' I don't want to live for the day any more': visually impaired people's access to support, housing and independence.

John Percival and Julienne Hanson

Abstract

This paper arises from research, funded by the Housing Corporation and Thomas Pocklington Trust, which investigated the housing and support needs and priorities of visually impaired people of working age, a population that has received little public policy attention. It reports on an in-depth study of the circumstances and aspirations of 121 people living in London, which revealed a need for increased opportunities to access information, personal support, employment and housing. The study also discovered strategies that this sample believed would address such need, including better professional collaboration and training, consultation and partnership, and facilitative housing provision.

Keywords: Visually impaired, working age adults, priorities, strategies

Introduction

According to a recent Labour Force Survey (Smith and Twomey, 2002) there are 136, 000 working age people in the UK who have difficulty seeing, many of whom

experience significantly fewer economic and social opportunities than do their sighted peers. However, there is little qualitative research that examines the needs and aspirations of this population (Percival *et al*, forthcoming). In order to address this lack of detailed knowledge, the Housing Corporation and Thomas Pocklington Trust, a specialist provider of housing and support services for people with impaired vision, commissioned research with visually impaired people aged between 18 and 55, living in four regions: London, Birmingham, Newcastle and Bristol. This paper offers an opportunity to flesh out some key themes, by concentrating in detail upon quantitative and qualitative data derived from interviews with a sample of 121 individuals living in London, the first of the regions surveyed, in order to draw specific implications for social care and housing providers. Prior to this discussion, the research methods are described, together with a brief description of the sample's characteristics.

Methodology and sample characteristics

All 121 participants in the London study provided information in response to a face-to-face, questionnaire-based interview. These took place between June 2003 and February 2004. Interviewees were recruited with the help of social care and allied professionals, and sometimes through media outlets or through word of mouth. Semi-structured interviews were subsequently carried out with a sub-sample of 30 individuals who were carefully selected according to their housing, health and personal circumstances, in order to address important issues that emerged from the questionnaire-based interviews, such as leaving the family home for the first time,

2

ethnicity, employment or growing older, as well as to ensure that the sub-sample contained participants with a range of characteristics that were more typical of the overall sample. Tables 1, 2 and 3 provide basic characteristics for the total sample and Table 4 provides characteristics of the sub-sample that was subsequently interviewed in-depth.

[Insert Tables 1, 2, 3 and 4 about here]

42% of the respondents to questionnaires were visually impaired from birth and another 26% had experienced sight loss during childhood or the teenage years. The rest had experienced sight loss during adulthood. Only three individuals were not registered as either blind (80%) or partially sighted (18%). Slightly over half the total sample had additional disabilities or impairments, reflecting the fact that sight loss in this age group is often connected with other health conditions, such as diabetes. Just under half our overall sample lived alone in self-contained accommodation, a quarter lived with a partner or spouse and a little over a quarter lived with three or more others, either with family members or with unrelated others in a house or flatshare.

The questionnaire covered seven areas: personal details, current housing circumstances and preferences, support needs, access to places and interests, social contacts, finances, and, finally, sight and general health. A topic guide was used for the semi-structured in-depth interviews, which focused on interviewees' views in regard to housing and its relevance to routines and contacts, as well as social

inclusion and support issues. The data gathered during fieldwork was subject to content and thematic analysis separately by each of the researchers and then collaboratively, and was also facilitated by inviting interviewees to reflect on possible interpretations of data as they arose during fieldwork. Analysis was therefore an iterative process, with earlier interviews and analysis informing and shaping subsequent data collection (Strauss, 1987).

The discussion that follows examines problems identified in relation to accessing information, support, employment and housing services, and various points are discussed under these headings before considering strategies to improve service provision and social inclusion. In this discussion the opinions, experiences and attitudes of respondents to the questionnaires are conflated with those of respondents selected for a follow-up interview, in order to provide a clear, concise and thematically coherent account. Where useful, extracts from interviews have been included to illustrate and clarify particular points. In such cases, the original name of the person has been changed to safeguard confidentiality. The discussion begins with a brief prologue depicting the personal and psychological features that have a bearing on young people's motivation to seek, accept, or even reject help.

Prologue: identity and stigma

Obvious though it may be, it is very important to recognise that the visually impaired people who took part in this research did not define themselves in terms of their disability or impairment nor did they regard themselves primarily as service users, so that asking for help did not come naturally to the great majority of our

informants. There is a dilemma in accepting a need for assistance when instincts are to fiercely protect personal autonomy. As Ms Karmi pointed out:

I just want to live my life as though my disability isn't something that my decisions have to revolve around. I'd like to live my life knowing that it's part of me, but it's a supportive part of me. [Ms Karmi, age 24, student, lives with parents]

Furthermore, people whose disability is not necessarily noticeable, such as those with vision impairment, may have to draw attention to their disability in order to 'justify' entitlement to support services, an added dilemma that profoundly affects proud, self-conscious, sometimes reticent younger people. Such concerns reflect the World Health Organisation's definition of disability as a complex interaction between personal, social and environmental factors (WHO, 2002)

Some interviewees highlighted the problems involved in managing a persona defined by disability, as well as the sometimes-extreme strategies adopted to present a different 'role'. Mr James, now aged twenty-eight, had moved out of London some years earlier to a new area, where no-one knew him, where he took on a 'different identity' and stopped wearing glasses. Mr James went on to say that he had always found it difficult having his impairment drawn attention to, being 'the centre of attention', and that he did not want to feel an 'outcast', seen as 'the blind guy that lives at number ten Acacia House'. Strategies to reduce stigma and potential loss of self-esteem are not uncommon in people with vision impairment

and may point towards internalised social constructs of disability (Percival and Hanson, 2005).

Interviewees spoke positively of the way in which registration, whether as blind or partially sighted, can help the individual to deal with these dilemmas, in that their status is objectively confirmed and a document is available that shows this, with the result that a personal need to 'justify' impairment is no longer required. This example of registration as a measure that helps people cope psychologically with impairment, is symbolic of the importance of pro-active approaches that provide access to information or services, and this should be borne in mind in the discussion that follows.

Access to timely information

A theme that emerged throughout the interviews was the difficulty in obtaining information about services and support, not in itself a new problem for people with sight loss (Lovelock *et al*, 1995). Unmet need for information ranged from lack of knowledge about the direct payment scheme to questions of eligibility for social housing, giving a clear indication that visually impaired people, particularly those who are younger, are deprived of some very basic and potentially life-enhancing factual information.

Mr Gooch echoed the views of many visually impaired people when he indicated that lack of timely information can affect the ability of the individual to cope, practically and emotionally, with the trauma of sudden sight loss:

My sight went within a few days. It was very sudden. I was sent home… but I had no contact from Social Services for three months. I had no idea about what aids were available to help me. I was too frightened to stand up in case I fell over. I wasn't sort of emotionally and psychologically very well, either, trying to deal with sudden loss of sight. [Mr Gooch, age 52, unemployed, designated non-supported flat for visually impaired]

Another important consequence of a lack of timely information during such emotional crisis is the difficulty in arguing for individual rights, which, in Mr Gooch's case, had significant and irreversible repercussions in respect of his job:

If I had been better informed then I wouldn't have left. I wasn't forced into leaving, but I would say I was pressurised into leaving and I didn't know my rights at the time. You know, for instance they could and should have been obliged to offer me the support equipment that I needed to carry on doing exactly the same job that I was doing, but I didn't know that.

Additionally, Black and Asian interviewees sometimes lacked information because of a poor knowledge of the English welfare system or because such information as does exist is not produced in an appropriate language. Mrs Younnis, whose parents moved to London from India shortly after her birth, brought her

personal experience of vision impairment into the work place, as she was a community worker with people with disabilities from minority ethnic backgrounds. Mrs Younnis emphasised the importance of access to information as part of a proactive service available to black and minority ethnic communities. According to Mrs Younnis, her own mother thought that visual impairment reflected the parents' 'sin', and as a result it was neither acknowledged in practical terms nor even talked about. One conclusion that can be drawn from this account is that Black and Asian groups may require accurate, culturally sensitive information and advice, as well as the availability of staff such as Mrs Younnis, who understand the needs of various minority ethnic communities. Access to timely and appropriate information is also crucial in regard to securing necessary personal support.

Access to personal support

Some interviewees indicated that there is a need for personal support, to enable them to properly care for others or for themselves, on an emotional as well as a practical level. This was most apparent in connection with two issues: the need for help with parenting skills and the need for counselling.

As regards parenting skills, it became apparent in two in-depth interviews with visually impaired parents, that they had experienced an uphill struggle in obtaining skilled, appropriate and timely support with regard to child care issues. In the case of Ms Akram, insufficient attention had been paid at an early stage to her need for support in helping her son acquire certain life skills. When professionals pointed out the deficits, she herself was left to carry the blame:

He plays with his little Legos, and his health visitor and his teachers have told me that he's got really bad small motor-skills because I've not developed them, they said, and he's really behind on that. [Ms Akram, age 31, unemployed, private flat]

Ms Sobers, who was informed she could remain for a year in her supported housing flat once her baby was born, received no particular help within that environment and so she raised the need for young parents in similar circumstances to have someone who could be called upon for prompt advice about issues that were 'specific to a blind parent', such as checking and reassuring the tenant that the home is safe and that no hazard to an inquisitive toddler has been missed. Mrs Hancock, now aged 52, started her family later in life, so that she still had responsibility for two children, the youngest of whom was nine. Mrs Hancock described the social expectations of parenthood and she suggested that the difficulties in fulfilling this role experienced by those in her position needed greater recognition: 'They should be assessed properly.. it was just me and the children battling against the world sort of thing, and when it's that sort of situation it's very difficult'.

The potential usefulness of counselling was raised, particularly by the 36% of interviewees who described themselves as either 'devastated' by sight loss or who had 'struggled' to come to terms with it, but also by some of those who portrayed themselves as not so greatly affected by their sight loss or who were visually impaired from birth and so had never known anything else. Most informants whose

vision had deteriorated during the course of their life described their initial denial and difficulty in accepting the loss, the unresolved feelings that sometimes spilled over to adversely affect friendships, and the blow to their self-esteem and self-identity. Although these consequences are not particularly surprising, none of the interviewees had been offered any professional help to deal with them, a finding echoed in studies of older people with vision impairment (Baker and Winyard, 1998; Hanson *et al*, 2002). Mrs Butcher was receiving counselling at the time of her interview, having lost friends as a result of not being able to deal with her feelings following sight loss, and she was very positive about this service, saying of the counsellor, 'she's been a fantastic help'. Mrs Butcher therefore regretted not having received such help much earlier:

It's taken me a long time to come to terms with it. Maybe if I'd had more support in the beginning, if I'd had help to put me in gear again and get me going, but it took a long time, things just didn't go my way. [Mrs Butcher, age 46, unemployed, council flat]

Mr Gooch, as was mentioned earlier, could not think clearly when he suddenly lost his sight and subsequently his job, as he was 'emotionally incapable of absorbing what was going on'. Indeed, access to employment was a key theme in interviews.

Access to employment

Four out of every ten informants was in paid employment at the time of the study, about the same proportion as reported in the Labour Force Survey (Smith and Twomey, 2002). Generally, a picture emerged that many people with vision impairment experience obstacles to remaining in or finding work because of employers' unsympathetic attitudes towards their impairment. Ms Sobers, a single parent, described how despite having experienced many setbacks she had persevered in her struggle to find work, taking opportunities to ask about job prospects whenever they presented themselves. She expressed the view that employers are generally too cautious and sometimes discriminatory, despite the Disability Discrimination Act (DDA), which she felt in her case had led to more interviews but had made no concrete difference to her employment prospects. She described her vain search as 'really disheartening, because you know you're capable'.

The initial motivation required to gain employment can be affected by uncertainty that a job will be available after training. For example, Ms Akram was not sure about the value of training to be a teacher if the prospective course tutors could not confidently assert that her vision impairment would not be an impediment to her subsequently finding a post. Motivation to find work in middle age can be just as strong as in youth but it's strength may falter as the individual struggles to compensate for so many changed experiences and losses, as Mr Gower poignantly explained:

Oh, I would love to work… it eventually falls off the agenda. Terrible really because, you know, I was such a go-getter person, a mover and shaker and all the

rest of it and I've sort of been reduced to a passive slate. [Mr Gower, age 55, unemployed, council flat]

Mr Gower went on to suggest that a 'mentor' could possibly help people in his position, by which he meant someone who would help the individual to 'focus' on what they are good at and interested in, provide a sounding board where ideas could be developed and encouraged, and help the individual keep abreast of relevant information about local activities and initiatives. This role, according to Mr Gower, could possibly be of interest to staff from socially-aware companies seeking voluntary work in local communities. Whether or not companies could help, the mentor role as described by Mr Gower seems to have merits for people who have motivation but require a steer in order to put ideas into action. It is interesting to note, in this connection, that another interviewee, Mr James, used the word 'mentor' to describe a role he himself would like to assume, in order to work with other people who are visually impaired, to help raise their 'low esteem' and help them 'get over their problems'. Initiatives that help people with vision impairment develop and profit from their skills also help promote social inclusion and are therefore relevant to professional standards of social care that challenge discrimination (ADSS, 2002).

Access to mainstream and specialist housing services

Two out of every five people we spoke to had experienced problems and difficulties in respect of their impaired vision whilst finding their current home. In

order to obtain access to mainstream housing services, most interviewees maintained that working age people with vision impairment require accurate information, the operation of flexible allocation procedures and recognition by providers of applicants' particular housing needs.

Accurate information about what can be expected from landlords has to be made available if people with care needs are to 'know what is reasonable' to ask for, and to make confident and informed decisions about their housing options. An additional point is that social landlords are sometimes at fault in providing basic tenancy documents in inaccessible formats, a shortcoming documented by Crowther (2000). Without either verbal details or information on tape, many people with vision impairment are disenfranchised and unable to develop a more active or proactive role as users of housing or other community services. All these points were emphasised by respondents to questionnaires and confirmed during in-depth interviews.

Flexible procedures are relevant to the transition to independence, as well as in respect of family issues. In regard to the former, a few interviewees indicated that housing allocation should be sufficiently flexible to allow disabled applicants the necessary time to view properties and assess their suitability, to permit applicants to refuse an offer without penalty and to ensure that disabled people are regularly updated on their application's progress. Housing authorities are often inflexible in regard to such matters (Allen et al, 2002; Derbyshire, 1998; Dean, 2003; Hendey and Pascall, 2001). In respect of family issues, housing providers are sometimes reluctant to look seriously at the needs of applicants who are living at home with

parents, and yet such situations may become emotionally charged if either generation feels there is no way out and, for the younger disabled person, no prospect of greater independence because, in the words of one interviewee, 'They didn't see me as a priority, although I'd fallen out with my parents (and) there were frictions developing'. Several of our informants also reported difficulties in accessing suitable housing near to family members and suggested that greater flexibility is required in bringing people into closer contact with sources of informal support.

Crowther (2000) suggests that in order to reduce the discrimination faced by people with disabilities, accommodation should be offered in ways that respond to individual needs rather than reflect blanket policies. The primacy of medically-oriented methods of assessing housing need (Imrie and Hall, 2001) potentially discriminates against applicants who present themselves as having predominantly social but similarly acute housing problems, and, as Derbyshire (1998: 62) argues, medical assessments are themselves 'inappropriate mechanisms' to determine the actual housing needs of people with vision impairment.

As well as emphasising ways in which housing providers need to make procedures more flexible, interviewees also drew attention to certain shortcomings in regard to providers' recognition of particular housing needs. Some interviewees spoke of unmet housing need, as well as offers of temporary accommodation presenting problems of re-orientation to new areas, and concluded that the DDA has drawn attention to the needs of people with mobility problems to the exclusion of those with vision impairment, who are 'forgotten'. This perception is borne out

in other research (Imrie, 2004; Derbyshire, 1998). Barriers to access or use of homes may therefore compromise the independence of certain groups of disabled people such as visually impaired people (Stewart, 2004).

As far as access to specialist housing is concerned, interviewees considered there to be both advantages and disadvantages of living exclusively with other visually impaired people, in purpose built schemes with support staff on site. Perceived advantages included the availability of support as a stepping-stone towards independence. However, interviewees spoke at greater length of the potential disadvantages of life in supported housing, mainly in connection with worries about being set apart from the ordinary community, and the possible threat to self-reliance. Indeed, it was very common to hear interviewees, particularly but not exclusively those living in mainstream housing, talk of specialist accommodation for people with vision impairment as somehow 'closed off' and inward-looking, insufficiently in touch with the wider world beyond the scheme, where tenants are liable to becoming 'introspective' or 'marginalised'. Only six interviewees were living in sheltered housing at the time of the study but most of them subscribed to the view expressed by one tenant that in such housing 'you may get to rely on just being in the group, a bit more cosseted'.

Strategies and suggestions to remove barriers

The remainder of this paper explores strategies that interviewees believe may help address the issues and ideas discussed so far, as well as their suggestions for improving the quality of provision and social inclusion more generally. In

particular, interviewees highlighted the importance of collaboration and partnership arrangements, professional training and awareness-raising, and attention to housing priorities.

Collaboration and partnership

A dominant theme that emerged in respect of preferences for support was the importance of co-ordination and collaboration between relevant providers. According to Ms Pothas, systems should evolve so that council departments are more closely aligned when dealing with disabled or impaired citizens:

> There should be a connection between the several departments in the council to actually give a full service to the people… there should be some sort of, I don't know, pop-up window on their computer, just to say, you know, this person is visually impaired. [Ms Pothas, age 27, employed, council flat]

Interviewees often went further than simply highlighting the need for better inter-agency collaboration. They also argued that a dialogue should be taking place with the individual service user as part of a partnership approach, especially as the abilities and needs of visually impaired people vary so much. Mr Atherton suggested that his social worker and housing provider should make joint visits to his home, so that overlapping issues could be discussed face-to-face, an obvious example of good practice perhaps, but one that appeared to be lacking in his experience. Such provider-user consultation is also helpful in sharing information and developing both service users' and professionals' knowledge. This point was

emphasised by Ms Karmi when she referred to her disappointment that staff were not 'guiding' her to look at different support options because they themselves did not know what was available.

In addition to advocating consultation with individuals, interviewees also referred to the potential benefits of providers collaborating with representative groups of people with vision impairment, to 'find out what they need'. Mr James suggested that such a forum would have the potential to inform providers, who 'aren't in our shoes', of prudent and targeted ways to fund services. Ms Pothas was actually involved in such a forum, which had highlighted the usefulness of a 'reading service', as well as better quality home help provision.

While making a case for better co-ordination and collaboration between relevant agencies and local authority departments, interviewees considered the merits of a single point of entry, or a 'hot line', in order to more easily access information and support services. Mr Gower considered the usefulness of council departments having one or two people available who could 'specially deal with the needs of visually impaired people'. Ms Karmi suggested that there should be professionals in place to act as a link between separate departments. The person in such a role would be very useful in terms of ensuring a more seamless service, but could also help users become more aware of the different roles and responsibilities of various staff. Of course, such a professional would have to be adequately trained and aware of the needs of people with vision impairment.

Training and awareness.

Interviewees stressed the need for professionals to receive an adequate level of insight through training, and a few suggested this could be organised by the RNIB with service user assistance, or via local authority disability equality training that emphasised the social model of disability and the relevance of accessible, inclusive design (Imrie and Hall, 2001). Well trained staff are also likely to know of and put into effect simpler and more economic solutions than less well informed staff, with the result, for example, that £200 spent on an intercom, additional lighting or colour contrast decoration, may prevent unnecessary rehousing. As well as a need for well trained staff, the view was expressed that employment of more visually impaired staff would improve sensitivity to the needs of service users resulting in the delivery of more appropriate services of people with sight loss.

Housing priorities.

When asked for the details of their housing requirements and preferences, interviewees identified four main issues: space, location, safety and security, and modifications and maintenance. In regard to issues of space, it is worth reminding ourselves that visually impaired people of working age actively engage with their domestic surroundings as any other occupants do; the difference, perhaps, is that generally they may require flexible or additional use of space in order to balance competing needs for entertainment, support, hobbies and assistive technology, and all this in an environment hopefully free from impediments and hazards. Space

18

requirements and preferences centred on four important themes: space for

equipment and storage, space to be free from harm, garden space including guide

dog needs, and space to socialise as well as accommodate carers or guests, but as

Ms Sobers explained, 'it is impossible to get people to understand that if you have

disabilities or special needs, you quite often need extra space to accommodate

whatever adaptive equipment or so on that you need.'

As regards location, many interviewees emphasised the importance of proximity

to amenities, people and transport links, hallmarks of inclusion and self-

determination that are important to disabled people generally (Imrie, 2004; Esmond

et al, 1998). Conversely, living in an isolated, out of the way location had unhappy

consequences for several informants who described how the lack of connection

with the outside world made them feel 'bored and frustrated or ill'. These points

indicate that people with vision impairment are 'strategically active' within the

built environment of home and neighbourhood (Allen et al, 2002:9), although this

can be undermined if the wider built environment does not offer adequate levels of

safety and security.

Safety and security can be improved by better outside lighting, especially valued

in respect of orientation and safety (Hanson, 2005; Rees and Lewis, 2003), reliable

door entry systems, community alarm systems, and robust front doors with

adequate locks. On the evidence of in-depth interviews, such provision helps foster

a greater sense of safety and security, and should therefore be considered a basic

requirement for those in London's inner city. Interviewees also made positive

comments about certain features that improved safety around the home, such as

bright coloured plugs and variable textures on approaches from the road to the front door as 'if you've got some degree of vision that's very helpful'.

Modifications and maintenance may present challenges to people with vision impairment (Cooper *et al*, 1995), partly because building regulations and guidelines do not adequately address issues of sensory accessibility (Allen *et al*, 2002). Interviewees suggested that standards could be improved and design made more user-friendly at a relatively modest cost, although this would inevitably depend on adopting a user-centred approach to defining needs and developing services. Indoor lighting, for example, is a low-tech modification that can dramatically improve quality of life for visually impaired people in and around the home. (O'Neill et al, 2003). Well positioned artificial light can compensate for poor levels of natural light in the kitchen, a room where there is an obvious potential for accidents. According to our interviewees, such improvements to domestic lighting, as well as use of colour to maximise light and provide colour contrast, made a big difference to their safety and enjoyment of the home environment and four out of every ten informants had improved their home in this respect.

In respect of specialist housing, interviewees advocated what to some extent exists already: first, traditional 'sheltered housing' type schemes with staff on site or on call, and second, ordinary housing exclusively tenanted by visually impaired people who do not need regular help or staff on site, but who do benefit from a supportive landlord as well as choice and control over the kind of environmental modifications they prefer. These two options, however, may not be available in sufficient numbers to ensure that people receive the most appropriate resource.

Some interviewees advocated an additional option, that of shared ownership, subsidised to reflect the low or variable incomes available to people with vision impairment while acting as a 'springboard' to home ownership. These points confirm that most people with vision impairment wish primarily to live as part of a mixed, balanced community, a finding already suggested in other studies (Hanson *et al*, 1999; Cooper *et al*, 1995).

Summary and conclusions.

This paper has documented problems in regard to people with vision impairment accessing support and services and has highlighted interviewees' strategies and suggestions to address such problems and improve quality of provision more generally. As a result, greater emphasis needs to be placed on improving the provision of information, personal support, counselling, employment opportunities and housing allocation procedures. There appears to be much merit in respondents' advocacy of more collaborative professional practice and partnership initiatives, regular staff training and a sharper focus on people's housing requirements and priorities. Overall, the research upon which this paper is based reinforces the pivotal role played by timely and appropriate support in helping individuals with vision impairment confidently achieve greater independence and social inclusion.

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21

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Biographical note

26

John Percival is Lecturer in Health and Social Care at The Open University and has a research background that spans housing, health and social care. He specialises in qualitative research, and has recently worked on projects that examine lay and professional attitudes towards 'telecare' services, as well as older people's needs and aspirations following sight loss.

Julienne Hanson is Professor of House Form and Culture at the Bartlett School of Graduate Studies, University College London, where her current funded projects include mainstreaming 'telecare' services in the homes of older people, the design of culturally sensitive homes, remodelling sheltered housing and residential care homes to 'extra care' housing and the provision of inclusive and sustainable public toilets in city centres.

Address for Correspondence

John Percival and Julienne Hanson
The Bartlett School of Graduate Studies
University College London
Gower Street
London
WC1E 6BT
Email: JohnPerc54@aol.com

Gender		Age Groups				Total
		18-29	**30-39**	**40-49**	**50-55**	
Male	**N**	16	18	16	12	62
	%	61%	46%	55%	44%	51%
Female	**N**	10	21	13	15	59
	%	39%	54%	45%	56%	49%
Total	**N**	26	39	29	27	121
	%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 1. Gender by age groups

	White (British/ Irish/ Other)	Black (Caribbean/ African/ Other)	Asian (Indian/ Bangladeshi/Pakistani)	Other	Total
N	64	26	23	8	121
%	52.9%	21.5%	19.0%	6.6%	100%

Table 2. Ethnic origin of the interviewees in 4 categories

House type	Number	%
House	37	31%
Bungalow	1	1%
Flat in converted property	27	22%
High-rise (+4 storeys) purpose-built flat	13	11%
Low-rise, purpose-built flat	32	26%
Flat in purpose-built, supported housing	6	5%
Residential care home	2	2%
Room in student house / hostel / respite care	3	2%
Total	121	100%

Table 3. Type of accommodation

Gender	Male	Female	Total		
N	13	17	30		
Type of accommodation	House (LA/HA/OO)	Flat (LA/HA/OO/PRIVATE)	Room (Friends/students)	Total	
N	4	23	3	30	
Ethic origin	White (British/Irish/Other)	Black (Caribbean/African/Other)	Asian (Indian/Bang/Pak)	Total	
N	17	8	5	30	
Employment	Employed (Full or part time)	Unemployed	Student	Early retirement	Total
	8	17	3	2	30

Table 4. Sub-group characteristics