

# Appendix 2 - Cases studies from around Wales

## Betsi Cadwaladr University Health Board

### Isle of Anglesey

Mrs B is a 74-year-old married woman, she is registered Severely Sight Impaired (Blind), she suffers with Age Related Macular Degeneration wet type. Although she has been having Lucentis eye injections to reduce the deterioration these has not been successful. Mr B suffers from dementia and heart problems. Both have supported one another in the past, this is becoming increasingly difficult due to Mr B's memory problems. All the family live away: the nearest is a four-hour drive. They live in a remote village with no local shops.

Mrs B has had ROVI support following assessment of need. Activities of daily living have become increasingly difficult due to her husband's condition. Food in the freezer has been labelled: previously her husband would get the items. Oven and Combi microwave have been marked. These are also helping Mr B remember how to turn on and off. The washing machine/tumble drier is now marked: this is of benefit to both. Additional lighting has been fitted in the kitchen. All the above has enabled both to prepare and cook meals without additional support.

Mrs B in the past used a 'Visum' electronic reader to read her mail, magazines etc. As her vision has deteriorated further she is no longer able to use the equipment. She is unable to rely on Mr B to read to her. Mrs B visited the North Wales Society for the Blind open day she had a demonstration of the Iris Vision Live talking scanner followed by a home visit by the company. Mrs B bought the equipment. She is finding it of great benefit.

Mrs B has had on-going intervention from the Rehabilitation Officer (ROVI). She has been signposted to the RNIB benefit service, Council Tax applied for reduction in tax as she has specialist reading scanner due to her disability, power company to register as disabled this will avoid her to not provide account number in an emergency, lunch club allowing both to have time apart enabling both to socialise and private company for cleaning service weekly. Mrs B wears makeup. She was getting distressed as she was experiencing difficult applying it and drying/styling her hair. The ROVI was able to advise on magnifying mirrors and suitable lighting for the bedroom. Client always wears jewellery but she was unable to locate matching earrings, for example. A tablet container was introduced, enabling her to place a pair of earrings in one compartment. This proved beneficial. The above mattered and was very important to Mrs B's self-esteem. She needed to be able to continue to do this independently.

Additional handrails have been fitted on ROVI request by the local authority in the shower unit and outside the front door.

During lockdown the Rehabilitation Officer regularly phoned to support and give information regarding local services such as shopping and prescription collection. This enabled both Mr B and Mrs B to keep independent during this difficult time

The service provided by the ROVI has allowed both to remain in their own home without a package of care. Without ROVI support Mrs B would be unable to manage independently. A person-centred rehabilitation programme has allowed Mrs B to maintain her independence at home, carry out tasks, and continue with the activities that matter to her. At present Mr B is still able to drive so they continue to go out in the car for rides and lunch occasionally.

## **Gwynedd**

Mrs B is 38 years old, suffers from Retinitis Pigmentosa (RP), and has been registered as severely sight impaired. She was diagnosed in her mid-20s and was initially registered as sight impaired. She had passed her driving test and had been driving for a few years until she was registered. Her father suffers from AMD but is not aware that any other member of her family has a sight problem. Mrs B is married with an 11-year-old son.

When I first met Mrs B her son was 2 years old, and they lived quite remotely on the outskirts of the nearest town. Public transport was unavailable and they had to walk approximately ½ a mile along a narrow but busy lane without pavements. Her husband worked throughout the day. She was very reliant on her mother, who was a shift worker. Mrs B used to work in retail but, following the deterioration in sight and having to give up driving, felt that she could not carry on.

Mrs B was very emotional and her mood was very low as she felt that she was no longer independent and had lost her confidence, and didn't know where to turn. Her husband and family had to carry out tasks around the house and outdoors which she found frustrating.

She has been receiving ongoing services from the Rehabilitation Officer (ROVI) since first being diagnosed as sight impaired.

The house they rented was very dark with not much natural light and the owner would not allow adaptations. Following an application to the housing association and support from the ROVI they moved to the nearest town where she would be closer to amenities and family.

She has completed mobility and orientation training and has now applied for her first Guide Dog. She travels independently around the town and uses public transport to travel further afield.

She received daily living training and a few adaptations and a lighting assessment were carried out in the new house. Following deterioration in sight an assessment was carried out and she is now awaiting adaptations to be carried out in the kitchen and bathroom through "Canllaw" Independent Living. She completed an IT training course through the local Blind society, and was also referred for benefit advice, counselling, Access to Work and other local and national services and organisations.

Mrs B has now regained her confidence and has been enjoying being able to carry out daily tasks independently, travelling and going places with her son and husband. She is looking forward to getting her Guide Dog.

She returned to education and received a Level 3 Diploma in Childcare, and worked as a nursery school leader and for a few years had her own Childminding business.

Her sight is deteriorating rapidly and she has given up her work, but is thinking of again returning to education and following another course. With the new adaptations in the house and daily living training, she feels that she will carry on enjoying cooking etc.

Without a ROVI intervention Mrs B would have become more isolated and her mental health would have suffered, as she would have become more dependent on her husband and family. Over the last three years her husband's health has deteriorated significantly but she is now able to complete tasks herself that previously she had relied on him to carry out.

## **Conwy**

This person is one of two clients that live in a supported accommodation with a team of support workers who provide 24/7 support. The person, who is middle-aged, moved to the home about a year ago after almost two decades in another care setting. The person is registered severely sight impaired, deafblind and has a learning disability. Staff at the home communicate with the person using hands-on signing and objects of reference. The individual does not use speech. It was reported that the person does not have any contact with their family because they do not wish to associate with the individual.

The home said their client had become institutionalised and learnt to depend on others. While in the previous care setting their client is said to have had no stimulus and not included in activities. Along with this the person was transported in a wheelchair despite not having any

physical mobility issues. The home suspected that early challenging behaviour by the person may have influenced some of their practices of the previous care setting.

The person

- attended a school for the blind – no details regarding the institution or skills taught
- lost all vision after gouging out own eyes several years ago
- is tactile sensitive and would not tolerate wearing hearing aids or a wristwatch.

Outcomes included:

- To explore tactile communication methods that the person may have learnt in the past
- To advise and equip the person's support team develop the person's ability orientation within the care home and outdoors (not route specific – travelling alongside support staff)
- To be aware of aids that could increase independence.

The ROVI established a set of actions required to bring about these outcomes. These included demonstrating techniques to the home staff so that they could help the person gain the appropriate skills for independence.

## **Denbighshire**

Mrs B has mental health issues, diabetes, arthritis and cataracts. She was scheduled to have cataract surgery, but this could not proceed, due to high blood sugar levels. The hospital advised that this needed to be better controlled, before an operation could go ahead. She was receiving support from the District Nurses with the administration of her insulin, as she was unable to do this independently due to severe sight impairment. A further appointment was given, for her to be seen at the eye hospital. Mrs B did not want to go because she did not feel that she could manage to get there and find her way around independently. She had no family or friends to support her.

Mrs B was at risk of further sight loss by not being able to attend the hospital appointment. The reason why she had such high blood sugars, was because of an inability to attend previous medical appointments.

Preventative Rehab services in the form of mobility training enabled her to attend her medical appointment, to have further medical treatment. This avoided a further deterioration in her eyesight, and loss of independence, potentially resulting in a costly package of care.

## Flintshire

X has serious sight loss after cataract surgery using faulty lenses. Her eyesight deteriorated until she was no longer able to read her digital tablet screen.

A ROVI from the local society made six visits to carry out some interventions. Noticing the incorrect use of a self-purchased cane, the ROVI stressed the need for a rehabilitation officer to train her in its proper use. X's partner was given a brief demonstration of proper guiding techniques as this was being conducted incorrectly.

The ROVI recommended talking to her GP for a new referral to her ophthalmologist for an updated CVI. The CVI, which should be upgraded to show Severely Sight Impaired, would enable access to other services including a Blue Badge for parking.

The ROVI was concerned that the risks associated with misuse of the roller-cane made obtaining ROVI support from the local authority more urgent.

X was experiencing difficulties with going out into the community; a lack of confidence; the overwhelming effect of bright, busy environments; and difficulty with socially engaging and conversing. She had stayed away from family occasions due to those pressures.

The ROVI addressed the problem of glare with two pairs of UV glasses, one for indoors and one for outdoors. Other accessories were introduced to help with telephoning, making drinks, cooking and eating.

The ROVI addressed X's mobility issues with cane training, including long cane training so that visits to a local friend were possible. They also dealt with safe mobility around the house to reduce the risk of falls.

Further mobility training was requested from the Sensory Team as her eyesight is deteriorating. This has not been forthcoming so, due to the urgency of the matter, it has been delivered by the local society.

An appointment was obtained with Moorfields Hospital to pursue updating of the CVI.

The intervention from a local society ROVI removed a number of barriers to independence and addressed risky situations by fostering skills and demonstrating solutions that only the qualified ROVI is trained to identify and solve.

## Wrexham

I have been working with Miss A since February 2020 after she suffered acute vision loss. She is a migraine sufferer and would lose vision during migraines.

Miss A is registered sight impaired, and her eye condition is optic atrophy. She has extensive loss of visual fields including hemianopia.

Miss A required mobility training so she could take her daughter to school without support and also continue her day-to-day tasks of shopping, appointments and visiting friends.

Miss A's family live in Bangor, so she does not get to see them regularly. These visits decreased since COVID19, affecting Miss A's mental health as she suffers from depression and anxiety.

I was successful in a grant application for a tablet for Miss A. She was so happy about this as the tablet has really boosted her mood as she is able to make video calls with family and friends. She can now do her shopping and banking online, use social media and also listen to talking books and much more.

This simple piece of equipment together with training to support its use, gave Miss A, a way of communicating with friends and family. It also gave her the independence to deal with her daily living activities like shopping and banking independently, without having to rely on others.

# Powys Teaching Health Board

## Powys

Rachel is a Powys resident in her early 30s. She contacted Powys County Council because she felt her vision was changing. After this call, Rachel received a visit from one of our Rehabilitation Officers for Persons with Visual Impairment (ROVI). Our ROVI was then able to assess Rachel's home to see where she could support her. After assessing her home, our ROVI offered Rachel extra lighting and referred her to the Care and Repair agency. Rachel also received training on how to use a cane to aid her independence around her home, as well as on public transport. Rachel's rehabilitation was very successful and she felt confident and independent afterwards. So much so that she left a message for her ROVI to let her know that she was getting on a train by herself. Rachel was very happy with her experience and spread the message to all her friends, telling others how positive her experience was. Rachel now volunteers for a local and national charity helping to support others with vision impairments. An animation of Rachel's story can be found here: [http://www.wcbccd.org.uk/wales\\_vision\\_forum.php](http://www.wcbccd.org.uk/wales_vision_forum.php)

# Hywel Dda University Health Board

## Ceredigion

Mr X is a 47 year-old man, who underwent surgery for a pituitary tumour and woke up with no vision only perception of light. I was contacted by the eye clinic liaison officer at the Heath Hospital as I would be the ROVI covering his area. On discharge from hospital, I made contact and arranged a home visit. The impact on him and his family was great. Loss of sight, loss of work, loss of independence and constant hospital appointments.

Actions carried out: contacted RNIB Welfare Rights team for benefit support to start claim process; Contacted GP to arrange all medication in Dossette box; liaised with RNIB Employment Adviser for support with dealing with his work's HR department; referred and worked with Occupational Therapy team as bathing was now an issue due to having to stand and balance difficulties; also liaised with local authority grants department to change broken decking (to access his front door) to a solid slabbed area to avoid risks of falling; liaised with local housing association as, even though he lived in a private house, access was along a terrace of social housing; paving surface to his home was full of pot holes - these were filled by housing association and I carried out mobility training using a cane to enable him to walk to car parking area, located at the top of a flight of steps; liaised with local authority and had steps edges painted and handrails installed - they also installed an additional disabled persons' car parking space; obtained a Blue Badge to enable his wife to park when attending appointments; taught his wife sighted guide technique to support her husband when out and attending appointments; issued appropriate VI aids to enable him to make himself hot drinks and regenerate meals. As time progressed a very small window of vision returned; I therefore arranged for Care and Repair Managing Better scheme to install better lighting within the home, sensor lights at front and back access. All of these actions / aids and adaptations were necessary as I carried out an holistic assessment and met his needs to this life-changing event, to enable him to remain as independent and as safe as possible.

Miss X is a 30-year-old single parent living with her son in social housing. She has had sight loss since birth due to a rare eye condition, however in recent times her vision has deteriorated to a point where she is certified as Severely Sight Impaired. Her sight loss was impacting on her ability to carry out her daily living tasks and she was beginning to lose her confidence, which was impacting her emotionally. Having carried out a VI assessment, I managed to find a support group specifically for her eye condition, albeit over the telephone as there are few numbers of people with the condition. She was burning herself more and more carrying out cooking skills and using her coal fire. I contacted the housing association and held a site visit where we discussed her difficulties and my recommendations.



The housing association agreed to alter her kitchen environment and take all my recommendations on board. Due to the timescale and obtaining quotes, it went on quite a while, therefore I provided VI aids and advice to enable her to manage in the meantime. The housing association also agreed to change her heating source. They removed the coal fire and installed a heat source pump. I explained that due to her sight loss, she would need a large heating thermostat. The company who installed the heating advised that it is all electronic and she only needs to press one button, which they changed to a good colour contrast button. Her kitchen was finally altered: she had an eye level oven; good colour contrast units; worktop; additional strip lighting; non slip flooring; induction hob and colour contrast door frame. I also requested they install a concrete step to aid getting in and out of front and back door due to tripping over the threshold and install sensor lights at front and back. I issued VI aids to gain more confidence within the kitchen and around the home. I facilitated her to attend VI workshops to enable her to meet others with a sight loss as this peer support would assist her emotionally. I referred her son to the carers unit within the local authority as a young carer. I attended her son's primary school with her to explain her sight loss and to enable the school to support her, as she was unable to read his school reports or see him when a school function was being held. I taught her long cane skills to improve her mobility. I referred her to RNIB welfare rights to review her benefits and maximise her income. My ROVI input enables her to live with her son in a safe environment and for her to continue to be independent and care for her son.

## **Pembrokeshire**

Mr A lives alone and is supported by his neighbours who have made a referral for care as they are unable to continue in their caring role.

Mr A was referred to the Adult Social Care team and Sensory Service as it was indicated that he had a visual impairment. A Sensory Assessment was completed and the following work undertaken:

Daily living skills – Mr A was finding it very difficult to prepare food and hot drinks. Following the assessment training was given in the use of a one cup machine which Mr A purchased privately. We were able to provide a talking microwave which Mr A was trained with and then could use to cook and re-heat meals. This intervention reduced the risk of Mr A burning himself from lifting/pouring a kettle and he was also able to continue with preparing his own food.

Personal Care – Mr A had a level access shower, but required additional grab rails. We were able to refer to Care and Repair for this to be completed and help to reduce the risk of falling in the shower.

Communication – Mr A was referred for a community alarm and we were able to provide a big button phone so that Mr A could remain in contact with services/friends etc. We also advised about using black marker pens to enable him to see any print that he wrote. We also referred Mr A to RNIB talking book service and the local talking newspapers.

Low Vision Service – Mr A had not received a low vision assessment so we were able to refer him for this service from the Optician in his area. Following on from this assessment Mr A was provided with the appropriate low vision aids to support him.

Refuse Collection – We referred Mr A for assisted refuse collection as he was unable to take his bin bags to the gate, but was able to put them outside the front door.

Social interaction – Mr A was offered to access the VIP group in the area. However, at that time he did not want to attend, but was pleased to know what was happening in his area.

Domestic tasks – Mr A had a cleaner who visited once a week, who also supported with shopping as and when required.

Outcome:

Once the assessment, equipment and training had been provided Mr A no longer required any care support. I was able to review Mr A one year later. He was still living on his own, without any care support.

Potential Savings:

Annual care costing £50 a week = £2600

Provision of equipment = £300 (one off cost)

Saving = £2300

## **Carmarthenshire**

Mr. H's central nerve burst in his one eye and, with only 20% in his now functioning eye, Mr. H became severely sight impaired overnight. The Consultant Ophthalmologist asked the nurse to refer Mr. H to social services as part of the Certificate of Visual Impairment process. It was approximately 6 weeks after the Certificate was sent that Mr. H was visited by his ROVI.

“The ROVI explained how things could and would work and made me feel comfortable. The ROVI had marked my cooking hob and microwave and most importantly gave me the reassurance that I needed as I was in shock and struggling to come to terms with my sight loss”.

My sight loss also impacted on my wife as I was unable to carry out duties that I previously could. It took me a year to come to terms with everything and become skilled and useful. At the

end of the year I thought it was time to pay something back. I worked closely with my ROVI and the clubs they support. I supported individuals within the clubs. The other benefit of the training is that it made me more aware and skilled and gave me the ethos of good practice and skill-base. My presence and active use in supporting others is entirely down to the support from my ROVI.

In the first year I needed to acclimatise and accept that I was going to have a completely new life – it was like moving to a different planet. I received plenty of practical help and advice from my ROVI and encouragement.

Practical help: I was taught long-cane training and my ROVI showed patience and allowed me to learn at my own pace, teaching me new routes, navigating steps, tactile paving, crossing, etc.

My loss equals my wife's loss as well. With help from the ROVI I am now able to help with things like shopping.

The Coronavirus Pandemic has brought back the fear and fright of the uncertainty of the first year of living with sight loss but I know I can always contact my ROVI, if I need additional support.”

# Swansea Bay University Health Board

## Swansea

Mr. D is severely sight impaired and has Retinitis Pigmentosa (RP). He has seen deterioration in his vision and enrolled on an IT training course at the Swansea Vale Resource Centre so that he could learn to use a computer with speech output. Mr. D was not able to get to the centre independently, so the resource centre referred him to a ROVI.

“I was seen by my ROVI fairly quickly and this made all the difference to me. My ROVI gave me mobility training so that I could get out and about including to the resource centre so that I could learn to use my PC. I have additional mobility problems not linked to my sight loss and the ROVI providing me with a white stick that helped me to balance, support my weight, and walk further.”

Having access to a ROVI in a timely manner has meant that Mr. D can improve his IT skills. He uses access software to read letters, keep him in touch with those who can help him and provide him with opportunities and activities to keep him occupied.

“The training from the ROVI has helped me to feel more confident and take part in a wider range of activities. I have had VI Gold sessions, for example, supported by Sight Life. My ROVI has given me more confidence in my life all together. I am now able to catch a bus back and forth to the resource centre, independently. This has meant that I now attend local groups and meet others with sight loss from whom I have learnt so much. If it wasn't for help from my ROVI I wouldn't be able to go out and about as much as I can.”

Mr. D has also received support to enable him to prepare and cook food for himself. All in all, support from ROVI and third sector has made a big difference to his life. “I also know who to turn to for support when I need it.”

## Neath

J is an 81 year old, Welsh-speaking woman living alone in a small village near Port Talbot. She began losing her vision 3 years ago. She stated “I was [a secretary] at the time and had noticed that I was struggling to see print. I have been long-sighted most of my life and have worn glasses for reading since I was a teenager. But my glasses didn't seem to be helping and I had to squint to see print as it appeared very blurry. I put it down to tiredness initially then decided to get it checked out at my local opticians.”

J was seen by an Optometrist who subsequently referred her to the Ophthalmology department at Singleton Hospital. J was diagnosed with Age-related Macular Degeneration (AMD).

J has Dry AMD and has been registered Sight Impaired since February 2018. A Certificate of Vision Impairment (CVI) was completed by the Ophthalmologist and a copy of the registration was then sent to Neath Port Talbot Social Services Team.

J continued to drive for a few weeks but soon began having difficulties distinguishing between red and green lights at traffic lights and was unable to judge safe distances on very sunny days. J voluntarily gave up driving and at that point felt that she had completely lost her independence.

Following receipt of J's CVI, she was referred to the Sensory Team and a member of the team contacted her to discuss the referral. It was established that J required support with daily living skills and also required mobility training. The referral was transferred onto my caseload and contact made within 24 hours of referral. During that initial telephone conversation, J described feeling devastated, angry and extremely frustrated. She openly described moments of feeling very low and being very tearful. It was agreed that I arrange a home visit to complete an assessment to provide J with aids, equipment and training to allow her to continue to be as independent as possible. As the referral had stated that J was Welsh speaking, she was offered the opportunity of an assessment completed through the medium of Welsh, which she accepted. She stated "Welsh is my first language and I find it so much easier expressing myself in Welsh." The remainder of the conversations/training were delivered in Welsh.

AMD causes a deterioration of the central field of vision used for activities such as reading and cooking. J had previously enjoyed reading but was now unable to access small print. She had resigned as secretary of her local chapel due to this difficulty and had been devastated to have to do so. She stated "I lost my husband 5 years ago and the chapel community and activities had given me something to occupy my time. I have not told any of my chapel friends about my vision as I don't want them to feel sorry for me. I've always been extremely proud and also been the one helping others so admitting to them has been impossible for me to do." J had become dependent on her son reading her mail to her when he visited her a few evenings a week. This made her very frustrated as letters would be posted through her door and she'd have to wait for him to arrive before accessing the information contained within them, especially some of the most urgent or private matters. I recommended that J have a Low Vision Assessment and referred her for an assessment. Following the assessment, J received magnifiers to access print and was delighted to be able to access N8 (newspaper print) with the aid of a 12D HH Magnifier.

Though J was able to access print, she was still only able to read a few sentences at a time due to the smudge/black spot right in the middle of her vision. However, J's peripheral vision was intact; therefore I introduced her to eccentric viewing. This technique improved the quality and speed of her reading ability. J was delighted as it gave her ownership of her ability to access confidential letters and correspondence once again. J enquired about Braille and I explained that I am a qualified brailist and would be able to support her learning if necessary. However, it was agreed that J did not require the training as present as she is able to access print with LVAs.

J completed an assessment of daily living skills as she had lost her confidence when completing skills of daily living. J had become dependent on ready meals re-heated in the microwave and no longer felt safe completing chopping and other cooking skills involving the use of knives, and other sharp cooking utensils. J was unable to access the dials on her kitchen appliances and admitted to guessing the time on her microwave setting.

I assessed the lighting in J's kitchen. AMD affects both the rods and cones of the eyes making the ability to see in low lighting also detailed tasks very challenging. With her consent, I referred her to Care and Repair who fitted fluorescent lighting and also under-cupboard lights to provide additional lighting to complete details tasks on the work surfaces.

Bump-ons were applied to all kitchen appliances including the cooker, hob, microwave and the washing machine, so that J could safely facilitate the operation of each of the appliances independently. J struggles with colour and contrast, therefore I recommended replacing her existing chopping board to make chopping activities safer for her to complete. J now has access to a white chopping board for preparing darker foods and a dark chopping board for the preparation of lighter coloured foods e.g. onions. Chopping skills were also taught.

Completing a simple task of making a cup of tea had also become a real challenge as J was unable to see the water level in her cup. This had resulted in her burning both her hands and also her legs, as the excess water had travelled along the work surface and down onto the floor. J stated "I avoid making too many cups of tea as I'm scared of my son seeing burn marks on me. I know how worried he is about me and I can't risk him placing me into a care home. I'd be completely devastated and am determined to stay living independently for as long as I can."

I introduced J to a Liquid Level Indicator (LLI). This is a device which signals an audible alert when a liquid comes within a distance of the top of a cup or glass. It sits at the edge of the cup and emits a beeping sound as the liquid level comes close to the top. Another tone will sound once the cup is full. Other strategies were put in place including the teaching of pouring techniques which were consolidated over a period of a few visits. With the aid of the LLI and pouring techniques J is now able to safely and confidently make herself a cup of tea. We have eliminated the risks of her burning and have given her the skills needed to complete the task independently.

J had been completely devastated at not being able to drive and had not used public transport for many years. She no longer felt confident to go out on her own and is dependent on her family to support her to access the community. We discussed mobility and the introduction of a long cane. However, initially, J was extremely reluctant to use a cane and stated "I don't want to draw attention to myself and people feeling sorry for me." She also stated "I thought they were only for totally blind people."

We discussed J's confidence navigating kerbs, steps and uneven surfaces. We also discussed her ability to travel somewhere unfamiliar and also about her confidence to travel in busier environments. J reported that she didn't feel safe completing any of the skills and admitted to having fallen several times when travelling on uneven surfaces. We explored a variety of canes and discussed the functions of each one. J was given the opportunity of holding them and we worked hand-on-hand to complete some basic cane skill techniques indoors. I allowed J time for self-acceptance and after two sessions she was willing to 'give it a go.' J was taught a technique called constant contact which requires the cane user to sweep the cane along the ground, maintaining contact at all times. This enabled her to feel changes in the surfaces, edges of kerbs and steps, and also tactile paving. It also provided her with the tools for creating a protective barrier and allowed her to be able to navigate through narrow spaces. Once confident, these skills were developed further, allowing J the skills to navigate busier shopping centres and crowded supermarkets and eventually the bus route from her village into Port Talbot town centre. J's determination allowed her the skills to become a safe, independent traveller and she no longer felt the need to hide behind her impairment. J has since joined the Macular Society and has become a befriender. She shares her experiences with others going through the same feeling of loss that she felt when first diagnosed as Sight Impaired.

Working with people like J and providing them with the tools to complete daily living skills and long cane training is a privilege. She now has the skills to continue to live alone, safely and independently and is back doing the things she loved including baking, walking and staying in touch and socialising with friends and family. She has also been re-instated and is vice-secretary of her local Chapel. She reported that having involvement with the community gives her life a sense of purpose again.

# Cwm Taf Morgannwg University Health Board

## Bridgend

Mrs D has an ulcerated pemphigoid, had her left eye removed and damage in her right eye. She is extremely susceptible to bright light and sunshine. She is registered as SSI. She lives within a valley that is small and isolated. Her husband passed away 3 years ago and she relied on him for all aspects of daily living. She has 2 sons that both live away however she has contact with them via facetime. During that period she lost her confidence, became very anxious, fell several times and stopped going out. Mrs D was at an all-time low, her mental health declined and had no support from anywhere. She had received orientation and mobility training (O&M) in the past when her husband was alive and used to have a Guide Dog. Her sons had concerns over her living independently and managing within her home environment especially around her personal care, preparing food, cooking – leaving the gas cooker on and going out. Mrs D was at risk of falling in her shower as she had no grab rails or any adaptations. The house was very dark with very little lighting especially in the kitchen and bathroom.

Mrs D has been having on-going intervention from the ROVI including further O&M, activities of daily living (ADL) including a lighting assessment, training around communication and technology, low vision therapy (LVT) and emotional support. The ROVI signposted her to various third sector organisations including Care & Repair (C&R), “Booklink” and the Local Community Co-ordinator (LCC). She had a Healthy Homes Assessment from C&R which identified lots of issues. The LCC got her involved in various community groups and into the local gym. Mrs D has become more confident and is now able to go to the gym under the GP referral scheme.

Without ROVI support Mrs D would be unable to manage independently and would need a package of care. However, with a person-centred individual rehabilitation programme she has been able to maintain her independence at home and outdoors within her local community, carry out everyday tasks including those involving risk, re-establish new goals and manage her emotional well-being.

During lockdown she was unable to go out, got very low in mood, lost her confidence, became depressed and felt socially isolated. She has recently started mobility training again and got very anxious using her cane and struggled with the old routes she used to do. She has had several falls since and is having to re-learn routes and build her confidence back up. If ROVI intervention hadn't been introduced a costly package of care would have had to have been put in place having a further impact on her medical and mental well-being.



## Rhondda Cynon Taf

“I was an electrician by trade, unfortunately I had a stroke which affected my sight and I was just wandering about the house. I lived in Talbot Green for 30 odd years and I was trying to do the shopping by myself in the village and using an ordinary walking stick which I found difficult to manage kerbs and I was getting frightened by traffic.

I was seen by my doctors and told that there was a chance my brain would rewire itself and that I would be able to get some sort of vision back. I think they were waiting to see what would happen but I was just getting frustrated being in the house by myself for about three years.

I rang RNIB and they contacted Social Services on my behalf. Ian, a rehabilitation officer, came out and assessed me. He brought a cane and showed me how to use it over the next month or so. Ian took me shopping, took me to the Leisure Centre and helped me to understand where it was safe to cross the roads. Ian also showed me how to use trains and buses and manage getting on and off them safely.

I was getting a bit more confidence in walking about and realised with a cane I could work out where the kerb was so I wasn't walking into traffic. I felt like I was getting a better sense of where I was and what was around me.

I live in Talbot Green which is quite a busy shopping area. I had a mental map in my head of where the places were and walking around them Ian would take me to a corner and say 'no, it's not safe to cross here'. He would then show me a different place a bit further along that was safer to cross and how to access the shops and make my way around the village.

I got a bit more confident and started doing things for myself. It was like I got my life back in a way. I was able to do stuff again. I'm able to get out and do things; I've got confidence to go

and do things for myself. I now go shopping, on trips to Cardiff and I've caught trains and buses on my own.

My advice would be to look for what help is out there, don't be afraid to try anything and don't give up just keep trying. There are things out there it's unfortunate that they are not publicised much, but if you do look there are people who are out there willing to help you.”

## **Merthyr Tydfil**

Mrs. D has macular degeneration and is receiving treatment. She hasn't needed support from a ROVI as yet but, through her local club, has seen the difference that ROVI intervention has made to many of her members. The ROVI visits community groups and is there to provide advice and help. Our ROVI has been very helpful to me and others and is a true professional. I know that, if my sight deteriorates, I can always seek support from a ROVI and I now know exactly what I can ask for and how she can help. Knowing that this service exists has been a comfort to me and others.

Mrs. E attends in the same club and has received a range of support from her ROVI. "She has been marvellous – she has made my house safe by adding bump-ons to appliances. She gave me mobility training, how to use my cane up and down steps, on the kerb on the road. This has helped me to be more independent and I am looking forward to more training after the pandemic.

My ROVI also referred me to an optician for a low vision aids assessment. The magnifiers they provided help me to read my post, medicines and food packaging. I have felt low during these difficult times and have rung my ROVI for a chat. She also telephoned me to see how I am coping. I have really appreciated this support."

# Cardiff & Vale University Health Board

## Cardiff

Mr. Z suffered sudden sight loss owing to an underlying condition of Glaucoma. Mr. Z, when diagnosed, was seen by the ECLC and at the University Hospital of Wales, followed by a home visit. The ECLC made a referral to the ROVI team as a priority. Mr. Z waited 6 weeks to see one of the practising ROVIs.

“They introduced me to the outside environment. This is what I was feeling most anxious about.”

Mr. Z received mobility training. “I was taught how to navigate around commonly visited areas and how to manage a weekly shop. They also helped me with bus travel around the City.” They provided key help and guidance for health and safety around the home.

“I am aware that Cardiff now only has one ROVI and this causes me concern because as more people have sight loss than when I was first diagnosed. I worry that people will be waiting a long time to get the service that I truly valued. I am concerned this will lead to an increase in anxiety, leading to stress affecting wellbeing and mental health, as well as social isolation and a subsequent loss of confidence.

What I think needs to be considered is that many sight conditions are progressive. An individual’s needs are ever changing. If there is a significant change in vision, they will need additional support.

Timely access to a ROVI made a significant difference to my mental health and wellbeing. I suffered with depression and the step-by-step process of a conversation followed by intervention help me considerably. The longer you leave some dangling the greater the impact to their mental health and wellbeing. Therefore, timely intervention is critical.”

Mrs E is a 59-year-old woman who is registered as Severely Sight Impaired. She had requested ROVI input for mobility sessions consisting of bus travel to Newport with the aim of orientating herself to Newport train station. The purpose of these sessions was that she was going on holiday and would be going from Newport train station and as she had never been she did not feel confident enough in carrying out the journey herself. Once I had visited her and carried out an assessment, I agreed to carry out a 6-week mobility training programme beginning with looking at the route and breaking it down into sections and ending the programme with Mrs E conducting the route on her own with myself observing.

During each session Mrs E would successfully negotiate the route consisting of road crossings, negotiating traffic lights, steps, stairs and orientation of the train station. By each session she would progress and become familiar with the route and her surroundings. It was also useful conducting sessions at the train station for staff members as I could explain the needs required for her upon her arrival and for Mrs E to be reassured that with assistance she would be taken to her platform and onto her train safely.

With the 6-week programme completed Mrs E stated that she would like to continue with furthering her mobility with the ROVI agreeing to extend her mobility training, (which has been completed after a review), conducting bus travelling sessions around Cardiff. As Mrs E had gained confidence in being able to use public transport she wanted to visit places of interest and shopping centres safely and independently that she would not have thought about or attempted before receiving a rehab service.

Ms W. A telephone assessment has been completed with this lady and currently wellbeing advice calls are being made on a weekly basis. She has recently lost some of her vision with an as-of-yet unknown diagnosis. Following telephone assessment and continued wellbeing calls ROVI has identified that she is struggling at home and having difficulty with preparing herself a hot drink, meal preparation and is relying on her 15-year-old daughter for support in the kitchen. She also has a son, aged 12 who has special needs and both children are known to Children's Services and have been visited by their social worker during lockdown. Ms W suffers with anxiety and depression and is struggling to come to terms with sight loss and the ability to do 'everything'. VI input is urgently needed in order to help provide her with suitable aids and gadgets. These would be to help maintain safety at home and independence in carrying out daily living tasks as well as potential mobility training depending on current circumstances.

Mr M received 4 weeks VI input before lockdown consisting mainly of mobility training looking at cane usage, road crossings, negotiating steps and stairs and low level kitchen skills. Further training is required around cooking skills looking at chopping/peeling skills and hob usage as currently he no longer uses his hob due to an incident and at present does not feel confident using without any input. Further mobility training also required most notably looking at routes into local village, chemist GP surgery and workplace (Heath Hospital) as these routes were not achievable before lockdown. Mr M lives alone with parents living in Hereford and has friends living in Penarth and around the city but is in contact with them via telephone. He suffers with mental health issues, depression and anxiety. Weekly wellbeing calls are being made by the ROVI but input is required to help maintain his wellbeing, independence and safety indoors and outdoors.

## Vale of Glamorgan

Mr D was an active cyclist and had a keen interest in motorcycles before losing his sight. He had been driving since 1946. Mr D is 89 years old. He is registered as Severely Sight Impaired and has Age Related Macular Degeneration in both eyes with no central vision. He was having Lucentis injections for 7 years, but these have now stopped. He had recently been told by his consultant that there is nothing else that can be done for his vision as the Macular is now dry. Mr D reports that he has Charles Bonnet Syndrome which creates the impression he can see animals such as a cat under the table and by the side of his chair which looks up at him and a purple pig which keeps his back to him. Mr D has also had a triple bypass in 2003 following a previous heart attack. He then had a stroke 3 years later.

His daughter (who lives abroad) contacted the Vale and said that her parents live in a very old town house and is very concerned that when her father goes up and down the stairs (especially with their toilet outside the property) he cannot see the bottom step and he may have a fall.

During the Initial ROVI Assessment and lighting assessment, referrals were made to Care and Repair for handrails outside the property, edging of the steps to be painted white leading from the back door to the outside toilet. Also, front porch steps needed to be painted. The pathway leading to the outside toilet was very poor so brighter lighting was installed. A flat steel railing was installed to provide additional support when walking down the front steps.

Indoors safety lighting was put in to provide extra lighting leading from the bedroom to the upstairs toilet. This was a major safety issue as Mr D was fearful that he may fall down the stairs during the night. A stick rail was installed along the stairwell wall on the right-hand side so that Mr D would have support when going down the 15 stairs. Mr D's wife mentioned that she was afraid to leave Mr D alone in the property when she had to go out and was continually worried that he may hurt himself. After a brief discussion Mr D agreed to a Telev alarm system.

### *Quote from Mr D*

*"Safety is the primary object, I am for ever grateful for being gently persuaded to have a personal alarm, it now means my wife can go out and not be worried about me. Also having our clothes line in the back garden cemented in the ground means I can now help bring the washing in for my wife, one more less thing for her to do and it makes me feel useful again".*

During the Initial ROVI Assessment Mr D said that he had difficulty with reading all print sizes especially his marine books. He had tried magnifiers with additional light, but they no longer helped as the letters are still jumbled up. As Mr D has been in the forces, I liaised with outside charities to provide a case for securing funding for a screen reader to enable Mr D to pursue his hobby of reading.

Mobility training was also discussed, and Mr D said he had lost his confidence and was unable to walk in a straight line and kept veering off the edge of the pavement into the road as he was constantly tripping up on the uneven surfaces.

Mr D was initially given a symbol cane to introduce him to the long cane, to use when outdoors. He then progressed to a guide cane and finally long cane mobility training. Mr D has recently completed his mobility training with ROVI intervention. Mr D has always liked Nordic walking and him having mobility sessions has improved this greatly.

*Quote from Mr D*

*“There have been some humorous times during my mobility training – things that were taught in mobility sessions, like moving safely around additional clutter on the pavements, bicycle docking racks and negotiating around scaffolding on the pavement. I did not think I could do it with my limited vision but with the reassurance I was given I was able to complete it, although it was still very daunting at times. The Rehabilitation Officer taught me to be more aware and drew my attention to crossing the road correctly, learning to go at a slower pace and trust my decisions again. I felt confident to be able to cross a busy junction using 3 zebra crossings on my own - remembering to stop at the kerb edge first and not to dash across the road (although at my age that would be a bit hard to do). I am very grateful to the local authority and Sight Cymru for bringing a Rehabilitation Officer into my world, spending the extra time and care to teach me new skills and giving me more independence and my confidence back. My greatest joy is being able to send a photo and video by email to my daughter who lives abroad and to share my new mobility skills”.*

# Aneurin Bevan University Health Board

## Caerphilly

Mrs C, a young woman diagnosed with Diabetic Retinopathy during the Coronavirus pandemic, has been referred to ROVI team via the Certificate of Visual Impairment. The ROVI met with the client to provide an holistic assessment and discuss registration (Severely Sight Impaired). Mrs C had recently qualified as, and was working as, an English teacher. She has left this role because of her sight loss. Mrs C had recently moved into a new home and was unfamiliar of her surroundings. She has no detailed vision but can make out objects.

Following an assessment by the ROVI, what mattered to her was being able to get out and about by herself and not rely on other people. During the pandemic the ROVI provided a focused work-plan on mobility training as this could be done safely outdoors. Mrs C explained that she has always been an independent person but felt restricted during the pandemic. She added that,

“Timely access to mobility training meant that I didn’t build up a fear of going outside and avoided feeling completely trapped because of my sight loss. I Just know that without her [the ROVI] help I would still be struggling with my sight loss”.

Intervention with the ROVI meant that the client felt that her ‘life wasn’t over’. She became more motivated and confident to learn all of the necessary skills to regain her independence. Mrs C now has a more positive outlook on life and is looking and what opportunities there are in relation to work. ROVI has provided advice about Access to Work and support from the third sector on learning new IT skills. Sight loss has had an emotional impact on her life but ROVI intervention has enabled her to have a more positive outlook.

The ROVI provided lots of information and has supported Mrs C to do more for herself. “My ROVI has helped me to use my washing machine and microwave by adding bump-ons. This has meant that I no longer feel stuck and that I rely on everybody”.

## Blaenau Gwent

X from Blaenau Gwent attended the emergency Eye department X has recently lost her sight, (registered as Severely Sight Impaired) due to a rare condition called Leber’s hereditary optic neuropathy which causes acute and sudden onset of sight loss. X has been receiving support from the Community Psychiatric Nursing Team who had requested CRT support for X in order for her to be able to adjust to her sight loss and received support to remain as independent as possible.

Contacting X immediately I soon realised how difficult life for this young mum had now become. Since the loss of her sight X has been experiencing difficulties both physically and mentally. She is managing to care for her small children as a recently single parent with the added tasks of managing around the home and slowly coming to terms with the realisation she cannot see clearly.

ROVI support was needed urgently! This came in the form of an Assistant ROVI in Blaenau Gwent who was the only support able to make home visits during the pandemic. A fantastic service was provided by the Assistant ROVI at this time.

The next day Callum (Assistive Technology Officer) from Sight Cymru made a home visit to X. Whilst with X, we enabled 'voice assistant' on both her mobile phone and tablet. X heard very well with this and was able to grasp the concept of the different tapping and swiping gestures. I have advised X that we will be looking to book her in for another visit in due course and have since communicated with the ROVI Assistant from Blaenau Gwent social services. During the chat we have discussed different options going forward I will be looking to work together to come to a resolution at help support X going forward. Speaking daily with X and ROVI Assistant we identified the most urgent needs of this young mum as Housing.

Re-Housing: she is now looking forward to moving into her new home and we are working together with Linc Cymru (Housing Association) to provide adaptations which will enable X to live as independently as possible. However, to enable X to achieve this the ROVI Assistant is planning adaptations to the new property and hope that we can create a safer environment for her and the children.

We considered all aspects of Daily Living i.e. Kitchen Assessment- Liquid Level Indicator, Coloured Food Boards, Boil Alerts etc., Lighting and Colour Contrasting. Blaenau Gwent have also funded an Oven Appliance for X which will be high level housing to create a safer kitchen environment.

X is a very determined young lady, although at present struggling to accept she needs certain aids to enable her to achieve independent living. She is slowly adjusting to her situation and is receiving support from numerous agencies and organisations.

I have liaised with numerous Charities including: Children's Services, Children In Need, R.N.I.B. and Florence Nightingale Trust.

X is also being supported by the Sight Loss Advisor to apply for a grant from the RNIB in relation to purchasing some equipment specifically designed for people with a visual impairment i.e. a talking microwave, talking scales etc.



X finds it extremely difficult to use the environment and space around her confidently due to her sight loss and with this in mind ROVI Assistant is planning a more accessible kitchen that will enable X to maximise her independence and build confidence knowing she can carry out kitchen tasks safely and with her children to do the fun things that she recently thought impossible.

Assistant ROVI support/funding X can begin to look forward and achieve her goals to live as independent as possible.

Whilst working with X I also identified the difficulties she experienced with Communication/Technology. I again liaised with other agencies for funding and Blaenau Gwent supported me to purchase a one off payment for WiFi and also a iPad and iPhone. X and I also liaised with Callum Briars at Sight Cymru who is supporting X to set up the new equipment.

Assistant ROVI Manager also liaised with other Councils to request ROVI Support and X has been in contact with Tamara Bartlett from Caerphilly who has met her and carried out some outdoor mobility training. Tamara is also available once a week for other ROVI support if needed.

X has had a bus pass and Blue Badge.

We also referred X for a Direct Payment and she is now employing 2 PA's 10 hours a week to support both X and her children with Social Activities/Daily Living Skills

## **Torfaen**

Mr A is thirty-five years old and moved into a new area with his family a year ago. He has hereditary retinal dystrophy, rod and cone dystrophy and macular degeneration, and is registered as Severely Sight Impaired. Mr A said that his sight has been deteriorating very quickly and he has lost confidence in the home and going out. He admitted that he is being treated for depression and was struggling from day to day.

Mr A has been having difficulty in the home bumping into door frames and furniture. I provided pre-cane skills training to reduce the risk of injury in the home.

Mr A relies heavily on his Guide Dog but realises that there could be a gap when his dog is ill or retires. We talked about routes that he would like to travel regularly. We agreed mobility training with a 130cm long cane. We trialled two cane tips and Mr A preferred the large roller ball because of the uneven pavement. Mr A struggles in bright sunlight, trialled a variety of UV shields and referred to the Low Vision Service. I also advised to use a peaked cap to shade his eyes. We worked around the local area building confidence in using the cane and orientation. After training Mr A became a confident traveller with Guide Dog and cane.

To improve safety in the garden, he was referred to Care and Repair and a number of changes were made to his home environment.

Mr A likes to help in the kitchen but has lost confidence with chopping and preparing food. A session on kitchen safety demonstrating kitchen equipment contributed to Mr A preparing food for the family, as he did in the past.

We looked at communication and Mr A had an iPhone. I demonstrated the accessibility settings on the iPhone and the app Seeing AI, that enables him to read cooking instructions. Mr A sometimes struggles with his Sky box. I provided the number for Sky Accessibility to register and receive instructions on how to use audio description. I referred him to Sight Cymru for support with access software for computers.

Mr A said that he was feeling far more confident after the training and he felt that he was ready to go back into the workplace. I referred him to Sight Cymru for a volunteer position to help build confidence and skills.

## **Monmouthshire**

Mr B is 47 recently registered as Severely Sight Impaired Retinal Atrophy and Retinal detachment. He started having sight loss issues three years ago and had to finish work as HGV driver due to his sight loss. He lives alone in a first floor flat.

A referral was made to local authority social services requesting assessment of Rehab Officer for vision impairment to the recent deterioration in his sight he no longer able to cook or make hot drinks because he is frightened of burning or scalding himself.

The Rehab Officer (ROVI) telephoned Mr B whereby she identified that case was Critical and Home Assessment visit was arranged.

When the assessment was undertaken the Rehab officer observed that Mr B had issues with his mobility because he was clinging onto his furniture to move around his flat whereby he had previously said he was managing. Following further discussion around mobility issues he was reduced to tears and admitted he no longer felt safe within his own home in particular when using the stairs and in his bathroom.

It was agreed that referrals would be made to Care and Repair to install an additional handrail for the stairs to provide additional support he needed to use safely and independently. Referral for a brighter light fitting to replace the existing lighting which was insufficient to his visual needs. A referral for bright coloured grab rail to be fitted on side of shower to provide support needed for him to use safely and independently.

Demonstrated some orientation and mobility techniques using trailing technique for safe and independent mobility within his flat. Demonstrated mobility canes and agreed upon mobility training.

Demonstrated and issued a liquid level indicator to support safety and independence when making hot drinks which made immediate boost to his confidence. In addition, provided details of a hot water dispenser. Referral made to Care and Repair for additional lighting for his kitchen area which included strip lighting and under cupboard lighting to light up worktop areas to provide brighter more efficient lighting for him to see better to prepare meals and drinks.

Marked up settings on his microwave and oven dials with bright coloured tactile markers (bump-ons) so that he could easily locate to cook confidently again. Another referral was made to Care and Repair for additional lighting in the kitchen included strip lighting and under cupboard lighting to light up worktop areas to provide brighter lighting levels for Mr B to be able to see better to prepare meals and drinks.

Demonstrated and trialled low vision aids magnifiers and task lamps and referral made to local optician for Low Vision Assessment with recommended aids that had benefited his reading vision.

Following the programme of ROVI intervention of Mr B who has since completed mobility cane training is able to travel outdoors safely and independently. And following completed work by Care and Repair as referred by the ROVI he stated that he now feels confident and safe and independent living in his flat.

Miss W is a young lady, is visually impaired and has learning disabilities. ROVI has worked with her on and off for over 12 years.

Miss W's family were moving abroad but Miss W did not want to move and therefore she was supported to move into sheltered housing and lived in a house with three other residents and had 24 hr care, every day.

Over the years the ROVI has provided various support for Miss W, including, daily living, mobility, communication and advocacy but over the last couple of years, she kept saying she wanted to live in her own home and became more independent.

Therefore, I supported an application for Miss W to have a bungalow through the County Council. This was granted, and I was asked to provide guidance and advise on what was needed within the bungalow: new wet-room, kitchen, colour contrast, etc, which was accepted and undertaken.

Miss W was given the keys and moved in on the weekend and I agreed with Miss W and (Monmouth Housing), for her to move/settle in, and I would then visit to see if any further work/support was required to support her safety and independence.

Received phone call from Miss W's housing support worker (HSW) requesting advice and support for grants with regard to purchasing appropriate equipment for Miss W 's kitchen, to undertake daily living needs/tasks, whereby I advised either have similar equipment to what Miss W currently uses within the sheltered home or what Miss W would prefer herself - induction hob, washing machine; etc and either way I would be able to provide advice, support and training if required.

The MHW also informed me that Miss W had settled in while and she is able to get to her old home by herself but, she was struggling to learn the distance to get back to her new home. HSW inquired about something being put to help identify the strip on the end of her path. She also informed me that Miss W had put on 5lb in weight in the last week and she was concerned about this and therefore Miss W would like to walk more often but feels that she has lost her confidence in going out and wants to build this up again.

I informed HSW that I would have to look at Miss W's kitchen and current equipment, support her to access her home safely and independently and look at the area and see what I think could assist with the identification of the path way to her home these could support all Miss W's safety, independence and choice.

## **Newport**

“When I was first registered, I had support and advice provided to me from the local authority and third sector, but my sight loss was such that I didn't need rehabilitation intervention. However, as my sight deteriorated, I became reliant on my husband and looking back this is when I could have benefited most from support from a Rehabilitation Officer for the Visually Impaired (ROVI). I was put on a waiting list but had to wait a very long time.

Whilst waiting my husband died and I lost my support. I went two years before I had ROVI intervention. I lost self-confidence during this time and lost connection with the outside world, I felt that my independence had been lost. I became anxious and my mental health suffered. I needed drive and encouragement. I got this from the ROVI when they visited but it was two years too late. Looking back, early intervention - even knowing what support and services were available to me (a local club for example) - would have made a big difference to my wellbeing. I live in a remote area and felt cut off. Access to a ROVI has made a huge difference to my life now, I just wish I had received support at a time when I needed it the most”.