

Cambridge Centre
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Evaluation of Early Support in Essex

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1. Introduction

Background

Meeting the needs of an ageing population is one of the key issues affecting both the housing sector and wider social care agenda in the UK at the present time. Increasing numbers of older people wish to remain in their home for as long as possible, and this means there is a growing need for support and adaptations in the home. Sight loss is one difficulty that many older people encounter, and the links between sight loss and other health difficulties, in particular falling in the home, are well-documented¹. Thomas Pocklington Trust, a charity for people with sight loss, contributed funds to the Visionary Development Fund's project 'Early Support in Essex' (ESE) and the evaluation reported here.

Four separate local sight loss charities work in Essex and they had informally divided the county into four areas to avoid overlaps or gaps in provision. These comprise:

- Support 4 Sight – based in Saffron Walden and covering west in west Essex
- BASIS – based in Basildon and covering south Essex
- Essex Sight - based in Colchester and covering mid and north Essex
- Southend Blind Welfare – based in Southend, but not offering home visits

Each sight loss organisation can pass on referrals to neighbouring organisations covering the area where the referral lives. Southend Blind Welfare however do not offer home visits and did not take part in Early Support in Essex.

The project arose from the concerns of local sight loss societies at low numbers of referrals from Essex Social Care Direct (ESCD), the call centre service in Essex County Council, and that many were not directed to the local society covering the person's home.

Efforts to encourage ESCD to refer people to the right organisation, and maps to help them do this, saw some improvement in referrals, but societies were keen to make the system more efficient and sustainable.

Rather than expecting ESCD to establish in detail which societies covered each area of the county and the different services offered the societies developed 'ESE as a project that would allow ESCD to refer everyone to a project worker based in one society, Support 4 Sight (S4S). The project was funded for two years by Thomas Pocklington Trust through the Visionary Development Fund and S4S was committed to seeking continuing sources of funding if the system worked well.

¹ See this link: www.ageuk.org.uk/latest-press/poor-vision-leads-to-falls-for-270000-over-60s/

What did the 'Early Support in Essex' project aim to do?

The Early Support in Essex project aimed to:

- Improve the referral system by ESCD, the call centre service handling referrals for sight loss registration, make and sustain good relationships between local sight loss societies in Essex and with ESCD and equip ESCD to offer information about sight loss societies working in Essex, encourage take up of the societies' services and provide contact details for the 'Early Support in Essex' project
- Increase the numbers of people referred to local sight loss societies
- Contact all the people referred to the project to identify their needs and aspirations, refer them to appropriate local societies and services, clarify and describe sight loss registration and assessment status and procedures, and refer them back to ESCD or Essex County Council as appropriate
- Collect and analyse data about referrals to the pilot project and project activities in order to evaluate the pilot in ways that may demonstrate the effectiveness (including cost effectiveness) of an early support process that involves local sight loss societies
- Develop a business case for appropriate follow on services
- Make the learning from the pilot widely available.

The main purpose of the evaluation is to enable lessons to be learned from the pilot project, to ensure that others can benefit from its experiences.

The work of Local sight loss societies in Essex

Local societies take referrals from a variety of sources and works with people who have sight loss, in most cases after they have been given a Certificate of Visual Impairment (CVI).

Services vary between societies and in different parts of the county. For example, S4S offers:

- A resource centre, offering:
 - A chance to look at specialist equipment
 - Place to socialise or wait for a taxi
 - Somewhere to call in for advice/support
 - Loan of equipment
- A telephone careline where they can speak with a volunteer who has sight loss

- Coffee mornings and social trips
- Newsletters
- Membership, costing £10/year and entitling member to further newsletters
- Referral to other organisations, including back to ESCD in some cases. ESCD ask people who have been newly diagnosed with sight loss whether they require an assessment of need. S4S were concerned that most people decline this initially as they are unsure what benefits it would bring and therefore S4S often refer them back to ESCD if they think they would benefit from this assessment and the additional support/adaptations that it could bring.

If people would like a home visit, societies' staff contact them to arrange this. This is intended to make a seamless system of support, with staff across societies working closely together. Further support is available to those who require it.

The support itself is provided by the local sight loss societies, rather than the ESE scheme itself – which focuses on the referral mechanisms. Because each society differs in its activities it has proved difficult to identify the specific impact of the ESE scheme . We can however explore the numbers of referrals before and after the project began and explore the overall impact of some of the support provided by the local sight loss societies to people referred into their services by ESE.

2. Evaluation methods

A total of 40 older people who had been referred to Early Support in Essex (ESE) by ESCD and contacted by one of three local sight loss organisations were interviewed by phone between March 2013 and March 2014. Half of those interviewed were in the S4S area and the other half in covered by one of the other two organisations, broadly reflecting the number of clients within the ESE scheme. Interviews took place within a few months of the referral having been made, in most cases after an initial visit by a local society had taken place.

The ESE project lead was also interviewed, as were representatives from three organisations, other than local sight loss societies, that work with people with sight loss in the Essex area: the Macular Society, Guide Dogs, and Action for Blind People.

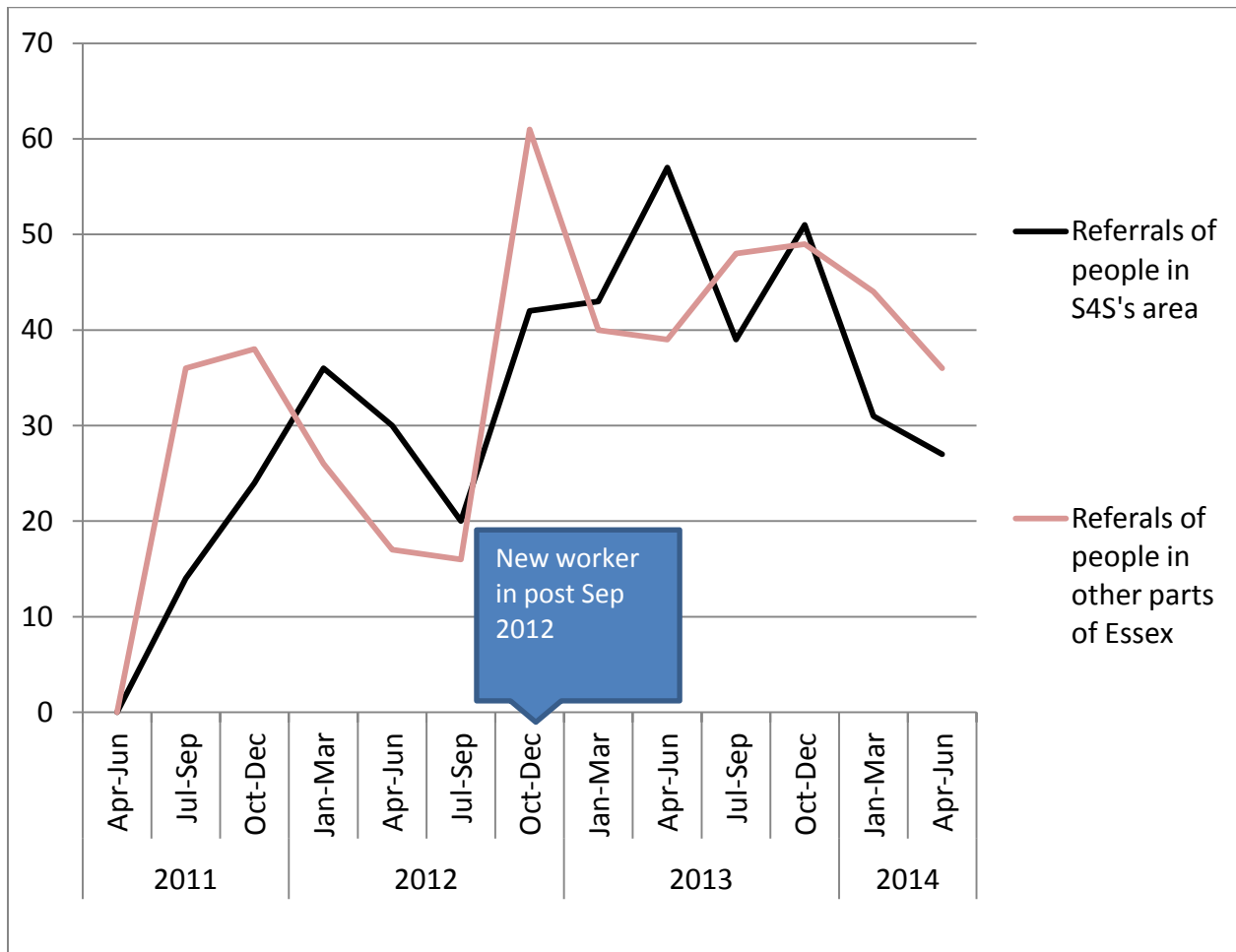
The researcher worked with the ESE project worker to improve the project's administrative data collected and its potential for analysis. Individual level data was therefore analysed with details of the profile, needs and services provided to all those referred to ESE during the 18 month period October 2012 to March 2014. Some more limited data on the numbers referred to S4S ESE in Essex prior to October 2012 was made available to enable comparison over time.

3. Findings

How many people does Early Support in Essex assist?

Referrals to Early Support in Essex (ESE) were channelled through S4S who then passed on people living outside their area to the other local sight loss charities. The data suggest that initial work by local societies with ESCD in 2011 had had some success in increasing the number of referrals during 2011, but that during 2012 the numbers started to fall off. They then increased once the ESE project began, as shown in the figure below:

Figure 1: Referrals to Support4Sight, both in and out of their area



Source: Administrative data collected by S4S October 2011-June 2014

The chart above also shows that S4S had been processing a similar proportion of referrals from people outside of their area both before and after the ESE scheme began. Most of their referrals come from ESCD, which suggests that S4S's analysis that ESCD

found it difficult to tell which organisation to refer people to before the introduction of the new worker could be correct.

It can also be seen that referrals during the last 18 month period have fallen slightly, but fluctuate a little from one quarter to the next, and remain higher than they were prior to the introduction of the new worker.

Administrative data held by Support4Sight indicates that a total of 536 people were referred to them during the period October 2012 to March 2014, 410 of whom were referred from ESCD as part of the Early Support in Essex project. Of these, a third (133) were in the S4S local area, and the rest were referred on to other sight loss organisations.

The remaining 126 people were referred from other routes to S4S – most commonly self referrals (45), hospitals (23) or outreach workers (19). Only 11 of these non-ESCD referrals were referred on to other local sight loss societies, suggesting that the gateway role performed by the ESE scheme was mainly focussed on ESCD referrals during the time period of the study.

Once people have been referred on to their local sight loss society, the support is then organised by them. For those in S4S's area, the initial referral to ESE is followed up where possible with a home visit. Out of the 248 initial referrals who were in S4S's area (133 referred via ESCD along with 115 referrals from other sources), 122 were visited at home. If S4S cannot make contact by phone after three attempts they post a letter and information. People are asked whether they want to be referred to a local sight loss organization, but it is possible that some of the referrals from hospital clinics may have received the support or advice they required at that time, or on reflection decided that they did not currently want anything more.

Who are the clients of Early Support in Essex?

The data provided by S4S included both those referred through the ESE scheme and people who came through other sources to access S4S services. Overall three quarters of the clients were referred from ESCD as part of the ESE scheme.

Nearly two thirds of the clients were female, and sixty percent were aged over 80. Only a small minority of ESE's clients are of working age. The table below shows the profile of these clients (Table 1):

Table 1: Profile of clients

Attribute	Category	Number	Proportion
Gender	Male	198	37%
	Female	336	63%
	Not known	1	-
Age	Under 50	41	9%
	50-59	31	7%
	60-69	33	7%
	70-79	76	17%
	80-89	170	38%
	Over 90	67	22%
	Total	418	100%
	Not known	117	

Source: Administrative data collected by S4S October 2012-March 2014

This very old age profile, whilst unsurprising given that most causes of sight loss are age-related, suggests that many are likely to have other age-related health conditions in addition to their sight loss. The data collected by S4S confirms this to be the case. As the table below shows, the most common conditions reported were those related to old age – hearing loss, mobility difficulties and arthritis (Table 2):

Table 2: Other health conditions of clients

Health condition	Number	Proportion
Hearing loss	97	18%
Mobility difficulties	84	16%
Arthritis	57	11%
Dementia/ memory loss	35	7%
Diabetes	17	3%
Heart problems	17	3%
Stroke	14	3%
High blood pressure	12	2%
Other mental health problems	9	2%
Cancer	8	1%
Parkinson's disease	4	1%
Diabetes	4	1%
Learning difficulties	1	0%
Other	67	13%

Source: Administrative data collected by S4S October 2012-March 2014

This information was not always collected, so probably under-records the actual extent of other health problems. These other conditions are likely to have an impact on clients' ability to manage with sight loss.

The client interviews confirmed that many were managing with a range of health difficulties, of which sight loss was only one of several issues. Interviewees sometimes highlighted the difficulties caused by multiple health issues, such as being able to neither see nor hear approaching traffic, or suffering from depression related to be unable to get out of the house to socialise because their sight loss or other health conditions limited their mobility.

Sight conditions

The clients' were affected by a variety of sight conditions, as shown in Table 3:

Table 3: Sight condition of clients

Condition	Number	Proportion
Macular Degeneration	195	36%
Glaucoma	74	14%
Cataracts	67	13%
Retina detachment	22	4%
Diabetes related	17	3%
Stroke-related	17	3%
Geographic Atrophy	15	3%
Retinitis pigmentosa	6	1%
Other	101	19%
Unknown	136	25%

Source: Administrative data collected by S4S October 2012-March 2014. Notes: Some clients had more than one condition. 'Unknown' includes clients whose condition was not yet diagnosed, as well as those for whom the condition was not recorded by S4S.

Macular degeneration, glaucoma and cataracts are the three most common forms of sight loss. These are all degenerative conditions where those affected may have many years of partial sight. Cataracts can often be removed and sight restored, whereas treatments for macular degeneration and glaucoma may be less effective.

In total 208 were known to have a certificate of visual impairment, and 84 were known not to, though this was unknown for nearly half the referrals.

Referrals to Early Support in Essex

The large majority of S4S's referrals come from Essex Social Care Direct, as shown in Table 4:

Table 4: Referral source of clients processed by S4S

Referring agency	Number	Proportion
Essex Social Care Direct	410	76%
Self referral	45	8%
Hospital	23	4%
S4S Outreach service	19	4%
Eye Consultant	7	1%
Occupational Therapist	6	1%
Exhibition	3	1%
Service user enquiry	2	0%
Drop in/eye clinic	2	0%
Other	14	3%
Not known	5	1%
Total	535	100%

Source: Administrative data collected by S4S October 2012-March 2014. Note: As discussed above, just over half of the clients referred by ESCD were then passed on to other sight loss organisations, whereas the ones referred from other sources were largely within S4S's area.

This suggests that the systems set up to take referrals from Essex Social Care Direct appear to be working. There are also some referrals from a wide variety of other sources, suggesting that S4S has been successful in becoming known to people working in a wide variety of agencies.

The 40 interviews with clients explored the referral process in more detail (Table 5):

Table 5: Referral organisation as recalled by interviewees

Referring agency (as reported by interviewees)	Number	Proportion
Hospital	13	33%
Self	11	28%
Essex County Council/social services	5	13%
Occupational Therapist	1	3%
Landlord - HA	1	3%
Macular society	1	3%
Can't recall	8	20%
Total	40	100%

Source: Interviews with clients of S4S 2013-14

This is somewhat surprising, given the large proportion of referrals that come from ESCD (at Essex County Council).

Comparing the reported referral routes with those recorded by ESE reveals that 26 of the 40 interviewees had in fact been referred by ESCD, including eight of those who reported having been referred by the hospital, six who said they'd self-referred, and five of those who said they could not recall. Overall, only nine of the 40 interviewees were able to correctly recall the referral agency. Overall, many people did not appear to recall why they had been referred to ESE, or by whom. This appears to be particularly the case for those referred by ESCD.

Interviewees were asked whether they had heard of S4S, prior to being referred to them. Nine of the 40 interviewees said that they had heard them – mostly because they knew the shop in Saffron Walden. The lack of national or local profile could be one factor in people failing to recall being referred, though the client group's high level of needs and other agencies involved in providing care for them may also play a part.

It was clear when asking about why they were referred to S4S that many of the clients were unclear as to the reasons. Most could remember the worker who had visited them by name but some were unsure what organisation she worked for, or how she had come to visit them:

'I don't know how she knew about me. She just turned up one day!'

Interviewees were asked, as an open question, what they were hoping to get out of being referred to S4S, and their answers have been categorised below (Table 6):

Table 6 What clients wanted from ESE

Support wanted	Number	Percentage
Practical help and equipment	12	30%
Emotional support and help coping	7	18%
Benefits advice, parking badge, etc	3	8%
Information about sight loss	2	5%
Meals	1	3%
Help with reading and writing	1	3%
To access course for people with sight loss	1	3%
Not sure	16	40%
Didn't want them ²	1	3%

Source: Interviews with clients of ESE 2013-14. Note: Some respondents gave more than one answer

Practical help and the opportunity to find out about specialist equipment for people with sight loss were clearly a major focus for clients being referred to ESE, as described here:

'I needed a very good lamp, even to eat my meals. My brother had had a similar condition and I knew that if you ordered things from the catalogue you didn't know if would be suitable. I like to try before buying things, especially with lighting.'

'I wanted a fold-down stick.... and a speaking clock.'

Others said that they were looking more for emotional support:

'I was lost, didn't know what to do – I didn't want to admit was blind'

'A contact, and someone there to talk to if you need help and advice'

Some clients were themselves unsure what they wanted from the service, with most simply saying that they inquisitive as to what help was available:

² This client had been referred at the request of her daughter. She herself said that she did not want or need any help.

'It was all new to me and a bit scary. I thought I'd just go along with what they say.'

'I didn't know what I wanted at the time. I had no expectations.'

Support provided by Early Support in Essex

Of the 40 clients interviewed, 35 recalled that they had been offered a home visit, and all of these had had a visit and 12 of these had had more than one visit. Two who had not had a visit reported that they did not, at this time, want a visit as both felt they were currently managing. Three others could not recall whether they'd been offered a visit or not, though two of these said a visit would be useful.

When asked what support was provided at the visit, most clients focussed on the practical aspects of the support provided. Requirements differed depending on the degree of sight loss, how recently it had occurred, and the living arrangements and other support networks of the individual. Those who were recently diagnosed were more inclined to want assistance with financial matters such as claiming benefits, the blind person's tax allowance or a disabled parking badge. Those who had lived longer with sight loss were more often focussed on finding out more about the practical adaptations they could receive, as well as coping with any changes to their life, such as bereavement or a worsening of their sight condition.

Practical support

A key focus of the support provided in the home visits was providing information on or loans of practical equipment to assist with sight loss. Thirty three of the 35 people recalling a home visit said they'd been offered such equipment, with 27 of them reporting that they'd made use of it. They were also asked whether there was any other kind of equipment they would like, but for whatever reason had not (yet) managed to acquire. Light bulbs are the most commonly reported piece of useful technology that clients make use of, but a variety of other equipment was also in use (Table 7):

Table 7: Equipment that ESE clients were assisted to access

Equipment Provided	Number
Light bulbs	9
Bump on stickers	9
Lamp	8
Magnifier	5
Cup sensor	5
Radio	4
Talking Clock	3
Daisy reader	2
TV magnifier	2
Cassette player	2
Audio books	2
Coloured mat	2
Dark glasses	2
Sunglasses	1
Microwave with big controls	1
Central heating controls	1
Talking watch	1
Calendar	1
Audio newspaper	1
Keyboard	1

Source: Interviews with clients of ESE 2013-14

Of those who did not make use of equipment, three were unable to recall whether they had been offered equipment or not, a further two said that they thought they already had everything they needed and three said that they would have liked more information about equipment they could borrow.

A few had not made use of what was offered for a range of reasons. Three reported that the things they wanted (Daisy Readers in particular) were too expensive for them; two that they could obtain the things they needed from the library. One person reported that

the product did not arrive; two that they did not have the energy to use the equipment and two that they found it too complicated. One person didn't like the light bulbs, one did not like the CDs she had been given and one person said she felt silly with a white stick. Just one person said that he'd bought equipment that he didn't really want because he felt under pressure to do so.

The large majority, however, were very pleased with the equipment they had borrowed or bought. Bump on stickers on devices and new stronger light bulbs were particularly appreciated:

'They sold me some new light bulbs. I was amazed at the difference they made'

Some said they had appreciated the opportunity to find out whether things worked for them before they spent money on buying them:

'They lent me a special lamp with magnifier glass and Roberts Radio...I was so pleased with them that I bought both of them from the RNIB. The radio has presets to make it easy to tune.'

Clients were also asked whether there was any other equipment they would like (Table 8):

Table 8: Equipment wanted by ESE clients

Equipment wanted	Number
Something to help read/Daisy Reader	5
Magnifier	4
Something to help cook safely	3
Computer software	2
Large or simple to use TV remote control	2
Talking books	2
Phone with large buttons	2
Microwave with large buttons	1
To see laptop better	1
Large print diaries/calendars	1
Talking clock	1
Light bulbs	1

Source: Interviews with clients of ESE 2013-14

Their answers suggested that some people were not aware of exactly what equipment was available, as they were articulated more in terms of needs than in specific pieces of equipment. This may be because they were not yet fully aware what was available, or possibly because there isn't any technology that will enable them to do the things they would like to do. Readers, magnifiers and phones were most often mentioned as technologies people would like but which they had not yet managed to acquire. These may be possible areas for future development of assistance provided by local sight loss charities.

The majority of interviewees, however, said that there wasn't any other equipment that they required at the moment. Some said that they were aware their sight might change in the future and that they would return to their local sight loss charity if they needed different equipment in the future.

A small number of interviewees were unwilling to engage with the local sight loss charity in helping them to adapt to live with sight loss because they did not think that their sight loss was permanent and their focus was therefore on medical interventions to save their current level of sight, or cure the sight loss. It would seem that people still focusing on recovery were reluctant to change their lifestyle or home to accommodate sight loss.

Emotional and social support

The emotional and social support provided was a lesser focus for the majority of clients. Most felt that their key needs were around practical adaptations to their home.

Around a quarter, however, did say that they felt that the local sight loss society had provided emotional support. Some said simply that they appreciated having someone to talk to:

'She just talks to me and makes people feel at ease. Made me realise that I'm in a good place really.'

'I know that if I am in trouble or need help with anything I can ring them. It's good to know that they're there. Good to have someone local.'

One person appreciated having had someone to come with them to medical appointments; two appreciated meeting a partially sighted volunteer via their local sight loss society.

The majority of clients interviewed recalled being provided with information about local social groups. Only four, however, had (as yet) attended any of the groups. Some said that they felt no need to socialise, others that the groups were not local enough to them, and others that they might consider going along but were nervous of doing so for the first time. This suggests that some clients at least might benefit from more help in

overcoming anxieties and practical challenges involved in attending social groups for people with sight loss and that information alone is not always sufficient. It was clear also that some people kept the information they were given on social groups, and took time to consider whether this was something they might enjoy.

Meeting specific needs

One particular need for a minority of ESE's clients was help in finding or keeping employment. As noted above, the majority of clients are not of working age, so it is therefore unsurprising that assistance with work-related issues was not a major focus of the help provided. There is also another agency operating locally – Action for Blind People – who offer employment advice and assistance to people with sight loss. They reported that they had received a small number of appropriate referrals from S4S. They considered that as a service specialising in this type of work they were best able to identify whether clients were serious about finding work and hence offer appropriate advice and assistance.

It was clear from the interviews that the local sight loss societies had been able to offer a flexible service meeting the needs of individuals.

The analysis of the client data shows that clients have received help with a wide range of issues from the more predictable, such as accessing equipment, claiming disability benefits, to the more individual needs such as helping find a more secure front door, safety advice about candles and cats, ordering a banister for an open staircase, encouraging clients to cook safely, and advice on getting up and dressed in the mornings.

This was something also mentioned by the referral agencies interviewed; they appreciated the way in which the local sight loss charities could “think outside the box” and find a way of helping solve whatever difficulties people threw at them.

The interviewees were also clear that one of the things they valued most about the local sight loss charities was not any particular service that they could uniquely provide, but instead described the sense that there was somebody there for them, who they could go to if faced with a new challenge or difficulty:

‘It’s an excellent service. I’m glad they’re there - good to go and have a chat with people. I do appreciate the fact they’re there.’

‘I know if I’m struggling at any time, I can just call them, and they will help in any way they can.’

Other sources of support

Most of the clients of ESE are elderly, and some of those interviewed reported that they suffered from memory loss and/or dementia. Many of them were unclear as to which organisation had provided support for them, for instance thinking that the RNIB catalogue had been provided by the local sight loss society, or that the local sight loss society worker was actually from the RNIB or social services. It was therefore difficult to be sure from interviews with the clients which other agencies were providing them assistance.

Of those that did report they had received help from another organisation, four mentioned ongoing support from the hospital eye clinic; four received support at home from regular carers employed by the county council; three had accessed equipment from the local library and two from the RNIB. Three people had received a lot of practical help and assistance from their local church. Two attended social clubs for people with sight loss, though were unsure as to which organisation ran these. One other had had help from the Rotary Club and one mentioned Guide Dogs.

The cause of the sight loss also impacted upon the level of other support sources; three of the clients with macular disease were receiving help from the Macular Society.

Clients interviewed were asked whether they or anyone else had made any adaptations to their home to help them live independently. Just over half of them (22) reported that they had, but the large majority of adaptations they described were things such as wet rooms, ramps or hand rails intended to help them with mobility difficulties rather than sight loss. Two people did report that they'd had improvements to their lighting – one installed by the landlord (the local council) and the other that they'd installed themselves. One other person reported that the council had given them bump on stickers for their kitchen appliances, one that they had painted door posts a brighter colour to improve the contrast and visibility and one other that they had moved all their furniture away from the middle of the room to avoid tripping over it.

A further two people had asked their local council for adaptations which they had not received. One of these was on a waiting list for adaptations related to their wheelchair use, and the other had been refused because he lived in a mobile home where the door was too high for a ramp, though he had one installed privately.

This focus on adaptations that help with mobility in order to support independent living highlights the extent to which sight loss is only one of the challenges facing many of ESE's clients, most of whom are elderly.

The clients were also asked whether they received regular help from friends or relatives. The large majority (35 out of 40) had regular help from at least one source: Partners provided care to 14 people whilst 15 people said that their son, daughter or daughter in law visited regularly to help them out, three had help from other relatives and 11 from

friends or neighbours. In addition two people were living in sheltered housing or a nursing home where paid staff were able to help them.

The type of help mentioned most often as being provided by friends or relatives was help with shopping – either doing the shopping themselves or accompanying the person with sight loss on a shopping trip. Other types of help mentioned included help reading letters, cleaning, personal care (hair washing), giving lifts to places, sorting out medications, household repairs, laundry, banking, gardening and using a computer.

Joint working and referrals between organisations

Interviews with organisations who commonly refer to ESE found that they felt the ESE project referral systems were working well. The main difficulty they encountered related to differences in the nature and amount of services in different parts of the county. Depending on where people lived they could access different services.

Organisations were particularly keen to refer people to a local service offering home adaptations and new technologies and to services able to offer support and assistance when people seemed not to be coping overall.

Organisations were asked particularly about their working relationships with ESE and generally felt that there were good working relationships between them, with appropriate information being shared between them. Due to the geographical coverage of the agencies interviewed, they were most familiar with the support services offered by S4S, rather than the other local sight loss societies operating in Essex. Aspects of this that they particularly appreciated included:

- Quick responses when they referred new clients to S4S
- The offer of home visits
- The ability of S4S to accompany people to appointments if needed.

Any gaps in provision?

The interviewees were asked whether there was anything else that they would have liked help with, or thought that they would like help with in the future. Their answers were wide-ranging and comprised:

- To know what's out there (3)
- Better treatment for eye condition (2)
- Help catching busses (2)
- Shopping/getting out the house (2)

- IT/computer use (1)
- Cleaning and looking after house (1)
- Counselling to help come to terms with sight loss (1)
- Help accessing a course (1)
- Cooking (1)
- Paint on door frames (1)
- White stick (1)
- Guide Dog (1)

In a few cases, the interviewees said that the S4S worker was in the process of helping them to access the things they needed, but that it was supplied through a third party and was taking time. In other cases it would appear that they had not (yet) enquired about the additional support they would like.

Help to catch busses, go shopping or get out of the house was a theme to emerge from quite a few of the clients. They talked about the difficulties of trying to catch a bus when you couldn't read the number on it, or see it coming at all, and the high costs associated with using taxis as an alternative. As discussed above, help with shopping was the form of help most often mentioned as being provided by friends and family – suggesting that there is a reliance on informal care to cover these needs for people with sight loss, and that those who lack friends or family to help them get to the shops struggle to do so alone.

More than half replied that they did not need anything else right now at least – in some cases they were unsure what the future might hold:

'There's not really anything else I need at the moment. I am coping because I can see that little bit. I'm not sure what it will be like when it goes completely. Not sure what will happen then.'

I don't need anything more as things are at the moment. I don't know what the future holds though. If I was left on my own it would be harder.

Others said that they were appreciative of the support provided by ESE and felt that all their needs had been met:

'They've been really helpful and given us everything we asked for.'

'It's well organised and helpful.'

As discussed above, it was felt by some of the referral agencies that services for people with sight loss were patchy locally, and that not all areas were equally well served by

the different local sight loss charities. Not all referral agencies appeared aware of the range of sight loss organisations who work across Essex.

One referral agency felt that as organisations such as S4S focussed mainly on older people; services for younger people with sight loss – especially those around social events or employment – were not as well covered. Younger people with sight loss typically have different needs and responsibilities, so may need a service more tailored at their age group. It is clear from the client profile of ESE that working age people are not a large client group.

A need for more training in using IT was also identified by referral agencies, as was a counselling service for people with sight loss – and these were both issues to emerge from the client interviews too. One referral agency reported that counselling was available for some through the Macular Society but people were not always aware of its existence. It was thought that the local sight loss societies might be able to do more to make people aware and to help provide access to counselling for people with sight loss caused by factors other than macular disease.

4. Conclusions

This research suggests that the ESE project has been successful in increasing the number of referrals from ESCD to local sight loss societies, and that this increase has been largely sustained. There has been a small fall in recent months, which might be something worth watching in future, but could well just be fluctuation in the data. Overall there are substantially higher numbers of people who have been referred to local sight loss societies in the last two years than there were in the period before the project began.

The evaluation has also highlighted the variety of work being undertaken currently by S4S, just one of the local sight loss organisations in Essex. In S4S, The individualised approach of the support offered was particularly valued by the clients – most of whom felt their connection was with the particular worker who had visited them, rather than an organisation.

It is clear that the local sight loss organisations, helped people to try and to buy or borrow a wide range of adaptations to help them live independently, and this aspect of the work is for most clients, the key aspect of the help provided. There are nevertheless technologies and equipment that some clients would value that they have not yet acquired, such as readers and magnifiers.

The referral process into local services appears to be working well, with other organisations feeling that these are useful to anyone with sight loss living in Essex. The clients themselves do seem a bit unclear at times as to why they were referred, or what

they might get out of referral. It is possible that some who decline support when first phoned may be doing so without sufficient knowledge of the support that is available. This issue relates in part to the challenges of working with a very elderly client group, many of whom have other mental and physical health conditions and some of whom struggle to recall which agency is which. S4S, for instance, does not appear to have as high a public profile as organisations such as RNIB or Guide Dogs, even in the area where it is most active.

Nevertheless it is clear that clients who do get as far as being visited and offered support do mostly take up at least some of the support offered, making use of a wide variety of specialist equipment and valuing the opportunity to have someone there to talk to, and to whom they can call again if needed.

The S4S service, for instance, has yet to develop any means of removing clients from their books if they are considered no longer to need assistance. Whilst this open door was appreciated by clients, there is a risk that meeting the needs of a small number of clients requiring substantial ongoing support may make it harder for the service to continue to accept the same number of new referrals as it has been doing to date without additional staffing.