Services for visually impaired elderly persons in Europe

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Abbreviations

ADL Activities of Daily Living
AMD Age-related Macular Degeneration
EBU European Blind Union
GPS Global Positioning System
ICEVI International Council for Education and Rehabilitation of People with Visual Impairments
ICT Information and Communication Technology
NCBI National Council for the Blind of Ireland
NGOs Non-Governmental Organisations
OECD Organisation for Economic Co-operation and Development
SES Socio-Economic Status
Summary

Worldwide, around 285 million people suffer from visual impairments. Visual impairment is a general term that covers blindness and low vision. Especially people aged over 50 years are at risk of visual impairments. Increasing age results in a significant increase in the prevalence of impaired vision in an individual. Services offered to visually impaired elderly persons could help improve their quality of life and will also enhance the social inclusion of elderly persons. A comprehensive overview of the availability of services for visually impaired elderly persons in Europe is still lacking. Therefore, the aim of this study is to provide an overview of services available for visually impaired elderly persons in Europe. To do so, the responses from European organisations to an e-survey about different service categories will be analysed.

This led to the following research question “What services are provided for visually impaired elderly persons in Europe?” In order to provide an answer to this research question, this study made use of service categories for visually impaired elderly persons. Six service categories were selected: psychosocial support, reading, orientation and mobility, domestic life, communication and leisure. Additionally, this study will make use of an AAA-framework in order to analyse services for visually impaired elderly persons in Europe. The AAA-framework stands for availability, accessibility and affordability. Availability is the extent in which organisations and its services are disposable in the vicinity of visually impaired elderly persons. Accessibility is the extent to which visually impaired elderly persons can make use of facilities and services of organisations. The affordability concept accounts for the biggest financer of services for visually impaired elderly persons.

The study population consisted of 44 national member countries of the EBU. The inclusion criteria was being a European national organisation or federation of blind and partially sighted people and being a member of the EBU. Self-administrated online questionnaires were distributed among these national organisations or federations. After the end of the survey period, data had been collected from twenty organisations that completed the online questionnaire.

Results showed that leisure activities (80%) and psychosocial support (79%) were most often available compared to the remaining four service categories. This is probably caused by the fact that leisure activities are a lifelong need. Also, the majority of the visually impaired elderly persons seem to be interested in leisure activities. The data suggests that the availability of the service categories is almost equal to their reported accessibility. All European countries provide at least one or two types of services for visually impaired elderly persons. The data indicates that the government is the most important financer for all service categories. This result was expected, because health is the biggest expenditure item of most countries.

This study contributes to the provision of information about services for visually impaired elderly persons in European countries. In general, I can state that all service categories are generally covered available and accessible for visually impaired elderly persons. Additionally, the majority of countries indicated that at least some types of services were provided in all service categories. In the end, additional studies will be needed to develop a complete overview of services per European country. Greater insight in these services could possibly lead to cross-country sharing of best service options, to standardize good service provision for visually impaired elderly persons.
1. Introduction

Worldwide, around 285 million people suffer from visual impairments. Of these, 246 million people are dealing with low vision and the remaining number of people is blind (WHO, 2014). Visual impairment is a general term that covers blindness and low vision. The most prominent causes of visual impairment are uncorrected refractive errors, cataract, glaucoma, age-related macular degeneration and diabetic retinopathy.

In many countries, an increasing number of people will be at risk for visual impairment, as populations are ageing. The extent of older adult blindness, persons aged fifty years and older, seems a larger problem compared to childhood blindness (Resnikoff et al., 2004). The International Agency for the Prevention of Blindness’ (IAPB) global vision database map of 2010 suggests that 3-11% of the adults aged 50 years and older are visually impaired in Europe.

Especially people aged over 50 years are at risk of visual impairments. Impaired vision of elderly persons is associated with a decrease in balance and mobility, which can possibly result in more falls and injuries (Lee & Scudds, 2003). Visual impairment has an impact on performances of everyday tasks and activities of daily living (ADL) (West et al., 2002; Rudberg, Furner, Dunn, Cassel, 1993). Also, visual impairment is associated with an individuals’ quality of life (Seland et al., 2011). Alma et al., (2011) showed that the majority of the visually impaired elderly were involved in society, but less than their seeing peers. Therefore, available services that meet the needs of visually impaired elderly persons may improve their ADL.

Services offered to visually impaired elderly persons could help improve the quality of life and will also enhance the social inclusion of elderly persons. Every European country has one or more national organisations or federations of blind and partially sighted people. These organisations provide information and sometimes deliver services to people who are suffering from their visual impairment. In this way, the quality of life of blind and visually impaired persons will be improved. Services can be based on different service categories. For instance, van Leeuwen et al. (2015) classified the rehabilitation needs in chapters, as mobility, communication, general tasks and demands, and domestic life. These needs form part of major life areas.

Even though some studies used a classification of the needs of visually impaired persons (Hyvärinen, 1985, Colenbrander, 1994, Leeuwen et al., 2015), a comprehensive overview of the availability of services for visually impaired elderly persons in Europe is still lacking. Beside the availability of services, these must also be accessible and affordable for visually impaired elderly persons in European countries. The results of this study can be used to address service differences within Europe and allow a cross-country sharing of best service options to improve the social inclusion and ADL of visually impaired elderly persons.

The aim of this study is to provide an overview of services for visually impaired elderly persons in Europe, by analysing the responses from European organisations to an e-survey about different service categories.
2. Contextual and Theoretical Background

Within this chapter, the context and theoretical part of this research project will be discussed. The first part of this section is the contextual background and will focus on blindness and visually impairments in general. This will be followed by the elaboration of services for blind and visually impaired people in Europe. The second part is the theoretical background in which a conceptual framework will be discussed. This framework is based on the existing AAAQ framework and will help to give answers to the research questions.

2.1 Visual Impairment

In this study the focus is on the elderly whose visual impairment affects their daily lives. Persons who are born blind are excluded from this study, because they did not progressively became blind. Deafblindness means that a person is both deaf and blind, but this is not of interest for this study, because the focus is only on visually impaired elderly persons.

Visual impairment covers both low vision and blindness. Low vision is a partial vision loss that cannot be corrected, causes visual impairment, and is sometimes called partially sighted (Lighthouse, n.d.). Commonly, low vision will be divided into moderate vision, low vision and severe low vision. However, in this study no distinction will be made between these three. Blindness on the other hand means that a person can see nothing. The exact definition for low vision and blindness differs per country. For example Italy and the United Kingdom use the WHO definitions. However, in Germany the definition of blindness, which is embedded in German law, is a maximum visual acuity of 1/50th in the better eye, or an equivalent disturbance of vision (Finger, Betram, Wolfram & Holz, 2012). France considers someone blind when the person who is suffering considers him or herself blind (EurActiv, 2013).

Visually impaired persons face several difficulties. People with low vision have difficulties reading, recognizing a familiar face and seeing objects (Lighthouse, n.d.). Also, a decreased visual mobility is associated with visual mobility (Colenbrander, 2009). Low vision and reading ability means that a person needs to read with aids, magnifiers, large print books or audiobooks. To increase the mobility and orientation possibilities, a person with low vision often needs to use a cane for detection (Colenbrander, 2009). Visual reading is not possible for a blind person, while blind persons also experience more difficulties with mobility and orientation. A blind person is also dependent on for instance braille and audiobooks. For mobility, a blind person must use a long cane.; a guiding dog, electronic equipment or a blind person must rely on sounds (Colenbrander, 2009). In this research I will mostly use the definition visual impairment, because this term covers both low vision and blindness.

Over the last couple of years some changes are seen in the prevalence of blindness and moderate plus severe visual impairments. In 1990, 38 million people were blind, in 1996 this number increased to 45 million people according to the WHO (n.d.). This number is expected to increase even more, to 76 million people in 2020 (WHO, n.d.). In both 1990 and 2010 the leading causes of blindness worldwide were cataract, uncorrected refractive error and macular degeneration (Bourne et al., 2013). In all regions, blindness and moderate and severe visual impairment due to cataract and macular generation are more often seen in women than in men (Bourne et al., 2013). Up to date statistics regarding visually impairment and blindness can be found in the Global Database Maps of IAPB, 2010. Unfortunately, the WHO could not provide any figures about this subject, because these numbers are not up to date and an overview was lacking.
Causes of Visual Impairment
Globally, the main cause of blindness is uncorrected refractive errors, followed by cataract, glaucoma and age-related macular degeneration (WHO, 2014). Diabetic retinopathy is another main cause in developed countries. These causes are reasons why elderly persons have lost their sight and therefore they have special needs. The causes of visual impairment will be briefly explained in the following paragraphs.

Uncorrected Refractive Errors
A refractive error occurs when the incoming light cannot clearly focus an image on the retina. Uncorrected refractive errors are the major cause of visual impairments. According to the WHO (2013), approximately 153 million people worldwide live with visual impairment due to uncorrected refractive errors. The most common symptom of refractive errors is blurred vision. It is not possible to prevent refractive errors, but after diagnosis it is possible to correct the problem with eyeglasses, contact lenses or refractive surgery (National Eye Institute, 2010).

Age-related Macular Degeneration
Age-related Macular Degeneration (AMD) destroys the central retina of the eye, which is also known as the macula. (Lim, Mitchell, Seddon, Holz, Wong, 2012 & Kandhadia, Cherry, Lotery, 2012). The macula is the part where light-sensitive cells are located and is sensitive to age-related changes, to which it owes its name (Kandhadia, Cherry, Lotery, 2012). AMD can lead to loss of the central vision (Kandhadia, Cherry, Lotery, 2012). Age plays an important role in AMD and therefore it is the leading cause of vision loss among people age 50 and older and limits a person in daily activities (National Eye Institute, 2013). The first symptom is facing small problems with seeing details or becoming sensitive for bright lights (RNIB, 2013).

Cataract
Cataract is clouding of the eye lens, which affects the eye’s vision. Fifty-one percent of world’s blindness is caused by cataract, accounting for almost 20 million blind people in 2010 (WHO, n.d.). A reduced vision mostly occurs after the age of 60. Besides age, heredity is an important risk factor for cataract as well (Robman & Taylor, 2005). Symptoms are cloudy or blurry vision, faded colours, poor night vision, and double vision (National Eye Institute, 2009). Early cataract can be treated with special eyeglasses, or special lenses. An effective treatment is surgery during which a new lens is implanted behind the iris.

Glaucoma
Glaucoma is a disease where the nerve, which connects the eye to the brain, gets damaged due to increased fluid pressure inside the eyeball (Lighthouse International, 2015). This is called ocular hypertension. Glaucoma can develop in one or both eyes. Everyone is at risk for glaucoma. It causes no pain and slowly reduces the vision, especially at the corner of the eyes (National Eye Institute, n.d.). An estimated 4.5 million people are blind due to glaucoma (WHO, n.d.). In Europe the number of glaucoma patients was approximately 12 million in 2010 and in 2020 this number is expected to increase to almost 14 million (Quigley & Broman, 2006). Possible risk factors are age, genetics, ethnicity and the intraocular pressure, which is a relevant factor to keep the homeostasis stable (Doucette, Rasnitsyn, Seifi, Walter, 2015). Glaucoma is irreversible and cannot be cured. Treatment methods are medicines, laser therapy and surgery (National Eye Institute, n.d.).

Diabetic Retinopathy
Diabetic retinopathy is caused by a combination of age and diabetes, causing tiny blood vessels inside the retina to be damaged (Lighthouse International, 2015). This will eventually result in inflammation, which can lead to blindness. People who have diabetes are at risk of
diabetic retinopathy. Worldwide, approximately five percent of blindness is caused by diabetic retinopathy, and the incidence of diabetes is still increasing rapidly (WHO, n.d.). Symptoms of diabetic retinopathy are blurred vision, seeing spots in the field of vision, having a dark or empty spot in the centre of the vision and having difficulties with seeing well at night (American Optometric Association, n.d.) People with diabetes are advised to have a regular eye exam and are encouraged to maintain good blood sugar levels.

Visual impairment problems will not always be recognized immediately. Therefore it is recommended for elderly persons to have an eye examination once every one to two years. Patients with diabetes should do this more often. According to Loh & Ogle (2004), active screening for vision loss in elderly persons should be part of the health examination.

**Avoidable Blindness**

Avoidable blindness is a relevant topic in the world of visual impairments. The problem of visual impairments is that they are caused mostly by preventable or treatable diseases (Pizzarello, 2004). Examples are cataract, glaucoma, diabetic retinopathy, refractive errors, or childhood blindness. Worldwide, 65% of the 32.4 million blind people and 76% of 191 million people with moderate and severe visual impairment had a preventable cause (Bourne et al., 2013). Compared to 1990, when the percentages were respectively 68% of 31.8 million and 80% of 172 million, these numbers have reduced (Bourne et al., 2013). The prevalence of cataract decreased most for both blindness and moderate and severe visual impairments (Bourne et al., 2013). In 2010, the prevalence of uncorrected refractive errors, macular degeneration and also glaucoma increased in Europe. Vision2020 is dedicated to eliminate avoidable blindness worldwide by the year 2020 (Pizzarello, 2004).

**Risk factors for visual impairments**

Earlier, the causes of visual impairments were explained. Besides these main causes, other risk factors also play a role in visual impairment. The most important risk factors for visual impairments in this study is age. Other possible risk factors of visual impairment are gender and socio-economic status (SES). Age, gender and SES risk factors can possibly play a role in visual impairments of elderly persons, Therefore, the relationship between age, gender and SES and visual impairments will be shortly discussed below.

**Age**

Ageing changes all structures of the eye (Salvi, Akhtar & Currie, 2006). During the ageing process the iris muscle and other body tissues become less elastic, the pupil response slows and the visual acuity diminishes, especially in dim or bright light. The eyes may become either dry or too watery (Lighthouse International, 2015). The retina thins, and the lens of the eye becomes discoloured and loses some of its transparency (Lighthouse International, 2015). The older a person gets, the higher the risk of visual impairments. Increasing age means a significant increase in the prevalence of impaired vision in an individual (Klaver, Wolfs, Vingerling, Hofman, de Jong, 1998; Seland et al., 2011).

**Gender and Socio-economic Status (SES)**

Gender and SES are other possible risk factors for visual impairments. On average, women live longer than men. Their life span is longer and therefore women are more often visually impaired and are having a higher risk compared to men (Seland et al., 2011). The SES of an individual is a possible risk factor for visual impairments. In general people with disabilities are more often excluded from society, are more likely to live below the poverty line and their access to health care is decreased. Eye diseases and disorders are seen as a disability. People with a low socio-economic status are more likely to experience health inequalities and less likely to use high-quality health care compared to people with a higher socio-economic status (Zhang, Beckles, Chou, Saaddine, Wilson, Lee, Parvathy, Ryskulove, Geiss,
Zhang et al., (2013) also found that the use of eye care services decreased progressively with increasing socio-economic disadvantage. Poor eye health is likely to have an impact on quality of life (Jaggernath, et al., 2014).

The effects of visual impairments

Visually impaired people are dealing with physical and psychological complications and this will affect an individual’s lifestyle (Loh & Ogle, 2004). Elderly persons will not be able to carry out daily activities like they were used to and therefore vision loss may result in dependency. For example, visual impairment is the underlying cause of falls, which are a cause of morbidity and mortality in the elderly (Loh & Ogle, 2004). Moreover, older people with a visual impairment are at higher risk of reporting symptoms of depression and lower mental health, and they are being diagnosed more often with clinical depression than older people with a good vision (Nyman, Gosney & Victor, 2010).

Ageing and vision loss have an impact on many aspects of life (EBU, 2014):
- Reduced ability to access information and health services
- Increased risk of depression and anxiety and loss of self-esteem
- Loss of independence for self-care, daily activities and mobility
- Reduced social participation
- Increased risk of falls and domestic accidents
- A diminished well-being
- A decreased life expectancy
- A decrease in quality of life and happiness

These impacts make daily life more difficult for a visually impaired elderly person. Therefore, special services have to focus on the service categories to improve the daily life quality of a visually impaired elderly person. That is why services based on the service categories are important and need to be available.

2.2 Available services for visually impaired people

Through a variety of organisations, different service options available for visually impaired elderly persons. Colenbrander (1994) created a classification of rehabilitation services for adults with vision problems. Rehabilitation services for the elderly are based on different ADL. Colenbrander (1994) created ten ADL-groups, but in this research I will only use five of these ADL service groups that need to be offered: orientation and mobility, domestic life, communication, reading and leisure. Five out of ten groups are used in this research due to merging, because some groups overlapped substantially. Psychosocial support is added because of the importance of society participation for visually impaired people to participate. Visually impaired people mostly need this support service at the beginning of vision loss.

Variety in services for visually impaired people in Europe

Services for visually impaired people are based on different types. An example is Norway, which has the Norwegian Association of the Blind and Partially Sighted (Norges Blindeforbund, 2014). The services provided by this organisation to the Norwegian community are aid employment opportunities, guide dogs, activities, counselling and rehabilitation (Norges Blindeforbund, 2014). Norway has a long list of services compared to for example Romania. The Romanian Association for the Blind has a social and rehabilitation centre, service for sports leisure, braille printing and a recording studio for audiobooks (Asociația Nevăzătorilor din România, n.d.). The United Kingdom’s organisation for blind and visually impaired people is called the Royal National Institute of Blind People (RNIB). Some services that they offer are advice and support services, residential care, support living, learning disability services and advise for professionals (RNIB, 2015). These examples show the differences between services and service providers per country. In this study relevant
types of services are divided into service categories for visually impaired elderly persons. Only types of services and aid are included, while medical services are excluded from this study. I selected 6 service categories and these will be explained in the following paragraphs.

**Psychosocial support**
People with visual impairments might have to cope with psychological and social problems. An individual is mostly committed to opinions of family, friends and other important people in the environment. Vision loss is associated with poorer ADL (Kempen, Ballemans, Ranchor, van Rens & Rixt Zijlstra, 2012). In addition, depression symptoms and anxiety feelings are also seen in visually impaired elderly persons (Kempen et al., 2012). The increasing age of a visually impaired person is associated with higher levels of need for social support (Kempen et al., 2012). Psychosocial support can help visually impaired people to reduce these psychological and social problems. Psychosocial support focuses on healthy adjustment and an active lifestyle, the encouragement of social participation and the improvement of self-esteem (Lighthouse, n.d.).

**Reading**
With a visual impairment it is still possible to continue personal, informational or recreational reading (Colenbrander, 1994). Nowadays, more options are available to continue reading books, magazines and newspapers. Ways to continue reading are listening to audio, learning braille or throughout the use of large and giant print readings (RNIB, n.d.). Other devices that are helpful for reading are magnifying glasses such as a clip on flip up spectacle magnifier, a hand held magnifier or stand magnifiers. Another reading device is a Closed Circuit Television (CCTV). A CCTV is a monitor or computer screen where you can adjust all the aspects you want, as brightness, contrast, colour and letter size. A CCTV can also be portable. Besides these reading options, reading training might be available for visually impaired people.

**Orientation and mobility**
Orientation and mobility training is a way to teach visually impaired people how to get around indoors and outdoors (Lighthouse, n.d., Vision Aware, n.d.). With orientation is meant the geographical part, “knowing where you are and where you want to go”, while mobility is “the ability to move from one place to another” (Vision Aware, n.d.). During mobility and orientation training an instructor will help and give instructions on how to develop skills to move safely through your house and outdoors (Lighthouse, n.d., Vision Aware, n.d.). This is necessary for example for safely crossing streets, preventing falls and for using public transport (Lighthouse, n.d.). Another part of orientation and mobility training can be the assistance of a Global Positioning System (GPS), which is a navigation system on walk mode and can also be used via a smartphone. Lighting and contrast are also relevant aspects for visually impaired people to get around in their own house. Elderly people with a visually impairment need more light to optimize their vision (CNIB, 2003). The older a person gets, the more light is required (CNIB, 2003). Important aspects of the orientation and mobility training are sensory development, to optimize the use of your senses, the use of a cane and the use of a guiding dog (Vision aware n.d.).

**Domestic life**
With domestic life is meant every activity in and around the house, for instance household work and gardening (Colenbrander, 1994). Self-care, such as personal care and clothing, and cooking can also be considered as domestic life. These domestic life activities can be facilitated by adjustments. Assistive technology such as talking scales, timers and clocks, a measuring cup set or a simple can opener can help a visually impaired person with cooking. Helpful adjustments are for example large buttons on a television remote or telephone and bathroom benches and grip handles. Besides these examples, many more products are
available to simplify daily activities in house. However, not only assistive technologies are necessary for conducting ADL. A rehabilitation worker can give tips and techniques about self-care activities such as laundry, fingernail care and organizing clothes (Vision Aware, n.d.), or about household organisation and grocery shopping.

**Communication**
Communication can take place more easily when a visually impaired person knows how to use a telephone, how to write properly and utilize typing skills and knows how to use methods for word processing (Colenbrander, 1994). Besides knowing how to use communication skills, it is important for visually impaired older people to know more about Information and Communications Technology (ICT). ICT skills are getting more important due to the digitalisation of the society that we live in nowadays. ICT training involves training on how to use smartphones, tablets and computers. This communication training differs from reading training, because ICT communication is about dealing with communication via electronic products, while reading training focuses more on the aspects of continuing reading newspapers, magazines and letters. Difficulties with reading is the first problem visually impaired elderly persons encounter.

**Leisure**
Visually impaired elderly persons participate less in social leisure activities than their peers without visual impairment due to their vision loss. (Alma, van der Mei, Melis-Dankers, van Tilburg, Groothoff, Suurmeijer, 2011). Visually impaired older people have to deal with all the aspects of ageing and with the problems of vision loss (Alma et al., 2011). However, having a visual impairment does not mean a person is excluded from social activities. Leisure and recreational activities can still be performed with some help. Vision aware (n.d.) mentioned some activities such as art, board games, cultural activities, swimming, bowling and tandem biking. These activities are only a small sample of all active or passive leisure possibilities that visually impaired people could engage in.

**2.3 Financing and the delivery of services**
Financial support is essential because these services are developed for vulnerable people. Financial support of services can be given several ways. Firstly, the government is responsible for state expenditures. The state determines the expenditures for eye care, and medical and social treatment. Secondly, private insurance companies regulate private health insurance. In some cases, the whole treatment for a visually impaired person is reimbursed, while in other cases, a contribution will be necessary. Thirdly, public health insurance is regulated by the state. Fourthly, services are covered by out of pocket payments. This means that visually impaired elderly persons need to pay for services themselves. Lastly, the option ‘family’ means that the family is paying for the services for visually impaired elderly person.

In this study I give three suggestions on how services can be delivered for visually impaired elderly persons. The first option is through outreach services. This means that a visually impaired elderly person gets assistance on location, for instance at home or outside on the street. The second option is day-care rehabilitation. This means that a centre provides training for elderly persons inside the organisation. The last option is residential care and this means long-term care and residential living at the organisation for visually impaired elderly persons. These places are also known as adult family homes. Combinations of these three options are also possible.

The delivery of services can be carried out by the national government, local government, blind unions or Non-Governmental Organisations (NGOs). The national government makes decisions and performs tasks at a national level, while the local government does this at the local level. Blind unions represent blind and partially sighted people via several
organisations. NGOs are organisations that are non-profit organisations and are independent of the government.

2.4 Theoretical background

Visual impairment is a broad term that differs per country. In this study, the term is defined as both low vision and blindness. Vision loss is related to age; the older a person gets, the higher the chance of visual complications. A visually impaired elderly person can see less to nothing and aids or services are necessary to improve their daily life. Organisations for visually impaired persons can help with this improvement. In this study the focus is on six general groups of services for visually impaired people: orientation and mobility, domestic life, communication, reading, leisure and psychosocial support. These groups are based on the ten ADL service groups of Colenbrander (1994): self-care, meals, domestic life, reading, communication, financial management, consumer interactions, orientation and mobility, leisure and lastly educational / vocational. Some of these ADL groups overlap and therefore these ten groups are merged into five service categories. Psychosocial support is often necessary at the starting phase of vision loss in elderly persons, to give the elderly more confidence and support to be active in society. That is why this sixth group is added to the service categories.

Cataract, glaucoma, AMD, uncorrected refractive errors and diabetic retinopathy are not always recognised and cannot always be treated. For instance Kocur, Resnikoff & Foster (2002) found that barriers to cataract surgery were state budget limitations, poor detection and public awareness of the surgical treatment option and utilisation of the staff. Therefore, the eye health care system needs to provide services which are of good quality while at the same time are available, affordable, and accessible for everyone. This study will make use of the Availability, Accessibility, Affordability and Quality (AAAQ) framework in order to analyse the six service categories for visually impaired older people within European countries. The AAAQ of CESCR (2000) stands for Availability, Accessibility, Acceptability and Quality. The Acceptability is left out of this study and replaced by affordability.

The AAAQ framework

The AAAQ framework is related to the right to health and consists of the following four determinants: Availability, Acceptability, Affordability and Quality (CESCR, 2000). The four framework determinants are related to health care facilities, goods and services (CESCR, 2000). Within this research the AAAQ will be used as criteria of provided services for visually impaired elderly persons. Quality is hereby not taken into account, because service quality is difficult to measure by the use of a questionnaire. This framework will be used to give greater insight in the interaction between availability, affordability and accessibility of services for visually impaired elderly persons in European countries. Provided services will be evaluated on their accessibility, availability and affordability, see figure 1.
Availability

In this study, availability is determined by the amount of vision organisations and their services. The amount of eye services depends on the demand of these services. The bigger the population which has an eye disorder or disease, the more demand for special services to treat or prevent these specific eye conditions. This will lead to a higher amount of organisations per country. Also, the distribution of eye organisations plays a role in the availability for visually impaired elderly persons. Therefore, a range of organisations is important.

Availability can be measured by the geographic availability of service organisations. Provisions should be made for visually impaired elderly persons by setting up organisations and services for them. The local government, national government, NGOs, blind union or other parties can do this. Preferably, organisations and its services should be situated in the vicinity of visually impaired elderly persons.

The availability is measured by only one question: “Is ... generally available for visually impaired elderly?” For this question, yes, no and don’t know are the answer options. This question was asked at the beginning of every service category.

Accessibility

Accessibility is the ease of access for individuals to health care services. Especially the most vulnerable and poor people should not be discriminated against with regards to their health care access (CESCR, 2000). Access to eye care helps with the prevention and treatment of vision loss (Zhang et al., 2013), because visual impairments can be preventable and treatable. Access of health care also depends on the affordability and availability of services (European Commission, 2014). In other words, the consequence for unavailable and unaffordable services is that people do not have access to these services. This is especially the case for social excluded risk groups (European Commission, 2008).

In this study, accessibility means the access to services for visually impaired elderly persons. It is the extent to which visually impaired elderly persons can make use of facilities and services. This includes the eligibility for services for visual impaired elderly persons. Several factors influence the eligibility. For instance, do organisations allow access for every visually impaired elderly person? Are there any criteria to have access for specific services? And
which of the accessibility criteria do organisations have for their provided services? Visually impaired elderly persons should be able to use the services of an organisation. Services can be provided through outreaching at a persons’ home, day-care rehabilitation, residential or a combination of these three.

The accessibility is measured by only one question: “Is ... generally accessible for visually impaired elderly?” For this question, yes, no and don’t know are the answer options. This question was asked at the beginning of every service category.

**Affordability**
Costs and coverage of health care services are barriers for the use of these services. Healthcare in general can be paid for in several ways in different European countries. In some countries, services and aids are paid for through taxes, by social health insurance or by out of pocket expenditure. Eye care in Europe differs between the eastern and western regions. In Central and Eastern Europe, patients are seldom paying the full treatment costs; mostly they pay a certain percentage out of pocket (Kocur & Resnikoff, 2002). Most western European countries provide eye care services by state or private institutions (Kocur & Resnikoff, 2002). From this I can conclude that the affordability of health care services plays a role in the use of eye care. Therefore it is important to know who is mostly financing specific services for visually impaired and blind people. This can be the government, health insurance, visually impaired persons themselves or family.

In this study, the focus is on the financer of services. Affordability is measured by asking: ‘Who is mostly financing the ‘service’ for visually impaired elderly persons?’ The answer options are government, private health insurance, public health insurance, people with visually impairments themselves (out of pocket expenses), family, other or don’t know. Knowing more about the financer of services will partly clarify if services are affordable for visually impaired elderly persons or not. Answers of monetary amounts will cause confusion, due to different currencies and the wealth differences between countries. Therefore, monetary answers were not answer options.

**Quality**
The CESCR (2000) defines the quality of healthcare services as “health care, good and services must be scientifically and medically appropriate and of good quality”. The measurement of the quality of services for visually impaired people is subjectively. The assessment of service quality may vary per individual. Therefore, service quality does not fit in the scope of this study. Further necessary can focus on the service quality.

**2.5 Research Aim**
The aim of this study is to give an overview of services for visually impaired elderly persons in Europe by analysing the different available services offered by European organisations for the visually impaired.

Investigation of available services for visually impaired people will give greater insight in the problem related to eye care services of European countries and will lead to social improvements in social inclusion of visually impaired elderly persons.
3. Research Questions
This study was initiated due to a lack of a comprehensive overview of provided services in Europe. As such, this study is performed to investigate which services are provided for visually impaired persons in 44 European countries. This study will answer the main research question and its additional sub questions. These sub research questions are derived from the conceptual framework, in this case the AAAQ framework. Together, the research questions will give relevant information for answering the main research question.

3.1 Main research question
According to the context of this study, it is of interest to better understand which service categories are provided for European elderly persons with visual impairments. It is not our objective to give an overview of all specific type of services, the focus is on the categories of services, as explained in the contextual background. Also, the secondary focus is to give an answer to the question if services are available, accessible and affordable for visually impaired elderly persons in Europe. The main research question is formulated as “What services are provided for visually impaired elderly persons in Europe?”.

3.2 Research questions
1. How available are the provided service categories for visually impaired elderly persons in European countries?
2. How accessible are the provided service categories for visually impaired elderly persons in European countries?
3. How affordable are the provided service categories for visually impaired elderly persons in European countries?
4. Methodology
This methodology section will explain the study design and population, the questionnaire design, data analysis and the planning of activities of this study in order to give more insight in the way this study has been conducted.

4.1 Study design
This study was commissioned by the EBU (European Blind Union) and ICEVI-Europe (International Council for Education and Rehabilitation of People with Visual Impairments). The purpose of this study is to get more clarity about available services for visually impaired elderly persons in European countries, using a cross-sectional survey design.

4.2 Study population
The study population consisted of 44 national member countries of the EBU. The EBU has a list of full membership for national organisations or federations of blind and partially sighted people. At this point, the list contains 44 member countries that were all included in this study. The inclusion criteria was being a European national organisation or federation of blind and partially sighted people and being a member of the EBU. All European countries are represented in the EBU list and can be found in Annex 1. No ICEVI-Europe representatives were contacted, because ICEVI-Europe focuses more on equal access to appropriate education for all children and youth with visual impairments (ICEVI, 2015).

4.3 Data collection
Self-administered online questionnaires were distributed among national organisations or federations of blind and partially sighted people in 44 European countries. A questionnaire was chosen due to a quick inflow of data from many organisations. It is easier to analyse questionnaires, especially questionnaires with closed questions. Also, it was considered more convenient for a person to be able to fill in the questionnaire at his or her own convenience. The questionnaire was translated into Russian, because there was a possibility that Eastern European individuals might prefer Russian over English.

4.4 Questionnaire design
The questionnaire consisted of six service categories that were based on the ten service categories of Colenbrander (1994). Six service categories were chosen, because they focused on different aspects and did not overlap in service items and aids. The questionnaire was based on the following six service categories: psychosocial support, reading, orientation and mobility, domestic life, communication and leisure-activities. To prevent the questionnaire from becoming too long, I chose to focus on the general type of services that could be delivered to visually impaired elderly persons in Europe. The questionnaire consisted mostly of closed questions. Closed questions were chosen to allow easy comparison between service categories. However, sometimes there was space for additional comments or information which I should be made aware of.

Within every service category the concepts of availability, accessibility and affordability were examined. Availability should be measured by the geographic availability of organisations and the range in the vicinity of visually impaired elderly persons. Accessibility is the extent to which visually impaired elderly persons can make use of facilities and services. The questionnaire contains only one question about availability and accessibility: “Is ‘service category’ generally available/accessible for visually impaired elderly persons?” Affordability is about the financier of services. In the questionnaire affordability was canvased by asking the question “Who is mostly financing the ‘service category’ for visually impaired elderly persons?”.
4.5 Data analysis
The data collected was entered in an SPSS 22.0 file. Data analysis was performed using this programme. Descriptive statistics were used to examine differences and similarities between countries. The data analysis was performed using percentages and charts. Where relevant, a t-test or Chi-square test was used to test the statistical significance of differences between European countries on different variables. A p-value of 0.05 or less was used a cut-off for statistical significance.
5. Results
The following section provides an overview of the results. Most results are summarized in tables per service category. These tables show answers on availability, accessibility, affordability, types of services and service delivery of European countries. Furthermore, results will be shown per European regions about their availability and the types of services. After the end of the survey period, data was collected from twenty organisations that returned the questionnaires. The response rate was 70% after two weeks. Montenegro and Hungary only partially answered the questionnaire.

The questionnaire started with a question about the definition of elderly persons. The OECD definition of people aged 65 and over is used by 89% (16/18). Poland defines elderly persons as people aged 60 year and over. This question indicates the age groups of elderly persons, which the organisations based their answers on.

A geographical overview was made in order to create a clear picture of the participating countries. Figure 2 below shows the countries included and their number of visually impaired adults > 50 years of 2010 (IAPB, 2010). Not included in this figure are Kazakhstan and Cyprus, while Malta is no more than a small blue spot.
Most countries suggested that the number of visually impaired elderly persons increased over the last ten years. Sixty-four percent (9/20) indicated that the number increased, while 14% (2/20) said this number decreased (Belarus and Germany). Three countries did not know the answer (21.4%).
5.1 Psychosocial support
Table 1 shows an overview of the results of psychosocial support per European country. From this table I can conclude that psychosocial support is available in most countries (79% - 15/19). Only Malta, Croatia, Montenegro and Hungary reported that it is not. The percentage of accessibility for psychosocial support was lower, 63% (10/16). This service category is not generally accessible in Albania, Norway, Cyprus, Croatia and Germany.

The principal financer of psychosocial support is the government. Psychosocial support is mostly financed by private health insurance in Switzerland, while Sweden, Finland and Germany indicated public health insurance. Kazakhstan is the only country where mostly family is paying for psychosocial support. Cyprus mentioned as bigger financer “various funds towards the organisation’ and Croatia stated ‘it is financed through applying for grants on a national and international level, both from public and private sector”.

Three out of five service types are generally provided for in psychosocial support. Especially, the encouragement of social participation is provided in all countries. Switzerland, Sweden, Norway and the Netherlands provide all five services: depression and anxiety counselling, healthy adjustments, active lifestyle, encouragement of social participation and improvement of self-esteem. Depression and anxiety counselling are least often provided (38% - 6/16). Norway reported that rehabilitation and meeting peers is also part of psychosocial support. Ireland added, “We have also begun using the Low Vision Self Management programme which would incorporate almost all of the elements of psychological support listed above”. Psychosocial support is mostly delivered through day-care rehabilitation and delivered by blind unions.
<table>
<thead>
<tr>
<th>Psychosocial support</th>
<th>Availability (n=19)</th>
<th>Accessibility (n=16)</th>
<th>Affordability</th>
<th>Type of services (n=16)</th>
<th>Who delivers (n=16)</th>
<th>How delivered (n=16)</th>
</tr>
</thead>
<tbody>
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<td>Yes  No  DK</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td>X X DK</td>
<td></td>
<td>1 2 3 4 5 DK O DC RC Poli DK</td>
<td>LG NG BU NGO DK</td>
<td></td>
</tr>
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<td>X X DK</td>
<td></td>
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<td>X X DK</td>
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<tr>
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<td>X X DK</td>
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<td>X X X X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>X X DK</td>
<td>Public insurance</td>
<td>X X X X X</td>
<td>X X X X X</td>
<td></td>
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<td>X X X X X</td>
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<td>Government</td>
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<td>X X X X X</td>
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<td>Other</td>
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<td>X X X X X</td>
<td></td>
<td></td>
</tr>
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<td>Family</td>
<td>X X X X X</td>
<td>X X X X X</td>
<td></td>
<td></td>
</tr>
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<td>Lithuania</td>
<td>X X DK</td>
<td>Government</td>
<td>X X X X X</td>
<td>X X X X X</td>
<td></td>
<td></td>
</tr>
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<td>Malta</td>
<td>X X DK</td>
<td>- - - - - - - -</td>
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<td></td>
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</tr>
<tr>
<td>Montenegro</td>
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<td>- - - - - - - -</td>
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<tr>
<td>Netherlands</td>
<td>- - X DK</td>
<td>Other</td>
<td>X X X X X</td>
<td>X X X X X</td>
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<td></td>
</tr>
<tr>
<td>Norway</td>
<td>X X DK</td>
<td>Government</td>
<td>X X X X X</td>
<td>X X X X X</td>
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<tr>
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<td>X X DK</td>
<td>Government</td>
<td>X X X X X</td>
<td>X X X X X</td>
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<tr>
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<td>X X X X X</td>
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<td></td>
</tr>
<tr>
<td>Sweden</td>
<td>X X DK</td>
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<td>X X X X X</td>
<td>X X X X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>X X DK</td>
<td>Private insurance</td>
<td>X X X X X</td>
<td>X X X X X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15 4 0 10 5 1</td>
<td>6 8 12 15 11 1</td>
<td>7 10 9 6 0</td>
<td>9 5 12 9 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total in % (rounded)</td>
<td>78.9 21.2 62.5 31.3 6.3</td>
<td>37.5 50.0 75.0 93.8 68.8 6.25</td>
<td>43.8 62.5 56.3 37.5</td>
<td>56.3 31.3 75.0 56.3</td>
<td></td>
<td></td>
</tr>
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</table>

Table 1. Overview of the results of the availability, accessibility, affordability and services (delivery) of psychosocial support for visually impaired elderly persons in Europe

DK = Don’t know
- = Lacking information
1 = Depression and anxiety counselling
2 = Healthy adjustments
3 = Active lifestyle
4 = Encouragement of social participation
5 = Improvement of self-esteem
O = Outreach a persons’ home
DC = Day-care rehabilitation
LC = Local government
NG = National government
BU = Blind union
Poli = Polyclinic
NGO = Non-governmental organisations
5.2 Reading
As shown in table 2, reading training is generally available in the European countries (70% - 14/20). Five out of six countries that indicated no for general availability, also answered no at the question of general accessibility.

The government is mostly financing reading training. Family and private health insurance were not chosen at all as financer. Malta stated the following about the financing of reading training: “Volunteers provide the training free of charge”, while Germany mentioned that “the financing of reading training is not really fixed. Sometimes health insurances are paying for it, if people require it to obtain daily living skills. Sometimes the social office is paying for it to support integration into society. But it is difficult to legally receive financial support for such training”.

The majority indicated that audiobooks are used as a part of reading training, followed by respectively magnifiers and braille or large printing books. E-readers are the least used. Denmark, Iceland, Germany and the Netherlands all provide services of reading training. Albania provides only audiobooks and Malta provides only training in braille.

Reading training is mostly delivered through day-care rehabilitation 56% (10/18). In Albania and Ireland, reading training is delivered through all three options. Blind union and NGOs often deliver reading training.
<table>
<thead>
<tr>
<th>Reading</th>
<th>Availability (n=20)</th>
<th>Accessibility (n=18)</th>
<th>Affordability Type of services (n=18)</th>
<th>Who delivers (n=18)</th>
<th>How delivered (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
<td>Mostly...</td>
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<td>X</td>
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<td></td>
<td>VI themselves</td>
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<td>Belarus</td>
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<td>Government</td>
<td>X</td>
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<td>X</td>
<td></td>
<td>VI themselves</td>
<td>X</td>
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<td>X</td>
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<td></td>
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<td>Finland</td>
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<td>Other</td>
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<td>Iceland</td>
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<tr>
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<td>X</td>
<td></td>
<td>Other</td>
<td>X</td>
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<td></td>
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<td></td>
<td>Other</td>
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<td>Norway</td>
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<td>X</td>
<td></td>
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<td>X</td>
</tr>
<tr>
<td>Poland</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Don’t know</td>
<td>X</td>
</tr>
<tr>
<td>Slovakia</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Government</td>
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<td>Sweden</td>
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</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>6</td>
<td>0</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Total in % (rounded)</td>
<td>70.0</td>
<td>30.0</td>
<td>66.7</td>
<td>27.8</td>
<td>5.6</td>
</tr>
</tbody>
</table>

Table 2. Overview of the results of the availability, accessibility, affordability and services (delivery) of reading training for visual impaired elderly persons in Europe

DK = Don’t know
- = Lacking information
1 = Learning braille
2 = CCTV
3 = Braille or large printing books
4 = Audiobooks
5 = E-readers
6 = Tablet or computer
7 = Screen reader software on a pc
8 = Magnifiers

O = Outreach a persons’ home
DC = Day-care rehabilitation
RC = Residential care
LG = Local government
NG = National government
BU = Blind union
NGO = Non-governmental organisations
5.3 Orientation and mobility

Table 3 presents the data of orientation and mobility training for visually impaired elderly persons of European countries. Orientation and mobility training is also generally available (65% - 13/20) and accessible (72% - 13/18) in most countries.

Orientation and mobility training is mostly financed by the government. Malta was the only country that chose the option ‘mostly people with visual impairments themselves’.

Sighted people and a white cane help visually impaired people at most with their orientation and mobility training. Sighted people are selected by every country (100% -17/17), while a white cane is provided by 94% (16/17) of the countries. The majority countries provide two or three types of services for this training, while only Kazakhstan provides one.

Orientation and mobility training is mostly delivered through outreach services at the person’s home (65% - 11/17). Sweden mentioned that reading training and mobility and orientation training is delivered through folk high schools. These are institutions for adult education and is non-formal and voluntary. Germany stated that orientation and mobility training is “sometimes delivered by blind associations or private mobility teachers”. Interesting is that the answer options on the question ‘Who is delivering orientation and mobility training?’ are equally divided. Local government, blind union and NGOs were all selected seven times (41% - 7/17).
Table 3. Overview of the results of the availability, accessibility, affordability and services (delivery) of orientation and mobility training for visual impaired elderly persons in Europe

<table>
<thead>
<tr>
<th>Orientation and mobility</th>
<th>Availability (n=20)</th>
<th>Accessibility (n=18)</th>
<th>Affordability (n=17)</th>
<th>Type of services (n=17)</th>
<th>Who delivers (n=17)</th>
<th>How delivered (n=17)</th>
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</thead>
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<td></td>
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<td>Yes</td>
<td>No</td>
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</tr>
<tr>
<td>Sweden</td>
<td>X</td>
<td></td>
<td>X</td>
<td>Public insurance</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Switzerland</td>
<td>X</td>
<td></td>
<td>X</td>
<td>Government</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>5</td>
<td>2</td>
<td>13</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Total in % (rounded)</td>
<td>65.0</td>
<td>25.0</td>
<td>10.0</td>
<td>72.2</td>
<td>22.2</td>
<td>5.6</td>
</tr>
</tbody>
</table>

DK = Don’t know
- = Lacking information
1 = White cane
2 = Guide dog
3 = Sighted people
4 = Lighting
5 = Navigation system
O = Outreach a persons’ home
DC = Day-care rehabilitation
RC = Residential care
LG = Local government
NG = National government
BU = Blind union
NGO = Non-governmental organisations
5.4 Domestic life
Domestic life training is also generally available (70% - 14/20), only Albania, Norway, Montenegro and Germany answered no to this question. According to 12 out of 18 countries domestic life training is also accessible for visually impaired elderly persons (67%). These results can be found in table 4 below.

The government is the biggest financer of domestic life training, while public health insurance is the biggest contributor in Sweden and the Netherlands. Malta also mentioned that volunteers provided domestic life training free of charge. Germany said that it is tough to get financial support for reading training and for domestic life training.

Three types of services are mostly provided for visually impaired elderly persons. Especially small adjustments in house are aids that are mostly used for domestic life training (94% - 17/18). This service is followed by cooking guidance (89% - 16/18) and household organisation (89% - 16/18). In many countries, domestic life training comprises all six types of services. These countries are Slovakia, Denmark, Norway, Cyprus, Lithuania, Croatia, Ireland, Iceland and Germany.

Domestic life training is delivered through outreach services at the visually impaired person’s home (65% - 11/17), mostly by both blind union and NGOs (both 47% - 8/17). The Netherlands mentioned that reading, orientation and mobility, communication and domestic life training are services that are delivered at rehabilitation centres.
<table>
<thead>
<tr>
<th>Domestic life</th>
<th>Availability (n=20)</th>
<th>Accessibility (n=18)</th>
<th>Affordability (n=18)</th>
<th>Type of services (n=18)</th>
<th>Who delivers (n=17)</th>
<th>How delivered (n=17)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
</tr>
<tr>
<td>Albania</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Belarus</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Croatia</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cyprus</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Denmark</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Finland</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Germany</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Other</td>
<td>X</td>
</tr>
<tr>
<td>Hungary</td>
<td>X</td>
<td>-</td>
<td>-</td>
<td></td>
<td>-</td>
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</tr>
<tr>
<td>Iceland</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
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<td>-</td>
</tr>
<tr>
<td>Ireland</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Other</td>
<td>X</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lithuania</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Government</td>
<td>X</td>
</tr>
<tr>
<td>Malta</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>Other</td>
<td>X</td>
</tr>
<tr>
<td>Montenegro</td>
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<td>X</td>
<td>X</td>
<td></td>
<td>Public insurance</td>
<td>X</td>
</tr>
<tr>
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<td>X</td>
<td>X</td>
<td></td>
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</tr>
<tr>
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<td>X</td>
<td>X</td>
<td></td>
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<td>-</td>
</tr>
<tr>
<td>Poland</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Slovakia</td>
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<td>X</td>
<td>X</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Sweden</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Switzerland</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>4</td>
<td>2</td>
<td>12</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total in %</td>
<td>70.0</td>
<td>20.0</td>
<td>10.0</td>
<td>66.7</td>
<td>16.7</td>
<td>16.7</td>
</tr>
</tbody>
</table>

Table 4. Overview of the results of the availability, accessibility, affordability and services (delivery) of domestic life training for visual impaired elderly persons in Europe

DK = Don’t know
- = Lacking information
1 = Cooking guidance
2 = Household organisation
3 = Grocery shopping
4 = Small adjustments in house
5 = Laundry
6 = Cleaning
O = Outreach a persons’ home
DC = Day-care rehabilitation
RC = Residential care
LG = Local government
NG = National government
BU = Blind union
NGO = Non-governmental organisations
5.5 Communication

Table 5 shows the results of communication training. Communication training is also generally available (70% -14/20) and accessible (71% - 12/17) in most countries. This training is not available and accessible in Malta, Norway and Sweden.

The government is the biggest financer. Public health insurance is the biggest financer of communication training in Sweden, while in Germany mostly visually impaired persons pay for the services themselves. Ireland mentioned, “NGOs are funded by a combination of government funding and fundraised income. National Council for the Blind of Ireland (NCBI) is the NGO that provides services to people who are blind or have a low vision. NCBI is funded by government and partly by public fundraising. NGOs, NCBI are delivering and financing the services in Ireland”.

Just like domestic life training, communication training is provided by all types of services by the. These countries are Cyprus, Denmark, Germany, Iceland, Ireland, the Netherlands, Norway, Sweden and Switzerland. Learning how to use a computer is a service reported in most countries (94% - 16/17). Malta mentioned, “The Foundation for Information, Technology and Accessibility provides computer courses”. All of the countries provide at least two or more services for communication training.

Reading training is mostly delivered through day-care rehabilitation (56% - 9/16) and organized by a blind union (56% - 10/18). Germany added, “Sometimes the companies who are distributing and selling screen reader software are providing user training. But this does not apply for smartphones (...) it is often introduced by individuals or NGOs. Most trainers are blind or visually impaired themselves”.

Table 5. Overview of the results of the availability, accessibility, affordability and services (delivery) of communication training for visual impaired elderly persons in Europe

<table>
<thead>
<tr>
<th>Communication</th>
<th>Availability (n=20)</th>
<th>Accessibility (n=17)</th>
<th>Affordability</th>
<th>Type of services (n=17)</th>
<th>Who delivers (n=16)</th>
<th>How delivered (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
</tr>
<tr>
<td>Albania</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belarus</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Croatia</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Cyprus</td>
<td>X</td>
<td></td>
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<td></td>
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<tr>
<td>Denmark</td>
<td>X</td>
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<tr>
<td>Finland</td>
<td>X</td>
<td></td>
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<tr>
<td>Germany</td>
<td>X</td>
<td></td>
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<tr>
<td>Hungary</td>
<td>X</td>
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<tr>
<td>Iceland</td>
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<tr>
<td>Ireland</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lithuania</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malta</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montenegro</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norway</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slovakia</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Sweden</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
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<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Total in %</td>
<td>70.0</td>
<td>20.0</td>
<td>10.0</td>
<td>70.6</td>
<td>23.5</td>
<td>5.9</td>
</tr>
</tbody>
</table>

DK = Don’t know
- = Lacking information
1 = How to use a smartphone
2 = How to use a tablet
3 = How to use a computer
4 = How to use a house telephone
5 = Braille, handwriting or typing training
O = Outreach a persons’ home
DC = Day-care rehabilitation
LG = Local government
NG = National government
BU = Blind union
NGO = Non-governmental organisations
5.6 Leisure
Leisure activities are not generally available in Sweden, Norway, Malta and Germany. Leisure activities are the most available services (80% - 16/20), compared to the other service categories.

Cultural activities are mostly provided by organisations for visually impaired elderly persons (94% - 17/18). Almost every country provides two or more of the services for leisure activities. Lithuania, Malta and Montenegro only provide cultural activities.

Leisure activities are mostly delivered through day-care rehabilitation (63% - 10/16) and organized by a blind union (83% - 15/18). Ireland stated that leisure activities are provided by “general mainstream providers and we support people to access what is in their community”.

Interesting is the close call between the biggest financer of leisure activities. Six countries reported the government to be the main financer, while five countries indicated it were people with visual impairments themselves. Countries that chose people with VI themselves are Denmark, Sweden, Finland, Croatia and the Netherlands. Also family was said to be involved in Albania and Germany. Slovakia explained their way of financing leisure activities: “It is mostly a combination of government + family + own contribution, at our blind union also through internal grant system is gathered through public collections or other donors, for instance taxes etc.”, while Malta mentioned that leisure activities are financed from the donations and membership fees and Montenegro said that cultural institutions are financing leisure activities for visually impaired elderly persons.
Table 5. Overview of the results of the availability, accessibility, affordability and services (delivery) of leisure activities for visual impaired elderly persons in Europe

<table>
<thead>
<tr>
<th>Leisure</th>
<th>Availability (n=20)</th>
<th>Accessibility (n=19)</th>
<th>Affordability Type of services (n=18)</th>
<th>Who delivers (n=16)</th>
<th>How delivered (n=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>DK</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Albania</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belarus</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Croatia</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyprus</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denmark</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finland</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hungary</td>
<td>X</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Iceland</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ireland</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>X</td>
<td>X</td>
<td>Don’t know</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lithuania</td>
<td>X</td>
<td>X</td>
<td>Government</td>
<td>X</td>
<td></td>
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<tr>
<td>Malta</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Montenegro</td>
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<td>X</td>
<td>Other</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
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<td>X</td>
<td>Vi themselves</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Norway</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poland</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slovakia</td>
<td>X</td>
<td>X</td>
<td>Other</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Sweden</td>
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<td>X</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>X</td>
<td>X</td>
<td>Government</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>4</td>
<td>0</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Total in %</td>
<td>80.0</td>
<td>20.0</td>
<td>73.3</td>
<td>26.3</td>
<td>66.7</td>
</tr>
</tbody>
</table>

DK = Don’t know
- = Lacking information
1 = Counselling, regarding recreation activities
2 = Cultural activities
3 = Sports
4 = Board games
O = Outreach a persons’ home
DC = Day-care rehabilitation
RC = Residential care
LG = Local government
NG = National government
BU = Blind union
NGO = Non-governmental organisations
5.7 Availability, Accessibility and Affordability – results per sub question

The overall response to the questions about the general availability of the service categories of needs for visually impaired elderly persons was very positive. Leisure activities (80%) were most frequently available, while orientation and mobility training was the least available (65%). Every service category section ended with the question ‘Is this service generally accessible for visually impaired elderly persons?’ Leisure activities (74%) were most often indicated as accessible, followed by orientation and mobility training (72%). Accessibility scored the lowest for psychosocial support with only 63% answering ‘yes’.

In response to the question of who is financing the service, most respondents indicated that the government is the biggest financer. This is especially the case for domestic life training and communication training. Most countries answered ‘mostly government’ in response to the question: ‘In general, who are financing the services for visually impaired elderly persons?’ Exceptions are Sweden with public health insurance as the biggest financer and Denmark, Cyprus, Germany and the Netherlands who indicated that people with visual impairments themselves paid for the services. Croatia said that mostly family is paying. Leisure activities are the service persons with visual impairments most often have to finance themselves. Ireland stated “government provides finance to the NGOs to provide direct services. This funding is also supplemented by fundraising”.

Tables 6, 7, 8 and 9 show the results on the remaining questions about financing of services for visually impaired elderly persons. Table 6 below, shows the results on the question ‘Are visually impaired elderly persons entitled to financial support from the government because of their visual impairment?’ Fifty-five percent of the countries answered yes to this question (11/20). Only Switzerland, Poland, Malta and Ireland answered ‘no’ to this question.

<table>
<thead>
<tr>
<th>Financial support</th>
<th>Yes</th>
<th>Only below a certain level</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage (n)</td>
<td>55.0 (11)</td>
<td>20.0 (4)</td>
<td>20.0 (4)</td>
<td>5.0 (1)</td>
</tr>
</tbody>
</table>

Table 6. Results of the entitlement of visually impaired elderly persons to financial support from the government

In no less than 42% of the countries, costs were reported to be a limiting factor for accessing services for visually impaired (8/20). Results can be found in table 7. Twenty-six percent of the countries chose ‘sometimes’ (5/20). The option never and all the time were not chosen at all.

<table>
<thead>
<tr>
<th>Costs limiting factor</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>All the time</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage (n)</td>
<td>-</td>
<td>41.4 (8)</td>
<td>26.3 (5)</td>
<td>21.2 (4)</td>
<td>-</td>
<td>10.5 (2)</td>
</tr>
</tbody>
</table>

Table 7. Results about costs as limiting factor for accessing services for visually impaired elderly persons

Table 8 shows the results about the availability of health insurance. Of all respondents, 13 said (68%) that health insurance is available for visually impaired elderly persons. In Denmark, Norway and Poland health insurance is not available for these persons. In 57% (8/20) of the countries this health insurance is provided by the government, see table 9 below. In 29% (4/20) of the countries it is provided by private insurance companies and in
14% (2/20) by others. The Netherlands commented that the health insurance is provided by public insurance.

<table>
<thead>
<tr>
<th>Health insurance n=19</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage (n)</td>
<td>68.4 (13)</td>
<td>15.8 (3)</td>
<td>15.8 (3)</td>
</tr>
</tbody>
</table>

Table 8. Results about the availability of health insurance for visually impaired elderly persons.

<table>
<thead>
<tr>
<th>Providing health insurance n=14</th>
<th>Government</th>
<th>Private insurance companies</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage (n)</td>
<td>57.1 (8)</td>
<td>28.6 (4)</td>
<td>14.3 (2)</td>
</tr>
</tbody>
</table>

Table 9. Results about the provision of health insurance for visually impaired elderly persons.

5.9 European regions

To draw a more general conclusion for European regions, Europe is divided in regions. Due to a small number of countries, Europe is divided into Eastern, Western, Northern and Southern Europe (United Nation Statistic Division, 2013). Participating countries in Eastern Europe are: Kazakhstan, Slovakia, Poland, Belarus and Hungary. Western Europe consists in this study of only three countries: Switzerland, the Netherlands and Germany. Northern Europe is in this study the region with the most countries: Denmark, Sweden, Norway, Finland, Lithuania, Iceland and Ireland. And Southern Europe consists of five countries: Albania, Cyprus, Malta, Croatia and Montenegro.

Figure 3 shows the percentage of the total availability of categories of services per European region for visually impaired elderly persons. The ‘yes’ answers of each country were added together by European region and by category of services. Interestingly, Southern Europe has the lowest score on total availability for five out of six service categories; only leisure has a higher availability percentage. Western Europe has the same availability percentage for every service category, except for communication. Eastern Europe has a 100% availability score in the 5 countries for reading training, communication training and leisure activities.
Figure 3 - Total availability of the area of needs per European region (%) for visually impaired elderly persons

<table>
<thead>
<tr>
<th>Activity</th>
<th>Eastern Europe</th>
<th>Western Europe</th>
<th>Northern Europe</th>
<th>Southern Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosocial support</td>
<td>80</td>
<td>66.7</td>
<td>40</td>
<td>66.7</td>
</tr>
<tr>
<td>Reading</td>
<td>100</td>
<td>85.7</td>
<td>20</td>
<td>85.7</td>
</tr>
<tr>
<td>Orientation and mobility</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Domestic life</td>
<td>80</td>
<td>66.7</td>
<td>40</td>
<td>66.7</td>
</tr>
<tr>
<td>Communication</td>
<td>100</td>
<td>71.4</td>
<td>20</td>
<td>71.4</td>
</tr>
<tr>
<td>Leisure</td>
<td>100</td>
<td>71.4</td>
<td>20</td>
<td>66.7</td>
</tr>
</tbody>
</table>
6. Discussion
The present study was designed to give an overview of services for visually impaired elderly persons in Europe by analysing the responses from European organisations to an e-survey about different service categories.

Interestingly, the data suggests that the availability of the service categories is almost equal to their reported accessibility. This seems surprising, especially when you expect a lower availability and accessibility of services in less wealthy countries. Leisure activities and psychosocial support were most often available compared to the remaining four service categories. Malta indicated that only domestic life training was generally available for visually impaired elderly persons. Norway indicated that only psychosocial support was generally available and Germany said that only reading and communication training were generally available. The reason for this is not clear, but it may have something to do with the countries’ amount and distribution of organisations that provide services. Surprisingly, leisure activities were most often generally available service category for visually impaired European elderly persons. Probably because leisure activities are a lifelong need on an ongoing basis. A majority of the visually impaired elderly persons seems to be interested in leisure activities (Kelly, 1995).

Germany and Norway indicated that the service categories were never generally accessible for visually impaired elderly persons. It may be that these countries have several criteria before visually impaired elderly persons will have access to services. Very little was found in the literature about availability and accessibility of services for visually impaired elderly persons.

The data indicates that the government is the most important financer for all service categories. However, leisure activities are financed equally by both government and out-of-pocket-expenses for visually impaired elderly persons themselves. The results showed that government was the financer in every service category separately, but also in general. This result was expected, because financing health care is usually the task of the government, in this case for disabled persons. The OECD (2011) showed that most of the governments’ total expenditure is to health in all OECD countries. Freysson & Wahrig (2013) found that health expenditure is the second largest part of the government expenditures, with 7.3% of the European Union Gross Domestic Product (GDP) in 2011.

All European countries provide at least one or two type of services for visually impaired elderly persons. Seven countries provide almost all types of services per service category. These countries are: Denmark, Germany, Iceland, the Netherlands, Norway, Sweden and Switzerland. This result may be explained by the fact that these countries are the top countries in the list of the Euro Health Consumer Index (Health Consumer Powerhouse, 2014), which investigates the health care systems in 36 European countries. Kazakhstan, Albania and Croatia most frequently used the option ‘don’t know’. Iceland did not know who delivers services for visually impaired elderly persons. These findings suggest that the organisations do not possess enough information about the services they provide.

Important characteristics of this study include that data was collected from different European countries and not only from European Union member countries. Another strength was that besides the availability, this study also addressed the accessibility and affordability of services. Lastly, before questions were asked about a service category, a short
introduction about the content of this service category was given, in order to avoid any misinterpretation.

This study has some limitations. A relatively low number of organisations or federations for blind and partially sighted persons were included. Results are therefore based on the representation of one organisation or federation, while including more organisations may have provided a fuller picture of the services available. Besides this, including more organisations could lead to better comparison within countries. Furthermore, sending only one questionnaire per country led to a loss of participation of several countries. Because of this, I could only draw conclusions based on the remaining 20 countries.

It is difficult to distinguish the concepts availability and accessibility. The description of these two concepts, as explained in the theoretical background, was not included in the online questionnaire. This may result in misinterpretation of the concepts, when answering the questions. Although this study included information from 20 European countries, these results should be interpreted with caution, because only one organisation or federation per European country filled in the online questionnaire.

For further research followed up on this study improvement of the questionnaire is necessary. Firstly, from the experience in this study it is recommended to start the questionnaire with a simple question. The current questionnaire began with questions about the numbers of visually impaired elderly persons in the respondent’s country. These questions may be too difficult to answer quickly without any research, and may have put people off from answering the remaining questions. Secondly, before sending out a questionnaire, every organisation should be informed by the president of the organizing organisation, in this case EBU and ICEVI-Europe. These organisations should put the questionnaire as an agenda point and should underline the importance of this study. This would make data collection probably a lot easier. Lastly, adding direct interviews with individuals of different European organisations could add more in-depth information about services provided for visually impaired elderly persons per country.

This study contributes to the provision of information about services for visually impaired elderly persons in European countries. To our knowledge, no study has been conducted about services’ availability, accessibility and affordability in Europe. These findings may help us to understand service differences within Europe and allow a cross-country sharing of best service options to improve the social inclusion and ADL of visually impaired elderly persons. Future research could be done with cooperation between universities and organisations for the blind and partially sighted person. Knowing more about the quality of services for these persons could give better insight in which services need to be standardized and which should not. Additionally, further research with more focus on availability, accessibility and affordability of services per European country is therefore suggested.

In conclusion, European countries most often provide leisure activities and psychosocial support for visually impaired elderly persons. In general, I can say that all service categories are generally covered available and accessible. Additionally, the majority of countries indicated that at least some types of services were provided in all service categories. The government is in all cases the financier of all service categories. This study aims to contribute to the exchange of information about services within European countries. Additional studies will be needed to develop a complete overview of services per European country.
After finishing this research, some recommendations can be made. Greater insight in services for visually impaired elderly persons per European country could possibly lead to identification of good practice cases and model services and standards. To achieve this, exchange of relevant information about services between countries is essential. Sub-regional conferences would contribute to this. Cross-country sharing of best service options may lead to standardising good service provision for visually impaired elderly persons.
7. Literature


Kelly, M. (1995). Consequences of visual impairment on leisure activities of the elderly: Elders with vision impairment need additional information and assistance to achieve adaptation in the area of vision and vision-related tasks. Geriatric Nursing, 16(6), 273-275.


Annex 1 – List of EBU National Member countries

“Full membership for national organizations or federations of blind and partially sighted people. EBU currently has 44 member countries, each represented by a national delegation.”

<table>
<thead>
<tr>
<th>Country</th>
<th>National Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>Albanian Blind Association</td>
</tr>
<tr>
<td>Armenia</td>
<td>Armenian Association of the Blind</td>
</tr>
<tr>
<td>Austria</td>
<td>Austrian Federation of the Blind and Partially Sighted</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Azerbaijan Blind and Visually Impaired Society</td>
</tr>
<tr>
<td>Belarus</td>
<td>Belarussian Association of the Visually Handicapped</td>
</tr>
<tr>
<td>Belgium</td>
<td>Lige Braille / Brailleliga</td>
</tr>
<tr>
<td>Bosnia Herzegovina</td>
<td>Blind Persons Association for Bosnia and Herzegovina</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Union if the Blind in Bulgaria</td>
</tr>
<tr>
<td>Croatia</td>
<td>Croatian Association of the Blind</td>
</tr>
<tr>
<td>Cyprus</td>
<td>Pancyprian Organization of the Blind</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>SONS, Czech Blind United</td>
</tr>
<tr>
<td>Denmark</td>
<td>Dansk Blindesamfund</td>
</tr>
<tr>
<td>Estonia</td>
<td>Estonian Federation of the Blind</td>
</tr>
<tr>
<td>Finland</td>
<td>Finnish Federation of the Visually Impaired</td>
</tr>
<tr>
<td>France</td>
<td>Confédération Française pour la Promotion Sociale des Aveugles et</td>
</tr>
<tr>
<td>Georgia</td>
<td>Union of the Blind in Georgia</td>
</tr>
<tr>
<td>Germany</td>
<td>German Federation of the Blind and Partially Sighted</td>
</tr>
<tr>
<td>Greece</td>
<td>Panhellenic Association of the Blind</td>
</tr>
<tr>
<td>Hungary</td>
<td>Hungarian Federation of the Blind and Partially Sighted</td>
</tr>
<tr>
<td>Iceland</td>
<td>Blindrafélagid The Icelandic organization of the visually impaired (BIOVI)</td>
</tr>
<tr>
<td>Ireland</td>
<td>National Council for the Blind of Ireland</td>
</tr>
<tr>
<td>Italy</td>
<td>Unione Italiana dei Ciechi e degli Ipovedenti</td>
</tr>
<tr>
<td>Kazakhstan</td>
<td>Kazakh Society of the Blind</td>
</tr>
<tr>
<td>Lithuania</td>
<td>Lithuanian Association of the Blind and Visually Handicapped</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>Fondation Letzebuerguer Blannevereenegung</td>
</tr>
<tr>
<td>Macedonia</td>
<td>National Union of the Blind of the Republic of Macedonia</td>
</tr>
<tr>
<td>Malta</td>
<td>Malta Society of the Blind</td>
</tr>
<tr>
<td>Moldova</td>
<td>Moldova Blind Union</td>
</tr>
<tr>
<td>Montenegro</td>
<td>Union of the Blind of Montenegro</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>Oogvereniging Nederland</td>
</tr>
<tr>
<td>Norway</td>
<td>Norwegian Association of the Blind and Partially Sighted</td>
</tr>
<tr>
<td>Poland</td>
<td>Polish Association of the Blind</td>
</tr>
<tr>
<td>Portugal</td>
<td>ACAPO – Associação dos Cegos e Ambliopes de Portugal</td>
</tr>
<tr>
<td>Romania</td>
<td>Romanian Association of the Blind</td>
</tr>
<tr>
<td>Russia</td>
<td>All Russia Association of the Blind, VOS</td>
</tr>
<tr>
<td>Serbia</td>
<td>Union of the Blind of Serbia</td>
</tr>
<tr>
<td>Slovakia</td>
<td>Slovak Blind and Partially Sighted Union</td>
</tr>
<tr>
<td>Slovenia</td>
<td>Union of the Blind and Partially Sighted of Slovenia</td>
</tr>
<tr>
<td>Spain</td>
<td>Organizacion Nacional de Ciegos de España</td>
</tr>
<tr>
<td>Sweden</td>
<td>Swedish Association of the Visually Impaired</td>
</tr>
<tr>
<td>Switzerland</td>
<td>Swiss Federation of the Blind and Visually Impaired / Swiss Union of the Blind</td>
</tr>
<tr>
<td>Turkey</td>
<td>Federation of the Blind of Turkey</td>
</tr>
<tr>
<td>Ukraine</td>
<td>The Ukrainian Association of the Blind</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>Royal National Institute of Blind People (RNIB)</td>
</tr>
</tbody>
</table>
Annex 2 – The English questionnaire

Thank you for being willing to complete this survey about services for visually impaired older people. This survey is part of a study, which is set up by the International Council for Education and Rehabilitation of People with Visual Impairment (www.ICEVI-Europe.org) and the European Blind Union (www.ebu.org). A master research student of the VU University Amsterdam carries out the study.

The information gathered in this survey will help us to describe specific services provided for visually impaired elderly persons in European countries. This study aims to contribute to the improvement of social inclusion of visually impaired older people and facilitate cross-country sharing of best-service options.

This survey focuses on elderly persons who are dealing with vision loss or blindness. In this study I will use the OECD (2015) definition for the elderly population, which is ‘people aged 65 and over’. However, if your country uses a different definition, I would like to hear about that also.

This questionnaire consists of four parts. Firstly, some general information about visually impairment is asked. The second part is about the six service categories that are often required. Questions are asked about: psychosocial support, reading, orientation and mobility, domestic life, communication and leisure activities. The third part is about service financing and lastly personal information is asked.

This survey should only take a maximum of 10 minutes of your time. I would like to kindly request you to complete the survey at latest by 20.00 PM (GMT) on Friday, July 3rd 2015.
General Information

1. Is the definition of elderly people in your country the same as the OECD definition ‘people aged 65 and over’?
   a. Yes
   b. No
   c. Don’t know
2. If No, what is the age cut-off point for the elderly population in your country?
3. How many elderly persons are blind in your country?
4. What is the number of blind females?
5. How many elderly persons have a low vision in your country?
6. What is the number of visually impaired females?
7. Did the number of visually impaired elderly change over the last 10 years?
   a. It increased
   b. It remained stable
   c. It decreased
   d. Don’t know
Psychosocial support
Psychosocial support can help visually impaired people prevent or reduce any psychological and social problems. Psychosocial support focuses on healthy adjustment and an active lifestyle, encouragement of social participation and improvement of self-esteem.

1. Is psychosocial support generally available for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know

2. Which of the following service areas form part of the psychosocial support?
   (Multiple answers possible)
   a. Depression and anxiety counselling
   b. Healthy adjustments
   c. Active lifestyle
   d. Encouragement of social participation
   e. Improvement of self-esteem
   f. Other services
   g. Don’t know

3. How is psychosocial support delivered for visually impaired elderly persons?
   (Multiple answers possible)
   a. Through outreach services at the person’s home
   b. Day-care rehabilitation
   c. Residential care
   d. Policlinic
   e. All
   f. Don’t know

4. Who is delivering psychosocial support?
   (Multiple answers possible)
   a. Local government
   b. National government
   c. Blind union
   d. Non-governmental organisations
   e. Others
   f. Don’t know

5. Who is/are financing the psychosocial support for visually impaired elderly persons?
   a. Mostly government
   b. Mostly private health insurance
   c. Mostly public health insurance
   d. Mostly people with visually impairments themselves (out of pocket expenses)
   e. Family
   f. Others
   g. Don’t know

6. Is psychosocial support generally accessible for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know
**Reading**

Nowadays, more options are available to continue reading books, magazines and newspapers. Ways to continue reading are listening to audio, learning braille or large print readings, magnifiers, e-readers, tablets, computers and so on.

1. Is reading training generally available for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know

2. Which of the following services/aids are used in reading training?
   (Multiple answers possible)
   a. Learning braille
   b. A Closed Circuit Television (CCTV)
   c. Braille or large printing books
   d. Audiobooks
   e. E-readers
   f. Tablet or computer
   g. Screen reader software on a computer
   h. Magnifiers
   i. Other services
   j. Don’t know

3. How is reading training delivered for visually impaired elderly persons?
   (Multiple answers possible)
   a. Through outreach services at the person’s home
   b. Day-care rehabilitation
   c. Residential care
   d. All
   e. Don’t know

4. Who is delivering reading training?
   (Multiple answers possible)
   a. Local government
   b. National government
   c. Blind union
   d. Non-governmental organisations
   e. Others
   f. Don’t know

5. Who is/are financing reading training for visually impaired elderly persons?
   a. Mostly Government
   b. Mostly private Health assurance
   c. Mostly public Health assurance
   d. Mostly People with visually impairments themselves (out of pocket expenses)
   e. Family
   f. Others
   g. Don’t know

6. Is reading training generally accessible for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know
Orientation and mobility

Orientation and mobility training is a way to help visually impaired people learn how to get around indoor and outdoor. This may be necessary for example for safely crossing streets, prevent falls and for using public transport. Possible options included in orientation and mobility training are a white cane, guide dog, lighting or a navigation system.

1. Is orientation and mobility training generally available for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know

2. Which of the following aids form part of the orientation and mobility training?
   (Multiple answers possible)
   a. White cane
   b. Guide dog
   c. Sighted people
   d. Lighting
   e. Navigation system
   f. Other
   g. Don’t know

3. How is orientation and mobility training for visually impaired elderly persons?
   (Multiple answers possible)
   a. Through outreach services at the person’s home
   b. Day-care rehabilitation
   c. Residential care
   d. All
   e. Don’t know

4. Who is delivering orientation and mobility training?
   (Multiple answers possible)
   a. Local government
   b. National government
   c. Blind union
   d. Non-governmental organisations
   e. Others
   f. Don’t know

5. Who is/are financing the orientation and mobility training for visually impaired elderly persons?
   a. Mostly Government
   b. Mostly private Health assurance
   c. Mostly public Health assurance
   d. Mostly People with visually impairments themselves (out of pocket expenses)
   e. Family
   f. Others
   g. Don’t know

6. Is orientation and mobility training generally accessible for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know
Domestic life training covers every activity in and around the house, for instance cooking guidance, grocery shopping, self-care, laundry, cleaning, etc.

1. Is domestic life training generally available for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know

2. Which of the following aspects form part of the domestic life training?
   (Multiple answers possible)
   a. Cooking guidance
   b. Household organisation
   c. Grocery shopping
   d. Small adjustments in house, e.g. talking clocks, large buttons, grips.
   e. Laundry
   f. Cleaning
   g. Other services
   h. Don’t know

3. How is domestic life training delivered for visually impaired elderly persons?
   (Multiple answers possible)
   a. Through outreach services at the person’s home
   b. Day-care rehabilitation
   c. Residential care
   d. All
   e. Don’t know

4. Who is delivering domestic life training?
   (Multiple answers possible)
   a. Local government
   b. National government
   c. Blind union
   d. Non-governmental organisations
   e. Others
   f. Don’t know

5. Who is/are financing the domestic life training for visually impaired elderly persons?
   a. Mostly Government
   b. Mostly private Health assurance
   c. Mostly public Health assurance
   d. Mostly People with visually impairments themselves (out of pocket expenses)
   e. Family
   f. Others
   g. Don’t know

6. Is domestic life training generally accessible for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know
**Communication**

Communication training focuses on how to use Information and Communications Technology (ICT). ICT training involves training on how to use with smartphones, tablets and computers.

1. Are communication methods generally available for visually impaired elderly persons?
   - a. Yes
   - b. No
   - c. Don’t know

2. Which of the following services/aids form part of the communication training? (Multiple answers possible)
   - a. Learning how to use an smartphone
   - b. Learning how to use an tablet
   - c. Learning how to use a computer
   - d. Learning how to use a house telephone
   - e. Braille, handwriting and typing training
   - f. Other services
   - g. Don’t know

3. How are communication methods delivered for visually impaired elderly persons? (Multiple answers possible)
   - a. Through outreach services at the person’s home
   - b. Day-care rehabilitation
   - c. Residential care
   - d. All
   - e. Don’t know

4. Who are delivering communication methods? (Multiple answers possible)
   - a. Local government
   - b. National government
   - c. Blind union
   - d. Non-governmental organisations
   - e. Others
   - f. Don’t know

5. Who is/are financing the communication training for visually impaired elderly persons?
   - a. Mostly Government
   - b. Mostly private Health assurance
   - c. Mostly public Health assurance
   - d. Mostly People with visually impairments themselves (out of pocket expenses)
   - e. Family
   - f. Others
   - g. Don’t know

6. Is communication training generally accessible for visually impaired elderly persons?
   - a. Yes
   - b. No
   - c. Don’t know
Leisure-activities
Leisure-activities are recreational activities for fun or as a hobby, in which visually impaired elderly should be able to participate. Examples are cultural activities, sports, board games, etc.

1. Are leisure-activities generally available for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know

2. Which of the following services/aids form part of the leisure activities?
   (Multiple answers possible)
   a. Counselling, regarding recreation activities
   b. Cultural activities
   c. Sports, as swimming, biking, boules
   d. Board games
   e. Other services
   f. Don’t know

3. How are leisure-activities organised for visually impaired elderly persons?
   (Multiple answers possible)
   a. Through outreach services at the person’s home
   b. Day-care rehabilitation
   c. Residential care
   d. All
   e. Don’t know

4. Who are organising leisure-activities?
   (Multiple answers possible)
   a. Local government
   b. National government
   c. Blind union
   d. Non-governmental organisations
   e. Others
   f. Don’t know

5. Who is/are financing the leisure-activities for visually impaired elderly persons?
   a. Mostly Government
   b. Mostly private Health assurance
   c. Mostly public Health assurance
   d. Mostly People with visually impairments themselves (out of pocket expenses)
   e. Family
   f. Others
   g. Don’t know

6. Are leisure activities generally accessible for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know
Financing

1. In general, who are financing the services for visually impaired elderly persons?
   a. Mostly government
   b. Mostly private health insurance
   c. Mostly public health insurance
   d. Mostly people with visually impairments themselves
   e. Mostly family
   f. Others
   g. Don’t know

2. Are visually impaired elderly persons entitled to financial support from the government because of their visual impairment?
   a. Yes
   b. Only below a certain income level
   c. No
   d. Don’t know

3. To what extent are costs a limited factor for accessing services for visually impaired elderly persons?
   a. Never
   b. Rarely
   c. Sometimes
   d. Often
   e. All the time
   f. Don’t know

4. Is health insurance available for visually impaired elderly persons?
   a. Yes
   b. No
   c. Don’t know

5. If Yes, who is providing this health insurance?
   a. Government
   b. Private insurance companies
   c. Other

6. Are the services provided by organisation(s) part of a comprehensive rehabilitation programme?
   a. Yes
   b. No
   c. Don’t know
Personal information

1. Which European country are you representing?
2. Would you like to receive a copy of the results?
   a. Yes
   b. No
   If yes, kindly fill in your name and e-mail address
   c. Name
   d. E-mail
3. In case we have a question, may we contact you by email or telephone?
   a. Yes   e-mail   telephone number
   b. No
4. Is there additional information concerning the conditions of elderly persons in your country that you think is relevant for us to know?
5. Are there other key persons or organisations in your country, whom we can ask for additional information?
   a. Name
   b. E-mail
   c. Telephone number
Annex 3 – The Russian questionnaire

Спасибо за желание завершить этот обзор об услугах для слабовидящих людей старшего возраста. Это исследование является частью исследования, которое созданной Международным советом по образованию и реабилитации людей с нарушениями зрения (www.ICEVI-Europe.org) и Европейского союза слепых (www.ebu.org). Мастер исследования студент VU университета Амстердама осуществляет исследование.

Информация, собранная в данном опросе помогут нам описать конкретные услуги, предоставляемые для слабовидящих лиц пожилого возраста в европейских странах. Это исследование стремится внести свой вклад в улучшение социальной интеграции слабовидящих людей старшего возраста и способствовать обмену беговых вариантов наиболее услуг.

Это исследование фокусируется на пожилых людей, которые занимаются с потерей зрения или слепоты. В этом исследовании мы будем использовать ОЭСР (2015) четкости для пожилого населения, которое «люди в возрасте 65 лет и старше. Тем не менее, если ваша страна использует другое определение, мы хотели бы услышать о том, что также.

Эта анкета состоит из четырех частей. Во-первых, спрашиваются некоторые общие сведения и информация о потере или ослаблении зрения. Вторая часть анкеты посвящена шести областям потребностей, которые часто требуются. Задаются вопросы о: психологической поддержке, чтении, ориентации и мобильности, внутренней жизни, общения и досуга.Третья часть - о финансировании услуг и, наконец, - вопросы о личных сведениях.

Это обследование должно занимать только максимум 10 минут вашего времени. Мы хотели бы попросить Вас заполнить анкету на позднее 20.00 (по Гринвичу) Пятница, 12 Июня 2015.
Общая Информация

1. Является ли определение пожилых людей в вашей стране таким же, как определение ОЭСР - "людей в возрасте 65 лет и старше?"
   а) Да
   б) Нет
   в) Не знаю
2. Если нет, то - какой возраст является точкой отсчета для пожилого населения в вашей стране?
3. Как много пожилых людей слепы в вашей стране?
   а) Какое количество слепых женщин?
   б) Не знаю
4. Как много пожилых людей имеют плохое зрение в вашей стране?
   а) Какое количество слабовидящих женщин?
   б) Не знаю
5. Как изменилось количество слабовидящих пожилых людей за последние 10 лет?
   а) Оно увеличилось
   б) Оно оставалось стабильным
   в) Оно уменьшилось
   д) Не знаю
Психологическая поддержка
Психологическая поддержка может помочь слабовидящим людям предотвратить или уменьшить любые психологические и социальные проблемы. Психологическая поддержка фокусируется на здоровую регулировку и активного образа жизни, поощрение участия в общественной жизни и улучшения самооценки.

1. Является ли психосоциальная поддержка, как правило, доступной для слабовидящих лиц пожилого возраста?
   а) Да
   б) Нет
   с) Не знаю

2. Какие из следующих областей обслуживания являются частью психологической поддержки?
   а) Депрессия и тревога консультирование
   б) Здоровые корректировки
   с) Активный образ жизни
   д) Поощрение участия в общественной жизни
   е) Улучшение самооценки
   ж) Прочие услуги

3. Как осуществляется (как поступает) психосоциальная поддержка для слабовидящих лиц пожилого возраста?
   а) Через аутрич услуги на дому человека
   б) Реабилитация день ухода
   в) попечение по месту жительства
   г) поликлиника
   д) все
   е) Не знаю

4. Кто осуществляет (поставляет) психосоциальную поддержку?
   а) местное правительство
   б) центральное правительство
   в) Союз слепых
   г) Неправительственные организации
   д) другие
   е) Не знаю

5. Кто финансирует психосоциальную поддержку слабовидящих лиц пожилого возраста?
   а) В основном – правительство
   б) В основном - за счет частного медицинского страхования
   в) В основном - за счет общественного медицинского страхования
   г) В основном - сами люди с нарушениями зрения (из личных средств)
   д) семья
   е) другие
   ж) Не знаю

6. Является ли психосоциальная поддержка общедоступной для слабовидящих лиц пожилого возраста?
   а) Да
б) Нет
с) Не знаю
Чтение
В настоящее время существует больше вариантов, чтобы продолжить чтение книг, журналов и газет. Способы, чтобы продолжить чтение - прослушивание аудио, обучение Брайля или чтение текста, напечатанного крупным шрифтом, лупы, электронные книги, планшеты, компьютеры и так далее.

1. Является ли обучение чтению, как правило, доступным для лиц пожилого возраста с нарушениями зрения?
   а) Да
   б) Нет
   в) Не знаю

2. Какие из следующих услуг / способов используются при обучении чтению?
   а) Обучение азбуке Брайля
   б) Closed Circuit Television (CCTV)
   в) Книги, напечатанные азбукой Брайля или книги, напечатанные крупным шрифтом
   г) Аудио-книги
   д) Электронные книги
   е) Планшет или компьютер
   ж) Экран программное обеспечение для чтения на компьютере
   з) Лупы
   и) Прочие услуги
   к) Не знаю

3. Как осуществляется обучение чтению для слабовидящих лиц пожилого возраста?
   а) Через программу помощи нуждающимся (аутрич) на дому слабовидящего человека
   б) Реабилитация в день ухода
   в) попечение по месту жительства
   г) все
   д) Не знаю

4. Кто осуществляет обучение чтению?
   а) местное правительство
   б) центральное правительство
   в) Союз слепых
   г) Неправительственные организации
   д) другие
   е) Не знаю

5. Кто финансируют обучение чтению слабовидящих лиц пожилого возраста?
   а) В основном правительство
   б) В основном частная страхование здоровья
   в) В основном общественное страхование здоровья
   г) В основном – сами люди с нарушениями зрения (из личных средств)
   д) семья
   е) другие
   ж) Не знаю

6. Является ли обучение чтению общедоступным для слабовидящих лиц пожилого возраста?
   а) Да
б) Нет
с) Не знаю
Ориентация и мобильность
Обучение ориентации и мобильности - способ помочь людям с нарушениями зрения узнать, как передвигаться и ориентироваться внутри и вне помещения. Это может быть необходимо, например, для безопасного пересечения улицы, предотвращения падений и при использовании общественным транспортом. Возможные варианты, включенные в обучение ориентации и поддержки мобильности - белая трость, собака-поводырь, освещение или система навигации.

1. Является ли обучение ориентации и мобильности, как правило, доступны для лиц пожилого возраста с нарушениями зрения?
   а) Да
   б) Нет
   в) Не знаю

2. Какие из следующих форм (средств) обучения ориентации и мобильности используются?
   а) Белая трость
   б) собака-поводырь
   в) зрение люди
   г) освещение
   д) навигационная система
   е) другое
   ж) Не знаю

3. Как осуществляется обучение ориентации и мобильности слабовидящих пожилых людей?
   а) Через программу помощи на дому человека
   б) Реабилитация в день ухода
   г) Попечительство по месту жительства
   д) Все
   е) Не знаю

4. Кто предоставляет обучение ориентации и мобильности?
   а) местное правительство
   б) центральное правительство
   в) Союз слепых
   г) Неправительственные организации
   д) Другие
   е) Не знаю

5. Кто финансирует обучение ориентации и мобильности для слабовидящих лиц пожилого возраста?
   а) В основном - правительство
   б) В основном - система частного страхования здоровья
   в) В основном - система государственного обеспечения здоровья
   г) В основном - сами люди с нарушениями зрения (из своих личных средств)
   д) Семья
   е) Другие
   ж) Не знаю
6. Является ли обучение ориентации и мобильности обще доступным для слабовидящих лиц пожилого возраста?
а) Да
б) Нет
с) Не знаю
Домашняя жизнь
Обучение домашней жизни охватывает все виды деятельности внутри и вокруг дома, например, приготовление пищи, руководство закупкой продуктов в магазинах, самообслуживание, прачечная, уборка и т.д.

1. Является ли обучение домашней жизни в целом доступно для лиц пожилого возраста с нарушениями зрения?
   а) Да
   б) Нет
   в) Не знаю

2. Какие из следующих аспектов являются частью обучения домашней жизни?
   а) Участие в приготовлении пищи
   б) Организация быта
   в) Закупка продуктов
   г) Небольшие корректировки в доме, например, говорящие часы, большие кнопки, рукоятки.
   д) Стирка – ручная и машинная
   е) Уборка
   ж) Прочие услуги
   з) Не знаю

3. Как осуществляется обучение домашней жизни для слабовидящих лиц пожилого возраста?
   а) По программе помощи на дому человека
   б) Реабилитация в деньпо уходу
   в) Попечение по месту жительства
   г) Все
   д) Не знаю

4. Кто обеспечивает тренинг домашней жизни?
   а) местное правительство
   б) центральное правительство
   в) Союз слепых
   г) Неправительственные организации
   д) другие
   е) Не знаю

5. Кто финансирует обучение домашней жизни для слабовидящих лиц пожилого возраста?
   а) В основном - правительство
   б) В основном - частная система страхования здоровья
   в) В основном – общественная система страхования здоровья
   г) В основном - сами люди с нарушениями зрения (из личных средств)
   д) семья
   е) Другие
   ж) Не знаю

6. Является ли обучение домашней жизни в целом доступным для слабовидящих лиц пожилого возраста?
а) Да
б) Нет
с) Не знаю
Общение, коммуникация.
Обучение способам общения фокусируется на том, как использовать современные информационные и коммуникационные технологии (ИКТ). Подготовка в области ИКТ включает обучение тому, как пользоваться смартфонами, планшетами и компьютерами.

1. Являются ли методы связи обычно доступны для лиц пожилого возраста с нарушениями зрения?
   а) Да
   б) Нет
   в) Не знаю

2. Какие из следующих услуг являются частью обучения связи, общения?
   а) Научиться использовать смартфон
   б) Научиться использовать планшет
   в) Научиться пользоваться компьютером
   г) Научиться пользоваться домом телефон
   д) Научиться пользоваться шрифтом Брайля, писать и печатать.
   е) Прочие услуги
   ж) Не знаю

3. Как методы коммуникации поставляются для слабовидящих лиц пожилого возраста?
   а) По программе помощи на дому человека
   б) Реабилитация в дневном уходе
   в) Попечительство по месту жительства
   г) Все
   д) Не знаю

4. Кто обеспечивает тренинг методам коммуникации?
   а) местное правительство
   б) центральное правительство
   в) Союз слепых
   г) Неправительственные организации
   д) другие
   е) Не знаю

5. Кто финансирует обучение методам коммуникации для слабовидящих лиц пожилого возраста?
   а) В основном - правительство
   б) В основном - частная система страхования здоровья
   в) В основном - общественная система страхования здоровья
   г) В основном - сами люди с нарушениями зрения (из личных средств)
   д) семья
   е) Другие
   ж) Не знаю

6. Обучение методам коммуникации обычно доступны для слабовидящих лиц пожилого возраста?
   а) Да
   б) Нет
   с) Не знаю
Досуг, развлечения
Деятельность при проведении досуга – это развлекательные мероприятия для удовольствия или как хобби, в котором слабовидящих пожилые люди должны иметь возможность участвовать. Примерами являются культурные мероприятия, спортивные, настольные игры и т.д.

1. Является ли активность на досуге обычно доступной для лиц пожилого возраста с нарушениями зрения?
   а) Да
   б) Нет
   в) Не знаю

2. Какие из следующих видов развлекательной деятельности являются частью досуга?
   а) Консультирование относительно активного отдыха
   б) Культурные мероприятия
   в) Спорт, например – плавание, езда на велосипеде и др.
   г) Настольные игры
   д) Прочие услуги
   е) Не знаю

3. Как организуются досуг мероприятия на досуге для слабовидящих лиц пожилого возраста?
   а) По программе помощи на дому человека
   б) Реабилитация в день по уходу
   в) Попечение по месту жительства
   г) Все
   д) Не знаю

4. Кто организует досуг (деятельность на досуге)?
   а) местное правительство
   б) центральное правительство
   в) Союз слепых
   г) Неправительственные организации
   д) другие
   е) Не знаю

5. Кто финансирует досуг мероприятия на досуге для слабовидящих лиц пожилого возраста?
   а) В основном - правительство
   б) В основном - частная система страхования здоровья
   в) В основном – общественная система страхования здоровья
   г) В основном - сами люди с нарушениями зрения (из личных средств)
   д) семья
   е) Другие
   ж) Не знаю

6. Активный досуг общедоступен для слабовидящих лиц пожилого возраста?
   а) Да
   б) Нет
   с) Не знаю
финансирование

1. В целом, кто финансирует услуги для слабовидящих лиц пожилого возраста?
   а) В основном - правительство
   б) В основном - частная система медицинского страхования
   в) В основном – общественная система медицинского страхования
   г) В основном - сами люди с нарушениями зрения (из личных средств)
   д) В основном - семья
   е) Другие
   ж) Не знаю

2. Слабовидящие пожилые люди имеют право на финансовую поддержку от правительства, только потому что они - слабовидящие?
   а) Да
   б) Только ниже определенного уровня дохода
   в) Нет
   г) Не знаю

3. Если да, то сколько евро люди получают в месяц в финансовой поддержке?

4. В какой степени расходы ограничены фактором доступности к службам для слабовидящих лиц пожилого возраста?
   а) никогда
   б) редко
   в) иногда
   г) часто
   д) Все время
   е) Не знаю

5. Медицинское страхование доступно для слабовидящих лиц пожилого возраста?
   а) Да
   б) Нет
   с) Не знаю

6. Кто предоставляет эту медицинскую страховку?
   а) Правительство
   б) Частные страховые компании
   в) Другие

7. Являются ли услуги, предоставляемые организациями частью комплексной программы реабилитации?
персональная информация

1. Какие европейские страны вы представляете?

2. Хотели бы вы получить копию результатов?
   а) Да
   б) Нет
   Если да, пожалуйста, заполните Ваше имя и адрес электронной почты
   в) Имя
   г) Электронная почта

3. В случае, если у нас возникнет вопрос, можем ли мы обратиться по электронной почте или по телефону?
   а) Да, вот адрес электронной почты и номер телефона
   б) Нет

4. Есть ли дополнительная информация, касающаяся условий пожилых людей в вашей стране, которые вы считаете актуальна для нас знать?

5. Существуют ли другие ключевые лица или организации, в вашей стране, у которых мы можем запросить дополнительную информацию?
   а) Имя
   б) Электронная почта
   в) Номер телефона