marked the beginning of development of more effective services in the HIA sector and their partners across the country. The main conclusions and recommendations are detailed below.

Conclusions

Access and awareness

- Awareness of HIAs and the services they offer is limited among visually impaired people.
- Many people with sight difficulties do not register or make contact with a specialist impairment organisation. HIAs should not rely solely on these sources to reach this client group.
- Specialist visual impairment organisations have a low level of awareness about HIAs and therefore do not routinely refer people.
- When a HIA spends time forging working relationships with specialist organisations their profile can be increased considerably, and there are real benefits for service users.

Assessment and design

- Improving needs assessment processes can only occur by ensuring that clients are aware of all the options available to them.
- Concentrating more on taking account of the effects of visual impairment throughout day-to-day living can greatly improve the service received by clients.
- The three key areas of technical expertise of particular use to the HIA staff involved in the research were use of space, use of lighting, decoration and finishes.

Constraints and achievements for HIAs

- Traditionally HIAs have delivered services with limited resources. Although recent changes have brought some increase in funding, the funding system has become more complex. The focus of HIAs has been on providing services to people who ask for them, or are referred to them. HIAs have real concerns about the amount of time and effort involved in targeting individual client groups such as those who have visual impairments.

- Forging relationships and networks with potential partner organisations and effective joint working are both time consuming.
- HIAs continue to act conscientiously as advocates for their clients. However, lack of knowledge and skills in relation to the needs of visually impaired people means that sometimes inappropriate methods are used for communication, assessment, and the recording of data and satisfaction.
- Where HIAs are introduced to the social model of disability and given adequate training, general awareness and working practices can improve considerably even within current resource constraints.

Recommendations

A key concern was that the recommendations from the project should be realistic and achievable. The main recommendation is that the Good Practice Guide should be distributed and promoted widely inside and outside the sector with the aim of improving access and services across the country. This should be achieved through publicity, presentations and training. Other recommendations are:

- To make real improvements, all HIAs should take a dual approach, firstly increasing the knowledge and skills of the HIA staff and secondly raising awareness of HIA services among users and potential partners.
- The Foundations visual impairment course should be reviewed in the light of this project. General awareness training and technical training should be re-issued as a matter of urgency, both for new and long-standing HIA staff.
- The training courses should use experienced trainers with both knowledge of visual impairment and HIAs, and include more case studies and challenges for delegates.
- General training on visual impairment should routinely be included in induction for all new HIA staff.
- All HIA staff that work in the areas of repairs and maintenance should attend specific technical training in relation to visual impairment.
- Effective assessment and treating the client as the expert can only take place where the client is fully informed about the various options that are available to them.

- All technical officers should consider use of space, lighting, decoration and finishes.
- Recommended good practice for use of space includes: carrying out a 'walk around' demonstration, providing larger scale drawings, ensuring the client decides the layout of spaces, consistency and allowing the client to test any changes.
- Recommended good practice for use of lighting includes: adjustable controls, options for grouped lighting, varying levels of illumination for hazardous areas, kitchens, task areas and taking into account reflection and glare.
- Decoration and finishes include: contrasting colours, avoiding patterns using texture to highlight key features and providing tactile controls.
- The Good Practice Guide should be distributed to HIAs as essential reading for all their staff, provided to contractors and partners and to the providers of social housing.
- HIAs should routinely review their current information and their methods of communication using a simple visual impairment audit. All information and communication materials should be easily transferred to a more appropriate version (for example, in large print) should the client require it.
- Foundations should encourage all HIAs to improve their recording on the HIA MIS and check the health information provided on the fields to test whether HIAs are using it correctly.
- HIAs should revisit their systems for assessing client satisfaction.
- Because building effective partnerships can be time consuming, HIAs should focus on easily achievable objectives to get the message across. These should include:
    - conveying how HIAs can help the other organisations in meeting key Government targets and public service agreements. The outputs of Evidence and promotional tool Foundations projects in 2003 should assist HIAs in this;
    - targeting the local Supporting People team for profile raising. This is because of their critical role in securing a place for HIAs in housing related support in the future. This study and the Good Practice Guide should be used to demonstrate HIA commitment to inclusive services; and
    - promoting the work of the HIA at less obvious but more specialist services such as local opticians and eye clinics.

References

Allen C, Milner J and Price D (2002) *Home is where the start is: the housing and urban experiences of visually impaired children*. York: Joseph Rowntree Foundation.

Baker M and Winyard S (1998) *Lost vision: older visually impaired people in the UK*. London: RNIB.

Barker P, Barrick J and Wilson R (1995) *Building sight*. London: RNIB.

Bruce I, McKennell A and Walker E (1991) *Blind and partially sighted adults in Britain*. London: RNIB.

Bull R (Ed) (1998) *Housing options for disabled people*. London: Kingsley.

Clark H, Dyer S and Horwood J (1998) *That bit of help*. Bristol: The Policy Press.

Cooper S Sharpe K Barrick J and Crowther N (1995) *The housing needs of people with a visual impairment*. London: RNIB.

Cowan D and Turner Smith A (1999) *The role of assistive technology in alternative models of care for older people*. Appendix 4 of Alternative models of care for older people. Research Volume 2 of the Royal Commission on the funding of long term care. London: Stationery Office.

Derbyshire F (1999) *Better housing management for blind and partially sighted people*. RNIB.

Evans J, Fletcher A, Wormald R, Siu-Woon Ng E, Stirling S, Smeeth L, Breeze E, Bulpitt C, Numes M, Jones D and Tulloch A (2002) *Prevalence of visual impairment in people aged 75 years and older in Britain: results from the MRC trial of assessment and management of older people in the community*, British Journal of Ophthalmology 2002; 86: 795-800.

Hanson J, Percival J, Zako R and Johnson M (2002) *Housing and support needs of older people with visual impairment-experiences and challenges*. Occasional Paper. London: Thomas Pocklington Trust.

Health Education Authority (1999) *Older people, visual impairment and accidents*. Fact sheet 3, London: HEA.

Heywood F (2001) Money Well Spent: *The effectiveness value of housing adaptations*. Bristol: The Policy Press.

Jacobs C (1999) *Setting the agenda: HIA services to people with visual impairment*. Centre for Housing Policy, University of York, and Care and Repair England.

Lovelock R and Powell J *Shared territory; Assessing the social support needs of visually impaired people*. York: Joseph Rowntree Foundation 1995.

Martin J Meltzer H and Elliot D (1988) The prevalence of disability amongst adults, report 1. London: HMSO.

OPCS 1994: *General Household Survey*. HMSO.

Oldman C and Beresford B (1998) *Homes fit for children: housing, disabled children and their families*. Bristol: The Policy Press.

Oldman C (2002). *Support and housing in the countryside*. London: The Countryside Agency.

RADAR (2002). *Crossing the boundaries*. London: RADAR.

Wright F and Tinker A (2000). *The housing needs and aspirations of visually impaired older people*. London: Age Concern Institute of Gerontology.

This Occasional Paper has been summarised by Ann Ryan for Thomas Pocklington Trust from the Foundations Project Report.

How to get further information

The detailed guidance arising from this project is available in the Good Practice Guide: Delivering Home Improvement Agency Services to Visually Impaired People, by Foundations. The full development project report by Jane Rosser, Eric Laverick and Christina Longden is available from Thomas Pocklington Trust.

An occasional paper and a short research findings paper entitled *Lighting the homes of visually impaired people* based on a project by the Research Group for Inclusive Environments (RGIE), The University of Reading, published 2003, are also available from Thomas Pocklington Trust.

Thomas Pocklington Trust
5 Castle Row
Horticultural Place
London W4 4JQ

Telephone: 020 8995 0880
Email: info@pocklington-trust. org. uk
Web: www. pocklington-trust. org. uk

Registered charity number: 205996

Background on Thomas Pocklington Trust

Thomas Pocklington Trust is the leading specialist provider of housing, care and support services for people with sight loss in the UK. In addition to promoting services, Pocklington also funds a £700,000 social and public health research budget over a three year period.

Pocklington centres offer a range of sheltered housing, residential care, respite care, day services and home care services, together with community based support services.

A Positive about Disability and an Investor in People organisation, with quality assurance systems for its services, Pocklington is fast becoming a best practice organisation in its sector.

Pocklington has centres in Birmingham, Wolverhampton, Plymouth, Middlesex, and two in London. The charity also manages a day service and a community support service in the West Midlands and a Resource Centre in South London. Pocklington is increasingly working with partners to bring new services to people with sight loss living in the local community.

Thomas Pocklington Trust

Housing and support for
people with sight loss

5 Castle Row
Horticultural Place
Chiswick
London W4 4JQ

Tel: 020 8995 0880
Fax: 020 8987 9965

Email: info@pocklington-trust.org.uk
Web: www.pocklington-trust.org.uk

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