

ODI MONTHLY RESEARCH SUMMARY – APRIL 07

Please find below the ODI Social Research Team's monthly summary of published disability related research. The aim is to disseminate briefing on new disability research publications according to key ODI themes such as; Young People, Human Rights, Employment, Independent Living and Older People.

This summary may not cover all disability related research reports of interest published in the last month. If you feel there is an important report I have missed please forward to me and I will include in the next summary. Please also remember to send me details of any new research reports you receive that may be included in future summaries.

Note - The views expressed in these reports are not necessarily those held by the ODI. Inclusion of reports in the ODI monthly summary cannot be taken as acceptance of their methodological reliability.

Long-term ill-health conditions, ethnicity and poverty: understanding the experiences of individuals and families. Led by Sarah Salway at Sheffield Hallam University, published in association with Joseph Rowntree Foundation.

<https://www.jrf.org.uk/knowledge/findings/socialpolicy/2060.asp>

This report presents findings from a detailed new investigation into the experiences of individuals living with long-term ill-health and their families. New in-depth qualitative material is combined with secondary analyses of national datasets to examine the ways in which long-term ill-health impacts upon different dimensions of poverty. The report:

- Explores the links between long-term ill-health and three inter-related areas: employment, welfare benefits and social participation and social support.
- Covers an ethnically diverse sample in order to explore, though not assume, the relevance of ethnicity for the experience and consequences of long-term ill-health.
- Identifies ways in which current UK health and social policy might better serve the needs of people with long-term health conditions.

Accessing information about health and social care services. PICKER INSTITUTE EUROPE

<http://www.pickereurope.org/page.php?id=20>

This study examines how patients, service users and carers currently find out about locally available services and how to access them. Key Findings include:

- Health professionals – who are often responsible for first diagnosis, or are an initial port of call for help with a condition – do not systematically or proactively provide their patients with information about accessing local services
- There is a lack of co-ordination between information providers across boundaries –geographical, sectoral and organisational. It is rare for an individual or an organisation to take responsibility for providing relevant information about the entire range of services available

- There is a lack of effective signposting. There is no shortage of information – a significant amount of information is being designed and produced – but the service user is often left to dig it out for themselves, and may not know what it is they need to know
- The types of information most commonly requested by service users include: details of voluntary sector support groups, support for the family or carer(s), condition-specific services, the financial benefits available, and how to claim them, how to comment on or complain about services

The Picker Institute recommends that government pushes forward plans for local health and social care providers jointly to invest in a new service – information signposting and navigation. It urges the establishment of a single contact point in each local area, with trained staff to help people navigate the information jungle.

Research methods include; focus groups with service users and carers, mystery shopping by service users and carers, online searches of health and social care websites and a Survey of 370 health professionals and information providers.

Older people

Prevalence, causes and impact of sight loss in older people in Britain:

Occasional Paper 8. Thomas Pocklington Trust.

<http://www.pocklington-trust.org.uk/Templates/Internal.asp?NodeID=88882#OPs>

This project, led by the London School of Hygiene and Tropical Medicine, used data from the *Medical Research Council (MRC) Trial of the Assessment and Management of Older People in the Community* to find out more about sight loss in people aged over-75s in Britain. During the MRC trial, involving 14,600 people aged 75 and over, a visual acuity screening test was given. This study subjected the results of this test to detailed analysis. Important findings were:

- At 75 and above nearly 1 in 8 people are seriously visually impaired.
- At 90 and above around 1 in 3 people are seriously visually impaired.
- Over half of this sight loss appears to be potentially remediable with appropriate spectacles and/or cataract surgery.
- There is a substantial burden of age-related macular degeneration (AMD) in older people in Britain. Many cases of AMD are brought about by smoking and are therefore preventable.

Older people

An investigation into the circumstances of older people with sight loss: analysis of the English Longitudinal Study of Ageing (ELSA). Occasional paper 9. Thomas Pocklington Trust.

<http://www.pocklington-trust.org.uk/Templates/Internal.asp?NodeID=88882#OPs>

The English Longitudinal Study of Ageing (ELSA) surveyed 11,400 people aged 50 and older living in private households in the UK to determine their socio-demographic characteristics. The Pocklington study, carried out by University College London, used this data to find out about the health, wellbeing and socioeconomic circumstances of those with sight loss. The study is among the first to explore the

relative circumstances of people with sight loss in a nationally representative sample. As such the findings are novel and important. Among its findings were:

- just over 4% of the over-50s report that they have poor vision or are registered blind, with a further 12% saying that their vision is fair. These rates rise sharply after 70 and they are higher among women than men.
- one-third of people who said they have poor eyesight did not have a diagnosis for their problem. The most common diagnosis (45%) was reported to be 'cataract'.
- for almost all outcomes that the study looked into (health, physical and cognitive functioning, economic position and wellbeing), those who reported poor vision or being registered blind were disadvantaged in comparison with those who reported fair vision, who were, in turn, disadvantaged in comparison with those who reported good or excellent vision.
- despite this, those with visual impairments fare quite well in regard to social networks and contacts.