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**A PRACTICAL UNDERSTANDING OF VISUAL
IMPAIRMENT**

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Commissioned by the Learning & Qualifications Sector of Oxfordshire County Council Social & Health Care Directorate.

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This is not intended to be the definitive handbook of information regarding the needs of visually impaired people, but rather to promote understanding of some of the daily difficulties and give practical advice as to how some of these problems can be overcome. It is hoped that this reference material will be used as a learning tool within your place of work, encourage discussion, introduce change where necessary and, where appropriate, be the springboard from which you may advance to a greater understanding of visual impairment.

At the back of this book you will find a list of addresses that may be of use to you should you require further assistance. There is always someone to help and advise – if only you know where they are to be found!

How the 'blind' see

The pictures show how people with various visual defects might see Regent Street.



1 Macular degeneration is the most common irreversible cause of blindness in the UK.



2 Cataract is the loss of transparency in the lens.



3 Diabetic retinopathy produces dark patches which are deposits on the retina and haemorrhages.



4 Tunnel vision typical of a late stage retinitis pigmentosa or glaucoma.

Common Sight Defects

Macular Degeneration

Usually associated with the ageing process and may come on very slowly at first. However, there are cases in younger people that will cause sight loss more rapidly. Macular Degeneration causes the loss of central vision so that someone with this condition may be looking directly at a person and not see his face, yet be able to see the rest of his body and things around him. Reading becomes extremely difficult and magnifiers may not help, since they will simply magnify the “blind spot”. People may be taught to make use of the remaining vision.

Cataracts

Commonly thought to be a skin growing over the eye, but in fact is a thickening of the lens. Treatment varies according to the kind of cataract condition. Problems are generally associated with glare and levels of lighting. Images will be blurred and unfocused and this can occur both with distance and near vision. Good lighting without glare can improve things for many sufferers.

Diabetic Retinopathy

As its name implies, the condition is brought about by diabetes (though all diabetics are not affected). The patches caused by bleeding may appear anywhere on the retina and use of vision will vary between sufferers. Mobility can be a great problem as steps, street furniture and objects left indoors in unexpected places may be hazardous. Sight may also vary as a haemorrhage clears or a new one occurs.

Glaucoma and/or Retinitis Pigmentosa

Both of these conditions affect the peripheral vision and TUNNEL VISION is the outcome. It may be very possible for someone with tunnel vision to read, but not be able to find his/her way around a building or along a street without help. Glare can again be a major problem and cause pain and discomfort.

My name is John Smith and, incidentally, I'm blind.

What I am not is "poor old blind John!"

Notice the difference?

I may be blind, but I'm still ME. I've lost my sight - not my mind, my individuality, my preferences or my ability to make my own decisions.

If you remember as you read through the following pages that we who are blind are as diverse as you who have sight, it will make life better for us all.

The Environment

We absorb most of our knowledge and understanding of the world around us through the medium of sight. When this is missing or severely impaired, one of the things that we may lose is our sense of balance.

The picture below is taken from ground level and may give some indication of how steep a gentle slope may feel when vision is impaired and the normal information about gradient is not available. This is a good example of how such a slope can be defined and dealt with. There is a change of carpet colour as the floor begins to slope, a contrasting band of colour (the woodwork) following down the slope and railings to one side.

To some blind people a sculptured carpet surface can feel as uneven and unsafe as a pebble beach, particularly if the person concerned is also elderly and perhaps lacks some sense of balance.

* Vast sums of money are not necessary to achieve similar good standards. A painted strip across a linoleum floor or concrete pathway, a strip of bright masking tape stuck across a carpet to indicate a slope or step, handrails where possible.



This picture shows the same slope when viewed from normal standing height. It can be seen that the slope is not great and someone with normal vision would absorb the information without conscious thought.



Colour contrast on the edge of steps gives a point of focus and defines the area to be covered.



The steps below are in a dark area. They are not highlighted by colour and have the added problem of an overhanging lip to each step. I leave you to judge the possible consequences!



How often have you heard it said that he/she could see well enough when he/she wants to?

The picture below gives some indication of what it can be like to be able to see the flower tubs in the garden, but be unable to see the mug on the table in front of you. Please be aware that this is a reality for some people.

It is also a fact that vision can be adversely affected by a variety of factors such as lighting conditions, the weather, depression or physical condition. A change of available lighting can often help, so consider angle lamps, daylight bulbs and the strategic use of blinds. Brightest may not always be best – for example, people with glaucoma generally find light can be painful.

Please involve visually impaired people in decisions that concern them.



Lighting

Lighting is a major factor when considering the needs of visually impaired people. It is often felt that “brightest is best”, hence some of the unshaded 150 watt bulbs hanging from the ceiling in many homes.

Whilst it may be true that the majority of people with a common sight loss will benefit from more light, they will almost always be adversely affected by glare, so unshaded bulbs will cause more problems than they solve.

A few basic principles will generally help.

1. Ask people what they find most helpful. As a rule of thumb, highlight danger areas, such as steps/stairs and kitchen/cooking areas.
2. Where appropriate, seek advice from qualified lighting engineers or have a word with specialist workers for visually impaired people. It is not always necessary to go to major expense to improve lighting.
3. There is now a range of good quality task lights with daylight halogen bulbs available from local high street stores. It is often possible to try these first via either the Oxfordshire Association for the Blind or Social & Health Care staff in the Sensory Impairment Team. Some of these lights are portable, which makes holidays and visits less stressful.
4. Moving the furniture within a room to maximise use of natural light is the simplest way and in some cases is all that is needed.
5. Be aware that for some people the glare of daylight may mean that they are more comfortable with curtains closed, but electric lighting switched on indoors.
6. If there is more than one visually impaired person at the same address DON'T make the assumption that one size fits all. Even if the diagnosed eye condition is the same, the effects can be different – particularly if there are also other health issues.
7. Do, in the above case, have a 'bright' well-lit area and a less bright area to accommodate the needs of different people.
8. Remember that the expert is the visually impaired person. Give him/her options and demonstrate alternatives, but leave the decision to them.

White jugs of milk, clear glasses and bottles, all on a pale surface against a pale background may mean lots of spills, possible accidents and certain frustrations to those with eye conditions such as cataracts.



If these items are placed on contrasting surfaces and against contrasting backgrounds, the difference is very marked – even for those with macular degeneration or problems of haemorrhage.



Overhead lighting can be a good method of indicating a line of travel. However, if the floor surface reflects that light back, it can cause confusion and sometimes disorientation. Where possible, carpets or unpolished floors are preferable.

When considering highlighting a line of travel, it is sometimes useful to use a contrasting frieze along the wall at waist height, and perhaps a correspondingly coloured skirting board.



Glare will often affect a person's ability to focus on a goal and this will be exacerbated if they also have tunnel vision.

The use of colour bands or pictures hung at different intervals along the wall can give them a point of reference.



Having reached the goal, it can be very distressing for people to find themselves in the situation of being unable to see the light switch, toilet seat, toilet roll or washbasin – because everything is in white or very pale colours.



Stress levels can be greatly reduced by contrasting tiles around the appropriate areas. Similarly, a black toilet seat on a white bowl, contrasting sticky tape placed around the toilet roll holder, a dark/contrasting framed mirror above the wash basin, a coloured plastic ball on the end of the light pull cord and a guiding handrail for those whose sight is virtually non-existent would all be of help.



Basic Good Practice

1. Please introduce yourself when you speak to me (at least until we're sure that I always recognise your voice).
2. Don't just walk away without letting me know (I feel pretty silly talking to myself).
3. When we enter an unknown room, please describe it to me. I hate to trip over unknown obstacles or have to hunt for a chair.
4. Doors left ajar cause accidents – please either shut them or leave them fully open.

Common Misunderstandings

Assumption Failing sight should be saved. Don't wear it out or strain it by over-use.

Fact *Vision cannot be worn out. Use it as much as is both possible and comfortable.
Rest the eyes when muscles are tired.
Help and advice on how to maximise use can be had via the hospital or the Rehabilitation Services.*

Assumption The person who knocks over a drink, misses the edge of the bar/table with his glass is probably drunk.

Fact *An equally likely explanation is poor vision!*

Assumption The person reading a magazine while a guide dog sits at her feet is a bit of a cheat.

Fact *She may have any number of sight problems. Example: Tunnel vision can make reading possible, but mobility is very difficult without help.*

Assumption The white walking stick with red bands around it is a bit of a novelty.

Fact *A red and white stick denotes loss of sight and hearing.*

Please try to be understanding and open-minded. Sight loss is often not at all obvious to other people.

Lack of understanding simply adds to the problems that visually impaired people already have.

Common Problems – Possible Solutions

PROBLEM: Unable to locate the entrance to the toilet.

ANSWER: *Try painting the door frames so that they contrast with the door and keep to the same colour for toilets throughout the building.*

PROBLEM: Consistently walking into the glass door.

ANSWER: *Try putting transfers on the door or attaching the miniature stained glass pictures which come complete with suction pad for fixing to glass.*

PROBLEM: Spends mealtimes chasing food around the plate.

ANSWER: *Use plain plates and contrast the colour e.g. steamed fish and mashed potato on a dark plate or cottage pie and cabbage on a white plate. Use the positions of the clock face to describe location of food items when serving.*

PROBLEM: Asks for something and doesn't touch it when it's put in front of her.

ANSWER: *If there is substantial loss of central vision, try placing objects slightly to one side to discover where the field of vision is. It could make life more pleasant for all concerned.*

PROBLEM: Difficulty finding light switches.

ANSWER: *Contrasting tape around light switches and plug sockets. Tape across corners of light switches.*

PROBLEM: Apparent confusion in an area thought to be familiar.

ANSWER: *Leave things in their appointed place. If it is necessary to move them, be sure to tell people.*

THERE ARE MANY MORE PROBLEMS – THERE ARE ALSO MANY MORE ANSWERS. THESE ANSWERS WILL NOT WORK FOR EVERYONE, NOTHING EVER DOES, BUT THEY MAY POINT YOU IN THE RIGHT DIRECTION.

Sighted Guide Skills



WRONG!!!

Please leave the blind person with their dignity!

No one likes to be dragged along – however kindly meant. If the visually impaired person takes hold of the elbow as illustrated in the following pages, she is in control of her own walking pace and able to stop if she wants to.

Sighted Guide Technique



Visually impaired person holds the elbow of the sighted guide.

Guide to the Chair



Place hand on the back of seat and allow the visually impaired person to locate seat with her grip hand.

Useful Contact Details

Local Social Services:

Ask for the Visual Impairment or Sensory Impairment Team. This will provide a lot of useful information and be the route to the services of a specialist worker/rehabilitation worker, if appropriate.

In Oxfordshire the contact number is 01235 549395.

e-mail: visual.impairment@oxfordshire.gov.uk

Local Voluntary Association for the Blind:

e.g. Oxfordshire Association for the Blind
Unit 9
Newtec Place
Magdalen Road
Oxford, OX4 1RE

Telephone 01865 725595

e-mail: vision@oxeyes.org.uk

In Buckinghamshire the contact number is 01296 487556

Email: maureen@bucksblind.co.uk

Contact address:

Bucks Association for Blind and Partially Sighted People
143 Meadowcroft
Aylesbury HP19 9HH

In Milton Keynes all contact is through the Adult Social Care Access Team

Telephone: 01908 253772/3

Contact address:

Saxon Court
502 Avebury Boulevard
Central Milton Keynes
MK9 3HS

Royal National Institute for the Blind (RNIB) Head Office:

105 Judd Street
London, WC1H 9NE

Helpline 08457 669999

Telephone 020 73881266
e-mail: rnib@rnib.org.uk

RNIB Customer Services:
PO Box 173
Peterborough
PE2 6WS

Telephone 0845 7023153
e-mail: cservices@rnib.org.uk

Action for Blind People
14-16 Verney Road
London, SE16 3DZ

Telephone 0207 635 4800
e-mail: info@afbp.org

The Partially Sighted Society
The Sight Centre
9 Plato Place
72/74 St Dionis Road
London, SW6 4TU

Telephone/fax 020 73710289

Deaf/blind UK
The National Centre
John & Lucille van Geest Place
Cygnet Road
Hampton
Peterborough, PE7 8FD

Helpline 0800 132320
Phone/minicom 01733 358100
e-mail: info@deafblind.org.uk

Calibre Cassette Library
Telephone 01296 432339

RNIB Talking Book Service
Telephone 0845 7626843

The Talking Newspaper Association of the UK (TNUK)
Telephone 01435 866102