



# Improving later life for people with sight loss

**RNIB** Supporting people with sight loss

 **ageUK**  
Love later life



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Dedicated to the memory of Alan Suttie, a former Trustee of RNIB who passed away in 2014. Alan dedicated his life to improving the lives of blind and partially sighted people, championing the cause of older people.

# Welcome

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On 22 June 2015, Age UK and RNIB held a joint seminar ‘Improving later life for people with sight loss’. The seminar drew on the expertise of older people with sight loss. We considered the latest research evidence and current policy landscape. Our aim was to understand the implications of sight loss in an ageing society for public policy and the provision of services and support.

The learning from the seminar will be used by RNIB and Age UK to set an agenda for positive action in order to empower and support older people with sight loss to shape their own futures.

Almost two million people in the UK have significant sight loss. They are predominantly older people and, as more of us live longer, these numbers are set to increase. With this demographic shift come new challenges: more older people needing support to live with sight loss, and more experiencing sight loss alongside other challenges often associated with ageing, including the need to manage multiple long term conditions, lower income, reduced social networks and experience of bereavement. In this context, we need to ensure

more older people are able to look after their sight for themselves and are enabled to live independently, with real choice and control over their lives.

Our seminar concluded that when people experiencing sight loss succeed in finding the right advice and support, this can have a transformative impact on their lives. However, at present there is no universal safety net or signposting to services. Such advice and support is usually provided by voluntary and community groups and organisations, whose funding is often fragile and whose outreach capacity is inevitably constrained.

We know that all blind and partially sighted people, and all older people, are different. We need to

recognise and respond to people's individual strengths, interests, wishes and needs – offering a range of advice, information and joined-up options that provide choice and enable older people with sight loss to live life as they wish.

We are determined that our organisations will lead by example, working together with people in later life to meet the challenge of sight loss in an ageing society.

This report, and the seminar on which it is based, marks the start of our efforts to do this. We look forward to working with partners and colleagues across the voluntary, statutory and private sectors, as well as with many older people, in the weeks and months ahead.



Fazilet Hadi

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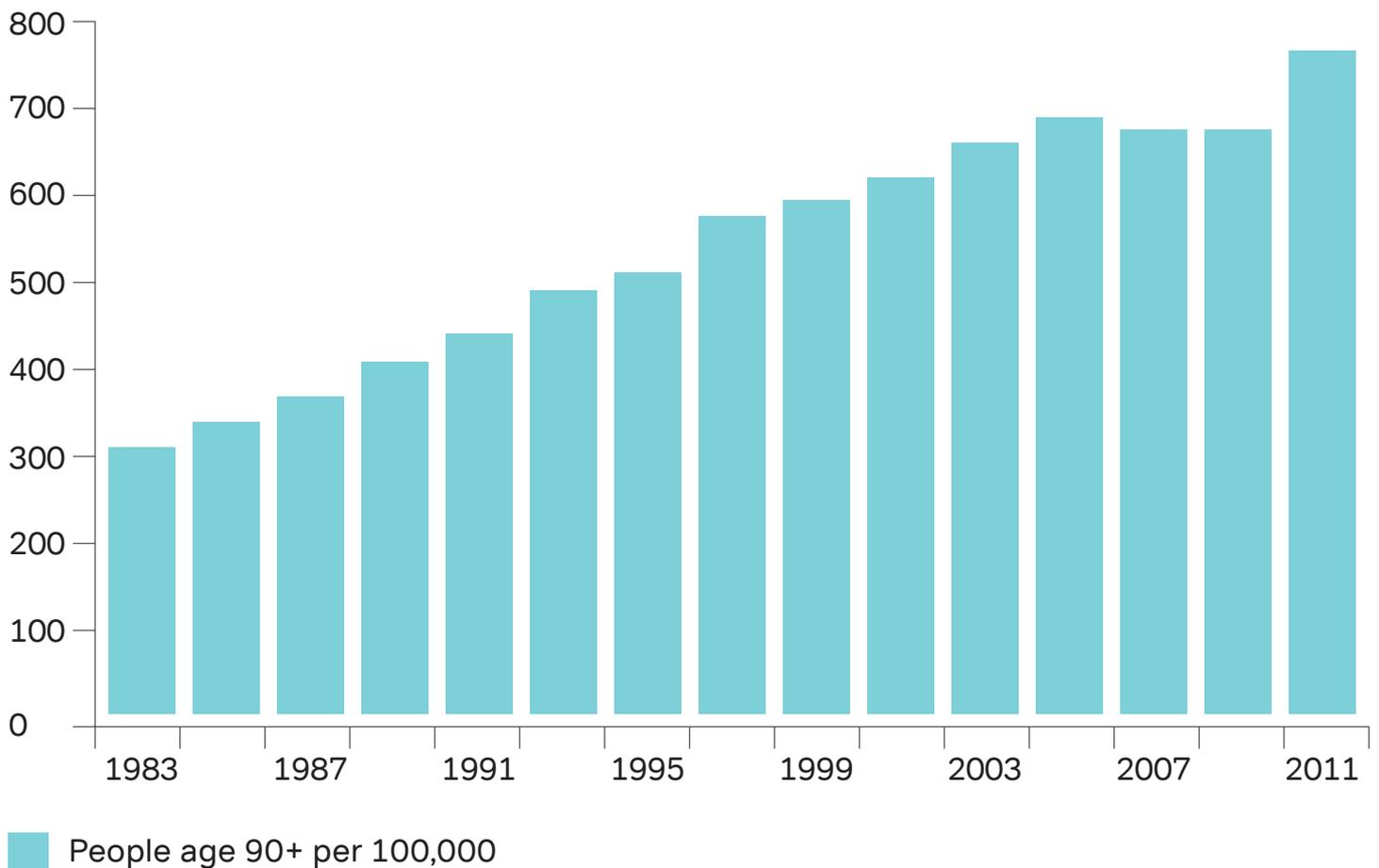
Caroline Abrahams

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**“We are determined that our organisations will lead by example, working together with people in later life to meet the challenge of sight loss in an ageing society.”**

# Sight loss in an ageing society

Society is ageing – in the UK and across the world. The scale and significance of this longevity revolution is frequently underestimated. The last thirty years have seen an increase of one third in the proportion of the UK population aged 65 and over [1] and a three-fold increase in the proportion aged 90 or over [2].



**Figure 1: Growth in UK population aged 90 plus**

50%

The number of people in the UK aged 65+ is projected to rise by nearly 50% (48.6%) in the next 20 years

Figure 1 is a bar chart depicting the number of people aged 90 plus per 100,000 of the population by year between 1983 and 2011. The chart demonstrates a rising trend from approximately 300 people aged 90 plus per 100,000 population in 1983 to 800 per 100,000 by 2011 [3].

Today, there are 11.4 million people in the UK aged 65 or over and three million are aged 80 or over [4]. Life expectancy estimates at age 65 are 86.1 years for women and 83.6 years for men [5] compared to 83.0 for women and 79.0 for men in 1985 [6]. The revolution is set to continue. The number of people in the UK aged 65+ is projected to rise by nearly 50% (48.6%) in the next 20 years (from 2015) to over 17 million [7]. The population aged 85 and above is expected to treble in the next 30 years [7]. A baby born in 2011 is almost eight times more likely to reach 100 than one born in 1931 [8].

These figures are significant because the prevalence of sight loss increases with age. Currently almost 1.5 million people aged 65-84, and a further 580,000 aged 85 and over, are living with sight loss in the UK [9]. That's one in five people aged 75 or over, and one in two people aged 90 and over living with sight loss [10]. These figures include the circa 25,000 people annually who are certified by an ophthalmologist as severely sight impaired or sight impaired and who are added to the registers of around 350,000 blind and partially sighted people maintained by local authorities, as well as those whose sight is just better than the levels which qualify for certification. It also includes people who are awaiting or having treatment such as eye injections, laser treatment or surgery that may improve their sight. And it includes people whose vision loss could be improved by wearing correctly prescribed

glasses. These people are all living with significant sight loss. At least one-third has irreversible sight loss and some have vision that is equivalent to people who are registered as partially sighted or blind. And these numbers are set to grow.

The leading causes of sight loss in the UK are uncorrected refractive error, age-related macular degeneration, cataract, glaucoma and diabetic retinopathy. The evidence clearly shows just how common eye conditions are in later life, for example the majority of women aged 85 and over has at least one eye condition [11]. Furthermore this has a real effect on daily lives, with only half of women aged 85 and over reporting that they are able to read newsprint at arm's-length, even when wearing glasses [12].

The evidence also demonstrates that sight loss in later life is often experienced alongside other challenges.

80%

Those in the poorest fifth of the population had an almost 80% higher risk of developing severe visual impairment than those from the wealthiest fifth

Compared with the general older population, older people with sight loss:

- Are more likely to have other health conditions
- Are more likely to have difficulty accessing health services
- Are more likely to live in poverty
- Are less likely to be able to shop for every day necessities without assistance
- Are less likely to play as much sport as they would like to
- Are more likely to experience chronic pain
- Are more likely to have problems with mobility outside the home
- Have greater need for services
- Are more likely to live in poor quality housing

- Are more likely to experience falls
- Are more likely to be disabled
- Are more likely to report having poor quality social relationships
- Are more likely to have negative views of their neighbourhood.

And the evidence suggests that sight loss may be both a cause and consequence of these other disadvantages: people in the highest income groups are significantly more likely than those in the lowest income groups to retain their sight in later life – so there is a clear link to the wider health inequalities agenda [13].

Research has demonstrated that the risks of developing both moderate and severe vision loss are significantly greater among people from poorer backgrounds and those who perceived their

position in society to be low. Those in the poorest fifth of the population had an almost 80% higher risk of developing severe visual impairment than those from the wealthiest fifth [13].

Furthermore, older people who develop sight loss in later life are more likely than those who do not to experience:

- A fall in quality of life;
- A decline in social engagement; and
- A fall in income. [13]

Taken together, this evidence demonstrates a clear need for action to address the issues faced by older people with sight loss. Given the prevalence of sight loss, it is clear that our wider ambitions to promote healthy, active later lives will not be realised if people with sight loss are not able full to take part in daily activities and contribute to their communities.



# The lived experience of people with sight loss

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People in later life are heterogeneous, varying widely in health, housing, economic circumstances, interests, aspirations, needs and a host of other characteristics. However, whatever their circumstances, most want to remain independent, taking control of their situations and having access to real choice in how they decide to live their lives. Working with older people living with sight loss is one of the most effective ways in which we can learn how best to empower them to live well .

## **RNIB's Panel of the Third Age**

RNIB has established the self titled "Panel of the Third Age" or P3A to ensure that the perspectives of blind and partially sighted people in later life are fully represented in its work. The group adopts a co-production approach to its work across the organisation, drawing on panellists' own experience as well as insights from formal research and personal stories.

**John Thomas is a retired university lecturer, radio presenter and consultant, and is a member of P3A.** He has Retinitis Pigmentosa (RP) which was first diagnosed when he was in his 20s. He is now in his late 70s. He has experienced a range of forms of sight loss – from night blindness, through tunnel vision, to finally losing his sight in his early 60s. He describes himself as fortunate, explaining: "I have had nearly 60 years of learning to cope with sight loss."

John describes retaining mobility and communication as vital to his quality of life. He uses a long cane to get around, having started out with a symbol cane in his 50s when his tunnel vision had started to cause accidents. He believes he was fortunate to have been able to develop mobility skills gradually. He says: "In my view, developing these mobility skills so that I am able to get out in my local area, and having the

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**“I’m sorry but you won’t be able to drive back home, because I have to register you as blind”. That came down as a wall of bricks on me.”**

**Padma Cheriyan**

confidence to do so, has been vitally important.”

John has used a range of technologies to support his communication over the years. He now uses screen reader technology to support his continued use of ICT, which was recommended by a consultant he heard about at a peer support group. He says: “These technologies have given me an enormous amount of communicative freedom”.

John believes the skills he developed in mobility and communication were vital to enabling him to continue working until he was nearly 60 and, beyond that, to remain active in the

voluntary sector. Thinking about his experience of sight loss, he says: “There are three things that I believe have helped me:

- Life is a lot easier if you have a partner or a supportive family network.
- Life is a lot easier if you are reasonably well off. My wife and I aren’t rich but we have enough to afford the technology I need to communicate and to live independently.
- Finally, life is a lot easier if you are reasonably assertive and persuasive. You need a certain amount of charm to get by as a blind person.”

**Padma Cheriyan is a volunteer and campaigner for RNIB, a member of P3A and a self-confessed “angry old woman,”**

because, she explains, “I feel that I need not have suffered the trauma I suffered, after I lost my sight, if I had been offered support and information at the right time.” Padma had always been short-sighted and had regular eye tests with the same optician. Her sight was deteriorating, but despite getting stronger lenses, nothing seemed to help.

Padma had a busy life at work, and as “the typical glorified taxi driver” for her family. However, eventually her sight issues started



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to cause her problems at work and, after a “near miss” in the car, her family insisted she saw another optician. The optician recommended she should see a specialist and her GP made the referral.

She explains: “The specialist did some tests and then asked me how I got to the hospital. When I told him I had driven myself he said, “I’m sorry but you won’t be able to drive back home, because I have to register you as blind”. That came down as a wall of bricks on me.”

Padma was not offered any support at the hospital in coming to terms with this diagnosis, nor was she made aware of sources of support.

Fortunately, though, within a week of her diagnosis Padma received a call from a rehab officer. She explains: “Initially I didn’t want to see her at all, I said “I don’t want anybody to come here and feel sorry for me” but she insisted. I am glad I eventually said, “Yes” because she really put life back into

me. I thought I was being pushed into a dungeon and the keys thrown away, but she was excellent. Without her support I don’t think I could have done what I do now. She gave me mobility training and introduced me to other people in the blind association. I was very lucky to see the rehab worker, and I don’t think that would happen now. However, in all the years since there has never been any follow up or further support. There is still a lot to do.”

**Throughout the seminar, P3A members and other participants reinforced these messages and highlighted the following themes and comments in their feedback as we explored the state of current provision of services and support for older people with sight loss.**

### **1. Ensuring easy access to services and support for people with sight loss**

Effective rehabilitation and support are vital if older people with sight

loss are to remain active and independent [9]. To be most effective, this support must be informed by, and co-produced with, older people with sight loss; it must be personalised; it must address sight loss and functional vision together with other needs and aspirations in a joined-up way; and it must be available and accessible.

Too often people struggle to access appropriate rehabilitation and support services. A recent Thomas Pocklington Trust study based on discussions with a group of older people with sight loss over a three year period concluded that the priority needs of older people were:

- Easy access to services and the ability to re-access services after initial contact;
- Integrated services with smooth referrals between different parts of the system;
- Community based facilitators to support people in accessing services;

23%

In the year after registration, only 23 per cent of people who lost their sight say they were offered mobility training

- Improved awareness among GPs of sight loss issues to improve identification and referrals; and
- Support groups [14].

## 2. Making services accessible

Older people with sight loss, and particularly those whose sight loss is diagnosed during later life, are likely to need access to a range of services and support, including:

- Information about their diagnosis and prognosis to help them understand their condition;
- Where applicable, support in being registered blind or partially sighted as a route to social service assessment, rehabilitation and other statutory provision;
- Practical support – for example, help with mobility and communication through rehabilitation training etc, the provision of

appropriate aids and adaptations and/or ongoing social care provision;

- Information and advice on accessing financial support and housing options;
- Emotional support; and
- Information on support available from the voluntary sector, including peer support groups.

Unfortunately, the evidence shows that too many older people are not able to access these services, and many do not even receive support with their most immediate needs. Research shows:

- In the year after registration, less than a quarter (23 per cent) of people who lost their sight say they were offered mobility training to help them get around independently [15];
- People with sight loss have experienced a disproportionate

reduction in social care services: the number of blind and partially sighted people receiving social care fell by 35% between 2008 and 2013 [16]; and

- Older people with sight loss have been disproportionately affected by the loss in community based services [17].

The resulting unmet need has considerable consequences for wider health and wellbeing, for example people with sight loss are twice as likely to fall as sighted peers and they have a higher risk of injury [18].

## 3. Delivering integrated services

Services for people with sight loss are often fragmented, provided by multiple agencies including health, social care, voluntary and community organisations and the private sector. From an individual's perspective, this complexity is frustrating and hard to

35%

The number of blind and partially sighted people receiving social care fell by 35% between 2008 and 2013

navigate. From a service delivery perspective, it is highly inefficient; the fact that different organisations ask the individual the same questions underlines the lack of service co-ordination. Older people need access to support which is joined-up, and which responds to their wider needs and goals. Age UK has pioneered integrated approaches for older people with long term conditions, which start from a person's strengths, interests, wishes and needs, to build tailored packages of support [19].

The NHS Five Year Forward View emphasises this type of co-ordinated approach, and, increasingly, policy and guidance specify a joined-up approach to sight loss. However, too many older people with sight loss still encounter fragmented services. There are a number of systemic and cultural barriers to better integration that have yet to be overcome, including lack of professional awareness across disciplines.

#### 4. Improving professional awareness

Sight loss in later life often goes alongside other long term conditions. So it is vital that professionals across the health and care system are able to meet the needs of blind and partially sighted people, and that eye-care professionals are equipped to work with people with other conditions, including diabetes and dementia. Sadly the evidence shows we have a long way to go:

- One in two people living in care homes have some degree of sight loss, and yet the vast majority of homes are not dealing with this appropriately [20].
- Blind and partially sighted people have been found to have been involved in some of the most disturbing cases of poor home care provision, and few home care service specifications recognise the issue of sight loss [21].

Across specialist services working largely with older people, research shows that lack of awareness among professionals as to how to meet the needs of people with sight loss is a serious issue. For example:

- A study looking at Occupational Therapy services found serious gaps in staff training on sight loss [22].
- Only 46% of stroke professionals responding to a national survey reported using a care pathway for vision care for stroke survivors [23].
- Research on dementia and sight loss concluded, "A common experience is that of one set of dementia/visual impairment needs being addressed, rather than both being taken into account" [24].
- A study of vision rehabilitation services found that staff felt that their work was not widely understood by other professionals [25].

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## 5. Facilitated access

Providing a single point of contact within the system, who can support individuals to access services which meet their needs, is increasingly recognised as an important way forward. For blind and partially sighted older people, the introduction of sight loss advisers has marked a step

forward in the provision of facilitated support [14]. Unfortunately, only around one third of eye hospitals offer a sight loss adviser service at present.

“First Contact” schemes offer a practical way of ensuring that, no matter which local professional makes “first contact” with an older person, be it the GP, a social worker or a

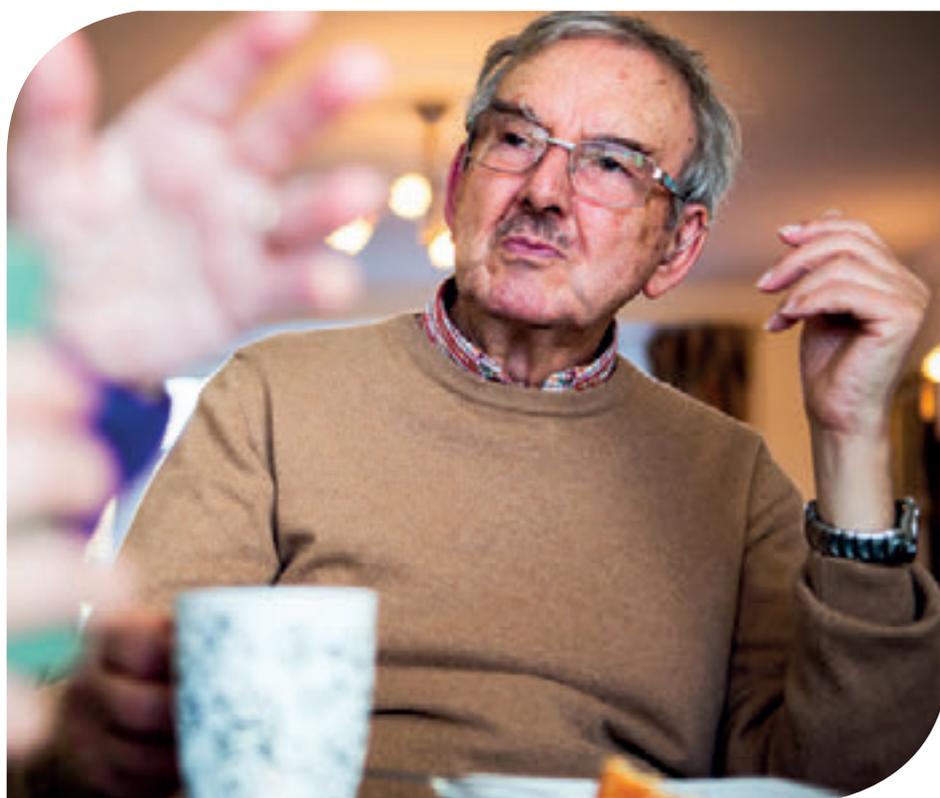
voluntary sector worker, they are able to plug that individual into the full range of support from across the voluntary and statutory sector [26]. In other areas, Community Navigator schemes such as Village Agents and Wayfinders work with older people to identify and access appropriate support that will meet their individual needs.

### Who are sight loss advisers?

A sight loss adviser – also known as an Eye Clinic Liaison Officer (ECLO) or Vision Support Officer – works directly with people with low vision, deteriorating vision, sight loss or impending sight loss, and their families. The support is both practical and emotional, is for all ages and is extended to parents, family members and carers. Sight loss advisers provide timely one-to-one support and quality information and advice, emotional support and access to other statutory and voluntary services. They connect people with the support they need to understand their diagnosis, deal with their sight loss and maintain their independence. The sight loss adviser gives dedicated time to people following their diagnosis, so they can discuss the impact their condition will have on their life.

## 6. Empowerment and peer support

Information and advice can be vital tools in empowering older people to take steps to protect their sight and in enabling blind and partially sighted older people to access the support they need to maintain a good quality of life. However, too often older people report that they lack the information they need [27]. Peer support groups can act as an important source of practical information and emotional support for older people with sight loss, as well as a means of making new friends. The evidence clearly demonstrates the value of emotional support and social connections [28]. However, access to peer support is patchy, and funding pressures



on the statutory and voluntary sectors have left some groups struggling to continue.

RNIB and Action for Blind People provide a range of

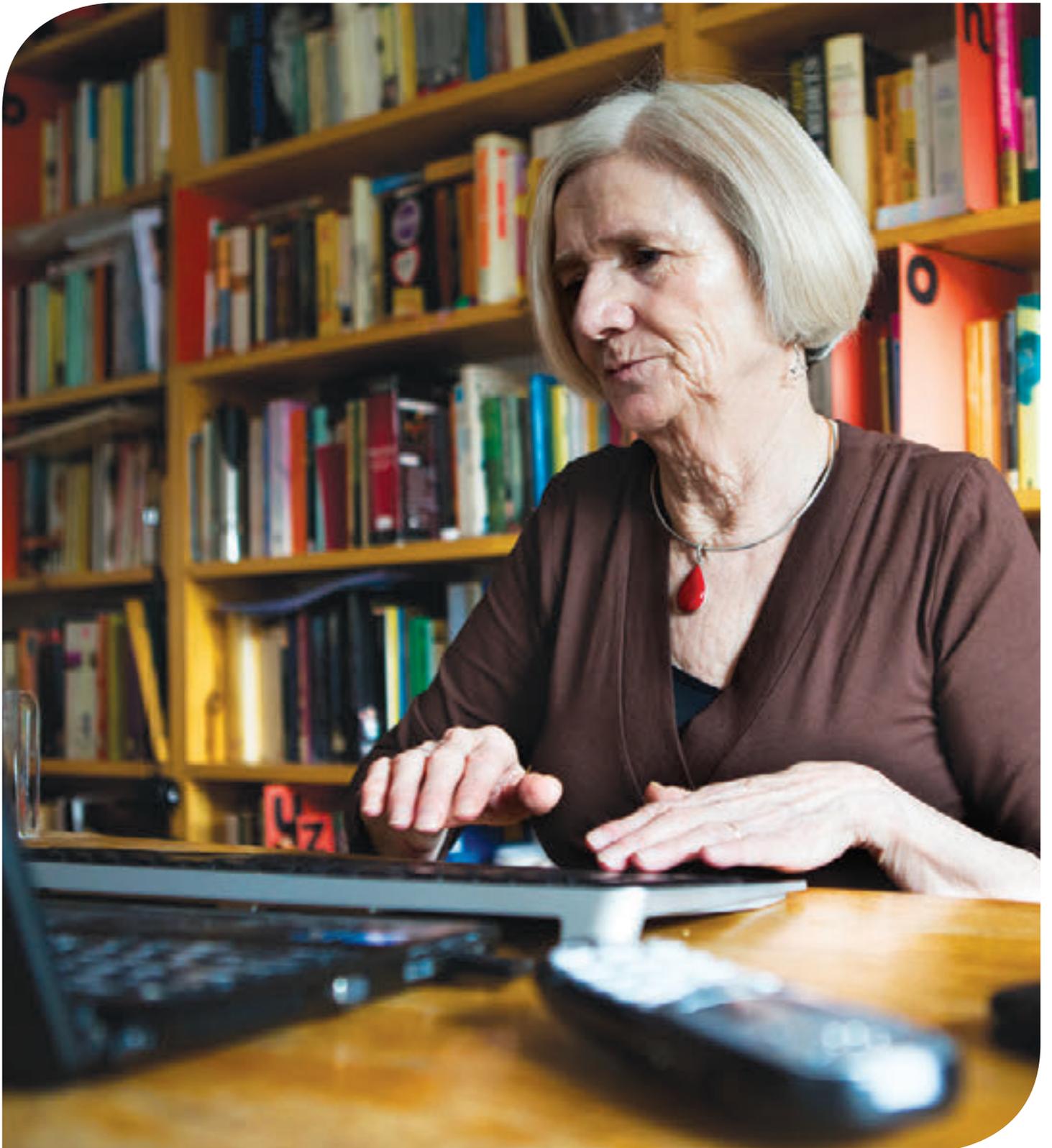
accessible peer support options for people with sight loss including digital, face to face and telephone based peer support groups. For example, the RNIB Talk and Support

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'Time to Talk' project, supported by Nesta, offers older people affected by sight loss the opportunity to share and discuss their feelings and experiences of living with sight loss with peers as part of a short series of telephone discussion groups. During the sessions, participants receive signposting to key sources of information and support. Contact with peers encourages participants to consider their own needs and situation and to take positive action to access support.

### **A word about technology**

Undoubtedly technology can, and already does, play an enormous role in enriching and enabling the lives of older people with sight loss [9]. However, it can also be costly and often confusing. For some older people with sight loss, the march of digitalisation and the shift of services from telephone-based to online provision have proved challenging [29]. The digital divide between younger and older generations is significant, and many people developing sight loss in later life will lack the skills and equipment needed to make the most of assistive technologies. Older people with sight loss need access to affordable, appropriate technology and to the support they need to use it day-to-day. The best way to ensure that technology is appropriate to meet the needs of blind and partially sighted older people is to involve them in its design and implementation. Both RNIB and Age UK provide digital inclusion services to older people. For example, Online Today is a new Big Lottery funded project led by RNIB, delivered in partnership, to help people with sensory loss across the UK to get online.



# The policy environment

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The current economic and policy environment offers little to cheer those seeking to improve support for older people with sight loss. The commitment to deficit reduction means pressure on health and care services. Further cuts across wider public sector provision will continue to impact the lives of blind and partially sighted older people. Key pressure points in the system in the months ahead include the following.

## Over-stretched health budgets

An ageing population and the requirement to find £22 billion of efficiency savings mean that the NHS is under great pressure and this is expected to continue or even intensify over the next few years. There are already serious capacity issues in eye care services across the NHS, and the RNIB has intervened in a number of areas in which treatments such as cataract surgeries and wet AMD treatments were being rationed [30].

Voluntary sector organisations including Age UK and RNIB have been working with the NHS to improve patient experiences: developing new eye care pathways [31] and integrated care services [32]. However, moving these innovations into mainstream practice can be challenging, in part because most clinicians and health managers are running to stand still and so lack the time to bring in new ways of working, even when they know that they would improve outcomes for their patients.

## Squeeze on social care budgets

The impacts of austerity on care and support services for adults are already clear, with a real-terms reduction of 31% in social care budgets between 2010-11 and 2015-16 and further cuts expected [33]. This has led to tightening eligibility criteria and cut backs in services including vision rehabilitation.

In June 2015, Age UK published new statistics highlighting the escalating social care crisis and demonstrating how the failure to invest sufficient resources in social care was leading to costly additional burdens on health services [34].

The new health and social care integration agenda presents an opportunity to address these issues but, with budgets stretched, there is a risk that the full potential of integration may not be realised.

The Care Act 2014 [35] helpfully places renewed emphasis on prevention, rehabilitation and maintaining wellbeing,

31%

Real-terms reduction  
in social care budgets  
between 2010-11  
and 2015-16



and has given people new rights to information and advice, assessment and support. However, once again, lack of funding threatens to undermine the process of putting the good intentions of this legislation into practice.

### Cuts in welfare spending

The government has promised to make cuts in welfare expenditure totalling £12 billion a year. The commitments it has made to the 'triple lock' on the basic state pension and to the so-called pensioner benefits, including the winter

fuel payment, will provide some protection. However, the impact of these cuts on disability benefits, which many older people with sight loss rely on to cover their increased costs of living, remains unclear.

### Wider public service cuts

As austerity continues, we are likely to see continued cuts in the wider provision upon which many older people with sight loss rely to maintain their wellbeing. These services include libraries, public transport and leisure services.

# Ways forward and recommendations

**Intensive cross-sector discussion at the seminar highlighted a number of key recommendations.**

## **Empowering older people with sight loss**

Most older people would prefer to look after their own sight, and to manage their sight loss independently. To do this, they need access to the right information at the right time.

## **Recommendation:**

Empower older people to look after their sight, and to remain independent with sight loss, by improving awareness and access to information about what to do, who can help and rights and entitlements, including entitlements under the Care Act 2014.

The Age UK website includes information on sight tests, choosing glasses, the importance of good quality lighting and practical aids for daily living. It also contains information on how to register as blind or partially sighted [36].



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## Ensuring the voices of older people with sight loss are represented

Older people with sight loss are themselves best placed to present their views and to make choices about the services and support they want and need to live well. Their voices need to be heard at the forefront of service, policy and strategic developments.

**Recommendation:** Ensure older people are actively engaged and involved in the co-production of services, policy and strategic development in way that is both accessible and relevant to their interests.

**RNIB's Panel of the Third Age (P3A) brings together older people with sight loss to inform and co-produce the work and priorities of RNIB policy, strategy and services.**

## Improving professional awareness

We need improved awareness among primary care practitioners and specialists who are regularly in contact with older people, so that they can better support the identification of people with sight loss and better

meet the needs of older blind and partially sighted people with multiple conditions. The same is true of care providers, both in residential settings and in the community.

**Recommendation:** Improve professional awareness of eye health and sight loss across health and social care.

Thomas Pocklington Trust and the College of Occupational Therapists (COT), along with universities training OTs and partners in sight loss organisations, are working together to encourage and educate OTs to 'Think Sight', especially when working with older people. The scheme provides continuing professional development resources to OTs and:

- Sharing ideas and good practice and highlighting sources of support for OTs.
- Running information stands and presentations at key OT events.
- Distributing the 'Eyes Right' toolkit to enable OTs to screen for sight loss.
- Building a network of OTs who want to improve their support for people with sight loss.

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## Improving access to support at diagnosis and beyond

We must ensure that we do not miss the opportunity to use the point of diagnosis to connect with older people with sight loss, offering them information, advice and access to the agencies that can offer support.

**Recommendation:** Improve availability of, and access to, sight loss

### Investment in Sight loss advisor

An RNIB Social Return on Investment study showed that the Sight loss adviser service in one area could deliver a return on investment of £10.57 for every £1 spent [37].

advisers. We need to ensure that older people can transition seamlessly between services and providers as this improves outcomes for individuals and saves time and money.

**Recommendation:** Ensure blind and partially sighted

people can access help to navigate the system, with seamless transitions between specialist and general services and across sectors including health, social care and voluntary and community organisations.

### Partnership working works

Since April 2011, Age UK Lincoln has hosted an Independent Living Co-ordinator from Action for Blind People. Both organisations promote the partnership through products, materials and events. The Action for Blind People staff member sits within Age UK Lincoln's advice team and Age UK Lincoln staff members have received training on visual awareness. Through this partnership, older people with sight loss can be directed to specialist support for their sight loss and to wider support available to older people in the area. Both organisations report that the partnership delivers a higher quality service to individuals than either could deliver alone.

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We need to ensure a more joined-up response to the individual needs of older people with sight loss, recognising their social, emotional, practical and medical needs by delivering personalised, integrated services.

**Recommendation:** Improve access to person-centred wrap-around packages of support for blind and partially sighted older people.

### **Integrated care**

Integrated care pathways are a way of ensuring that health and social care services are co-ordinated around people's needs. Age UK's pathway brings together local NHS health teams, social care organisations and the voluntary sector to help put older people living with long-term conditions in control of their health and wellbeing, independence and quality of life. Local organisations and individual older people co-design and co-produce a tailored programme of medical and non-medical support that draws out the goals that the older person identifies as most important to them. Through the scheme, local Age UK staff and volunteers become members of primary care led multi-disciplinary teams, providing care and support in and through the local community [32].



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## Peer support and emotional support

Individuals need more than clinical and practical support to cope with sight loss in later life. Peer support can be invaluable in meeting these needs; it gives access to emotional support, advice and new social connections.

**Recommendation:** Improve access to, and support to develop, peer support groups and services.

With support from the Big Lottery Fund, RNIB worked with Staffordshire Fire and Rescue Service, Age UK Stafford and District, Action for Blind People and York Blind and Partially Sighted Society to co-design an integrated pathway in Stafford and York that enabled older people, especially those with or at risk of sight loss, to manage the changes they encounter in later life and reduce isolation.

Together, partners identified older people with or at risk of sight loss and referred them to appropriate support through a range of local services, and supported them to run:

- Peer-support programmes – sharing practical knowledge and experience, and providing emotional support to each other.
- Volunteer ‘buddying’ schemes - providing practical support on transport, hobbies, shopping and other daily tasks that can be challenging for vulnerable older people.
- ‘Change Exchange’ self-advocacy groups – campaigning for improvements in local services and facilities, demonstrating that older people can change the way society views older people and sight loss.

Learning from this project is now being applied to the co-design of integrated pathways across Yorkshire and Lincolnshire [38].

## Ready for ageing and sight loss

Ensuring that older people with sight loss are able to live healthy and active lives is not just a matter of providing the right services. It requires a whole-system response from policy makers, commissioners and practitioners to make communities ready for ageing with sight loss.

Programmes such as those for Age Friendly and Dementia Friendly communities may point the way forward in ensuring our neighbourhoods, villages, towns and cities are great places to grow older with sight loss.

### **Recommendation:**

Learn from age friendly and dementia friendly community programmes to support people and groups to take responsibility to prepare for the growing numbers of people ageing with sight loss.

### **Housing sight**

In 2003, the Welsh Government funded Housing Sight: A guide to designing accessible housing for people with sight loss [39]. In 2005, it published new Development Quality Requirements that reference this guidance in setting standards for housing associations in Wales. This has been an important driver for change in Wales; as a consequence, many housing associations have worked in partnership with RNIB and other agencies to ensure that their housing is up to standard.



# Agenda for action

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While the challenges an ageing society present to our health and care systems are increasingly understood, it is clear that the specific issues relating to ageing with sight loss have yet to be fully appreciated by those who are in a position to make the big decisions affecting older people. Age UK and the RNIB are determined to put this right.

Business as usual is not an option because the number of older people with sight loss is large and growing, future cuts will impact vital services and incomes and, even in less austere times, working separately has not brought success.

Our new approach must start from the enormous strength and resource of older people with sight loss, ensuring that their voices are heard and their skills are put to use in reconfiguring and renewing the available provision so that it meets their needs more effectively.

We need to learn from the best innovations from around the country and internationally to deliver maximum value for people with sight loss. However, we know that it won't be enough to simply identify good practice and hope it will be replicated.

We need:

- Real leadership from political leaders, senior actors within health and social care, and the voluntary and private sectors too, recognising that sight loss in older people is a major and mainstream issue.
- Real engagement with older people with sight loss, so that their strengths, wishes, needs and aspirations enrich, inform and shape everything we do.
- Real empowerment of older people with sight loss, giving them genuine choice and control, with good access to the information they need to identify and make use of the support that they want, in the ways they want.
- Real openness in the sight loss sector, the ageing sector and beyond, challenging and being challenged, and working in partnership and sharing expertise, to improve outcomes for older people with sight loss.

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